

DIOCESE OF DALLAS

CATHOLIC SCHOOLS OFFICE

August 11, 2021

Dear Parents:

There has been a significant reaction to my letter from earlier this week, and so I wanted to reach out and clarify my thinking to all of you. Especially if you have reached out to the diocese, please read this letter in its entirety because this is our formal response regarding facts from last year and today.

To understand where we are, it is important to understand where we have been. When we decided to return control to the local schools in May, we were operating on a year's worth of data that we had collected about our system, the current case numbers and hospitalizations in Dallas, and the trend line regarding vaccinations and infections that were on course to provide what was considered to be herd immunity. The information in the theory of action at the time were as follows:

1. We would reach herd immunity by the fall.
2. All students age 12 and up would have had the opportunity to receive the vaccine at that point.
3. Case numbers would continue to be low in the Dallas area.
4. Younger students were primarily getting sick from their parents and older siblings, who would be vaccinated.
5. Even if they would get sick, negative outcomes were very rare.
6. Our teachers are now vaccinated which would prevent them from serious illness.
7. We did not want to punish vaccinated people for doing the right thing.

I felt confident at the time that this would allow our leaders to make local decisions that would be of low risk to them and the community, and most importantly to all of you. I relied on our internal data for our grade schools and high schools, and then on the external local data for our DFW community that was provided by the Parkland Center for Clinical Innovation (PCCI) and the Dallas County Health and Human Services (DCHHS), both of whom we had been working with since the start of the pandemic. Our internal data from **last year** is reproduced below:

Figure 6. Student Cases by Grade

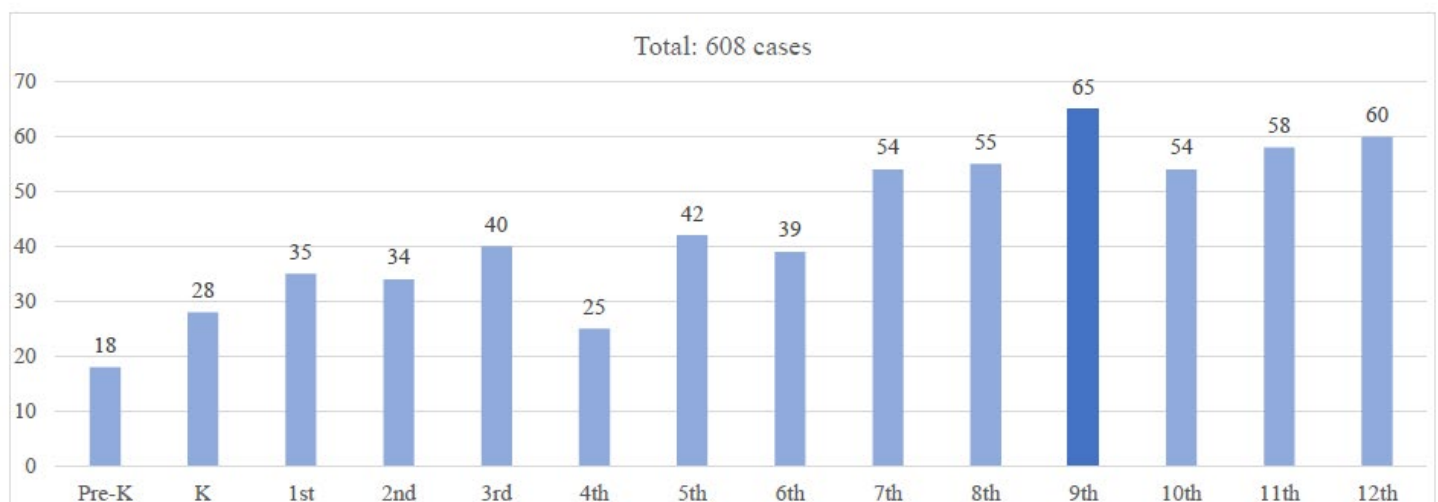
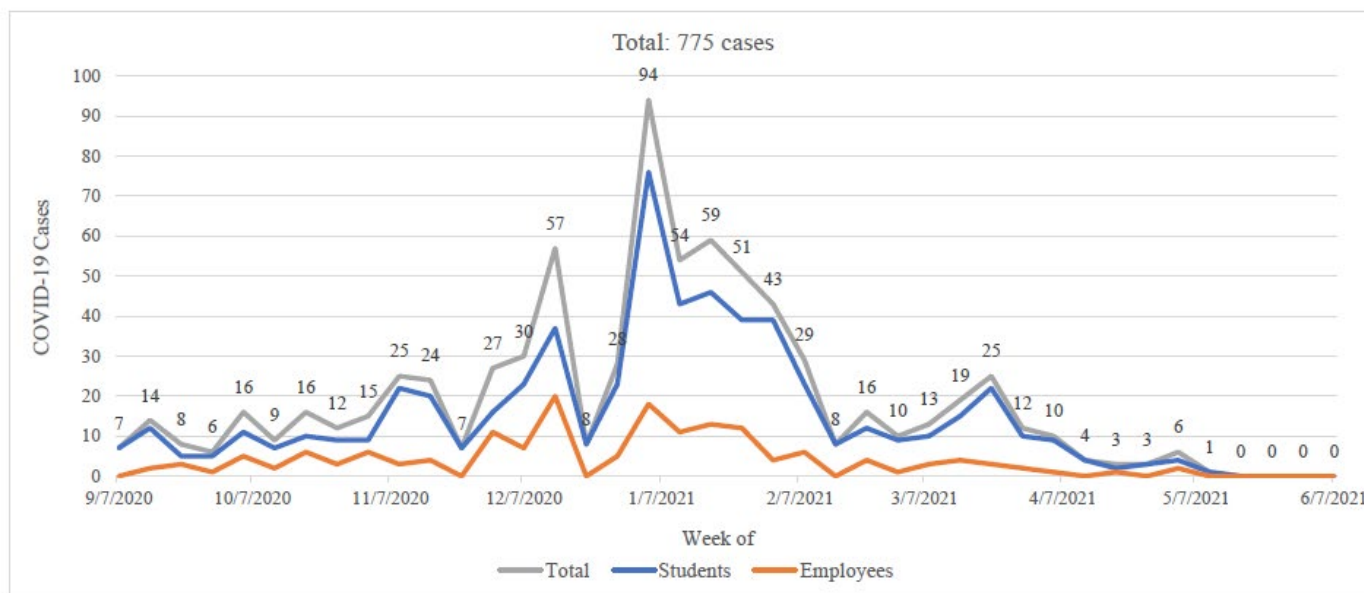


