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It's Not Safe to Keep Schools Closed

Phil Kerpen

COMMITTEE TO UNLEASH PROSPERITY

Phil Kerpen

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A native of Brooklyn, N.Y., Mr. Kerpen currently resides in Washington, D.C. with his wife Joanna and their four children.

CDC Director Dr. Robert Redfield, July 7, 2020:

> *"The greater risk to our society is to have schools closed."*

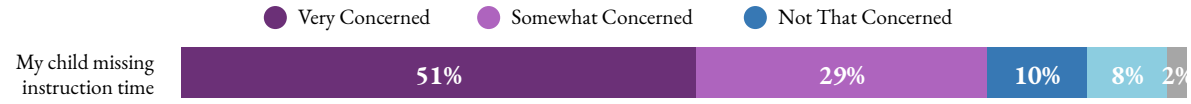
The American Academy of Pediatrics, the principal medical society representing 67,000 pediatricians, concluded that it is not safe for children to be denied full-time classroom instruction:

> *"With the above principles in mind, the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families."*

According to an EdChoice/Morning Consult poll, by far the number one concern parents presently have about education is missing instruction time. This is a concern of 80 percent of parents.

Parents of school-age children have a wide range of concerns about how COVID-19 is impacting schooling.

Thinking about the coronavirus (COVID-19), how concerned are you about each of the following?



And they have good reason to be concerned. A large "COVID slide" is appearing that dwarfs the normal summer slide, and it is most severe for less advantages groups, exacerbating societal inequalities.

The WSJ reported:

> *"Preliminary research suggests students nationwide will return to school in the fall with roughly 70% of learning gains in reading relative to a typical school year, and less than 50% in math, according to projections by NWEA, an Oregon-based nonprofit that provides research to help educators tailor instruction. It expects a greater learning loss for minority and low-income children who have less access to technology, and for families more affected by the economic downturn."*

Many students tuned out completely:

> *"Early into the shutdown, the Los Angeles Unified School District estimated that on any given day in a week span, 32% of high-school students didn't log in to learn."*

A national teacher survey by Educators 4 Excellence found that 67% of teacher said student assignment completion rates dropped when they ended in-classroom instruction.

Compared to when students were in classrooms, how have student homework and/or assignment completion rates been during distance learning? Are they:

		Type of School		Grades teaching				% Low-Income Students		
Scenario	Total	District	Charter	Primary	Middle	High School	Combined	0-33%	34-66%	67%+
Much better than before	2%	2%	8%	3%	3%	2%	-	3%	2%	2%
Somewhat better than before	10%	9%	15%	7%	11%	12%	16%	8%	13%	9%
About the same as before	21%	21%	20%	20%	20%	21%	24%	25%	18%	18%
Somewhat worse than before	40%	39%	45%	44%	36%	38%	33%	47%	43%	32%
Much worse than before	27%	29%	12%	26%	30%	27%	27%	17%	23%	39%

And we know special needs students are hurt the worst. Teletherapies are not the same, and have not proven effective for many students who have special learning needs.

We cannot morally undermine the quality of our children's education over a public health concern that, for children, carries less risk than the seasonal flu.

The relationship between educational attainment and life expectancy is strong and getting stronger. As this table from a recent study supported by the National Institute on Aging and the National Institute of Child Health and Human Development found, life expectancy at age 25 is four to six years longer for a high school graduate than a dropout.

