

## FACULTY SENATE SEMINAR

### FALL 2021: ADDRESSING YOUR INSTRUCTIONAL QUESTIONS

**Questions for Participants** [indicates duplicate questions]

[LINK TO INSTITUTIONAL RESEARCH COVID-19 RESPONSE SURVEYS](#)

#### DELTA VARIANT [JENNIFER]

As a community of scholars and teachers we recognize that scientific knowledge is emergent and that much of what we are able to turn to and cite about the efficacy of masking and ventilation was developed while the alpha variant was circulating. What can you tell us about the sufficiency of the preventative measures the campus is taking with respect to the unpredictable Delta Variant? [Benoit]

#### FACULTY WORK OPTIONS [BILL]

1. As faculty why isn't our decision whether we teach in person in an assigned classroom, on the lawn outside, in a field trip, over a lunch at the faculty club, or on line? As long as a faculty member follows the submitted syllabus and teaches the required number of hours and has the consent of enrolled students. [Laura]  
[I teach a smaller class of ~30 students (nearly all seniors) where I strive to get to know the students because I write letters of recommendation for them for their future career steps. In the classroom with masks I won't be able to recognize students, I will have difficulty hearing and they will have difficulty hearing me – by necessity, for their education, this is designed to be an interactive class. Given this, I would like to teach ~50% of the lectures by zoom so that I can learn to put names to faces and so that the interactions can be stronger. I feel I should have the option of zoom or in person as I think works best for their education and for me to serve their educational needs best. Is such a request one the University will be empathetic to?]
2. Many faculty demonstrated last term that they can teach effectively online and student evaluations reflected high satisfaction with the course and instructor. Would the university or schools be willing to set up a process to survey each class and, if the students agree, permit the class to be taught online? [Laura]
3. Given the unique nature of each faculty member's personal circumstances as they pertain to the virus, specifically the potential impact of the delta variant, why are teaching faculty not being given the right to decide which risks they are willing to take in deciding whether they teach in-person or online this semester? [Laura/Jack?]

#### TRIGGER LEVELS [JENNIFER]

4. What is the level of positivity OR cases OR hospitalizations that will trigger a university decision to put a class, a department, a school, or the university back into remote teaching and/ or work? Who will make that decision? [Benoit]

[If there is COVID spread on campus among vaccinated students and/or faculty, at what positivity rate will the administration decide to pivot to online classes?]

[Has someone run the numbers and found that testing students twice a month, randomly testing faculty, and testing waste water in some places will detect an outbreak as soon as it occurs?]

5. Shouldn't all instructors be preparing to teach their courses online in case the prevalence of the virus on the campus or in the community increases or they or their students test positive? [Laura]

## VACCINATION [VIVIAN]

6. Persons under age twelve cannot be vaccinated, which poses two risks: Those of us who are fully vaccinated can get a breakthrough infection and infect our children, or they can pick up an infection at school or play and infect us. In the case of instructors who have no comorbidities and are not immune compromised but are in such a situation, why is the university not automatically permitting those who perceive this as an unacceptable risk to teach or work from home? If an instructor goes through the appeal process with their chair or dean, will they be given that option? What is the University doing to make sure that comparably situated people receive the same treatment? [Benoit]
7. Vaccine senescence is real as is the waning antibody levels of those vaccinated early in the process. Most of those who are hospitalized with breakthrough infections are older. Why hasn't the university given those who are older and were fully vaccinated in March but can't get a booster until mid-November the option to work remotely? If such a faculty member without co-morbidity files an appeal will that authorization be granted? [Benoit]
8. 60% of COVID patients in Israeli hospitals fully vaccinated. Does Penn have the hospital capacity to care for us and the larger community that depends on it if that situation is replicated here? [Benoit]

## REQUESTS FOR EXEMPTIONS [BILL]

9. What is the process for requesting an exemption from in person teaching through the Office of Affirmative Action and how quickly are requests answered? [Jack]
10. What kinds of disabilities or co-morbidities are considered, and is it up to our personal doctor or someone at Penn to decide? [Jack]  
[What should people do if their doctors (who are usually more heavily trained in FMLA) are not as familiar with disability accommodation laws?  
[What if you are not technically immunocompromised, but COVID is likely to cause symptoms similar to a medical condition you already have?  
What if the doctors aren't able to determine your risk level because the combination of your condition and COVID has not yet been studied?  
[What if you aren't established in the Philadelphia area (or even the US) and so

obtaining long medical records of your conditions is next to impossible?

