

“Stepping into a UK classroom is like stepping into a parallel universe where rational thinking and scientific research do not apply”

UK parent demands safe schools and end of victimisations

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This is the second in a series of interview articles with UK parents and educators opposed to the reckless reopening of schools in the coming weeks. We urge all UK parents, educators and workers who seek to organize opposition to this homicidal policy to join and build the Educators Rank-and-File Safety Committee (UK).

Amy is a parent of a child who goes to a school in England. She listened in to last Sunday’s WSWs online discussion with leading scientists, “For a Global Strategy to Stop the Pandemic and Save Lives.” The event outlined an eradication strategy in which school closures and other aggressive public health measures are combined with rapid global vaccinations to quickly bring cases down to zero in every corner of the globe.

Amy was interviewed this week by the WSWs. Asked her thoughts on the Johnson government’s current school reopening policies and the lack of even basic mitigation measures, she replied, “In the UK, there has never been a public health campaign to raise awareness that COVID is airborne, unfortunately. This has created large pockets of disinformation and misinformation in the community which has severely affected school policy and behaviour of headteachers, local authorities, as well as some parents.

“Combined with the government’s lack of any specific COVID policy—herd immunity—this lack of awareness of how COVID spreads has been detrimental to public health. The message from leading scientists in epidemiology who try to educate the public on the complexity of COVID as a multi-organ disease and on the measures we need to take to prevent aerosol transmission has been downplayed as scaremongering and undermined by those who endorse ‘herd immunity’. A number of pediatricians continue to deny the severity of COVID and insist that children are not affected and that they must return to school to safeguard their mental health.

“Parents who dare to discuss mitigations in schools are dismissed and accused of being over-anxious, and this echoes the Public Health England messaging about ‘how to deal with anxiety’. This messaging is aimed at redirecting responsibility onto individuals, in denial of the basic rules of survival of any species! It also does nothing to reassure parents with legitimate concerns about sending their children in unsafe schools and exposing them, and their family, to COVID and potentially Long COVID.

“I think that the current school policy is disgraceful and inadequate to prevent spread of the highly infectious Delta variant. Instead of calling for revision of the school guidance, the government is actually removing the very few mitigations which were in place before.

“Parents are gaslighted by ready-made phrases repeated ad infinitum by government, local authorities and school leaders that ‘schools are safe’, that ‘COVID will be with us for a long time’, that ‘we must learn to live with it’, but this is designed to deny the severity of COVID. The government has refused to implement all known mitigations against COVID, and mandatory use of masks in schools stopped on May 17, 2021. Before schools reopen in September, there should be a clear policy for the implementation of all known mitigations, including CO2 monitoring, mandatory high-quality masks everywhere in school—not just in corridors—ventilation and air filtration, reduced class sizes, outdoor lunch arrangements, revision of case management protocol and isolation policy.”

Amy commented on the harsh measures being meted out to parents who do not want to send their children into an unsafe environment in which a deadly disease is allowed to spread. She stated, “If these mitigations cannot be implemented before September, then they should stop fining parents who need to keep their children home, and offer instead home schooling as an option until cases decrease and all mitigations are in place.

“Headteachers and local authorities keep using punitive measures against parents who feel schools are unsafe for their children and families. In addition to fines, they have also made referrals to children’s social services, again shifting the emphasis from unsafe schools to the parents’ ‘inability’ to keep children in schools for in-person education.

“It has also been demonstrated that the government is not listening to parent-led groups such as #SafeEdForAll (Safe Education For All) which follow the latest scientific research on COVID. Instead, they give a platform to groups who lobby for the removal of all mitigations and which do not represent the wider community of parents, as well as to groups who support herd immunity.”

Asked about her response to the WSWs online event, Amy said, “I’ve listened to the full episode. I agree with all the points discussed by the experts, parents, and teachers.

“In the UK especially, I believe that now we are in a worse situation than last year because the road map implemented by the prime minister has been justified solely by the government’s desire to reopen and ‘get back to normal’ and is not based on scientific data at all.

“I agree that elimination and eradication, as discussed at the online event, is the only way we can try and stop the pandemic and learn how to apply this experience to possible future outbreaks. There is no getting ‘back to normal’ until elimination is achieved. On the contrary, the government’s use of the phrase ‘get back to normal’ is meaningless,

because they are doing nothing to stop the spread of COVID-19 while at the same time feeding the myth that ‘COVID is like flu’ and ‘we need to live with it’ to the public. The only thing that has been ‘normalised’ is death and morbidity, and the high cases we currently have in the UK are scary. There were 38,281 cases, 6,906 in hospital, and 140 deaths today!

