

Why a Pediatric Group Is Pushing to Reopen Schools This Fall

Guidelines from the American Academy of Pediatrics encourage “having students physically present in school.” Dr. Sean O’Leary, an author of that advice, explains why.



By Dana Goldstein

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The American Academy of Pediatrics has a reputation as conservative and cautious, which is what you would expect from an organization devoted to protecting children’s health. But this week, the academy made a splash with advice about reopening schools that appears to be somewhat at odds with what administrators are hearing from some federal and state health officials.

The Centers for Disease Control and Prevention, for example, have advised that remote learning is the safest option. But the academy’s guidelines strongly recommend that students be “physically present in school” as much as possible, and emphasize that there are major health, social and educational risks to keeping children at home.

Dr. Sean O’Leary, a pediatrics infectious disease specialist at the University of Colorado Anschutz Medical Campus, helped write the academy’s guidelines. He is a father of two children, 12 and 16, and a survivor of Covid-19 who is still experiencing some symptoms after he and his wife contracted the coronavirus in March.

“I absolutely take this seriously,” Dr. O’Leary said. “I’m still sick.” But he explained why the academy was emphasizing the need to get students back in classrooms.

This interview has been condensed and edited for clarity.

The academy guidelines place a big emphasis on the importance of physical school over remote learning. Can you summarize why?

As pediatricians, many of us have recognized already the impact that having schools closed even for a couple months had on children. At the same time, a lot of us are parents. We experienced our own kids doing online learning. There really wasn’t a lot of learning happening. Now we’re seeing studies documenting this. Kids being home led to increases in behavioral health problems. There were reports of increased rates of abuse.

Of course, the reason they were at home was to help control the pandemic. But we know a lot more now than we did then, when schools first closed. We’re still learning more every day.

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This virus is different from most of the respiratory viruses we deal with every year. School-age kids clearly play a role in driving influenza rates within communities. That doesn't seem to be the case with Covid-19. And it seems like in countries where they have reopened schools, it plays a much smaller role in driving spread of disease than we would expect.

Back in March, there was this idea of children as silent superspreaders who put older adults and other vulnerable people at immense risk. Has that picture changed?

What we have seen so far in the literature — and anecdotally, as well — is that kids really do seem to be both less likely to catch the infection and less likely to spread the infection. It seems to be even more true for younger kids, under 10 or under 12. And older kids seem to play less of a role than adults.

Here in Colorado, I've been following our state health department website very closely. They update data every day and include the outbreaks in the state they are investigating. As you can imagine, there are lots and lots in long-term care facilities and skilled nursing homes, some in restaurants and grocery stores. There have been a total of four in child care centers, and we do have a lot of child care centers open. In almost every one of those cases, transmission was between two adults. The kids in the centers are not spreading Covid-19. I'm hearing the same thing from other states, as well.



Studies have shown that the abrupt switch to remote learning in the fall left many students behind and increased existing achievement gaps. John Moore/Getty Images

The academy's guidelines talk about balancing the need for physical distance with children's educational and developmental needs, such as the need for hands-on play. They suggest that if older students are masked, three feet of distance between desks might be sufficient, compared to the six feet recommended by the C.D.C. Why is your advice different?

I don't know that we're different. The C.D.C. said six feet if "feasible." The point we are trying to make is, that's really not feasible. When you consider the overall health of children and really the community at large, adhering to a six-foot rule, which would mean having a lot of kids at home, may not be in the best interest of overall health. Something has to give.

From our perspective as pediatricians, the downsides of having kids at home versus in school are outweighed by the small incremental gain you would get from having kids six feet apart as opposed to five, four or three. When you add into that other mitigation measures like mask wearing, particularly for older kids, and frequent hand washing, you can bring the risk down.

I do think it's a balance. I'm not going to come out here and say on June 30 that everything is going to be perfect in the coming school year. There will be cases of Covid-19 in schools even where they make their best efforts. But we have to balance that with the overall health of children.

As I talk to school administrators, most are planning temperature checks. The academy guidelines warn this could be impractical and take away instructional time. Can you say more about why you're skeptical that this is the right strategy?

Do the harms outweigh the benefits? In this case, if it means students are congregating, it could increase the risk of spread. And we don't have great evidence that temperature screening is helpful. That's for a couple reasons. One, a lot of kids who have Covid-19, perhaps the majority, never get a fever. To use fever as a screen and assume that's going to be good enough? You will miss a kid. And many fevers are not going to be Covid-19. Kids should not go to a school with a fever, period.

As you were preparing these guidelines, did the emergence of the potentially deadly pediatric inflammatory syndrome linked to Covid-19 sway you at all?

We talked about it. It is by any measure a rare condition. And so it's something we have to pay attention to and figure out what causes it and the best treatment. We should also point out that even those kids who have gotten very sick, the vast majority of them have recovered and done well.

The guidelines emphasize that teachers and school staff members should stay physically distanced to the greatest extent possible and conduct meetings remotely. But I am hearing from a lot of teachers. Many are, frankly, scared to go back to school before a vaccine is available. A few have told me that they feel that their health is treated as expendable. What's your message to them?

We're pediatricians. We're not educators. We don't want to tread in space where we don't belong. But what I would say is it depends on the level of risk for the individual person. Every district I have talked to here in Colorado? They are making major considerations for their teachers, trying to figure out how to keep them safe.

There are a couple of things we know now that we didn't know when we closed schools down in March. One is that masks really do seem to work. They are very effective. Two, physical distancing works as well. If they are taking as many precautions as they can, I think the risk is pretty low.

Some of these are very personal decisions. But schools can do a lot of things to really make the environment as safe as possible.

What do you hope is next in terms of local schools making specific plans to reopen?

How this gets rolled out in August or September when schools reopen is really dependent on what is going on at that time with the virus. If you're in a state that is doing well with very few cases, all of the measures in the guidance are far less important. But if you're in a place where the virus is raging, all of those things become much more important.

As a country, we have to get on the same page. It's a tragedy to me that the virus has become a political issue. It's costing tens of thousands, potentially hundreds of thousands, of lives.

Reopening schools is so important for the kids, but really for the entire community. So much of our world relies on kids being in school and parents being able to work. Trying to work from home with the kids home is disproportionately impacting women. So it goes beyond just the health of the child, which is, of course, very important. As a country, we should be doing everything we can right now, for lots of reasons, to make sure we can safely reopen schools in the fall.