

**THE CONSEQUENCES OF SCHOOL CLOSURES:
INTENDED AND UNINTENDED**

HEARING

BEFORE THE
SELECT SUBCOMMITTEE ON THE CORONAVIRUS
PANDEMIC
OF THE

COMMITTEE ON OVERSIGHT AND
ACCOUNTABILITY

HOUSE OF REPRESENTATIVES

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Written opening statements and the written statements of the witnesses are available on the U.S. House of Representatives Document Repository at: docs.house.gov.

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- * Author Manuscript, HHS Public Access, “Effectiveness of Mask Wearing to Control Community Spread of SARS-CoV-2”; submitted by Rep. Dingell.
- * Morbidity and Mortality Weekly Report, HHS/CDC, “Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection, California, February-December 2021”; submitted by Rep. Dingell.
- * Article, *Pediatrics*, Volume 149, number 6, Month 2022, “School Masking Policies and Secondary SARS-CoV-2 Transmission”; submitted by Rep. Dingell.
- * Presentation to Hon. Bruce D. Voss from Superintendent Keith T. Hayashi, State of Hawaii Department of Education, “Measuring Student Achievement: Pandemic Impacts and Recovery”; submitted by Rep. Tokuda.
- * Article, *Contemporary Pediatrics*, “Pediatric speech disorder diagnoses more than doubled amid COVID-19 pandemic”; submitted by Rep. Miller-Meeks.

Documents are available at: docs.house.gov.

THE CONSEQUENCES OF SCHOOL CLOSURES: INTENDED AND UNINTENDED

Tuesday, March 28, 2023

HOUSE OF REPRESENTATIVES

COMMITTEE ON OVERSIGHT AND ACCOUNTABILITY

SELECT SUBCOMMITTEE ON THE CORONAVIRUS PANDEMIC

Washington, D.C.

The Subcommittee met, pursuant to notice, at 10:06 a.m., in room 2154, Rayburn House Office Building, Hon. Brad Wenstrup (Chairman of the Subcommittee) presiding.

Present: Representatives Wenstrup, Comer, Malliotakis, Miller-Meeks, Lesko, Cloud, Joyce, Greene, Jackson, McCormick, Ruiz, Raskin, Dingell, Mfume, Ross, Garcia, Bera, and Tokuda.

Dr. WENSTRUP. Good morning. The Select Subcommittee on the Coronavirus Pandemic will come to order. I want to welcome everyone.

Without objection, the Chair may declare a recess at any time.

I now recognize myself for the purpose of making an opening statement, and before we get started, I do want to take a brief moment of silence for the lives lost, students and teachers, in Nashville yesterday.

[Moment of silence.]

Dr. WENSTRUP. Thank you. While we are thankful for the quick actions of law enforcement, we pray and grieve for the families of those that lost their lives in this tragedy. May we someday discover the underlying events in someone's life that leads to senseless violence so that perhaps we may prevent great harm in the future.

Today is the Select Subcommittee's first hearing evaluating impacts and consequences of prolonged pandemic-era school closures. Early on in this coronavirus pandemic, there was not a lot known. COVID-19 was clearly a novel virus. It was not acting like SARS or the annual flu. And unfortunately, China and the World Health Organization seemed to obfuscate facts in real time. It appeared that our health agencies had gone through decades of unpreparedness. Taking this into account, some decisions made early on were made with the best intentions and made with the prevailing science at that time. Through the chaos and over time, it seemed that many states and districts gave up or gave in and failed to put the students' well-being first. Long-term closing of schools proved to be harmful to students, their academic, mental, physical and social development, and overall success. We need to make every effort to not let this happen again for the sake of our future.

Preparing this Nation's education system to effectively address a future pandemic starts with holding ourselves and our agencies accountable and being honest about it. It is fair and just to recognize our errors and misjudgments. Good judgment, retrospective or otherwise, should be acknowledged as well. The intent of this hearing is to examine school closures related to the COVID-19 pandemic response in order to enable the Select Subcommittee to conduct further investigations, learn from policy failures, discover and apply best practices, and improve readiness for future pandemics.

As we look back, I believe each state and district should have asked themselves, schools need to be open, students need in-person instruction. How can we achieve that? Many schools did just that. In full perspective, and indeed retrospectively, the baseline should have been to keep schools open and to ask how that gets done to best protect the health of students and teachers, but also provide the in-person learning and social interaction that children need in order to develop normally. Preparing a Nation's education system to effectively address a future pandemic starts with holding our health agencies accountable and to expect an open scientific process, steep in accurate data in order to drive sound policy decisions. Who knows? The next pandemic may affect children more than adults. Will we be prepared to minimize harm?

In the case of COVID-19 pandemic, the lingering negative effects have been many: academic, mental, economic. There are also secondary harms of prolonged school closures that fell upon children, for example, abuse and poor nutrition among them. We must strive to be prepared to never let this happen again. Our children have paid the price and are continuing to pay the price. Let's make sure that those involved with policy decisions were not motivated in some way to put themselves above our children and their futures. This is not a question of right or left. Opinion differences are one thing. Right and wrong is yet another. It is upon us to fully investigate whether officials truly placed the best interest of our Nation's children first or were there other factors at play. Honesty is non-negotiable. Our students and our families deserve answers.

I look forward to working with my colleagues on both sides of the aisle to deliver the truth to the American people so that we can better prevent, prepare, protect, and maybe even predict when it comes to our pandemic response in the future.

I would now like to recognize Ranking Member Ruiz for the purpose of making an opening statement.

Dr. RUIZ. Thank you, Mr. Chairman. Let me begin by also expressing my condolences to the parents and families who lost their loved ones yesterday at Covenant School in Nashville. And as we grieve the loss of another six lives to the epidemic of gun violence in America, we must act beyond condolences and enact common-sense reforms that put our children and communities first. I will now turn my attention to another issue of critical importance for our children's health, safety, and well-being.

Over the last three years, the impact of COVID-19 pandemic on our Nation's children has weighed heavily on the minds of parents, students, educators, and Americans all across the country. As a physician and a father, it has certainly been at the top of my mind. Today, I hope that we make progress on identifying evidence-based

solutions to help America's children live and learn healthily and safely. In this work, our goal must be to make our schools resilient for the next highly contagious lethal virus so that we can keep schools open, protect students and teachers, prevent outbreaks, and reduce transmissions of the virus in our communities.

We must help children cope with the anxiety, depression, and trauma they experienced during the pandemic, which continue to impact their mental health and academic performance to this day. And my heart breaks for the many suffering from anxiety and depression and families who lost a son or a daughter from suicide. We must also identify ways to help students not only catch up in school, but also excel in the future. To do right by our Nation's parents, students and educators, we must have an honest conversation today, one that is objective, guided by compassion, and led by facts and science. That includes taking a comprehensive approach to examining actions taken throughout the entire days of this public health crisis, including the earliest days.

From the beginning, President Trump and his Administration did not act with the urgency needed to reduce transmission, communicate honestly with the American people, and equip our schools with the resources they needed. Instead of working to efficiently manufacture PPE, scale up testing, and promote basic public health measures, like masking and social distancing, President Trump chose to politicize this virus, calling it a hoax and downplaying its severity, saying, "It would go away just like the flu." But as the coronavirus reached pandemic proportions, public officials of all political persuasions had to act to suspend in-person learning, slowing the transmission of an airborne virus that easily spreads in close, confined spaces, like classrooms.

The Trump Administration's early failures resulted in the prolonged suspension of in-person learning, so much so that when January 2021 rolled around, less than half of America schools were open for full time in-person learning. President Biden took a different approach. The Biden Administration took swift action to develop evidence-based guidance for schools, and congressional Democrats enacted the American Rescue Plan to help kids in schools get back in school safely and responsibly. The results speak for themselves.

One year after President Biden was sworn into office, efforts more than doubled the number of schools opened for full time in-person learning to 95 percent. And schools did not just reopen, they stayed open. Today, more than 99 percent of schools in the United States have safely and responsibly reopened for in-person learning. That is a direct result of the American Rescue Plan, targeted investments in childhood education to keep students healthy and safe while they learn.

In fact, key funding from the American Rescue Plan is already at work rebuilding schools' crumbling infrastructure, upgrading their ventilation systems, and getting students the resources that they need. I will give you an example. Coachella Valley Unified School District, where I went to school, is putting \$2 million of their funding toward making critical updates of air purification systems that can filter out viruses so that kids can breathe cleaner air in their classrooms.

The American Rescue Plan also included strong provisions to not just get kids back in school, but also to make up for the lost classroom time requiring that 20 percent of all funds go toward addressing learning loss. Again, CVUSD in my district is investing nearly \$600,000 for instructional support and over \$1.8 million for emotional and behavioral health support. We should look to build on this progress.

So let us not turn our backs on lifesaving public health measures that reduce transmissions in schools, in our communities, including vaccines, which have saved more than 3 million lives and prevented nearly 120 million COVID-19 infections in the United States as shown in a Commonwealth Fund study. Social distancing, which, if not in place at the time, would have resulted in a 35 times greater spread of COVID-19 between March and April 2020, according to a peer-reviewed report in Health Affairs, and effective mask wearing, which researchers at Duke University found, was associated with a 72-percent reduction of in-school COVID-19 cases.

We should aim to put people over politics and work together to prioritize our children's health and well-being both inside and outside the classroom because when we do just that, we will set our kids up for success and help them thrive now and into the future. Thank you.

Dr. WENSTRUP. Pursuant to Committee on Oversight and Accountability Rule 9(g), the witnesses will please stand and raise their right hands.

Do you solemnly swear or affirm that the testimony that you are about to give is the truth, the whole truth, and nothing but the truth, so help you God?

[A chorus of ayes.]

Dr. WENSTRUP. Thank you. Let the record show that the witnesses all answered in the affirmative.

Our witnesses today are Mr. David Zweig. Mr. Zweig is an investigative journalist and author writing for The Atlantic, New York Magazine, and the Free Press. He has investigated and written extensively regarding pandemic-related school closures and their intersection with available science and outside influences. He is the author of the forthcoming book titled, *An Abundance of Caution*, about American school closures during the COVID-19 pandemic. Dr. Tracy Beth Hoeg. Dr. Hoeg is a physician and holds a doctorate in epidemiology. She currently practices in Northern California and works at the University of California at San Francisco in the Department of Epidemiology and Biostatistics.

Ms. Virginia Gentles. Ms. Gentles is the director of the Education Freedom Center at the Independent Women's Forum. She has previously served in the Florida Department of Education and the U.S. Department of Education. Ms. Donna Mazyck. Ms. Mazyck has been the executive director of the National Association of School Nurses since 2011 and is actually retiring next month. Congratulations. Prior to that, she was a school health nurse—thank you—and served in the Maryland Department of Education.

The Select Subcommittee certainly appreciates you all for being here today and we look forward to your testimonies. Let me remind the witnesses that we have read your written statements,

and they will appear in full in the hearing record. Please limit your oral statements to five minutes. As a reminder, please press the button on the microphone in front of you so that it is on and the members can hear you. When you begin to speak, the light in front of you will turn green. After four minutes, the light will turn yellow. When the red light comes on, your five minutes have expired and we would ask that you please wrap up.

I would now like to recognize Mr. Zweig to give an opening statement.

STATEMENT OF DAVID ZWEIG, AUTHOR AND INVESTIGATIVE JOURNALIST, THE ATLANTIC, NEW YORK MAGAZINE, THE FREE PRESS

Mr. ZWEIG. Good morning, and thank you Chairman Wenstrup, Ranking Member Ruiz, and members of the Subcommittee for inviting me to testify today. Since the spring of 2020, I have been researching and writing about the nexus of children and schools and COVID. I have conducted more than 100 interviews with experts in a wide range of fields, from infectious diseases, to pediatrics, to epidemiology to psychology, and more about this topic. I am currently writing a book for MIT Press within which I will explore and explicate the decision-making process behind school closures.

I would like to offer my overview of some of the consequences of school closures and learning interruptions during the pandemic. The place to begin is by asking a question, is school an essential service? If the answer is yes, then that means there is harm if it is denied to children. In America, the option of free school is a long-cherished right. In March 2020, out of an abundance of caution, that right was taken away from more than 50 million children. The country was facing a novel and deadly virus and in the eyes of many this was a reasonable action. Yet caution does not only run in one direction. Recognizing this, at the end of April and in early May, many schools throughout Europe began reopening. In the United States, however, with rare exception, they remained closed for the rest of the academic year.

While most of our focus will be on the effects of closures through the 2020–2021 school year, looking back to spring of 2020, it can be easy to lose sight of the fact that a three months' school closure was in itself unprecedented and not without repercussions. In the fall 2020, things took a consequential turn. Millions of American children began going back to school while millions of their peers did not. Many of them in California, Virginia, Maryland, among many other states, did not step foot into a school building for more than a year.

