As Massachusetts COVID-19 cases rise sharply, public school infections at record high

Julian James, Andrew Timon
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Over the past several weeks, COVID-19 cases in Massachusetts have risen by more than 150 percent and hospitalizations have nearly doubled. The University of Washington Institute for Health Metrics and Evaluation's (IHME) model currently suggests that case numbers in the state will rise by about another third by the end of January.

Ali Mokdad, a professor at IHME, told the *Boston Globe* that modelers have not yet fully factored in the waning protection provided by vaccines. The Massachusetts Water Resources Authority (MWRA) study tracking wastewater for COVID-19 recently found infections rising sharply, continuing to climb toward levels reached during last winter's surge.

On December 2 state education officials reported 8,513 new cases among public school students and 1,396 among school staff for the two-week period (including 7 or 8 school days, depending on the district) that ended December 1. The 9,909 total cases were sharply up from the state's last report of 3,812 total cases, which included a single week (five school days) of data from November 11-17. The December 2 report showed that 0.93 percent of the state's public school students and about 1 percent of staff members reported positive COVID-19 cases to their school administrators.

The recent case of one Boston school exposes the dangerous, anti-science approach taken by state officials to the rising COVID-19 infections among students and staff. On November 9, Boston Public Schools (BPS) Superintendent Brenda Casselius announced that the Curley K-8 School in the Jamaica Plain neighborhood would close for 10 days. The closure followed inquiries by increasingly alarmed parents and a local radio station about a sharp rise in COVID-19 cases at the school. Prior to her announcement, Casselius had sought to downplay and cover up the seriousness of the outbreak, in coordination with the Massachusetts Department of Elementary and Secondary Education (DESE), which has maintained an effective ban on switching to remote learning as a response to the rise in COVID-19 infections.

The day before the closing was announced, parent Rebecca Cline sent an email to officials, writing, "Families have relied on word of mouth and informal sharing of information regarding the nature of spread of this significant outbreak ... This experience has eroded my confidence and that of many parents regarding the current BPS response."

That same day, when asked by reporters from local public radio station WGBH whether there were outbreaks in the district, BPS staff denied there was an outbreak, instead saying that "there were a few schools that saw an uptick in confirmed positive cases." In fact, by that time 46 positive COVID-19 cases impacting 21 classrooms at the Curley School had been discovered across multiple grade levels. The cases came on the heels of an outbreak at the nearby Manning Elementary School that was widely suspected to have contributed to transmission at Curley.

After the BPS Superintendent announced the 10-day closure, Curley school principal Katie Grassa sent a message to school families explaining it was "for the health and safety of our students, staff, and community." Exposing her own complicity in fueling the ongoing health crisis, Grassa explained that the action was required to give the school time to "fully implement the 'test and stay' and contact tracing programs." By November 8 there were more than 500 students a day needing testing, according to the school's protocol.

Though presented by DESE and school officials as a way to safely keep children learning in person, the "test and stay" model used in many schools across the state is a dangerous and anti-scientific set of rules whereby a student known to have been in close proximity to someone who was COVID-positive is considered a "close contact." Rather than enter quarantine, such a student, who must also be unvaccinated, is told to remain in the school building and submit a COVID test for five days in a row. If, after five days, all the results come back negative, the student is deemed "COVID-free" and sent back to the classroom to mingle with the general school population.

Since COVID-19 has an incubation period of up to 14 days, a student following this protocol could easily contract the virus, be deemed COVID-free, get sent back to class, and spread it to others. Meanwhile, any vaccinated students exposed to someone who was COVID-positive remain in class with no testing whatsoever, despite the fact that fully vaccinated

individuals routinely contract and spread the disease.

After announcing the 10-day closure, officials at the Curley School asked DESE to approve seven days of remote learning, citing their inability to implement "test and stay." Since September, however, DESE has prohibited school closures under most circumstances.

