

IN THE IOWA DISTRICT COURT IN AND FOR POLK COUNTY

FRANCES MIERZWA PARR, individually,  
as mother and next friend of M.C.P. and  
B.E.P.,

Plaintiffs,

v.

IOWA DEPARTMENT OF EDUCATION,  
ANN LEBO in her Official Capacity as the  
Director of the Iowa Department of  
Education, KIM REYNOLDS, Governor of  
the State of Iowa and KELLY GARCIA,  
Director of the Iowa Department of Public  
Health.

Defendants.

CASE NO. \_\_\_\_\_

PETITION FOR MANDAMUS,  
DECLARATORY JUDGEMENT AND  
INJUNCTION

COMES NOW the Plaintiffs, by and through counsel, Daniel J. McGinn, for the Petition of Mandamus, Declaratory Judgement of Injunction states:

1. The Plaintiff is the mother of two male children, M.C.P. born 2015 and B.E.P. born 2015 who are currently enrolled in the Council Bluffs Public School System and scheduled to start school on August 23, 2021.

2. The Nation has been overwhelmed by the Covid 19 pandemic for the last two years and despite the development of vaccines, there is now a Delta variant, a more contagious variant resulting in more serious illness than the initial strain of Covid 19. The Delta variant has spread to a high level among the unvaccinated.

3. There is no vaccine for Covid 19 available at this time for children under the age of 12. Both M.C.P and B.E.P. are under the age of 12 and unvaccinated for Covid 19.

4. Both B.E.P. and M.C.P. are scheduled to return to school on August 23, 2021, and participate in their school in Council Bluffs in a full density, in person classroom among other children, also under the age of 12 without vaccines.

5. The United States Centers for Disease Control and Prevention (CDC) currently recommends that people, including children older than 2 who are not fully vaccinated and fully vaccinated people with weakened immune systems wear a mask to maximize protection from the Delta variant and prevent possibly spreading it to others, fully vaccinated people should wear a mask indoors in public if a person is in an area of substantial or high transmission.

6. Schools in Iowa under the Defendant's direction are areas of high density of people and high transmission due to the large percentage of students and occupants among the unvaccinated. Face masks are a critical tool in the fight against Covid 19 and the Delta variant that could reduce the spread of the disease particularly when used universally within communities.

7. Students, and school personnel are unlikely to voluntarily wear masks as evidenced by schools in states without mask mandates such as Mississippi, Indiana and Georgia being forced to return to virtual learning due to growing Covid 19 case numbers. A lot of misinformation exists about Covid 19, the Delta variant, vaccines, and masking.

8. Virtual learning has proven unsuccessful and has been unsuccessful for B.E.P. and M.C.P.

9. The plaintiffs, Fran Mierzwa Parr, as the mother of B.E.P. and M.C.P. is likely to suffer emotional harm if her children are forced to attend school without a mask mandate in place to prevent her children from becoming ill or direct harm by being exposed to the Covid 19 virus, or the Delta variant, and become a carrier, or become ill with a breakout case despite her vaccination. B.E.P. and M.C.P are likely to suffer severe illness from the Covid 19 virus and the

Delta variant because they will likely be exposed to unmasked and unvaccinated students under 12 and individuals in their school. B.E.P. and M.C.P. also become carriers if exposed at school.

10. Governor Kim Reynolds recently signed into law Section 28, 280.13 Facial Coverings. The section makes it illegal for the board of directors of a school district, the superintendent or chief administering officer of a school or school district, and the authorities in charge of each accredited nonpublic school from adopting, enforcing, or implementing a policy that requires its employees, students, or members of the public to wear a facial covering for any purpose while on the school district's or accredited nonpublic school's property unless the facial covering is necessary for a specific or instructional purpose, or is required by section 280.10 or 280.12 or any other provision of law.

11. Section 28, 280.13, Facial Coverings, does not prevent the Defendants from issuing a mask mandate.

12. Defendant, the Iowa Department of Education has a duty to the Plaintiffs, Iowa Students and School personnel, to protect their health and well-being.

13. The Plaintiffs have made a demand to The Defendant, the Iowa Department of Education to issue a universal mask mandate.

14. The Defendant, the Department of Education, responded to the demand by stating they have no duty to protect plaintiffs or students.

15. The Defendant, the Governor of the State of Iowa, has a duty to the Plaintiffs, Iowa Students and School personnel, to protect their safety, health and well-being.

16. The Plaintiffs have made a demand to the Governor and it has been neglected.

17. The Defendant, the Iowa Department of Public Health has a duty to protect the Plaintiffs, Iowa Students and School personnel to protect their safety, health and well-being.

18. The Plaintiffs have made a demand to the Defendant, the Iowa Department of Public Health, and it has been neglected.

**MANDAMUS**

19. The Plaintiffs have an interest in this Petition for Mandamus and may sustain damage by the nonperformance of the duty to protect the Plaintiffs from Covid 19 and the Delta variant by issuing a universal mask mandate for all students and school personnel for the safety, health and well-being of the Plaintiffs.

20. The performance of the duty has been demanded by the Plaintiffs and refused or neglected by the Defendants.

WHEREFORE the Plaintiffs pray that the Court enter a Mandamus Order in this case requiring the Defendants to issue a Universal Mask Mandate for the Plaintiffs, for all students and School Personnel in Iowa or in the alternative, issue a Mask Mandate for all students and school personnel until a voluntary mask plan can be implemented in each school that allows students who choose to wear masks and students who choose to not wear masks be segregated as a safety plan to prevent the spread of the Covid 19 virus and the Delta Variant.

**DECLARATORY JUDGEMENT/INJUNCTION**

21. Plaintiffs replead paragraphs 1 through 20 above.

22. Declaratory Judgment should be entered ruling that Iowa Code 28 Facial Coverings, 280.13 does not prevent the Defendants from issuing a universal mask mandate for all Iowa Students and school personnel.

23. An injunction has not been previously requested by the Plaintiffs in this matter.



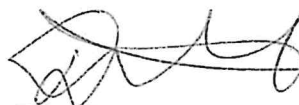
24. The Plaintiffs are entitled to relief which includes a temporary and permanent injunction to be entered against the Defendants, preventing the Defendants from issuing an anti-mask mandate in the schools of Iowa. The Defendants' continual refusal to address the existence of anti-mask mandates without imposing a mask mandate is a continual action and neglect which will irreparably injure the Plaintiffs and her two sons.

WHEREFORE the Plaintiffs pray that the Court issue a Declaratory Judgement in this case ruling that Iowa Code Section 28, Facial Coverings, 280.13 does not prevent the Defendant from issuing a universal mask mandate to stop the spread of Covid 19 and the Delta Variant. Further, the Plaintiffs pray for temporary and permanent injunction in this case restraining the Defendants from preventing any mask mandate from being initiated in the State of Iowa and award the Plaintiff such further relief and as may be just and proper. In the alternative, Plaintiffs pray that a temporary injunction remains in effect until a voluntary plan can be instituted allowing masked students to be segregated from unmasked students. Further the Plaintiffs pray that the temporary injunction be ordered without the Plaintiffs required to post bond.

DATED AUGUST 24, 2021

FRAN MIERZWA PARR individually and as mother,  
and next friend of M.C.P. and B.E.P., PLAINTIFFS

By:



Daniel J. McGinn  
McGinn, Springer & Noethe PLC  
3464 5<sup>th</sup> Avenue  
Council Bluffs, IA 51501  
Telephone: (712) 328-1566  
Facsimile: (712) 256-2042  
[dmcginn@mcginnlawfirm.com](mailto:dmcginn@mcginnlawfirm.com)  
ATTORNEY FOR PLAINTIFF Fran Mierzwa Parr,  
individually and as mother and next friend of M.C.P. and  
B.E.P.

STATE OF IOWA )  
 ) SS  
COUNTY OF POTTAWATTAMIE )

I, Fran Mierzwa Parr, Plaintiff in the above entitled case, mother and next friend of M.C.P. and B.E.P, hereby swear and affirm that I am the Plaintiff and mother of M.C.P. and B.E.P. and that I have read the petitioner above and I swear and affirm that the allegations are true and correct to the best of my knowledge and belief.

DATED this 23<sup>rd</sup> Day of August, 2021

Francis Mierzwa - Parr  
FRAN MIERZWA PARR

Subscribed to and sworn before me by FRAN MIERZWA PARR on August 23 2021

NOTARY PUBLIC



IN THE IOWA DISTRICT COURT IN AND FOR POLK COUNTY

FRANCES MIERZWA PARR, as mother and  
next friend of M.C.P. and B.E.P,

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IOWA DEPARTMENT OF EDUCATION,  
ANN LEBO in her Official Capacity as the  
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Defendants.

Defendant.

CASE NO. \_\_\_\_\_

AFFIDAVIT

I, Frances Mierzwa Parr, being first duly sworn on oath, depose and states as follows:

**Experience**

In the 2020-21 academic year my sons Michael and Benjamin were enrolled in Kindergarten at College View Elementary in the Council Bluffs public school district. Both boys had successful in-person learning experiences the previous year in Pre-K at College View until school was interrupted by the pandemic in March of 2020.

From August 2020 to March 24, 2021, my sons exclusively attended the "Virtual Learning Academy." On March 25<sup>th</sup> through the end of the school year they joined in-person classroom learning. In sum, approximately 75% of their academic 2020-21 experience was virtual, and 25% in-person.

We attended the Virtual Academy in live, interactive daily sessions, typically several times a day. Both boys had excellent attendance records. Our subsequent in-school attendance was also good, interrupted only by periodic childhood illnesses of short duration. Anytime the boys were home ill we made every attempt to join in virtually.

