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Good morning, Chairman Miller, Representative McKeon, and other distinguished members of the Committee. I am William Modzeleski, Associate Assistant Deputy Secretary, Office of Safe and Drug Free Schools, at the U.S. Department of Education (ED), and on behalf of Secretary Arne Duncan and the entire department I want to thank you for the opportunity to provide you with an overview of the Department's actions regarding the H1N1 flu.

I also want to take this opportunity to thank our colleagues from the Department of Homeland Security, the Department of Health and Human Services, and the many other agencies that are participating in the coordinated Federal response to the H1N1 flu for their ongoing assistance and support for ED's response efforts.

Although the situation continues to emerge, ED stands ready to ~~react~~ act quickly based on our work in planning for a range of challenges and situations.

In the current outbreak, there are many key pieces of information that are emerging on a daily basis. Accordingly, schools face many challenges, such as whether or not to close, the timing and length of school closures, and the impact on learning. ED's approach is predicated on the principle that we want every student, teacher, and staff person to be safe and healthy and we do not want Federal education rules or regulations to be an impediment to students' health and welfare.

In keeping with this key principle of ensuring the health and safety of students, we have worked with the Centers for Disease Control and Prevention

(CDC) within the Department of Health and Human Services (HHS) to disseminate guidance on closing schools as part of a comprehensive community-mitigation strategy. The CDC recommendations are based on an evolving understanding of the virus, including its transmissibility and severity. We continue to work closely with the CDC and to monitor the changing situation.

Authorities for closing schools vary between states and even sometimes among localities within states. State and local educational agencies, in coordination with their health counterparts, are responsible for the interpretation and implementation of CDC's guidance, including when, and for how long, to close schools. States and many localities have been planning for an influenza pandemic for several years now and most are depending on their plans to guide a range of actions, including communications strategies or enacting school closure procedures. Responses to the flu outbreak have varied but range from closing one school to closing all the schools in a district. On Monday, May 4th, 545 schools were closed, affecting 341,298 students and 20,967 teachers and staff.

We cannot predict what will happen in the future –near or distant—with regard to how H1N1 will affect schools and institutions of higher education (IHEs). However, we do know that school closures will be affected by three key factors:

School districts' decisions about closure will be affected by what the outbreak looks like locally. If large numbers of students and staff are ill, we will see more closures. Conversely, if the illnesses and absences decline, we can anticipate that fewer school districts will close.

- Second, the number of schools that close will be dependent upon mitigation guidance provided by the CDC. ED has encouraged and will continue to encourage school districts and IHEs to closely follow school closing guidance provided by the CDC. If the CDC calls for longer school closings we can anticipate that schools will close for longer periods and,

hence, more students will be out of school. Conversely, if the situation changes and the CDC calls for schools to close for a shorter period of time or calls for fewer individuals to be excluded from school, we will likely see fewer schools closed.

- Finally, closures will be based on the school calendar. Many institutions of higher education are at or near the end of their academic calendar. As for K-12 schools, the academic calendar is more varied with some districts about to close for summer vacation and others going until the end of June.

As our understanding of the virus evolves, we will look to the CDC to analyze the data and make more definitive recommendations to optimally protect the health and safety of our communities.

We will continue to collaborate with the CDC to ensure that any guidance is quickly disseminated to education partners and stakeholders, as we have been doing over the last two weeks. We have convened two calls for education stakeholders; the first call, held on April 27th, hosted 1700 lines and the second call, held on April 30, hosted 1300 lines, and we know that there were many more people listening. We are collecting daily information on closures of schools, districts, and IHEs, and providing this key information to our Federal partners to help them assess the impact of this virus. We have also posted information, including FAQs for school leaders and parents on our website, participated in stakeholders' outreach efforts, and created an internet address for the exchange of information with the field specifically about the flu, flu@ed.gov.

While we know that the current outbreak of 2009-H1N1 flu will be challenging, we believe that we have taken many actions over the past several years that provide a strong foundation for our current efforts. In 1995, when we were faced with assisting in the response to the bombing of the Murrah Federal Office Building in Oklahoma City, it became clear that we needed to develop capacity and expertise in emergency management. While the Department of Education is probably not the first or second organization on a list of Federal agencies with emergency management responsibilities, elementary and

secondary schools and IHEs are profoundly affected by a broad range of crisis situations, and face a unique set of challenges in preparing for and responding to those situations. Over the past several years, we have focused our emergency management activities on helping schools and colleges and universities meet those challenges.

Schools and IHEs face the same broad array of potential crisis situations as their communities --- hurricanes, tornadoes, chemical spills, shootings, terrorist attacks, and outbreaks of infectious diseases, to name just a handful. As a result, we encourage schools and IHEs to ground their emergency management efforts in crisis plans that address all hazards through the four phases of emergency management planning – prevention-mitigation, preparedness, response, and recovery. This foundation should enable schools and IHEs to respond in a comprehensive and appropriate way.