“I agree that opening schools now with such a high rate of cases is illogical and irrational. The vaccines alone, as was repeatedly stressed by the experts in the WSWS online session, are insufficient to bring infection down. I agree that we should use both vaccination and public health measures to achieve elimination and eradication.”

Amy spoke about the dangers to people who are unable to be vaccinated for health reasons, saying, “Besides, not everyone can get vaccinated. For example, there are a number of people who have allergies to some of the substances contained in the existing vaccines, and they need to go through allergy tests before having the vaccine. In some people the effect of the vaccine is limited because of auto-immune diseases, as it is in my case, and we do know that the effect of the vaccine decreases after six months even in people without these conditions and vulnerabilities (booster jabs are necessary). In my case, having an auto-immune disease means that I am at greater risk of being exposed to COVID. Being pushed to send my children to an unsafe school means that I have no control over the mitigations and precautions I can take to safeguard my family.

“In addition, the link between auto-immune disease and COVID and Long COVID has been acknowledged by a plethora of studies looking at points of crossover between different disciplines (Rheumatology, Epidemiology, Immunology, Cardiology, Respiratory Conditions, and Neurology, among others). Long COVID symptoms are shared by a wide community of people with auto-immune and neurological diseases and disorders. We know that this affects both adults and children, so exposing children to COVID with the data and research we currently have is immoral. Herd immunity has been shown to be the worst possible strategy against COVID. Zero COVID and elimination is the only viable path to avoid unnecessary exposure and further loss of lives.”

Commenting on the drive to fully reopen schools amid the spread of the highly transmissible Delta variant, Amy noted, “Safer schools will lead to safer communities, we must think about the way we are all interconnected when devising strategies to stop transmission. Scrapping isolation from September and removing even the inadequate measures we had in the past, denies the reality of people’s everyday life. No-one is safe until we are all safe!

“Reopening schools with such high cases would be illogical even if we had mitigations in place. Yet, and to the shock of many, the government is demanding that children attend school full-time without any mitigations. Those who refuse to send their kids to school are bullied and attacked with legal warning letters, penalty notices, referrals to Children’s Social Services.

“This situation is even made worse when parents within the same household or separated parents do not agree on whether they should send children to school. Some fear the legal repercussions both from the school or the local authorities. In such a situation, they send their children to school not because they believe that schools are safe, but because they are left with no choice. Even those who end up deregistering their children, do so under duress; it is not a free choice to home educate their children.

“I feel that we are living in a country which is no longer a democracy, because every day we are forced into doing things we have no control over, against the principles of morality, empathy, and compassion. We live in a country which has failed to protect the vulnerable, not only the elderly and those who need additional medical support—clinically extremely vulnerable and clinically vulnerable, as well as many others who fall between the cracks of the government’s category of clinical vulnerability—but also our children who are the future of our society. Key concepts such as ‘freedom’, ‘safety’ and ‘safeguarding’ are being

abused and twisted. They are made to serve a rhetoric that is trying to convince people that ‘schools are safe’, that ‘we need to learn to live with the virus’, that ‘we will all have to die sooner or later’, and is designed to portray those who try to object as ‘over-anxious’ and ‘pro-school closure’.

“At earlier stages of the pandemic, the debate was presented as a false dichotomy between closed/open schools, when the focus should have always been on SafeEdForAll and on eliminating COVID. Air quality was below satisfactory in UK schools and workplaces even before the pandemic, so any mitigations implemented because of COVID will have lots of beneficial long-term effects for our future too.

“There is also a worrying misunderstanding of the role of schools and in-person education. Although in an ideal world and situation, without COVID, we can all appreciate the benefits of in-person education, the dangers posed by COVID should prompt us to use imaginative responses and expand our understanding of what education means. It is not just what goes on within the school building, but any type of activity that aims at educating children. Parents who chose home education for their children before COVID know that alternative education is possible, and sometimes even desirable for pupils who suffer from the rigid structure and overcrowded environment of UK mainstream schools.

“The lack of mitigations in UK schools is a breach of Health and Safety regulations on many levels and goes against latest science and even against data collected from the government’s Scientific Advisory Group for Emergencies and Office for National Statistics. Many times, figures have been massaged to depict a more rosy view of where we are at, or they have disseminated misleading interpretations of the data. Teaching unions have highlighted some of these breaches of Health and Safety regulations and offered a plan for safer schools in June 2020. However, none of these proposals were taken on board by the government. It is clear that what we need is urgent collaborative action between parents, teachers, unions, school leaders, and local authorities.”

Amy gave a number of concrete examples of public health being sacrificed in schools, with COVID allowed to let rip—a situation that would continue when schools fully return throughout Britain from next week.

