Good afternoon Chairman Sablan, Ranking Member Owens and Members of the Early Childhood, Elementary, and Secondary Education Subcommittee. Thank you for the opportunity to share with you today as you address the impact of COVID-19 on students with disabilities.

My wife and I have two beautiful adopted children from Haiti, both with special needs. They are 9 years old and attend public school in Arlington, VA. I want to highlight how destructive the last year of closed schools and virtual learning have been for our kids as well as many other students with disabilities across the country.

Our son is diagnosed with Autism Spectrum Disorder and ADHD. Before school closed due to the pandemic, he was a very happy boy who loved school, especially being around his friends. But things changed quickly after schools closed. The lack of social contact and the routine of a normal school day, which are incredibly important to children with Autism, caused him to create an imaginary world last Spring with “52 friends,” as he told us. By summer, his imaginary world had become so real to him that he struggled to differentiate real from the pretend, causing him to have visual, auditory, and tactile hallucinations which became so bothersome that on his 9th birthday, he asked me, “Daddy, can I die for my birthday?” In November he was admitted to Children’s National Hospital for 4 days. The doctors told us that his symptoms were from a massive deterioration of his Autism due to the social isolation. He ended up on 6 medications and the doctors said what he needed most was to return to full time, in-person learning so that he could begin to solidify his identity with real, in-person teachers and peers.

During the Fall, as we watched him deteriorate before our eyes and not be able to engage in virtual learning, we pleaded with school administrators to open schools for in-person learning for students with disabilities, which aligned with the guidelines by the Virginia Dept of Health and Governor Northam who allowed special learners to return for in-person learning as far back as last summer. However, school administrators told us it was not safe to reopen for in-person learning - this despite the fact that many private schools throughout the DC area and country had successfully reopened. Eventually, in November, our school system opened for a small number of students to provide what they called “in-person support.” This placed our son in a classroom all by himself, to learn on an iPad while being monitored by an extended day staffer. It did not give him the in-person learning and peer social contact that the doctors prescribed. So, we requested that the school place him in a private special needs school which was open with teachers and peers 5 days a week. But, the school’s IEP team members refused. So, he stayed on an iPad in a classroom all by himself for 4 months.
Our daughter is in 2nd grade. She has cerebral palsy, a speech disorder, and an intellectual disability, meaning her IQ is around 58. Her IEP calls for 30 hours of special education per week. In August, the school asked us to agree to reduce her hours of support per week to reflect the shorter, virtual 4-day school week. We refused to sign an IEP with reduced hours because she needs every hour of instruction she can get. Since she is unable to engage in learning over an iPad, my wife was forced to quit work to stay home to home school her. With all the learning disruptions, we would have moved our kids to a private school last Fall, but they had all filled up and it would have cost us about $90,000 a year for both kids which we could not afford.

So how do things stand now? Our schools finally opened part-time in March, with shortened school days, while many private schools have been open in-person 5 days a week since last Fall. Sadly, like many special education children across the country, learning losses continue to pile up - in fact, just in the first quarter of the year, the number of failing grades was up 6% among students with disabilities in Arlington. Our son is a full year behind in reading. Despite assurances from school administrators last year that they would provide “robust” learning recovery when schools reopened, the school told us they will give him a mere 30 minutes of reading recovery per week. We asked for more, but they flatly refused.

Other than offering a 4 week summer school, which by no means will make up for a lost year of learning, Arlington has no substantive plan to catch-up special needs kids. They have no plans to hire additional reading, speech or occupational specialists to help the kids who are behind; they expect existing staff to carry their full caseloads and catch kids up. Kids will never be caught up at this rate which will result in vast inequities in educational outcomes for the most needy children.

One lesson learned from the past year is that schools should never be allowed to close long term again. For children with disabilities, schools are like hospitals in that schools are the primary providers of rehabilitative services such as speech, occupational therapy, and physical therapy, and social-emotional learning to hundreds of thousands of kids. Our kids were without speech and OT services for 6 months, and these services still remain virtual for the vast majority of kids today. Again, the psychological and learning losses and inequities continue to pile up as the public schools remain only partially open.

I will close by saying that in Arlington and many other places across the US, schools remain only partially open. By contrast, in Haiti, where our kids were born, schools have been open full time since the Fall. Haiti, as you know, has no healthcare system, no access to the COVID vaccine, and is one of the most under-resourced countries in the world. If Haiti can find a way to open schools full time, then certainly schools here in the US should be able to open fully now too.