

Correspondence

Time to reopen schools: COVID-19, health disparity and education

ABSTRACT

Weighing the dilemma of reopening schools during the pandemic is no longer a matter of self-determination but harm. Coronavirus disease 2019 has shown gross health inequality and, by extension, the inequality of society per se. The assertion that ‘education continues despite the pandemic’ using access to technological means is a privileged position.

Keywords reopening of schools, health disparity, education, COVID-19

At this point in the coronavirus disease 2019 (COVID-19) and depending on each country, ‘vaccines are rolled out and the possibility of gaining some control over the virus is on the horizon’.¹ Controlling the virus or its transmissibility is a global public health need. However, the longer it takes for the problems to be gradually solved, the greater the harm it accumulates, especially on the education of children and the future of a nation. At the outset, it is a case of inter-generational ethics, especially for children in low and middle-income countries to avoid the poverty trap that education can help alleviate.² And while there is no one way of facilitating education, a physical and social learning environment is an important factor that this pandemic has shut down. As such, not only a safe but also a strategic and smart way of reopening schools must be commenced.

The reopening of schools is an issue of health disparity. Health care inequities occur ‘when providers intentionally or unintentionally convey lower expectations for patients categorized as underprivileged due to race/ethnicity, income, education, class, gender or religion’.³ The moral injunction to label health inequality as wrong cannot be justified on the fact ‘that our genetic make-up, our environmental beginnings (life course), our social and economic contexts and our personal behaviors contribute to differing health status’ because ‘when the health status of a population and/or community is impacted by circumstances that are unjust or unfair, mere differences

in health status must be thought of as unjust disparities in health status’.⁴ If a student risks going outside of their house to go to a place where there is a free internet connection to attend classes—given that it is not otherwise occupied and will be open for 24 h—this is no longer a matter of education but health disparity. Parents not risking for their children to go to school is a privilege for those who can set up an online learning space in their homes, but this is not the case for students who cannot afford this and whose only hope lies in the adage of education as an equalizer. The crucial harmful thing that children miss out on is the socialization and the sense of communitarian belongingness, something that is found only upon extensions of peer groups other than the family. A balance to consider child socialization and the risk of returning to school can be weighed on the COVID-19 risks in the community since it is the community where the school is reopened that receives the greatest impact of the spread of COVID-19.

The age group that is less likely to transmit COVID-19 is 0–9 years old, ages where learning is at the most crucial level. Although young children have less angiotensin-converting enzyme 2, which paves way for severe acute respiratory syndrome coronavirus 2 invasion,⁵ they can still spread the virus silently depending on distance⁶ and the indoor ventilation system.⁷ This varies for adults as well. The acronym S.M.A.R.T. can be referred to in opening schools⁸: (i) Stay home when sick, (ii) Mask up, (iii) Air cleaner in every classroom, (iv) Refresh indoor air and (v) Temporary classrooms. In some

countries where air cleaners are not easily accessible, refreshing indoor air might be and open-air temporary classrooms with socially interacting students are still better than a zoom class with ephemeral presences.

The reopening of schools is not just about self-determination or autonomy but also about harm. Harm outweighs other ethical considerations of dilemmas. One of the author's colleagues had a son who insisted to come with him to school and the first thing the boy did was to go to his classroom chair and hug it as if he was attached to it. This mental health harm, among other socioeconomic and technological factors (students who cannot afford mobile data, weak mobile signal, etc.), carries accumulated risk that a thorough reopening can help mitigate. The gradual reopening of classes through limited face-to-face classes in the Philippines, for instance, focused on (i) areas not under strict quarantine measures or low-risk areas, (ii) commitment of Local Government Units (LGUs) to help facilitate a safe transition and (iii) consent from parents or guardians. Stringent health and safety standards oversee this and the concrete focus can be on facilities that promote hygiene and good ventilation. A standardized set of protocols must be strictly implemented for everyone so that prevailing differences in beliefs at the moment will need to give way for prioritizing public health.⁹

These, in conclusion, need to be clarified. Low-risk areas do not mean totally safe areas still (even in thinking about vaccination exemptions¹⁰) and vigilant overlooking of health protocols can mean and reinforce proper ventilation through 'bringing in new air', which 'can help lower the concentration of particles containing viruses and the risk of disease spread'.¹¹ Moreover, children may have elevated risk based on not developing enough good hygiene practices and then having to frequently have close contact with adults. For students in various levels, hygiene requirements in going in, out and around campus is therefore non-negotiable. And finally, the consent that parents make must also be dynamic¹² and cannot be held as static proof to safeguard the school from being not responsible enough to enact and constantly evaluate health checks and regimens. With uncertainties still looming in the background, a sense of control for the future can start in education. Education may continue in all forms of flexible or hybridized learning without physical meetings, but it would not be holistic without embodiment.

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