This approach is summarized in ED’s publication “Practical information Crisis Planning Guidance for Schools and Communities.” The document, first released in 2001, was developed in collaboration with Federal, State, and local partners in school emergency management, and outlines the four-phase approach. ED recently released a similar guide for IHEs in January 2009.

ED also provides funds to local school districts to support the development of emergency management plans for their schools under the Readiness and Emergency Management for Schools (REMS) program. The program requires grantees to partner with local first responders, develop all-hazards plans (including planning for an infectious disease outbreak), and incorporate the four phases of emergency management into their planning activities. To date, we’ve provided grants to more than 600 LEAs across the country, totaling more than \$175 million. In FY 2008, in conjunction with our colleagues at the HHS’ Substance Abuse and Mental Health Services Administration, we provided similar awards to the first cohort of 17 IHE grantees.

ED also provides training and technical assistance to each of the REMS grantees; a basic course covers the four phases of emergency management while

a more advanced curriculum addresses more specific emergency management issues that schools may face, including pandemic flu. In addition to training grantees, ED has provided the basic training course to another 600 school officials from public and private schools that are not grant recipients.

Because we wanted to reach out to a broader range of school officials, we have also developed a technical assistance center that develops and implements a variety of training and technical assistance activities for school personnel. Over the past several years, we have developed and made available more than 40 short publications that highlight a range of key emergency management issues that schools may face.

In addition to these and other activities related to emergency management for schools, ED has participated in a broad range of activities that specifically relate to an outbreak of pandemic flu, and that form the underpinning for our response efforts to the 2009-H1N1 flu. We have worked with Federal and non-Federal partners since 2005 on planning for a potential pandemic. Specifically, we have been working to articulate questions about, and identify potential barriers to, implementing and carrying out appropriate community mitigation, consistent with CDC guidance on the scope and necessity of such efforts.

We have worked to create tools and guidance for educators to help State and local entities address their unique planning needs, including a pre-packaged pandemic tabletop exercise that was pilot-tested during the summer of 2007 and disseminated to our Readiness and Emergency Management for Schools grantees. In response to a request for more in-depth information on pandemic planning, we have developed and refined an “advanced training” on pandemic, as well as one on planning for infectious diseases in schools in general, which provides practical, hands-on information about planning for these types of situations that schools can use during a typical school year. We have presented information about pandemic planning, including considerations related to continuity of education, to a wide range of education audiences, including our grantees, representatives from private and independent schools, State and local education officials, and

education-related associations. Additionally, we have identified examples of pandemic planning that others may use to inform their own planning efforts and have posted these examples on our website and on the REMS Technical Assistance Center's website.

ED was actively involved in the creation of a planning guide for States as part of the comprehensive State pandemic planning effort in 2007-2008. This education planning guide covers a range of considerations for State education leaders, including the provision of continuity of education, utilization of educational facilities, paying staff, and communicating with local educational agencies, staff, and families. During the planning process, we provided technical assistance to States through a webcast and a video teleconference. Last summer, States were asked to submit their full pandemic plans to the Federal government. In turn, various government agencies reviewed the sections relevant to their entities and rated those sections. Representatives from various offices at ED, in collaboration with experts on school closures from CDC, reviewed the States' education-sector plans.

In closing, let me say that we recognize that we have a lot more work ahead of us. We are cognizant of the fact that even if the influenza outbreak quickly subsides, it may return at a later time. We are also cognizant of the fact that the 2009-H1N1 flu is but one crisis or emergency that schools have to be prepared to deal with. We have a very large system of schools and colleges in the U.S. and it is an unusual day when emergencies and crises don't happen. To prepare for these events, be they another outbreak of the flu, a hurricane, a school shooting, a student suicide, or an intruder, we need to ensure that every school and every IHE has an Emergency Management Plan --also know as a crisis plan -- in place. That plan should address all types of situations and conditions --"all hazards"; address all four phases of crisis planning: Prevention/mitigation, Planning, Response, and Recovery; be practiced on a regular basis; include an incident command component; and involve the entire community in its development.

Over the remainder of the fiscal year we intend to take several actions that we believe will help schools and IHEs be better prepared to deal with crises and emergencies, including the flu. These actions include:

- Making approximately 100 REMS awards to school districts and 20 to IHEs. These awards, totaling an estimated \$31 million will enable the grantees to develop or improve their Emergency Management Plans. Those districts and IHEs that have not addressed issues related to a pandemic will be able to do so.

Outreach activities and technical assistance efforts that focus on “lessons learned” in the response to the H1N1 flu outbreak. Hosting training for new REMS grantees on emergency management issues. This will include a focus on preparing for, responding to, and recovering from an infectious disease outbreak.

- Sponsoring a National Conference in August 2009 for approximately 1,500 educators. The conference will feature a plenary session and several workshops on the 2009-H1N1 flu.

If we are to be successful in ensuring that our schools and students are safe and healthy, schools will need to make “preparedness” a priority, and we believe that we can provide valuable assistance to schools and IHEs as they work to develop and expand their emergency management capacity.

I have included some additional material for the record that provides more details about the resources that we are making available to schools and IHEs.

I look forward to responding to any questions that you may have.