The pseudoscience behind the right-wing drive to force schools to open

Part one

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1 September 2020

This is the first part of a two-part article. Read part two here.

The strategy of "herd immunity" being carried out by the ruling class is inexorably connected to the drive to open schools. After trillions of taxpayer monies were siphoned into the coffers of the stupendously wealthy, the relentless exigencies to extract surplus value off the backs of the working class have risen to a new frenzy. There will be no more lockdowns, and the indispensable factor in bringing the entire nation back to work will be to throw open the school doors and have students seated in classrooms.

The present fight by teachers and their communities to save lives and to stem the rising tide of the pandemic has brought the working class into direct conflict with the capitalist rulers who demand that they comply with their diktats. If any teacher wants to understand the actual intent of the ruling classes, then they should ask why they have been deemed by the Trump administration and the Center for Disease Prevention and Control as "critical infrastructure workers."

Speaking of the call for pursuing a policy of "herd immunity," the veteran Irish epidemiologist, Dr. Mike Ryan, spokesman for the World Health Organization, said, "Humans are not herds. The term is relevant only to the field of animal husbandry, in which an individual animal in that sense doesn't matter from the perspective of the brutal economics of those decisions. The use of the term can lead to very brutal arithmetic which does not put people and lives and suffering at the center of that equation."

Even the venerable Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious disease, must be held to account when he said on July 29, at the American Federation of Teachers conference, with President Randi Weingarten present: "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 going to be actually part of the experiment, of the learning curve, of what we need to know. Because remember early on when we shut down the country, as it were, the schools were shut down. So, we don't know the full impact. We don't have the total database of knowing what there is to expect."

The Declaration of Helsinki, adopted in 1964, placed at the forefront the ethical principles in research regarding human experimentation. The proclamation is morally binding on physicians, an obligation that overrides any national or local laws or regulations, to respect the individual, their right to self-determination, and the right to make voluntary informed decisions regarding participation in any research. According to the guidelines established by the declaration, the investigator's first duty is to the patient or volunteer's welfare before the interests of science or society. Teachers, parents, and students have become vulnerable populations as they are threatened with poverty and homelessness if they oppose the nefarious conditions placed on them by the campaign for opening commerce and schools.

Repeatedly, the political establishment and the union executives have attempted to disarm teachers with platitudes about the needs of the psychology of the children, often claiming children are resistant to the infections caused by the SARS-CoV-2 virus. President Trump's comments on Fox News are just the bluntest and starkest expression of this policy: "It will go away like things go away, and my view is that schools should be open. If you look at children, children are almost … and I would almost say definitely immune from this disease … they just don't have a problem … we have to open our schools."

Yet, recent studies have surfaced that demonstrate the potential lethality of school openings. It is this science that teachers and parents need to arm themselves with to ensure that their opposition to the state is based on the firm scientific understanding that the virus needs, first and foremost, to be contained and eradicated before communities can be assured that their children and teachers may resume academic relations in schools.

Herd immunity is the resistance to the spread of a contagious disease within a population that results if a sufficiently high proportion are immune to the disease. That immunity can be conferred through a vaccine, as in the case of measles, polio, and other diseases that have been successfully curtailed through systematic public health campaigns.

In relation to coronavirus, however, where there is not yet a vaccine, herd immunity has no legitimate application. It refers to the natural immunity caused by people being infected by the disease and then surviving it, because their immune systems manufactured antibodies to fight it. Given the high fatality rate, however, if a majority of the population contracts COVID-19 and thus develops the needed immunity, millions will die in the US in the process, and tens of millions around the world.

By all accounts, seroprevalence studies that measure the antibody to the virus in the population indicate that less than 10 percent of the US population may now have immunity. Scientists have posited that to achieve herd immunity would require close to 70 percent of the population to have antibodies. There is still a long way to go to achieve this level of population immunity.

Dr. Maria Van Kerkhove, technical lead on the COVID-19 pandemic at the WHO, said at a recent press brief: "That means a large proportion of the population remains susceptible. Studies are underway to document the immune response to the virus to see how strong it is and how long it lasts. We do not have a complete picture of this yet."

The policy of herd immunity: The case of Sweden

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Sweden's chief epidemiologist, Anders Tegnell, a proponent of exposing the less vulnerable to the virus, wrote in an email on March 14 to his Finnish counterpart, Mika Salminen, “One point might speak for keeping schools open in order to reach herd immunity more quickly.” Salminen replied, “we have also considered that, but over time the children are still going to spread the infection.” Tegnell wrote in response, “True, but probably mostly to each other because of the extremely age-stratified contact structure we have.”

Johan Giesecke, who served as the state epidemiologist from 1995 to 2005, wrote to a Swedish insurance company in March, “I believe the virus is going to sweep like a storm over Sweden and infect basically everyone in one or two months. I believe that thousands are already infected in Sweden … it will all come to an end when so many have been infected and become therefore immune that the virus has nowhere else to go.” Secondary schools and universities were reopened in June.