- 1) Since May 17, no masks at all, neither in corridors nor in classrooms.
- 2) No social distancing
- 3) Classes in the UK have the highest number of pupils in the world. There are 30 pupils in each class, but it goes up to 40 and 50 in certain subjects requiring a laboratory (such as IT, woodwork, food technology, etc.)
- 4) Bubbles will be scrapped from September. Previously these ‘bubbles’ were made of a large number of pupils (between 160 and up to 300 pupils in some areas)
- 5) No air filtration units at all, neither in the air conditioning or heating systems nor portable units. Under ‘ventilation’, the UK schools risk assessments quote that windows should be open, weather permitting. This is highly concerning as we are approaching winter.
- 6) No CO2 monitoring. The government is doing a pilot in just a few schools, but this is too little too late. CO2 monitoring should have been sorted at least a year ago, and in any case it would be pointless without implementation of devices aimed at filtering the air.
- 7) The rules of isolation for close contacts have been scrapped, so now my child needs to attend school if I or any other member of my family is positive, just as a teacher can go to work if a member of their family is COVID positive. PCR tests are advisory, not

mandatory, and this creates the possibility of sick or contagious children being sent to school to infect others and bring it back to their family.

8) Track and Trace has been a shamble from the very beginning, it has never worked as a way of containing transmission. It needs to be redesigned both at local and national level. In schools they will now be asking children to remember the people they came into contact with, though it is unclear if and how 'close contacts' will be identified!

9) The list of symptoms advertised on the government's page are still only three: continuous cough, fever, loss of smell. This is a scandal because we know that there were always many more symptoms even pre-Delta, especially in children. With Delta, there are even more symptoms, similar to flu or cold. The result is that many will undermine the severity of the symptoms and go to work and send their children to school, avoiding testing in the belief that 'it's just a cold'.

10) Lateral flow testing has a low percentage of success, so many asymptomatic or pre-symptomatic cases are missed.

11) The management of positive cases and the way close contacts are picked needs to be completely revised to take into account that COVID is airborne. Before they only picked pupils sitting next to the positive case, and there was little tracking of other ways in which children came into contact, such as in the canteen, during breaks, in the toilets, etc. Now the management will be even more ineffective for the points highlighted above.

12) Schools no longer have to limit Physical Education activities, or assemblies, it seems they are now even supposed to encourage big gatherings within the school, as schools are said to be 'safe' by government and school leaders.

13) The issue of greater risk of exposure to COVID in the school canteens and other shared spaces has been overlooked by school leaders and the government. Hundreds of children share the same indoor space without masks, sitting shoulder to shoulder and facing one another. Similarly, it has been demonstrated that bathroom airborne transmission can occur several minutes after the room is vacated. Transmission from child to child in the school environment has been proven by innumerable studies, yet it is the rhetoric of 'schools are safe' that gets attention, as if schools were magic places where COVID has no access.

Amy pointed to a series of twitter threads by Dr. Eric Feigl-Ding, an epidemiologist in the United States. Feigl-Ding is involved in the COVID Action Group, whose stated mission objective is to save lives through "proactive prevention." One thread draws attention to the rise in hospitalisations from COVID among children. Another notes research that "Babies, toddlers, young kids, if infected, are 40% more likely to spread #SARSCoV2 to others in households..." In the third thread, published in July, Feigl-Ding says of another study, "Bathroom airborne transmission confirmed. Whether breathing, toilet plume, or fecal aerosols doesn't matter—it [SARS-COV-2] stayed in air for 40 minutes before infecting next person."

Amy said, "The money that the government is currently spending in selling the myth that 'COVID is over', 'kids only get a mild illness', and similar slogans, should be used, instead, to build a robust system of mitigations, with full implementation of all known mitigations and measures.

"With such high daily COVID infections, and the lack of mitigations, no school is safe, no community is safe. We need a long-term strategy to create healthier environments for now and the future. We need a clear and sustainable plan to make sure that children can learn safely and a greater

degree of flexibility across the UK. The current situation is unfair and confusing: while some schools have allowed leave of absence, others have used harsh punitive measures against parents. Safety cannot be a postcode lottery, it must be extended to ALL. And just in the same way that we mitigate risks to other diseases and dangers, we must vaccinate and mitigate against COVID. We all deserve better.

"Many of our friends and their children, and family members have been affected by COVID. We use all the mitigations we feel are necessary to avoid unnecessary exposure to COVID. Our children understand that COVID is airborne and that these measures help us stay safe when we meet people and go to places. Stepping into a UK classroom, however, is like stepping into a parallel universe where rational thinking and scientific research do not apply.

"As parents and children, we are disappointed that the educational potential of a full 'COVID is Airborne' campaign has been completely missed by school leaders and local authorities as well as by the government. Instead, they have chosen to stigmatise those who are concerned about the lack of mitigations in school and feel unsafe in the school environment. On the contrary, our response is healthy and within the parameter of human survival."



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