Within those states, a child could find herself in school full time while her best friend down the block was confined to her bedroom. Millions of children in private schools also attended in-person while peers in the same cities and towns did not. Still millions of other children were enrolled in hybrid learning where schools were listed as "open," yet students only attended part time, some as little as one-half day each week. If you believe that school is an essential service, as I do, then the circumstances I just described were broadly inequitable. When the option of school was taken away from only

some children, it did not remedy whatever inequities that already existed. Rather, it exacerbated them.

Numerous analyses from Ohio State, Brown University, Harvard, among many other institutions, have repeatedly found direct correlations between time out of school and learning loss. They found that remote instruction was more prevalent among Black and Hispanic students, and that it was a primary driver of widening the achievement gaps. Outside of academics, the effects are harder to quantify. They are no less real. Perhaps the most heartbreaking consequence of the closures is the associated increase in child abuse. Educators represent around 20 percent of all official reports of child abuse and neglect. When kids were prevented from attending school, teachers were no longer there to act as that safety net. As a consequence, reports dropped massively. At a Virginia Safety Center, calls plummeted by around 70 percent, and when they did get calls, more of them were for injuries so horrific that it was only because an adult had to seek medical help.

Isolation from peers and inactivity of remote learning had broad mental health consequences for children and teens as well, numerous studies showing depression and anxiety spiking in relation to the closures. There were physical harms. A study from the CDC found that the rate of body mass index increased approximately doubled during the pandemic compared to a pre-pandemic period. Outside of statistics, there are far more nebulous effects. School closures also meant the end of sports. Student athletes, many in low-income families with few prospects, lost their chance of getting recruited to college. Many of these boys simply disappeared, one coach told me. It is impossible to quantify how life trajectories are altered by an infinite number of downstream effects.

Last, harm should not only be calculated or considered through the lens of long-term effects. Children suffered in real time—and that alone matters—but were the harms of the closures worth it? Not surprisingly there are numerous analyses of the impact of transmission from school closures. One study published in *Nature Medicine* found that the case rates were not statistically different in counties with in-person learning versus those without.

In the same study, however, in the South, the authors did find that counties with open schools had an increase of roughly 10 to 20 more cases per 100,000 people each week than those in remote. Are 10 cases out of 100,000 people a reasonable tradeoff for kids to be able to attend school? This is the type of question many policymakers did not address during the pandemic, but is the type of cost benefit question I urge them to consider moving forward. Thank you.

Dr. WENSTRUP. Thank you. I now recognize Dr. Hoeg to give an opening statement.

STATEMENT OF TRACY BETH HOEG, M.D., PH.D., PHYSICAL MEDICINE & REHABILITATION SPECIALIST, EPIDEMIOLOGIST, PRIVATE PRACTICE PHYSICIAN

Dr. HOEG. Hi. Good morning. My name is Tracy Beth Hoeg. I am a Ph.D. epidemiologist, currently working at the University of California, San Francisco, and I am a practicing physician in Northern California. I have thus far published 13 scientific publications re-

lated to COVID-19, looking at COVID-19 transmission within schools, how COVID affects children, our COVID-19 mitigation strategies in children, and what are the evidences we use for those as well as harm benefit analyses in children and young people.

I appreciate the opportunity to be here today to discuss something that has been very important to me for the last three years. I want the American people to understand that the harms that were inflicted upon children in the U.S. with school closures were unnecessary. I am not saying this is a COVID minimizer. I am saying this as a physician scientist who watched very closely the data out of Wuhan first about how children had a greater than 1,000fold decreased mortality compared with elderly adults, and then out of Europe that spring of 2020 which showed no corresponding increase in community transmission related to the school reopenings and very little transmission within the school setting.

I had moved from Denmark with my family five years prior to the pandemic and watched the Danes on the news excitedly reopen their schools just six weeks after closing them, April 2020, as the first step of reopening their economy. Soon their neighbors and most of Europe followed suit. There was an implicit understanding across Europe that children must have a safe, happy environment to return to before parents can return to work. Where was that sentiment in the U.S.? Not only do I think that Americans reopening adult activities like bars, movie theaters, restaurants, fitness centers, before school sent the message that education was inessential but may have had the unintended consequence of children viewing themselves as less valuable.

Looking into the fall of 2020, in stark contrast to Europe, the CDC set reopening guidelines to put greater than 90 percent of the country in the most restrictive tier for reopening based on arbitrary community transmission levels, which we had already seen from Europe were not necessary to reopen schools. So, this resulted in less than 25 percent of students across the U.S. returning to full time in-person school. But I knew from my experience in California as a medical adviser to a large diocese in Sacramento that this did not have to be the case because we were able to reopen full time, August 2020, by applying for a permit to be a daycare. So, we were able to find a way around Governor Newsom's very strict guidelines for reopening, and we never closed the schools again, and experienced very limited in-school transmission with minimal mitigation strategies and a simple procedure for reopening.

I went on to research in-school transmission in Wood County, Wisconsin, and published with the CDC, finding that in-school transmission in Wood County, Wisconsin, was minimal over the fall semester of 2020, and there was a 37 percent lower rate of cases in the schools than in the surrounding community. So it never made sense, and we knew this from Europe, to keep our children out of school when they had a higher risk of transmission outside of school than in school.

In disbelief, I watched the CDC that spring release their new guidelines, again putting greater than 90 percent of the country in the most restrictive tier for school reopening, often requiring greater than six feet of distance between students, which made no sense considering this was a predominantly aerosolized virus and the

CDC director, Rochelle Walensky, had previously only required three feet in her own district in Massachusetts, so it was unclear why she was now requiring six feet for students to return to the classrooms in February 2021. It is unclear if this was based on recommendations from teachers' unions affecting the wording of the CDC guidelines. That is my own suspicion based on a whistleblower, and I think that this should be investigated.

School closures were highly regressive policy and are likely the worst public health decision we will see in our lifetimes. Students in poverty levels and higher levels of poverty were more likely to be kept out of school. And we have seen the academic achievement fall nationwide to levels where they were over two decades ago in both math and reading scores, and academic losses have been the greatest among students with the highest poverty levels. And there has been a striking dose response relationship between the length of school closures and the academic achievement declines. We have seen increasing absenteeism, and we have seen decreasing rates of community college enrollment, decreased lifetime earnings projections, increased weight gain, decreased physical activity. AAP has declared a mental health crisis, and we have seen that those kept out of school the longest have suffered some of the worst mental health consequences.

In conclusion, we have known from the spring of 2020, from international data, that we should keep schools open as Europe did, yet we chose to risk our children in an attempt to protect adults. But this consequentialist, deeply unethical decision failed. We gambled with our children and gained nothing for adults, but our children lost so much. Thank you.

Dr. WENSTRUP. Thank you. I now recognize Ms. Gentles to give an opening statement.

STATEMENT OF VIRGINIA GENTLES, DIRECTOR, EDUCATION FREEDOM CENTER, INDEPENDENT WOMEN'S FORUM

Ms. GENTLES. Chairman Wenstrup, Ranking Member Ruiz and members of the Subcommittee, thank you for having me here today. My name is Virginia Gentles, and I am the director of the Education Freedom Center at Independent Women's Forum.

We are here today to discuss the consequences of school closures. Despite children being COVID's lowest risk demographics, school district leaders endangered elementary and secondary children academically, emotionally, and physically by closing and refusing to open schools, decisions that lead to devastating learning loss, significant mental health issues, developmental delays and persistent discipline challenges.

School district superintendents, school board members, and state leaders knew early on that children were extremely low risk and school closures were an ineffective strategy for preventing the spread of the virus, but many feared the political consequences for prioritizing to open schools. Let us be honest. Schools stayed closed primarily because the teachers' unions in our country have enormous political power, and parents do not.

My community of Arlington, Virginia school closure disaster unfolded similarly to many blue areas around the country. School district leaders refused to open schools fully for a year and a half. Stu-

dents received no instruction in the spring of 2020 and low-quality remote instruction for the 2020–2021 school year as Arlington initially planned to open two days a week in fall of 2020, but reneged just before the school year began. Teachers were not trained to teach remotely, and online instructional materials were not created.

Some students were allowed to return for a shortened two days a week in the spring of 2021, but many were placed in front of screens with teachers remaining remote. At the end of the utterly wasted 2020–2021 school year, the Arlington Parents for Education, my community’s open schools’ advocates, tweeted, “The worst part, it did not have to be like this.” Arlington then reneged on plans to offer summer school to high-need students.

When schools finally opened their doors for five-days-a week full-day instruction in the fall of 2021, onerous testing and quarantine policies further disrupted students’ learning. The district’s callous policies denied students with disabilities essential federally mandated services and accommodations. The damage to the young children who did not receive early intervention services is permanent. When district staff summoned me in summer of 2020 to discuss abandoning my daughter’s Individualized Education Plan, or IEP, I knew it was our time to leave.

Unfortunately, my community’s story mirrors parents’ experiences in school districts across the country, and the 2022 Nation’s Report Card, or NAEP scores, exposed the widespread catastrophic failure of the Nation’s K–12 education systems: irresponsible pandemic-era policies. The NAEP scores showed the largest decline in fourth grade reading since 1990, the first-ever decline in fourth grade math. Seventy-four percent of eighth grade readers are not proficient in math, and 69 percent cannot read proficiently. The average public school student grades 3 to 8 lost the equivalent of half year of learning in math and a quarter year of learning in reading, and many lost much more. Because schools with large numbers of low-income and minority students were closed the longest, school closures resulted in the largest increase in educational inequity in a generation.

The closures also caused social and behavioral skills, missed opportunities to develop those. As a direct result, pervasive discipline and mental health issues are creating an unsafe environment for students and teachers. Fifty-six percent of schools reported a rise in classroom disruptions because of student misconduct last year, and one-third of teachers report being verbally harassed or threatened with violence by a student. Too many students remain disengaged from learning with hundreds of thousands missing. Districts across the country are reporting alarmingly high rates of chronic absenteeism. These COVID-era policies condemned these children to low literacy skills, limited employment opportunities, higher rates of poverty and incarceration, and bleak futures.

In contrast, private schools reopened quickly and stayed open. In the fall of 2020, 43 percent of traditional public schools and 92 percent of Catholic schools welcomed students back to classrooms. As a result, students in Catholic schools are about a year-and-a-half grade levels ahead of public school students in fourth grade reading and two grade levels ahead in eighth grade reading. State policy-

makers noticed the stark contrast between public and private school priorities during the COVID era and began introducing and passing universal education freedom programs. These popular programs empower parents to enroll their children in options committed to educating students. School district leaders, however, are not taking the learning loss crisis that they created seriously.

The Federal Government bequeathed \$190 billion of supplemental educational funding in the states and districts, but unfortunately, much of the ESSER funding remains unspent or was allocated unwisely. Rather than addressing the learning loss crisis, school districts around the country have wasted ESSER funds on expenses like football fields, sound systems, and unused online platforms. Irresponsibly, many school districts, despite declining enrollment, are creating perilous fiscal cliffs by hiring and paying new staff members with temporary ESSER funds.

It is time to take drastic measures to address the learning loss and discipline crisis caused by school closures. School district and state departments of education are awash in supplemental Federal funding and must make student-focused and bold investments to redeem themselves as educators and put students' needs first.

Dr. WENSTRUP. Thank you. I now recognize Ms. Mazyck to give an opening statement.

**STATEMENT OF DONNA MAZYCK, R.N., EXECUTIVE DIRECTOR,
NATIONAL ASSOCIATION OF SCHOOL NURSES**

Ms. MAZYCK. Chairman Wenstrup, Ranking Member Ruiz, thank you for inviting me to testify today. I also acknowledge Chairman Comer and Ranking Member Raskin. I offer testimony today as executive director of the National Association of School Nurses, or NASN, on behalf of 95,000 school nurses across the country who work to support student learning and academic success by making sure students are healthy and safe. School nurses are critical members of student support teams, serving at the nexus of education and public health.

In 2020, the U.S. Census Bureau reported 4.3 million children were uninsured. For many children living in or near poverty, the school nurse may be the only healthcare professional they access regularly, and access to a school nurse advances health equity. School nursing practice focuses on student-centered care that occurs in the context of the student's family and school community. Health and learning are linked, which is why all students should have their health needs met during school hours.

In addition to education, schools are places where healthcare happens and an essential part of our Nation's public health infrastructure. The pandemic wasn't the first time that schools and school nurses responded to infectious disease outbreaks that included school closures. In fact, in April 2009, a school nurse identified the first cluster of H1N1 among students. At that time, schools and local health authorities collaborated on when to close schools.