[What if you can't get an appointment with a doctor to obtain these accommodations? (Some specialists are booked months in advance.)

[What if you have several conditions, and one of them might not increase your risk, but having several of them do? Specialists for one condition do not always understand other conditions.

[How much time are we supposed to spend chasing down doctors when the medical system is already being overwhelmed by COVID patients?]

## TESTING [JENNIFER]

11. Thank you for making it possible for us to get tested as often as we think necessary at no charge. Our peers are testing their students more frequently than we are, in many cases at least once per week. Why isn't Penn requiring that its students be tested at least weekly? [Benoit]
12. Requiring a green PennOpen Pass was a good protection before we knew about the nature and extent of asymptomatic transmission and the possibility that those who were fully vaccinated, infected, and asymptomatic could have as high a viral load as an infected unvaccinated person. If, for example, one of our students is tested on Sept. 1 and then again on Sept. 15 and becomes asymptotically infected on Sept 2, they can spread the virus for 13 days before their infection is caught. If we assume that a fully vaccinated person is infectious for a shorter period and that person is taking four classes and circulating through dorms and dining halls, on average they may be able to infect up to six people, who in turn may each be able to infect up to six more. In light of these realities, shouldn't we be applying the precautionary principle and test more regularly and set a low threshold for returning to remote activity? [Benoit]
13. In what cases will I be notified if a student in my class tests positive? [Benoit/Laura]
14. Will students in my class be notified if a classmate tests positive? [Benoit/Laura]
15. The notice from the university says that it will not reveal the identity of students who test positive and are in one of our courses but that the students should notify us to get accommodations from us. Will the university notify us THAT a student in our class has tested positive without revealing that person's identity? [Benoit/Laura]

## CLASSROOM ISSUES: [VIVIAN]

16. The university's policies for in-person instruction call for no distancing or capacity restrictions in windowless classrooms. Yet the guidance for gatherings outside of the classroom includes recommendations that events be held outside and for individuals to observe distancing. I am confused as to why I should consider myself and my family safe when I spend an hour in a windowless classroom with over 100 students at the same time that the university strongly recommends that event organizers avoid indoor, non-distanced event whenever possible. [Benoit]

17. What is the process for requesting an exemption from in-person teaching for other reasons, such as having at-risk individuals at home? How different is that in the different schools? [Laura]
18. If I think that my classroom is too small and tightly packed with students to be safe for them and me, what should I do? [Anne]
19. If a student is visibly ill in class (coughing, sneezing), may I ask them to leave the class. Is it a violation of ADA to ask them to leave? [Benoit/Laura]  
[The teaching guidance sent by the SAS Deans's office outlines that "close contacts" of students who test positive will be notified. How is Penn defining "close contacts"? For instance, would a 3hr long class in a 25x25' room with 15 masked people be considered close contact? To protect my immediate family, I would want to be notified if I had been in a room with a student who tested positive. ]
20. I would like to hold most of my seminar class meetings outdoors this fall, weather permitting. I mainly want to make sure that I won't be discouraged or obstructed from doing this by FRES or anyone else at the University (my department is fine with it). Also, I would like to know if Penn is considering any support/accommodations for those of us who may wish to teach outdoors, for example designating particular areas where we may do this or renting/purchasing tents (like the event tents set up for convocation and commencement) as Amherst College has done to accommodate teaching outdoors (obviously on a much smaller campus than ours)). [Anne]
21. Our classes are being run at regular full in-person capacity. We can ensure that we are properly masked. But we can't guarantee that our students in classes are. They could be wearing poorly fitted cloth masks. Why aren't we reducing the density of classes to permit physical distancing? Why aren't we requiring double masking? What is the university doing to ensure that the masks they wear are actually protecting them and each other and us? Why isn't the University providing everyone with approved masks? [Benoit]
22. Will lectures be routinely recorded for those that must quarantine? This seems quite prudent with the delta variant as students have to isolate. [Laura]

