

“What do you say to a teenager who lost their mom by inadvertently infecting them with a virus that they tried so hard to avoid?”

New Jersey psychologist describes horrific conditions in K-12 schools during Omicron surge

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New Jersey has been one of the hardest-hit states in the US during the initial weeks of the Omicron surge, with 747,687 people officially infected with COVID-19 since December 1. At one point, laboratories in the state were reporting a 100 percent test positivity rate.

In response to the catastrophic surge of COVID-19 infections and hospitalizations, including among children, Democratic politicians at the state and local level have followed the line of the Biden administration and adamantly refused to switch schools to remote learning or implement any public health measures to stop the spread of the virus.

In Edison Township Public Schools, the fifth-largest district in New Jersey with roughly 16,000 students, the start of the spring semester has been horrific, with mass infections at schools fueling a broader spread of COVID-19 in the surrounding community. In response, students, educators and parents have protested at recent school board meetings, demanding the implementation of strict safety measures in schools and a switch to remote learning. A student-initiated petition calling for an indefinite switch to remote learning has now been signed by over 3,600 people in the city.

The *World Socialist Web Site* conducted the following interview with a clinical psychologist in Edison, who requested anonymity in order to avoid retaliation from the district.

Evan Blake: What has this semester been like in New Jersey, as schools have reopened during the surge of the Omicron variant?

Clinical Psychologist: We came back from break on January 3. During that week, two of my students contracted COVID-19 at school, as determined by contact tracing. They brought it to their separate homes and inadvertently infected their mom and grandma (who was the primary caregiver), both of whom died last week. Before break, both kids told me that their mom and grandma had been staying home, not even going out for groceries, because mom was immunocompromised, and grandma was elderly. The kids were extremely careful and nervous about being in school.

The conditions at the school are horrible. We had a teacher pass out during class. Administration first said she had COVID, then said it was due to stress. The children watched the EMTs give her oxygen on the floor in their class. That was during the first week of January.

EB: That’s really horrific, I can’t imagine what those two children are going through. Are there other points you’d like to make on this? Also, how did this impact you personally when you learned about it and began discussing it with them? The level of trauma this would inflict is

unimaginable, and the fact that it’s the fault of those enforcing unsafe school reopenings is very significant. What does it say about our society that such a tragedy could take place that will scar these children for life?

CP: Looking at the larger picture, I think the student walkouts happening in Chicago, Oakland, NYC, etc. reflect the feelings of my students. They know those in power do not care about them. They know their lives are disposable in the view of administration. Neither student has returned to school, so I have not had the chance to talk to them yet.

Personally, I cry every day before and after work. I can’t sleep at night because I am worried about these kids. I am angry. If I did not depend on this job for health care, I would leave. I did not sign up to be a grief counselor and to be told to lie to students about the buildings being safe. I have no idea how to help these kids. What do you say to a teenager who lost their mom by inadvertently infecting them with a virus that they tried so hard to avoid?

All I can do is sit with them and give them space to process their grief. I don’t know what else to do. I am trained to provide therapy, but we never received training on how to assist in these situations. Every night, I lay awake and brainstorm something, anything, I could say to take even an ounce of pain away from them. And every night, I come up empty. This experience has been traumatizing.

EB: Edison Superintendent Bernard F. Bragen, Jr. recently stated, “The 18 months of remote instruction, where 75 percent of our population chose remote instruction, had a significant negative impact on our children. And I don’t just mean academics—social emotional needs, the ability to solve and mitigate conflicts, depression issues across every spectrum of our students.” What are your thoughts on this and the impacts of remote learning on students’ mental health?

CP: I have seen no data to support Bragen’s claims that mental health decreased due to remote instruction. I would argue that mental health has been compromised due to experiencing an ongoing collective trauma. There have been no studies in our district measuring mental health pre- and post-pandemic, and certainly no studies were done that examined mental health effects of remote learning. In fact, the only survey sent to students about their mental health this year was created and sent by a high schooler in my district, and over 90 percent of students said they felt unsafe in the buildings.

In my experience as a psychologist, students’ mental health has deteriorated from September to the present day. From a psychological perspective, we know that for someone to be mentally well, their

physiological and safety needs must be met first. Right now, that is not happening, and the kids know this. Every day, I am seeing kids whose anxiety is debilitating because they are terrified to be in the buildings. Kids break down in my office. They don't eat or drink the entire day because they are "packed like sardines" (per one student) in the lunchroom. They ask me to buy them N95 masks. They tell me they see their teachers "having mental break downs" in their classrooms. These kids do not feel safe, and they are right to feel that way.

