

Texas schoolgirl with “mild” COVID-19 dies

Reopening schools: A medical experiment on children

Andrea Peters
8 February 2021

On February 2, a nine-year-old child in Texas died from COVID-19. The little girl, Mackenzie Gongora from the city of San Antonio, was diagnosed with the disease just three days earlier. Her family received a call from the after-school program Mackenzie attended on January 29 telling them that she had a headache, stomachache and fever. They immediately took her to the doctor, where they discovered that she had coronavirus.

With Mackenzie presenting mild symptoms and there being no indication of respiratory problems, physicians told her parents to take her home and make her comfortable and to return to the hospital if her condition worsened. Her illness did not appear to progress. But on the morning of February 2—also her father’s birthday—Mackenzie’s aunt found her lifeless body. The parents are, no doubt, destroyed. They are still waiting on the medical examiner’s final ruling on her death and whether some unknown condition was a contributing factor.

Mackenzie’s father and eight-year-old sister have also tested positive for COVID-19. Scarborough Elementary School, where she attended, issued a pro forma statement stating the “community is saddened.” It has not announced on its website any plans to close the school for quarantine, or even mourning.

The little girl’s death follows quickly on the heels of the loss of two other children to coronavirus in Texas. In Tarrant County, nine-year-old J.J. Boatman and a child under the age of one died in late January. Like Mackenzie, J.J. was attending in-person school.

Dr. Arthur Caplan, professor of bioethics at New York University, told the *World Socialist Web Site*: “You can’t underestimate potential health dangers for children. We do know there are some who are severely damaged. We’re not sure yet what the virus might be doing over time to them. So we want to be cautious, not cavalier, about protecting children, and that means carefully following up and monitoring what’s happening to some sub-sample of numbers. We shouldn’t ignore them in our studies. We want to get them to school for social and psychological purposes, but that doesn’t mean that we should just throw away caution because they’re kids.”

After noting the importance of testing vaccines on children, he added that this was still “six to nine months away.”

According to the latest data from Centers for Disease Control and Prevention (CDC), 276 children under the age of 17 have died from the illness and 2,241,893 have tested positive—making up

over 12 percent of total infections in the US. Case numbers for the young are rising, a fact that, as COVID-19 whistleblower Rebekah Jones has pointed out on Twitter, coincides with many post-holiday school reopenings. As the more contagious UK variant of the virus becomes dominant in the US, these numbers will grow.

Hospitalizations of those under 17 have been rising since October, increasing alongside the overall rising rate in the adult population. The number of children receiving in-patient care for COVID-19 last spring and summer—when schools were overwhelmingly shuttered—was much lower and seemed to be following a different trend than that of adults at the time.

A central claim behind the back-to-school drive being implemented by the Biden administration with the support of the education unions and backed to the hilt by every section of the political establishment—from the “left” to the far right—is that COVID-19 does not pose a serious risk to children. This claim rests upon the one-sided interpretation of data, the suppression of data and, perhaps most fundamentally, data that do not exist.

The *World Socialist Web Site* has written an extensive critique of media reports and the CDC’s claim that it is safe to reopen schools. In short, many studies indicating that schools are significant sites of transmission have been ignored, in favor of very limited research conducted in settings where the school environment looks nothing like that found in the majority of K-12 systems in the US or during times when schools were largely closed.

Beyond this, however, an enormous amount of information about COVID-19 is simply missing, particularly as it applies to children. Testing for coronavirus in the young is low, compared to their overall share of the population and total tests done. For instance, working with data from 10 states, the American Association of Pediatrics found that just 6 to 18 percent of all testing was carried out on children.

This is attributable not to the fact that children do not get coronavirus, but that they, similar to a large segment of the adult population, are mostly asymptomatic or only mildly symptomatic. In other words, their infection rate appears low not because children do not get infected but because those infections are not being recorded.

However, undetected COVID-19 is not harmless to the body. Current data show that asymptomatic and mildly symptomatic

infections can pose serious long-term risks, including to a patient's respiratory and cardiovascular systems.

All those stampeding educators and children into the classroom know this. They simply lie about it when arguing that reopenings can be done safely.

