

Orange County Board of Education



Orange County Department of Education
200 Kalmus
Costa Mesa, CA

White Paper

Special Community Forum on “Opening Schools in Orange County”

Recommendations for the Safe and Effective Reopening
of Orange County Schools

Adopted and approved by the Orange County Board of Education on July 13, 2020.

Forum Moderator

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Expert Panelists

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Table of Contents

Preface	Page 3
Introduction	Page 5
General Recommendations	Pages 5-6
Community Fear And Future Governance Decisions	Page 12
On Distance Learning	Page 12
Summary	Page 13
Appendix A-Expert Panel Biography	Page 15
Appendix B- <i>U.S. Centers for Disease Control and Prevention "Schools during the Covid-19 pandemic,"</i>	Page 18
Appendix C- American Academy of Pediatrics Guidelines	Page 19
Appendix D- Orange County Covid-19 Cases and Deaths by Age	Page 34
Appendix E- A Blueprint for Back to School. The American Enterprise Institute	Page 35
Appendix F- Southern California Chapter American Academy of Pediatric Statement	Page 36

***The OCBE acknowledges and appreciates Mr. Will Swaim assistance and input in the preparation of this document.**

PREFACE

California public schools are critical community institutions with civic responsibilities that often move far beyond teaching. For many families, public schools also provide crucial childcare and recreation needs as well as important mental health care and nutritional needs.

Public school employees frequently function as front-line detectors and reporters of child abuse and neglect issues. The shutdown of our schools has not diminished these risks to children; abuse doesn't stop merely because reporting from teachers is halted. Indeed, as one expert told us, children "are the silent casualties of this lockdown." For too many children, our schools are a refuge from a difficult, even violent world, and now that refuge is closed. Dr. Sherry Kropp stated, "We have hurt hundreds of thousands more children than we have helped." Orange County District Attorney Todd Spitzer predicts, *"One of the things we're going to learn after this pandemic is over is that by having people sheltered at home, we have potentially put children and elderly people closer to their abusers."*

There are reasonable arguments on all sides about whether this is the best and highest outcome for our school system, or why we often fall short of the high education standards we set for ourselves. But this is not the place for that debate. Here, we accept what is: that parents of school-age children – and children themselves – have come to rely on our schools. Deprived of these institutions even for a short time, children have lost valuable instruction. Many American communities have been plunged into social and economic chaos.

Therefore, the Orange County Board of Education concludes that it is not acceptable to delay the opening of public schools as it is not in the best interests of our children and families. Further, it is not clear that an effective cure or a vaccination for *SARS-CoV-2 infection* (Covid-19) will be developed in the near future if at all.

Declaring this in the face of widely held misconceptions and mixed messages about Covid-19 – particularly about its lethality and contagiousness to children – requires fact-finding and courage, as we

move through these uncertainties together. The American Academy of Pediatrics reported the following in late June ¹:

“Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from Covid-19 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.”

We recognize that this conclusion is dramatically and significantly different from some common misconceptions about the disease. It was a conclusion that our panelists – and many in the medical community – reached long before the AAP released its recommendations. For that reason, we asked these experts to attend a special June 2020 special community forum at the Orange County Department of Education’s Costa Mesa office. Each board member had the opportunity to place an expert of choice on the panel, and the board approved the resulting expert panel at its regular board meeting.

The OCBE special board public meeting on June 24, 2020 on reopening schools in Orange County followed the governor’s current guidelines on social distancing. Members of the public were allowed to attend in person on a space-available basis, and we simultaneously made it possible for the public to attend the live-streamed meeting with more than 1,000 attendees. Hundreds of on-line listeners submitted questions and comments for discussion. And though we certainly could not answer all of the questions submitted, the experts’ discussion, feedback, and conclusions provided a general response to all.