On its website, DESE states that all districts and schools (except the state's two online public schools) will be required to be "in-person, full-time, five days a week. Masks will be required indoors *only for adults and students ages 5 and above until January 15, 2022"* (emphasis added).

A letter titled "Guidance on In-Person Learning and Student Learning Time Requirements," published in April on DESE's website, outlines a series of policies it would enforce to preempt future school closures, which it justifies with bald-faced lies and omissions. For example, DESE states schools can safely be reopened, given the (previous) decrease in COVID cases and Massachusetts' higher-than-average vaccination rate. In the very next sentence, DESE treats infection rates as irrelevant, stating "we do not anticipate granting waivers for reasons of high community prevalence of COVID-19."

Facing a public uproar and Curley School's surprise closing, DESE Commissioner Jeffrey Riley announced only four days of remote learning would be counted toward the yearly minimum of school days, adding that the school would need to make up three, thereby punishing salaried staff with additional days of unpaid labor in late June. Riley also said state officials had knowledge of the significant increase in cases five days before the school closed and had made the preposterous proposal to BPS officials that they "quarantine individual classrooms."

According to the commissioner, BPS declined to take even this token measure and told him that the rise in cases "did not warrant action at that time." Finally, Riley vented his irritation with the district's last-minute decision to close the school, saying, "It appears in the case of the Curley, a decision to close took place without appropriate consultation with DESE … We have discussed the need for BPS to coordinate more robustly with DESE at the outset of any significant case increases going forward, to receive appropriate guidance related to COVID-19 protocols. As such, no future requests for waivers would be considered unless the district coordinates with DESE to follow the progressive process currently in use across the rest of the state."

The fact that it was BPS officials who first rebuffed Riley's suggestion to quarantine individual classrooms while they withheld information about the outbreak to parents points to the likelihood that BPS closed the Curley School in a last-minute bid to quell the growing uproar among parents and prevent wider coverage in the media.

The response of DESE to developments at the Curley School takes place at a time when COVID infections among children have continued to climb since the return to in-person learning this fall. Children aged 5-9 and 10-14 continue to account for the highest case rate s. From October 10-23, children aged 5-9 have seen a case rate of 437.7 per 100,000; the figure was 426.4 per 100,000 for children aged 10-14, accounting for the highest rates of any age group at the time. These numbers have increased every week since nearly doubling from the previous month, with the case rate for children aged 5-9 and 10-14 reaching 811.7 and 739.2 per 100,000, respectively, from November 7-20.

Contrary to the lies used by DESE and state officials to justify the return to in-person learning, children, both fully-vaccinated and unvaccinated, readily contract and spread COVID-19. While it is true statistically that children are far less likely than older individuals to suffer immediate health effects from the virus, the disease can be debilitating and lethal for people of all ages.

Aside from the milder symptoms commonly seen in children, they can also develop a deadly condition known as "Multisystem Inflammatory Syndrome in Children," or MIS-C. This horrific illness has a delayed onset and wreaks havoc on multiple organs. According to the CDC website, as of November 30, just under 6,000 children had contracted MIS-C, with 52 pediatric deaths officially recorded. The fact that this condition has a delayed onset of up to 6 weeks after infection points to how little is still known about the long-term effects of COVID-19 for adults and children alike.

Take, for example, the persisting form of the disease known as "Long Covid," which affects a large proportion of those who contract the virus. According to an article published last month by researchers at Penn State, "More than half of the 236 million people who have been diagnosed with COVID-19 worldwide since December 2019 will experience post-COVID symptoms."

As for younger people, according to a study published in the European Respiratory Journal, "A quarter of children experienced persistent symptoms months after hospitalization with acute COVID-19 infection, with almost 1 in 10 experiencing multi-system involvement." It is entirely possible that COVID-19, like other viruses including measles, hepatitis B and HIV, may enter a latent stage in the body, only to emerge, in some cases years later, with devastating effects. These circumstances, together with the arrival of the new, heavily mutated Omicron variant of COVID-19, place the danger of in-person school learning and nonessential workplace operation in stark relief.