The difference in the emotional health and learning progress between the on-line and in-person experiences was significant. In the 2019-20 Pre-K school year the boy's progress was documented and consistent with that of their peers. In Pre-K the boys enjoyed going to school, and learning progress was evident as they began recognizing letters and numbers. When

become quite upset and frustrated, not wanting to participate. I moderated every session, integrated new learning tools, and dedicated a schooling area, but their development remained flat.

In March I discussed a return to in-class learning with our pediatrician, Dr. Laura Wilwerding, and she unequivocally supported masked in-person learning. Her experiences with 2020 Covid-related pediatric illness and the emotional benefits of in-person learning weighed into our decision to return them to school. At the time I confirmed the school district's intent to continue mandatory masking through the end of the year.

After the boys began attending school in person again, their health and development improved significantly. M.C.P. had been behind his brother in handwriting skills, but he overcame that gap and they both improved markedly. B.E.P. began taking a strong interest in self-initiated art projects again, Mike in independent reading. Both were generally more cheerful, sharing stories of daily experiences with their friends. Neither of them expressed any issues with required masking.

The boys had one experience with standardized testing during in-person learning, and both scored in the lower quartiles against their peers for both reading and math. While I think we made up some ground with in-person learning, the testing illustrated we didn't fully bridge the gap. My experience is consistent with 40-50% learning losses noted in the September 2020 special report by the American Psychological Association. By my observation I have two typical Iowa kids who thrive with in-person versus a virtual classroom environment.

### **Credentials**

I have a Bachelor of Science in Mechanical Engineering (SUNY Buffalo, Buffalo NY) and an MBA (Rensselaer Polytechnic Institute, Troy NY). I am a certified Six-Sigma Master Black Belt, and throughout my career have used numerous deterministic and probabilistic mathematical predictive modeling techniques. I applied the COVSIM modeling from the Georgia Tech/ NC State/ University of North Carolina/ CDC team to publicly available Iowa school populations and characteristics. The COVSIM model is trending accurately in those areas of the country now experiencing the first impact of the Delta variant on unvaccinated populations. The forecasts of the modeling on unvaccinated and unmasked Iowa student populations is very concerning, as numerous medical professionals and epidemiologist are expressing. There is no specific publicly available modeling of the Iowa's student population and the impact of Covid into the 2021-22 academic year. There has been no indicated scientific source of guidance to Iowa's May 2021 mask ban.

### **Iowa Student Infection Forecasting**

The COVSIM consortium model simulates a hypothetical school of 500 students. Critical inputs to apply the model to the Iowa student population include: total student population, assumption of incoming student protection (prior exposure), mask use, and testing.

The public and non-public 2021-22 student populations are noted in the Iowa Department of Education's 2020 Annual Condition of Education Report. The total K-6 population of Iowa students is estimated at 278,391 individuals. Iowa's low mask usage of 13%, is reflected in a "no mask" scenario, with no regular student body testing. Assuming an incoming protection rate of 30% by prior exposure, and an  $R_0$  of 4.0, the model indicates 315 new infections for every 500 students within a single semester or 107 days. This infection rate of 0.63 translates to 175,386 new infections of Iowa elementary students 107 days from the first day of school.

According to the American Academy of Pediatrics current pediatric hospitalization rates range from 0.2% to 1.9%. This results in an estimated incremental pediatric hospitalization due to Covid in Iowa of 350 – 3,332 students in a short 107 days.

Unfortunately, recent experiences in areas of the country at the leading edge of the Delta variant and coincident school openings are validating the results of this modeling. This situation could similarly overwhelm Iowa hospital facilities.

<https://www.nbcnews.com/news/us-news/child-covid-19-hospitalizations-new-high-august-2021-n1277119>

<https://www.webmd.com/lung/news/20210817/pediatric-hospitals-us-in-peril-delta-hits-children>

I Frances Mierzwa Parr, hereby state that I have read the above affidavit and swear and affirm that the information contained in the affidavit is true and correct to the best of my knowledge and belief.

Frances Mierzwa-Parr  
Frances Mierzwa Parr

Subscribes and sworn before me on this 23 day of August, 2021

[Signature]  
Notary Public





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Humanitarian  
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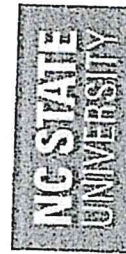
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& Systems Research

# COVID-19 Simulation Integrated Model (COVSIM) to Inform Local Decision-Making

## COVID-19 Modeling Projections for Schools Part 1: Model Background



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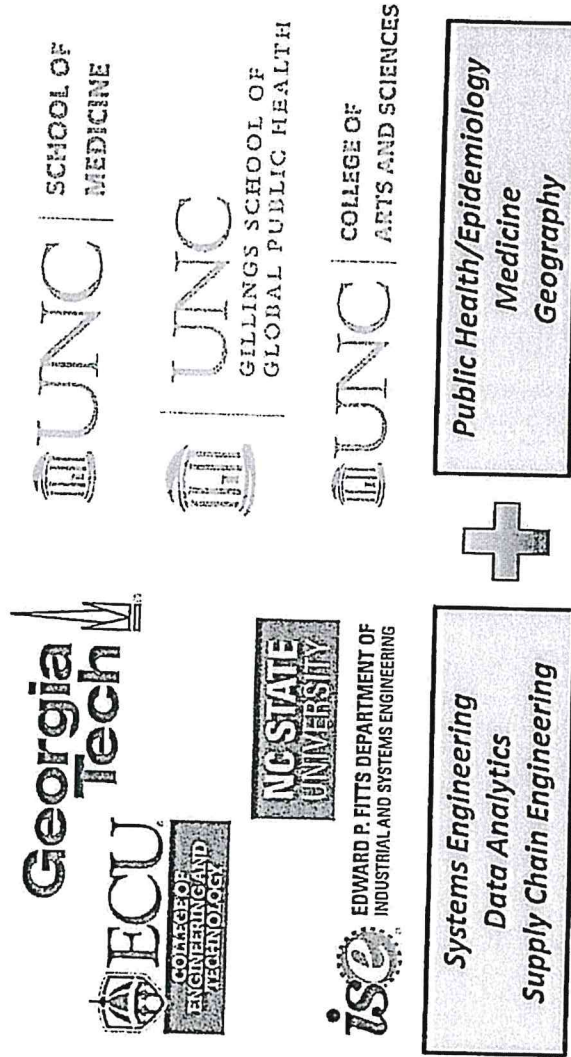
Copyright - COVSIM Research Group  
(a CDC-funded modeling collaboration between UNC, NC State, and ECU)  
Learn more at [covsim.hosted-wordpress.oit.ncsu.edu](https://covsim.hosted-wordpress.oit.ncsu.edu)



## The “COVSIM” Model team

The COVSIM team is one of six modeling teams funded by CDC and the Council for State and Territorial Epidemiologists to:

- (a) forecast SARS CoV-2 infections and outcomes,
- (b) estimate the impact of intervention scenarios, and
- (c) support state and local decision-makers





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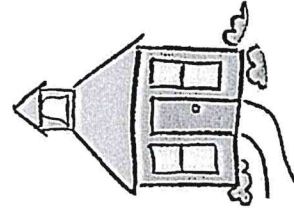
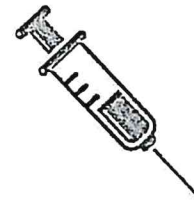
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Georgia Tech  
Health Analytics  
School of Industrial  
& Systems Engineering

## Our Modeling Objective

To estimate the proportion of susceptible students infected throughout a school semester, depending on incoming protection as well as masking and testing policies.



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**INC-STATE UNIVERSITY**

**is2** EDWARD R. FITTS DEPARTMENT OF INDUSTRIAL AND SYSTEMS ENGINEERING

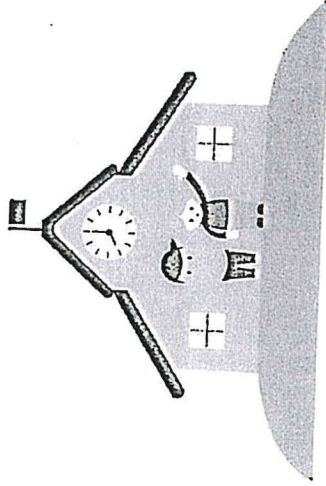
 THE UNIVERSITY OF NORTH CAROLINA at CHAPEL HILL

**Georgia Tech** **Health & Humanitarian Systems** Humanitarian Research Center

**Georgia Tech** **Health Analytics** Specialized Healthcare & Systems Engineering

# Imagine a school...

- Student population: 500



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NC STATE UNIVERSITY

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The University of North Carolina at Chapel Hill

Georgia Tech

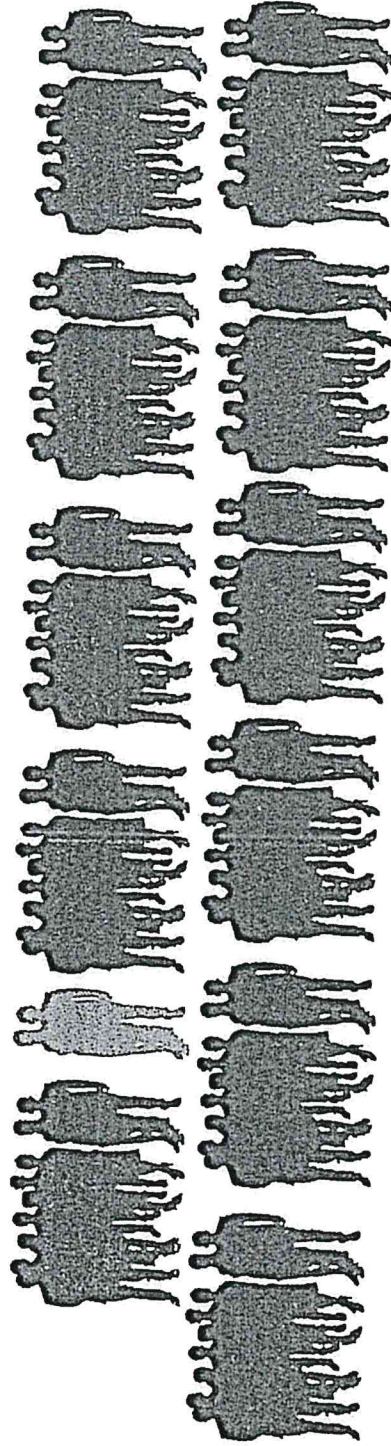
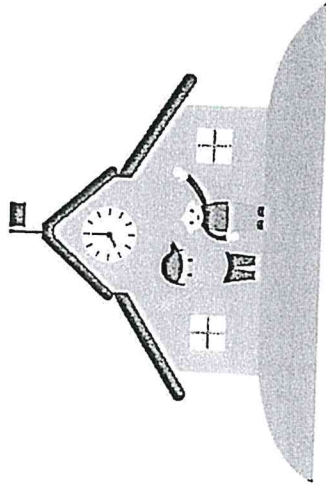
Health & Humanitarian Systems

