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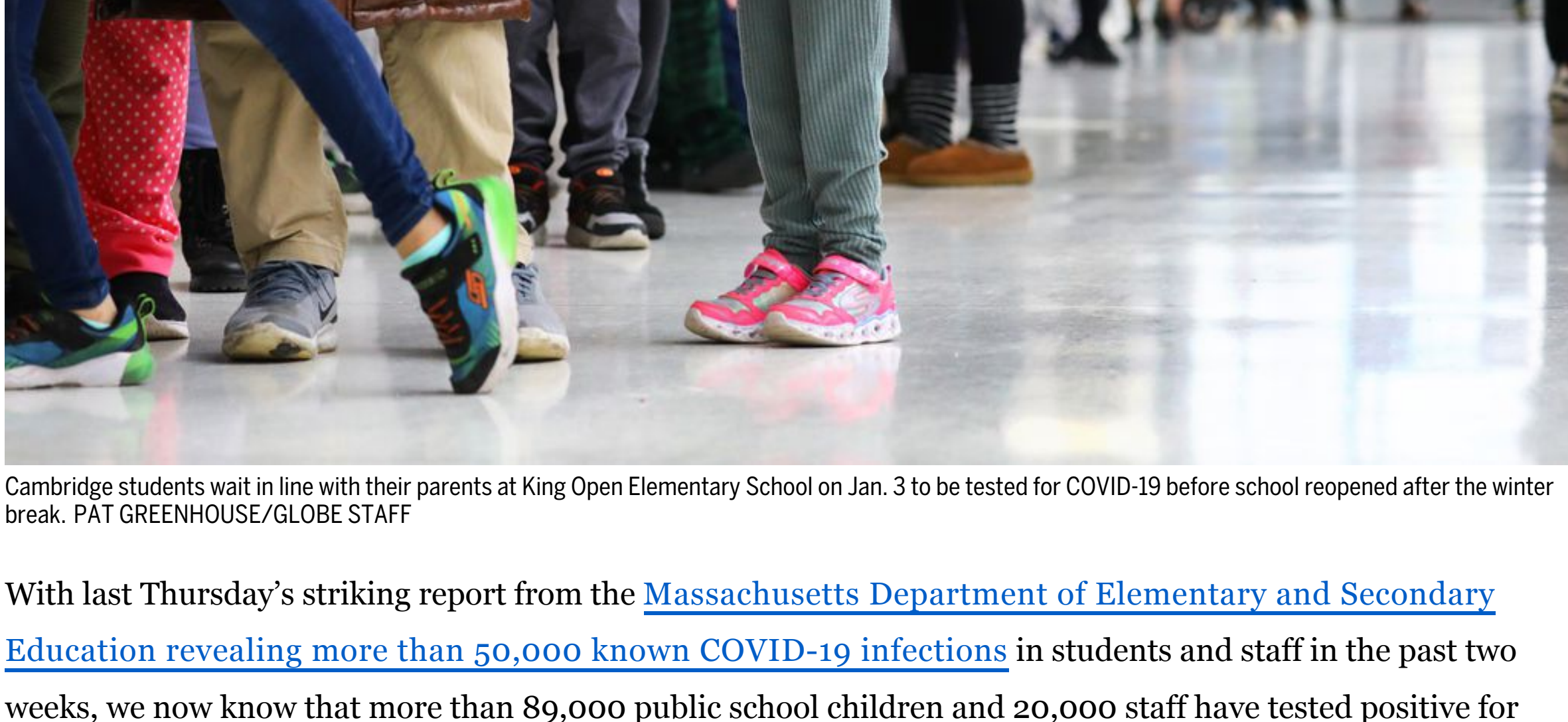
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OPINION

To keep schools open during COVID, Governor Baker must make them safer

Baker and Education Commissioner Jeffrey Riley are dismissive of the number of weekly cases, ignore the cumulative numbers, and misleadingly tout their testing regimen.

