

The Fraught Debate Over Reopening Schools

And the Need to Focus on Science

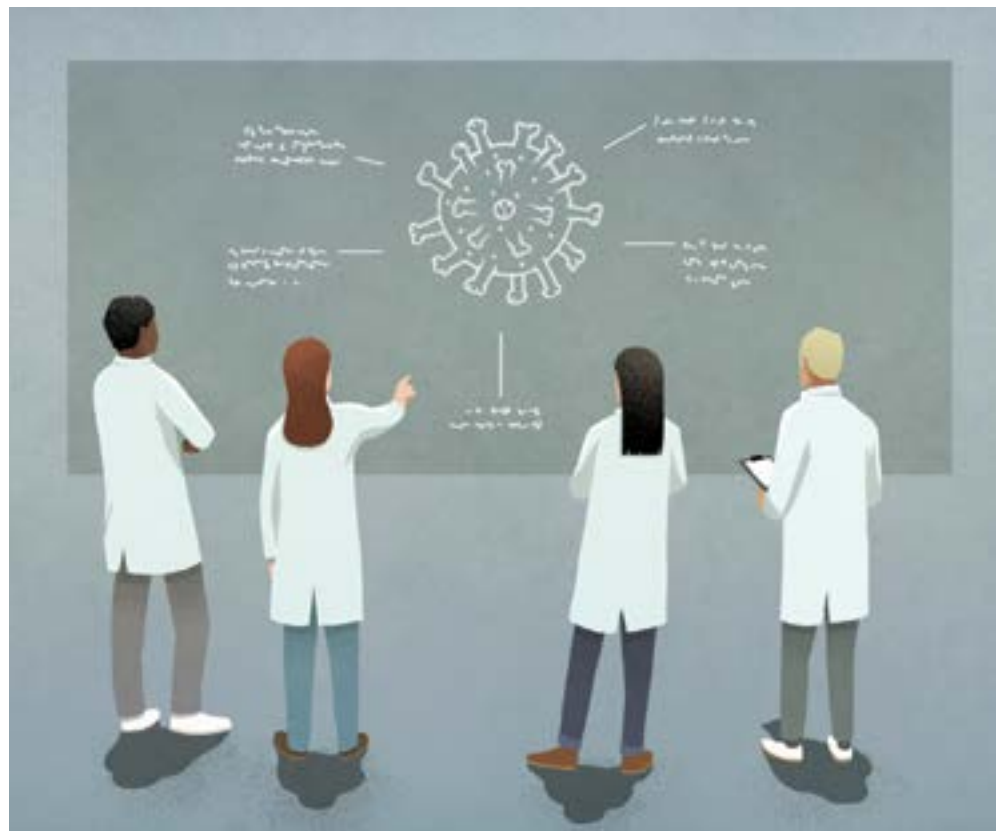
BY RACHEL M. COHEN

Many families are desperate to get their kids back to school, and many political leaders agree, worried about harm to children's educations and believing that key to fixing the economy is making it easier for parents to work. But the pandemic, which is still raging, has led to one of the most politicized and divisive debates in America: Can we safely reopen schools?

The go-to academic on this question has become Emily Oster, a prominent economist at Brown University. Oster doesn't have a background in public health, but over the last decade she has earned a reputation as a data-driven, empathetic, and trusted parenting expert. Since March, she's been helping families navigate questions around school reopenings, giving numerous interviews, and writing op-eds.

Oster tells her audiences that she's using data to help inform the best decisions possible, though at times she's adopted more explicit advocacy on the need to reopen schools. Occasionally, she has downplayed negative research findings that complicate the picture, and amplified studies that experts say were weak.

Rachel M. Cohen is a journalist based in Washington, DC, and a former American Prospect writing fellow. Adapted with permission from "Why Reopening Schools Has Become the Most Fraught Debate of the Pandemic," © The American Prospect, Prospect.org, 2020. All rights reserved. The original article, which makes a much more detailed argument, is available at bit.ly/3kFGSWf.



In late July, when a study¹ came out that suggested children with COVID-19 have a higher viral load than adults, Oster quickly wrote a piece saying it would be a “very big leap” to apply these findings to school reopening discussions.² Instead, she urged focus on a large South Korea contact tracing study, which suggested younger children transmitted the virus in their households at a lower rate than other groups.³ A month later, the leaders for that South Korea study said it wasn't really clear who infected whom in the households, and called for further research.⁴ Even today, how effectively children transmit the virus to others remains one of the fuzziest, and most pressing, questions.

In late August, Oster announced a new project of “systematic data collection and reporting” on COVID-19 in schools.⁵ With a public desperate to return to normalcy and school reopening at the forefront of that, it didn't take long for national outlets to start reporting Oster's data. These stories clearly suggested that COVID-19 infections in schools were few and far between. But they also reflected an extremely small and unrepresentative sample of schools.

