



A PLAN TO SAFELY REOPEN AMERICA'S SCHOOLS AND COMMUNITIES

Guidance for imagining a new normal for public education, public health and our economy in the age of COVID-19





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Our Mission

The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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SUMMARY

People across the United States are eager to return to some semblance of “normal.” To do so, we must meet a herculean challenge: remaking our society and the places in our lives we hold dear—public schools and colleges, places of worship, workplaces, restaurants and more—in ways that hold paramount our ultimate priorities: the safety and well-being of our children, families and communities; the safety of our members and every frontline worker; and the health of our economy and economic well-being of working families.

Physical distancing efforts have slowed the rate of COVID-19 infections, but no expert believes we will eradicate this virus without a vaccine. Reopening prematurely by relaxing stay-in-place restrictions and resuming large public gatherings runs the risk of undoing the work of the last two months. A premature return to full commercial activity risks a second surge of infections and second lockdown as is happening in Singapore right now. Even once public health officials deem it safe to reopen, doing so without the necessary precautions could be deadly.

This document provides a roadmap for navigating the next steps. It provides specific guidance for transitioning from lockdowns to other public health tools to limit the transmission of COVID-19. It focuses on reopening school buildings in particular, because the safe reopening of public school buildings means students can go to school, and parents, who work outside the home, can go to work. That is key to the reopening of the broader economy.¹

We expect the plan to evolve and adapt over time. It rests on five pillars that draw on the best available science and public health guidance, and the expertise of educators and health practitioners. Gradually, responsibly and safely reopening society requires:

- 1. Maintaining physical distancing until the number of new cases declines for at least 14 consecutive days.** Reducing the number of new cases is a prerequisite for transitioning to reopening plans on a community-by-community basis.
- 2. Putting in place the infrastructure and resources to test, trace and isolate new cases.** Transitioning from community-focused physical distancing and stay-in-place orders to case-specific interventions requires ramping up the capacity to test, trace and isolate each and every new case.
- 3. Deploying the public health tools that prevent the virus' spread and aligning them with education strategies that meet the needs of students.**
- 4. Involving workers, unions, parents and communities in all planning.** Each

workplace and community faces unique challenges related to COVID-19. To ensure that reopening plans address those challenges, broad worker and community involvement is necessary. They must be engaged, educated and empowered.

5. Investing in recovery: Do not abandon America's communities or forfeit America's future. These interventions will require more—not less—investments in public health and in our schools, universities, hospitals, and local and state governments. Strengthening communities should be a priority in the recovery.

The AFT held its first press conference on COVID-19 on Feb. 2. Our union has worked to ensure the safety and well-being of our communities and our members, and we've been particularly fixated on the frontline workers who are risking their lives to combat this pandemic. Early on, we worked to alert our members and allies of the risks of an impending pandemic; unfortunately, the Trump administration gave little and often conflicting guidance. We have remained steadfast in our efforts to keep people safe, while also fighting to keep our public schools and universities functioning, and for economic security for workers.

There are no magic elixirs to simply reopen. Reopening demands comprehensive, transparent action and forthright communication by federal and state authorities, and will take the dedication, voice and forethought of frontline providers and educators and their unions, school districts, hospitals, local governments and communities. The alignment in every school and workplace of public health, instruction and operations is absolutely imperative.

COVID-19 has exacerbated the deep inequalities in our society and underscored the need for additional public investments to combat this inequity. As we face growing recessionary forces, we can't simply limp out of this crisis or revert to a status quo. We need a renewed sense of national urgency to reimagine a better America and a pathway to a better life for all.

The challenges facing us should not be underestimated. For example, even as governors relax physical distancing requirements (after observing a reduction in the number of new cases), some communities may not reflect the statewide trend. Moreover, each workplace faces a unique set of challenges for preventing the spread of the virus. Additionally, we must consider the possibility of a resurgence of the virus in the fall. Communities must be engaged, educated and empowered to exist under this pre-vaccine new normal.

No one knows our public schools, universities and hospitals better than AFT members, many of whom will face great risks in carrying out their jobs. That is why our members and leaders must be at the table in envisioning and implementing plans to reopen our society at the local level.

Our commonsense approach requires real partnerships with employers and community stakeholders on state and local levels. School districts, universities and hospitals should look to unions and the collective bargaining process as opportunities to provide genuine

participation, communication and buy-in from the workers ultimately responsible for ensuring the health and safety of our students, patients and those we serve. In the absence of collective bargaining, other consultation processes must be established. There is no substitute for eyes and ears on the ground in the case of public health and safety.

1. Maintaining physical distancing until the number of new cases declines for at least 14 consecutive days.

While projections vary, we are likely at least a year away from a widely available vaccine. Adherence to physical distancing protocols has flattened the curve, showing early signs of reducing the number of new cases. Flattening the curve is not a panacea; it does not mean no additional cases. Its goal is to reduce the number of new cases, to reduce illness and to ensure the healthcare system is not overwhelmed by critically ill patients.