## VENTILATION [BILL]

23. Could University provide information on the actual ventilation and outside air intake rate, if any, and the method of air filtration in each classroom and the number of persons for which the room is ventilated so that instructors have the information necessary to know that the classroom is safe and if not to request appropriate accommodations, including room changes or remote teaching. [Anne]
24. According the FRES web site, "ASHRAE Standard 52.2 establishes application guidelines for MERV (Minimum Efficiency Reporting Value) filters. ASHRAE states that filters that are MERV 13 and above are efficient at capturing airborne viruses. The Penn standard for filters stipulates a MERV 8 pre filter and a MERV 14 final filter (MERV 14 is a finer mesh than MERV 13)." Weren't the guidelines developed for the Alpha variant and do

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they apply to the Delta Variant. [Anne]

[The information we have been given so far does not say that the existing filtration in classrooms is sufficient to protect from aerosolized SARS-CoV-2 Delta variant exhaled over extended periods in close quarters. In some of our classes students sit arm to arm. How do we know that the ventilation and filtration meant for ordinary classroom use is able to protect them (and us) from this unusual virus?]

## LIABILITY

25. If an instructor gets ill as a result of exposure to a student or co-worker and has been required to be in person because the person has no grounds under existing policy for an exemption to in person work, is the university morally, ethically, and/or legally liable?

[Laura/Jack?]

## NEW QUESTIONS: NOON SATURDAY TO NOON MONDAY DEADLINE

- A. Already students tell us they have to quarantine, which was of course to be expected. Students are told by student health that all classes will have online options so they do not miss out on classes while quarantined. Yet, we have been told to prepare in-person teaching only by the University/SAS/Provosts/Deans. I am happy to live-stream my classes and tried to make sure on my own that this will work, fingers crossed it will work out. Why is there no centralized process ensuring classrooms are equipped with cameras, microphones, zoom streams are up and running, etc.?
- B. Philadelphia public health guidelines do not require masks in spaces with vaccine requirements such as Penn. Why do instructors need to wear masks? It will be more difficult to communicate and exhausting to shout through a mask all day long, and quality of instruction will suffer. Why isn't there at the very least a centralized process to equip instructors with lapel mics?
- C. It is inefficient and somewhat frustrating that instructors need to come up with solutions individually and last minute. Please relay these concerns and ask the admins to message students and faculty consistently, and clarify their expectations for fall teaching. Thanks again for organizing this event.
- D. The proposed plan does not seem to take into account the range instructional modes at Penn. I teach a large lecture course. Pre-covid, I recorded my lectures and made them available to students so they could rewatch sections of concern or make up work if absent for any reason. I certainly will not stop this practice at this time. Thus, the only times students need to appear in person for this course are for the assessments. I can easily imagine some fraction of the students begging off the assessments due to the stress of being in a large lecture hall with >100 other students. I would then have to offer a make-up in a smaller setting. So, students have the option not to attend large settings, but faculty are required to attend. Why is such an arrangement proposed that is inherently unfair to the faculty who are largely older/at greater risk for more severe illness?
- E. Students can choose to take a leave for a semester/year or go elsewhere if they are uncomfortable with instruction under these conditions, but most faculty do not have the equivalent option especially not for this academic year since courses are already rostered. How is this fair to instructors?
- F. The University has determined at this time that in-person instruction is low-risk. However, this risk level may not be acceptable to all including those who do not qualify for any of the University-allowed exemptions. The resultant anxiety caused will be stressful or debilitating to a fraction of the instructors. Since it seems that personal choice and judgement are not being afforded to the instructors, is an instructor's only option to seek psychological care to qualify for such an exemption?
- G. Re "checking the status of Penn OpenPass for their class", given the following guidance: *It is up to the discretion of the instructor if they will check the status of Penn OpenPass for their class. However, if they decide to check the Penn OpenPass status, they should check all students and not single out a particular student.* Would it be appropriate to ask the entire class at the beginning of every session to take out their Penn OpenPass and show it to each other to check for compliance? What other way would be recommended to check compliance? Without regular checking, students won't get serious about using Penn OpenPass.