The board received both support and criticism to the stated mission and purpose of the meeting. Observers of the meeting saw evidence that the public and parents are eager to participate in the conversation on reopening schools. The purpose of the board’s public dialogue is to provide transparent, open discussions for interested parents and community members, which are often in contrast with decision-making processes of other federal, state and local government agencies on the same subject. For instance, the board’s community public forum and meeting reflected great

¹ <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

transparency in contrast to the county superintendent’s task force and meetings. In creating guidelines, this task force utilized community healthcare experts and primarily unelected school administrators in which the public and elected county department trustees were prevented from attending or participating. The subsequently released superintendent task force guidelines on re-opening schools, “Orange County Together”², is available for review on-line.

In this white paper, we have done our best to capture the general assessment of the various expert opinions. And, of course, some panelists were careful to say that they were speaking only for themselves and not necessarily for all colleagues or organizations with which they work in their professional capacities (see e.g. Appendix A.).

INTRODUCTION

Our schools were closed in March 2020 in order to meet what state officials said was the short-term goal of “flattening the curve,” that is to slow the spread of Covid-19. Many of our panel experts said that decisions made to halt the spread of the virus by federal, state, and local government entities was reasonable at the time, given the general lack of knowledge about this novel infectious disease and evolving epidemic/pandemic. But continuing the shutdown despite new science and data, our experts said, has been a mistake with disastrous implications for children, their families and community. It hardly goes without saying that poorer families with fewer options, and families with special-needs children, have suffered most from the shutdown.

The current knowledge of this virus and its virulence has given science and medicine much information and knowledge to make reasonable public health policy, recommendations, and guidelines. More efficacious data and science will inform our knowledge of Covid-19 over time and guidelines will be continually adapted as we learn more about how to best live in the COVID-19 era.

General recommendations

What we know to date allows us to offer the following guidelines:

² <https://newsroom.ocde.us/orange-county-together-guide-provides-recommendations-for-safely-reopening-local-schools/>

- K-12 children represent the lowest-risk cohort for Covid-19. Because of that fact, social distancing of children and reduced census classrooms is not necessary and therefore not recommended.
- Requiring children to wear masks during school is not only difficult – if not impossible to implement – but not based on science. It may even be harmful and is therefore not recommended.
- Children play a very minor role in the spread of Covid-19. Teachers and staff are in greater danger of infection from other adults, including parents, than from students in their classrooms.
- Participation in any reopening of public education should be voluntary. These guidelines are not “laws” or “regulations” or even “rules.” Parents, not government officials, are in the best position to determine the education environment that best suits their children. If a school district is unable or unwilling to provide that education, parents should be allowed to send their children to a district or charter school that will provide that education. Some parents with the means will opt for private schools or home schooling.
- Temperature checks should be performed regularly. As with any illness, ill children, teachers, or staff should be sent home and if identified not allowed to be on campus.
- As always, good hygiene with frequent hand washing and the use of hand sanitizer should be encouraged.
- Classrooms, meeting rooms, transportation vehicles (e.g., busses) and administrative offices should be thoroughly cleaned each night

Our goal is to provide parents, teachers, schools trustees, administrators and other stakeholders with evidence following the CDC’s and the Academy of American Pediatrics’ simple, common-sense guidelines that will allow us to reopen our schools safely this fall – and that our schools must reopen.

The general use of the U.S. Centers for Disease Control and Prevention (Appendix B-Schools during the Covid-19 pandemic,) and the American Academy of Pediatrics (Appendix C- COVID-19 Planning Considerations: Guidance for School Re-entry) is prudent reference for policy makers.

K-12 children represent the lowest risk cohort for Covid-19. Because of that fact, social distancing and masking of children is unnecessary and therefore not recommended.

There's no question that children generally represent the lowest risk cohort for Covid-19. The American Academy of Pediatrics concludes ³ :

SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Similarly, weeks before the Pediatric Academy's publication, the *Journal of the American Medical Association* reported, "it is important to emphasize that the overall burden of COVID-19 infection in children remains relatively low compared with seasonal influenza." ⁴

As of June 24, 2020 the Orange County Healthcare Agency reported that residents under the age of 24 (38 percent of the population) accounted for just 15 percent of all Covid-19 cases and no Orange County deaths (Appendix D - "Orange County Covid-19 Cases and Deaths by Age). By contrast, individuals over the age of 75 (just 13.5 percent of the population) accounted for 56 percent of all deaths. As one of our experts on the panel put it, "This is a disease that kills our most elderly and spares our children. It may sound callous, but would we want it the other way around?"

