

Parents, Politics, the Pandemic, and Pediatricians

Gary West
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Introduction

The Governor's school re-opening plan, as he described it July 15, 2020, was simple. He would have to do nothing (the same as he's done with masking). He simply told parents to tell schools whether they wanted face-to-face instruction or virtual online instruction. The schools would simply do it. Both arms in the air; that wasn't so hard.

And if kids and their families got "the COVID," it would be the schools' fault for not doing it right. The Governor would be off the hook completely, no matter what happened; he'd just say that he gave everyone the plan, but nobody did it right. Shoulder shrug; not his fault.

But parents (except the anti-maskers) weren't having any part of it. Educators weren't having any part of it. Parents and schools have already been doing yeoman's work to protect children from the coronavirus while adjusting to virtual learning environments. Change is tough – until it's the norm.

The Governor had previously stated that he has not mandated masks because he can't force South Carolinians to make good decisions if they don't want to. Then he seemed to think, in pushing to re-open schools too early, that he could force South Carolinians to make bad decisions even if they didn't want to.

And, then, the pediatricians showed up with science and data and other stuff that is alien to South Carolina politics.

The Push to Re-Open Schools

This week, the Governor finds himself in a very hot spot – I mean, besides the rapidly growing COVID-19 hotspot he created in South Carolina. The man who made him Governor (by choosing the former Governor to go to Washington for some short-lived thing or other) keeps reminding him that South Carolina schools should be re-opening now.

And, this week, that man sent the Vice President and the US Secretary of Education to Columbia to remind the Governor to get these schools re-opened full time, full classes, five days a week – or there will be consequences. After all, the governors of Georgia and Florida are getting it done; it's time to get a firm grip on South Carolina and get it done, too. Or else.

The Governor wants to please. He wants those tourist dollars from up north to continue to flow into South Carolina – and who doesn't, but not at just any cost to the State. He wants those federal dollars to continue to flow into the State – apparently, so he can give those dollars to private schools (to punish the public schools for not buying into his original not-his-fault plan) – more on that in the next article.

He's torn between indecision and poor decisions. He's being pressured from all sides because others, who are capable of making thoughtful decisions, are not abrogating their responsibilities to protect children and the adults who serve them in the State's public schools. From the other side, the "boys" just paid him a visit – and the boys don't understand that South Carolina governors have no power to do anything that lasts longer than fifteen days (the Legislature took all that back during Reconstruction; you know, just in case...).

Then – Poof – the Pediatricians

I know you thought I'd forgotten about the pediatricians.

Let me acknowledge, first of all, that individual pediatricians and their various professional organizations are great partners with education. Those relationships have been extremely beneficial for children across the State and the country. They have worked with schools to ensure healthy, safe, and socially appropriate environments for children at all grade levels, at school and away from school. I'm sure those relationships will continue regardless of the school re-opening models put in place by local school Boards.

So; why are the pediatricians involved in something as alien as South Carolina politics? And why would the South Carolina branch of the American Academy of Pediatrics support the Governor's call to re-open schools immediately?

I read a summary of the research that was provided by the pediatricians' group. Among other items, the research included the following concepts:

- Involved students under age 18 in regular school settings
- The students were in European/Scandinavian countries that took seriously the lockdown of social and economic environments; YMCA daycare data were also included
- The author acknowledged that the research had not been peer-reviewed or replicated, as yet
- Phrases throughout the summary included the following:
 - Very limited transmission if any...
 - Children appeared to be (either more likely or less likely)...
 - Significantly less likely to transmit...
 - Other terms that are not likely to persuade a parent to invest their child in early re-opening and are not likely to persuade educators that their classrooms will not become COVID-19 hotspots...
- Indicates that kids up to age 18 tend to get a mild case of the disease – but makes no reference to any long-term after-effects in later life (no time for that research, as yet)
- The following is from the summary:

“... previously discussed the many downsides of not having kids in school in person this fall: further entrenching socioeconomic disparities, job loss for parents who can't afford childcare worsening poverty and neglect, abuse of children (which will be underreported), lack of support for children with special needs, anxiety, depression and lack of physical activity and peer relationships in children. The list goes on and on. “

No one can argue – or is arguing – that children do not need to be in school. The timing of the re-opening is the only question being argued. But, a one-size-fits-all response, as proposed suddenly by the pediatricians, using such short-term research, raw data from convenient samples, and unverified findings seems a bit political rather than professional. Timing may be an uncontrolled – and uncontrollable – variable.

The research referenced by the pediatricians was done in environments very different from what exists in South Carolina – and the US, in general. Extrapolating those results from Scandinavia to South Carolina – or to Florida or Texas or California, etc. – would be questionable, especially in this early stage of the research and even if we knew what extrapolation is.

And whether or not the coronavirus is controlled or rejected by receptors at the cellular level in children (but not in adults) has no research support. Different results have been reported in other Scandinavian countries and in Asia, including China.

At the national level, the American Academy of Pediatrics has made it clear it was not their intent to support political decisions to re-open schools early. Their support is based on the science of the pandemic – and that science is still in its infancy (so to speak).

Conclusion

School and district administrators, Boards of Education, athletic associations, parent groups, and many others stakeholders have discussed (in social media, for sure, but also in advisory groups, planning committees, and other community-based virtual sessions) the situations that exist within each of their school districts as well as across the State. Everyone of those involved in those discussions, decisions, planning, and actions understands the adverse economic and social impact of closed schools. Everyone of those persons and groups has held the welfare of children, their families, and their teachers as their highest priorities. (And anyone who says otherwise is just self-serving, Governor.) No one is willing to invest the life of even one child in the too-early re-opening of schools.

In South Carolina, early case counts, death counts, and positivity rates were under control (even without masking) as long as carriers and potential hosts stayed away from each other. Had the Governor listened to the experts, developed a real plan, and implemented that plan per the science, South Carolina would be very close to being opened safely and sanely. Schools included.

But that did not happen and a do-over is bound to happen. Because the State's economy was re-opened too early, counts and rates skyrocketed – and continue to do so. COVID-19 has spread beyond control wherever venues opened and people could congregate, socialize, do business, and interact in close and confined spaces.

And that's the very definition of schools and classrooms.

Local school Boards, administrators, teachers, parents, and their extended communities cannot be blamed for taking the utmost care in re-opening their schools. Their children are the most important people in their lives. The obvious acceleration of COVID contamination since the early re-opening of the South Carolina economy has everyone's attention. No one wants to lose a single child because of another poor political decision. Even if children younger than 18 are "less likely" than other populations to be infected by and/or die from COVID-19, everyone knows the odds increase as exposure increases – however "likely" or "unlikely."

Sending our protected children into classroom settings with other children whose parents are anti-maskers seems to be the equivalent of sending them into classrooms with children whose parents are anti-vaxxers. And we've seen the results of that political experiment – measles made a virulent comeback – until the politicians could do it over again.

And, if the Governor is successful in forcing schools to re-open too early with the same failed results that have followed his too-early re-opening of the State's economy, historians will give a name to this period of South Carolina history – something catchy, something memorable. Governor, what would you suggest? Something poetic? Let's see, what rhymes with McMaster...

The author has worked in public and private K-12 education at the school, district, state, and national levels for more than fifty years. This article and others appear online at <https://sites.google.com/view/gary-w-west>. Please feel free to share but only in its entirety.