- H. Re a student with a red OpenPass refusing to leave, "the instructor should call EOS (8-8588) to have them escorted out of the buildings." Is that the number to be called from an instructor's cell phone?
- I. If a poll is taken of all registered students in a class asking whether they'd prefer remote versus in-person learning to begin the semester, if the majority responded affirmatively, would it be acceptable to start the class remotely?
- J. Exemptions have been discussed for immunocompromised and those with relatives at risk and/or unvaccinated children. Exemptions should also be considered for faculty who are senior citizens.
- K. What is the false negative rate of the COVID saliva tests on which Penn is relying?
- L. An Israeli study found vaccination prevents 50% of serious COVID illness among those age 60+; the NYT reports today that the efficacy may not be something that improves with boosters. Likewise, studies find that common masks worn by untrained individuals in non-healthcare settings are somewhere around 50% effective at preventing respiratory illnesses generally. The  $R_0$  of the Delta variant may be 8 or 9. These observations suggest the possibility of an outbreak of serious COVID cases on campus, particularly among older staff and faculty. Should vaccination and masking prove inadequate defenses, what is the plan to protect in-person employees before dozens of serious cases arise?
- M. On April 22, 2021, the University communicated the following (<https://coronavirus.upenn.edu/announcement/update-penn%E2%80%99s-plans-fall-semester>, accessed August 27, 2021), "Students should plan on being fully vaccinated (i.e., two weeks after the last dose of the vaccine) before they return to campus for the fall semester." According to the University's notification of August 25, 2021, the vaccination deadline is now October 15, the deadline mandated by the City of Philadelphia. What is the reasoning behind the postponement of the deadline for full vaccination from before return to campus to effectively end of October?
- N. If, during my 90 minute lecture, I need to take a sip of water in order to clear my throat/stop a cough, my plan is to step out of the room with my water, pull down my mask and take the drink. I plan to tell the students in advance that this will be my procedure if that need arises. And I plan to suggest that they do the same if they need to do so. Is there a different procedure I should be following?
- O. There are studies suggesting that Ventilation and Air Conditioning Systems (HVAC) "if not correctly used," "may contribute to the transmission of the virus, as suggested by descriptions from Japan, Germany, and the Diamond Princess Cruise Ship." (See Correia, G., Rodrigues, L., Gameiro da Silva, M., & Gonçalves, T. (2020). Airborne route and bad use of ventilation systems as non-negligible factors in SARS-CoV-2 transmission. *Medical Hypotheses*, 141, 109781. <https://doi.org/10.1016/j.mehy.2020.109781>) Besides the question of adequate ventilation in our windowless classrooms, how do we know that the HVAC systems in our classroom buildings are used "correctly" so that the systems themselves do not help to spread the virus from one classroom to another in the same building?
- P. One main concern many instructors have are potential risks of bringing the virus back to our immediate family members. What procedures are in place to immediately notify instructors if they have been in a room with a student who tests positive? Why isn't Penn requiring that its students be tested at least weekly?

- Q. What specific criteria will the university use to judge whether it is necessary to move to Alert Level 3 and online teaching? The information provided on the website is worded relatively vaguely:
- Rising transmission and cases in Philadelphia and neighboring communities.
  - Evidence of significant community spread.
  - Significant increase in the presentation of other illness (flu, strep, mono, and mumps for example).
  - Restrictions coming from the CDC, the Commonwealth, or the Philadelphia Department of Public Health.
  - Could you share more details? For instance, how much must transmission rates rise? what is the threshold of number of breakthrough infections on campus, or in the city, that will trigger such a move?
- R. The information on Penn Open Pass is somewhat contradictory. For instance, in one place it says all faculty should fill it out daily, in others it's presented simply as a tool that can help with contact tracing should one develop symptoms or have a positive test result. Can this policy be clarified and made uniform?
- S. Has Penn considered providing good quality masks to all faculty that will make it easier for us to talk and lecture? We all are wearing different kinds of masks, depending on what we can find and quite imperfect information about their specific effectiveness. Why can't the university just buy and distribute a bunch of good quality masks that provide better fit and space for breathing and talking? Providing 10 N-95 masks per faculty would permit us to rotate them throughout the week and feel more confident that we were wearing good quality masks that made our very difficult jobs just a bit easier. The cloth masks provided at the beginning of the lockdown were ineffective and poor-fitting, so I am talking about commercially made and commercial-grade masks.
- T. Why isn't Penn planning to provide booster vaccines? Perhaps many faculty will prefer to use their own pharmacy, but Penn already has a vaccine clinic set up, why not use it for boosters?
- U. Most Covid risk assessment tools available online (e.g. this one: <https://www.microcovid.org/>) suggest that even the most optimistic teaching scenario (100% vaccinated and masked students) in my 25-person classroom at full capacity for 180 minutes a week is still extremely high risk. How is this considered an acceptable risk--particularly for those of us with unvaccinated small children at home?
- V. Students are being asked to mask but are not being provided with approved PPE, as far as I am aware. The masks on sale at the Penn Bookstore are thin cloth masks providing minimal protection. What is the University doing to ensure not just that students comply fully with masking but that their masks are actually adequate to a crowded indoor situation with prologued exposure?
- W. Gateway testing for faculty and staff begins a week after the start of classes (September 7), not actually on return to work. This means that anyone who unknowingly comes to work with Covid will be present for a week of face-to-face classes, possibly spreading the highly transmissible Delta variant to many students, faculty, and staff before being tested.
- X. Some universities are requiring weekly testing of everyone on campus, integrated into an app that shows their testing status; without a green screen showing they have tested negative, no one at MIT, for instance, can enter a campus building. This seems like a far safer plan than what Penn currently has in place. Why aren't testing protocols on our campus more stringent?