The importance of vital social interaction among children is well-documented and is indeed foundational to American K-12 education. Social distancing and mandatory masking have been found to be more harmful to children than previously thought. An American Enterprise Institute working group notes ⁵:

"The isolation brought about by social distancing can exacerbate children's depression and anxiety. As students return, schools must have counseling support to address the numerous

³ <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

⁴ <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766037>

⁵ <https://www.aei.org/wp-content/uploads/2020/05/A-Blueprint-for-Back-to-School.pdf>

causes of trauma that result from the deaths of friends and family members, economic hardship from a parent losing his or her job, or abuse, violence, or neglect” (Appendix E, “[A Blueprint for Back to School](#),”).

Indeed, our expert panelists expressed the same concerns about the lockdown’s impact on our children’s health. Dr. Sherry Kropp, recently retired superintendent of Los Alamitos Unified School District, summed up the conclusions of many on this issue: In closing our schools, *“we have hurt hundreds of thousands more children than we have helped.”*

Our professional educators and other support staff do not need to be reminded when and how to look for signs of psychological or mental health distress, including distress caused by social distancing, among our students and colleagues. Because of the established link between social-distancing and child harm, we cannot support extraordinary efforts aimed at social-distancing at school.

There’s a complementary form of social-distancing that’s often recommended or even required in other guidelines on school-reopening, that is considered just as unwise as social-distancing itself, i.e., the use of masks by children. The argument that children should wear masks to prevent the asymptomatic spread of the coronavirus to other students or a high-risk teacher or administrator is fallacious and lacks science and data to support this notion.

Requiring children to wear face coverings may even be very harmful to the child. Learning is inhibited and critical social interactions among students and between student and teacher are fractured. Mandatory masks may well lead to a spike in childhood behavior problems such as learning disabilities, anxiety disorders, and depression to name a few.

Responding to guidelines published by our colleagues in the Los Angeles Unified School District, Dr. Alice Kuo, President of the Southern California chapter of the American Academy of Pediatrics, opined ⁶:

“Our concern is that recently issued guidelines for schools re-opening in Los Angeles County are not realistic or even developmentally appropriate for children. For example, wearing masks throughout the day can hinder language and socio-emotional development, particularly for

⁶ <http://aapca2.org/wp-content/uploads/2020/06/AAP-CA2-press-release-on-schools-re-opening-6-2-20-Rev.pdf>

younger children.” (Appendix F)

It’s important to note masks that are effective in preventing disease by viral contagions require formal certified instruction and training. Health professionals are generally experienced and fitted properly with personal protective equipment (PPE), and sophisticated masks that are properly fitted to the individual by a thirty minute test and process called “fit testing.” That’s not the case with children and adults who currently are using inadequate filtering cloth or medical-surgical grade masks. According to the US. Department of Labor-Occupational Safety and Health Administration ⁷, *“cloth face coverings are not considered personal protective equipment (PPE)”*, and surgical masks *“will not protect the wearer against airborne transmissible infectious agents due to lose fit and lack of adequate seal or inadequate filtration.”*

“Medical-surgical grade masks can be worn to contain the wearer’s respiratory droplets (e.g., healthcare workers, such as surgeons, wear them to avoid contaminating surgical sites, and dentists and dental hygienists wear them to protect patients).” Additionally, medical-surgical masks should be used by infected individuals to decrease the transmission of respiratory infections that spread by large Covid-19 droplets ⁸. Pragmatically, as our panel of pediatric and medical experts iterated, the use of mask by children is unnatural and difficult to enforce. Prolong face mask during the schools day use will inevitably contribute to the increase frequency of children touching their faces and constantly adjusting their masks, thereby potentially increasing the rate of contaminating their hands and face coverings.