During the pandemic, schools and local authorities were called upon once again to evaluate the need to close schools due to infectious disease, this time, a rapidly shifting novel coronavirus. The intended consequence of the Nation's school closures was to minimize spread of COVID-19. Just as with H1N1, at the time of the

pandemic, NASN emphasized the need for localities to monitor community transmission, vaccination coverage, screening, testing, and occurrence of outbreaks to guide their decisions on the level of layered prevention strategies to use.

With layered mitigation strategies, we can keep students in school communities safe. We knew this before the pandemic, and we know it now. A modeling study on transmission of COVID-19 in schools noted that the use of multiple mitigation strategies, along with contact tracing by school leaders, staff, and parents would reduce COVID transmission by at least 69 percent. As the novel coronavirus caused schools to shut down, school nurses continued to serve students and families.

NASN places priority on equitable in-person learning located in healthy and safe school environments. We called on Congress and the Administration to reopen schools in the late spring and summer of 2020, understanding that it was essential for children to be back in school. Decisions to return to in-person learning needed to be based on public health data, including data at community levels where coronavirus transmission rates varied and adequate resources and plans needed to be available, including PPE, cleaning and disinfecting supplies, testing strategies, and contact tracing, as well as adequate staffing to support the implementation of these measures.

School nurses are critical to the implementation of mitigation strategies in schools. While NASN's vision is that all students are healthy, safe, and ready to learn, the reality is a bit different. It is estimated that 1 in 4 students in the United States have a chronic health condition, and approximately six percent of those students have multiple chronic health conditions. A recent study in JAMA Pediatrics found that schools are the de facto mental health system, providing services to 57 percent of adolescents who needed care before the pandemic. Prior to the pandemic, schools were already understaffed with school support personnel, including student mental health support and 25 percent of school students did not have school nursing services.

School closures due to the pandemic highlighted the cracks in the foundation that have now grown to be large fissures. To support students' social, emotional, and mental health needs at school, NASN called for more investments in specialized instructional support personnel, such as school counselors, nurses, psychologists, and social workers. The pandemic highlighted the interdependence of health and learning. It also created a historic opportunity to build systems that better support the whole child and their communities. All students deserve to have their health needs met while at school. School health services provide equitable support for all students being in school, healthy and ready to learn. Thank you.

Dr. WENSTRUP. I want to thank you all for your testimonies, and I am going to yield time for me to ask questions. But I do want to start by saying I really appreciate Ms. Mazyck and Mr. Zweig, in particular, talking about the essential need for children to be in school and all that comes with it, and, as I said in my opening statement, the importance of why we should be striving, regardless of what is going on with the pandemic, striving to find every pos-

sible way we can to have kids in school. So, I appreciate your testimonies on that.

But aside from the debate on whether the schools should be open or closed, just for a minute, I want to discuss the differences between the schools that were open and the schools that were closed. So Mr. Zweig, you mentioned that school is an essential service. I want to talk about the inequity in how school was delivered during the pandemic, if you will, and combine that with whether states and districts prioritized in-person instruction, and did they perform better than those that were remote. So, I'm kind of combining a few things here, if you don't mind. And were the districts that stayed remote longer more likely to be in already disadvantaged districts? Did you find that? I can repeat those if you want me to, but—

Mr. ZWEIG. I think I got it. Thank you for the question, Chairman. There are a number of analyses that looked at comparing the academic achievement related to the amount of time that children were in or not in school. You may hear talk about certain scores at a state level where they found that there wasn't a large difference through that particular lens. But what is interesting to understand about that is, that is very crude data when you are looking at states, but the analyses that actually drilled down at the district or county level did find very stark differences. So, there was an analysis by Vladimir Kogan at Ohio State University. He found that districts with fully remote instruction experienced test score declines up to three times greater than districts that had in-person instruction for the majority of the school year.

Moreover, the research showed that disadvantaged students had disproportionate learning declines during the academic year. There are similar analyses by Emily Oster at Brown University, and there is a huge 36-page report that came out of Harvard University's Center for Education Policy Research, and this is on more than 2 million students. It found that remote instruction was more prevalent among Black and Hispanic students and that it was the primary driver of widening achievement gaps. They also found that high-poverty schools spent more weeks in remote instruction than low and mid-poverty schools.

So, there certainly was evidence that we can look at now and that, in my view, was quite manifest even in real time that there were going to be very dramatic repercussions from keeping kids out of school, in particular, those who lacked resources. I know plenty of people who had the money and the wherewithal to hire tutors or go to special pod programs, which I wrote about for *The New York Times* and for other things, but the kids who lacked those resources in the homes where the parents both had to go to work, they weren't able to be there. This created an extraordinary circumstance for them where you had either young children left home alone with a device all day, or they then went to daycare centers or maybe a relative's home. This is kind of the core element of when we think about what did closing schools or do these hybrid programs, what do we achieve from that.

For me, when you look at the science, one of the things from talking with numerous epidemiologists, like Dr. Hoeg, and with infectious disease physicians and implementation scientists is that

these children did not operate in a vacuum. So even if the schools were closed, over time, they were going to interact with people anyway, and in some cases, in a more potentially dangerous fashion because you are mixing with kids from five different communities in a daycare center versus had they been in school with their own individual cohort.

Dr. WENSTRUP. Alright. I just want to ask a “yes” or “no” question, I guess. We talked about the inequities, about how school was delivered during the pandemic, and seek your opinion. To me, this is a great opportunity for us to learn some valuable long-term lessons. Would you agree with that?

Mr. ZWEIG. I certainly would.

Dr. WENSTRUP. OK. Thank you. Ms. Gentles, can you discuss the academic impacts of the prolonged school closures, specifically to the academics and also the children’s social and behavioral development, and compare the two, open or closed schools?

Ms. GENTLES. Right. Well, I mentioned in the testimony we have got clear data from NAEP scores and the public schools and the Catholic schools. The public schools, half of them essentially closed until fall of 2021, half of students not attending school full time, and Catholic schools that were essentially 92 percent fully open starting in the fall of 2020, and you see a huge difference in the fact that the Catholic school performance is a year-and-a-half to two years ahead. So, that is one measure.

Drilling down to Arlington Public Schools, where I live, the majority of Black students, Hispanic students, and students with disabilities started this school year, 2022, with testing below basic in the 2022 math inventory. So, we have got the NAEP scores, we have got the state assessment scores, and then we have got the local inventories and the assessments they do multiple times a year, all showing that the academic performance of the public school students in areas where they were closed dropped precipitously in contrast to schools that were open.

You asked about discipline and mental health consequences, social and behavioral. Well, NCES, National Center for Education Statistics, has been gathering discipline statistics that definitely is worth taking a look. The spikes in reports in classroom disruptions, violence, incidents of violence, disrespect toward teachers, threats toward teachers has gone up considerably in public schools and that is very clear. In addition to that, the American Psychological Association did a survey of teachers, and they are reporting significant increases with these discipline issues. Eighty percent of teachers also reported that their students are behind social and behaviorally, developmentally, where the students were in 2019, 80 percent.

Dr. WENSTRUP. Thank you. I now recognize the Ranking Member, Dr. Ruiz from California, for five minutes of questions.

Dr. RUIZ. Thank you all for being here. I really appreciate that you are testifying here before us. Let me just make it very clear. The goal of all of us on this side of the panel, and I am assuming on both sides, is to keep schools open even in the next pandemic by equipping them with the tools, and the protocols, and all of the equipment necessary in order to help reduce transmission, as well as keeping our students, the teachers, the nurses, and everybody

safe. And that should be the goal of this Committee is to figure out how do we make our schools resilient.

As Chair of the Congressional Hispanic Caucus, we dove deep into the disparities of school closures and how it affected African-Americans, Latinos, Native Americans, more than others. And the reason why we saw this disparity is because of the underlying inequities and disparities that we see in our healthcare system to begin with. Public schools and schools where you have African-Americans, Latinos are overcrowded compared to private and Catholic schools. They are underfunded compared to private and Catholic schools. And in those communities, those workers live in overcrowded housing.

So the risk of increased transmission, as borne out by the data in African-American and Latino communities, was much higher. So, in the moment where we didn't have the vaccine or the healthcare tools that we needed, there was reason to practice more social distancing in those schools. And schools that had an abundance of funding were able to quickly bring their students back. They were able to comply with some of the guidelines and had the equipment necessary.

And then you see the cycle of disparities and inequities that we see not just in the healthcare system, but also in our educational system, which, combined, that saw a higher rate of mortality and morbidity due to this pandemic in Black and Latino students. That is why, and I must say that in the infrastructure law that we supported, in the Inflation Reduction Act that we supported, in the omnibus that we supported, there was equity built into the funding in order to address the public health, schools, and the communities that have historically been under resourced for whatever reason, in order to prevent and stop this transmission and to protect the communities so they can have an equal playing foot in education and keeping their schools open, and in having to build resilient communities to begin with.

That was built in the piece of legislation to address the type of disparities that you are speaking of now, and that is a reason of many that when President Biden took office, his Administration hit the ground running to get kids back in schools. The President knew kids belonged in schools to learn and grow, and he understood that we needed to get kids back in school safely and responsibly and open schools safely and responsibly, equipped with public health tools. That was crucial to putting our Nation on firmer footing in its pandemic recovery. Within one year of President Biden taking office, the number of schools that were safely reopened more than doubled to 95 percent, and thanks to the Biden Administration's decisive action, more than 99 percent of America schools remain fully open for in-person learning.

Ms. Mazyck, when President Biden took office in January 2021, just 46 percent of public elementary and middle schools were fully reopened for in-person learning. Is that correct?

Ms. MAZYCK. That is the data I see.

Dr. RUIZ. And so, prior to when President Biden took office, had the Federal Government provided the necessary guidelines, tools, and resources to facilitate kids' safe return to the classrooms?

Ms. MAZYCK. There have been investments in bringing students into schools.

Dr. RUIZ. Before the Biden Administration, or was it with the Biden Administration taking office?

Ms. MAZYCK. There were some CARES Act funds, and then there was the ESSER funds and other funds to provide in-person learning because we know that in-person learning promotes overall student health and wellbeing.

Dr. RUIZ. And what was lacking at that time before President Biden that we needed to do in the American Rescue Plan?

Ms. MAZYCK. Specifically, what was lacking around the health of students?

Dr. RUIZ. Around the response to get our kids safely and responsibly back into schools.

Ms. MAZYCK. Yes. One of the issues that was concerning was the equipment, the supplies. PPE was in short supply. Healthcare does happen at schools, and to provide healthcare in schools, there was a need for equipment such as PPE, cleaning and disinfectant, and ventilation in schools.

Dr. RUIZ. So, less than one month after President Biden ordered the Department of Education and HHS to develop these evidence-based guidance, the CDC issued comprehensive guidance for testing matching vaccination to support the safe return to in-person learning. Ms. Mazyck, how did these resources bolster local policymakers and public health officials' efforts to reopen schools?

Ms. MAZYCK. Well, with vaccination, there was an ability to protect the community. They were layered mitigation strategies that were available as the novel coronavirus. We understood what it was doing, how to deal with it, especially from a point of mitigating factors with vaccination being one of the first lines.

Dr. RUIZ. I thank the Chairman for his grace. I just have one more question. What lessons can we learn from our response to the COVID-19 pandemic to minimize the impact of future pandemics on our Nation's children?

Ms. MAZYCK. Well, I believe that one of the lessons we learn is that keeping children in school is important. We know that that is important, and in order to do that, we need to bolster the supports that they need in order to be in school learning. They need health, public health. They need the supports from a specialized instructional support personnel to help them be available for their learning.

Dr. WENSTRUP. I now recognize the Chairman of the full Committee, Mr. Comer, from Kentucky for five minutes of questions.

Chairman COMER. Thank you, Mr. Chairman. As the parent of three kids in the public school system, a school system that had a prolonged shutdown that did almost a full year of virtual learning, I think my wife and I share the frustration of many parents in America, and can testify to the fact that our children are behind as a result of virtual learning versus in-person learning.

On February 12, 2021, the Biden Administration released its first guidance for schools entitled, "The Operational Strategy for K-12 Schools Through Phased Prevention." Now, according to Director Walensky herself, this guidance when issued recommended keeping 90 percent of America's schools closed. And I think it is

very clear the Biden Administration wanted to keep our kids out of the classroom and completely switch to virtual learning versus in-person learning. Ms. Mazyck, did the National Association of School Nurses consult with the CDC regarding the CDC's February 12, 2021, K–12 operational strategy prior to its release?

Ms. MAZYCK. That is something I would have to look back and see. I don't have an answer for you today.

Chairman COMER. You can't remember if they consulted with you prior to—

Ms. MAZYCK. In February 2021. I would have to look and see.

Chairman COMER. So, do you remember if the National Association of School Nurses provided any suggested edits or revisions to the CDC?