- Y. What provisions are being made to accommodate students with disabilities or heightened medical risks that make in-person classes unsafe for them to attend?
- Z. A confounding factor with the Delta variant is that vaccinated individuals who get infected regardless of whether they are symptomatic or asymptomatic are able to infect others. What does this mean for teaching faculty and staff who have children younger than 12 years of age who have not yet been vaccinated or family members with significant comorbidities or who are in one way or another immunocompromised? How do you reconcile this inconvenient truth with Penn's contravention of CDC social distancing guidelines for teaching purposes especially when account is taken of the potentially dire consequences of long COVID and/or sequelae (future comorbidities) that might be spawned in the young and not so young post-infection (something we've already seen)? Is this the price we are prepared to pay simply to gain what might amount to only a few weeks of in-person teaching at the beginning of the fall semester, assuming that the surge of Delta variant infections lasts no longer than a few weeks and is not closely followed by similarly troubling variants, for instance the Lambda variant or another variation on the same theme?
- AA. Will the results of wastewater testing protocols be included in future iterations of the Penn COVID Dashboard?
- BB. If someone in my class does test positive, does that mean that we subsequently should hold the next few classes virtually to give everyone else time to get tested and/or quarantine?
- CC. The University policy thus far has referenced "religious exemptions." From everything I know, no major religion prohibits vaccinations, and religions (or sects therein) which do are extremely limited. While I respect the right to practice your religion, what efforts are made to vet these exemptions? Given the danger to others, are there considerations to change or clarify this policy?
- DD. More broadly, how are vaccinations and medical exemptions being verified for the safety of the Penn and Philadelphia community?
- EE. Given the nature of this meeting and policy around public health, why are there no public health officials and experts present for this meeting?
- FF. With cases in this country and Philadelphia quickly reaching rates as high as parts of the winter, at what point will the University allow, recommend, or require teaching remotely in order to protect everyone's health? Why are these discussions not made with faculty, student, and community input?
- GG. Does Penn consider the health and safety of its staff and students the most important aspect of its educational mission? Why won't Penn take steps to ensure this is the case by allowing faculty to teach in a way that protects their and their student's (and the wider community's) health?
- HH. Are there any plans made to end in-person instruction after the Thanksgiving break (unless sudden changes to current trajectories with delta)? If this is an option, why has it not been discussed and planned for now? If it is not a consideration, why isn't it?

## QUESTIONS RECEIVED AFTER DEADLINE OF NOON MONDAY

- i. Why has there been no mention or consideration of the common issue that many instructors will be dealing with unpredictable and prolonged gaps in childcare due to the pandemic, either as a result of unvaccinated children contracting COVID, children having to quarantine due to exposure to COVID, children's classrooms temporarily closing because the entire class needs to quarantine, or the possibility that entire schools and/or school districts will go virtual? When children have to quarantine either because

