

09/15/23 • COVID › VIEWS

Rhode Island Schools Cling to Ineffective COVID Rules, Ignoring Harms to Kids

No Rhode Island children have died from COVID-19, yet irrational policies like mandated school masking and testing continue, contradicting all of the available evidence. Parents must demand compliance be optional, not compulsory.

By **Brownstone Institute**

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By **Andrew Bostom, M.D., M.S.**

One of the consistent mercies of the SARS-CoV-2 "COVID-19 pandemic," even at its most virulent initial stages, has been the paucity of serious disease in [children generally](#), and [healthy children](#), universally.

COVID-19 always was and remains a very highly [age](#) and [comorbid](#) risk-stratified disease that targets the extremely frail elderly — especially those in [congregate care](#) — and the otherwise middle-aged to elderly with multiple ([for example, at least 6!](#)), severe, chronic comorbidities.

For the vast preponderance of the world's population and workforce, i.e., the [94% under age 70](#), we now know that the most aggressive early variants, such as the Wuhan, Alpha and Delta strains, conferred a very modest infection fatality ratio (IFR; COVID-19 deaths/total COVID-19 infections) of 0.1%, or [1 per 1,000 infections](#).

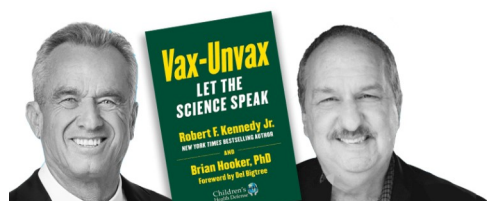
This seasonal influenza-like IFR for those under 70, overall, dropped precipitously further in the pediatric age range (0-19) to [0.0003%](#), or 1 in 333,333. Such unalarming IFRs among those under 70, especially children, for the early [SARS-CoV-2 variants](#), have been reduced by [at least 3-fold](#) more (so 0.1% divided by 3; 0.0003% divided by 3) since the advent of the Omicron wave in early 2022, and its perhaps even milder related subvariants, that are continuing to emerge through the present.

During 3+ years, including the period when the most virulent early SARS-CoV-2 strains were predominant, through the Omicron wave, and till now, not a single [pediatric death](#) due to [COVID-19](#), has been [recorded in Rhode Island](#).

This contrasts starkly with the [three H1N1 influenza](#) (swine flu) pediatric pneumonia deaths that accrued in a single flu season, during the 2009-2010 [swine flu pandemic](#), mirroring recent national U.S. pediatric influenza death trends.

Comparative U.S. pediatric influenza vs. SARS-CoV-2 mortality data since 2009, underscore how both pandemic and bad seasonal influenza outbreaks — with which we cope, appositely, minus hysteria — [pose a greater mortality risk](#) to children, than SARS-CoV-2.

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We have also learned that SARS-CoV-2 transmission, like [influenza transmission](#), is driven by persons with symptomatic infections.

Both SARS-CoV-2 [contact tracing studies](#), and an elegant experimental design tracking viral emissions from deliberately infected healthy subjects, just published in [The Lancet](#), have reaffirmed this observation.

Moreover, regardless of the mode of transmission, it is also established that [children did not "drive"](#) the SARS-CoV-2 pandemic.

Complementing these irrefragable SARS-CoV-2 mortality and transmission data, a century of uniform public health evidence, bolstered over the past four decades by randomized, controlled trial findings, demonstrates that [community masking](#) (with [N95 masks](#), as well) does not prevent respiratory virus infections ([influenza](#), [SARS-CoV-2](#), [RSV](#), and [others](#)) in adults, or [children](#).

Blithely ignoring each of these four fundamental, evidence-based considerations, on Aug. 24, just prior to the reopening of Rhode Island public schools after summer recess, the Rhode Island Department of Health's (RIDOH) Center for COVID-19 Epidemiology (CCE), distributed a memorandum (original pdf [here](#); archived [here](#)) to public "School and District Leaders," with the following cover email from CCE "team leader," Julia Brida:

From: Brida, Julia (RIDOH-Contractor) <Julia.Brida.CTR@health.ri.gov>

Sent: Thursday, August 24, 2023 1:51 PM

Cc: COVID19Questions, RIDOH <RIDOH.COVID19Questions@health.ri.gov>

Subject: [EXTERNAL] Center for COVID-19 Epidemiology- Back to School Memo

Importance: High

Good Afternoon,

We hope you have had a great summer! Ahead of the 2023-24 school year, the Rhode Island Department of Health Center for COVID-19 Epidemiology (CCE) wanted to share a [memo](#) to provide key updates and information regarding COVID-19. This includes:

- *COVID-19 key recommendations*
- *Clinical guidance*

- *Tracking COVID-19 in Rhode Island*
- *COVID-19 operational updates*
- *Testing resources*
- *Outbreak reporting and support*

Center for COVID-19 Epidemiology, Education Team

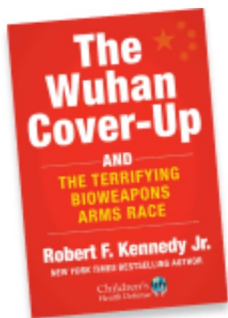
Julia Brida

Senior PM | HCH Enterprises

Education Policy & Engagement Team Lead | Center for COVID-19 Epidemiology (CCE)

Division of Emergency Preparedness & Infectious Disease (EPID)

Rhode Island Department of Health (RIDOH)



"The Wuhan Cover-Up" by Robert F. Kennedy Jr.

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The memo itself [urged students and staff](#) to: “Get tested when you have COVID-19 symptoms;” “If exposed to someone with COVID-19, monitor symptoms; test after day 5; and wear a mask through day 10;” and “If you have COVID-19, isolate at home for 5 days and wear a mask through day 10.”

A so-called “[COVID-19 Operational Update](#)” section of the memo declared, “Testing remains an important tool to detect infection and prevent COVID-19 spread.”

Glaringly absent from the [memo](#) (archived [here](#)) was any unambiguous statement that these recommendations were not compulsory for students (and their parents), staff, or administration and non-compliance with them would not preclude an individual’s school attendance, limit their school activities, or affect school district funding.

This current sorry situation, vis-à-vis “COVID public health policy” for schools, continues the unbroken thread of [Lysenkoist](#) mismanagement which knits together Rhode Island’s response since children returned, gingerly, in part, to “[in-class learning](#)” during September 2020.

RIDOH and the rest of Rhode Island’s “COVID brain trust” have always enacted uncritically the policies hectored at the public by national COVID-19 leadership figures, such as former “[COVID-19 Response Coordinator](#),” [Dr. Deborah Birx](#).

[Birx was fêted](#) at the University of Rhode Island in the fall of 2020, where she aggressively pushed mass, unselective COVID-19 testing because “her main concern is (was) asymptomatic spread.”

This misbegotten testing policy and the false construct of asymptomatic spread, were of course both rubber-stamped by RIDOH and its then generalissima, [Dr. Nicole Alexander-Scott](#).

Scott, as proof of her overzealous endorsement of the factitious mass testing/asymptomatic spread paradigm, had RIDOH issue an “[early warning](#)” asymptomatic press release, and a subsequent release crowing about the state’s completion of its “[millionth COVID-19 test](#).”

Nearly a year later, despite the well-established futility of community masking, generalissima Scott angrily remonstrated, “[Masks work](#),” in response to a query by independent journalist, Pat Ford.

[Ford’s preamble](#) to his question raised the issue of the potential harm of masking to children, which Scott ignored.

RIDOH COVID-19 Medical Director (later RIDOH Acting Director), [Dr. James McDonald](#) lied under oath in Rhode Island Superior Court claiming three Rhode Island children had died “as a result of COVID-19.”

Still under oath, about a week afterward, McDonald was allowed to “[correct](#)” this act of [perjury](#), and only then did he acknowledge indeed there had not been any primary cause of pediatric COVID-19 deaths in Rhode Island.

[McDonald also conceded](#), candidly, during this latter testimony, that a 16-year-old male admitted to a Rhode Island Emergency Department with an ultimately fatal gunshot wound to the head, who as part of his admission testing, coincidentally “tested positive” for COVID-19, would be designated a “COVID-19 death,” by RIDOH recording methods, since “it meets the definition of the CDC [Centers for Disease Control and Prevention].”

At a subsequent deposition, as Acting RIDOH Director, [McDonald was questioned](#) about a comprehensive [Pediatric Infectious Disease Journal](#) review — a journal that he claimed to be familiar with as a pediatrician — entitled, “The Role of Children and Young People in the Transmission of SARS-CoV-2.” The review concluded:

“There is no convincing evidence to date, 2 years into the pandemic, that children are key drivers of the pandemic.”

McDonald while acknowledging he had not read the review nevertheless, defiantly, if (tragi-)comically proclaimed, “[I don’t agree with that assessment](#).”

The good Dr. McDonald predictably could not supply any published data to support his dogmatic contention.

Last December 2022 RIDOH’s [Dr. Philip Chan](#) helped gin up hysteria over a Rhode Island so-called “triple-demic,” the alleged confluence of COVID-19, influenza and RSV infections, affecting children, in particular. Chan’s claim proved to be contrived.