Ms. MAZYCK. Chairman Comer, I would have to be able to look and see. It is 2021. That is—

Chairman COMER. Right.

Ms. MAZYCK. I received a letter today from Chairman Wenstrup that there is a desire to find out this information, and I acknowledge receipt of that letter and fully intend to cooperate with that. But right now, in this moment to say what I did related to a document in 2021 is something I can't answer with specificity.

Chairman COMER. Well, let me ask you this. How often was the National Association of School Nurses, how often were you all called upon to consult with the CDC or either Presidential administration?

Ms. MAZYCK. The National Association of School Nurses has had a cooperative agreement with a branch of the CDC to do programming around COVID, making sure that students were healthy and safe in school, and also that they would have the mental health supports that they would need.

Chairman COMER. So, I guess I am still unclear. I am just trying to get a picture of how often you all consulted with this guidance. I mean, this is important guidance that the Administration will be putting out that has had a negative impact on public education in America, and I don't think anybody would disagree with that. I think everyone's heart was probably in the right place, but I am trying to determine who all provided input on this. If it was, you know, we have suspicions, but we were wondering if the National Association of School Nurses were able to provide any input because you all would obviously be on the front lines of this.

Ms. MAZYCK. School nurses are very definitely on the frontlines of this pandemic. You are asking for two different things. The National Association of School Nurses, like many public health folks, looked to the CDC for guidance to see what was involved. That is what the National Association did, certainly. In turn, whether or not—

Chairman COMER. But they didn't ask your all's opinion on anything.

Ms. MAZYCK. In terms of consulting for the documents, that is not something that I can tell you definitely. I think that in my complying with the request of the letter that came today, I would be able to determine that.

Chairman COMER. Dr. Hoeg, that document that I have referred to recommended schools require the universal masking with chil-

dren and six feet of physical distancing. Were those necessary to keep schools open?

Dr. HOEG. So, we had evidence prior to the pandemic that masks were largely ineffective at preventing community transmission of influenza and other upper respiratory viruses, and we did not obtain any new high-quality evidence during the COVID-19 pandemic that masks are effective mitigation strategy in schools or outside of schools. We have a number of confounded observational studies, many of which were actually published by the CDC that have serious flaws in them that I think, unfortunately, led people to believe that masking children was going to be effective and actually necessary to keep children in schools. But the highest quality data that we have, for example, from a Cochrane review of randomized studies has not found out evidence of that masks—

Chairman COMER. So, that wasn't scientifically sound. The mask guidance was not—

Dr. HOEG. So correct, it wasn't science based, and the six feet of distancing was arbitrary. That was based on basically just looking at how far certain size droplets spread. It wasn't based on actual transmission of disease. And we knew very early on that COVID-19 was predominantly aerosolized and airborne transmission, so we ended up getting some pretty good observational data not finding correlation between amount of distancing 6 versus 3 feet and case rates in schools. So, it wasn't necessary, and it wasn't evidence based. We should have, by default, been keeping our schools open, but instead we were sort of requiring these non-evidence based mitigation strategies as a prerequisite for getting our children back in school. That ended up being a very harmful prerequisite, so.

Dr. WENSTRUP. I now recognize the Ranking Member of the full Committee, Mr. Raskin from Maryland, for five minutes of questions.

Mr. RASKIN. Mr. Chairman, thank you very much. COVID-19 was a catastrophe for our country as Donald Trump presided over a historic debacle of a public health response, and you don't need to go to the American Medical Association or the American Hospital Association, American Nursing Association to conclude that Trump's lethal recklessness and lying led to hundreds of thousands of unnecessary deaths. You just have to go to Donald Trump's own COVID-19 advisor, Dr. Deborah Birx, who said that by undermining mass testing, not more aggressively coordinating vaccination and treatment, not seriously implementing mask mandates, the Administration failed to save at least 130,000 lives and probably a lot more than that. She testified we probably could have decreased fatalities into the 30 percent less to 40 percent less range, which translates into the lives of several hundred thousands of Americans. That is Trump's own COVID-19 advisor.

Beyond the million-plus Americans killed in this plague, the public health orders closing our public schools set our educational process back dramatically and undermined the academic, athletic, emotional, and intellectual progress of millions of children across the country. No one can seriously dispute that. And as an educator and a father, I have been horrified by what this plague and the Nation's catastrophically ineffectual response to it have done to learning and education among young people.

But was it the fault of the Governors, Republican and Democratic, who closed the schools in the middle of this emergency, the superintendent struggling to contain this out-of-control pandemic? Was it the fault of the teachers on the front lines, at least 530 of whom died during COVID-19 according to the American Federation of Teachers? Was it the fault of the school children or young people under 18 themselves, more than 1,300 of whom themselves died of COVID-19, or would it be the fault of the President who let the plague run loose and left the Nation without a unified, serious plan for managing the crisis, a President who praised China, China's Central Communist Party and President Xi, in handling of the epidemic on 37 different occasions?

Well, let us take PPE for example. The Trump Administration knew as early as January 2020 that the U.S. would not have enough PPE for the pandemic. Instead of taking steps to bolster domestic supply chains, Trump consistently dismissed the impact of COVID, repeatedly assuring the country that China and Xi were doing a great job and had everything under control, and famously predicting that the pandemic would be over by Easter. When it became clear that he was wrong and the country desperately needed PPE, Trump put his unprepared and unqualified son-in-law, Jared Kushner, in charge of obtaining PPE. Instead of working with procurement experts in the Federal Government, Kushner hired a handful of 20-something friends working in finance in New York and none of whom had any significant procurement experience in order to source and distribute PPE.

Ms. Mazyck, you are a school nurse with the National Association of School Nurses headquartered in Silver Spring, Maryland, so you understand the lengths to which schools went to keep kids safe throughout the pandemic. What did it mean for schools when they could not access the PPE they needed to protect the school children against the deadly virus in the spring of 2020?

Ms. MAZYCK. The unavailability of sufficient PPE, Ranking Member Raskin, was a concern because of the healthcare workers, the school nurses who were working with students, and most immediately with the healthcare that was happening throughout the Nation, healthcare professionals were advised to use PPE. That needed to happen for the school nurses, No. 1.

Mr. RASKIN. Thank you. Let us look at testing. It took months for the CDC to develop and distribute a reliable test. First, the Trump Administration rejected a protocol test design offered by the World Health Organization in January 2020, but the Administration didn't take any action to incentivize test manufacturing here at home, leaving us defenseless and floundering. And when there were widespread design and contamination issues with the CDC's tests, the Administration failed to provide public health centers with any guidance on how to proceed. This meant by the end of February 2020, the entire United States had conducted fewer than 500 tests compared to more than 65,000 in South Korea, for example. How did schools use testing as a tool allowing them to remain open during the pandemic, when they have the tests?

Ms. MAZYCK. Schools collaborated with local health departments, local health authorities to be able to offer testing, and some of

them did that testing in school buildings. Some did it in testing centers.

Mr. RASKIN. All right. Mr. Chairman, in category after category, that Administration got an F, and I yield back to you.

Dr. WENSTRUP. I now recognize Ms. Malliotakis from New York for five minutes.

Ms. MALLIOTAKIS. Thank you, Mr. Chairman, for hosting this important hearing to discuss the mass lockdowns and the school closures that in New York City lasted a year and a half. It resulted in economic loss for parents, emotional and developmental harms to communities, and, of course, a great loss for our young people. New York City prohibited students, even after the schools reopened, from participating in sports and extracurricular activities. They even went so far as to mask preschool kids for extended periods of time. But in terms of the loss in social, emotional difficulties, we saw that suicide rate sharply increased, the rate of BMI and increased weight gain among children doubled. New cases of type 2 diabetes among children nearly tripled. Others were set back months, even years in their development.

Now New York is lowering standards for standardized test scores in reading and math following 2022 where less than 50 percent passed their reading exam and 30 percent passed their math exam. We also know that these policies were directly influenced by powerful groups, groups like the American Federation of Teachers, to keep schools closed and made it nearly impossible to keep them open even with all the resources that have been provided to them by Congress.

As a matter of fact, the inflationary American Rescue Plan, which the Democrats passed in March 2021 with their one-party rule, was billed as a necessity for reopening schools after the COVID-19 pandemic. They decided to spend this money despite a trillion dollars sitting there unused from the previous packages. This ARA provided another \$122 billion for elementary and secondary schools. It was so critical, they needed this money, they could not open the schools without it. Guess what? As of November, only 15 percent of that money has been spent.

They then created another fund, an additional \$5.5 billion in relief funds for private schools with low-income students severely impacted by the pandemic. And we know, though, there was a clause in there, of course, so the Governors, including one like mine, could raid that money and use it for all sorts of different purposes. So to date, out of that pot, \$157 million has already been diverted to pay for other programs. Currently, \$736 million has yet to be allocated to the private schools, and it is at risk again of being raided by the Governors.

In total, \$190 billion was allocated to aid schools across the country since 2020. Instead of using that funding for its original intent, we see states like New York spending it on all sorts of stuff, right? New York City allocated \$12 million to go for restorative justice programs. They did implicit bias, anti-racism training. New York State Ed decided to put more money in diversity, equity, and inclusion programs. I don't know what that stuff has to do with COVID. I am not sure what it has to do with reopening our schools either.

So, I guess my first question is, knowing what we know now and what we learned during the pandemic specifically about how the virus posed such a low risk to children, was it necessary, that excessive \$190 billion in spending, to reopen schools? Yes or no. Go down the line.

Mr. ZWEIG. No. Sorry. There we go.

Ms. GENTLES. The CARES Act was understandable in March 2020. That is just now being spent down three years later, so the subsequent two bills, no.

Ms. MALLIOTAKIS. Just say a “yes” or “no.”

Ms. MAZYCK.

[No response.]

Dr. HOEG.

[No response.]

Ms. MALLIOTAKIS. OK. I gave examples of what New York did. Would anyone like to comment on any awareness that they have of what other states may have done with that money?

Ms. GENTLES. We definitely have heard too many examples of the funds being expended on athletic endeavors and infrastructure. The funds were flexible. This isn’t illegal or fraudulent that the districts and states are directing the funds to these endeavors, but it obviously reveals their priorities. We are dealing with a once-in-a-lifetime academic crisis. We need to be shouting from the rooftops that the funds need to be focused on academic recovery. You all put in the requirements that 20 percent needed to be going to academic recovery, and that is being done at a minimum. That needs to stop.

Ms. MALLIOTAKIS. I am running out of time here. One last question. Should the Federal Government audit that money to find out where it went? Yes or no.

Dr. HOEG. Yes, definitely.

Mr. ZWEIG. Yes.

Ms. MALLIOTAKIS. And should the states be forced to repay that money if it is unspent still?

Dr. HOEG. Yes.

Ms. MALLIOTAKIS. OK. Thank you very much for your time.

Dr. WENSTRUP. I now recognize Mrs. Dingell from Michigan for five minutes of questions.

Mrs. DINGELL. Thank you, Mr. Chairman. I want to do a couple of things before I get into my questions, and one is to set the record straight on masks. I think that too many people criticize common-sense precautions for students and staff in classrooms and in everyday life, and I say that as one of the people that wore her mask longer than anybody. The study referred to today did not examine whether masks are effective at preventing infection. Instead, the study examined the effectiveness of masking interventions, which are contingent upon whether people wear them.

In fact, the editor-in-chief of the Cochrane Library, which published the study that was referenced, issued a statement saying exactly that. Dr. Karla Soares-Weiser said, “Many commentators have claimed that a recently updated Cochrane review shows that masks don’t work, which is an inaccurate and misleading interpretation. The overwhelming body of scientific evidence indicates that wearing masks, particularly well-fitting masks like KN95, is effective at preventing COVID–19.”

For example, one study published in February 2022 found that wearing a surgical mask resulted in a 66 percent reduction in testing positive for COVID-19, and wearing a KN95 or N95 mask resulted in an 83 percent reduction. Another study published by researchers at Duke found that the effective mask wearing was associated with a 72-percent reduction of in-school COVID-19 cases. And a February 2021 article published in *The Journal of the American Medical Association* compiled 11 different studies evaluating the efficacy of masks, each of which has independently demonstrated that masks reduced the spread of COVID-19. And, Mr. Chairman, I would like to provide copies of those for the record without objection.

Dr. WENSTRUP. Without objection.

Mrs. DINGELL. Thank you, sir. And I also want to say again that as we talk about funds and other things, that just three weeks after President Biden took office, the CDC issued comprehensive guidance on how to safely reopen schools, which resulted in 60 percent of schools reopening in a matter of months and more than 95 percent reopening one year into the Administration. And Ms. Gentles, I agree with you about what is happening in our schools. Unfortunately, I think it was happening before COVID began, and it is a reflection of what is happening in our society. And we should all care about civility, treating each other with respect, and trying to reduce this tension and division we see between too many people.