Life expectancy at age 25 by race, sex, and education. United States. 1990-2009

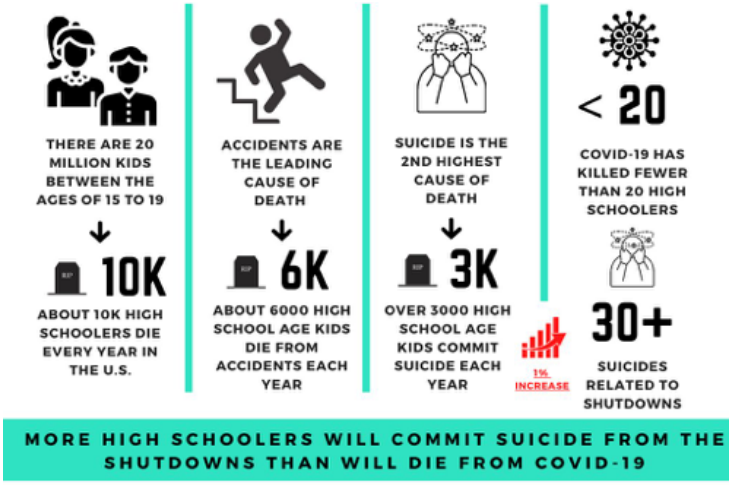
	Non Hispanic Whites						Non Hispanic Blacks					
	Females			Males			Females			Males		
	1990	2000	2009	1990	2000	2009	1990	2000	2009	1990	2000	2009
Education												
Less than high school	54.3	53.1	51.9	46.2	47.8	47.2	50.0	49.4	50.7	41.6	44.5	45.7
High school	57.8	57.6	58.8	50.5	51.9	53.1	53.6	53.9	54.0	45.9	48.4	50.4
Some college	60.1	59.3	61.1	51.7	52.8	54.4	57.8	56.1	57.6	46.1	49.2	54.2
College or more	60.8	60.8	63.4	54.4	56.6	59.2	56.3	57.9	60.7	53.9	52.6	58.7
Total	57.6	57.5	59.4	50.3	52.4	54.4	52.3	53.3	55.1	44.5	47.9	50.7

In addition to the loss of instruction time, full or partial school closures have substantial negative mental health consequences. Carol Burris, a former teacher and award-winning principal, explains why it is vital that schools find a safe way to open for their most vulnerable students:

> *"Combating truancy, school phobia, student depression, and drug dependency were part of our everyday work. The tragedy of student suicide was not unknown to us. Some students needed help talking to parents about their pregnancy or support in leaving an abusive relationship. And then there were the students living with parents who themselves were unwell.*
>
> *"Students at risk can easily slip through cracks. Due to the isolation of remote learning, those cracks have become crevices. Anecdotally, pediatricians are reporting rises in depression, obesity, and stress disorders as well as young children having heart palpitations absent a physical cause.*
>
> *"Research tells us that socially isolated children and adolescents are at risk of depression and anxiety. We know that too much screen time can result in inattention and impulsivity, and mental health disorders in both children and adolescents."*

Even a one percent increase in the suicide rate among high school students would cause more deaths than have died with COVID-19 so far in that age group.

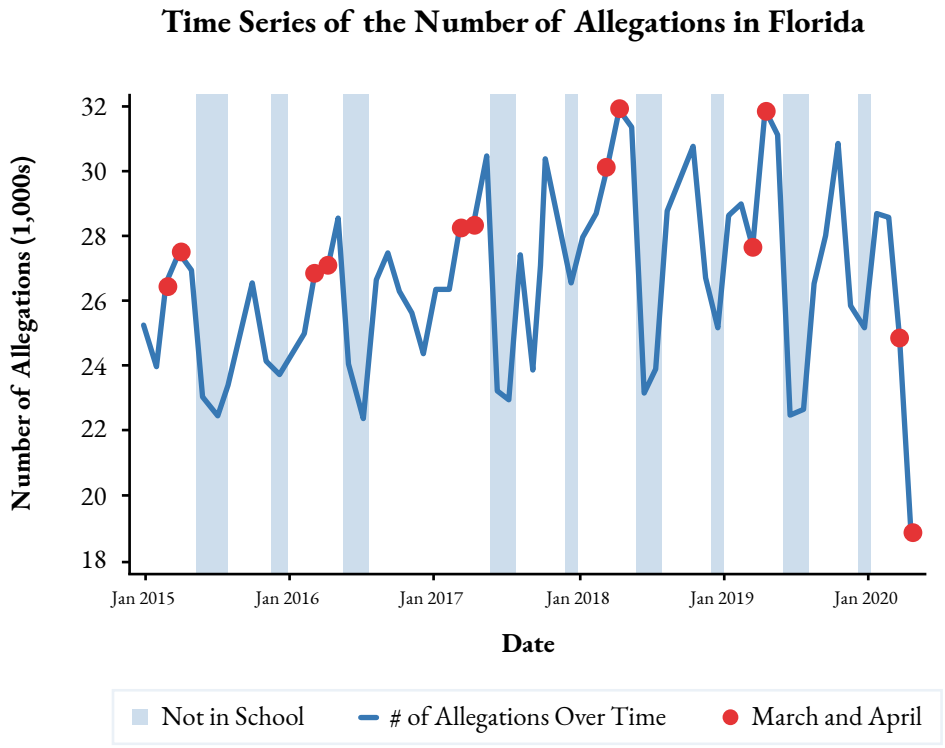
Impact of COVID-19 & the Shutdown on High Schoolers