Future prevention by vaccines that are tested and approved by the FDA will not available for some future undefined time period. The Covid-19 virus will be a global endemic disease for the next generations until herd immunity or a vaccination is available. As the world advances its knowledge and medical science on the Covid-19 virus, we currently do not have any data or evidence of the effectiveness in preventing Covid infections in children and adults by the mandatory use of masks.

⁷ <https://www.osha.gov/SLTC/covid-19/covid-19-faq.html#testing>

⁸ Ibid

The only evidence and data available on mask effectiveness against viruses are studies from the analysis of the 2009 pandemic Influenza (H1N1) virus. Cowling in his meta-analysis study⁹ of 279 citations and 12 articles found by PubMed search, concluded there is “*limited evidence base supporting the efficacy or effectiveness of face masks to reduce influenza virus transmission*”. Likewise, bin-Reza PubMed database search concluded in his meta-analysis study¹⁰ that none of the “*studies reviewed established a conclusive relationship between mask/respirator use and protection against influenza infection.*” There is a paucity of studies and data that does not support the use of masks to prevent becoming infected with Covid-19. In the future months and years ahead perhaps meta-analysis studies and data will reveal more information on mask effectiveness in preventing disease.

Future Covid-19 prevention in both adults and children by vaccines that are tested and approved by the FDA will not be available for an undefined time period. The Covid-19 virus will be a global endemic disease for the next generations until herd immunity or a vaccination is available. Because children represent such a negligible risk for reasons unknown but with data and science supporting this notion, we cannot recommend masking children or social distancing. Indeed, we would ask those who advocate such requirements to respond to the medical evidence that masks and social distancing actually inhibit learning.

Children play a very minor role in the spread of Covid-19. Teachers and staff are in greater danger from one another – from all other adults, including parents – than from children.

If our neighbors are surprised that children are not vectors for Covid-19, it may come as a greater shock that many nonprofit childcare centers have remained open throughout the pandemic – even in New York City, the nation’s hotspot for viral spread. National Public Radio reports¹¹:

“Throughout the pandemic, many child care centers have stayed open for the children of front-line workers — everyone from doctors to grocery store clerks. YMCA of the USA and New York City’s Department of Education have been caring for, collectively, tens of thousands of children since March, and both tell NPR they have no reports of coronavirus clusters or outbreaks. As

⁹ [Cowling, BJ., et. al., *Race Masks to Prevent Transmission of Influenza Virus: A Systematic Review*. *Epidemiol. Infect.* \(2010\), 138, 489-456](#)

¹⁰ [bin-Reza, F., et.al., *The Use of Masks And Respirators to Prevent Transmission Of Influenza: A Systematic Review Of The Scientific Evidence*.](#)

¹¹ <https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns>

school districts sweat over reopening plans, and with just over half of parents telling pollsters they're comfortable with in-person school this fall, public health and policy experts say education leaders should be discussing and drawing on these real-world child care experiences."

A researcher from Brown university ¹² similarly found as of June 24, 2020, the day of our hearing, that "916 childcare centers serving more than 20,000 children, just over 1% of staff and 0.16% of children were confirmed infected with the coronavirus." Thus, indicating preliminary data and observations from childcare centers reflects low transmission capacity by children.

Data increasingly supports the conclusion that children are a very low risk of Covid-19 infection and are also not likely to transmit the disease along to adults. We therefore recommend that adults – including teachers, staff, parents – consider guidelines from the American Academy of Pediatrics (AppendixC)

Participation in any reopening of public education is voluntary. Parents, not government officials or a group of health experts, are in the best position to determine the education that best suits their children. If a school district is unable or unwilling to provide that education, parents will be allowed to send their children to a district or charter school that will provide that education.

