

# The media falsely claims schools are safe: What the science actually says (Part one)

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*This is the first part of a two-part article rebutting a commentary published in the Journal of the American Medical Association (JAMA) Viewpoint, which claims school reopenings are safe. Part Two can be read here*

Last week saw a corporate media blitz orchestrated by the broadcast television and print media, assailing the public with claims that a study by the US Centers for Disease Control and Prevention (CDC) justifies President Joe Biden's plan to reopen schools amid the ongoing coronavirus pandemic.

The campaign began after a report by three CDC scientists was published in the JAMA Network Viewpoint on January 26, which carefully pieced together several selected but severely limited observational studies conducted in the US during the initial fall reopening of schools, asserting that in-school transmission of the coronavirus was a rare event. This was a period in the US when daily case rates had declined considerably, and hospitalizations had reached their lowest point in months.

The JAMA opinion piece did not cite, nor has the CDC conducted, any large-scale prevalence studies or antibody testing of students and teachers to address the relationship between educational settings and community transmission. The comment completely ignored more recent and relevant studies that refute the assumption of school safety, in a way which can only be understood as politically motivated.

The media has latched on to this assertion that schools are safe havens for children to attack rank-and-file teachers who are resisting the call by the states and the education unions to acquiesce to demands for immediate reopening. *USA Today* wrote, "In-person school can be safe!" NPR said, "CDC makes the case for schools reopening."

The *Washington Post*, leading the charge, stated, "CDC finds scant spread of coronavirus in schools." In an editorial, the newspaper, owned by billionaire Amazon boss Jeff Bezos, wrote, "The COVID-19 danger does not lie in the classroom, but in the community ... Those who are clamoring for open schools have a lot of evidence on their side that in-person classrooms have not been transmission belts for the coronavirus."

It was the White House itself that had to rein in the more extravagant claims. In response to a question from a reporter, "There've been a number of studies, including the recent one out of the CDC [the Wisconsin study] that have shown evidence that schools are perfectly safe for students to go back and there were recommendations that they should go back. So, this seems like a bit of a dispute between teachers, unions, and the science. So, where does the administration stand in that dispute?"

The White House press secretary, Jen Psaki, responded cautiously: "President Biden wants schools to open and he wants them to stay open because it's obviously very disruptive to families ... but that means making sure as you said that every school is able to have the equipment and resources to open safely, not just rural schools or private schools, which often is where a lot of the school openings and schools staying open is happening. It's more of a challenge in public schools where they don't

have that funding from tuition or smaller populations where it's easier to put in place the actions needed to keep the schools open."

She continued, acknowledging that the CDC study, "which I know has received a lot of attention, was based on kind of an area that was more rural in Wisconsin. And I think what Dr. Walensky [the new director of the CDC] has said, in fact said this on CNN last night, is that for areas where they are more populated, where there is a lot more foot traffic that they're going to need to be a lot of steps put in place in order to make the schools reopening safe ... it requires the Department of Education and CDC to provide evidence-based guidance."

The way the campaign to reopen schools has been prosecuted in the media has been nothing short of a rhetorical blitzkrieg, allowing the White House to take a few steps back and distance themselves. The CDC has done the same. There is a disclaimer accompanying the JAMA Viewpoint commentary stating that the findings and conclusions in the report "are those of the authors [CDC researchers] and do not necessarily represent the official position of the CDC." This is not mentioned by the press, which seeks to use the authority of the CDC to drive the campaign to reopen schools.

There are clearly political motivations underlying the White House caution. The Biden administration wants to force teachers back into classrooms, but recognizes there is mass opposition from the rank-and-file, and prefers to leave the dirty work to the unions and local and state school officials. Biden, meanwhile, continues to mouth rhetoric about reopening "safely," even though, under conditions of a global pandemic, this is impossible.

## Recent international studies on children and COVID-19

It is important to take up the science allegedly underlying the JAMA Viewpoint commentary, and thus the entire campaign by the Biden administration and Democratic-run school districts like Chicago, Los Angeles and New York, to reopen the schools. Contrary to the slanders of the media, it is the teachers, not the school administrators—and the capitalist bosses demanding the schools reopen so that parents can go back to work producing profits—who have science on their side.

The European Centres for Disease Control and Prevention (ECDC) have at least acknowledged that children of all ages are susceptible to and can transmit SARS-CoV-2. They have also stated that school closures can contribute to a reduction in SARS-CoV-2 transmission but by themselves are insufficient in the absence of an all-of-society effort and a point we address at length below. They had admitted they lacked adequate data to explain the role children and schools played in community transmission. However, more evidence has come to light since the ECDC issued a statement in December.

Under the headline “Europe’s Schools Are Closing Again on Concerns They Spread COVID-19,” the *Wall Street Journal* reported, “As US authorities debate whether to keep schools open, a consensus is emerging in Europe that children are a considerable factor in the spread of COVID-19—and more countries are shutting schools for the first time since the spring.”

Antoine Flahault, director of the University of Geneva’s Institute of Global Health, explained that during the second wave in Europe, the evidence obtained through antibody surveys conducted in various nations showed that the coronavirus equally infects school children. Swiss schools have been open since summer. Antibody tests showed that children aged 6 to 18 were becoming infected just as much as young adults. A nationwide survey in Austria found children under 10 have infection rates similar to those of older children and these children were becoming infected as often as their teachers.

