

From: Kelly Trautner, Health Issues
Sent: Thu, 11 Feb 2021 16:25:06 +0000
To: aux7@cdc.gov;Johnson, Carole A.
EOP/WHO;sob8@cdc.gov;dawn.oconnell@hhs.gov;Martin, Carmel EOP/WHO;Tracey-Mooney, Maureen
EOP/WHO;McIntee, William T. EOP/WHO;'Okolo, Osaremen F. EOP/WHO';Gonzalez, Noe EOP/WHO
Cc: Randi Weingarten, Office of the President;Jane Meroney, Legislation;Marla
Ucelli-Kashyap;Beth Antunez, Legislation
Subject: RE: AFT Follow-up

Dr. Walensky:

Thank you for your continued openness to our suggestions and input. We would like to share some thoughts regarding the paragraph below which was apparently leaked from the imminent guidance on reopening schools:

“At any level of community transmission, all schools can provide in-person instruction (either full or hybrid), through strict adherence to mitigation strategies. Recommended learning modes vary to minimize risk of SARS-CoV-2 transmission in school by emphasizing layered mitigation, including school policies requiring universal and correct mask use. The recommended learning modes (in-person, hybrid) depend on the level of community transmission and strict adherence to mitigation.”

It would be great to see the insertion some variation of the following: “In the event high-community transmission results from a new variant of SARS-CoV-2, a new update of these guidelines may be necessary.”

We are deeply concerned about likely implications this language will have in schools where strict adherence to mitigation strategies is lacking or is impossible to implement, particularly those schools in high-density, crumbling infrastructure areas, and particularly when community transmission is high. We don't believe that any current research has demonstrated that all schools in those areas can safely reopen.

In light of the new variants of the virus, we are concerned the absence of a closure threshold might put safety of adults and kids in school settings. There is not yet conclusive research to support that keeping schools open in those countries would have been a safe decision, though the Imperial London model seems to show infections among secondary school students in the UK spiked when the new variant began to spread. And we also know that, while infection rates are beginning to drop, the B117 variant is expected to cause a sharp uptick in infections- even becoming the predominant variant by March. The UK was forced to close schools in the wake of the variant spread; Germany had to make a similar decision to close schools. When teachers and school staff see that [travel restrictions](#) are being considered in the U.S., we expect even more hesitation about in-person learning. Even a “variant closing metric” would go a long way in allaying hesitation and fears related to reopening.

We really want to lend our efforts to helping restore faith in the CDC, and we believe you are off to a great start. We must, however, urge the inclusion of clear closure triggers in the imminent guidance. Provisions providing for when schools should close, like what is in place in New York City, instill some degree of confidence for those who are hesitant about returning to school. Embedding such a threshold bolsters transparency and is a must for ensuring parents and administrators can plan for a surge like we have seen in Great Britain and in Germany.

We look forward to continued collaboration with you and your team.

Kelly

Kelly D. Trautner

Senior Director | Health Issues

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From: Kelly Trautner, Health Issues

Sent: Wednesday, February 3, 2021 12:36 PM

To: aux7@cdc.gov; Johnson, Carole A. EOP/WHO <(b)(6)>; sob8@cdc.gov; dawn.oconnell@hhs.gov; Martin, Carmel EOP/WHO <(b)(6)>; Tracey-Mooney, Maureen EOP/WHO <(b)(6)>; McIntee, William T. EOP/WHO <(b)(6)>; 'Okolo, Osaremen F. EOP/WHO' <(b)(6)>; Gonzalez, Noe EOP/WHO <(b)(6)>

Cc: Michelle Ringuette, Office of the President <mringuette@aft.org>; Jane Meroney, Legislation <JMeroney@aft.org>; Marla Ucelli-Kashyap <(b)(6)>; Beth Antunez, Legislation <bantunez@aft.org>

Subject: RE: AFT Follow-up

Dr. Walensky,

Thank you so much for your responsiveness to the suggestions made by Randi and our team. We are immensely grateful for your genuine desire to earn our confidence and your commitment to partnership. We will pass this message along to Randi. She will certainly be most grateful.

We look forward to continued dialogue and partnership as we continue our respective focus on safe reopening of schools and society.