Perhaps our most important recommendation is based on the principle of individual choice – both for the families of our students and, to the extent possible, for select employees. Though it is important that we reopen our schools, some parents and some employees may reasonably question their own fitness for a fall return. We understand that multigenerational families, for instance, or families in which children or adults live with maladies that make them more vulnerable might feel safe at home. It's important that school districts accommodate these choices to the best of their ability.

Similarly, parents must be granted the freedom to move – must be assisted in moving – to any other school that serves their interests. Our goal is to see to the continued education of our children, not to produce a top-down, centralized approach that assumes all families make this important decision in the same way.

¹² <https://watson.brown.edu/taubman/news/2020/what-parents-can-learn-child-care-centers-stayed-open-during-lockdown-emily-oster-cited>

COMMUNITY FEAR AND FUTURE GOVERNANCE DECISIONS

Among the many compelling expert arguments for reopening our schools, a number of us were also struck by something different, something we might call advice for adults. Several panelists – policy experts and medical doctors – admonished us to remember that the data is clear, but data should not penetrate fear. Among our greatest responsibilities as adults is our responsibility to model courage and persistence in the face of uncertainty and fear, which is what many families are feeling with the mixed messages and confusion surrounding reopening of schools in the COVID-19 era.

Among these panel experts at the June 24, 2020 special board meeting, Dr. Mark McDonald, a psychiatrist who specializes in children and at-risk youth, may have summed it up best:

“Children are not dying from Covid-19. Children are not passing the disease on to adults. So the only question is, “Why are we even having this meeting tonight?” We’re meeting because we adults are afraid.

As parents, we will face many moments of anxiety: seeing our children off on their first day of kindergarten, their first day of camp, their first year of college. We may want to keep them home to protect them from the world, which can indeed be a frightening place. But let’s be clear, when we do that, we are not really protecting our children. We are only attempting to manage our own anxiety, and we do that at their expense. We are acting as negligent parents. We are harming our children. We are failing them.

We must agree to make decisions in the best interest of the children. If we do not – if, paralyzed by fear, we continue to act purely out of self-interest – we will ensure an entire generation of traumatized young adults, consigned to perpetual adolescence and residency in their parents’ garages, unable to move through life with independence, courage, and confidence. They deserve better — we owe it to them as parents.”

ON DISTANCE LEARNING

While a thorough discussion of distance learning is beyond the scope of this discussion, it’s important to note that it appears so far to have been an utter failure. Abandoning the classroom in favor of computer-based learning proved frustrating to all – not just parents and students but teachers, too.

The move has revealed huge class-based disparities in access to technology. It produced irregular attendance by children, and teachers simply (generally through no lack of effort) unable to manage distracted children in multiple locations. Its reliance on parental oversight is also a fatal weakness. With good reason, virtually every major newspaper report has declared the experiment a failure. Here are just a few of the many reports:

- [Los Angeles Times, “With the coronavirus keeping campuses closed, parents report academic, financial struggles and stress”](#)¹³
- [Sacramento Bee, “Moving California schools online was difficult. Imagine doing it without fast internet or laptops”](#)¹⁴
- [San Diego Union-Tribune, “Some schools are pulling the plug on distance learning”](#)¹⁵
- [Wall Street Journal, “The Results Are In for Remote Learning: It Didn’t Work”](#)¹⁶
- [Zocalo Public Square, “I deserve a ‘A’ for flunking my kids’ distance learning”](#)¹⁷

Summary

The Orange County Board of Education held a community public forum on reopening schools in Orange County with varied responses from constituents. The board’s experts presented evidence that strongly supports opening schools in the fall as it is critical to the well-being of our children, families, and communities. The intent of the board was to demonstrate and provide expert opinions and science-based data that can be considered by local school trustees and superintendents when making policies for reopening schools in their district. K-12 children represent the lowest-risk cohort for Covid-19, and children play a very minor role in the spread of Covid-19 to adults. Evidence shows that teachers and staff are in greater danger of contracting a Covid-19 infection from other adults in the teachers’ lounge than from students in their classrooms.