Unless and until we have adequate testing capacity, there is simply no way to know whether we have sufficiently reduced the number of new cases to consider reopening society. **Once we have reduced the number of cases for at least 14 days with adequate testing in place, reopening plans can go into effect on a community-by-community basis.**

Decisions to phase in less stringent physical distancing requirements and to begin expanding allowable activities should be based on established criteria such as a sustained decline of infections combined with protocols for protecting high-risk populations. This must be coupled with a robust public health infrastructure with the capacity for effective disease surveillance, tracing, isolation of those infected and quarantine.

While most physical distancing requirements come from state authorities, local decision-making has a critical role to play. Even if a state determines that it can ease or altogether lift physical distancing requirements based on the 14-day trigger, the number of new cases in a specific community may not reflect the statewide trend. That is why it is critical for unions to be in regular contact with their employers, and with their local and state authorities, as well the Centers for Disease Control and Prevention, to assess their particular situation. Unions and employers need to determine whether there is (a) adequate testing in their community, given the number of confirmed cases, and (b) then, once there is adequate testing capacity, a reduction in the number of new cases for at least 14 consecutive days to make a decision to transition to reopening. This information must be transparent and available.

Active surveillance of new cases that develop once reopening has started will identify clusters of disease. Prompt action must be taken to prevent the widespread resurgence of COVID-19 in a community. It may be necessary to resume sheltering in place for shorter periods of time in communities where there is disease resurgence, and plans must be in place so schools and other workplaces are prepared if they must close again.

2. Putting in place the infrastructure and resources to test, trace and isolate new cases.

Transitioning from community intervention to case intervention requires the capacity to test, trace and isolate new cases as they emerge. As governors and public health experts

have repeatedly said, this capacity to test, trace and isolate every new case of COVID-19 must be built now. People with confirmed infection should quarantine for at least 14 days (or based on the latest CDC guidance). Anyone in contact with confirmed cases should be traced and tested. Since there is ample evidence of both asymptomatic and pre-symptomatic spread, it is necessary to test contacts to ensure the virus is contained. In addition, anyone who exhibits symptoms consistent with COVID-19 should be tested immediately.

Serological testing—a test that looks at people’s blood for trace evidence of whether they have come into contact with the virus—also provides some hope. With serological testing, we may be able to identify people who have developed immunity and may be less vulnerable to infection. Concerns about reliability, privacy and government oversight warrant close consideration by unions in determining whether and how serological testing is appropriate for the workforces we represent.

Public health departments are leading testing and tracing efforts, but they have been defunded for years and are stretched thin for resources. Estimates suggest that the United States needs to deploy somewhere between 100,000 and 250,000 contact tracers to adequately move from community intervention to case intervention.

However, local communities cannot hold their breath for a day that may never come or the scale that we need. Unions, in partnership with employers and state and local authorities can help public health departments in their efforts to test, trace and isolate new cases. And to contribute to this effort, unions, working with employers and others, should also consider creating and training in-house contact tracers and rapid response resource coordinators. These roles would serve to help people with confirmed diagnoses, and provide available health and financial supports and resources during quarantine, to mitigate the isolating and other effects of the experience.

Again, alignment of strategies, logistics and operations is essential. What we are facing is complicated and unprecedented. Testing, tracing and isolation must be done in conjunction with other public health tools and interventions like physical distancing, proper hand-washing, the use of personal protective equipment like masks, and other supports and services (for example, food and mental health services) that communities need.

3. Deploying the public health tools that prevent the virus’ spread and aligning them with education strategies that meet the needs of students.

Reopening society and the economy hinges on successfully reopening schools. While there is general guidance on how each community should respond to mitigate the risk of spreading the virus, public education, higher education and our healthcare system each face unique challenges. We must take every precaution to ensure that students, teachers and support staff are safe at school and not transmitting the virus. This requires: adopting evidence-based public health measures at every school and workplace; aligning those measures with necessary instructional and well-being strategies that meet the needs of students and staff; and recognizing that this may be a rollercoaster because it may be

necessary to resume physical distancing at certain times and on a rolling basis, to address community-specific outbreaks. Even without COVID-19, there are many programmatic considerations for educators as they plan for every school year. Elementary schools program far differently from high schools, so incorporating public health measures takes planning and resources. The alignment of logistics, educational strategies and public health tools really matter, which is why the eyes and ears of frontline workers must be respected.

The following framework for assessing methods for controlling exposure to hazards in the workplace was initially developed by the National Institute for Occupational Safety and Health and later modified by Johns Hopkins University in response to the COVID-19 pandemic.² It is a good starting point.

