



pennsylvania
DEPARTMENT OF HEALTH

**SENATE EDUCATION AND HEALTH COMMITTEE HEARING
March 3, 2020**

Testimony of:

**ALISON V. BEAM, JD
ACTING SECRETARY
PENNSYLVANIA DEPARTMENT OF HEALTH**

Testimony of ALISON V. BEAM, JD, ACTING SECRETARY OF HEALTH
SENATE EDUCATION COMMITTEE HEARING
March 3, 2020

Good Morning Chairs Brooks, Haywood, Martin, Williams and members of the Senate Education and Health & Human Services Committees. My name is Alison Beam and I am the Acting Secretary of Health for the Commonwealth of Pennsylvania. On behalf of the Department of Health, thank you for giving me an opportunity to provide comments on the public health considerations related to safely returning to in-person instruction for K to 12 schools during the 2020-21 school year amidst the COVID-19 pandemic. The Department of Health remains committed to working collaboratively with our colleagues at the Department of Education and the entire education community to provide the most current and up-to-date public health standards to assist school administrators in their decision making related to school operations during these unprecedented times.

As we approach the year anniversary of widespread school closures, many school administrators, educators, staff, and parents continue to consider the feasibility and practicality for schools to reopen for in-person learning while managing the ongoing spread of COVID-19. I am very aware of the critical role schools play in the healthy development of children. Beyond academic growth, schools and in-person learning provide children with everything from health services and essential social development to nutrition access and physical activity. Additionally, schools are vital to the overall economic health of the community, providing working parents with a safe place for their children to be while they are at work and spaces for community events. Sadly, prolonged disruption to in-person instruction, may contribute to greater educational losses and other hardships for some of the same populations and communities that are disproportionately harmed by COVID-19 itself, creating a serious equity challenge.

For example, last summer the department and PDE issued comprehensive *Public Health Guidance Regarding COVID-19 for Phased Reopening of Pre-K to 12 Schools* based on existing Centers for Disease Control and Prevention (CDC) recommendations which provided public health standards to mitigate the spread of COVID-19 including physical distancing, face coverings, hand hygiene, and cleaning and disinfecting in K to 12 school settings. Moreover, in August, the department and PDE also collaborated to provide recommendations and tools to school leaders to aid in making decisions about selecting instructional models and how to respond to positive cases for the 2020-21 school year.

Throughout the pandemic, we have continued to learn more about how this virus spreads in certain settings, including K to 12 schools. Our team of clinicians and epidemiologists closely follow this ever-evolving research and use this information to work with PDE to update guidance and support systems for operating K to 12 schools. While it is impossible to eliminate risk of disease transmission entirely within a school setting when community spread is present, recent studies have shown that when mitigation strategies, including universal masking, physical distancing, and hand hygiene are strictly adhered to, it may be safer for younger children, particularly elementary grade students, to return to in-person instruction. While people of any age can contract COVID-19, current research suggests people ages 18 and under have a lower risk of severe outcomes, including lower rates of hospitalization and death resulting from COVID-19 infection. As these data, research and federal guidance have evolved, the departments worked to update all school related guidance, most recently updating the instructional model recommendations in January of this year.

In addition to issued guidance, the administration understood the critical need of school leaders to have access to both DOH and PDE subject matter experts while attempting to operationalize classroom learning during a pandemic. With support from the Governor's Office, the department and PDE established a Joint Rapid Response Center (JRRC) in August to respond directly to the needs of K-12

**Testimony of ALISON V. BEAM, JD, ACTING SECRETARY OF HEALTH
SENATE EDUCATION COMMITTEE HEARING
March 3, 2020**

school leaders. The JRRRC is a centralized response center available to K-12 superintendents and administrators to support decision making, provide clinical and public health guidance on isolation and quarantine, and troubleshoot operational issues on a case-by-case basis. The JRRRC is staffed seven days per week and has provided efficient and comprehensive support for nearly 3,800 unique inquires since last fall.

I fully recognize the unique and nuanced needs of local school districts and to that end the department and PDE have continued to support local decision making across our school communities. In addition to our public health guidance, our colleagues at the Department of Education have provided an array of information related to the continuity of education and examples of creative solutions and considerations for alternative learning approaches.

Our dedicated staff at the Department of Health, together with staff at the Department of Education, will continue to support educators, school administrators and parents navigate these challenging times and make informed decisions with the best interest of students, staff and families in mind. Our agencies will continue to work together on areas where we can further support teachers. Together we will continue to overcome the seemingly intractable challenges associated with this virus. Thank you again for the opportunity to provide comments on this most important issue.