The findings of this forum are reflected in these guidelines:

- Social distancing of children and reduction of classroom size and census may be considered, but not vital to implement for school aged children.
- Requiring children to wear masks during school is not only difficult, but may even be harmful over time.

¹³ <https://www.latimes.com/california/story/2020-05-18/la-schools-distance-learning-students-survey>

¹⁴ <https://www.sacbee.com/news/local/education/article241799591.html>

¹⁵ <https://www.sandiegouniontribune.com/news/nation-world/story/2020-05-14/some-us-schools-are-pulling-the-plug-on-distance-learning>

¹⁶ <https://www.wsj.com/articles/schools-coronavirus-remote-learning-lockdown-tech-11591375078>

¹⁷ <https://www.zocalopublicsquare.org/2020/05/12/distancing-learning-covid-19-education-students-parents-broken-system/ideas/connecting-california/>

- Participation in any reopening of public education should be voluntary. These guidelines are not “laws” or “regulations” or even “rules.” Parents are in the best position to determine the education environment that best suits their children rather than government officials.
- If a school district is unable or unwilling to reopen schools in a manner that resumes a typical classroom environment and school atmosphere, parents should be allowed to send their children to another school district or charter school that will provide that preferred education. In fact, many parents stated they will opt for private schools or home schooling if their child does not have a typical interactive academic classroom environment.
- Temperature checks should be performed regularly. As with any active disease or illness, children, teachers, or staff suspected of having an acute respiratory illness should be sent home and if identified not allowed to be on campus if testing and medical evaluation is performed.
- As always, good hygiene with frequent hand washing and the use of hand sanitizer is encouraged.
- Classrooms, meeting rooms, transportation vehicles (e.g., busses) and administrative offices should be thoroughly cleaned each night.
- Ongoing surveillance and coordination with county public health is encouraged.

Appendix A-Community Forum Expert Panelists

Dr. Steven Abelowitz is past Pediatric Department Chair, Hoag Memorial Hospital Presbyterian. He is board certified in Pediatric Medicine and Medical Director of Coastal Kids Pediatric Medical Group in Newport Beach, Irvine, Laguna Niguel, and Ladera Ranch. Among other credentials and honors, Dr Abelowitz is a fellow of the American Academy of Pediatrics and board certified in Pediatric Medicine.

Dr. Clayton Chau is the director of the OC Health Care Agency, having worked for the agency's Behavioral Health Services team from 1999-2012. He was most recently Chief Clinical and Strategy Officer for Mind OC, the not-for-profit created to support the advancement of Be Well OC. Dr. Chau received his PhD in Clinical Psychology from Chelsea University in 2004, and his medical degree from the University of Minnesota in 1994. He completed his psychiatry residency at the University of California, Los Angeles/San Fernando Valley followed by a fellowship with the National Institute of Mental Health in psychoneuroimmunology focusing on substance use disorder and HIV. Dr. Chau has conducted international trainings in the areas of health care integration, health care system reform, cultural competency and mental health policy.

Dr. Michael Eilbert is a hospitalist and pulmonologist practicing medicine in Newport's Hoag Memorial Hospital Presbyterian. He has been in private practice for more than 20 years in Orange County. In this pandemic, Dr. Eilbert is actively involved in the treatment and care of acute Covid-19 positive patients. He is a member of the Board of Directors of the Orange County Medical Association (OCMA) and president elect to OCMA.

Dr. Mike Fitzgibbons is a hospitalist and an Infectious Disease specialist practicing medicine in central Orange County for over three decades. He is on staff at St. Joseph Hospital in Orange. A graduate of Georgetown Medical School, Dr. Fitzgibbons completed his residency and fellowship at UC Irvine Medical Center. In the current pandemic, Dr. Fitzgibbons is actively involved in the treatment and care of acute Covid-19 -positive patients. He is an expert on infectious pathogens and their associated morbidity and mortality. Dr. Fitzgibbons is a delegate to the California Medical Association and active in public policy on health and medical issues with the Orange County Medical Association.