- **Physical distancing**—Allowing people to work from home and/or restructuring work to minimize the number of workers physically present in a workspace.
- **Screening**—Utilizing screening measures at work and school sites. This could include temperature-taking, if still recommended as an effective screening measure by the CDC.
- **School-based programming and organization**—Among many things discussed below, redistributing work responsibilities to reduce contact between people.
- **Personal protective equipment and sanitization**—Providing medical-grade masks for health professionals and nonmedical-grade masks for all others, and disinfecting schools on a regular basis, in addition to providing hand-washing and sanitizing stations.

A. Reopening Our Schools

First and foremost, we must do all we can to ensure students, teachers and support staff are safe at school and are not unknowingly transmitting or contracting the virus. This will require a number of steps that anyone who has consumed any news has heard repeatedly: screening and testing, contact tracing, and isolation and quarantine measures, as well as ongoing prevention measures like frequent hand-washing and some degree of physical distancing. There won't be a one-size-fits-all process, or a hard open where every school in every district immediately turns the lights on; we may be opening and closing for a number of months while we secure these measures and develop ways to keep everyone safe. In addition to the immediate public health tools and interventions, we must plan for a curriculum-based academic year, and for the panoply of appropriate educational and social-emotional supports our students need. We must be prepared for the trauma, the transition and the many instructional issues—including the effects of learning loss and the digital divide.

Revisiting the community school model is a way to do all of the above. Even before the COVID-19 pandemic, community schools created a community hub where students and families could get access to health services, where marginalized communities received support, and where necessary services were available in one place. This model is needed even more now, given the effects of the pandemic—from the inequalities that have been exacerbated, to the need for care before and after school so that essential workers can

continue to work and other parents can return to work.

If experts deem it safe, summer may be a way to start planning a community school model that incorporates the collaborative partnerships and community resources families have used, including meals and medical care, while schools were closed.³ Summer is a way to try things other countries are doing, including Denmark, Germany, Israel and Norway, which are bringing in small groups of students who need instruction first, including students with special needs whose needs were hardest to meet during closure.

A voluntary multiweek summer session could provide enrichment and “catch-up” time. It also would enable trying, on a smaller scale, protocols that may work when schools open more broadly, including staggered scheduling, increased hand-washing, and nightly school cleaning. And summer can be an opportunity to expand grab-and-go nutrition programs, as food insecurity remains a pressing issue for far too many students.

Now is the time for unions and employers to work on all issues for returning to school. This includes programming, space, operations, logistics, calendar, and aligning all the public health interventions with all the schooling interventions: ensuring students’ healthy social, emotional and academic development; nurturing productive relationships; building resilience; supporting diversity and inclusion; and rebuilding the school community.

While COVID-19 has upended much of our lives, it has reinforced the value and importance of public schooling. Teachers and school staff across this country continue their heroic efforts to make distance learning work and support their students—with many parents working valiantly to support them as well. This experience has made clear that there is no substitute for a safe and welcoming neighborhood school.

And while our public schools have been woefully under-resourced, and we must continue the fight to change that, this next two years is an opportunity to visualize what schooling looks like in a post-pandemic era, to ensure every child has the opportunity to thrive.

i. School-Based Public Health Interventions

Even after shelter-in-place orders are lifted, physical distancing—including limiting the number of people who can be in a school, a hall, an auditorium or a classroom—will play an important role in school safety. Physical distancing measures are the most effective intervention but also the most disruptive. It is a real possibility that even after schools open, targeted building closures could happen around the country in response to community outbreaks. That is why, even though online education is not a substitute for the in-person learning and socialization that happens in schools, schools must prepare for hybrid measures: both in-school and remote education.

Handling emergent cases:

Districts, in partnership with unions, will need to develop protocols for the referral, tracing and isolation of students and staff who are exhibiting COVID-19-related symptoms or with confirmed diagnoses. Any plan should, at minimum, include:

Entry process/screening:

- Hand-washing on entry to all schools, with soap and water or hand sanitizer;

- Screening for symptoms in children and staff, including temperature-taking if recommended by the CDC;
- An isolation room;
- Clear protocols for communicating with students, parents and staff who have come into close/sustained contact with confirmed cases;
- Limiting access to the nurse's office and creating a secondary area for triage for other student illnesses or injuries;
- An ability to transfer healthcare staff to sites with more cases, without diminishing support available to students elsewhere in the district; and
- Communicating directly and immediately with parents and community regarding cases and how the district responded.