Figure 3. Total Cases by Week



This data suggested to us the information that I provided above – our youngest students were less likely to catch the virus, our cases were generally following the trend lines of North Texas, and the vaccine effectiveness appeared to be working – were all valid, which is why our cases dropped to zero. It is important to note in the trendlines above that the diocesan cases for our schools followed the same general spikes and valleys.

What Has Now Changed:

It is also important for you to understand how some of these decision points have now either been proven to be false or have been called into question by the current data. Again, this is based on our internal data and the local data provided by the PCCI and the DCHHS.


1. We would reach herd immunity by the fall.
This assumption was based on the belief that infection from COVID-19 would provide similar protection to reinfection and serious illness as the vaccines do. There is not a clear answer to this, but the rising case counts require us to at least question this assumption.
2. All students age 12 and up would have had the opportunity to receive the vaccine at that point.
This is true.
3. Case numbers would continue to be low in the Dallas area.
This is no longer true.
4. Younger students were primarily getting sick from their parents and older siblings, who would be vaccinated.
We have strong evidence that this is no longer true. Younger students are now contracting the virus at higher rates despite the vaccination of parents, which means that the way COVID is transmitted may have changed. It could be that they are now getting sick from their friends, or that asymptomatic transmission is occurring from their vaccinated parents to them. We simply do not have an answer to this, and we need more information to revise our protocols.
5. Even if they would get sick, negative outcomes are very rare.
As of Tuesday, August 10th, the DCHHS let us know that young children are ending up in the ICU with COVID-19 and that there are only two remaining pediatric ICU beds in the 19 counties that make up this North Texas area. At least one student from our Catholic School system is among them.

6. Our teachers are now vaccinated which would prevent them from serious illness.
This remains true – the specific stats can be found in my letter from earlier this week.
7. We did not want to punish vaccinated people for doing the right thing.
This is still true, and we thank all of you who have been vaccinated for helping us.

We were beginning to review the latest data over the last few weeks, and then Monday, August 9th, provided the perfect storm of bad news. First, Governor Abbott announced that hospitals were running out of space and elective procedures needed to be delayed or canceled. Second, we got our latest data from the PCCI that showed a massive uptick in cases, specifically in youth, that was on top of a massive uptick the week before. Third, we received word that several children’s hospitals in our area were full or nearing capacity and that young students were in the ICU. Fourth, we learned that our students, some of whom have vaccinated parents, were among them. The PCCI data is reproduced below:

Dallas County Tested and Reported cases through 8/6/21:

- General Population: 8,654 (43.7 % **increase** over prior week)
- 1,097% increase since the low on June 14, 2021
- 22.3% of the pandemic peak on January 12, 2021
- Youth: 1,460 (41.3 % **increase** over prior week)