In December, positivity rates among children were higher than adults. Even the prime minister of England, Boris Johnson, had to concede, “The problem is schools may nonetheless act as vectors for transmission, causing the virus to spread between households.”

The JAMA Viewpoint, ignoring these developments in Europe, also chose not to address an important study from southern India, published in the journal *Science* on November 6, which found children were spreading the virus among themselves and adults. The authors noted that the Indian states of Tamil Nadu and Andhra Pradesh had developed a rigorous contact tracing and testing system. The study indicated that super-spreading events predominated, with approximately 5 percent of infected individuals accounting for 80 percent of secondary cases.

Dr. Ramanan Laxminarayan, member of the Center for Disease Dynamics, Economics and Policy in New Delhi, India, told NPR, “What we found in our study is that children were actually quite important. They were likely to get infected, particularly by young adults of the ages 20 to 40. They were likely to transmit the disease amongst themselves ... and they also go out and infect people of all age groups, including the elderly. Many kids are silent spreaders in the sense that they don’t manifest the disease with symptoms. They happen to get infected as much as anyone else, and then they happen to spread it to other people.”

To defuse any criticism that their assertions that schools ignored countervailing evidence, the JAMA Viewpoint cites only one frequently mentioned COVID-19 outbreak that occurred in May 2020 in a high school in Israel. They assert that such events are rare, and the super-spreading event occurred because the school abandoned their mitigation protocols. Their hope is that the public will accept their claim that school outbreaks are rare events and only occur when schools don’t adhere to regulations, which would allow states and districts to shift the blame onto teachers and students when outbreaks occur.

### **The Wisconsin study**

As has been mentioned, the centerpiece of the JAMA Viewpoint summary in support of school openings is the recently published study from Wisconsin by the CDC which has been hailed as the mitigation model for future school reopening.

The study period was from August 31 to November 29, 2020. Seventeen K-12 schools in rural Wisconsin participated. Surveillance in schools was initiated by a small group of physicians and medical student researchers. The districts received funding from the Legacy Foundation of Central Wisconsin to purchase three-layer cloth facemasks for all students. Classes ranged from 11 to 20 students. (In Wisconsin, average class sizes are approximately 20.) Students were asked to always wear their masks

indoors and stay six feet apart.

COVID-19 incidence among students and staff compared to the county overall was 3,453 per 100,000 versus 5,466 per 100,000. Among the 191 cases identified among students and teachers, only seven cases (3.7 percent) were linked to in-school spread.

On the surface, the conclusions appear valid. However, there are troubling biases that are embedded and overlooked in such a study, where surveillance by researchers and political scrutiny on the educational district are considerable, making generalizability to real-life situations difficult. Will every school district be policed, have the best cloth face coverings offered, and weekly reports sent to the CDC and public health departments ensuring them that monitoring of student activities had been strictly enforced?

Even so, one important limitation of the study was that schools admittedly did not conduct infection screening of staff members and students to include PCR testing, negating the ability to estimate the prevalence of asymptomatic spread. No serological studies were conducted to assess any linkage between schools and the rising community transmission being experienced in the state. Immediately, in conjunction with the starting date of the study, the seven-day average of COVID-19 infections in the state climbed from 696 cases per day to a peak of 6,563 cases per day on November 18.

### **The Montreal study**

A more compelling study from Montreal provides a more granular assessment of children’s role in the community spread of the COVID-19 coronavirus.

The authors, Dr. Simona Bignami of Montreal University and Dr. John F. Sandberg of George Washington University, wrote, “As the start of the fall 2020 school year coincided with the start of the second wave in many European countries and Canada, the debate became particularly heated. What has been the role of transmission of COVID-19 in school-aged children for the overall incidence of infection in fall 2020? The answer to this question has immediate political relevance in deciding if, when, and how to reopen schools as the pandemic unfolds and immunization coverage remains low.”

They note that before the opening of schools, Montreal’s public health authorities had documented 7.5 cases per 100,000 inhabitants around mid-August. By January 5, 2021, the incidence of infections had climbed to 282.7 cases per 100,000, with a concomitant rise in hospitalizations and deaths. However, Quebec’s government decided nonetheless to reopen schools on January 11, stating, like their American counterparts, that adults are responsible for the circulation of the virus in the community because COVID-19 cases were higher for adults than for children. They also adamantly stated that affected schools had only reported some isolated cases.

To answer this critical question, Bignami and Sandberg turned to the “unprecedented compilation of data published by the Regional Health Directorate of Montreal,” which tracks weekly cases across 26 boroughs at 339 Montreal schools. Their findings noted that children do represent a significant part of all confirmed COVID-19 cases. Regions with the highest incidence of COVID-19 among children were those with lower income households and had a higher proportion of children under 18 in each household.

A critical observation was that infections in children age 10 to 19 preceded the increase in cases among adults age 30 to 49. This means that infected children were infecting their parents, not the reverse. Similarly, by November, children under 10 saw an acceleration in new cases at the

same rate as other age groups, implying that once community spread becomes high, not even young children are spared. The researchers concluded, “the transmission of COVID among children of school age does not appear to be the consequence, but rather an important determinant of the general level of infection in surrounding communities.”

In an interview with Global News Canada, Oliver Drouin, one of the co-authors of the study, who also runs COVID Écoles Quebec, made a revealingly cogent observation, “When you have a case in school, you may have one, two, three other cases at home that are not counted as school cases but of course they are counted as home cases.”

*To be continued*



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