

September 16, 2021

To the ACA Board of Directors:

All the measures ACA's leadership team put in place last year, from masks to temperature checks to quarantine when necessary—all of it—they worked. Last year, you asked some of us to stay home if we could to promote social distancing, and we did. That firm leadership caused ACA to be among the 10 districts with the lowest COVID case percentages among over 80 neighboring districts. That includes everybody from Frisco ISD to Arlington to Fort Worth, Grand Prairie, Plano, and more. We had no community spread, and students and staff learned and worked in safety. Thank you for that.

Things have changed this school year. Several key reasons why are out of our hands, such as the presence of the more contagious Delta variant and specific state policies. That caused our school and many of our families to change from an offensive strategy ("Let's stop the virus before it gets through the doors") to a defensive one ("What do we do when it's already here?").

The results are clear: ACA has more cases in the first 25 days of school than we did all of last year. Also, we now have cases of community spread.

My family has first-hand experience: After 18 months of careful precautions for my son, he contracted COVID after 8 days in school. His pediatrician's office had two doctors out with COVID and was not taking any new appointments. He missed 14 days of instruction. My son works on makeup work every day. 5-6 other classmates, I lost count, got sick as well.

I caution any member of our leadership or any parent who may still hope that, "Well, *all* kids get mild cases which are treated quickly by a pediatrician, so no one gets hurt." That belief assumes all kids have the same immune system, everyone has medical coverage, pediatricians are available, parents can afford to stay home from work, and the child won't pass on the virus to adults who may have underlying conditions. Now we have to worry our son can contract the virus again in the spring. How can situations like this not affect ACA's academic performance and morale?

It is with these deep concerns, that we offer the following considerations, which we hope will help:

*First, we need an accountability system that holds all stakeholders responsible.* As case numbers rise, Midlothian ISD and recently Mansfield ISD have moved to a threat level system. If the percent of positive cases increases, so do the restrictions on campus. The message to stakeholders is simple: "You want to visit your kid for lunch? You don't want to worry about reteaching and makeup work for your class? You don't want to lose \$50 a day every day a student is absent? Great, then make sure the numbers stay low."

*Second, be more transparent.* Make the numbers & charts easy to understand like Grand Prairie ISD. Put a clear link on the homepage like Richardson ISD has done.

*Third, avoid mixed messages.* We can't encourage students to, "Be safe, do your part," and then have ACA's name attached to all kind of events that promote the opposite. Any crowded, *indoor* location where unvaccinated adults and kids are unmasked and mixing is the very definition of what the CDC and American Academy of Pediatrics calls unsafe. Go outdoors! Use our parking lots. There is always a safe way to meet together if we really want it.

We know it's *hard* to raise money & promote community with these guidelines, but it's not impossible. I'm a former longtime PTO board member, and my husband was the former PTO president. We sympathize with the difficult challenges the PTO Board faces regularly. In a health crisis, everything should be on the table for reconsideration to find safe solutions.

*Fourth, when either two students or one teacher in a class contracts COVID, the sensible thing to do is quarantine the class.* That stops the spread to other classes, allows the teacher or substitute to Zoom the entire class & record the lesson, and prevents the cycle of reteaching and organizing massive amounts of makeup work.

*Finally, we must lead by example.* Walk into any of our campuses, and which group should we see taking extra precautions the most, the children or the adults? For the first time at ACA, we have community spread. Staff are just as able to spread the virus as the kids. In fact, because the staff can see multiple classes, they likely pose a greater risk. I urge the Board to encourage staff not to rely only on the vaccine for prevention. The manufacturers have stated from the very beginning that none of the vaccines are 100% effective.

This past week, I participated in a study by UT Health which offers antibody tests to Texans. I learned I have no natural immunity to COVID, which makes sense, since I've never contracted it. But, I also learned I have the highest level of antibodies the study measures solely from a vaccine series I got in March, and for that I feel blessed. But, a word of caution: Of the over 66,000 volunteers, only 23% show any kind of antibodies. That means over 50,000 folks just learned they have no immunity to COVID in their blood. Whether they had COVID before *or* never had it and were not vaccinated, the bottom line is, they have no antibody protection.

Speaking of protections, we understand there are safeguards we can not mandate, but that doesn't mean we should discourage them by our silence. For example, our school supply lists ask for hand sanitizers and tissues, but why not masks, which are another basic sanitary? Also, do we have signs at our entryways to actively promote best practices from the CDC, AAP, and local pediatricians? Are we a source of legitimate information, or do we allow misinformation to circulate in our silence?

McKinney ISD has chosen to be a source of information to families, as is clear from their website: "McKinney ISD encourages students who are 12 years of age and older to get vaccinated. ... Students who are not vaccinated are strongly encouraged to wear masks inside their school building. Vaccination is currently the leading public health strategy to end the COVID-19 pandemic and return our students to in-person learning." And so on.

Informing families about healthy options is not forcing a "mandate." Not talking about these choices makes it seem like we're against these safeguards and the medical doctors who

overwhelmingly support them. If we don't get our own house in order, especially before winter, the situation may deteriorate to the point that the county will take things into their own hands. I believe ACA is better than that.

One final note: I want to encourage the Board, staff, and families not to grow weary. Dr. R. Hunter, a psychologist who served as a combat Army psychologist in Afghanistan, said something like this about hope and the pandemic. “[At the beginning of the pandemic] everybody was ... able to kind of hold on, probably promising themselves that there was light at the end of the tunnel, right? And now that we're in this phase where that light that we thought we saw is a little farther off, it's back to this sense of 'I can't do this.' ... As soon as [the pandemic] started, and there were rules about masks and rules about where you could go, all kinds of things came out, and my thought was, 'This is a lot like deployment!' This is a lot like a sustained period of being out of control of a lot of things about your life and having a lot of restrictions and feeling in danger. I think in the military we have an advantage because it's a little of what we signed up for, and the unit does a lot to sort of get you to wrap your head around how long you're going to be confined and out of control and in danger.”

The ACA family is our unit. The board, principals, and admin are our commanders. Dr. Hunter tells us what to do when we start to feel the battle fatigue of the pandemic: “One of the things that you can do to recognize that you're not alone and to build your confidence for dealing with it, is to just have a conversation. Just saying to each other, 'Hey, this doesn't appear to be ending any time soon. What have we done well that we're proud of?' And having that conversation to remind yourself that you have survived because of your choices to maintain your sanity at home. Figuring out exactly what those things were that you were doing will sort of empower you to be more confident that you can make it through however much is left.” So, what have we done right? Plenty:

- With every surprise policy change from the state & TEA, ACA leadership has managed to implement changes in whatever ways will best benefit the school.
- We have useful notification letters at Intermediate (where our son attends, so I can't speak to other campuses), unlike many ISDs, that give enough information for parents to estimate the correct window of time to test their children for COVID (since testing too soon is ineffective).
- The PTO recently announced park dates. That's a great, safe idea for families. I have hopes more safe, creative community opportunities like this will follow.
- Some teachers have taken proactive steps to do things like rearrange seating to maximize space for decreased exposure. Many are vaccinated and wear masks while indoors.
- Air purifiers, fantastic nurses, extra cleanings, Zoom teacher conferences—every piece of safety is another layer of protection.
- ACA maintains staff that works together, is flexible, and has a deep concern for our students even during challenging times.

ACA did all of that and more behind the scenes to keep our community safe. What we ask is that we don't lose heart and continue to actively seek out practical ways that will give us the results we want: a safe environment for our entire community, so that the students can achieve our main goal: academic excellence.