# The nation that opened bars and closed schools

Thomas Bodenheimer MD, MPH

Thomas Bodenheimer MD, MPH
Professor Emeritus of Family and Community Medicine
University of California, San Francisco
995 Potrero Avenue, 3rd floor
San Francisco CA 94110
415 269 5021
tombodie3@gmail.com

For the elderly, optimal health in the COVID-19 era is well-established: stay at home and strictly follow prevention guidelines.  For children, achieving optimal health poses a serious dilemma. Staying at home and not physically attending school reduces the risk of encountering the virus but creates major problems in child health and development. How has our nation navigated this dilemma?

**The children's health dilemma**

As of July 18, 2020, a growing number of school districts, including some of the nation's largest, plan to offer full-time remote learning that could extend well into the school year [1]. Parents strongly desire their kids to be physically present in school, but rightfully fear the risk to children, families, teachers, and school employees. The major impediment to school re-opening is the viral prevalence in many communities; a second barrier is the readiness of schools to re-open safely for children and teachers.

On June 25, 2020, the American Academy of Pediatrics (AAP) released its policy on achieving optimal health for children in the COVID-19 era [2]. The AAP recommended that children physically, not just virtually, return to school, with strict requirements for school districts to follow. "Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity...Schools play a critical role in addressing racial and social inequity...Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality." It is well-known that increasing educational attainment is associated with better health outcomes and delayed mortality [3].

On June 1, the United States reported 13,000 new COVID-19 cases; on July 23, new cases topped 71,000. The country re-opened too fast, prioritizing bars and restaurants, which increased viral spread and jeopardized our ability to safely re-open schools. On July 10, with the jump in new cases, the AAP modified its recommendation, stating that school districts with high viral prevalence will have to delay [4].

**Learning from Denmark**

The United States could have learned from other nations. Many European and Asian nations have re-opened their schools without major viral outbreaks. An early example is Denmark, where the population of 5.8 million approximates the population of large U.S. school districts. Denmark re-initiated on-site childhood education a scant five weeks after locking down the country. School re-opening has had no adverse effects. The number of new cases has dropped from 199 on April 15 (school re-opening day) to an average of about 30 per day during July.

Having solved the issue of viral prevalence, Denmark turned its attention to school safety. Children stay in small groups with minimal interaction among groups. Classroom desks are socially distanced and if possible, learning is done outdoors. Some classes are held in gyms and auditoriums to allow more space. With handwashing stations in each classroom, students wash their hands every 2 hours. Old-style sinks were replaced with non-touch electronic faucets. Parents drop kids off but do not enter schools. Most importantly, additional custodial personnel were hired to wipe down school surfaces and doorknobs and to keep bathrooms clean. Teachers were willing to return because of the strict preventive measures.

How did Denmark successful navigate the dilemma of reducing viral spread while continuing childhood education and preventing the depression of social isolation? The prevention policies at school were meticulously followed. But more important, the viral penetrance in the population at the time of school re-opening was low. There wasn't much virus in the country. Successful school reopening worked because the country locked down very early in the pandemic.

Denmark does not face our severe racial, income, and educational inequities. But Denmark offers hope that it is possible to re-open our schools without worsening the pandemic. This can only happen if the United States first tames the virus and also COVID-19-proofs our schools.

**What is needed to re-open US schools**

Can the US safely open our schools when the country has 11,020 COVID-19 cases per million population compared with Denmark's 2,274 cases per million? For some US school districts, cases per capita are lower than Denmark's level while others are far higher. State, county, and school district authorities are using these data in making school re-opening decisions. The AAP and a number of jurisdictions, for example California [5], list meticulous preventive measures and acceptable viral metrics needed for school re-opening to protect students and teachers, that mirror Denmark's playbook. On July 17, California's Governor mandated virtual learning-only for the great majority of the state's population living in counties with high viral prevalence [6,7].

When and if case levels drop, school districts can turn their attention to making schools safe. Re-opening guidelines are necessary, but more important is how those guidelines are

3

implemented. To turn re-opening policies into excellent public health practice requires that school districts receive considerable financial support. Far more custodial personnel are needed to ensure that classrooms are physically distanced, that wash stations are installed, and that surfaces, doorknobs, faucets and bathrooms are regularly disinfected. These personnel could also assume the role of monitors, checking regularly to ensure that students are wearing face coverings, washing their hands, and staying within their designated groups.

An urgent national priority is to bring down viral prevalence, allowing children to be physically present in school. In the meantime, schools need to prepare for safe re-opening. Sadly, the United States is the country that re-opened bars and restaurants but not schools.

## References

1. Lieberman M. Rising wave of districts sticking with full-time remote learning. Education Week, July 18, 2020.

2. American Academy of Pediatrics. COVID-19 Planning Considerations: Guidance for School Reentry.
June 25, 2020. https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-educationin-schools/

3. Zimmerman E, Woolf SH. Understanding the relationship between education and health. Institute of Medicine, National Academies Press; 2014. https://nam.edu/perspectives-2014-understanding-the-relationship-between-education-and-health/

4. American Academy of Pediatrics. Pediatricians, Educators and Superintendents Urge a Safe Return to School this Fall. News Release, July 10, 2020. https://services.aap.org/en/news-room/news-releases/aap/2020/pediatricians-educators-and-superintendents-urge-a-safe-return-to-school-this-fall/

5. California Department of Education. Stronger Together. A Guidebook for the Safe Reopening of California's Public Schools. June 2020.
https://www.cde.ca.gov/ls/he/hn/strongertogether.asp

6. Office of Governor Gavin Newsom. Governor Gavin Newsom lays out pandemic plan for learning and safe schools. July 17, 2020.

7. California Department of Public Health. COVID-19 Industry Guidance: Schools and School-Based Programs. July 17, 2020. https://files.covid19.ca.gov/pdf/guidance-schools.pdf