Protections for at-risk staff and at-risk students: COVID-19 disproportionately affects people 65 and older and those with underlying chronic health conditions. Reopening plans should consider providing these workers with the option to deliver instruction remotely while students are in the building, with students under the supervision of qualified staff. At-risk students should have a similar option to learn remotely while their teachers and peers are in school.

ii. School-Based Public Health Reorganization

Prolonged physical distancing practices may prove impossible for certain populations. Schools serve diverse populations, from very young children, to students with severe behavioral issues, to others with physical limitations that may make strict adherence to a six-foot distancing standard difficult. This will require efforts to reorganize the school day and school operations to maintain health and safety standards.[3]

It is critical to recognize that different schools, different districts and even different rooms will require tailored solutions.

- **Smaller class sizes.** One of the most important measures districts can take is to reduce class sizes. Class sizes of 25 or more students in a small classroom pose obvious risks to student health and safety. Class sizes of 12-15 students will, in most circumstances, make it possible to maintain physical distancing protocols.
- **Split scheduling.** Alternating days of the week or times of the day may offer schools a way of limiting the number of students physically present in the building at any given time. Knowing that split scheduling may cause disruption for parents and guardians, schools should consider putting in place after-school care with safety protocols for students and families most in need.
- **Monitoring access to school facilities.** Schools should closely monitor access to school facilities and limit the number of visitors granted access to school facilities.
- **Transportation.** Districts should consider modifying transportation to provide staggered arrival times and multiple arrival locations to limit large gatherings of students.
- **Staggered lunch and meal times.** Meals should be staggered throughout the day,

and schools should consider having students eat in classrooms with appropriate protocols to keep the classroom clean.

- **Special student populations.** Additional considerations and planning will be needed for students with disabilities, underlying health conditions, asthma or respiratory illness, and special education requirements.
- **Training for staff, students and parents.** Districts should consider providing up-to-date education and training on COVID-19 risk factors and protective behaviors.
- **Alternative plans for after-school programs, sports, recreation and physical fitness.** These activities may need to be adjusted using the above protocols.
- **Space and time considerations.** This includes the need for portable classrooms or additional space if schools are overcrowded.
- **Additional supports.** This includes professional development, small-group instruction, and all the other social-emotional and academic programmatic supports necessary during this transition.

iii. PPE and Sanitization

- **Availability of and training on how to effectively use PPE.** Educators and support staff need appropriate PPE and training on how to properly put on, use, take off and dispose of it.
- **Hand-washing stations and protocol.** Schools should set up hand-washing stations upon entry to school buildings. Hand-washing recesses can be integrated into the schedule throughout the day for all students and staff.
- **Daily sanitizing.** School facilities should be thoroughly sanitized on a daily basis to prevent transmission of the virus, increasing staff as necessary.

iv. Mental Health Supports for Students

Our collective response to COVID-19 requires much more than limiting the spread of the virus. Prolonged physical distancing, death and illness in our families and communities, and economic dislocations, will leave many students and faculty with ongoing trauma and mental health issues, and it is incumbent on us to meet their needs now more than ever. We know from brain science that lack of psychological safety and the impact of adverse childhood experiences impede and even prevent learning. These impacts will be widespread. This will require additional staff with expertise in mental health, to provide trauma and sensitivity training for all staff, students and parents. All staff should be trained on how to identify students struggling with trauma and refer them to mental health professionals for additional support.

v. High-Quality Instruction

Teachers and school support staff have responded to the crisis with verve and creativity, creating an entirely new educational delivery system remotely with no advanced notice and little, if any, training. If anything, the pandemic has proven that teachers, when given the freedom to teach, will rise to the occasion to deliver high-quality instruction to their students.

- **Blended in-person and distance learning models.** When school attendance is not

possible or is limited, districts could consider a temporary blended model that distributes educational time between in-person learning and distance learning or fully remote instruction. Recognizing the dangers of excessive time on devices, especially for young students, districts should develop age-appropriate student learning schedules with teacher input.

- **Expanded access to broadband and technology to close the digital divide.** Districts should identify students and educators who lack sufficient access to the internet and the hardware that has become critical to distance learning, and determine solutions for equal access to learning opportunities for those who are unable to connect with the school digitally.
- **Professional development.** Professional development and collaboration time for teachers—before the school year begins, and ongoing—will be more important than ever. This should include not only relevant content, but should address teaching in the new instructional environment, and trauma-informed practices.
- **Rethinking student assessments.** An extensive review of all assessment programs to limit the loss of learning time to excessive testing, and to prioritize assessments that provide teachers critical information. Special effort will be needed for appropriate diagnosis of students' learning levels and needs given the truncated traditional school year. These diagnostics should be teacher-friendly and accompanied by access to relevant instructional resources and supports to fill gaps.
- **Performance evaluation.** Districts should put formal evaluations on hold during the reopening period until they develop new expectations for the possibility of instruction that alternates between in-person learning and distance learning. Informal evaluation focused on helpful feedback should continue.
- **Role of data.** Beyond refocusing schools on the fundamental values of public schooling—a focus that has been lost over the years—it is also time we repurpose the role of information and data in our schools. For too long officials have used school and student data solely for accountability purposes. As we reopen our schools, we need to primarily use these data to guide instruction, identify and share best practices, and help collectively solve mutual problems.
- **Teaching and learning.** The considerations laid out above must be placed in the context of the overall instructional program as well as supplemental services and co-curriculums—all of which will require significant adjustment. Consideration of the needs of students—particularly students with disabilities and special needs, economically disadvantaged students, and English language learners—will help ensure that the program works for all.