But while there is still much that we don't know about the pandemic's long-term effects on our Nation's youth, we are beginning to learn more, and I think we are all going to agree on something here. According to a January 2023 McKinsey report, we have been set back two decades of progress in learning because of this pandemic and the early missteps that forced schools to close and delayed getting kids back in the classroom sooner.

Now, in large part thanks to the American Rescue Plan and this Administration's leadership in getting our Nation's schools the resources to safely bring students back to the classrooms, more than 99 percent of schools are open for full-time in-person learning. But the American Rescue Plan wasn't just about getting schools to reopen. We just talked about it. It also took a forward-looking approach to pandemic recovery that we should look to replicate, including by requiring that schools use 20 percent of all funds allocated through the ESSER fund to address learning loss.

Ms. Mazyck, you and school nurses all across the country have been on the front line of this pandemic's impact on America's students. How are schools working now to ensure students can learn in a healthy environment and catch up on lost classroom time from the height of the pandemic?

Ms. MAZYCK. Thank you. School nurses bring public health expertise as well as real-time view of conditions in schools. We believe that the best practice ensures that school nurses have a seat at the table when decisions are made. School nurses are helping students and families catch up with routine vaccinations that were delayed due to the pandemic and shutdowns of healthcare offices. School nurses are making sure that immunizations are done either in school or in the community. School nurses support the school

community through constant surveillance of student and staff conditions to prevent and control spread of communicable disease and to respond in emergencies.

Mrs. DINGELL. Thank you. I am going to try to get one more question and then have some for the record for all of you. Nearly 8 million students have lost a parent or caregiver during COVID-19. There is no doubt that that kind of loss is a cause for stress, anxiety, and depression that impacts a child's ability to learn. Ms. Mazyck, what is the connection between students' mental health and their learning, and how can we better support them with emotional and behavior health support?

Ms. MAZYCK. The health of children, physical and mental, and learning are inextricably linked. They are connected together. And so, it is important for students to have learning supports through specialized instructional support personnel who are able as counselors, nurses, school psychologists, school social workers to provide what the needs are for those students. I heard today that some students came back to school, and they do not know how to be with one another because they had time in isolation. Social/emotional learning is important for them. They need the social skills to develop that may have been delayed. They also need the care for any anxiety, any depression, any of the bereavement, any of the emotional and mental health concerns that they have, and they need the personnel in the school building to help them.

Mrs. DINGELL. Thank you, Mr. Chairman.

Dr. WENSTRUP. I now recognize Dr. Miller-Meeks from Iowa for five minutes of questions.

Dr. MILLER-MEEKS. Thank you, Mr. Chair, and thank you to the witnesses who are here. As a physician and a former director of the Iowa Department of Public Health, in March 2020, as a state senator, our legislature went into pause. At that time, I recommended to our Governor and to our legislators that we not close schools, especially elementary, because the scientific data we had at that time indicated that children were of minimal risk and did not seem to be good transmitters of the virus.

Later, I submitted to our Senate the *American Journal of Pediatrics* article in June or July 2020 that indicated that there was very low transmission and, at that time, recommended that schools should not be closed. But the CDC did not follow that guidance. So, beginning in March 2020, schools across the Nation began closing, which seemed to be not, you know, unprecedented given that we did not have as much data about the SARS-CoV-2. That led to a complete transmission of classrooms to virtual classrooms.

The impact of those decisions are no secret. The *Pediatric Journal of the American Medical Association* reviewed 36 different studies comprising almost 80,000 children and adolescents as well as 18,000 parents, and concluded that school closures were related to adverse mental health conditions, distress, anxiety, health behaviors, and obesity among children and adolescents.

I argued at the time in my first year in Congress numerous times before this Committee, and before Dr. Walensky and Dr. Fauci and others, that schools reopened in Nevada. A published article: Schools reopened in January 2021 because between March 16 and June 30, there were six youth suicides. Between July 1 and

December 31, there were 12 youth suicides, the youngest of whom was nine. So Dr. Hoeg, are children less susceptible to COVID-19 infections than adults?

Dr. HOEG. So, early on in the pandemic, we saw that they were less likely to be infected, but they have always been much less likely to experience severe outcomes. And I discussed that is greater than a thousandfold difference between children and older adults, and that continues to be the same in terms of severe outcomes, that children are much, much less impacted. And it is comparable to a typical seasonal flu year, their infection fatality rate from COVID-19 to seasonal influenza. So, we should have been taking that into account from the beginning, and it is even lower now from COVID-19 considering the amount of immunity children now have.

Dr. MILLER-MEEKS. And do we close schools or require mask wearing for children during the influenza season?

Dr. HOEG. No, we do not. Yes.

Dr. MILLER-MEEKS. Thank you. And do children transmit COVID-19 to adults at a high rate?

Dr. HOEG. So, children do transmit COVID-19 to adults. What we saw, especially early on in the pandemic when we were doing contact tracing, is that children were much less likely to transmit to others outside of the home. They could transmit to adults outside the home, but at a lesser rate. And in school, the transmission rate to adults was minimal to almost none. In numerous studies from Europe, from the United States, from my own work in Wood County, Wisconsin, we saw no transmission from students to teachers in our Wood County, Wisconsin study over the fall semester, and we had the same experience in California with that.

Dr. MILLER-MEEKS. Yes. When we had Dr. Walensky before us in testimony, I asked her if she inquired in other places other than the American Federation of Teachers Union about school closures, and she said she did. I asked her to submit data that had not been submitted to this Committee. I also specifically asked her if she checked with the state of Iowa. Iowa reopened its schools in the fall of 2020. There was not big drivers of community spread. And did you see other schools that were drivers, especially elementary school drivers of community spread?

Dr. HOEG. No, and I think it is important that we actually look at data from Europe that, you know, independent of what the mitigation strategies were or what the country was, there was no relationship with the school reopening and the community case levels. And we also saw that in Brazil with community case levels and with severity of disease outcomes that whether or not they opened or closed schools had no impact on community transmission.

Dr. MILLER-MEEKS. Yes. And we asked if the CDC and FDA both would look at real-world evidence of other countries as they developed policy. When did this data become clear? And if you could answer very quickly because my time is almost up.

Dr. HOEG. In the late spring and early summer of 2020.

Dr. MILLER-MEEKS. Thank you for that. I would like to have entered into record an article from *Contemporary Pediatrics*, March 23, 2023, "Pediatric Speech Disorder Diagnoses More Than Doubles Amid COVID-19 Pandemic." That is related to mask wearing. Did they need to wear PPE?

Dr. HOEG. No. We have found no evidence from the best studies that we have that masking children provides a benefit. The best study we have actually is from Spain, a regression discontinuity study that found no evidence of benefit, and children in Scandinavia were not masked under the age of 12. So, it is important to keep in mind.

Dr. MILLER-MEEKS. Thank you so much. Mr. Chair, I yield back.

Dr. WENSTRUP. And without objection, your entry will be submitted for the record.

Dr. WENSTRUP. I now recognize Mr. Mfume from Maryland for five minutes of questions.

Mr. MFUME. Thank you very much, Mr. Chairman. I want to thank you and Ranking Member Ruiz for giving us all an opportunity to discuss this matter, but, more importantly, to set the record straight on a number of different things. And I would caution all of us against Monday morning quarterbacking. So, in this case, I guess it would be Tuesday morning quarterbacking.

It is so easy after the fact to assign blame and to talk about what should have, could have, or did not happen, but we run the risk of failing our jobs and we run the risk also of tainting history. In case no one remembers, COVID and those days of COVID were dark, dreary, desolate, and disconcerting. All the evidence we have now we did not have at the time of COVID. It was a learning process that we were all going through. And I would also caution against this notion of always comparing what we did in the U.S. against what they did in Europe to suggest somehow or another that it should have been the same. United States is one country. Europe is 44 nations. So, let us be real careful about how we compare apples to apples or oranges to oranges and make sure that we are talking about the same thing here.

On January 21, the day after the inauguration of President Biden, the President signed an executive order directing that the Department of Education and the Department of Health and Human Services develop additional evidence-based guidance to assist schools in determining how they could safely reopen and remain open for in-person learning. And I say additional evidence-based guidance because it was Mr. Trump and Dr. Birx, who was advising him, as Mr. Raskin pointed out earlier, who had already given guidance. And her testimony on the record, as the Ranking Member stated, was that we could have saved over 100,000 lives, we could have done more than what we were doing, and that we were doing what we should do with respect to masking and taking precautions. That was her testimony to the President and to the Nation, so let us not really forget about that.

So, two months later, fast forward, after the President signs the executive order, he signs the American Rescue Act, which included \$122 billion investment in special ed, in curriculum development and renovations to school, increased ventilation, and other forms to ensure school districts, again, across the country could return children to classroom and return them there safely. Thanks to those efforts, Baltimore City Public Schools was one of the first large school-based districts in the state of Maryland and one of the first urban districts nationwide to reopen in a safe in-person learning environment.

Many of my colleagues who sometimes seek to assign blame and suggest that there was some sort of weird evil plan in effect are the same persons who have a long track record of pushing draconian cuts to programs that support American schools and American children, but I appreciate these newfound expressions of concern for poor Black and poor White and poor Latino kids. We just need to make sure we maintain that throughout the course of every year. At the end of last year, 200 of those same persons voted against the Consolidated Appropriations Act, which had basic funding for K through 12 education as well as funding for child nutrition programs. And then, as we all know, at the end of last year, 40 of those same colleagues voted against extending free lunches to schools in the summer.

Ms. Mazyck, I am going to ask you a couple of things related to nutrition, or at least one. I want to, first of all, just say my hat is off to the school nurses and all nurses everywhere who helped us get through a harrowing time in our Nation's history. Can you just give an example or your estimation of how does limiting access to nutritious food programs undermine a child's learning and cognitive development? Because I think that is just as important.

Ms. MAZYCK. Yes, it is. Thank you. So, we know that health and learning are connected, and we also know that there are social determinants to children being healthy. And when they cannot get the food that they need, they live in housing that does not support their wellbeing or in neighborhoods the same, that impedes their learning. So, with the meals that students need, one of the things that school nurses found when schools were shut down was that children needed the meals. They were missing meals because school was no longer open where they had two meals, generally breakfast and lunch. That nutrition is absolutely necessary for learning to happen.

Mr. MFUME. Thank you. My time has expired, Mr. Chairman.

Dr. WENSTRUP. I now recognize Mrs. Lesko from Arizona for five minutes of questions.

Mrs. LESKO. Thank you, Mr. Chairman. Mr. Zweig, you asked a great question, are schools an essential service? Yes. My answer is yes, and so it boggles my mind that we had grocery stores open, Walmart open, and all these other businesses deemed essential services that were open, yet we closed schools. Sweden kept daycare and schools open throughout the spring of 2020 for all children ages 1 through 15 without social distancing, masks, or testing.

As of June 2020, among the 1.8 million children in this age group, zero died from COVID-19 and only a few were hospitalized. In May 2020, the Center for Global Development released a report that failed to find any increase in community COVID-19 case rates related to school reopenings internationally. On August 7, 2020, the CDC itself published an MMWR study based on COVID-NET data, which clearly established the low risk to American children. In August 2020, Australia and South Korea data showed that secondary infection rates were very low in schools.

Yet, even with all this data showing that children were at low risk of having serious COVID effects and low transmission risks to adults, the CDC set guidelines in the fall of 2020 that would keep 99 percent of American schools closed. Evidence, as shown by

emails between the teacher union and the CDC, show that the CDC was greatly influenced by the teacher union and in fact, added language verbatim suggested by the teacher union. Mr. Zweig, why do you think the CDC seemed to listen more to input from the teacher unions than from scientific data from other countries and from their own scientific report?

Mr. ZWEIG. Thank you, Congresswoman. I can't speak to the mindset of the people in charge of the CDC, but the broader context of your question, I think, is highly relevant. And with all due respect to the other Congress member, I think it is entirely appropriate to look at what happened in Europe and elsewhere. Those are human beings. They are children. They are in schools. I have lived in Europe. They have very crowded cities. They do not have sophisticated HVAC systems in all of their schools. That is real evidence in front of us.

And I think we are talking about the difference between looking at models, looking at projections over empirical data, looking at theory over what we actually were observing. And I think that is incredibly important, and it is one of the things that I have been studying and been so fascinated by is this sort of very, very myopic, American-centric idea that nothing else was happening outside of our bubble. We had actual real-world evidence from schools in countries throughout Europe with cities very similar demographics to our cities. The class sizes were not, you know, three kids in a giant room, and that evidence, for complex reasons, was disregarded.