Kind regards,

Kelly

Kelly D. Trautner

Director | Health Issues

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From: "Walensky, Rochelle (CDC/OD)" <aux7@cdc.gov>
Date: February 3, 2021 at 12:04:56 PM EST
To: "Johnson, Carole A. EOP/WHO" <(b)(6)>, "Berger, Sherri (CDC/OCOO/OD)" <sob8@cdc.gov>, "O'Connell, Dawn (HHS/IOS)" <Dawn.Oconnell@hhs.gov>
Cc: "Martin, Carmel EOP/WHO" <(b)(6)>, "Tracey-Mooney, Maureen EOP/WHO" <(b)(6)>, "McIntee, William T. EOP/WHO" <(b)(6)>, "Okolo, Osaremen F. EOP/WHO" <(b)(6)>, "Gonzalez, Noe EOP/WHO" <(b)(6)>, "Michelle Ringuette, Office of the President" <mringuette@aft.org>, "Jane Meroney, Legislation" <JMeroney@aft.org>, "Beth Antunez, Legislation" <bantunez@aft.org>, "Marla Ucelli-Kashyap, Educational Issues" <mucelli@aft.org>
Subject: RE: AFT Follow-up

Dear All,

I just wanted to circle back and extend my gratitude for the language you have provided us below. Regrets for my delay in reply but I wanted to be certain you knew it is being worked into (with just a few small tweaks) the school opening guidance. We have also included the executive summary you suggested.

Please know we are listening and working hard to ensure your confidence and partnership in this endeavor.

My very best,

Rochelle

From: Johnson, Carole A. EOP/WHO <(b)(6)>
Sent: Tuesday, February 2, 2021 10:24 AM
To: Walensky, Rochelle (CDC/OD) <aux7@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; O'Connell, Dawn (HHS/IOS) <Dawn.Oconnell@hhs.gov>
Subject: FW: AFT Follow-up

Dr Walensky – AFT followed up w suggested lang on accommodations per your exchange with Randi. I think this went to Lynn not you, so in case you did not see, pasted below. Thanks

From: Kelly Trautner, Health Issues <ktrautne@aft.org>
Sent: Monday, February 1, 2021 7:27 PM
To: Johnson, Carole A. EOP/WHO <(b)(6)>; Martin, Carmel EOP/WHO

<(b)(6)>; Gershman, Lynn E. (CDC/OD/OCS) <veu4@cdc.gov>; Tracey-Mooney, Maureen EOP/WHO <(b)(6)>; McIntee, William T. EOP/WHO <(b)(6)>; Okolo, Osaremen F. EOP/WHO <(b)(6)>; Gonzalez, Noe EOP/WHO <(b)(6)>
Cc: Michelle Ringuette, Office of the President <mringuette@aft.org>; Jane Meroney, Legislation <JMeroney@aft.org>; Beth Antunez, Legislation <bantunez@aft.org>; Marla Ucelli-Kashyap, Educational Issues <mucelli@aft.org>
Subject: [EXTERNAL] AFT Follow-up

Good evening, Colleagues:

Thank you again for Friday's rich discussion about forthcoming CDC guidance and for your openness to the suggestions made by our president, Randi Weingarten, and the AFT. We are hopeful that lines of communications will remain open, and that we can serve as a true thought partner as you continue the important work toward safe reopening of schools.

You will recall that Randi committed to provide Dr. Walensky and the group with suggested language on the issue of accommodations for staff who are either themselves in the high-risk category, or for those who reside with a high-risk individual. We crafted the language below using a NIOSH document, as well as language in some of our agreements with school employers. Thank you for considering it.

- Employers should provide reassignment, remote work, or other options for staff who have documented high-risk conditions or who are at increased risk for severe illness from COVID-19 to limit the risk of workplace exposure. Options for reassignment include telework, virtual teaching opportunities, modified job responsibilities, environmental modifications, scheduling flexibility, or temporary reassignment to different job responsibilities. These options should likewise be extended to staff who have a household member with documentation of a high-risk condition or who are at increased risk for severe illness from COVID-19. Policies and procedures addressing issues related to teachers and other staff at higher risk of serious illness should be made in consultation with occupational medicine and human resource professionals, keeping in mind Equal Employment Opportunity (EEO) concerns.

Finally, we were able to review a copy of the draft guidance document over the weekend and were able to provide some initial feedback to several staff this morning about possible ways to strengthen the document. We are grateful for the agency's effort to bring some measure of organization and framework to guidance. We are likewise grateful for the inclusion of some of the mitigation efforts we have been calling for since last year. It is our hope that we can be engaged early in the process moving forward, as we believe our experiences on the ground can inform and enrich thinking around what is practicable and prudent in future guidance documents.

Please do not hesitate to reach out should you have questions or desire additional dialogue.

Warm regards,

Kelly

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