

From "GAMBLE, JOHN" <jgamble@CBSD.ORG>
Subject: **Fw: Distancing**
To "SUITS, TRACY" <TSUITS@CBSD.ORG>
Date: Sun, 19 Jul 2020 15:19:57 +0000

as promised

John H. Gamble
School Director
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Region 9

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From: Damsker, David C. <dcdamsker@buckscounty.org>
Sent: Saturday, July 18, 2020 7:58 AM
To: GAMBLE, JOHN <jgamble@CBSD.ORG>
Subject: FW: Distancing

Warning: This message originated from outside the Central Bucks School District.

The below information was sent out to superintendents after Mr. Kopicki started an argument with me on Monday afternoon on the superintendents planning call. It would make sense that he knew about the upcoming decision at that point, and why he out of left field began criticizing all of my positions.

From: Damsker, David C.
Sent: Monday, July 13, 2020 7:07 PM
To: SUPERINTENDENTS@LISTS.BUCKSIU.ORG
Cc: Mark Hoffman <MHoffman@bucksiu.org>
Subject: Distancing

First, I apologize to all for raising my voice on the call. That was not helpful, and did not improve any of the logic behind my argument.

What's truly frustrating is that we have a relatively low prevalence here in Bucks County, and have spent untold hours and effort trying to keep it that way. We have really good data here, and I want us to act like that matters. In my view, we are now starting to act on fear. And the ripple is starting to spread.

I guarantee that no matter which model you use, you will have cases in your districts...because there are already cases in your districts. Staff and teachers will get COVID in the community, at the store, anywhere. Kids can and do get COVID from their parents. Jumping to a hybrid model of 2 days a week in person teaching is in some ways the worst idea: it has many of the disadvantages of the virtual model (less support at home from parents, more logistics issues, more daycare issues, etc.) and there's no hard evidence that it will help much at all, when the teachers will still be in the same classrooms with the possibility of getting infected, the kids will be hanging outside of school MORE with less control, and kids and staff will continue getting infected by the same parents and others in the community.

While of course not impossible, younger children are much less likely to transmit the virus to others. And we know that children are absolutely less prone to severe illness. Yes, I know people are concerned with staff/teachers. We know that masks help a lot, and so staff and teachers in the classroom should be masked at all times. They should social distance as much as they can, and keep ventilation/air moving as much as possible.

Many other countries' schools have distancing at 3 feet and have been successful (so far,) including Denmark (who dropped from 6 to 3 feet), the Netherlands, China, Japan, Hong Kong, Austria, France, Norway, and Finland (and others.) England will open with 3 feet. Have there been some closings in Israel? Yes, they have very crowded schools and there have been community outbreaks. The overall point is that 3 feet can and does work, if necessary, and I was specifically asked about 3 feet.

-This letter came out today in JAMA, basically saying what I've been trying to get across, that if airborne transmission was really happening, we'd see much different data in infection rates, attack rates, and transmission (and so masking our kids and staff should work for droplet spread):

https://jamanetwork.com/journals/jama/fullarticle/2768396?guestAccessKey=7f401736-fcbf-4e3a-a966-4cfc66fd4547&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=071320

-From the AAP directly (<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>):

Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-foot spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies. Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings

and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

-Here is the recent large meta-analysis from the Lancet saying that 1 meter/3 feet of physical distance has a much lower transmission/infection risk:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)

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