Mrs. LESKO. Thank you. Ms. Gentles, in Arizona and elsewhere, school districts created in-person hubs where low-wage staff monitored in-person students who sat in front of their laptops while the teachers still worked remotely. This happened in Arizona to my grandkids. The Governor put out an executive order saying that students needed to have a place to go if their parents had to work and they had no place else to go. So my question is, if it was safe for low-wage workers to be in the presence of children in schools, why was it unsafe for teachers to be in the schools with the children?

Ms. GENTLES. Yes, this happened in Virginia where I live. It happened in California. It happened all around the country. Schools turned into daycares with low-wage workers who were not unionized, and I think that is the essential issue here. The teachers unions had made a decision that they needed to control the instructional hours that were offered whether or not schools were open and teachers were going to teach in the classroom. And I am speaking about the unions, not the individual classroom teachers. The unions were going to do that until the American Rescue Plan came forward with 122 additional billion Federal dollars.

So, there were three big bills that offered the ESSER funds that we have been talking about: the supplemental Federal emergency funding, March 2020, and then winter, December, January, and then again, March 2021, that final ARP. They were waiting until that final \$122 billion ARP funding came through, and then schools could open up and the unionized teachers could return to classrooms fully that fall.

Mrs. LESKO. Thank you, and I yield back.

Dr. WENSTRUP. I now recognize Ms. Ross from North Carolina for five minutes of questions.

Ms. ROSS. Thank you, Mr. Chairman, and thank you to our witnesses for being here. As part of the American Rescue Plan, which we were just hearing a little bit about, congressional Democrats included a historic investment of more than \$122 billion dollars of ESSER funds, or the Elementary and Secondary School Emergency Relief Fund, which distributed that funding to schools and communities across the United States. These dollars could be used to facilitate academic recovery, modernize school facilities, bridge the digital divide, address staffing shortages, and provide physical and mental health services to students. The legislation also made sweeping investments in vaccines, testing, and other critical resources to restore our way of life. For example, the American Rescue Plan provided \$10 billion in Federal funding to scale up COVID-19 testing in K through 12 schools across the country.

Ms. Mazyck, why is it so important to invest in the tools to ensure that schools could return safely to classrooms, and how did communities use these investments to do so? I know my school district in Wake County, which, by the way, does not have a union, used it for testing, for laptops for kids, for tablets, and for a wide variety of things to not only address immediate learning problems but also to bridge gaps in learning from before the pandemic.

Ms. MAZYCK. Thank you for your question. We know that in-person learning promotes overall student health and wellness, and so the funds that were provided enabled buildings to be healthy, funding for ventilation. Many schools are older, and they needed help with having good ventilation. Also, schools were a nexus in communities for COVID testing, and that funding was helpful for that, in addition, making sure that students' mental health needs, which were prevalent prior to the pandemic, making sure there was support personnel who would be available to help students was paramount, and schools have used fundings for that.

Ms. ROSS. Could you tell us about any learning loss programs that were also funded?

Ms. MAZYCK. I am not able to speak to the learning loss programs.

Ms. ROSS. OK. How do you think these dollars have helped fortify our Nation's schools and communities for the possibility of a future public health crisis?

Ms. MAZYCK. I think we have learned lessons from this pandemic, and I will say that this pandemic has been fraught with the novelty of the coronavirus that shifted throughout the time over the past three years in how it performed and how it reacted. Right now, we know that schools and local health authorities need to work together to be able to make the decisions about health and safety in schools. And the funding that has happened—that has been available to schools—has enabled those entities to connect and collaborate. We have seen school-located vaccination clinics provided in schools so that students are caught up with their routine vaccinations. That happened because of funding.

Ms. ROSS. And just finally, do you have any thoughts or information about the impact of the coronavirus on teachers and teaching assistants and school personnel?

Ms. MAZYCK. I don't have those data with me.

Ms. ROSS. OK. I will submit a question for the record.

Ms. ROSS. Thank you, Mr. Chairman, and I yield back.

Dr. WENSTRUP. I now recognize Mr. Cloud from Texas for five minutes of questions.

Mr. CLOUD. Mr. Zweig, there has been a lot of talk about the fact that this, you know, understanding of what COVID was happening over the last few years has certainly changed, and that is true. What we know now is certainly a lot more than what we knew then. My understanding is you were actually more at the beginning in favor of school closures and the like—maybe that is not true—but as data became available that your thoughts had developed. Anyway, I was wondering if you could walk through that process. You know, the talking point we are hearing is that we know now more than we did then, which is true, but we did know early on how this affected children. Isn't that correct?

Mr. ZWEIG. Thank you for your question. Yes, I was probably the first journalist from a major publication in America in the very early days of May 2020 to write an investigative piece reviewing all of the data. I have two kids myself, and I watched at the end of April as they were stuck in their bedrooms staring at screens, and crying, and all sorts of craziness happening, because it is not a good thing for them to be stuck in a bedroom staring at a screen for eight hours. It wasn't working, and I knew from all the other parents.

And I saw that schools began opening in Europe at the end of April and the beginning of May, and that sort of set me on my course, and we knew very early that schools could open safely. The education ministers at the EU met not once, but twice that spring and announced that they saw no evidence that the reopening of schools there led to any sort of meaningful difference in case rates. That is profound that they said that, and that still was ignored, so that is why I wrote about it.

Mr. CLOUD. Yes.

Mr. ZWEIG. So the idea that this is all revisionist history, you know, this is Monday morning quarterback is false. We, of course, gained more information as time goes on. The evidence was there, it was literally happening in front of us, and it was ignored.

Mr. CLOUD. Not only was it ignored, we actually had taxpayer-funded government agencies spreading the opposite information and clamping down on the accurate information. Dr. Hoeg, I see you smiling. You are actually a doctor. Could you speak to some of this?

Dr. HOEG. Yes. I mean—

Mr. CLOUD. Your microphone.

Dr. HOEG. David and I really kind of came to the similar conclusions at about the same time, and I started writing about it at the same time because I, being Danish, I had also watched what happened in Denmark, and I saw that they reopened their schools there after six weeks of closures in April 2020. There were no major outbreaks, and the pattern was the same across Europe.

And so, I do feel like even over the course of the summer of 2020 that we got increasingly disparate messages from our American CDC and from Europe because across the U.S., we were getting

more sort of fear mongering messaging about the risks of COVID-19 to children and how often they transmitted the virus that we were seeing in the media. And on the other hand, there was this hopeful message in Europe about children are not spreading COVID-19 in the schools as much as we had feared and were able to reopen the schools.

And in Europe, there was this fundamentally different philosophy that schools should be open by default, whereas I don't know what happened in the United States with our messaging, where somehow it became the normal thing to have schools closed until proven otherwise that it was safer to have them in than outside of school. We should have always assumed they should be in school, figure out how to do it because we know the harms of keeping them out of school. And then we should have been studying what to do to decrease the transmission while they were in school.

And so really, you know, the U.S. had a fundamentally different philosophy than Europe that, you know, ended up hurting the children. And we shouldn't be focusing on the differences in demographics between Europe and here, even though they do exist. Europe, like David said, is very diverse. I was a teacher in France in very crowded classrooms, and I knew from Denmark that the students were also in crowded classrooms. It is not like they have much smaller classrooms than we do here in the United States. And like I said, in Scandinavia, they weren't even wearing masks, and in Sweden, early on they weren't testing, so—

Mr. CLOUD. Yes. And to that point, Ms. Gentles, you kind of started to make this comment that some teachers unions came out specifically, like in California and other states that were really kind of adamant, like, we are not going back to the classroom, but it wasn't really until the science changed. It wasn't until they got money passed in a sense. You know, we see this a lot here in the Federal Government in the sense we create a problem and then we march in to be the white knight in shining armor to allegedly fix the problem we created. And here we have the government in a sense locking down schools, but then trying to ride in. Your thoughts to what happened there?

Ms. GENTLES. Well, I think the fear mongering is really important to emphasize that the union role was not just limited to influencing and editing the CDC guidance February 2021. We saw in spring of 2020 that unions were telling teachers not to provide new instructions or materials to students. And then throughout the summer, we saw—

Mr. CLOUD. So, they were actually putting pressure on the teachers who wanted to go educate kids.

Ms. GENTLES. Right.

Mr. CLOUD. Yes.

Ms. GENTLES. And then we saw throughout the summer that unions were sending body bags, and hearses, and draft obituaries to Governors and to other leaders to let them know that death would be on their hands, blood would be on their hands if they chose to open schools in the fall. And then as parents, I am sure we all saw on the Facebook community groups fear mongering and threats to parents who tried to speak up and express interests in

open schools. Fear mongering was everywhere. It was pervasive throughout 2020.

Mr. CLOUD. Thank you. Thank you, Chairman.

Dr. WENSTRUP. I now recognize Mr. Garcia from California for five minutes of questions.

Mr. GARCIA. Thank you very much, Mr. Chairman. I want to make some clarifications and then definitely have a couple of thoughts and questions. Just for starters, I know we have been hearing this here from some of my Republican colleagues. I think it is important to note that the CDC constantly engages with numerous groups, of course, during any sort of major crisis or process. There were stakeholders that were brought in to talk about how we return to the classroom. This was very common.

I think there is obviously an attack going on here on teachers associations and teachers unions, and generally teachers as a whole. And so, I think that is very distracting considering that the Biden Administration, within three weeks of being in office, put together a plan to reopen schools.

As we may need to remember that schools were closed during the tenure of President Trump. That is when most of the school closures actually happened, and so I just want to put in perspective that the Biden Administration did put in a plan to reopen schools. Now, that resulted, of course, 60 percent of schools reopening in a matter of months and more than 95 percent of schools reopening one year into his Administration. And so, it is important to be critical, but also to make sure that we are being fair in when schools closed and when they actually reopened.

It is standard practice for the CDC to engage with impactful organizations, like teachers unions and others, to get feedback to ensure guidance is comprehensive and implementable. I mean, at the end of the day, the teachers are the workers on the ground in the classrooms. Their opinions, and particularly opinions on safety, is important, and so I think that is critical. Teachers and teacher associations are one of more than 50 different organizations ranging from parents, superintendents, business groups, and others that all were a part of these decision-making processes as it relates to schools opening and closing. So, I just want to make those notes.

And with that, I want to just turn to some other thoughts. This is a very important topic. I want to thank, of course, all the witnesses that are here, and it is important that we always engage with teachers, staff, parents, most importantly, as we have these decisions in serious crises.

So, I was the mayor of Long Beach before being on this panel. I served at the height of the pandemic. It was horrible and really difficult to see, of course, not just school closures, but business closures, and the single largest of death event, where we lost over a million Americans, happened over the last couple of years. We have to always put this crisis in context of the lives that were lost. Back in Long Beach, we were the first large city in the state of California to actually vaccinate all of our public school teachers. We were also the first large school district to reopen our schools because all of our public school teachers were actually vaccinated.

The White House actually called the Long Beach vaccination process a national model because we were committed to safe re-

opening of schools and working with our teachers on the ground. And this was all, by the way, in spite of very little support that we received from the Trump Administration early on, no plan on how we are going to reopen schools. And so again, I think it is important that we look at the totality of what happened during the pandemic. Someone that was on the ground in California can tell you that the lack of concern from the Administration, from many colleagues in Congress, some of which continue to serve, was very distressful for mayors on the ground. But we are serious today, and I am glad the Committee is serious about addressing the impacts of the pandemic and school closures.

And I wanted to turn this real quickly to Ms. Mazyck. I will see if you can answer a couple of quick questions. Is it safe to say that a reckless reopening process without vaccines or safeguards would have been damaging, particularly to the health and possibly lives of folks, not just in our schools, but those with family members back home?

Ms. MAZYCK. Yes.

Mr. GARCIA. And is it also true that during the pandemic, families that were impacted oftentimes the most were low-income families, communities of color, where there weren't choices about being able to quarantine in separate bedrooms? Perhaps you had multi-family living in the same apartment. You had kids that could have been in school and bringing back the virus to grandparents or the parents. Isn't that also true?

Ms. MAZYCK. That is true.

Mr. GARCIA. Thank you. As we move forward to put in better safeguards, do you have a couple of additional pieces of advice for schools or school leaders that could keep us healthy as we move forward?

Ms. MAZYCK. I think it is important to understand that preparation for a pandemic or any emergency health situation is a must, and schools need to bring together stakeholders in the community, including health departments, but also making sure that the right people are at the table. We have had a lot of lessons that we have learned over the past three years on how to layer mitigations, how to make buildings safer, how to keep people safe. And it is incumbent upon us to begin those planning conversations, making sure families are at the table and all the other stakeholders who would be involved.

Mr. GARCIA. Thank you so much, and I yield back.

Dr. WENSTRUP. I now recognize Dr. Joyce from Pennsylvania for five minutes for questions.