As the CDC guidance suggests, schools can be information hubs and places to practice key protocols to help stop the spread of the virus. We are facing a new normal, and at least in the near future, schools will not be the same. In the short term, this new normal requires more, not fewer, resources—nurses, mental health professionals, and additional instructional and other support. This crisis provides an opportunity to reimagine America's public schools as inclusive and welcoming places for all children to thrive and learn.

Perhaps, out of crisis, we will put our children's and their educators' well-being first. That means, just as we must listen to the healthcare experts to help ensure everyone's safety through this outbreak, we must listen to frontline educators, staff and administrators to ensure children's new normal is one that meets their needs.

B. Reopening Our Colleges and Universities

Institutions of higher education have been essential to our defense against this pandemic, and they will be essential to economic recovery in the new era. American colleges and universities have produced many of the people who have helped us through this crisis—physicians, nurses and other frontline medical professionals, as well as supply-chain logisticians, information technology personnel, materials science engineers and innovators, and more, who will be urgently needed at every step of what is to come.

College campuses are, historically, exceptionally open physical environments, with most spaces, including buildings, accessible to the public virtually all day, and with a wide range of students, faculty, staff, community members, vendors, outside organizations and other people—all of whom are potential COVID-19 vectors—moving in and through the work site, and to off-campus locations both near and far. The extended duration of daily campus operations—7 a.m. to 10 p.m. daily is not at all uncommon—allows minimal or no window for deep-cleaning procedures.

All of this means that the dislocations caused by the COVID-19 crisis pose a unique existential challenge to American higher education. Because of decades of disinvestment, many institutions—public and private—are revenue-dependent, and are currently not situated to survive even a 10 percent or 20 percent decline in enrollment, or the closure of campus housing for a semester or two. While prospective students at elite institutions consider taking “gap years,” the students who would and should attend public colleges and universities are in danger of dropping out of college entirely. And college and university workers rightly fear that this confluence of factors will combine with an aggressive transition to online modes of instruction to result in institutional collapse.

It is critical to remember that the higher education workforce skews older than average, and is, by the CDC's definition, at heightened risk from coronavirus. And they are, in the majority, struggling financially. Most teachers in higher education are gig workers. Seventy-five percent are employed one year or semester at a time. One-third of them are making less than \$25,000 per year, one-quarter of them are food-insecure, and 43 percent of them have put off seeing a doctor for financial reasons in the past year.

To keep these institutions afloat, and to grow the educational infrastructure we will need in order to come back as a nation from the coronavirus, a program of investment similar to the grant program that has helped to stabilize small businesses in this time is needed. We must invest in our institutions of higher education like never before, with the college equivalent of Title I: \$50 billion in funding to public institutions of higher education and minority-serving institutions. This money should flow through states with a formula that emphasizes enrollments of low-income individuals, and encourages greater support for institutions that derive larger shares of their operating budgets from state and local sources.

Specific recommendations for our colleges and universities include:

i. **Physical Distancing**

- Faculty must decide whether and how online instruction is possible and, with the guidance of campus and public health officials, how any in-person or hybrid instruction can be conducted safely.
- As much as possible, college and university staff—both professional and classified—must be afforded the opportunity to continue telework.
- To encourage the greatest extent of physical distancing, institutions must do everything possible to close the digital divide for faculty, staff and students, thereby lessening the need for anyone to be in shared space in order to access the internet.
- Residential colleges and universities must implement physical distancing measures for both residents and staff in campus housing, dining facilities and other common areas including libraries, if they remain open. Institutions should consult with, or employ, public health specialists to advise in an ongoing way about how to accomplish this.
- To prevent fear pushing faculty or students into physical proximity when physical distancing could and should be maintained, institutional leaders must expeditiously work with institutional accrediting agencies, programmatic accreditors, and union and employer sponsors of workforce training programs, to assure students and faculty that the responsible movement of instruction into remote/online and hybrid space will not be penalized.
- Create and utilize campus public health teams to evaluate and recommend action on potential problem areas on campus, and to assess and improve the institution's capacity for testing, tracing and isolation.