Georgia Tech

Health Analytics

## Imagine a school...

- Student population: 500
- 2-3 students begin infected with COVID-19 at the start of the semester





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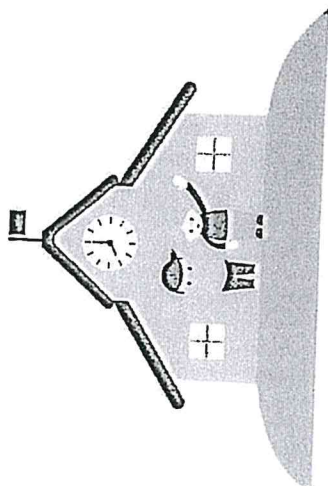


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AT CHAPEL HILLGeorgia Tech  
Health & Humanitarian  
Systems  
Handicapped Building, Room 100Georgia Tech  
Health Analytics  
Special School of Public Health  
& Health Systems

## Imagine a school...

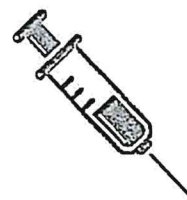
- Student population: 500
- 2-3 students begin infected with COVID-19 at the start of the semester
- Some students have either already had COVID-19 or have received the vaccine ("incoming protection"), or are susceptible to becoming infected



If 30%  
of students  
have had  
COVID-19...



...and 20% of  
students have  
received the  
vaccine.



Then incoming  
protection:  
50%



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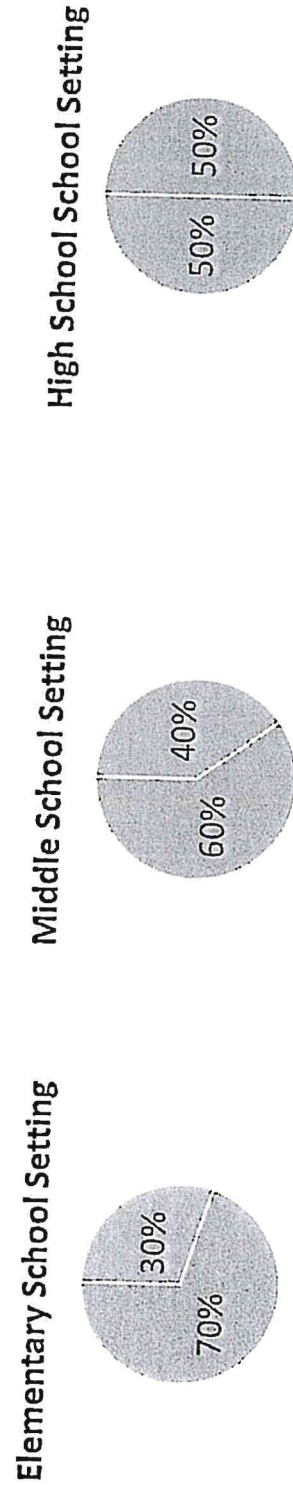
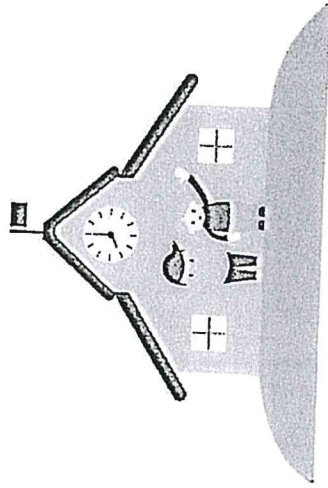
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Georgia Tech  
Health & Humanitarian  
Systems  
Baruch College, City University of New York

Georgia Tech  
Health Analytics  
Georgia Institute of Technology

## Imagine a school...

- Student population: 500
- 2-3 students begin infected with COVID-19 at the start of the semester
- Some students have either already had COVID-19 or have received the vaccine ("incoming protection"), or are susceptible to becoming infected



■ Incoming Protection ■ Susceptible

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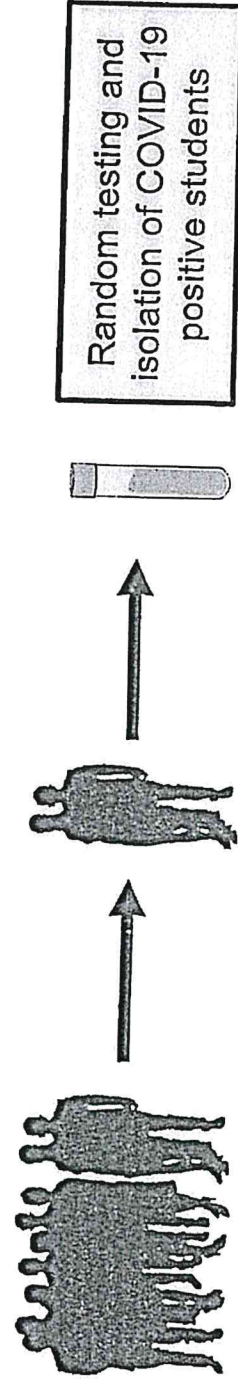
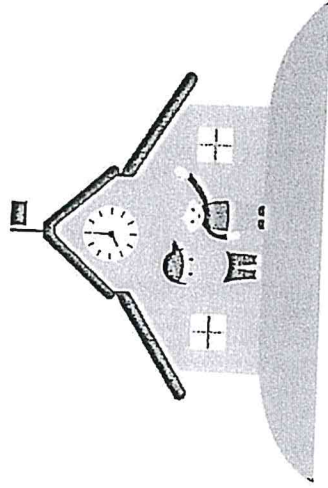
## Imagine a school...

- Student population: 500
- 2-3 students begin infected with COVID-19 at the start of the semester
- Some students have either already had COVID-19 or have received the vaccine ("incoming protection"), or are susceptible to becoming infected
- Every week, one new student becomes infected with COVID-19 outside the school

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## Imagine a school...

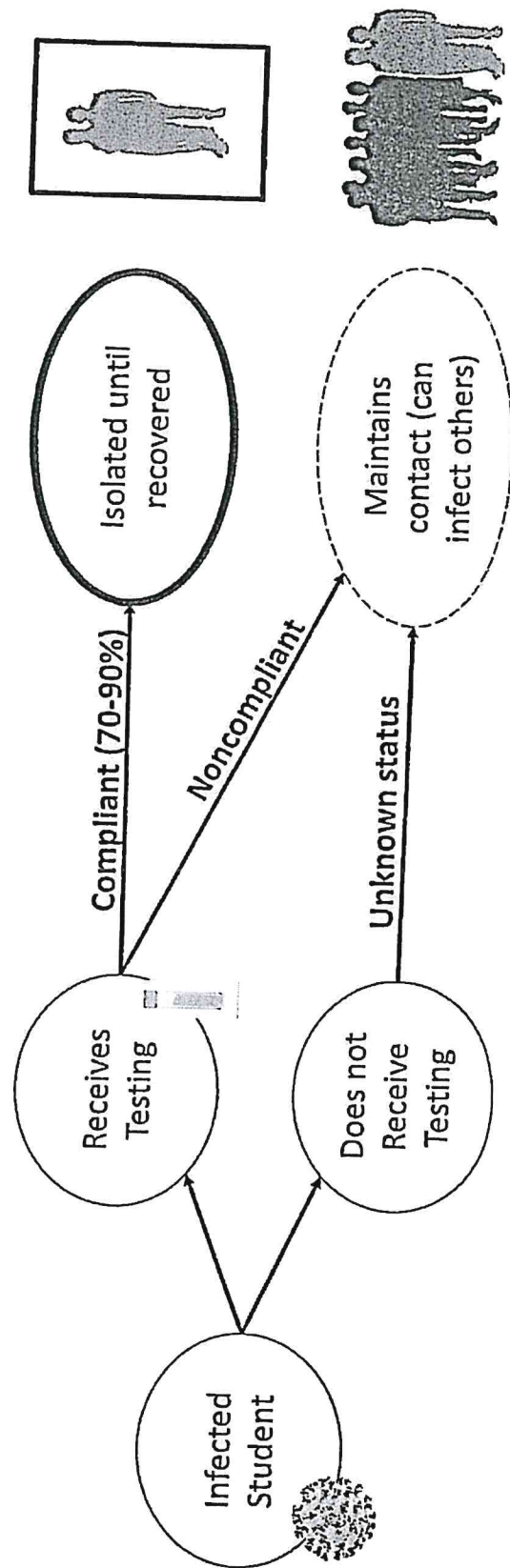
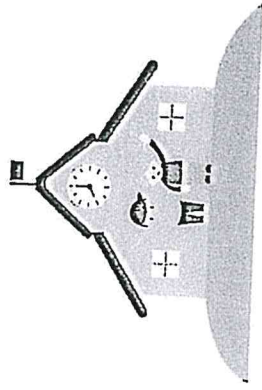
- Student population: 500
- 2-3 students begin infected with COVID-19 at the start of the semester
- Some students have either already had COVID-19 or have received the vaccine ("incoming protection"), or are susceptible to becoming infected
- Every week, one new student becomes infected with COVID-19 outside the school
- Availability of random RT-PCR testing and isolation among students every week