And tragically, less time in school means a greater chance that our most vulnerable children, victims of abuse, will not receive the help they need.

> *"Teachers and school personnel comprise one of the largest groups to report child abuse... On average, we are seeing an over 25 percent decrease in calls to our hotline since schools closed. That means many children are suffering in silence."*
>
> –Darren DaRonco, Arizona Department of Child Safety Spokesperson, April 13, 2020

Researchers from the University of Michigan and Florida State University found that in March and April alone, an estimated 212,500 allegations of child abuse went unreported because of school closures.



They wrote:

> *"Our findings suggest that a vulnerable population—children at risk of maltreatment—are separated from a valuable resource when schools close, and this separation manifests as a reduction in maltreatment allegations. When schools are not in session, whether for regularly scheduled breaks or in response to catastrophes, cases of child maltreatment are more likely to go unnoticed and unreported."*

For all of these reasons, is not merely the case that opening schools is relatively safe, but that failing to do so is manifestly unsafe.

COVID Presents Far Lower Risk to Children than the Flu Risk We Accept Every Year

"For children (0-17 years), cumulative COVID-19 hospitalization rates are much lower than cumulative influenza hospitalization rates at comparable time points during recent influenza seasons."

–CDC COVIDView, same language every week

COVID and Lab-Confirmed Influenza Hospitalizations Per 100,000 Population, CDC EID

Age	COVID-19	4Y Flu Ave	Flu 2020	Flu 2019	Flu 2018	Flu 2017
0-4	8.9	69.1	93.7	70.9	71.0	40.8
5-17	4.0	19.9	24.4	20.0	19.5	15.5
18-49	62.6	26.9	35.1	24.5	30.0	17.9
50-64	155.0	87.6	95.5	79.2	112.8	62.7
65-74	222.5	169.0	141.2	146.4	245.4	143.1
75-84	370.1	342.7	215.0	264.6	548.8	342.2
85+	573.1	641.4	293.6	413.7	1,117.0	741.4
Overall	**102.5**	**74.1**	**68.0**	**63.6**	**102.9**	**62.0**

"There have been based on the data so far extremely low risk to children... It is an unbelievably low risk. This group of kids are staggering safe in general. Nobody has ever been safer in the history of humanity than these kids."

–Sir David Spiegelhalter, Chair of the Winton Centre for Risk and Evidence Communication, Cambridge