Dr. Simone Gold is a board-certified emergency physician in Los Angeles, California. She graduated from Chicago Medical School before attending Stanford University Law School to earn her Juris Doctorate degree. She completed her residency in Emergency Medicine at Stony Brook University Hospital in New York. Dr. Gold has had a life-long interest in health policy, and worked in Washington D.C. for the former Surgeon General, as well as for the Chairman of the Labor & Human Resources Committee. She has also worked as a physician advisor determining inpatient or outpatient status, and as a physician-attorney advocate for hospital-clients with Medicare and Medicaid appeals. She is a published author and editor of several magazine and newspaper articles.

Joel Kotkin is the Presidential Fellow in Urban Futures at Chapman University in Orange, California and Executive Director of the Houston-based Urban Reform Institute. He is Senior Advisor to the Kem C. Gardner Policy Institute. Kotkin has recently completed several studies including on urbanism, the future of localism, the changing role of transit in America and most recently California's lurch towards feudalism. He is co-author, with Michael Lind, on a report published in 2018 on the revival of the American Heartland for the Center for Opportunity Urbanism. As director of the Center for Demographics and Policy at Chapman University, he was the lead author of a major study on housing, and recently, with Marshall Toplansky, published a strategic analysis for Orange County.

Sherry Kropp PhD served in Orange County's Los Alamitos Unified School District since 1985 and was superintendent from 2011 until her retirement in 2019. A graduate of Orange County schools, she began her teaching career in 1978 as an English, math, and biology teacher and coach in Washington state before returning to Southern California. Before she was named Superintendent of Los Alamitos Unified School District, Dr. Kropp was a teacher, assistant principal, and interim principal at Los Alamitos High School, a principal at a continuation high school, and a director and assistant superintendent in the district. She has a bachelors degree in English, masters in Educational Administration, and a doctorate in Educational Leadership.

Dr. Mark McDonald is a double board-certified child and adolescent psychiatrist in private practice in Los Angeles. He studied classical cello and world literature at UC Berkeley before beginning medical training at the Medical College of Wisconsin. He completed his adult psychiatry residency at the University of Cincinnati and child psychiatry fellowship at Harbor-UCLA in Los Angeles. He specializes in working with children with autism and trauma, as well as obsessive-compulsive and bipolar disorders. He is a candidate in psychoanalysis at the Psychoanalytic Center of California (PCC).

Larry Sand is an education policy expert with an insider's view: he began teaching in New York in 1971, and, in 1985, taught elementary school as well as English, math, history and ESL in the Los Angeles Unified School District, where he also served as a Title 1 Coordinator. Retired but not retiring, he is the president of the nonprofit [California Teachers Empowerment Network](#) (CTEN), a nonpartisan group dedicated to providing teachers with reliable and balanced information about professional affiliations and positions on education issues. In 2011, realizing that parents, taxpayers and others frequently receive faulty information from the mainstream media, CTEN expanded its mission to help the general public understand the array of educational issues facing our country today.

Michael A. Shires, Ph.D is associate dean for strategy and special projects and an Associate Professor at Pepperdine University School of Public Policy. Shires has a long record of success finding new strategies and solutions to problems across a wide range of organizations, from small and mid-sized businesses to nonprofit organizations and think tanks to local communities and governments. Over 25 years, he has worked extensively with new organizations with line responsibility for developing management and educational systems. Dr. Shires has published extensively on state and local government finance in California, K-12 education policy and

higher education policy. His research includes not only the nuts and bolts of state and local governance and finance, but also the ethics and politics of decision-making at these levels

Orange County Supervisor Don Wagner was re-elected to the Third Supervisorial district seat in March 2020, and has served as an elected leader in Orange County for over 24 years. He represents nearly 600,000 residents in Orange County's Third District (Anaheim Hills, Irvine, Orange, Tustin, North Tustin, Villa Park, Yorba Linda, and the unincorporated canyons). A practicing attorney, he has also served as a community college district trustee, state legislator, and mayor of Irvine from 2016 – 2019.