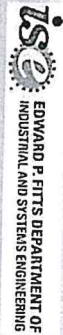


# Imagine a school...

- Availability of random RT-PCR testing and isolation among students every week



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# COVID-19 Simulation Integrated Model (COVSIM) to Inform Local Decision-Making

## COVID-19 Modeling Projections for Schools Part 2: Model Results



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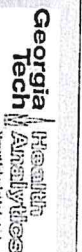
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(a CDC-funded modeling collaboration between UNC, NC State, and ECU)  
Learn more at [covsim.hosted-wordpress.org/ncsu.edu](https://covsim.hosted-wordpress.org/ncsu.edu)

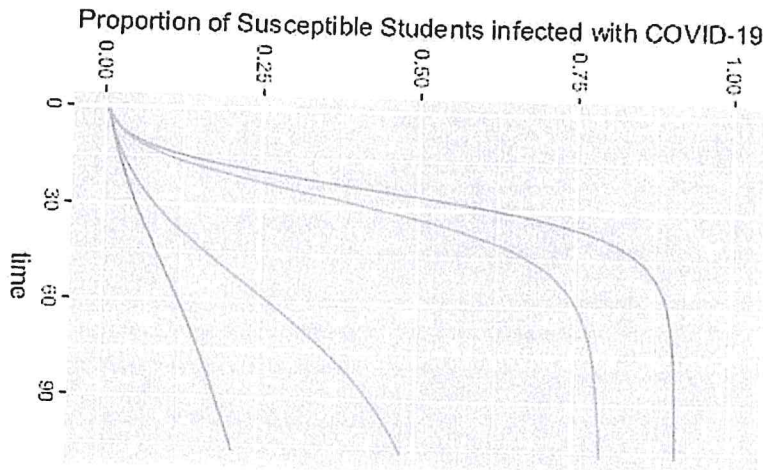
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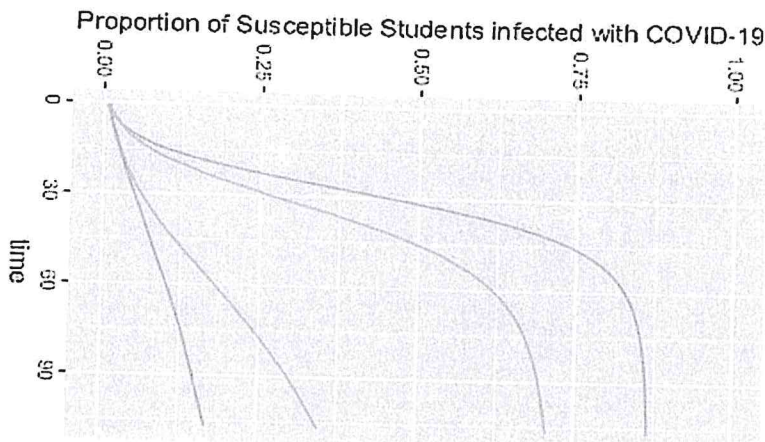
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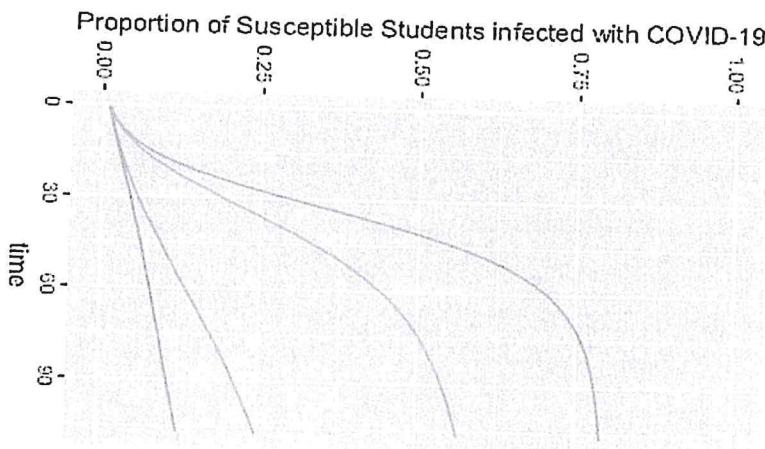
### Elementary School Setting (incoming protection = 30%)



### Middle School Setting (incoming protection = 40%)



### High School Setting (incoming protection = 50%)



scenarios

- Universal masking: Baseline
- Universal masking: PCR\_50
- No masking: Baseline
- No masking: PCR\_50



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UNIVERSITY

is<sup>2</sup>

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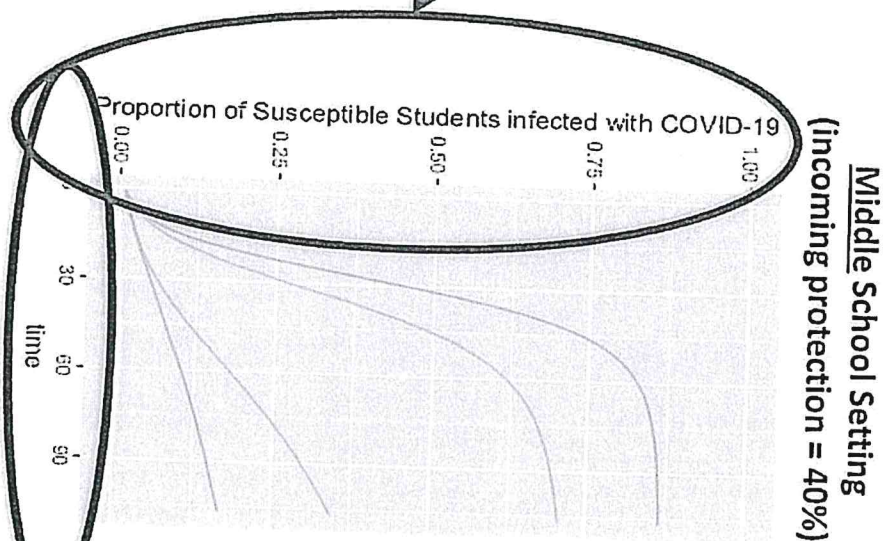
Georgia  
Tech

Health &  
Humanitarian  
Systems  
Modeling Platform

Georgia  
Tech

Health  
Analytics  
System

Y axis = Percent of  
*Susceptible Students*  
who have become  
infected



X axis = days since the  
school semester began  
(107 total days)

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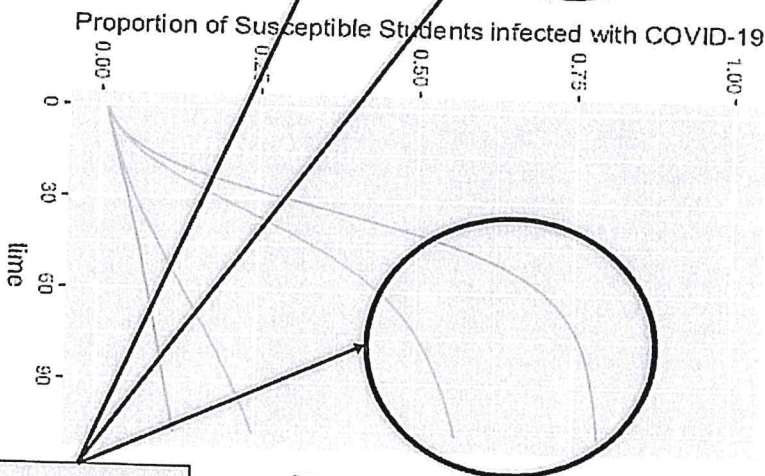
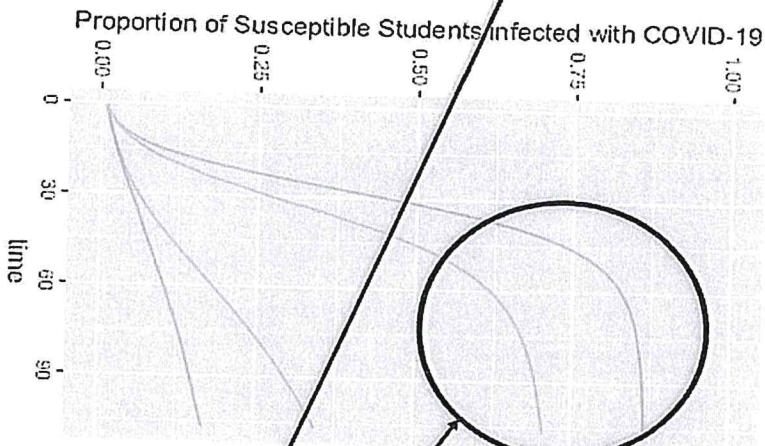
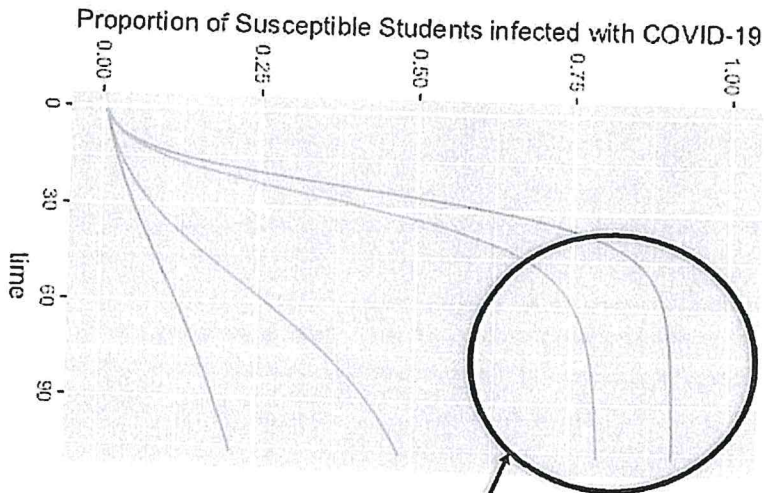
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Elementary School Setting  
(incoming protection = 30%)