Dr. JOYCE. Thank you for yielding, Mr. Chairman, and thank you for our witnesses for appearing. You know, I look back at the devastating impacts that COVID-19 pandemic and our U.S. response have had, and perhaps none is more tragic and also more avoidable, tragic and avoidable, than what happened to our kids.

This is from the *New York Times* from last September: "This year, for the first time since the National Assessment of Education Progress tests began tracking students in the 1970's, nine-year-olds lost ground in math and scores, and reading fell by the largest margin in more than 30 years. The decline spanned almost all races and income levels and were markedly worse for the lowest

performing students. While top performers in the 90th percentile showed a modest drop—three points in math—students in the bottom 10th percentile dropped by 10 points in math, four times the impact.” And the sad truth of matter is it didn’t have to be this way.

From the earliest days of the pandemic, we knew that the risk to kids for both transmission and severe illness from COVID–19 was low, and yet, at the urging of the AFT and other powerful unions, kids were kept home far too long. This dynamic was further exacerbated by the Biden Administration’s first guidance on school reopening that recommended leaving 90 percent of students in remote settings, and now we are facing the consequences in learning loss and mental and physical health declines.

Ms. GENTLES, as a parent in a blue school district, you faced some of the most restrictive school closure policies. Can you please speak on the impact on students learning, particularly as we address these losses in math and reading scores?

Ms. GENTLES. Well, I think sometimes we get numb to these scores and we think, well, they were already low before the pandemic and now they are lower, but when we talk about these huge drops, we have to think about the individual students. And we have to recognize in a community like mine that is divided by a highway, North Arlington versus South Arlington, when schools closed, the parents in North Arlington, which is a more well-to-do part of the county, were able to afford tutors, and learning pods, and resources to ensure that their students didn’t fall behind. The kids in South Arlington less so. And so, when you look at the data for the Title I schools, the schools that have more low-income kids, it is heartbreaking to look at the number of students that failed the math and reading state assessments in those schools.

Dr. JOYCE. Do you feel that there are policies that we should be pursuing as far as educational testing requirements to ensure the students get back on track and that we mitigate these severe losses that we have seen?

Ms. GENTLES. Well, a proven strategy is high-dosage tutoring. Unfortunately, a lot of school districts needed to quickly push money out the door. They had so much money, millions in cases, billions in some of the larger school districts, so they quickly signed contracts with online tutoring platforms that don’t actually reach the kids and have low participation rates. When districts have invested in high dosage tutoring, one-on-one tutoring multiple times a week, that can have a real impact on children’s lives and address the learning loss. Other places have—

Dr. JOYCE. If I may, my time is limited, but let us pivot from educational losses to healthcare losses, and this is where, Dr. Hoeg, I think that your expertise comes into play. According to CDC data, in 2021, 37 percent of high school students reported experiencing poor mental health during the COVID–19 pandemic, and 44 percent reported that they persistently felt sad or hopeless during the past year compared to 36 percent in 2019. Suicide attempts increased sharply for adolescents and suicide attempts for 12-to 17-year-old girls were rising over 50 percent again comparing 2021 with 2019 statistics. Do you feel that school closures played a role in these alarming statistics, and how do we repair this?

Dr. HOEG. Yes. So, I think it is actually very difficult to establish closing schools as causal in the increase in mental health issues, but we do have some good data that was published in the Journal of American Medical Association showing that there was a significant association between school closures and increasing mental health issues such as anxiety and depression. And we have data showing increased suicide rates as well in the Journal of Pediatrics that especially affected males, adolescent males and younger males as well, and the increase really started in the summer and fall of 2020, those suicide rates.

And so whether or not it was schools, whether or not it was the access to sports through schools, or some other factor, it is difficult to say, but we see across the board these accelerating increasing mental health issues correlating with the closures of the schools. And so, I think it is not a stretch of the imagination, you know, to see how isolating children, keeping them out of school, keeping them away from their peers, keeping them away from adults they can confide in and in a safe environment, you know, for them, that that could be correlated with worsening mental health issues.

Dr. JOYCE. So as a physician, as a doctor, do you feel that the school closures accentuated long-term mental health issues in children?

Dr. HOEG. I am concerned that they did because of the correlation we saw—

Dr. JOYCE. In school-related activities, whether it was being on the soccer field—

Dr. HOEG. I mean, we have seen also evidence that sports activities, the decreased participation in sports activities have been associated with increased depression rates specifically during the pandemic, and we know that many children get access to sports and physical activity through school. It would be extremely difficult to say that the school closures had no impact on this mental health crisis that we are seeing right now in our youth.

Dr. JOYCE. Thank you for your insight, and I yield.

Dr. WENSTRUP. I now recognize Ms. Tokuda from Hawaii for five minutes of questions.

Ms. TOKUDA. Thank you, Mr. Chair. I ask to insert into the record a March 2023 report from Hawaii State Superintendent on measuring student achievement pandemic impacts and recovery without objection, Mr. Chair.

Dr. WENSTRUP. Without objection.

Ms. TOKUDA. Thank you. I am a mother of two school-aged boys who attend public schools in Hawaii, and like many parents across our country, I wanted to get my children back into classrooms with their teachers and their peers as soon and safely as possible. But like all of us, we watched the infection and death tolls rise across our country. You have heard it today, the millions of lives that were lost right here in the United States. Over 1,700 minors lost their lives. Over 200,000, and by some accounts more, children lost a parent or a secondary caregiver. That is 1 in 360 kids losing a parent or a loved one that cares for them. Some assessments have brought it even closer to 1 in 260 youth.

Ms. Mazyck, you testified that during the Trump Administration, we lacked basic public health infrastructure, PPE, ventilation sys-

tems, testing capabilities. We didn't even have a vaccine. Lacking these things, was it a safe environment for our students to return to? Yes or no.

Ms. MAZYCK. No.

Ms. TOKUDA. And despite the state of the pandemic, the Trump Administration tried to bully our schools into reopening by threatening to withhold greatly needed Federal funds unless they did so, all for Donald Trump's political gain. On July 8, 2020, President Trump tweeted about America's schools, noting that he "may cut off funding if not open." Less than a week later, Trump's Education Secretary, Betsy DeVos, told Fox News that if schools weren't going to reopen, "They shouldn't get the funds." Ms. Mazyck, how would cutting off Federal funds, greatly needed Federal funds, for our Nation's schools in the middle of the pandemic have undermined our children's education? What impact would that have had further on learning loss, and would it have done absolutely anything to improve student mental health or reduce the rates of abuse that rose during the pandemic?

Ms. MAZYCK. I will speak specifically to one aspect of education that is in the Every Student Succeeds Act, the education law, and that is a provision for specialized instructional support personnel, the school counselors, nurses, psychologists, social workers, and others who are there to support students so that they have what they need in order to access their learning. That would have been difficult for schools to move forward because they would not be able to provide equitable healthcare and mental health needs to students.

Ms. TOKUDA. Thank you. And so, a lot of the talk we have had today about the fact that learning loss took place, that the mental health of our students were severely impacted, access to opportunities that were overlooked, rates of abuse increased, none of this would have helped. In fact, it would have been made worse by the threats and the actions of the prior President.

Ms. MAZYCK. Thank you.

Ms. TOKUDA. So, you know, I just want to go off a little bit about what we are hearing today. You know, we have talked a lot about learning loss, and, yes, we lost a lot during the pandemic, and we need to start to refocus our support on schools and our educators in order to overcome this. But let me be clear about this as a mother of two boys who were in our public school system during the pandemic and are still in our public school system. The loss of a child, a child's loss of a parent, a caregiver, a classmate, a teacher, no amount of money or political pandering can make up for that. We lost a lot, as I said, during this pandemic, but we also learned a lot from this experience.

I asked to insert Hawaii's report into the record. We are one of the largest school districts in the country, despite our small geographic size. We were amongst the most conservative in reopening our schools and businesses. And while we suffer from health disparities and have a number of vulnerable communities even before this pandemic, we were one of the best-performing states in this country when it came to mortality rates, vaccination rates, hospital capacities.

Was there learning loss amongst our children? Did I worry about my two sons? Yes, as there was across our country in every school district in every single state. But recent findings that we have seen from an independent analysis shows that thanks to smart and targeted use of ESSER funds, these very funds that were threatened by the former President, our students and schools' recovery was exceptional. "It is exceptional compared to other states."

That being said, we have much work ahead. But if we are going to take anything meaningful away from this tragedy and from this hearing today, it is that funding like ESSER, funding from the Federal Government, not reckless reopening and threatening of funding, funding works. I am glad to see colleagues across the aisle care so much about our kids, about learning, about their mental health, and I look forward to them supporting us in increasing funding, in fact, for our public schools, for our teachers, for mental health services to our school districts to help them combat the learning loss they have experienced. Thank you, Chair. I yield back my time.

Dr. WENSTRUP. I now recognize Ms. Greene from Georgia for five minutes of questions.

Ms. GREENE. Thank you, Mr. Chair. We are hearing a lot about funding from Democrats today as we are preparing our budget here in the House of Representatives. And I would just like to point out, we don't have a revenue problem in Washington. We have a spending problem. And there was a lot of misuse of COVID funds during the shutdowns and a lot of waste, fraud and abuse, and that is why we are here on the Oversight Committee today.

I also wear another hat other than a Congresswoman. I am a mother, and I have three children, and I have children in school, or at least one of them has graduated. The other two are now in college. But my youngest, my son, he graduated in the class of 2022. Now thankfully, I am from a red state where his high school opened up quickly, his activities resumed, but my three children did suffer during that time. All three of them lost their part-time jobs. My daughter, who was a D1 athlete in college, her sport was completely suspended for an entire season. They lost many things. But I will say that thankfully, because our schools reopened quickly, my son's education did not fall behind, but many's education did fall behind.

We have talked about ACT scores. For example, approximately 42 percent of the graduate test takers from the high school class of 2022 failed to meet the benchmark scores in English, reading, science, and math. The average of that class was 19.8 out of 36 on the ACT. This is a failure and a direct result of school closures.

I would also like to talk about, you know, I hear a lot from my colleagues on the other side talking about vulnerable children, and children in poverty, and children that are at risk, especially with learning disabilities. That is something else I know about. Children with autism, Down syndrome and other disorders, they went without their therapies, tutoring, and many other things that they were used to receiving when they were in person and education in schools. That was detrimental. I have a family from my district whose daughter with autism completely quit speaking after years and years of therapy that she had finally begun to speak, and she

quit speaking again when her therapies were discontinued. I think that is a complete failure.

But the most devastating effect that I think that we all saw was the suicide increase in children. It is unthinkable to me that any child would commit suicide, and I know, all of you on the panel agree with that. But here we saw suicide increase to 6,000 suicides among the ages 10 to 24, 51-percent increase in suicide attempts in girls ages 12 to 17. But boys were the ones that so tragically were actually getting the job done with the largest rate of suicide in an average of eight percent increase, and so it is just completely devastating.

But another thing I would like to point out that we haven't really talked about here is that the gigantic impact on mental health of our kids while they were being forced to stay home, many of them alone by themselves sitting in front of a screen for most of their waking hours as they were trying to educate themselves with on-line learning, which was a failure for many. But they were also spending their time on TikTok and Instagram, which are two poison pills for our children's minds. And since this time, the school closures, we have seen a dramatic increase in trans-identifying children, which is something that was not normal nor common many years before this, and I think that is completely devastating. But I would also like to point out the AFT, the teacher's union, were the teachers that, by the way, were getting paid to stay home and didn't have to go work, were the ones talking to the CDC about when should schools reopen, and then we had Governors of blue states. So, I would like to ask each of you, and each of you take your turn.

If you had the chance to explain with your experience and knowledge that you have about the horrific failures of the COVID shut-downs, what would you say to Randi Weingarten, who I would prefer to be on this panel today—I think that is who we should be talking to—or what would you say to CDC Director, Rochelle Walensky, who I also think we should be questioning today? Mr. Zweig, if you had questions for her, what would you ask? And then I would like to hear from each witness. Thank you.

Mr. ZWEIG. I would ask Dr. Walensky why the evidence that existed in front of us, real-world observational evidence, was dismissed or ignored, and instead we focused on projections and models about what would happen. That is against sort of fundamentals in the hierarchy of evidence when you look at, and we chose to look at a lower form of evidence and prioritized that over real-world evidence that was occurring. I would like to understand why that happened.

Ms. GREENE. Thank you. Dr. Hoeg?