Key Stat	9-Aug-21	2-Aug-21	26-Jul-21	19-Jul-21	12-Jul-21	5-Jul-21	28-Jun-21	21-Jun-21	14-Jun-21	7-Jun-21	21-May-21	8/9 vs 8/2 Change
Active Cases	8,654	6,023	3,530	1,954	1,257	1,012	802	737	723	853	1,243	43.7%
Youth, Total Active	1,460	1,033	589	335	187	183	142	129	107	126	220	41.3%
Youth, Pre-k Active	272	185	112	58	28	41	30	26	24	30	34	47.0%
Youth, Elementary/Middle	745	523	308	179	99	97	71	61	47	56	118	42.4%
Youth, High School	443	325	169	98	60	45	41	42	36	40	68	36.3%
Partial Series	282,098	263,494	250,886	243,272	226,074	226,739	235,247	242,475	274,651	283,876	277,969	7.1%
Complete Series	1,095,012	1,080,949	1,066,767	1,052,285	1,035,984	1,020,146	992,968	967,571	906,945	870,817	802,848	5.3%
People (Any Stage)	1,377,110	1,344,443	1,317,653	1,295,557	1,262,058	1,246,885	1,228,215	1,210,046	1,181,596	1,154,693	1,080,817	12.4%
Adults (Any Stage)	1,288,046	1,262,410	1,241,388	1,224,244	1,194,664	1,182,688	1,167,921	1,153,664	1,130,238	1,109,548	1,052,406	9.7%
Elderly (Any Stage)	248,140	246,629	245,276	243,964	239,098	238,187	237,128	235,893	233,619	232,051	227,523	0.6%
All Vaccinations (Count)	2,437,858	2,390,814	2,349,160	2,310,852	2,278,918	2,248,727	2,202,237	2,159,928	2,074,597	2,015,466	1,881,700	17.9%
Cases Confirmed	325,122	319,503	315,012	312,027	310,479	309,316	308,436	307,832	307,266	306,589	305,118	1.8%
Cases Confirmed Youth	47,651	46,723	45,969	45,517	45,252	45,107	44,959	44,843	44,733	44,635	44,412	2.0%
Cases Confirmed Adult	277,471	272,780	269,043	266,510	265,227	264,209	263,477	262,989	262,533	261,954	260,706	1.7%
All cases (confirmed+presented)	1,348,139	1,324,735	1,306,017	1,293,625	1,287,168	1,282,371	1,278,703	1,276,171	1,273,797	1,270,991	1,264,884	1.8%
HI Percent of Total Pop	86.2	84.4	83.1	82.0	80.9	80.4	79.7	79.2	78.4	77.6	75.5	1.80
Report Run Date	08/09/2021											
Latest Vaccine Data	08/05/2021 											
Latest Case Data	08/06/2021											

DATA REPRODUCED WITH THE PERMISSION OF THE PCCI

I am sure that some people believe this is just a Dallas issue. As of Tuesday, August 10th, there were only two pediatric ICU beds out of 285 total still available in the 19-county North Texas area.

All of this leads us to a new set of information that we are using to drive this new decision making:

1. Young students are now getting sick and hospitalized.
2. We do not fully understand the transmission vector causing this.
3. Cases in our schools will follow the general trends of North Texas, as they did all last year, meaning we expect to see an increase in cases consummate with the data shared by PCCI above.
4. Vaccines still appear to be effective at preventing serious illness.
5. None of our students under the age of 12 have had the opportunity to get the vaccine.
6. We need to ensure a safe environment for families until they are able to get those under 12 vaccinated.
7. Masks are still effective.

Our internal data on masks is as follows, and is based on the charts that you have above. We had 608 community cases of COVID-19 last year, defined as a case that was picked up within the community and not within our schools. Based on the infectious period of COVID-19, we know that the majority of community cases had at least some time on campus when they were infectious, including many who were even symptomatic on campus. Despite that, we only had two instances out of those 608 cases where confirmed on-campus transmission occurred. One case involved two high school students who ate lunch together in an enclosed space maskless. The other involved two students in the middle of a class who wore their masks incorrectly. No one else in the class who was wearing a mask correctly was infected.

Please remember that our masking procedures had not been adopted by the DCHHS at that time – they were still encouraging quarantines even for masked individuals in some circumstances. Our data showed that students who wore masks were protected from this virus, and CDC has since revised their own quarantine rules based on the masks and ventilation approach that we used all last year.

It is also important to note that the quality of masks does matter. We have been clear on this since before August of 2020 when we would not allow neck gaiters or vented masks. In the face of the more contagious Delta variant, we are concerned that traditional cloth masks will no longer be sufficient. This is why we are now recommending the KN95 or N95 masks which are known to provide better protection.

As to when it would be safe to return control to the local schools, I cannot give you a date. I sincerely hope that we see the Delta variant move through the community very quickly and the risk returns to what we saw in May. If that does not occur, then local control will be returned as soon as there is ample time for parents to vaccinate their children under the age of 12. There is also a giant caveat to all of this: we have to make sure that the information we receive continues to support our theory of action.

This has been data-heavy and I hope that it has given you a sense of the thought, time, effort, and energy that has gone into our approach. I know that for many of you, you have made your minds up and nothing I say will matter, but I would offer the following two requests to you not as the Superintendent of the Diocese of Dallas, but as a Catholic who sits among you all in our churches on Sunday:

First, please continue to support your principals, presidents, pastors and our teachers. They are the heroes in the trenches and their lives are stressful enough. They trusted us with their lives last year, and they deserve our respect and admiration. Second, I have to make decisions based on keeping the most vulnerable people in our community safe. I have to do that not because I am employed by the diocese or because Bishop Burns asks me to. I have to do it because I answer to Jesus Christ at the end of the day. I chose Catholic Schools as an outpouring of a ministry that I take more seriously than almost anything else in my life. I would ask that you keep that in mind as you decide what is best for your individual family.

Respectfully,



Matt Vereecke
Superintendent