Middle School Setting  
(incoming protection = 40%)

High School Setting  
(incoming protection = 50%)



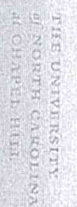
scenarios

- Universal masking: Baseline
- Universal masking: PCR\_50
- No masking: Baseline
- No masking: PCR\_50

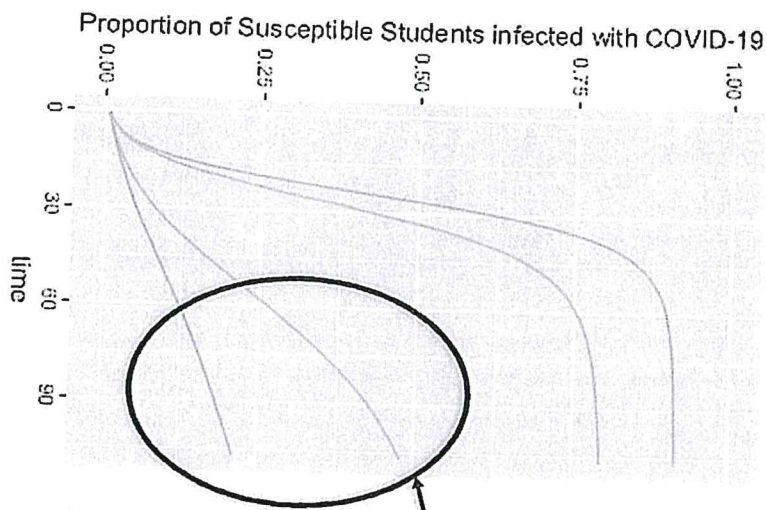
**"No Masking" scenarios:  
effective reproductive  
rate = 4.0**  
(for every 1 person  
infected, 4 other students  
become infected)



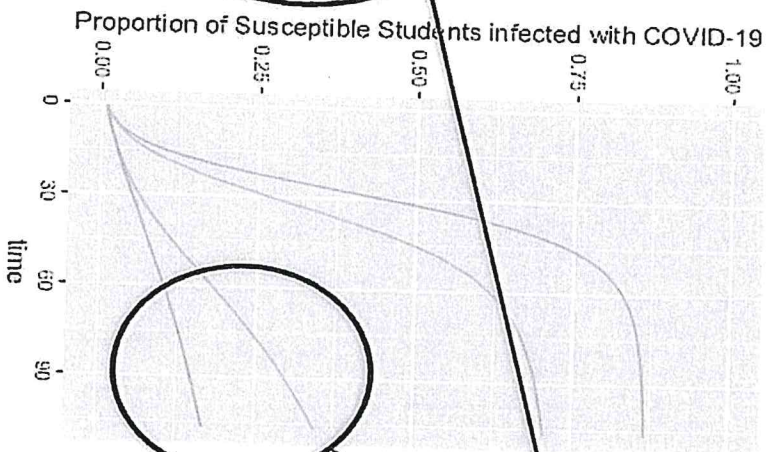
COVSIIM



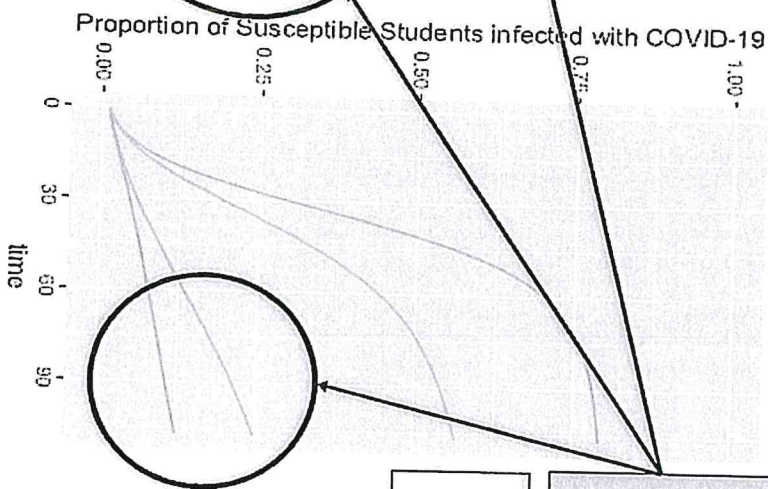
### Elementary School Setting (incoming protection = 30%)



### Middle School Setting (incoming protection = 40%)



### High School Setting (incoming protection = 50%)



"Universal Masking"  
scenarios: effective  
reproductive rate = 2.0  
(50% reduction in viral  
reproducibility from  
masking)

- scenarios
- Universal masking: Baseline
  - Universal masking: PCR\_50
  - No masking: Baseline
  - No masking: PCR\_50

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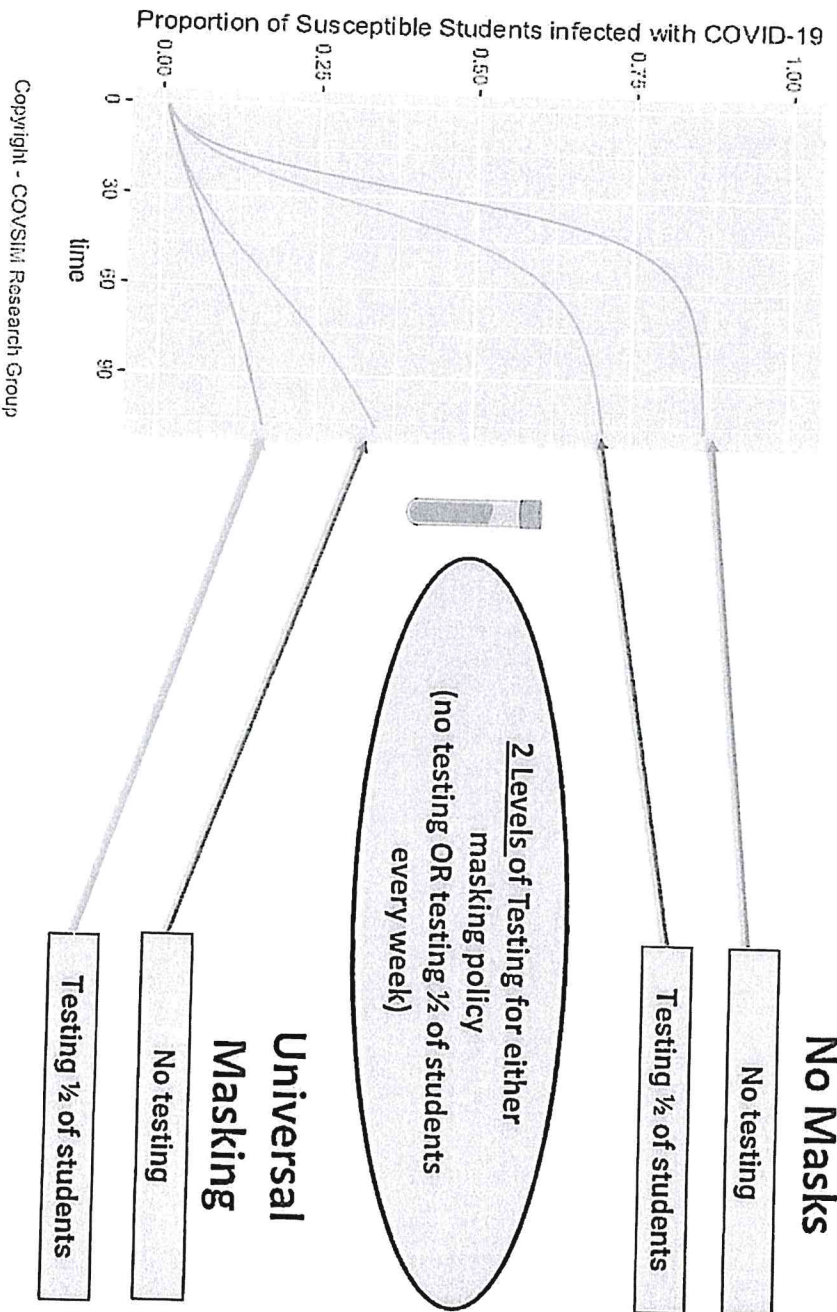
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### Middle School Setting (incoming protection = 40%)



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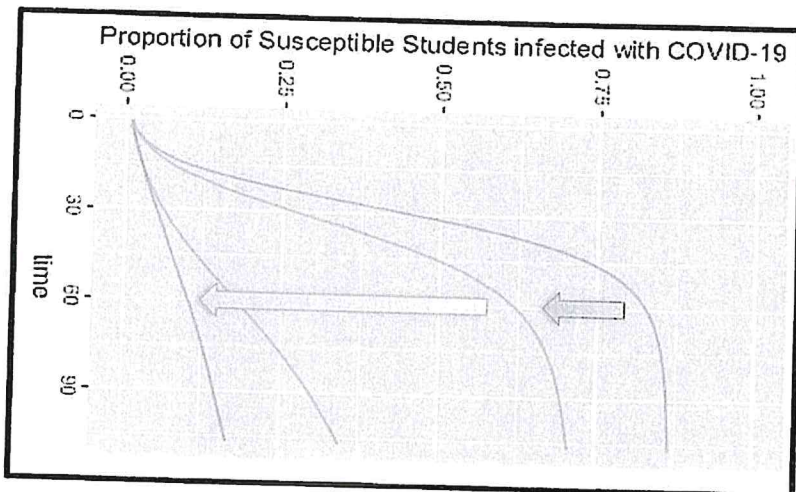


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# Middle School Setting (Incoming protection = 40%)



after 60 days....

