

Altered CDC guidelines provide unscientific basis for reopening schools

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Over the past week, a growing number of schools reopened across the US, despite the fact that the coronavirus pandemic is raging out of control. Already, schools in Georgia, Indiana and Mississippi have had students test positive for COVID-19, throwing reopening plans into immediate crisis and deepening community spread of the virus.

To justify their reckless moves to resume in-person instruction, school district officials are invoking the revised guidelines issued by the Centers for Disease Control and Prevention (CDC) on July 23. The CDC, which had published weak, nonbinding guidelines in May, has recently bowed to political pressure from the Trump Administration and is more forcefully advocating for the reopening of schools.

The body of scientific evidence demonstrates conclusively that it is thoroughly reckless to reopen schools in the US, a fact which has not gone unnoticed by educators and families. A recent Kaiser Family Foundation Poll shows broad public support for keeping schools closed, with 71 percent of those polled feeling schools do not have adequate resources to reopen safely and 79 percent worried that teachers and staff will get sick when schools reopen.

The CDC guidelines are based on several mitigation strategies such as mask use and social distancing when “feasible, practical, acceptable, and tailored to the needs of each community.” These *recommended*, not required, measures will mean little in the dilapidated and overcrowded classrooms that are the norm across the US.

But even these threadbare measures were too onerous for Trump, who tweeted July 8 that the guidelines were “very tough & expensive.” Vice President Mike Pence, chair of the White House Coronavirus Task Force, added that week, “We don’t want the guidance from CDC to be a reason schools don’t open.” The CDC responded by dutifully publishing what is essentially a political document rationalizing the homicidal campaign to reopen schools titled, “The Importance of Reopening America’s Schools this Fall.”

The document downplays the dangers involved in reopening schools, omitting key studies that disprove their claims and instead relying on studies from early in the pandemic that have been disproven. Of the six sections of the document, only one deals with the actual relationship of COVID-19 to children,

while the other five sections deal with the importance of schools to children, as if there were any doubt of that. There is no section dedicated to, and barely even a mention of, the transmissibility of COVID-19 from children to adults or from schools to the broader community.

Based on this document, one would think that children teach, feed and bus themselves to school! There is a complete omission of the presence of teachers and other school staff within the buildings and buses. The introductory paragraph states, “The best available evidence indicates if children become infected, they are far less likely to suffer severe symptoms.” This assertion is backed up by three citations, all of which are studies published in April. It is true that children appear to be less likely to suffer severe symptoms than adults, yet severe cases do exist among children.

The CDC reports that between February 1 and June 17 there were 13 deaths of children between the ages of 5 and 14. By July 15, there were 342 cases across the US of pediatric multi-system inflammatory syndrome, including six deaths. On Tuesday, it was reported that two teenagers in Florida succumbed to the virus, bringing the total number of minors killed by COVID-19 in the state to seven.

There have been multiple recent reports of the significant numbers of children who have contracted the virus: 23,000 children in Florida, 7,573 in Tennessee, 4,900 in Mississippi, and 260 campers and staff members (75 percent of attendees) at an overnight summer camp in Georgia.

In one notorious international example, in Israel the number of new cases had risen from fewer than 50 per day two months ago to more than 1,500 per day in early July, primarily attributable to school outbreaks that infected at least 1,335 students and 691 staff.

The new CDC document also asserts that the “death rates among school-aged children are much lower than among adults.” Again, lower does not mean nonexistent, and how many deaths of children is acceptable to the CDC? They state that children “account for under 7 percent of COVID-19 cases and less than 0.1 percent of COVID-19-related deaths.”

Last week, a study published in the *Journal of the American Medical Association* (JAMA) concluded that the widespread closure of schools in mid-March saved the lives of at least

40,600 people over a 16-day period and prevented 1.37 million infections over a 26-day period in the spring. Given that community transmission is now taking place at a far higher rate, the CDC is effectively sanctioning mass death.

Particularly pernicious is the CDC's false comparison between the effects on children of COVID-19, the flu, and H1N1. It states that while COVID-19 has been responsible for 64 deaths, this is less than each of the last five flu seasons as well as the 358 pediatric deaths from H1N1 over an 18-month period. The implication is that the public should adopt the perspective of "herd immunity" and accept a "reasonable" amount of death akin to that produced by regular seasonal ailments.

The comparison to H1N1 does not hold water since the COVID-19 pandemic, unlike the H1N1 threat of 2009-2010, is only getting worse after only seven months in existence and the vast majority of schools have not yet reopened.

As to the seasonal flu, the reproductive rate is 1.3 while that of COVID-19 is between 2 and 2.5. This seemingly narrow disparity equates to deaths from the flu of between 20,000 to 60,000 people over the course of a year, while COVID-19 has killed over 160,000 Americans in just over seven months.

The CDC also states that "transmission among children in schools may be low" and that there have been "few reports of children being the primary source of COVID-19 transmission among family members." The CDC cites studies from April and May to back up these assertions, ignoring a July 16 publication of the CDC's own journal, *Emerging Infectious Diseases*, of a study from South Korea, the largest of its kind, which showed that children between the ages of 10 and 19 spread the virus as frequently as adults.

Since the revised guidelines were published, a series of scientific studies have exploded this claim, demonstrating that children spread the virus at an equal or greater rate than adults. The CDC has made no public statements on these studies or revised their guidelines to align with the latest science.

The rest of CDC document deals with the benefits to children in attending school, including receiving educational instruction, social and emotional skill development, safety, nutrition, and physical activity. While mentioned in the agency's May guidelines, these factors were featured much less prominently, underscoring the political nature and hypocrisy of the revisions.

Democratic and Republican politicians alike are shedding crocodile tears at the effects of their own decades-long socially homicidal policies which have resulted in pervasive poverty, hunger and homelessness among children. They have the temerity to suggest that they suddenly care about the well-being of children so much that forcing them back to school during a raging pandemic is an act of charity, and teachers who oppose this are insensitive to the hardships endured by children outside school walls.

Last week, Director of the National Institute of Allergy and Infectious Diseases, Dr. Anthony Fauci, echoed these themes

when interviewed at the national convention of the American Federation of Teachers (AFT).

Fauci, in a live-streamed discussion with American Federation of Teachers President Randi Weingarten, admitted, "In many respects, unfortunately, though this may sound a little scary and harsh—I don't mean it to be that way—is that you're [the nation's teachers] going to be actually part of the experiment."

There was an immediate outpouring of opposition to Fauci's statements within the AFT meeting itself, with one teacher commenting, "My students, families, teachers, school/district staff should never be expendable for an experiment."

The incident was also widely denounced on social media. An elementary school music specialist commented in the Oregon for a Safe Return to Campus Facebook group, "Damn, I used to like him but I will not be an unwitting participant in an experiment." Another responded, "EVERY teacher... SHOULD REFUSE, RESIST, and STRIKE, if necessary!"

In fact, the Declaration of Helsinki, the research ethics cornerstone document adopted in 1964 in response to the horrors of Nazi human experimentation in World War II, states, "Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary [Article 25]" and is invalid if the "potential subject is in a dependent relationship with the physician or may consent under duress [Article 27]."

Neither the teachers, dependent upon their districts for their paychecks and health insurance, nor the students who are minors and incapable of giving consent, nor the parents who are threatened with poverty and homelessness if they do not go to work, can "voluntarily" participate in this experiment free from "duress."

Teachers, parents, and all workers must take control of the situation, demanding a nationwide general strike against the homicidal drive to reopen schools. The working class must be guided by science, not Wall Street's insatiable need for profit.



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