The policy was an abject failure. When Sweden was compared to neighboring nations, after the initial surge that led to lockdowns, Sweden's cases continued to accumulate fivefold higher as the country refused to enter into lockdown. Once secondary schools and universities were reopened in June, the spike in new cases doubled, while in Denmark, Finland, and Norway, daily COVID-19 cases remained suppressed. When cumulative deaths are compared to the US, Sweden’s policy can be seen for what it was—herd slaughter.

According to STAT News, “the Swedish approach was to allow businesses to largely remain open. And at first, it seemed to work, with a death count nowhere near what it was in countries such as Italy, Spain, and the UK. But even as Sweden was hailed as a model, its cases were steadily rising, and its death rate now exceeds that of the US. Sweden also did not seem to stave off the economic damage it was aiming to avoid.”

In a recent publication in *The Lancet*, in reply to correspondence from Johan Giesecke, 21 Swedish scientists wrote on August 8, “Giesecke's further assertion that, as of April 29, 20 to 25 percent of the Stockholm region have been infected only serves to reinforce his opinion of unreported cases. But this assertion is based on a narrow view of available data at that time. Of the three preliminary and unpublished serology studies from Stockholm in April, only one study, testing 527 of 2000 healthcare workers at a single hospital, is close to this estimate (20 percent seropositive). However, community estimates range from 7.5 percent to 10 percent, and suggest considerable clustering.”

Herd immunity was not a policy based on science, but a political endeavor phrased in scientific jargon to lull the population to adapt themselves as fait accompli that which was preventable and remains still stoppable. However, this requires recognizing that on a global scale, socialism is the cure for eradicating this pandemic, a disease that erupted as a byproduct of conditions created by capitalism.

Population studies on children and schools

Indeed, data on children, COVID-19, and the impact on the community have been limited. As Dr. Fauci even admitted, once schools were closed, the role of children in the spread of community was difficult to ascertain, though, as cited above, there was no reason to assume that children were impervious or noncontagious.

In mid-March, over a period of ten days, all 50 states closed K-12 schools and childcare centers with almost all colleges and universities following suit. The number of children affected included 21 million in daycare, 57 million in K-12, and 20 million college students, or close to 30 percent of the population. The quick measures taken had been based on previous experiences with pandemic respiratory pathogens, meaning officials clearly understood the potential that children were both vulnerable in acquiring infections and transmitting it to others. The lockdowns, including the rapid closure of schools, led to a significant reduction in community transmission of the virus, and without a doubt, a multitude of lives was saved.

Placing the impact of school closures on the pandemic in a national context, the authors Auger et al., in their study, published in *JAMA Network* on July 29, found that during the period from March 9 until May 7, school closures were associated with a 62 percent relative decline in COVID-19 incidence per week, which corresponded to an estimated absolute difference of 424 cases per 100,000. Additionally, school closures were associated with a 58 percent relative decline in mortality per week, an absolute decrease in 12.6 deaths per 100,000. Taking the US population under consideration, this implies that school closures were associated with 1.37 million fewer COVID-19 cases over 26 days and 40,600 fewer deaths over 16 days. These are quite significant figures.

In a study published in *Nature*, Hsiang et al. looked at the effect of large-scale containment policies on the COVID-19 pandemic across six countries, including the United States. They found that prior to the initiated lockdown measures across the country, the viral infection was doubling every three days. However, by April 6, when there were 365,304 cases, they estimated 4.8 million fewer cases developed because of the measures to close schools, commerce, and all nonessential work. Across the six countries, interventions prevented or delayed upwards of 61 million confirmed cases.

In a recent study published in *The Lancet* on July 30, scientists from the University College London reported on a modeling analysis they performed to determine the optimal strategy for reopening schools. Under several scenarios that included hybrid vs full-time school and various contact tracing and testing strategies, they concluded that for schools and society to reopen, a sufficiently broad coverage of a test-trace-isolate program would need to be implemented to avoid a second COVID-19 wave. The authors write, “Our modeling results suggest that full school reopening without an effective test-trace-isolate strategy would result in R0 [the growth factor for the transmission] above one and a resulting second wave of infections that would peak in December 2020, and be 2.3 times the size of the original COVID-19 wave.”

Though the US is not the UK and social interactions vary considerably, as a general analysis, the study highlights the urgent need for a robust public health strategy of tracing-testing-isolating. These population studies not only emphasize how communities can halt the spread of the contagion but also warn that without these measures, the pandemic will accelerate again. In this sense, the present change in guidelines by the CDC to avoid testing asymptomatic individuals is a criminal policy being enacted at all levels of the government in coordination with the very same institutions created to prevent diseases, essentially advocating for herd immunity. It is a deliberate effort to conceal the true nature of the health catastrophe to ensure the markets remain fully viable—a policy endorsed by the Democrats as much as the Republicans.

It should be mentioned, the seroprevalence studies, blood tests that look for antibodies against COVID-19 in the population, of the hardest-hit nations are on the magnitude of being five to tenfold less to achieving herd immunity.

To be continued

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