ii. **Campus-Based Solutions**

- **Flexible graduation requirements.** Be flexible about program and graduation requirements, course timelines and sequences, requirements for professional certification, and other areas of historic stringency that may conflict with the need for physical distancing. Consider adjusting upper-level courses to account for changes in the preparedness of students who have taken lower-level courses online during this interval.
- **Protections for academic freedom.** Attend to academic freedom and student/faculty privacy in a remote learning environment. The safety of open discussion in a contained classroom could be compromised by the possibility of recordings that get widely circulated.
- **Data security.** Establish rules, including contract language, that reassure faculty and students that corporate education vendors will not be using this crisis to enhance their data mining and in turn appropriate that data to expand prefabricated curriculum.
- **Prepare for ongoing disruption.** To the extent an institution is reopening, make

and propagate plans for disruptions to in-person instruction caused by surges in COVID-19 cases.

- **Protections for at-risk populations.** Create and enforce policy and practices to prevent replicating and worsening the virus's disproportionate impact on older people and people with underlying health conditions that place them at greater risk. Be especially attuned to the needs of older faculty and staff, or those with underlying health conditions or with household members who have underlying health conditions, to be able to work out of proximity to others.
- **Adjust compensation for additional instructional time.** To maximize educational value and ensure compliance with physical distancing, plan to pay teachers, particularly adjunct teachers and graduate assistants, for the time they are asked to spend meeting either in person or virtually with smaller groups of students than had met in the past.

iii. PPE and Sanitization

- Identify and provide appropriate PPE for employees and students.
- Establish cleaning regimens; properly protect and train the custodial staff who conduct the cleaning.
- Appropriately and regularly sanitize public buildings, especially campus residential and dining facilities.

iv. Physical and Mental Health Considerations

- **Community health liaisons.** Add trained nurses and counselors to oversee the handling of identified cases of illness in the college or university community, and to direct those in need of resources.
- **Protocol for new cases.** Expand campus health resources, including isolation rooms for students identified with COVID-19 symptoms. Establish criteria for when residential students with COVID-19 symptoms, or who are diagnosed as COVID-19 positive, will be excluded from regular campus activities, and identify the procedure that will be followed to relocate the student either on or off campus.
- **Resources for degree completion.** Strengthen and expand existing programs to help students maintain continuous enrollment and progress toward degrees—e.g., small-dollar grant programs, transportation and child care assistance.

C. Readyng Our Hospitals and Health Systems

The lessons of this pandemic demonstrate the dangerous consequences of being ill-prepared. The inability of our decimated public health infrastructure to handle a pandemic puts the problems with our corporatized healthcare system on full display. In the absence of widespread immunity to COVID-19, new infections could surge once shelter-in-place orders are lifted and society begins to reopen. Experts additionally talk about a possible second wave of outbreaks in the fall. Without a robust public health infrastructure, and absent enforcement of strong protective guidelines and a supportive

response plan by the federal government, union leaders in the health sector must engage in meaningful ways of holding employers accountable.

The gap between our public health system and private healthcare corporations must be addressed. A lack of transparency and a funding model that has starved resources from the public health system not only reward pharmaceutical and large healthcare corporations. They also establish a power imbalance that minimizes the voices of patients and workers in setting standards of care and in helping shape how care should be delivered. Notwithstanding the challenges with our current system, evidence-based practices, enactment and enforcement of protective regulatory standards, and collectively bargained terms are necessary to ensure healthcare workers can care for patients without fear of harm to themselves and their family, should a resurgence of the virus occur.

Worker safety is patient safety. Our healthcare workforce has borne the brunt of workplace infections and deaths related to COVID-19, owing in large part to the crisis rationing of PPE and the diminution of federal standards and guidelines that conform with the highest standards of patient safety. It is imperative that nurses and other health professionals are at the table during employer debriefs and when preparedness plans are evaluated and modified, to ensure our healthcare workforce is not working in hazardous conditions. Health and safety issues must be addressed before another surge in infections occurs. PPE supplies must be adequate in number and quality, and all staff should be fit-tested and fully trained for use of PPE.

State reopening plans phasing in the return of elective medical procedures and routine care require a hard look at where we have failed to keep our patients and healthcare workforce safe. With COVID-19, nurses and healthcare professionals are working in conditions where protective measures of infection control have failed and their expertise and training have been overlooked. Infection control measures in patient care environments have necessarily been adjusted during the pandemic and will require ongoing adjustment as reopening occurs. Factors like patient flow, room setup, and visitor policies will influence the ability to limit transmission in clinical settings. And union leaders will need to press healthcare employers to ensure they are ready to quickly implement preparedness plans in the event of a resurgence.