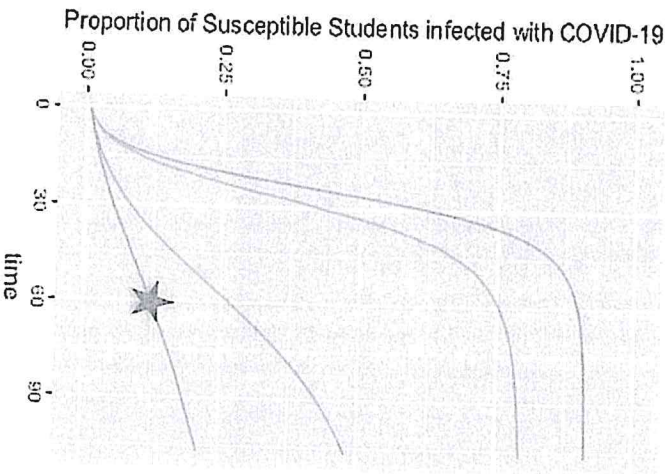
No testing, No masking = ~80% of susceptible students have become infected

Testing students, no masking = ~60% of susceptible students have become infected

Testing students + universal masking = ~10% of susceptible students have become infected



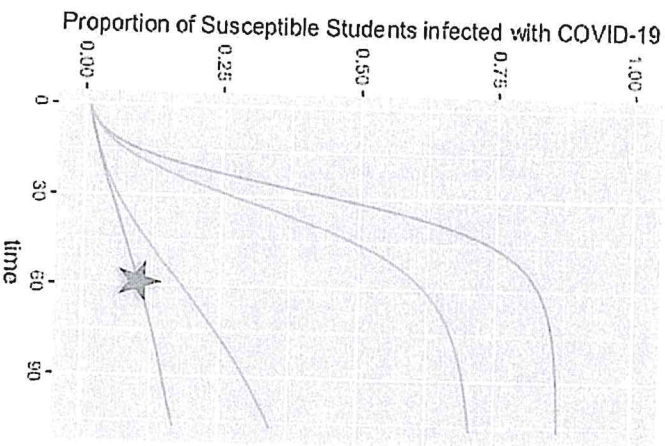
### Elementary School Setting (incoming protection = 30%)



after 60  
days....

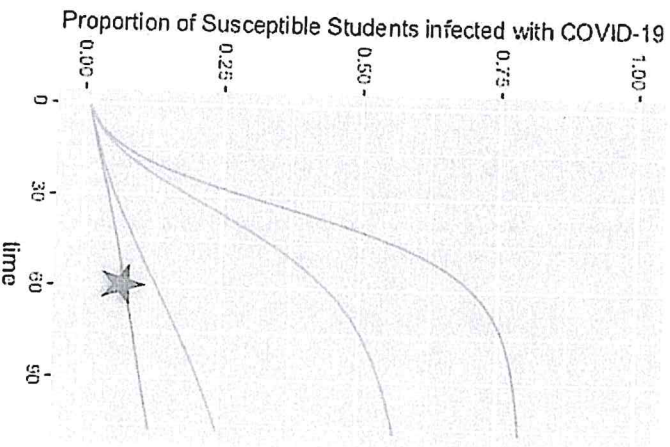
~15% of susceptible  
students have become  
infected (30% protection)

### Middle School Setting (incoming protection = 40%)



~10% of susceptible  
students have become  
infected (40% protection)

### High School Setting (incoming protection = 50%)



~7% of susceptible  
students have become  
infected (50% protection)

#### scenarios

- Universal masking: Baseline
- Universal masking: PCR\_50
- No masking: Baseline
- No masking: PCR\_50



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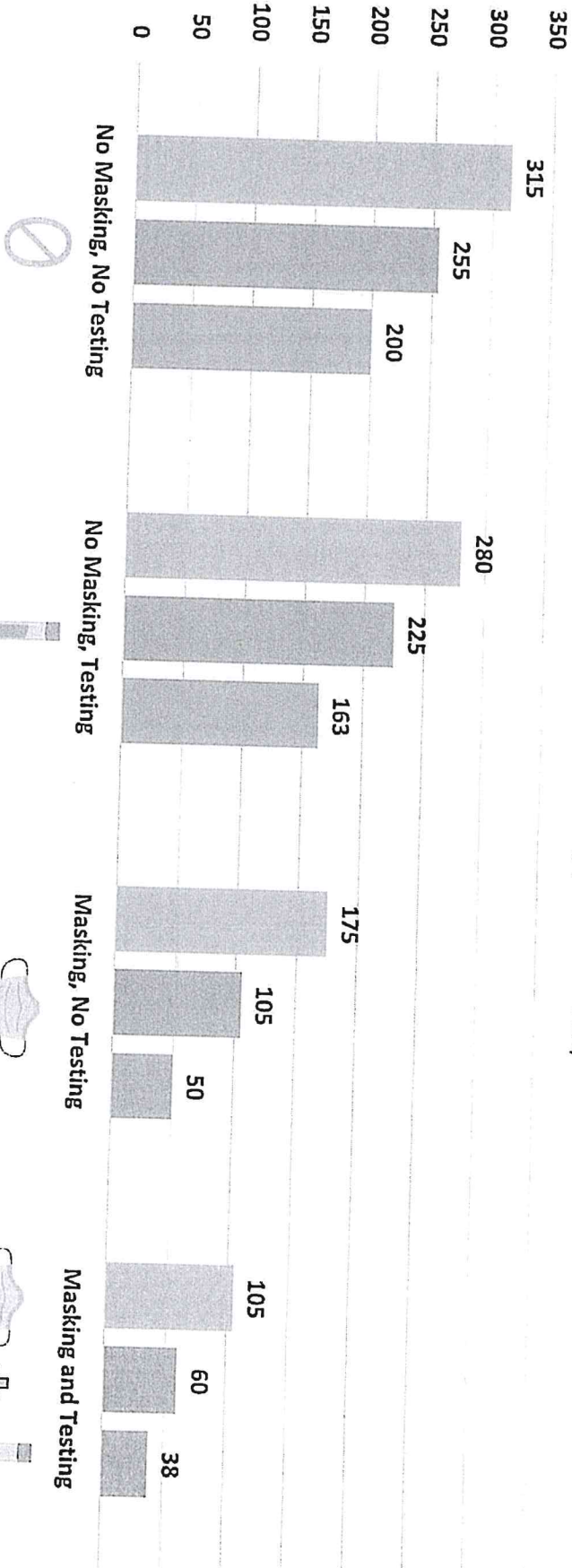
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## New Infections among 500 Students after 1 semester

- Elementary School Setting (Incoming protection = 30%)
- Middle School Setting (Incoming protection = 40%)
- High School Setting (Incoming protection = 50%)



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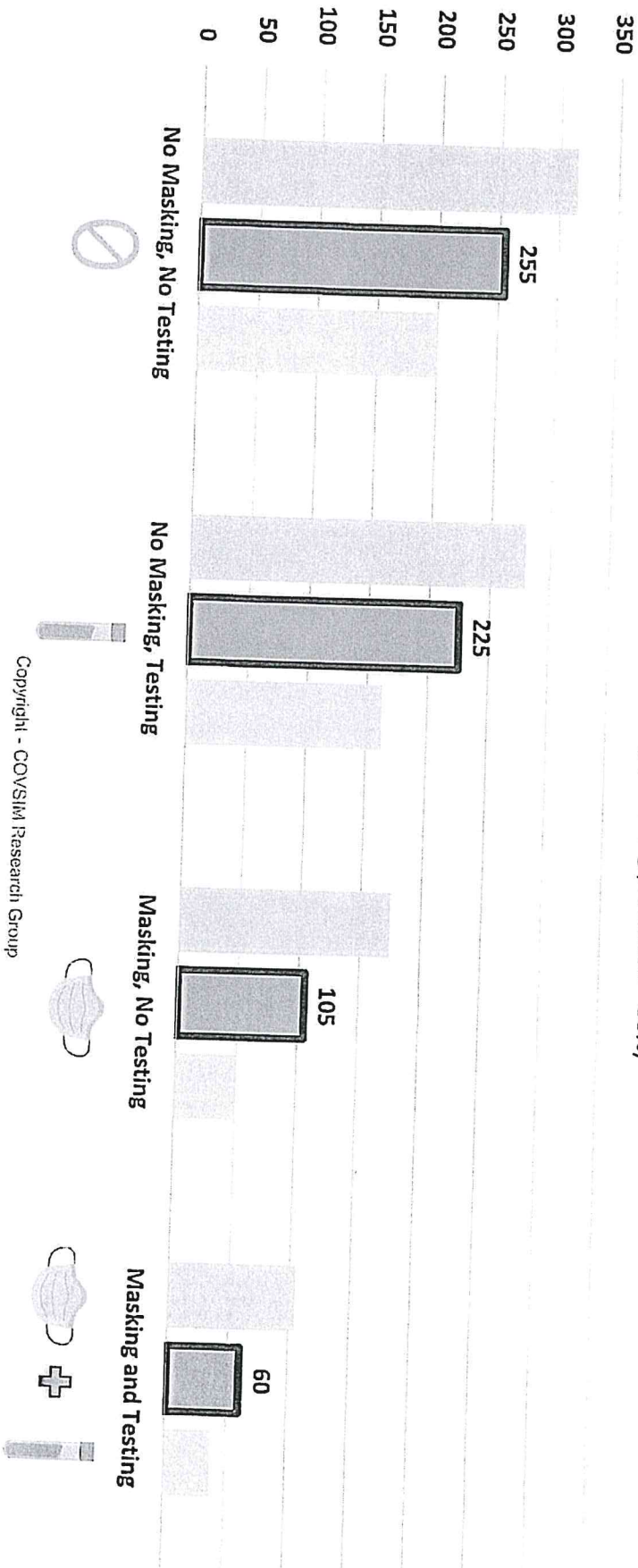
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## New Infections among 500 Students after 1 semester