By **Alan Geller** Updated January 10, 2022, 3:00 a.m.



Cambridge students wait in line with their parents at King Open Elementary School on Jan. 3 to be tested for COVID-19 before school reopened after the winter break. PAT GREENHOUSE/GLOBE STAFF

With last Thursday's striking report from the [Massachusetts Department of Elementary and Secondary Education revealing more than 50,000 known COVID-19 infections](#) in students and staff in the past two weeks, we now know that more than 89,000 public school children and 20,000 staff have tested positive for COVID-19 since school began in September. That's the equivalent of 4,557 classrooms each with 23 students and 1 teacher infected with COVID. Less than four months into the school year, 137 single and 90 regional districts have seen 10 percent or more of their enrolled children testing positive. More than 50,000 of these cases occurred before the emergence of the Omicron variant. In a separate review of school dashboards, my team at the Harvard T.H. Chan School of Public Health has learned that elementary school children have contributed substantially to these numbers, with 55 percent of cases, although they represent only 48 percent of enrolled children.

Data from DESE provide a critical window into the toll of COVID-19 on children. It is not only the sheer magnitude of these numbers that this data reveal, but also the disproportionate number of COVID cases in children in Haverhill, Plymouth, Lowell, Springfield, New Bedford, Lawrence, Lynn, Worcester, Newton, and Boston, where more than 1,000 children in each of these cities and town have tested positive since September.

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Massachusetts school COVID-19 infections

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District (single town)	Student cases	Staff cases	Enrollment (students)	Students infected
Statewide Total (All School Types)	89,358	20,374	911,529	<div><div></div></div>
Winchendon	328	33	1206.00	<div><div></div></div>
Holland	55	7	226.00	<div><div></div></div>
Mattapoisett	94	26	436.00	<div><div></div></div>
Clarksburg	44	6	211.00	<div><div></div></div>
Sturbridge	167	19	846.00	<div><div></div></div>
Savoy	10	2	51.00	<div><div></div></div>
Wakefield	639	116	3318.00	<div><div></div></div>
Tewksbury	609	99	3180.00	<div><div></div></div>
Saugus	454	83	2436.00	<div><div></div></div>
Sutton	220	42	1209.00	<div><div></div></div>
Carver	272	55	1508.00	<div><div></div></div>
Gardner	403	62	2251.00	<div><div></div></div>
Wales	21	1	118.00	<div><div></div></div>
Southampton	82	11	466.00	<div><div></div></div>

