

Johnson government scientific adviser claims UK schools should never have closed

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The first day of the school summer break began with claims published in the *Times* that schools are safe to reopen in September, with little evidence to suggest that children are vectors for COVID-19.

The article, cited widely, confirms how science is being cherry picked in the service of a “back to work” agenda to guarantee profits for the wealthy, in which the opening of schools is key. The broad-based hostility among teachers and parents to the unsafe reopening of schools is being met with a barrage of propaganda to confuse, disorient, and dissipate this opposition.

The *Times* article, published July 22, quotes Mark Woolhouse, an infectious disease epidemiologist at Edinburgh University and a member of the UK government’s scientific advisory group, Sage. He said, “One thing we have learnt is that children are certainly, in the five to 15 brackets from school to early years, minimally involved in the epidemiology of this virus. They are probably less susceptible and vanishingly unlikely to end up in hospital or to die from it.”

He goes on to assert, “There is increasing evidence that they rarely transmit. For example, it is extremely difficult to find any instance anywhere in the world a single example of a child transmitting to a teacher in school. There may have been one in Australia but it is incredibly rare.”

The comments reveal the highly politicised character of the science of the pandemic and how science is increasingly subordinated to the profit interests of the ruling class. The reality is that there have been numerous studies that challenge Woolhouse’s claim.

As his comments were published, data was released in the US of alarmingly high numbers of COVID infections of children. The Tennessee Department of Health revealed that 7,572 school-age children—those between the ages of 5 and 18—have been diagnosed with COVID-19. In Mississippi, more than 4,900 children had tested

positive for COVID-19. In Florida, over 23,000 minors have tested positive.

A recent study from South Korea, the largest of its kind, showed that of 5,706 infected people and their 59,073 contacts, only children under 10 transmitted less often to adults, but those between the ages of 10 and 19 spread the virus as readily as adults. Households with the older children had the highest rate of spread to other members—18.6 percent—of any age group, while households with younger children had the least spread, just 5.3 percent. The overall average was 11.8 percent.

An article in the *Smithsonian Review* highlighted evidence that children, including those without symptoms, are as likely to be as infectious as adults. It noted that the reopening of schools in Israel was one of the most significant factors in the renewed circulation of the virus. The number of new cases there had risen from fewer than 50 per day two months ago, to more than 1,500 per day in early July. The increase followed school outbreaks that infected at least 1,335 students and 691 staff.

Jeffrey Shaman, an infectious disease expert at Columbia University’s Mailman School of Public Health, explained that it is impossible to get a clear picture of the effects of COVID on children, as the “studies to date about COVID-19 and children have been too small or too compromised by factors such as school closings, lack of testing, or much smaller community caseloads than the United States.”

He insisted, “The question is, what happens when the children get it? Are they effectively dead ends? Or are they capable of communicating the virus and spreading it to other people? I think the evidence is not conclusive. We don’t know enough to know that children to some degree are less capable of transmitting this virus.”

But Shaman indicated the very real pressure being exerted on science under a system which is driven in the interests of defending profits rather than the health and

well-being of society. He understood the need to get children back to school but stressed that it is hard to gauge the risk, “given the current state of knowledge and information slanted by governments looking to reopen schools. We don’t have a policy model and an experience model that allows us to understand what will be appropriate.”

“We’re dealing with a novel coronavirus,” he added.

That political ends and not the search for truth dominates government policy is sharply revealed in the totally negligent response to COVID-19 in Sweden, the favoured model for all advocates of a “herd immunity” strategy and opponents of lockdown measures. Sweden is the only country in Europe that did not go into a national lockdown. Schools and businesses all remained open. However, sciencemag.org explains, “The one country that could have definitively answered that question (whether children are vectors) has apparently failed to collect any data. ... Swedish officials have not tracked infections among school children—even when large outbreaks led to the closure of individual schools or staff members died of the disease.”

The Karolinska Institute (KI), Sweden’s flagship medical research centre, developed a protocol to study school outbreaks, “but the lack of funding, time, and resources” placed huge hurdles before their efforts. The KI did scan Swedish newspapers, which made clear that school outbreaks had occurred. In the town of Skellefteå, a teacher died and 18 of 76 staff tested positive at a school with about 500 students, in preschool through ninth grade. The article states that “several teachers” have died in Sweden.

The KI found that in the Swedish Public Health Agency’s preliminary results from antibody surveys of 1,100 people from nine regions, the antibody prevalence in children and teenagers was 4.7 percent, compared with 6.7 percent in adults age 20 to 64 and 2.7 percent in 65- to 70-year-olds. The relatively high rate in children suggests there may have been significant spread in schools, it concluded.

There have been many concerns by the scientific community that reopening schools can increase the spread of the virus. Anita Cicero, deputy director of the Johns Hopkins Centre for Health Security, noted; “In Japan, South Korea, Finland and France, each of those countries had about 1 or fewer cases per 100,000 people when they reopened,” she says. In contrast, there are currently some US counties with 80 or more new daily cases per 100,000.” She stressed the importance of the rate of

infection circulating before reopening schools.

In England, the Conservative government was forced to acknowledge that children are vectors for the virus, following the local lockdown imposed in Leicester in July. Health Minister Matt Hancock said that one of the main reasons for imposing the Leicester lockdown was an increase in the number of under 18 year olds who have tested positive, explaining, “Because children can transmit the disease, although they are highly unlikely to get ill from the disease, we think that the safest thing to do is to close the schools...”

Leading up to the Leicester lockdown, Public Health England’s Weekly COVID-19 Surveillance Report revealed that the number of acute respiratory infection “incidents” increased from 43 in week 26 of the pandemic to 55 in week 27. Although the number of incidents has been declining in both care homes and hospitals, and remain stable in workplace settings, it has increased in educational settings so that they have overtaken care home incidents. This is a grave warning as to the impact of a full return to schools in September.

The tremendous pressure exerted on scientists, the agreement of the education unions to the reopening of schools, the support of the Labour Party for Johnson’s criminal agenda all point to the need for workers and educators to take independent action to protect their lives.

The Socialist Equality Party insists that a genuine fight against the pandemic can only emerge through establishing a broad network of rank-and-file safety committees, independent of the unions and both big business parties, in every school and neighbourhood, working in conjunction with a panel of trusted scientists and health experts. These committees, democratically controlled by workers themselves, should formulate, implement, and oversee measures that are necessary to safeguard the health and lives of workers, their families and the broader community.



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