There is a need to stabilize the healthcare workforce, as areas hard-hit by the virus have seen an increased need for critical care nurses, but a decrease in need for other nurse specialties. Resulting layoffs and substantial job loss in healthcare contribute to the overall unemployment rates, prompting the need for effective deployment of our healthcare workforce; this is a key component of reopening and preparation for a second surge in infections. Nurses on medical floors with low patient counts, for example, could be trained to augment staffing in critical care areas where staffing numbers are low due to infection rates among clinicians. Rather than tactics like recruitment from abroad, we should first implement retraining to redeploy existing staff based on patient needs.

Mending well-being and emotional resilience among the healthcare workforce will also be a necessity. Stressors abound for healthcare workers caring for acutely ill COVID-19 patients in isolation in hospitals and other healthcare settings. Whether related to stressors like employment of strict biosecurity measures, the isolation from family and friends, the heightened workload demands, or even the risk of disease, our healthcare

workforce will require a period of reintegration—even though most of their facilities have remained open. The systematic failure of employers and the federal government to prepare for a pandemic resulted in an extraordinary level of unnecessary trauma across the healthcare workforce, and those things must be addressed.

4. Involving workers, unions, parents and communities in all planning.

There is no one-size-fits-all solution to this crisis. Rebuilding community after a complex public health and economic crisis necessarily involves thousands of people navigating recovery who are as new to the experience as the average person; thus, the effectiveness of our collective response depends on the collective action of each community.

Communities and workers must be educated, engaged and empowered. This is an unprecedented situation; the eyes and ears of practitioners are essential to ensure that the public health, instruction and logistics of reopening are operationalized as seamlessly as possible.

Schools, colleges, hospitals, and local and state governments will need to engage workers and community stakeholders at every level of the decision-making process to ensure that the mitigation strategies embedded in reopening plans are responsive to the specific vulnerabilities of each workplace and that there is regular and open communication regarding the policies and procedures to keep everyone safe. Without transparency and joint decision-making, there is a real risk of distrust, the spread of misinformation, and a lack of compliance with reopening plans.

Collective bargaining is the best way to ensure that workers are represented in decision-making and that health and safety standards are enforced to the benefit of workers and the communities they serve. In the absence of collective bargaining, workers and employers can use meet-and-confer arrangements to formalize reopening plans and ensure accountability.

Protections for Workers and Community

Strong, clear and enforceable workplace health and safety standards must be in place to protect workers' voices during the reopening process. Employers and joint bodies administering the phased reopening plans need to know where there are faults in the plan and noncompliance issues. In addition to OSHA protections available in some states, workplaces and other authorities should develop policies to protect workers who speak up about health and safety issues, as healthcare professionals are frequently subject to gag orders, and many have lost their jobs for speaking up about safety concerns.⁴

To ensure that health and safety measures are implemented, workers who voice concerns publicly should be protected from employer retaliation that could result in their discipline or dismissal. Workers must have the right to refuse work if they fear exposure to the virus because they have not been provided proper protections or training to do their jobs safely. The surest way to protect workers in these instances is to put these protections into collective bargaining agreements. Workers have and will face great risks in transitioning to reopening, and their voices should be treated as a public health resource, not a liability.

In general, unions and employers, consulting with diverse community stakeholders, should treat the collective bargaining process as an opportunity to solve problems facing school districts, universities and hospitals as they plan for and manage reopening. Consultation provisions can be built into the agreement to ensure that all parties are regularly discussing and solving problems as they arise.

Collective bargaining can also be used to fight for the resources workers and communities need. AFT affiliates from across the country have been fighting for smaller class sizes, more nurses and counselors, safe patient staffing, resources for community schools, and other supports for students. Public schools should continue to be reimagined as community hubs—places where students and families can get access to community health services, be regularly educated about how to stay healthy, and learn where to go to receive testing and treatment. Strong community and family engagement has been a cornerstone of transforming struggling schools to support students. When practitioners and school administrators work together to support these efforts the results are even stronger and more sustainable.

This kind of investment around a whole-community approach is what will not only mitigate the disproportionate harm this crisis has caused the most vulnerable communities, but help reverse the inequality that existed long before this pandemic.

A Seat at the Table

All community members are struggling with the fear and anxiety of reopening before a vaccine is widely available. In order for communities to trust reopening plans, they need a seat at the table to make decisions, and to feel engaged and empowered to help their community implement them.

Reopening plans need to address specific challenges in each community. Some schools have a network of healthcare providers that deliver services to students and the school community, and others don't. Some universities have student populations with no home to return to in the event campus is closed. African Americans face higher rates of infection and death. Older workers and those with chronic or underlying conditions are at higher risk of having life-threatening cases of COVID-19.

To address these issues, state and local unions should start planning committees now, for the next school year, and use a needs assessment tool to map out the risks of reopening. These committees can also help align the resources available across sectors—education, public health and public safety—to mitigate those risks. The guidance on the available public health tools and strategies for preserving high-quality instruction discussed in section three is a good starting point, as is any overture to invite parents and community groups to join you.

