

Yesterday the Vermont Chapter of the American Academy of Pediatrics put out a statement calling on school districts to prioritize in person attendance for all students preschool through grade 5 and students of all ages with special needs.

In the statement, we summarize the data around transmission of SARS-CoV-2 in children as well as the importance of in-person learning for children's academic, social, and developmental needs. Our hope is that this summary of the current data can be useful for schools in their current planning for reopening and for schools who have already announced their plans as they periodically reassess the situation as the school year progresses.

An enduring motto in my profession is that "Children are not just little adults". As we learn pediatric medicine, it's tempting to think that children have the same anatomy and physiology as adults in just smaller packages. We learn instead that their physiology is unique in the way they respond to illness and that their bodies and minds have vastly different needs than adults, in times of illness and in health, hence the need for the field of pediatrics.

All of that plays a role in what we're talking about today: that we should be thinking about children and schools and COVID-19 in a different way than we're thinking about other aspects of community reopening during this pandemic. And to get even more granular, we should think about younger children differently than we're thinking about adolescents.

Thankfully, young children who are typically the most susceptible to respiratory viruses seem to be the population that does the best with SARS-CoV-2. They are less likely to contract the virus, less likely to

become seriously ill, and less likely to transmit the virus than adults or older adolescents. That combined with the fact that this is the same population that struggles the most with remote learning, makes prioritizing in-person education for our younger students a sensible goal here in Vermont.

Children and families depend on schools for more than just education. We can and should have a conversation about the outsized role our public school system plays in holding our communities together and whether we as a society place appropriate value on the work educators do (we don't). But that is the reality we are currently faced with. As pediatricians, we miss working with educators to provide comprehensive services to families. We are worried about kids. I don't have statewide data to share on the secondary impacts of this pandemic on kids and families. I can tell you from my experience and the experience of my pediatric colleagues that children and adolescents, especially the vulnerable, are really untethered right now. They are not doing ok. The loss of structure and routine, and consistent adult presence, and social and emotional connection has been really upending. I know that educators know this too which is why they are working hard to get back to some semblance of routine and structure and connectedness this fall. We appreciate their efforts.

If I could choose only one mitigation strategy with respect to school safety it would be to keep community transmission low. What happens in the schools is a reflection of what's happening in the community. The data we have now suggest that schools will most likely not be a main driver of transmission in this pandemic. They will instead mirror what's happening in the community. We keep schools safe by keeping communities safe. So while school officials are working hard on their

plans to keep teachers and kids safe inside school walls, we have an even bigger burden to bear as members of the community in keeping positivity rates low. That means wearing a mask, following travel guidelines, keeping physically distant, and staying home when sick.

Lastly I want to address the very real and valid reactions of confusion and distrust that exist from the mixed messages in response to this unprecedented and devastating pandemic. The national conversation around school reopening has raised legitimate concerns from teachers and families. That's because much of the country is not at a place where they can safely reopen schools. But Vermont is uniquely poised to be moving towards in-person learning because our case positivity rates are so low and because we are using science to guide us. I ask Vermonters to take their gaze off the national scene and look towards our local leaders, those who know our communities best, and trust that they will provide the best guidance and most importantly, adapt the guidance in response to evolving evidence as needed.

On a personal level, I am a pediatrician and a parent with two young children who are thriving now that they are back fulltime at their early childhood education center. I watched their center reopen, almost two months ago now, under the guidance of the Health Dept and that process has been very reassuring to me. As the president of the VT chapter of the AAP, I have frequent meetings with national pediatric leaders and heads of other state chapters and those conversations have only reinforced my belief that the work that's being done in our state, by our Health Dept, has been done with thoughtfulness, with care, with intentional collaboration, with a willingness to adapt and change in response to local data, and always with an eye towards keeping our communities safe.

To summarize:

1. Kids are less likely to contract, get seriously sick from, and transmit the virus than adults. Younger kids even more so than adolescents. This is the same population that most benefits from in-person learning.
2. Schools are a lot of things to a lot of people. Schools are where our children are educated but also where they receive nutrition, developmental and mental health support, and community connection. Kids are not doing okay without those things. Schools also play a critical role in addressing racial and social inequity.
3. VT's low rates of community transmission is exactly why we are talking about in-person learning. Keeping community transmission rates low is the key to keeping our schools safe.

We all want to do what is best for children. As we continue to work collaboratively towards school reopenings I hope that the consistently reassuring Vermont data can help schools in their reopening and periodic reassessment plans.