Dear Members of the City Council,

Newton’s children are facing a public health crisis that was predicted last spring. In stark contrast to educational, medical and public health recommendations, Newton middle and high school students are not being provided with any in-person school. Elementary school students are receiving very limited, in-school instruction. The pediatric and public health community tells us that this lack of in-person education will adversely affect our children’s mental and physical health and increase loneliness, anxiety, depression, and potentially suicide.

We ask the City Council to look into what role Newton Health and Human Services (HHS) had in these decisions, and whether it was improperly influenced by non-medical personnel outside HHS for reasons other than public health. The responsibility for overseeing HHS falls squarely on the City Council. The City Council should investigate the role of HHS in the resulting remote schooling, which adversely affects the mental and physical health of Newton’s children they are supposed to protect.

The primary basis for not fully reopening any of Newton’s schools derives from a 6-foot distancing rule recommended by HHS even when students are masked. In short, NPS adopted HHS’s rule, despite the State’s 3-foot rule that would have preserved public health and enabled fully opening our schools to students every day. The state guideline of a 3-foot minimum is consistent with national and international school reopening guidelines. The Massachusetts Department of Elementary and Secondary Education (DESE), the American Academy of Pediatrics and the US CDC all understand that while 6-feet of space has been the standard without masks, always mandating 6-feet between students would eliminate most schools’ ability to deliver in-person services and therefore, they explicitly allow for less than 6 feet with masking. They all concluded that the benefits of in-person school and detriments of remote school outweigh any marginal increase in protection that masked students would derive from mandating 6-feet minimums.

Initially, NPS said it would follow DESE guidance, but shortly thereafter deferred to Newton’s HHS. But where did HHS’s 6-foot rule come from? The result of a public record request reveals internal emails (attached) that indicate that NPS leadership itself participated and perhaps guided decision making at HHS, and that HHS failed to listen to medical doctors and public health experts. Then NPS leadership turned around and assigned responsibility for not being
able to fully open schools to HHS, thereby failing to protect, promote and sustain the health, harmony, and well-being of Newton children.

Around the world, experts have universally concluded that the mental health risks to our children from being remote far outweigh the limited risk that is posed to them from coronavirus, as long as they wear masks and observe a 3-foot rule. (Teachers can be given additional protections, such as a >/=6-foot separation, and/or a plexiglass screen as is routine in retail stores, as well as the option to wear a respirator type mask (i.e. N95) with or without a face shield.)

Major pediatric and public health organizations, including the American Academy of Pediatrics (AAP) and the World Health Organization (WHO) have weighed the risks, and recommended that our students return to school wearing masks so long as a 3-foot distance is maintained. The Massachusetts Department of Early and Secondary Education (DESE) guidelines to Massachusetts school systems adopted the same 3-foot rule. The CDC also explicitly details situations where masks can be used when 6 feet of distancing is not possible. Since Newton’s test positive rate is one of the lowest in the Commonwealth (well under 1%), there is no basis for Newton to diverge from the 3-foot standard of the AAP, WHO and DESE.

The deliberation by medical professional and public health organizations is in stark contrast to HHS. None of the HHS internal emails provided in response to a public records request show any consideration of the adverse effects of children being completely prevented from attending any in-person school for what is likely to be at least one and a third school year, or over 10 percent of a K-12 education.

Although the HHS 6-foot rule would have a profound impact on the physical, mental and social health of our children, HHS did not come up with this rule independently or based on the advice of medical professionals. Superintendent Fleishman participated in making the decision and crafting the message. In all of his discussions with the School Committee and the public, we are not aware that either HHS or Superintendent Fleishman ever disclosed the role of outside non-medical professionals in influencing HHS.

Recently released internal Newton emails document the following:

- Superintendent Fleishman (not a physician) was directly involved in HHS decision making. Referencing prior discussions, HHS Commissioner Deborah Youngblood (not a physician) arranged a July 14 meeting, writing, "We need to decide: 1) What [is] the appropriate physical distancing measurement (3 vs 6 ft)."

- On July 14, Superintendent Fleishman offered to produce HHS’s presentation for them saying, “We can create a couple of slides for you so you can discuss your risk reduction pillars and the 6 feet distancing.”
On July 20, HHS Commissioner Youngblood confirmed Superintendent Fleishman’s role in crafting HHS’s message. She emailed HHS Director of School Health Services Ruth Hoshino RN BSN: “David [Fleishman] emphasized again that the very most important message to say strongly, we [HHS] recc using 6 feet of distance and in our discussions with the sup that’s the plan for NPS.”