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- Middle School Setting (incoming protection = 40%)
- High School Setting (incoming protection = 50%)



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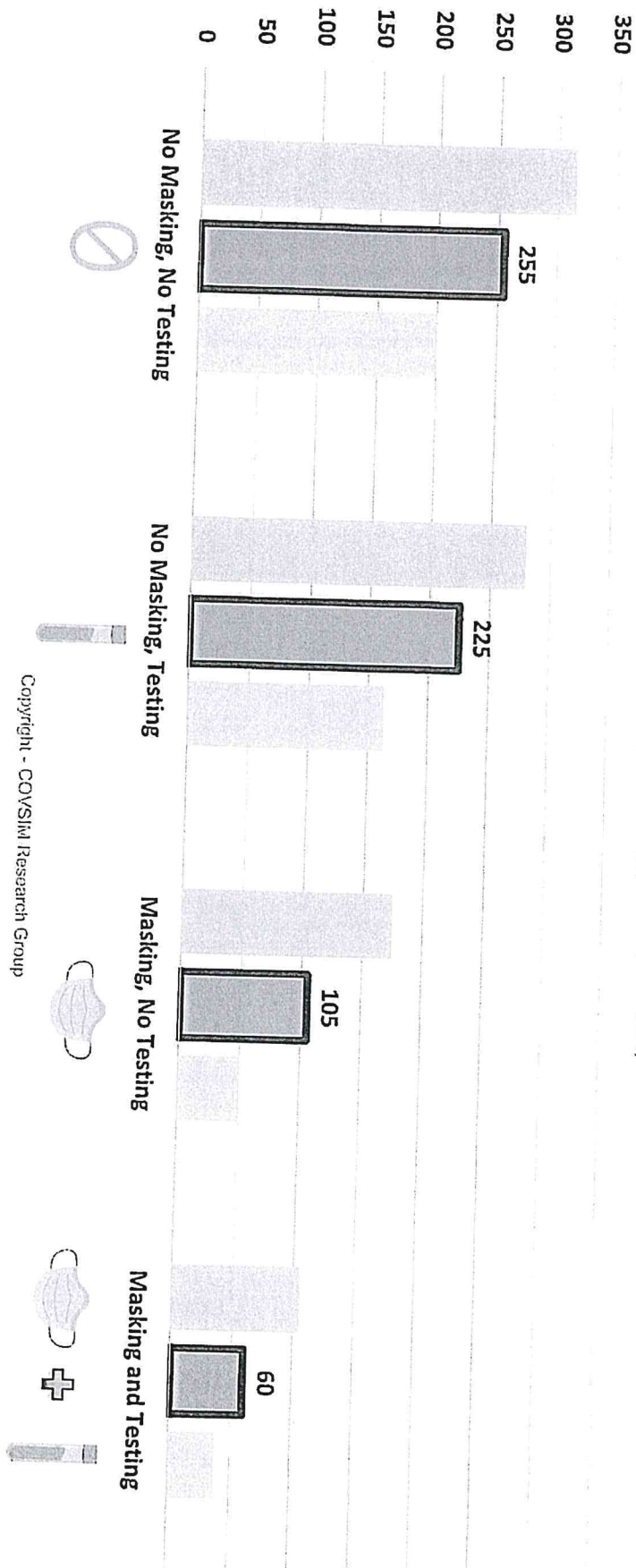
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## New Infections among 500 Students after 1 semester

- Elementary School Setting (incoming protection = 30%)
- Middle School Setting (incoming protection = 40%)
- High School Setting (incoming protection = 50%)

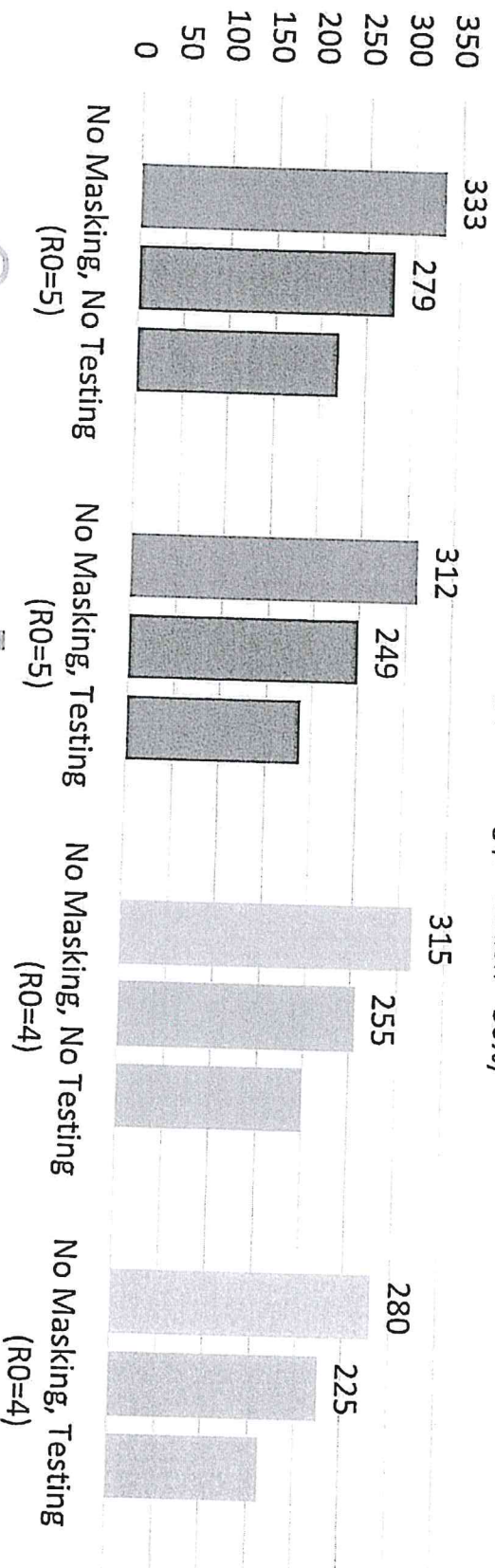




## New Infections among 500 Students after 1 semester

$(R_0 = 5 \text{ vs } R_0 = 4)$

- Elementary School Setting (incoming protection = 30%)
- Middle School Setting (incoming protection = 40%)
- High School Setting (incoming protection = 50%)



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## What does this all mean?

1. The Delta variant is *very* infectious; kids under 12 years old are not yet eligible for vaccines and therefore remain unprotected
2. Without masks or testing, up to 90% of susceptible students may become infected by the end of the semester (if only 30% have incoming protection)
3. Masks and testing, in combination, can prevent 40-70% of new infections (or more with high-quality, well-fitting masks)

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## Consequences may extend beyond the classroom and after the semester...

- Additional cases in the community--including among elderly grandparents and other family members--especially when community rates are already increasing (Goldhaber, 2021)
- More infected students leads to more days of school absences, forcing caregivers to take time off work
- Multi-inflammatory syndrome or Long-Covid, which occurs among nearly half of students and can last up to 8 months (Buonsenso, 2021a, Buonsenso 2021b)



## ...and if school-based infections become too great, a return to virtual learning may follow

- Virtual learning is associated with...
  - Prolonged mental health concerns among students (Golberstein, 2020)
  - Minimal or no learning gains (Engzell, 2021)
- Recall: the risk of severe disease for COVID-19 remains reduced for those of younger ages, in the event they do become infected within school

*The best place for K12 children this fall is the classroom: universal masking and routine testing can ensure that they and their families remain safe and that their learning journey can continue smoothly*

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IN THE IOWA DISTRICT COURT IN AND FOR POLK COUNTY

FRANCES MIERZWA PARR, as mother and  
next friend of M.C.P. and B.E.P,

Plaintiff,

v.

IOWA DEPARTMENT OF EDUCATION,  
ANN LEBO in her Official Capacity as the  
Director of the Iowa Department of  
Education, KIM REYNOLDS, Governor of  
the State of Iowa and KELLY GARCIA,  
Director of the Iowa Department of Public  
Health.

Defendants.

CASE NO. \_\_\_\_\_

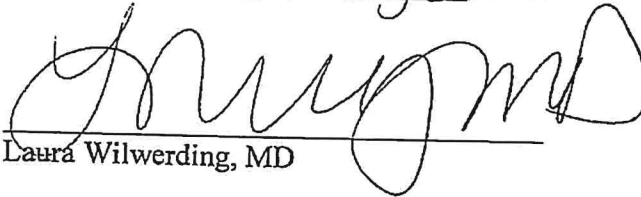
STATEMENT UNDER PENALTY OF  
PERJURY

I, Laura Wilwerding, MD am a licensed practicing doctor in Omaha, Nebraska. I am certified by the American Board of Pediatrics; a Fellow of the American Board of Pediatrics and I am licensed in Nebraska.

I am the pediatrician for M.C.P. born 2015 and B.E.P born 2015. It is my understanding that the Council Bluffs Community Schools will not have a mask mandate for the students or school personnel where M.C.P. and B.E.P attend school. In my expert opinion I feel that this will be very dangerous for the boys and their mother Fran Parr due to the current spread of Covid 19 and the Delta variant. The boys are both under the age of 12 and there is no vaccine for Covid 19 or the Delta variant for children under the age of 12. They will be entering the first grade with children of a similar age, also unvaccinated. It is my opinion that a mask mandate should be in place until a voluntary safety and health plan can be implemented that segregates masked children from unmasked children. The dangers of the lack of a mask mandate are explained by Dr. James Lawler from the University of Nebraska Health Center

attached to this statement is a copy of his recent interview with  
KMTV Channel 3 in Omaha.