A December 28 article published in *Forbes* noted: "'Kids don't get sick from COVID-19.' Early into the pandemic, this was one of the false claims that far too many parents, and even medical professionals, were quick to embrace and repeat. But we learned more. ... We now know that children can absolutely get sick from COVID-19, that they can die from it, and that they can develop long-term health complications, even if their initial presentation seemed mild."

Because COVID-19 is a new virus, there has only been limited time to study its lasting effects. However, it is well-known that viruses in general scar the body, including adenoviruses, enteroviruses, Coxsackie viruses, respiratory syncytial virus (RSV), chicken pox, Ebola, West Nile virus and other coronaviruses (a category that includes SARS-CoV-2, the virus which causes COVID-19). Some of the illnesses associated with these viruses include diabetes, chronic anemia, hepatitis, hearing loss, muscle weakness, abnormal gait, abnormal reflexes, memory loss, muscle and joint pain, chronic fatigue, headaches, asthma, decreased lung function, myocarditis, pericarditis, persistent heart failure, and on and on.

Among adults sufferers of COVID-19 it is already clear that lasting effects include "brain fog," chronic fatigue, joint aches, blood clots, rashes, hair loss, loss of taste and smell, depression, anxiety, and damage to the heart, lungs and kidneys. In some cases, these conditions are life-threatening. It is unclear when or whether they will resolve.

One of the most concerning problems witnessed in asymptomatic patients—including children—is serious damage to the respiratory system. Studies coming out of China, for instance, albeit working with limited sample sizes, have found what are called "ground glass opacities" in asymptomatic young people, similar to those seen older patients. Doctors do not yet know what the implications of this damage is or how it will develop as individuals age.

According to an article posted on WebMD in August, the director of Palm Beach County's health department, Dr. Alina Alonso, found these Chinese studies so concerning that she warned county officials in July about the danger of school reopenings.

"They are seeing there is damage to the lungs in these asymptomatic children. ... We don't know how that is going to manifest a year from now or 2 years from now. Is that child going to have chronic pulmonary problems or not?" she told commissioners.

There are myriad other dimensions of "long-haul" coronavirus infections.

A November 2020 Swedish study of five children found "fatigue, dyspnoea, heart palpitations or chest pain, and four had headaches, difficulties concentrating, muscle weakness, dizziness and sore throats" to be lasting problems. One child had to be hospitalized for perimyocarditis. And while, "some had improved after 6–8 months ... they all suffered from fatigue and none had fully returned to school." The study's authors made a particular

point about the problem of extremely limited data regarding COVID-19 in children.

Neurological and psychiatric illnesses are also appearing in young "long-haulers." In August, ABC News carried a report about a 15-year-old in Britain who tested negative on COVID-19 diagnostic and antibody tests but clearly had the illness. She currently suffers from encephalitis and has undergone a significant mental regression as well as a change in personality. Her acute symptoms included hallucinations and violent seizures.

Her physician, a pediatric neurologist at the Evalina London Children's Hospital, noted, "I think that COVID has taught us that every time we feel complacent, that we know the spectrum, a new spectrum sort of evolves."

"We worry that the long-term effect would be in essentially brain growth," he added, with children having a lot of this ahead of them.

In October, the Union of Pediatricians in Russia reported that scientists have found a 30 percent decline in the cognitive functioning of children infected with the virus. They also detected a fall in the sperm count of boys with severe cases, which could impact their future fertility. They have no idea if either condition will resolve itself.

This list goes on.

A *Wall Street Journal* piece published in August reported the comments of a New York doctor who reported seeing young patients with auto-immune disorders. She believes they were triggered by COVID-19. In a study of adults, researchers at the University Hospital Frankfurt have found clear evidence of heart damage among some asymptomatic COVID-19 sufferers.

What is being carried out with the forced reopening of schools is effectively a medical experiment on more than 50 million children. COVID-19 will spread within the schools under conditions in which nobody yet has a full picture of how widespread, severe and long-lasting the impact of the virus is on the young. The early data are alarming.

Some children will die, others will become severely ill. How many will grow up with organ damage, cognitive decline, mental and psychological problems, auto-immune disorders and the like? The answer of the politicians and union leaders—all of whom endlessly bellyache about the "well-being of the children"—is: Let's find out.



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