

**Testimony of Secretary Arne Duncan  
U.S. Department of Education  
U.S. Senate Committee on Homeland Security and Governmental Affairs  
“H1N1 Flu: Monitoring the Nation’s Response”  
October 21, 2009**

*For Release Upon Presentation (October 21, 2009; 9:30 a.m.)*

**Thank you Chairman Lieberman, Ranking Member Collins and Members of the Committee for inviting me to testify before you, today. And thank you Secretary Sebelius, and Secretary Napolitano – the interagency coordination and cooperation in the Federal H1N1 effort—from top to bottom—has been extraordinary. I also want to thank Dr. Thomas R. Frieden, the Director of the Centers for Disease Control and Prevention (CDC).**

**Our team at the Department of Education has been working very closely with the Departments of Health and Human Services (HHS) and Homeland Security (DHS) and the CDC since the initial outbreak of the H1N1 influenza in April, to prepare thoughtful guidance for early learning programs, elementary and secondary schools, and institutions of higher education. It has been an incredible team effort, one that can serve as a model for dealing with other problems and issues that cross agency boundaries.**

**I want to spend most of my time this morning discussing our efforts to keep children, students, faculty, and staff safe during the fall wave of the H1N1 pandemic.**

**While I want to concentrate on our current efforts, and by ‘our’ I mean all our agencies, I think it is important to also look back to see where we were in the spring. I think you will agree that we have made significant progress in a very short period of time.**

**Spring**

**In the spring, from April to June, we found that schools closely followed school-dismissal guidance developed by the CDC. For example, on April 26, 2009, the CDC advised schools to consider closing when they had a confirmed or suspected case of H1N1 – and we found that schools adhered to that advice.**

**On May 4, the CDC revised the guidance to state that schools should not close “unless there is a magnitude of faculty or staff absenteeism that interferes with the school’s ability to function” – and fewer schools closed and many that were closed reopened. From April 27 through June 12, more than 1,350 schools in 35 states and the District of Columbia closed for at least one day. Those closures affected 824,966 students and 53,217 teachers. The greatest number of school dismissals occurred on May 5, when 980 schools and 607,778 students were affected.**

**As school districts started to implement the new guidance on closures, those numbers rapidly declined.**

**The lesson we learned in the spring was not only that schools follow the CDC’s advice on flu-related issues, but also that quickly closing a school is a complex undertaking that has consequences beyond the loss of valuable school time. For example, unplanned school closures led to the loss of school meals for some of the 31 million kids who rely on the federal school meals programs; loss of wages for parents who had to stay home from work to take care of their children; and older students left home without proper supervision.**

**Further, we learned that we had to develop a new way to track school closures and dismissals; the way we were doing it didn’t work well, especially when there were a large number of schools that were closed.**

## **Fall**

**Examination of our efforts during the spring outbreak helped us to understand where we could do better. In particular, we needed to do several things:**

- First, we needed to offer schools balanced, measured, clear, and concise guidance that reflects the best science available.**
- Second, we needed to design a tracking system that provides accurate and timely data on school dismissals.**
- Third, we needed not only to continue to reach out to those we reached in the spring, but to a much expanded audience. Getting the message out and making sure it is the right message, and getting it out quickly**

and to as many schools, school officials, and parents as possible is the key to our communication strategy.

- **Fourth, and finally, we needed to develop more materials for schools and educators and to develop those materials in a format that made them understandable and useful to schools and educators.**

Let me briefly expand on each of these points.

**With regard to the first point on guidance, we knew that while in a limited number of cases school dismissals were warranted, if conditions in the fall mirrored those in the spring, schools could remain open as long as they took various prudent measures, such as encouraging educators and students to practice good hygiene such as washing hands and coughing into the elbow, having students stay home if they are sick, and practicing social distancing such as rearranging desks so students are further apart.**

**With regard to the second point, we developed a new K-12 school dismissal tracking system this summer.**

**The new school dismissal monitoring system is a collaborative effort between the CDC and the Department and is supported by state and local health and education agencies, as well as national nongovernmental organizations; the system is built on a nationwide Federal and State partnership. The new voluntary system includes daily, direct reporting from state and local agencies as well as daily, systematic searches and confirmations of media reports.**

**As noted, from April 27 through June 12, our data suggest that more than 1,350 schools with 823,966 students and 53,217 teachers closed for at least one day.**

**However, from August 3 through October 9, we had 501 schools from 31 states closed for at least one day. These closures affected 186,074 students, and 12,063 teachers. Thus far this school year, our data suggest that the greatest number of school dismissals occurred on October 9, when 129 schools and 36,926 students were affected. We estimate that this represents less than one percent of the number of schools and one percent of the number of students.**

**As a front page story in the NY Times on October 8, 2009 pointed out, “[a]ttendance in the New York City’s public school system, with just over a million students, was 91 percent Wednesday. Last spring, when the virus was rampant, nearly 60 schools were closed and about 18 percent of students were absent.”**

**The reductions in the number of schools that closed as a result of H1N1 are a direct result of a number of things, ranging from a flu with moderate severity to improved messaging and outreach.**

**In our effort to prepare the education community for H1N1, and to prevent the virus from spreading to a point that it disrupts education, there is a role for nearly every major stakeholder group to play.**

**Over the summer, I convened a group of representatives from education’s major associations—those representing teachers, principals, school administrators, school boards, colleges and universities, counselors, and, very important, school nurses and parents. We talked about ways that each sector could contribute to this massive preparation and prevention effort, and I want to commend these groups for answering the call.**

**For instance, the National Association of School Nurses, the National PTA and the National Association of School Psychologists collaborated on a guide for parents, to help them talk to their children about H1N1 and support prevention methods. Available initially in English and Spanish, that guide—and so many other useful H1N1 resources—has been translated into other languages, as well. The school nurses association recently heard of interest in using it in Japan.**

**Also, in September, HHS, CDC, and ED held a call for child care providers to discuss the steps to be taken by providers and parents of young children to keep everyone safe.**

**The Department of Education has also been working with the business community, especially educational publishers and national companies in media and technology, to make resources available so that students can continue learning if they are home sick or their school is dismissed. Thanks to these companies’ commitments, America’s students will have a variety of hi-tech and low-tech ways to stay connected to their classrooms.**

**While our prevention efforts must and will continue, we are now putting the full-court press on the importance of vaccinating children.**

**We realize that vaccinating students is the best way to ensure that the flu does not spread among students. We have made available for all 14,000 plus school districts an easy-to-read document that explains how schools can work with public health officials to establish or host a vaccination clinic. Also, CDC has provided a sample letter for schools to use to get parental consent for the vaccine now so shots can be given as soon as they become available.**

**I'm delighted to say that we have seen some terrific examples of various states doing this well.**

**For example, the Rhode Island Department of Health has made plans to operate clinics in all schools in the state, using licensed medical professionals enrolled through its Statewide Emergency Registry of Volunteers. The Health Department plans to vaccinate middle and high school students during the school day and offer after-school and weekend clinics for elementary students.**

**In Kansas, the Sedgewick County Health Department has partnered with several local public and nonpublic K-12 schools in the Wichita area, as well as higher education institutions, to provide vaccines through school clinics.**

**And in Utah, the Salt Lake Valley Health Department has solicited bids from nursing agencies to provide vaccinations in schools. These providers already have demonstrated capacity for managing large efforts. Timing may vary by school but officials envision setting up clinics in large spaces, such as an auditorium, and vaccinating one class at a time those students whose parents have provided consent.**

**All of these efforts have led to schools that are as prepared as they can be to handle the flu. Again, thank you for allowing me to testify today. I am happy to answer any questions you may have.**