



## From mask battles to vaccine conversations, pediatricians share local concerns

November 1, 2021

Alyson Sulaski Wyckoff, Associate Editor

Article type: [News](#)

Topics: [Administration/Practice Management](#), [COVID-19](#), [Infectious Diseases](#), [Public Health](#), [School Health](#), [Vaccine/Immunization](#)

---

With a surge in COVID-19 cases and increased demand for testing and education, weary pediatricians are dealing with a host of pandemic-related challenges.

In some states — like South Carolina, Tennessee and Arizona — governors have tried to prohibit or reverse mask mandates. The AAP and its state chapters are providing legal assistance to help members educate school boards and residents about public health mitigation measures.

Below, four AAP members describe their efforts to communicate science-based vaccine information and deal with community public health policies.

### **In the middle of mask wars**

When Tracie Newman, M.D., M.P.H., FAAP, was elected to her school board in Fargo, N.D., families seemed to embrace a new physician-member as the pandemic took hold. She advocated for a return to in-person learning with universal masking in the K-12 school district of more than 11,000 students.

The overall approach was working, Dr. Newman said. The AAP North Dakota Chapter even honored her with the 2020 Special Achievement Award for School Health Advocacy and Leadership.

Over time, however, a vocal group of parents resisted masking and used school board meetings to vent their opposition.

Forty to 50 unmasked parents showed up at meetings to rail against the policies. Sometimes, hundreds would gather in the lobby. That prompted Dr. Newman, who also serves as the county health officer, to begin entering meetings through the back door.

As the exchanges became more heated, parents accused her of taking kickbacks from mask manufacturers and “Big Pharma” and also questioned her data.

“I don’t believe public health should ever be political,” Dr. Newman said, “but it seemed like masks got singled out as this ‘overreach’ of our authority.”

When parents challenged Dr. Newman's integrity as a physician, she called it the ugliest stage. "That part has been very personal and very hard."

On the plus side, she said most of the teachers and staff — along with the patient families in her practice — are supportive.

While a recall campaign to remove Dr. Newman and several others on the board failed, she knows the criticism will continue.

Dr. Newman remains undaunted: "Our role as pediatricians is to do our best ... to advise our communities," she said.

Other pediatricians said school mask mandates, in conjunction with additional infection control measures, have helped to limit transmission in their areas.

In Hattiesburg, Miss., John Gaudet, M.D., FAAP, is grateful for mask mandates but said one need not travel far to find districts without such policies.

"There's still community spread, and I believe that what goes on in the school is reflective of your community spread," Dr. Gaudet said. "So if the adults aren't wearing them and they're not doing proper mitigation techniques, you're going to see circulation of the virus in the schools — and we're still seeing it in the school setting."

### **Coping with caseloads**

In the central Oregon city of Bend, John Peoples, M.D., FAAP, believes his area is about at the peak of the delta variant, but it has been tough.

"It's pushed our hospital locally right to the brink of capacity," he said, with August and September being the worst months.

He hesitates to read too much into state vaccination statistics, noting that COVID is local. A state could have a high overall vaccination rate, he said, but rampant spread in pockets of the unvaccinated.

Where Dr. Gaudet practices in Mississippi, the delta variant also may have peaked in late September/early October.

In spring 2020, most of his patients tested negative for the virus. When the delta wave hit, it was like flipping a switch, with so many positive results. "...what really got me was, in my little group, my three-man group, we had two MIS-C cases plus another one that was never proven to be COVID but had all the features," Dr. Gaudet said.

Mississippi also has seen an uptick in cases in pregnant women and maternal deaths, prompting him to recommend COVID vaccines to both pregnant women and postpartum mothers.

In her part of Texas, Austin pediatrician Kimberly Avila Edwards, M.D., FAAP, said overall numbers were starting to drop in the last two weeks of September.

"... we've definitely seen decreasing cases of COVID within our hospital systems, so that need (for testing and care) is subsiding a bit," said Dr. Avila Edwards, director of advocacy and external affairs for Ascension Texas and associate chair for advocacy in the pediatrics department at Dell Medical School.

### **Vaccine conversations**

Dr. Avila Edwards also practices at Children's Health Express, a mobile clinic where most patients are under- or uninsured, and there is a high migrant population. She makes it standard practice to ask if eligible family members got the vaccine. If not, she directs them to where they can be vaccinated together.

"It's been such a great opportunity to share that information," she said.

Her experience, however, is poles apart from pediatricians who find themselves frequently addressing vaccine hesitancy.

“Because we’re seeing a high migrant population, it’s a very different conversation,” she said. “Many of them can’t wait to get the vaccine. They’ve been in communities from other countries that haven’t had the luxury of all the vaccines we’ve had, whether it’s varicella or HepA. And so a lot of times, there’s eagerness that I know is not replicated in some of my private community colleagues’ offices.”

Dr. Peoples is among those who are trying to combat vaccine hesitancy. He said he emphasizes scientific data as the trusted voice for his families.

Dr. Gaudet takes a bimodal approach, starting with facts and figures and ending with an appeal to the heart and parental instincts.

“I’ll say something like: ‘It’s a terrible illness and even though kids do well, they are still miserable. They’re less likely to go in the hospital and less likely to get severely ill, but that doesn’t mean they don’t get very ill. This is an opportunity to protect your child. And if they’re going to suffer, if they get sick from it, knowing all along that this could have been preventable, it would be a hard thing to take.’”

Copyright © 2021 American Academy of Pediatrics