EB: I very much agree with those points. In particular, there's no real data supporting the claims that remote learning is more harmful to children's emotional mental health than the "collective trauma" of the pandemic, as you note.

Can you comment more on the potential long-term trauma facing children who have lost parents or caregivers? And in particular those like the two students at your school, who inadvertently infected their at-risk family members?

CP: Children who lose their caregivers, specifically those who inadvertently infected them, are likely to experience survivor's guilt, which is a symptom of post-traumatic stress disorder (PTSD). Research shows that children who experience survivor's guilt can live with feelings of shame and disorientation to life, which can lead to depression, anxiety, and difficulties with relationships.

These children may also experience intrusive memories, night terrors, flashbacks, and difficulties managing emotions. Those who have trouble managing emotions may partake in maladaptive behaviors, such as isolating themselves, self-harm, or substance misuse. In addition to psychological issues, children who experience survivor's guilt can face physical problems such as gastrointestinal problems, headaches, nausea, and issues with their immune systems.

EB: These very real long-term mental health problems are never discussed in the media; everything is always framed as the poor impacts on mental health from remote learning. What are your thoughts on the broader campaign to reopen schools before the pandemic is brought to an end and conditions are actually safe? What economic motives do you see driving this?

CP: I think the push to reopen schools is about funding, not students' mental health or academic performance. If it was about academics, we wouldn't have over 100 classes canceled a day, where dozens of kids are sent to the auditorium or cafeteria to be watched by secretaries or security guards. Guidance counselors and secretaries wouldn't be covering classes where students are doing all of their work on google classroom anyway. If it were about mental health, mental health professionals who work with these kids every day would have been consulted.

Our superintendent, Dr. Bragen told us, "I don't want to know how many cases there are or how many staff are out." He doesn't care about anyone's safety or health, and I'm afraid that his attitude is what we are seeing nationwide. Along with funding, workers cannot go to work without someone watching their kids. In that sense, schools are open so the economy can run. Profits for the upper class are being clearly shown as more important than the health and lives of students and school staff.

EB: Absolutely, those are critical points. You've begun to describe what conditions are like in your school and district, but could you say a bit more on this? For the week ending January 2, with just half of schools reporting data, there were 28,399 confirmed cases in New Jersey schools, including 8,380 staff and 20,019 students. What are the figures like now in the district and at your school? Also, has there been any discussion of a temporary switch to remote learning, or are Bragen and the school board adamantly opposed to this?

CP: The school board is adamantly opposed to any remote option and clearly stated that during our last BOE meeting on January 3. Unfortunately, the district doesn't share data with us, so I don't know the case numbers. The website that lists case numbers has not been updated. I

can tell you from observation that we are still combining classes and kids are still being watched by secretaries and guidance counselors.

I don't think we will ever know the real numbers since our district is now going with the "If I don't test, I don't have it" mentality. At least, that is what our director of special services said in a meeting last week when he was visibly sick. One of our Vice Principals knew he had COVID and came to work anyway, without a mask. Our teachers wear masks, but not all admin do. Students have also told me that they tested positive but didn't tell the school and come in anyway. Other students told me they were sick but couldn't get a test, so they just came to school.

Teachers and kids are being forced back after five days even when they have visible symptoms. If kids are out more than five days, they are being threatened with educational neglect claims. We also have parents who lie about results. Last week, my 11-year-old student needed a negative test to come back, but the parents sent in results for a 47-year-old. Admin said to let him back because they didn't want to fight with the parents. Because of these reasons, I doubt we will ever know how many cases are in our schools.

Our buildings had horrible ventilation prior to COVID, and this has been a fight with the NJEA union and the district for years. So naturally, teachers open windows for ventilation. Bragen said we can no longer open windows when it's cold outside. Of course, people do it anyway, so teachers and kids are usually in winter coats and gloves.

There are no social distancing rules in place. Contact tracing is slowing down. A new rule in the district says that regardless of how many times you were exposed (e.g., once in the morning, once in the afternoon), you will only be notified once. Buses are late every day because drivers are out sick. In the first week of January, a bus full of young kids was missing for over an hour because the driver was a sub who didn't know the routes and ended up in another town.

EB: What you've described is really a criminal indifference to the health and well-being, including mental health, of children and educators. It also shows the de facto breakdown of the public education system due to these reckless policies of mass infection. I think the "If I don't test, I don't have it" mentality and cover-up of cases has become ubiquitous with Omicron, coming from the Biden administration and the CDC on down. Both the Democrats and Republicans are now pursuing a "herd immunity" strategy of mass infection, and the school reopening policies are critical for that. What are your thoughts on these issues, as well as the recent changes to CDC isolation/quarantine guidelines, and the "Test to Stay" program they recommend for schools?