- they are sick or were exposed, it is not possible to hire in-home help, even if that were an affordable option, which for many, particularly TA's, it is not. How can we be expected to teach in person under these circumstances?
- ii. Are instructors allowed to teach virtually if they cannot come to campus in person because they need to care for their dependents who are in quarantine for the required 10 days (or more, should more than one child need to quarantine in a non-overlapping time frame)?
  - iii. I appreciate the university sharing information that there have been no observations of in-class transmission of covid on campus. However, the administration has failed to acknowledge that arriving on campus requires many instructors to commute via public transit, thus exposing us to a largely unvaccinated population during a time of high community transmission with limited to no social distancing. What risks to their own health and the health of their loved ones are instructors expected to assume? Why have these risks not been acknowledged? Why are faculty not empowered to make decisions about their mode of instruction to fit their own personal level of health risk and the risks to vulnerable members of their household in the face of this deadly disease, particularly when online instruction is a viable, if less desirable, alternative?
  - iv. Why has the humanity of instructors been ignored by the administration? Contrasted with the compassion and flexibility we are expected by the administration to show our students, why are instructors not also at least acknowledged to share many of the same fears, anxieties, health risks, and likely needs to quarantine as our students? Why is the administration not showing similar compassion and flexibility towards instructors as they expect us to show to our students?
  - v. How does the University's decision to return to in-person instruction account for professional schools like the GSE and SP2 that send students to community- and K-12 school-based practicum sites? Given the potential for COVID transmission across Penn and community contexts, could professional schools like GSE and SP2 receive exemptions from in-person instruction, or at least more leniency to allow for hybrid instructional approaches?
  - vi. Is it not dangerous that faculty will not be informed when a student in their class contracts Covid? How does this ensure the safety of other students or the instructor?
  - vii. The report that no Penn student has contracted covid in the classroom is based only on what happens in the classroom. This is a hypothetical study as students will definitely socialize outside the classroom. Why is Penn relying on such a study?
  - viii. Many of the classrooms assigned do not allow social distancing. In fact they cram everyone together in unhealthy proximity. One of the rooms assigned to me has a maximum capacity of 36, and I have 30 students plus a TA. The chairs are tightly pushed together. The capacity of each room is still decided on the pre-Covid situation. Is this not dangerous?
  - ix. Mounting evidence indicates that breakthrough infections are not rare with the Delta variant, and that vaccinated individuals can transmit the virus to others. Most recent

CDC estimates indicate that vaccines are about 66% effective with Delta. The Delta variant is producing record numbers of hospitalizations about adults <50 and young kids, resulting in shortages of hospital beds in many places. Many faculty (like me) have young, unvaccinated and otherwise vulnerable household members. We worry deeply about transmitting the virus to them. With child vaccines likely available around the end of 2021 and indications that the Delta surge will only last a few months, why can't Penn faculty with young children or otherwise vulnerable household members choose to hold classes virtually this semester, as the most dangerous variant yet threatens the health of our families?

- x. The Penn guidance on the PennCares testing page seems to say that if a person is exposed but fully vaccinated they will be required to quarantine for ten days if their second dose occurred more than three months ago. Why three months or more?
- xi. Is the University tracking exposure to (and contraction of) the Covid virus by the household members of faculty and staff? Many faculty and staff (who are themselves fully vaccinated) are very concerned about carrying Covid home from the Penn campus to vulnerable household members, including immunocompromised persons as well as young children who are not able to receive the vaccination.
- xii. Will the data from testing (aggregated and anonymized) be made publicly available to the Penn community? In other words, will we be able to track positive-test rates in real time? If not, what is the rationale? Not HIPAA, if the data are aggregate and anonymized.
- xiii. What is the real likelihood of a fully vaccinated faculty member (or student) to become infected during a semester-long course in person course. Does this data exist which include the Delta Variant?
- xiv. Faculty members with significant medical issues which would result in a bad outcome should they become infected--really need to know the stats so they know how to proceed. If the administration doesn't know, obviously the faculty is being asked to take a big risk.
- xv. Can Penn provide access to proper PPE for students, staff and faculty? Is there access to PPE on campus for students who need it?
- xvi. How will an instructor know if someone in the class has tested positive for covid? I understand that positive students will not count as 'close contacts' of class participants. With no social distancing, however, how can this be true? Aren't we all 'close contacts' if in an unventilated room together?
- xvii. Along similar lines, why does the University stress social distancing in outdoor and indoor events, but not in classrooms?
- xviii. Can windows that are normally closed and locked be opened to improve ventilation? Can faculty ask for accommodations when assigned a small, windowless room (such as the majority of rooms in Williams Hall)?
- xix. What is the threshold of infection in Philadelphia and/or at Penn to move back to remote learning?