COVID Age Stratification: School-Age Children 0.03 Deaths Per 100,000 Population

	Deaths With COVID	Total Deaths	Deaths Without COVID	Deaths With COVID as Share of Age Group Deaths	Population	Cumulative Deaths With COVID Rate Per 100,000 Population	Age Group % of U.S. Population	Age Group % of all Deaths with COVID	Age Group % of all Deaths Without COVID
Under 1 year	9	6,896	6,887	0.1%	4,128,810	0.22	1.2%	0.0%	0.6%
1-4 years	6	1,325	1,319	0.5%	16,438,858	0.04	4.9%	0.0%	0.1%
5-14 years	14	1,995	1,981	0.7%	41,008,879	0.03	12.3%	0.0%	0.2%
15-24 years	142	12,369	12,227	1.1%	43,106,877	0.33	12.9%	0.1%	1.0%
25-34 years	770	26,258	25,488	2.9%	46,889,936	1.64	14.0%	0.7%	2.2%
35-44 years	1,972	37,317	35,345	5.3%	42,627,770	4.63	12.7%	1.8%	3.0%
45-54 years	5,488	70,356	64,868	7.8%	40,841,936	13.44	12.2%	4.9%	5.6%
55-64 years	13,465	164,063	150,598	8.2%	43,019,365	31.30	12.9%	12.0%	12.9%
65-74 years	23,333	251,194	227,861	9.3%	33,075,174	70.55	9.9%	20.8%	19.6%
75-84 years	29,780	310,904	281,124	9.6%	16,639,323	178.97	5.0%	26.5%	24.1%
85 years and over	37,247	394,198	356,951	9.4%	6,726,530	553.73	2.0%	33.2%	30.6%
All Ages	112,226	1,276,875	1,164,649	8.8%	334,503,458	33.55	100.0%	100.0%	100.0%

CDC NVSS Deaths, Wonder Population Estimates. February 1, 2020 to June 27, 2020. As of July 1, 2020.

Children are at far lower risk of hospitalization or death with COVID than they are with lab-confirmed influenza, a risk we accept without any extraordinary measures. Therefore if any modifications of school operations are justified based on risks to children, they should logically have been made historically and should be permanent.

It is immoral deny children education and social interaction on account of a disease which does not present a significant risk to them.

Children are Not a Significant Source of Community Transmission

A joint study by the national health authorities of Sweden, where primary schools never closed, and Finland, where schools reopened May 13, found:

> *"This report is a comparison between Finland and Sweden, two in many ways similar countries who applied different measures regarding schools during the covid-19 pandemic. There is no difference in the overall incidence of the laboratory confirmed covid-19 cases in the age group 1-19 years in the two countries and the number of laboratory confirmed cases does not fluctuate with school closure or change in testing policy in Finland. In Sweden, the number of laboratory confirmed cases is affected by change in testing policy. Severe covid-19 disease as measured in ICU admittance is very rare in both countries in this age group and no deaths were reported. Outbreak investigations in Finland has not shown children to be contributing much in terms of transmission and in Sweden a report comparing risk of covid-19 in different professions, showed no increased risk for teachers. In conclusion, closure or not of schools had no measurable direct impact on the number of laboratory confirmed cases in school-aged children in Finland or Sweden."*

Number of teachers, cases among them and relative risk compared to other professions

Teachers in	Number of teachers 2019/2020	Number of cases	Median age at diagnosis	Relative risk* (95% CI)
Day care	157,263	192	45	0.9 (0.7-1.1)
Primary school	105,418	160	50	1.1 (0.9-1.3)
Secondary school	30,357	29	47	0.7 (0.5-1)

*compared to other professions

Iceland has the most extensive testing program relative to total population in the world and reports:

> *"Children under 10 are less likely to get infected than adults and if they get infected, they are less likely to get seriously ill. What is interesting is that even if children do get infected, they are less likely to transmit the disease to others than adults. We have not found a single instance of a child infecting parents."*

France has found that the coronavirus risk for children is:

> *"extremely low, we can say a thousand times lower than in adults. Children are weak carriers, poor transmitters, and when they are infected it is almost always adults in the family who have infected them." The French study "completely confirms all of the scientific literature."*

Switzerland found:

> *"Even when children are tested positive for the virus, their viral load is often very low. Which would explain why they are bad vectors of the disease. It seems that it is adults who infect children, not the other way around."*

Professor Francois Balloux of the UCL Genetics Institute notes:

> *"Schools don't seem to play a major role in #SARSCoV2 transmission. Schools reopened partially on May 10, and fully on June 7, with no measures of social distancing for children. Despite worries about a possible recent resurgence, the number of cases has remained largely flat."*

Australia:

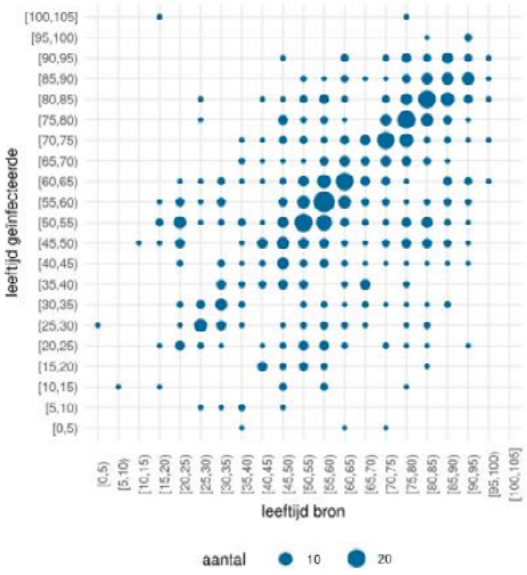
> *"When school closures were initially proposed to control an epidemic, planners had influenza in mind. Flu spreading within schools and children are the main source for transmission in the community. But COVID-19 is not the flu.*
>
> *"Far fewer children are affected by COVID-19, and the number of transmissions from children to children and children to adults is far less.*
>
> *"Some have said the evidence on this is not clear. In any health debate, evidence can be cherry-picked to support a particular view. As an infectious diseases specialist, I have examined all of the available evidence from within Australia and around the world and, as it stands, it does not support avoiding classroom learning as a means to control COVID-19.*

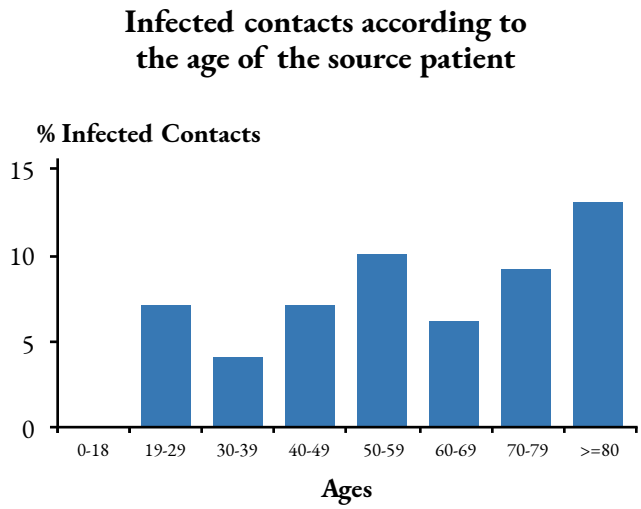
"The national position remains that face-to-face teaching is safe, particularly given the current very low rates of community transmission of SARS-CoV-2... We need to trust the evidence that says it is safe for our children to be taught at school."

Netherlands:

> *"Data from the Netherlands also confirms the current understanding: that children play a minor role in the spread of the novel coronavirus. The virus is mainly spread between adults and from adult family members to children. The spread of COVID-19 among children or from children to adults is less common. Since children play a minor role in the spread of the virus, the 1.5 metre measure is less strict for young children: Children up to and including 12 years of age do not have to keep 1.5 metres apart from each other and from adults. This also applies to childcare and primary education. Young people aged 13 until 18 years old (i.e. 17 years old and younger) do not have to stay 1.5 metres apart from each other. In secondary schools, this applies to all pupils, regardless of their age."*

> *"COVID-19 is primarily spread between people who are about the same age. The figure below shows data on 693 paired patients, displaying the ages of both the source patient and the patient that they infected. Transmission of the virus appears to take place mainly between people of about the same age, and less frequently between parents and children (of all ages)."*
> *"Primary schools have been partially reopened since 11 May. The schools reopened fully on 8 June. Childcare facilities are also open again as of that date. Secondary education, special secondary education, practical education and newcomer education reopened on 2 June... RIVM has not received any reports of employees who were infected by children (based on data as of early June 2020)."*





A recent WSJ news article summarized the experience across the world:

> *"Denmark, Austria, Norway, Finland, Singapore, Australia, New Zealand and most other countries that have reopened classrooms haven't had outbreaks in schools or day-care centers.*

> *"Denmark became the first Western country to reopen schools on April 15 and maintains a sophisticated monitoring system to detect any increase in infection and identify its source.*

> *"Our interpretation is that it may be that the children aren't that important for the spread of infection," Dr. Krause said. "Infections in Denmark among all age groups have been decreasing since schools reopened," she added.*

> *"Denmark has imposed a number of precautions on teaching establishments, from maintaining air circulation to rules on distancing and hygiene.*
>
> *"In Norway, the government won't close schools again even if the number of cases starts rising in the country because there have been no negative consequences from reopening schools on April 20, said Education Minister Guri Melby.*
>
> *"Since Austria reopened on May 18, no increase in infections has been observed in schools and kindergartens, a spokesman for the government said.*
>
> *"Schools in some German states have been open for almost a month. While Germany has since experienced outbreaks at slaughterhouses, migrant shelters, a church and a restaurant, schools have been spared.*
>
> *"Finland hasn't recorded any increase in infections since it reopened schools and day-care centers on May 14, Mika Salminen, director of health security at the Finnish Institute of Health and Welfare, said."*

The one German study by Christian Drosten that tried to justify school closures by claiming children did not have lower viral loads arbitrarily binned age, a continuous variable, and still failed to support its predetermined conclusion. Re-analysis found the children in the study did have lower viral loads than adults. And Germany is opening schools, so the study didn't convince the leadership of its own country.

Drosten's junk science was emphatically rejected in a joint statement from all of the leading German medical societies.

In their statement, the German Society for Hospital Hygiene, the German Society for Pediatric Infectiology, the German Academy for Pediatric and Adolescent Medicine, and the Professional Association of Pediatricians in Germany say:

> *"Day care centers, kindergartens and primary schools should be reopened as soon as possible," and "unrestricted."*

We Also Have Evidence from Here in the United States

Not only do we have the very low hospitalization rate among school age children, but we see no significant disease burden among children who have remained in childcare throughout the epidemic, despite the fact that as children of essential workers they are more likely to be exposed at home.

A large convenience sample collected by Dr. Emily Oster of Brown University found a confirmed case rate among all reporting childcare centers of just 0.15% -- and among childcare centers that never closed of just 0.14%. The rate is nearly identical, 0.16%, in child care centers with groups of children greater than 10.

All Locations	
Number of Centers	938
Total Students Served During Pandemic	27,497
Count of COVID-19 Cases in Students	42
Confirmed Case Rate, Students	0.15%
Total Staff During Pandemic	9,691
Count of COVID-19 Cases in Staff	107
Confirmed Case Rate, Staff	1.10%

Open the Whole Time	
Number of Centers	693
Total Students Served During Pandemic	20,979
Count of COVID-19 Cases in Students	30
Confirmed Case Rate, Students	0.14%
Total Staff During Pandemic	7,495
Count of COVID-19 Cases in Staff	67
Confirmed Case Rate, Staff	0.89%

All Locations > 10 Students	
Number of Centers	537
Total Students Served During Pandemic	25,007
Count of COVID-19 Cases in Students	39
Confirmed Case Rate, Students	0.16%
Total Staff During Pandemic	8,761
Count of COVID-19 Cases in Staff	100
Confirmed Case Rate, Staff	1.14%

If Children are Significant Spreaders, a Rigid 6-foot Rule Is the Worst Possible Policy

If children do contribute meaningfully to community spread – contrary to most available evidence – then it is especially critical that they be in school five days a week with the same consistent group of students.

As the American Academy of Pediatrics notes:

> *"There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools 'space seating/desks at least 6 feet apart when feasible.' In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies."*

Put simply, a rigid 6 foot rule means millions of children will be in school only part-time, which means many of them will have other childcare arrangements on the days they are not in school – dramatically increasing overall population mixing relative to the alternative of them being consistently with the same group of children in school.

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