Source: Massachusetts Department of Elementary and Secondary Education

 A Flourish data visualization

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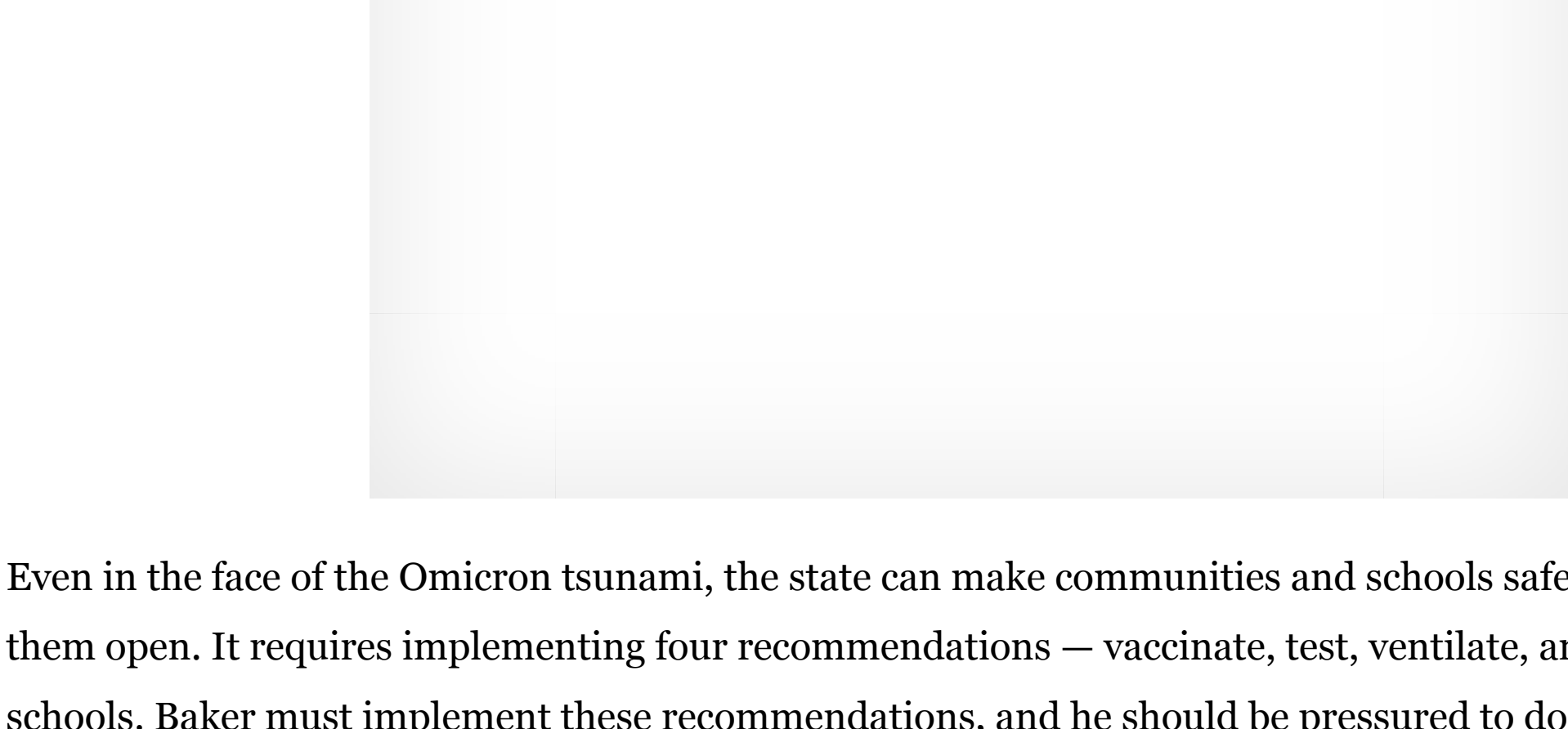
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These distressing numbers are in stark contrast to repeated statements by Governor Charlie Baker and Commissioner of Education Jeffrey Riley minimizing the weekly toll of COVID infections in school-age children and their teachers. They are dismissive of the number of weekly cases, ignore the cumulative numbers, and misleadingly tout the reach of their testing regimen, whose key thrust for reducing infection is pooled testing in schools. On an average week, only 168 of 526 districts participate in pooled testing programs and, on average, only 19 percent of 922,000 enrolled children participate in pooled testing.

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While recognizing that a significant number of COVID-19 cases in children may not be prevented, public health officials must take each new infection seriously and critically review why it is occurring. An infection in one can turn into an infection in many, since children can transmit to one another, their parents, grandparents, and immune-suppressed friends and family members.



Even in the face of the Omicron tsunami, the state can make communities and schools safer while keeping them open. It requires implementing four recommendations — vaccinate, test, ventilate, and mandate masks in schools. Baker must implement these recommendations, and he should be pressured to do so by the collective action of teachers, superintendents, school committees, parents, school and public health nurses, coaches and student athletes, pediatricians, public health associations, local and state health officials, advocates, and legislators.

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First, the Baker administration must launch a massive pro-vaccine, public education campaign directed to the parents of young children. Only 41 percent of children ages 5 to 11 have had one shot, and in 112 communities a third or less of children have received one shot. Oftentimes, the rate of vaccination for individuals of parental age (ages 30 to 49) nearly doubles that for their children. Thus, there is some trust of the vaccine to build on via educational programs. Utilizing community-based health workers is one of the evidence-based means that can increase children's vaccination rates.