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- xx. What if an instructor contracts covid and is too sick to deliver classes: should classes be cancelled for the duration of the illness?
- xxi. Other universities are conducting twice-weekly testing for everyone on campus (students at Princeton have been given enough saliva vials for the entire semester). I would feel much more comfortable teaching in person if Penn had a similarly robust testing regime in place.
- xxii. Why is there no attention to social distancing within classrooms?
- xxiii. To what extent are university financial concerns ie tuition profit driving the decision to require all faculty to hold class in-person rather than giving people the option to teach online?
- xxiv. In a memo dated August 30, 2021 Dr. Dubé emphasizes that there has been “No Classroom Transmission of COVID on Penn's Campus to Date.” A question – on the basis of what type of data was this conclusion drawn, i.e., what was the sample size and over what time span were the data collected, what was the campus population/density then by comparison to what it is now, and were the data collected when Philadelphia community COVID positivity rates and those of the communities from which the incoming students had come were at a level similar to where they are now?
- xxv. Accessibility: What accommodations are available for students who are high risk for adverse, long-term complications from Covid? What accommodations are available for students and faculty who are hearing impaired and who rely on lip-reading for comprehension?
- xxvi. Pedagogical autonomy: What is the rationale for preventing instructional staff from using Zoom for active learning (small groups, etc.), especially when it is safer for students to congregate in small groups over Zoom rather than in close contact?
- xxvii. Decision-making: What factors or markers constitute the University’s threshold to move to remote learning?
- xxviii. Density and social distancing: Why is it important to keep 6 ft. apart (minimum) for “outside” events at Penn, but not within the classroom? What additional information about transmissibility suggests to the administration that keeping more than 6 ft. apart is NOT a necessary public health measure when in the classroom?
- xxix. Notification for faculty: What is the rationale for not informing faculty if a student has tested positive for the coronavirus, especially when in the case of other highly communicable diseases, such as TB, faculty are notified (as per public health guidelines)? What is the administration’s rationale for placing this burden on the individual student?
- xxx. PPE: Why is the university NOT providing adequate masks to the students? The masks in the bookstore are not sufficient (re: the university’s own guidelines). Moreover, this places an additional burden on low-income students, further contributing to an environment in which those students feel marginalized or unwelcome at the university.
- xxxi. Priorities: What are the university’s priorities for this academic year, and while this pandemic is ongoing?

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- xxxii. Given that more than one in ten hospitalizations (10-20% reported) are breakthrough cases, what is going to happen to our Penn students if their professor is hospitalized for COVID?
- xxxiii. Given that many of our students may have received vaccines with lower efficacy rates than those available in the US, how are Penn safety experts calculating the risks of spread and reinfection?
- xxxiv. How are we calculating the risk of a new variant emerging on campus, given the amount of travel --including international travel-- that the community participates in just to get to campus?
- xxxv. Given that most medical data is missing ethnicity information, how are risks to underserved populations being calculated in this decision?
- xxxvi. What is the decision to go in-person doing to Penn's medical insurance rates? If someone becomes infected with COVID and this becomes a pre-existing condition for them, what protections are in place for that?
- xxxvii. How is Penn verifying student vaccine records?
- xxxviii. How much is Penn relying on negative covid tests? And have they taken the very low sensitivity and specificity into account on all risk calculations? Especially for those at higher risk who still may not qualify as legally disabled.
- xxxix. What Penn statisticians have been involved in the risk calculations that the university is relying upon? What are their qualifications/specializations?
  - xl. How are the community spread rates being used to adjust the estimated false positive and false negative rate of these statistical calculations?
  - xli. How are the estimated false positive/false negative rates being adjusted for marginalized groups, for whom medical prediction rates are usually less accurate?
  - xlii. What mental health services is the administration willing to offer to improve conditions for the additional stress these policies are causing?
  - xliii. How is the university going to protect disabled patients (and other marginalized groups) if hospital overflows lead to medical rationing?
  - xliv. Will hospitalized Penn employees be provided with a patient advocate to ensure they are receiving the best care possible? Particularly those who may be here alone in the country or otherwise isolated?
  - xlv. Who will pay for hospitalizations of Penn faculty/staff/students if they get a breakthrough infection on campus? What if this leaves someone unable to work for an extended period of time after being released from the hospital? Or if they infect a spouse is then unable to work? Will individuals be left to shoulder that burden alone?
  - xlvi. What if you ask for a disability accommodation, but your doctor is one of the estimated 4/5 that do not understand how to calculate risk ratios?
  - xlvii. Many faculty are considering retirement rather than a return to the classroom, but what about those who do not yet meet the age/income requirements to have that option?