Meanwhile, Newton leadership was ignoring advice of medical doctors:

- HHS’s own staff physician, Dr. Karen Sadler, a recognized pediatric and school health expert, specifically endorsed the 3-foot rule. On July 17, Dr. Sadler saw a draft internal HHS proposal for the 6-foot rule, and she tried to bring a scientific view in line with a 3-foot rule. Dr. Sadler stated “It is possible it will be >/= 3 feet for children and 6 for adults.” This was ignored.

- That same day, Mayor Fuller (not a physician) indicated that she sees this not as a scientific issue but as a “policy” issue. Mayor Fuller emailed Dr. Rochelle Walensky, a Harvard Professor of Medicine and Chief of Infectious Disease at MGH. Fuller wrote: “On a policy issue, we are leaning to 6’ of separation in our classrooms rather than the 3’ that DESE/WHO allow. Thoughts?” Dr. Walensky’s reply was unequivocal: “… if people are masked it is quite safe and much more practical to be at 3 feet.” Even though Dr. Walensky is a world class medical expert, and a medical member of Governor Baker’s advisory panel (and a Newton parent), her clear medical advice was also ignored.

At a July 21 school committee meeting, the HHS 6-foot recommendation was announced after HHS Commissioner Youngblood spent nearly two minutes touting Dr. Sadler’s credentials and her role as an HHS medical advisor. But the email demonstrates that HHS developed the 6-foot rule not based on medical advice, and actually that, if anything, it was contrary to Dr. Sadler’s advice. In reality, Dr. Sadler had suggested a 3-foot rule (consistent with public health standards), not the 6-foot rule where HHS actually landed.

After the HHS presentation, Superintendent Fleishman stated “we're going to follow this guidance from our Department of Health and Human Services.” Superintendent Fleishman implied that this was an arms-length decision by HHS alone. Neither Superintendent Fleishman nor the HHS presenters disclosed the involvement of non-medical Newton leadership from outside HHS. By Superintendent Fleishman’s own admission, the implication of following this guidance (that he himself apparently helped decide) was that NPS “cannot fully open with all students in the building.”

Newton owes its taxpayers and its parents explanations:

- Why did HHS reject the expert medical advice that universally recommended the 3-foot rule from AAP, DESE, WHO, Dr. Walensky and even HHS’s own staff – Dr. Karen Sadler?
• Why did HHS involve non-medical personnel from outside HHS (including Mayor Fuller and Superintendent Fleishman) in preparing HHS’s recommendation, and ultimately, causing the closure of the schools that is harming the health of Newton’s children? Was this proper?

• Why was the involvement of non-medical personnel from outside HHS never disclosed to the School Committee, Newton parents, or the City Council when NPS and HHS blamed the failure to fully open schools on HHS alone?

• Why did HHS consider only the risks of COVID and not the widely recognized adverse health effects of remote schooling and health benefits of in-person school?

Newton parents and taxpayers deserve answers to these questions regarding what is going on at HHS. The responsibility for overseeing HHS falls squarely on the City Council.

Respectfully submitted,

Jeffrey and Valerie Pontiff
One child in Newton Public Schools
27 Waban Hill Road, Newton, MA 02467
jeffpontiff@hotmail.com
617-230-9839

Stefanos and Ana Kales
2 children in Newton Public Schools
40 Avondale Road, Newton, MA 02459
stefokali@aol.com
617-803-1084

David and Melissa Goldstone
2 children in Newton Public Schools
68 Tyler Terrace, Newton, MA 02459
davidgoldstone1@gmail.com
617-763-7312

P.S. Pertinent emails are attached.
Hi David,

I think we should set up a meeting for next week. I’d like to come to consensus on a couple of critical issues that we will need to decide in order to develop plans. I think this should be small – just you, me, Linda Walsh, and perhaps Toby, Khita and Dave Stickney (but that’s up to you). (Ruth is on vacation next week and I don’t think we should wait).

We need to decide:

1. What the appropriate physical distancing measurement (3 vs 6 ft)
2. Should Newton have a quarantining policy that requires students and staff to stay out of school:
   a. For travel
   b. If a close contact

Also, happy to talk further about the medical expert review question. Dr. Karen Sadler is our contracted school physician. She could be a great option. And I did read that email more closely from Karen Jacobsen. Hard to tell, you might want to try and see what the principal has to say. A lot of doctors will have a quite different perspective than the public health perspective and many times think more about what works in medical settings than other types of settings like schools. So it’s tricky.

Can you suggest a couple times next week, perhaps earlier in the week?

Thanks, Deb

Deborah C. Youngblood, PhD
Commissioner of Health and Human Services
Newton, MA
617-796-1420
Hi Deb, Linda and Ruth,

I wanted to let you know about our various meetings next week. We can create a couple of slides for you so you can discuss your risk reduction pillars and the 6 feet distancing. Please feel free to let me know if there is anything else you want to include. Many thanks.