Dr. HOEG. Yes. So, I would like to discuss with Randi Weingarten about the perceived risks both to teachers and children as I do think that there was a misunderstanding and a miscalculation about the many risks that children face, and about the risks that teachers faced also from children. But I would like to ask Dr. Walensky, you know, why, when she was creating the guidance for reopening the schools in February 2021, that she was using the wording of the teachers unions in terms of requiring six-feet of distance and not actually consulting the scientists and physicians who

were doing the actual research looking at amount of distancing and transmission in schools, and why it seemed like the teachers unions had had a more dominant voice in creating those guidelines than the scientist.

Ms. GREENE. Thank you. Ms. Gentles?

Ms. GENTLES. Yes. I think that if I had the opportunity to speak with Randi Weingarten, I would ask her about what her conversations are like with teachers in urban districts that were closed and did not serve students. What is it like to talk to teachers in Baltimore at schools that have zero percent students proficient? Zero. And what is it like to talk to teachers in Newark that have less than two percent of their students proficient in math? What is she advising those teachers now when they say what do we do? How do we teach these kids? How do we turn this around? She has to take responsibility for keeping those schools closed and creating the situation for her members, for her teachers. What is she going to tell them to do now?

Ms. GREENE. Excellent. Ms. Mazyck?

Ms. MAZYCK. I will speak from a public health perspective from the Federal, state, and local level, and ask for a way to communicate lessons learned after-action plans are very common in dealing with emergencies. I think that needs to happen on all levels so that we know what to do the next time we have a pandemic.

Ms. GREENE. Thank you very much. I yield back the remainder of my time.

Dr. WENSTRUP. I now recognize Dr. Jackson from Texas for five minutes of questions.

Dr. JACKSON. Thank you, Mr. Chairman. Thank you for our witnesses. Thank you for being here today.

A lot of this has already been said, but I am going to state it anyway because I do think it is important, but early on, COVID was a black box. No one really knew how infectious it was. We didn't know what the true morbidity and mortality of this disease was. No one knew who the truly vulnerable populations were. But we started pretty quickly to figure this out, and one thing that we learned very early on was that children were not the at-risk group in this disease. They didn't get COVID easily. They didn't spread it. And if they did get it, they did not get seriously ill and die from it despite some of what we heard.

We also knew that masking and school closures were having a devastating effect on social development, academic performance, and rise in youth depression and suicide. Despite that, there was no course correction. And the White House, Democrats at all levels of government, and the public health sector, which, by the way, has lost all credibility and trust of the American people at this particular point, all doubled down on these destructive policies. Why? Why were these decisions being made? Who was actually driving these bad decisions? You have to ask yourself.

We know now that the teachers union, and specifically AFT and its president, Randi Weingarten, were aggressively pushing this destructive agenda. Why were they doing that? You ask yourself. Well, No. 1, my opinion is because there were billions of dollars at play here, billions, billions of dollars which would ultimately be controlled by the teachers union. Since 2020, Congress has actually

allocated \$190 billion to the schools. Seven million dollars of that went to the teachers union, the intent of which the \$190 billion was to reopen our schools and get back to normal. However, that did not happen, and the teachers union continued to support school closures.

Liberal politicians continue to advocate for more money and support of the union—why—and more government money for this purpose. Well, I will tell you why. It is because a large part of that money was going right into the reelection campaigns, in the coffers of those very Democrats. In fact, the teachers union gave \$20 million to Democrats in the 2020 election cycle alone. This, in my opinion, was the biggest driver of all of this. However, it didn't help at all that the teachers, administrators, and other school employees were being paid to stay home as well. And the teachers union was once again promoting this for political reasons with complete disregard for the health and the wellbeing of our children.

A perfect example of this, recently published, this CDC report. The CDC admitted that there were errors in their CDC reporting. These errors, they resulted in exaggerating the severity and the risk for children. They also resulted at the time and they continued CDC recommendations to keep kids at home. These recommendations we now know were developed in conjunction with the teachers union. This is politics, not science.

Ms. Mazyck, I wanted to ask you. Are you a member of the teachers union?

Ms. MAZYCK. I am not.

Dr. JACKSON. You are not.

Ms. MAZYCK. National Association of School Nurses is a 501(c)(3) member organization.

Dr. JACKSON. Thank you. You are the executive director of the National Association of School Nurses. Is that correct?

Ms. MAZYCK. That is correct.

Dr. JACKSON. Were you the director in February 2021?

Ms. MAZYCK. I was.

Dr. JACKSON. OK. And I know this question has been asked, but I think it is important, but I want to ask one more time. Were you consulted by the CDC or the White House or anyone else regarding recommendations for in-person learning?

Ms. MAZYCK. The term "consultation" means that I really need to look at data and documents. I received a letter—

Dr. JACKSON. Did you get a phone call? Did you receive a letter? Did you remember having any conversations?

Ms. MAZYCK. I received a letter today from the Chairman—

Dr. JACKSON. Not today before—

Ms. MAZYCK [continuing]. Asking for me to provide information from our association.

Dr. JACKSON. I am not talking about that today. That is fine. We will get that letter. We would love to find that information. Now what I am asking is at the time when these recommendations were being made, did you receive any phone calls? Did you get any letters? Did you have any communication with somebody at the White House or somebody at the CDC regarding in-person learning?

Ms. MAZYCK. You are asking me to go by my memory, and—

Dr. JACKSON. I am asking you, you were the executive director. This is the organization that you were in charge of, and you can't remember if you had any type of conversation about that?

Ms. MAZYCK. Sir, I will fulfill what the letter asks me for, and I ask that you would respect that.

Dr. JACKSON. I will be happy to look at that letter when we get it. I think it is very concerning that you can't remember, as the executive director, whether you had any type of conversation or any type of communication about that at all. I mean, I think you could easily say I did, I don't know the detail. I can't relate to you the extent of which this conversation took place. I will get that to you in writing. But you are saying you do not remember having any of those conversations.

Ms. MAZYCK. No, I don't. What I do know is that the National Association of School Nurses depended on the guidance that was issued from the CDC.

Dr. JACKSON. I understand that. What I want to know is did they participate in developing that guidance along with the teachers union. I think this is a very important question. This is just the beginning. We are just starting to scratch the surface of what happened here. When we see something that doesn't look like it is not right, usually follow the money and you can figure out exactly why this stuff happened. So I am excited about looking into this and finding out exactly what drove all of this, where that money went and who made these decisions. Thank you, Mr. Chair, I yield back.

Dr. WENSTRUP. Thank you. I would now like to yield to Ranking Member Ruiz for a closing statement if he would like to make one.

Dr. RUIZ. Thank you, Mr. Chairman, and thank you again to all of our witnesses for your participation. It is clear, in-person learning is critical to our children's health and well-being, both inside and outside the classroom. It is very clear that we have to do our utmost best to ensure that every school, regardless if you are in an affluent community or an indigent community, where, if you have kids with affluent parents or hard-working poor parents, that they all have the equal opportunity to stay in school, a school that is resourced well, that is well equipped, and then has all the provisions necessary not only to stay healthy, but also to learn during and not during a very highly infectious airborne virus to keep them safe, to keep them in school, and to keep them learning, and also in a way that helps reduce transmission in a community.

Before we wrap up today, I would like to take the opportunity to correct the record regarding some characterizations of the comparisons between when America schools reopened versus other countries that we have heard throughout the hearing.

Look, when other countries took the virus seriously, they acted quickly to rapidly boost with the tools necessary to catch up or do measures to help reduce the transmission. And when you have a highly transmittable virus with an R0 of 4, which we had early on in the pandemic based on some high transmission rate cities, like New York City and others, whatever you do on a highly infectious pandemic, the effects of what you do has some latency. So, the higher the transmission rate, the infectivity, the longer the latency of your actions on the pandemic.

So, the lack of urgency, the downplaying of the virus, and under the previous Administration our schools were left under resourced and under prepared to keep kids and their community safe and healthy. And that lack of urgency led to delays in reopening our schools, led to the ill-equipped schools in the hardest hit communities having to delay returning to schools, and commonsense measures to ensure kids could learn safely in classrooms were politicized for President Trump's partisan gain during the election year.

In contrast, you know, on his first full day in office, President Biden took decisive action to reopen our Nation's schools by issuing an executive order calling on the Department of Education and Department of Health and Human Services to issue long-awaited guidance on safely returning to in-person learning. And just three weeks later, CDC issued this comprehensive guidance on vaccines, testing and masking, paving the way for 95 percent of schools to reopen by fall of 2021.

Now schools are 99 percent open, and yet this does not erase the need to make sure that we address learning loss and make our education system more resilient for the next highly contagious lethal virus, protecting students and teachers and keep schools open in the event of another public health crisis. That is our goal, and we must do all this with compassion for the heavy toll the pandemic took on our Nation's children, families, and educators. And we must do all this with a focus on ensuring America's children can live and learn healthily, and safely now and into the future.

And I think one of the biggest lessons learned and takeaway is to act with urgency, to beef up testing and PPEs to make sure our schools, especially our underfunded schools, now have the resources they need to make sure that we have more school nursing, more protocols, more air purifiers, more ability to keep our students safe from any future pandemic, to keep our teachers safe, to keep our school workers safe, and to keep their community safe so that in our hardest-hit communities, the schools that exist that are underfunded in those highly hit communities do not contribute to transmissions, albeit in other affluent communities, those transmission rate may be smaller. But we need to look at all of these things, and I am glad that we are having these conversations. And so, with that, I yield back.

Dr. WENSTRUP. Thank you. In closing, I would like to thank our panelists once again for their important and insightful testimony here today, and I am going to make my closing statement.

What are some of the things we heard today? Instead of schools being the last to close and the first to open, they were the first to close and the last to reopen, yet bars and liquor stores, they were open. We talked about Europe, and we saw in Europe that there were some places where the rate of transmission/infection outside of the school was greater than inside the school. Dr. Ruiz and Mr. Mfume talked about these aren't apples to apples, and I get that. That makes sense, but we can learn from them, and it doesn't mean we should ignore them altogether, which is seemingly what we did, very little discussion, very little input from what we were finding from data from around the world.

Mr. Garcia talked about schools being reopened. Well, were they fully reopened? Were they partially reopened? Were there restrictions on them? Were there restrictions that limited the education of the children? We have to discuss that, too. You can't just say they reopened and expect to really be able to guide us further. Now we heard about, well, teachers went back when they were vaccinated. Well, that is great, but vaccinated people get COVID too. We knew that from the trials. That is not new, so why was that the factor? This is kind of hard to imagine.

Mr. Garcia also mentioned that many groups were asked to provide input, stakeholders, if you will, and that is a good thing to give that to the CDC. So, the question is, if we find out the school nurses gave some wonderful advice based on their medical experience especially, did it have more say or more influence than what the teachers union had to say, with no medical background? We need to know that. It is important to know that because what influence did it have on the guidelines that CDC put out?

You know, during either administration, actions were taken, actions that are being questioned, that were questioned at the time. Most of the actions were being taken by public health officials or public health agencies. The question is, what was done? What wasn't done? Was it helpful, or was it hurtful, or did it make no difference whatsoever? That is what we need to be talking about.

You know, we look at the idea of restricting travel from China. Well, I would say that is pretty much the ultimate contact tracing there when that was called for, and it certainly was extreme social distancing, which was recommended. Yet, it was ridiculed, deemed hatred. And why? Obviously, it was political reasons. We didn't need political influence on what we are doing here then, and we don't need it now if we are to be successful in the mission of this Committee.

We heard a lot about the American Rescue Plan today. We heard about the dollars spent, but what we haven't determined fully is whether it made a difference, whether it was necessary, what it did, what it didn't do. You know, I heard well, we were able to get more money for vaccines for the children. We don't know fully if they needed it. I mean, a lot of data would show they don't need to be vaccinated. They are not at risk. They may have infection-acquired immunity.

All of these things, you know, if somebody says, hey, Dr. Wenstrup, we got you some more blood pressure medicine. Well, I don't have high blood pressure, so it really doesn't matter. So was this worthwhile to give me more blood pressure medicine when I don't need it? Those are the questions we have to ask and be serious about it. You know, our job is oversight, and whether it is the bills that we passed in a bipartisan fashion, or the American Rescue Plan, we have an obligation to see if it was effective, if it was helpful. Are we spending money wisely? Are we actually producing something that has made America better, healthier?

Ms. Mazyck, I appreciate what you said. You said after action. I have been saying that from the start that this is what this Committee is about. It is an after-action review, lessons learned, build a path forward, not only for school children, but for all of America, and, for that matter, for the globe. We can do great things, but only

if we are courageous enough and able to honestly and smartly critique ourselves and our political allies. That is when we can have success. And with that, I yield back.

And without objection, all members will have five legislative days within which to submit materials and to submit additional written questions for the witnesses, which will be forwarded to the witnesses for their response.

Dr. WENSTRUP. If there is no further business, without objection, the Committee stands adjourned.

[Whereupon, at 12:27 p.m., the Subcommittee was adjourned.]