CP: From what I understand, "herd immunity" is not possible due to the way that COVID-19 destroys T-cells. Instead of acting like other SARS viruses, COVID-19 is acting more like HIV in that the more often you are exposed, the weaker your immune system becomes. In addition, the "herd immunity" strategy, if you can call it that, does not take into account Long COVID. Every day, we are seeing more studies about the effects of even "mild" cases, ranging from kids being at 116 percent greater risk for developing diabetes to young people having strokes.

The CDC's change from 10 to 5 days of quarantine was a completely political decision that puts everyone inside schools at risk. We now have students and staff coming into the buildings while contagious. What does this do for these individuals' mental health? It shows them that they are not valued, which can lead to an increase of depression, low self-esteem, and behavioral issues, which is what school districts claim to be protecting against.

Likewise, knowing that people around you are contagious increases students' and staffs' anxiety, the long-term effects of which can lower one's immune system and cause difficulties with concentration, with peer relationships, and cause avoidant behaviors, which again are what districts are claiming to protect against.

"Test to Stay" won't work due to the issues I discussed above. People

lie. People purposely don't get tests. Parents send in results that don't belong to their child, and there is no way to ensure we are receiving the correct test results. Teachers who have already used their five days of COVID leave may decide to do this as well if they cannot afford to take time off. We also know that tests are not always accurate, especially the rapid tests for Omicron which I believe schools would be using.

We have been told since the beginning of the pandemic that children are not affected by this virus, and we now know that's not true. Unfortunately, I have yet to see the media or government admit that this original claim was false. In order to know how COVID-19 is affecting children, you need time and resources to do research, which many parents don't have. Without that research, and without the media and government offering information about the effects on children, some parents may not understand the dangers of their kids being infected.

In our society, it's a privilege to have access to and to understand medical research. The capitalist class depends on people, specifically working class parents at the moment, to not have access to these privileges, and thus information. Those in power know that the working class doesn't have easy access to information, so they can get away with downplaying the dangers of COVID.

Thankfully, I do not know any children who developed Long COVID. However, I only know a few who were infected before December 2021. The majority of students that I work with were infected since coming back from winter break on January 3.

EB: The points you've made on the media and politicians downplaying the effects of COVID-19 on children are very important and it's true that it continues today. The studies on Long COVID indicate that this will have massive societal ramifications for decades to come. The powers-that-be are willfully endangering an entire generation and allowing their families to become infected and many to die.

The WSWs has advocated for fully paid, temporary lockdowns, as part of a comprehensive program aimed at eliminating SARS-CoV-2 in every country, to stop the pandemic and save lives. This would include the closure of all schools and nonessential workplaces, mass testing, contact tracing, the safe isolation of infected patients, quarantining of exposed people, the provision of high quality N95 or better masks and ventilation at every truly essential workplace, and other public health measures.

What are your thoughts on this Zero COVID strategy and what impact do you think a temporary switch to fully remote learning would have on slowing and stopping transmission? How are schools central to the spread of COVID-19? Also, do you have any reflections on your experiences with remote learning and how this could be improved with ample funding and staffing?

CP: I am fully in support of that plan, and it seems like the only feasible way to limit infections. From the research I've seen, almost half of the state's outbreaks are traced back to schools. Based on this data, infections would decrease dramatically in schools and therefore in the community since the children and staff being infected visit other places. If we also closed nonessential businesses and provided contact tracing and tests, we could identify cases early on and prevent community spread. Essentially, this would be taking the World Health Organization's advice, and would imitate some East Asian countries' protocols, which we know have substantially lower case rates than in the US and Europe.

I can't speak on reflections on remote learning since I am a psychologist, not an educator. From a mental health perspective, virtual sessions have been shown to be just as effective as in-person sessions. The psychological services provided in school can be easily switched to an online platform given that our district provides every student with a laptop.

EB: Do you have any closing thoughts on the broader situation and what you've experienced as an educator?

CP: These experiences make me think of a quote that I often tell

clinicians during trainings: "What is our job as psychologists? Is it to mold people into existing in a sick society, or to speak out about the harm our society does to our mental health?"

Our society, at best, is ignorantly unaware of the ills caused by living in a culture that values profits over people. At worst, it is evil. The capitalist culture of the United States is crumbling, and I believe the youth, who have been clearly shown that their lives don't matter during the pandemic, will be the ones to dismantle it.

Watching our BOE meeting on January 3, I was struck by what one student said to Dr. Bragen. The student spoke after dozens of parents and other students begged for remote learning. He said, "Is the point of these meetings to cause change, or are they theatrics under the disguise of democracy?" The youth get it.



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