Signed under penalty of perjury this 23 day of August, 2021.

  
\_\_\_\_\_  
Laura Wilwerding, MD

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FRANCES MIERZWA PARR, as mother and  
next friend of M.C.P. and B.E.P,

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article from KMTV here). attached to this statement is a copy of his recent interview with KMTV Channel 3 in Omaha.

Signed under penalty of perjury this \_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Laura Wilwerding, MD

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LIVE: UNMC doctors discuss what FDA approval means for vaccines

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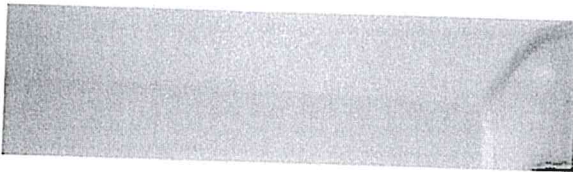
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**WEB EXTRA: UNMC infectious disease physician issues dire warning about COVID-19 spread & schools**

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3 News Now reporter Alyssa Curtis interviewed Lawler on Wednesday about COVID-19 cases rising in Omaha area schools. They spoke about the implications of schools not implementing mandatory mask policies. Lawler was blunt in his analysis of the situation.

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By: Katrina Markel , Alyssa Curtis

Posted at 3:24 PM, Aug 19, 2021 and last updated 3:24 PM, Aug 19, 2021

*OMAHA, Neb. (KMTV) — James Lawler, MD, MPH is the Co-Executive Director of International Programs and Innovation, Global Center of Health Security. He's the Director of Clinical and Biodefense Research and an Associate Professor in the Department of Internal Medicine at the University of Nebraska Medical Center. He's a widely published researcher, including articles about the coronavirus in peer-reviewed journals.*

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**In summary: if COVID-19 continues to spread in schools those children will spread it to vulnerable people, many unvaccinated, in the community. The delta variant is more contagious and results in more serious illness than the strain of COVID-19 we saw last year. As cases rise, hospital beds fill up. As hospital capacity is reduced, anyone needing care for any reason — car accident, heart attack, stroke — will be at risk of not receiving the best care possible. This scenario is already unfolding in other states.**

Lawler started by saying he was “concerned about the level of transmission we already have in the community and I’m concerned about the vulnerability of kids and their families when we’re sending kids back to school in full density, in-person classrooms without facemasks and, for most of them, without vaccines.”

Children under the age of 12 cannot be vaccinated and middle and high schoolers do not have high vaccination rates yet. When it comes to sending kids back to school Lawler said it’s entirely predictable that COVID-19 will spread through schools.

“You cannot expect a highly transmissible respiratory virus, like delta variant,

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He suggested that people who are surprised by the rapid COVID spread in schools are maybe not paying attention or are “maybe listening to information sources that aren’t accurate or reliable.”

Lawler explained that the delta variant is more infectious and causes more severe disease. The spread, even among children, will be more obvious.

He said that kids get infected as often as adults, but they don’t get counted because they’re not tested at the same rate as adults. Antibodies studies show that kids have more COVID-19 antibodies than do adults, which suggests that they’ve had the virus at a higher rate because they’re in schools where illnesses spread easily, explained Lawler.

“We’re going to see this continue to get worse in school populations and that’s going to translate into more cases in the community,” said Lawler, pointing out that we’ve already seen this play out in the U.K. where kids go to school through July.

One of his concerns is that as COVID-19 spreads through schools and is carried into the community, the capacity to treat patients at the hospital will be diminished. A full hospital puts everyone who needs hospital care — of any kind — at risk.

In order to avoid the desperate scenarios now unfolding in other states like Florida, Mississippi, and Alabama where there are not enough ICU beds, Lawler recommends the following:

- Universal masking in schools

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Lawler also warns that the capacity of ICU beds could be easily overwhelmed as cases rise and with it, the possibility that triage tents will be set up in hospital parking lots as they have been in other parts of the country where hospitals have been overwhelmed.

Alyssa Curtis asked Lawler how he feels when school districts do not adhere to the guidance set out by health officials.

"I think we're used to it by now, by a year-and-a-half," Lawler said as he pursed his lips and paused.

He said there was a recent meeting of most of the infectious disease physicians in Nebraska and "that caucus was unanimous in our assessment that universal facemasks are necessary for schools. There was not one dissenting vote. So, I think that the consensus of the experts is pretty clear."

Lawler went on to discuss vaccine misinformation and the importance of continuing to educate the public about the efficacy and safety of the COVID-19 vaccines. He also recommends compulsory vaccines for students as we've done with other vaccinations over several decades.

We asked Lawler at what point schools should start considering a change in their COVID-19 protocols. His response was blunt.

"Any reasonable benchmark that one would have set to trigger those things we've passed a long time ago."

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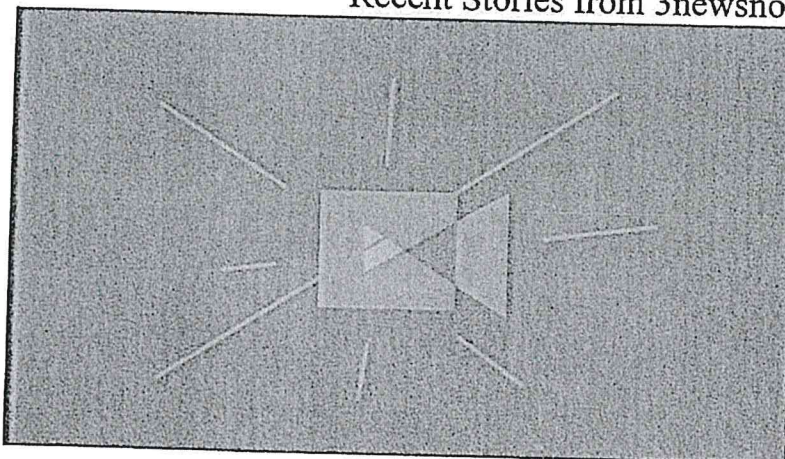
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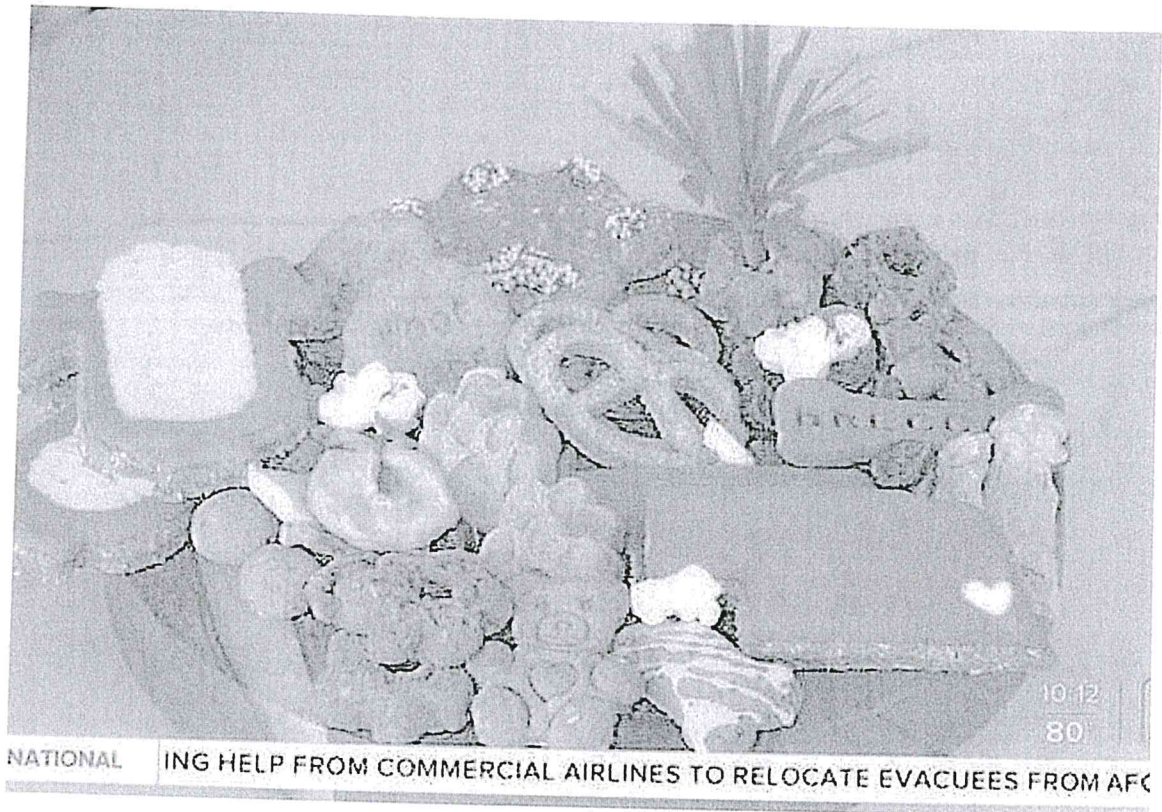
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“You cannot expect a highly transmissible respiratory virus, like delta variant, to not create explosive epidemics in school settings where that is the highest density of any place in our communities in terms of people per square foot,” said Lawler.

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- Universal masking in schools
- Social distancing/Reducing classroom density
- Avoiding large gatherings
- “Cohorting” students
- Vaccinations for those who are eligible

Lawler also warns that the capacity of ICU beds could be easily overwhelmed as cases rise and with it, the possibility that triage tents will be set up in hospital parking lots as they have been in other parts of the country where hospitals have been overwhelmed.

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