Second, last week's fiasco in providing rapid antigen tests to teachers and staff and [the long lines for lab-based PCR testing](#) expose little foresight and poor planning. New York City, Washington, D.C., and Los Angeles have mandated rapid testing for students and provided adequate supply. Over time, all Massachusetts families should receive enough supply of [rapid antigen tests to last through the rest of the school year, far more than the 2.1 million](#), or the 1 per person, already provided to some communities.

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Third, the state should use some of the [\\$2.24 billion in federal relief money](#) to audit all classrooms to ensure there is adequate ventilation and sufficient air exchange. Where audits reveal gaps, the state should move to ventilate and provide HEPA air filtration.

Fourth, studies have repeatedly proved the benefits of indoor masking. It would be dangerous for Riley to lift the mask mandate, as he has threatened to do for vaccinated children of all ages. The current mandate for K-12 schools is [set to expire Jan. 15](#). Children and teachers who have worn their masks consistently since September 2020 are among the nation's under-appreciated heroes. Keeping masks on in public indoor spaces is essential to keeping kids in school.

Having ready access to cumulative numbers rather than the weekly numbers provided by DESE more cogently illustrates the COVID-19 burden on children, staff, and teachers.

To curb and dispel myths about the spread of HIV/AIDS in 1988, then-Surgeon General C. Everett Koop launched a coordinated HIV/AIDS education campaign by mailing an informational booklet to the nation's 107 million households. This remains the largest public health mailing ever undertaken. Baker should do likewise for COVID-19 mitigation: Couple direct educational messaging on the value of vaccinations, boosters, testing, and masking with a little bonus — plenty of rapid tests and a personalized invitation to the recipients' closest vaccination site.

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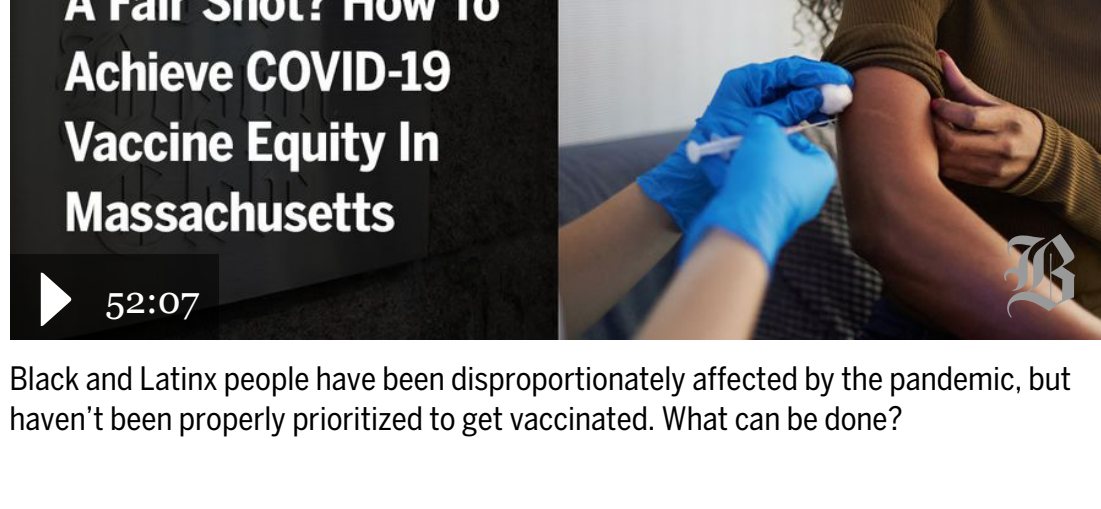
With the stakeholders noted above working together, as well as exerting pressure on the Baker administration to implement these recommendations, we can reduce the number of infections among students, staff, and teachers and keep kids in school.

Alan Geller is a senior lecturer at the Harvard T.H. Chan School of Public Health.

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