David

Tuesday 7/21 8:00 a.m. SC meeting

Wed 7/22 Staff meetings

9:00 High School  
12:00 Middle School  
3:00 Elementary School

Thursday 7/23 Parent Meetings

9:00 High School  
12:00 Middle School  

Friday 7/24 Parent Meeting

9:00 Elementary School
The “library” may be useful to you.

Notice what she says about the 6’ vs. 3’

Who is our School Physician Consultant?

R

From: Walensky, Rochelle, M.D., M.P.H. <RWALENSKY@mgh.harvard.edu>
Sent: Friday, July 17, 2020 10:30 AM
To: Ruthanne Fuller <rfuller@newtonma.gov>
Subject: RE: Schools

[DO NOT OPEN links/attachments unless you are sure the content is safe. ]

Thanks so much, Mayor, for staying in close touch.
I wanted to ensure you were aware of a publicly available document that has been assembled by folks in my division and others that has compiled the best data available on many issues of interest. It is also being updated about every 1-2 weeks. You may find it helpful.

I do think if people are masked it is quite safe and much more practical to be at 3 feet. I think this is very viable for the middle/high schools and even late grade schools and would improve the feasibility. I suspect you may want to be at 6 feet for some of the very young kids who can’t mask.

I’d be curious as to who your consultant is…only to see if I know him/her.
My best,
Rochelle

From: Ruthanne Fuller [mailto:rfuller@newtonma.gov]
Sent: Friday, July 17, 2020 10:10 AM
To: Walensky, Rochelle, M.D., M.P.H. <RWALENSKY@mgh.harvard.edu>
Subject: RE: Schools

External Email - Use Caution

Rochelle,

Let me give you an update.

At this time, we are working extensively with our School Physician Consultant, in partnership
with the public health and school health experts in our Health and Human Services Department, as we plan for reopening in the fall.

We may indeed seek additional expertise, and I will of course keep you top of mind (as well as other physicians who were also so generous in reaching out).

Again, thanks for all you are doing and your insights with the group of Mayors earlier this week.

On a policy issue, we are leaning to 6’ of separation in our classrooms rather than the 3’ that DESE/WHO allow. Thoughts?

Warmly,
Ruthanne

From: Walensky, Rochelle, M.D., M.P.H. <RWALENSKY@mgh.harvard.edu>
Sent: Tuesday, July 14, 2020 3:01 PM
To: Ruthanne Fuller <rfuller@newtonma.gov>
Subject: RE: Schools

[DO NOT OPEN links/attachments unless you are sure the content is safe. ]

Thank you so much for your personal reply, Mayor.
I do understand other school systems are working in testing as part of the calculus; I’m not sure if/how that would be practical but, unlike many other places in the country, we actually have access to tests in the Boston area.
Yes, this has been a major challenge….wishing you well; my calendar and I are here to help. (You wouldn’t believe how many ID docs live in Newton!
Best,
Rochelle

From: Ruthanne Fuller [mailto:rfuller@newtonma.gov]
Sent: Tuesday, July 14, 2020 2:27 PM
To: Walensky, Rochelle, M.D., M.P.H. <RWALENSKY@mgh.harvard.edu>
Subject: RE: Schools

Rochelle,

This is a truly generous and useful offer.

I have spoken with the Superintendent David Fleishman and he was thinking about how to incorporate ID advice in the next critical few weeks, including your generous offer.
I’ll stay on top of this.

I must say that the reopening of schools and the right path meeting the critical needs of students with the in-person educational model (for social, emotional and academic well being) and keeping students, teachers and staff healthy is enormously challenging.

Ruthanne

From: Walensky, Rochelle,M.D.,M.P.H. <RWALENSKY@mgh.harvard.edu>
Sent: Friday, July 10, 2020 11:38 AM
To: Ruthanne Fuller <rfuller@newtonma.gov>
Subject: Schools

[DO NOT OPEN links/attachments unless you are sure the content is safe. ]

Dear Mayor,
I hope this email finds you well...I know there is so very much on your plate. I wanted to offer some help. I have heard from a few of my colleagues who are ID docs in Newton (there are a LOT of us) and who have kids in the Newton Public Schools that they would be interested in assisting with the Newton School reopening plans. Other cities have requested ID advice though I believe that David Fleishman may not be among them. No one is looking for credit, money...just want to be helpful to keep MA and Newton numbers down in the fall. We’re here for the asking.
My very best,
Rochelle
Karen’s comments in red.
She did not answer my email on availability to meet this week.
Linda

Begin forwarded message:

From: "Sadler, Karen L.,M.D.,NWH" <KSADLER@mgh.harvard.edu>
Date: July 17, 2020 at 4:09:22 PM EDT
To: "Linda M. Walsh" <lwalsh@newtonma.gov>
Subject: Re: Risk Reduction Public Health Pillars for School Year 20 - 21

[DO NOT OPEN links/attachments unless you are sure the content is safe. ]

Risk Reduction Pillars for Newton Public Schools
Newton Health and Human Services
7.14.20

Risk Reduction Pillars

There are four pillars that we recommend as guiding principles for school planning 2020/2021 with regards to public health and COVID-19. These are meant to provide a support to school leaders who are developing plans for the 20/21 school year and are not meant to replace the DESE guidelines but rather to offer a local perspective on particular aspects to assist with Newton specific planning. These proposed guidelines may change throughout the year as more information becomes available.

1. Physical Distancing
2. Face Coverings
3. Hygiene
4. Avoid exposure to illness

1. Physical Distancing

- Maintain appropriate distance to prevent exposure to respiratory droplets
  - Arrange classroom set ups with the goal of maintaining 6 feet
distance between individuals for when people will be stationary for more than 10 minutes (recommend that set ups are as close to 6 feet as possible). It is possible it will be \( \geq 3 \) feet for children and 6 for adults. May want to write ‘maintaining the recommended distance per age and risk group as a minimum’

- Plans for meals will be building specific but will include plans for individuals to have adequate separation for mask removal (more forthcoming).
- Mask breaks – plans forthcoming

1. **Face Coverings**

   - **Cover your nose and mouth**
     - All people should wear a face covering/mask throughout the day except while eating, drinking and during mask breaks
     - **Normalize mask wearing**
     - Allow masks/face coverings for K and 1\textsuperscript{st} grade by parent request
     - Keep back-up supply in main office, classrooms and health room
     - Masks that become wet or soiled should be removed, stored or discarded and new mask in place
     - **Education sessions on how to wear and dispose of.**

1. **Hygiene**

   - **Keep your hands clean.**
     - Hand sanitizer by school entrance (once students have arrived) and in all school rooms
     - Allow students to have personal supply of hand sanitizer
     - Encourage everyone to:
       - Wash/sanitize hands upon arrival to school
       - Wash/sanitize hands frequently throughout the day
       - Wash/sanitize hands before eating
       - Wash/sanitize after using the bathroom
       - Wash/sanitize hands after removing a wet or soiled mask
     - **Education – hand washing is the mainstay; sanitizing being the acceptable back-up method.**

   - **Keep frequently touched surfaces clean**
     - Regular cleaning schedule for custodians to include enhanced protocols particularly for high touch surfaces
     - Spaces can be used by different groups of people but should be cleaned in between
1. Avoid Exposure to illness

- Staff and Students will be required to a daily self-assessment using a provided health assessment tool at home prior to coming to a school building.
- Anyone who has symptoms of COVID-19 should stay home.
- Anyone who is being tested for COVID-19 stays home until they receive a negative result.
- Anyone who tests positive for COVID-19 stays home for the amount of time required by the health department and present with documentation from a public health official or PCP.
- Anyone who is determined by a health department to be a close contact[1] of someone who is positive for COVID-19 must remain out of school for the length of time required by the health department (as of July 2020 that is 14 days but this could change).
- Anyone who enters Massachusetts from a location that has a quarantine advisory in place for (meaning that you are supposed to quarantine upon your arrival in Massachusetts, including if you are a Massachusetts resident) is strongly encouraged to adhere to those quarantine protocols.[2]
- Need a guideline for when to exclude from school and when to return when excluded.
- Need isolation plan until student is picked up and back-up caregivers to which students can be released.

[1] Close contact is a status determined by public health protocols. The criteria for determining whether someone is a close contact may change during this school year. As of today (7/14/2020) the CDC defines close contact for COVID-19 as: any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.

[2] Quarantine advisories for travel are not mandates and therefore we are not able to enforce them.

From: Linda M. Walsh <lwalsh@newtonma.gov>
Sent: Friday, July 17, 2020 12:14 PM
To: Sadler, Karen L.,M.D.,NWH <KSADLER@mgh.harvard.edu>
Subject: Fw: Risk Reduction Public Health Pillars for School Year 20 - 21
Here is the current draft

When responding, please be aware that the Massachusetts Secretary of State has determined that most email is public record and therefore cannot be kept confidential.

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at http://www.partners.org/complianceline. If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.
David emphasized again that the very most important message to say strongly, we rece using 6 feet of distance and in our discussions with the sup that’s the plan for NPS.

Sent from my iPhone