Oster acknowledged that more data would be needed to understand what was

going on in areas with high transmission, but she made no mention that students are still getting tested at significantly lower levels than adults, and that many schools have no requirement for even symptomatic students to be tested. Nevertheless, her findings were soon echoed by influential media figures. When some public health experts offered objections and reason for skepticism,⁶ the media establishment either ignored them or cast them as liberal hysterics. In fact, anyone who objected must be unreasonably searching for a world where *zero risk* exists. This is a straw man, of course, but an effective one—and one easily found in many articles about school reopenings.

Oster told me in late October they're working to make their dataset “more representative” and conceded that those who opted to voluntarily report tended to be a “higher-income sample, and more suburban.” This work-in-progress dataset wouldn't be such a concern if Oster wasn't disseminating broad conclusions based upon it throughout the fall. In a *Wall Street Journal* article published in October, Oster told the reporter that her data “suggests the risks to kids from going to school are small.”⁷

Rebekah Jones, a former Florida Department of Health data scientist who says she

was fired in May over a refusal to manipulate her state's COVID-19 stats, has publicly pushed back on Oster's claims.⁸ Over the summer, Jones launched her own national tracker of school coronavirus cases called COVID Monitor.⁹ It's run in partnership with Google and FinMango, a financial-literacy nonprofit. By the end of October, it had data from nearly 4,000 school districts, over 26 times the number in Oster's dataset. Oster approached Jones's team in August about potentially collaborating, and they offered Oster full and free access to their data. "But she basically decided to just pick what data she wanted, not what's available," says Jones.

Things came to a head following a viral *Atlantic* piece Oster published early in October, with the controversial headline "Schools Aren't Super-Spreaders."¹⁰ While surveys of parents have shown reticence to schools reopening, especially among parents of color,¹¹ Oster chalked up slower reopenings to "fear and bad press." Her piece said nothing about low in-person attendance rates for districts that have reopened, the lag time in reporting, and the persistent inadequacy in testing and tracing school-related cases. It also didn't mention the major public health fear that transmission could change as the weather gets colder. It made no mention of the fact that children then made up 10 percent of all COVID-19 cases in the US, up from 2 percent in April.¹² Oster's story also said nothing about race. Black¹³ and Latino¹⁴ communities have been contracting COVID and dying of it at higher rates, and while Oster targeted Chicago, Los Angeles, and Houston specifically for not reopening schools, there was no mention that these cities have higher concentrations of Black and Latino families.

A study published in mid-September estimated that up to 44 million high-risk adults in the US either work in schools or have school-aged children.¹⁵ "You can have a low overall positivity rate and it still be a place where you don't want to open schools because it will further the health disparities and minority children will be at greater risk," says Theresa Chapple, an applied epidemiologist who focuses on child and maternal health.

Chapple thinks many leading the conversation have lost sight of the goal, which is to reduce the rate of the coronavirus in the community. "If opening schools is adding to community transmission, then

we're fighting a harder battle, even if we raise transmission by a tenth of a point," she says. "People don't want to come out and say they're OK with others dying, so instead they just cite a small percentage number and avoid talking about what that actually translates to for people, families, and communities."

Public health groups that initially made firmer declarations about the safety of kids and coronavirus have since tamped down their statements. One of the most prominent is the American Academy of Pediatrics, which made waves in late June when it issued strongly worded guidance urging schools to open for in-person learning, and stating that "the preponderance of evidence indicates that children ... may be less likely to become infected and ... to spread infection."¹⁶ In August, the association updated its guidance to say more research is needed to understand infectivity and transmissibility in children, and that opening schools to all students is "likely not feasible" in many places because of community spread.¹⁷

In late August, Laura Garabedian, a professor of population medicine at Harvard Medical School, and Rebecca Haffajee, a health policy researcher at RAND, coauthored an op-ed in *USA Today* on the limitations of existing studies that had suggested children could transmit less COVID-19 than adults.¹⁸ Both are parents in the Boston suburbs, and after attending Zoom meetings to learn about their schools' plans for reopening, they realized quickly that leaders were making decisions based on shaky research.

In a joint interview, Garabedian and Haffajee said that in places where schools quickly test, contact trace, and impose measures like mask wearing, upgraded ventilation, and social distancing, reopenings seem to be working. But they acknowledged that not all communities have the resources to put those mitigation strategies in place, and they wonder what will happen in places where community rates rise, and contact tracing becomes overwhelmed. The researchers said we also have no clear idea of what would result if schools were again doing in-person learning at full capacity, which is happening in few places in the US.

Research has long shown that in-person instruction is better for children. The nation's inequitable access to broadband internet

has made virtual learning even harder for millions of families to access,¹⁹ and the fact that bars and restaurants remained open throughout the fall while schools were closed was a staggering political choice.²⁰

How effectively children transmit the virus remains one of the fuzziest, and most pressing, questions.

Still, many adults work in schools, and illness and death can set back kids, too. If children infect their parents, teachers, or neighbors, or spend time in school anxious that they might, experts warn that too could yield harm. "Children are not the only ones at school," says Chapple. "We do not know the impact that infected children can have on our vulnerable populations. The conversation can't just be about children, it has to be about children and communities." □

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