



The Massachusetts Chapter

Executive Director

Cathleen Haggerty
860 Winter Street
Waltham, MA 02451
781-895-9852
Fax 781-895-9855
chaggerty@mcaap.org

President

Elizabeth Goodman, MD, MBA,
FAAP
egoodman@mcaap.org

Immediate Past President

DeWayne Pursley, MD, MPH,
FAAP
dpursley@mcaap.org

Vice President

Lloyd Fisher, MD, FAAP
lfisher@mcaap.org

Treasurer

Mary Beth Miotto, MD, MPH,
FAAP
mmiotto@mcaap.org

Secretary

Brenda Anders Pring, MD, FAAP
bpring@mcaap.org

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Dear Commissioner Riley,

I want to thank you for including the pediatricians in this particularly important discussion and decision about how we can safely bring our children back to school this fall. The Massachusetts Chapter of the American Academy of Pediatrics (MCAAP) represents over 1700 pediatricians across the Commonwealth who are committed to the attainment of optimal physical, mental, and social health for all infants, children, adolescents, and young adults. While for most children COVID-19 has not had the devastating and life-threatening physical health effects that have occurred in adults, the negative impact on their education, mental health, and social development has been substantial. The school experience provides so much more than academic learning and the relationships that children form with their teachers, other school personnel, and their peers are critical to their emotional health and well-being.

In my day-to-day interactions with children and their families over the past few months, it has become clear that for many, the remote learning experience has been a challenge. It is evident that these children value the virtual interaction that they have with their teachers and classmates. However, we see how difficult it can be for parents who are trying to work either at home or out of the home while trying to help their children sign on to zoom meetings and assist them with their homework. We know that the teachers and the school administrators have worked tirelessly to make the best possible experience, but for many children, especially those in the younger grades, nothing can take the place of the daily face-to-face interaction that our children experience when attending school in person. In addition, children with emotional, psychological, or developmental disabilities often receive necessary services through schools. Because some of these services have been put on hold during the pandemic, continued school closures will be especially detrimental to this group of vulnerable children. We are also concerned with how school closures will likely exacerbate the well-documented achievement disparities across income levels and ethnic and racial groups.

The MCAAP and the Department of Elementary and Secondary Education share the goal of bringing most students in the Commonwealth back to in-person learning this fall while minimizing the risk to them, the school staff, and their families. We are quite pleased with the recommendations and happy to endorse these guidelines. We are impressed with how thorough the workgroup was in researching the current data and their understanding of the spread of illness, impact of the disease on children, likelihood of children infecting others, and the significant negative consequences that prolonged school closures have on educational, emotional and social well-being of children. We recognize that if there is a second wave this fall or winter, we may need to move to a hybrid model or back to full remote learning. These guidelines outline important steps that school districts must take to ensure that if that were to occur students will continue to advance in their learning.

We know that for many parents and children there will be some hesitation and fear about resuming in person learning. It is our belief that the mitigation efforts outlined in these guidelines appropriately take into consideration the many complexities of a return to school in the fall and outline the precautions necessary to maximize the benefit to our children while minimizing risk to both them and those with whom they interact. It is also critically important for our children to have a positive experience and feel comfortable with the modifications to the classroom, the curriculum, and their interactions with teachers and peers despite the necessary changes.

The understanding and experience that we and those across the globe have with this virus continues to expand each day. I and other pediatricians across the Commonwealth look forward to our continued work with the department as new information becomes available that necessitates modifications to these guidelines. I know we all look forward to a time when we can relax some of the changes that our children will see this fall, and I am confident that together we can come up with an appropriate plan to make that happen when it makes sense.

Thank you to the administration, the working group, and the members of the Department of Elementary and Secondary Education for developing a plan that we at the MCAAP feel is in the best interest of the children in the Commonwealth.

Sincerely,

Elizabeth Goodman, MD, MBA
President
Massachusetts Chapter of the American Academy of Pediatrics

Lloyd Fisher, MD
Vice-President/President Elect
Massachusetts Chapter of the American Academy of Pediatrics