Sacramento City Unified School District **Board of Education Meeting**

October 21, 2020 Public Comments

Name:	Amanda Connolly
Comment:	I want the district to renegotiate the 1999 deal made with SCTA leaders to fund their union leaders' jobs as district positions while also paying for "classroom replacements." The presumable intent was to allow teachers to serve the union without losing their position in the district. The original idea, a teacher serves for a time and then returns to their classroom, is good but it is no longer what is actually practiced. Career union leaders getting the generous and substantial benefits of actual teachers for doing union business and we the taxpayers pay without representation or much, if any, transparency. At the same time, our frontline, mostly newer, teachers suffer from low wages and crowded classrooms. The current SCTA president and vice president make 6 figure salaries, in addition to their lifelong health benefits while shouting "bloated" to the same administration that pays them as well. Check my figures at Transparent California dot com.
	I'm sick of the hypocrisy and it's time for all of us to hold everyone in our leadership positions to account. Do not elect them to higher places in government! Do you get a promotion if you fail at your job?! I will not vote for any current incumbent or any SCTA endorsee because that's not a real choice. Either way, it will be more of the same.

Speaking as:

Parent/Guardian

Email

Tel:

Date/time Stamp: 10/20/2020 10:31:51 PM

From:

Rebecca L Cunningham

Sent:

Wednesday, October 21, 2020 11:49 AM

To:

SCUSD Public Comment

Subject:

Return to school

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To Whom It May Concern,

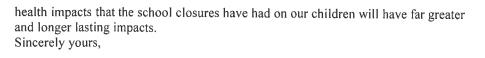
I am writing to you as both a board certified pediatrician practicing in our community, and a concerned parent of a Sutter middle schooler, to express my concerns about the lack of a viable plan to get our students back to school in a timely manner.

Every day in clinic I see patients who are falling through the cracks—kids who, without school, have lost their only safety net. I have patients who are unable to access free lunches because taking multiple busses to pick up their food and then getting back home in time to log on to virtual class is unrealistic. I have patients whose parents do not speak English and can not help them access the education they need. I have patients who live in hotels with multiple siblings sharing a room without a quiet place to work. I have kids who desperately need services such as speech therapy and special education but who are, instead, at home with parents who are overwhelmed and under prepared to handle their needs. I have children who are abused and neglected and have always relied on their teacher to be their advocate and safe place but instead have nowhere to turn for protection. I have countless adolescent patients who are suffering from depression, anxiety and isolation. Our emergency department is filled with suicidal teenagers who have lost the support of their peers and the trusted adults at school. The longer our kids are at home, and the more financial and emotional stress our families are under, the greater these real threats to our children's physical and emotional safety becomes.

As a pediatrician my work day has shifted from caring for sick children and their physical needs to the role of social worker and counselor. I spend a considerable portion of my day trying to help kids access services, request IEPs, trouble shoot their technology concerns, and brainstorm ways that they can get their free lunches, all while keeping my radar for child abuse and neglect high. When I leave my patients I come home to my own kids who are fortunate enough to have educated English speaking parents who can help them with homework, reliable wifi, and a quiet space to work. What they desperately need, however, we can't provide. They need their peers and they need their teachers. They need the structure of school. What they don't need is more screen time and an even greater sense of isolation.

The American Academy of Pediatrics stresses that all policy considerations for the 2020-2021 academic year should start with the goal of having students physically present in schools. Now is the time for our students to return to school. The community prevalence of COVID in Sacramento and the surrounding counties continues to decrease. Testing is more widely available with faster turn around times. If teachers and staff are provided PPE, students are properly masked and socially distanced, school ventilation is maximized and class sizes are limited through cohorting, then students and teachers can safely return to the classroom. These models for safe schools already exist and can be replicated. Further, in areas of the state where students have returned to the classroom we have not seen an increased rate of community transmission of COVID.

In trying to keep our community safe from COVID I think we have lost site of the health crisis our kids are enduring. We must remember that mitigating the spread of COVID is just one part of the equation. The health consequences, safety concerns and mental



Rebecca Cunningham, M.D.

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