The plans that come out of needs assessments not only should provide guidance to employers, but also should become official policy upon adoption by school boards and other governing bodies and/or included in collective bargaining agreements to ensure compliance and accountability. Workers and community stakeholders need the power and voice to enforce these reopening plans, and to make sure they work to fulfill health, safety and educational goals.

Effective communication depends on a high degree of trust. Without the trust of workers and community stakeholders, workplaces will be challenged to ensure compliance with reopening plans. Communication before and during phased reopening must be transparent about the stakeholders involved in the decision-making process, the factors used to make decisions, and the nature of the decision-making process itself. We must remember that our communities are eager to return to a sense of normalcy, as they are feeling the grief of lost loved ones, economic insecurity due to lost jobs and incomes, and prolonged isolation.

Perhaps most importantly, communication needs to be clear about the actions people can and must take to protect themselves and others from COVID-19. Employers may simply not have the ability to effectively communicate those actions to workers and the community at large, and they will need to call on the help of union and community stakeholders to deliver the message into the community. A “whole school-whole community” approach has been the most effective at limiting the spread of the virus and keeping panic at bay. The AFT has worked tirelessly to ensure our members and communities are properly informed.

5. Invest in recovery. Do not abandon America’s communities or forfeit America’s future.

The paired crises of the COVID-19 pandemic and the resulting economic devastation make reopening the public square especially complex. We know we must reignite the economy, and a safe reopening of schools and other workplaces is a necessary step toward recovery. While we are eager to put people back to work, send children back to school, and repair the damage done to the economy and our families’ well-being, to rush this process or fail to put in place the safeguards advised by public health experts will risk both a second surge of infection and an even deeper economic downturn.

The toll this has taken on America’s working families and our communities is incalculable, and the hole gets deeper with each passing day. This particular moment requires our federal government, in particular, to respond appropriately. In addition to what has already been done, a substantial and immediate federal investment in our states, cities and towns is critical to ensure that we are continuing to respond to the pandemic, clearing the way for a safe reopening, and supporting our families and communities.

A Plan to Support State and Local Governments and Other Critical Services: Public Schools, Public Safety, Public Health, the U.S. Postal Service and More

Businesses large and small have shut down operations, and more than 26 million workers have filed for unemployment in recent weeks, threatening to crater tax revenue for state and local governments. Even with the \$2 trillion CARES Act rescue package passed in March, the White House predicts 20 percent of Americans will be unemployed by June. Governors from all 50 states have issued emergency declarations and taken steps to reallocate their budgets. Now, these governors, Democrats and Republicans alike, are calling for the next COVID-19 relief bill to include another \$500 billion to stabilize their states and prevent another wave of layoffs, because they’re desperate to avoid the cuts to public services like schools, healthcare centers and public safety. More will be necessary

to provide for a safe reopening and address new needs created by this crisis.

But Senate Majority Leader Mitch McConnell suggested that Congress should let state and local governments go bankrupt, putting teachers, nurses, bus drivers, firefighters, EMTs and other public employees out of work, plundering pensions and retirement security, and plunging even more families and seniors into poverty. His plan would gut public education, Medicaid, public health services and mental health treatment—the essential public services that never recovered fully from the austerity measures imposed after the Great Recession of 2008.

We cannot forfeit our future or abandon our communities. To survive as a nation, we must help our public schools, universities, hospitals, state and local government, and the Postal Service provide services that will be more needed than ever; this will require an immediate, massive reinvestment in public services. The CARES Act and related legislation provided an important first step in a federal response, but more is needed. Congress should, in the next iteration of its response, do at least the following:

- **Support the National Governors Association’s call for \$500 billion in additional funds to meet the states’ budgetary shortfalls that have resulted from this unprecedented public health crisis.**
- **Provide at least \$175 billion for the Education Stabilization Fund distributed directly to local education agencies and institutions of higher education, with minimal state set-asides, in an equitable and targeted fashion. Also provide \$50 billion in direct funding for public colleges and universities and minority-serving institutions.** Given anticipated loss of tax revenues, they will need substantially more federal support to deliver crucial public services, such as educating our nation’s public school students, sustaining public higher education and maintaining a public service workforce.
- **Invest in voluntary summer school, after-school programs and community schools that will make up for the instructional time lost during the 2019-20 school year, by providing significant additional funding for Title I and the Individuals with Disabilities Education Act as well as additional funding for high-quality, voluntary summer school and extended learning time.** While the full extent of the current crisis continues to evolve, we already know that, despite their best efforts to support students and families, our schools will be faced with students who have experienced extended months of learning loss, significant poverty, trauma and unmet social-emotional needs.
- **Increase investment to close the digital divide.** High-speed broadband, reliable mobile service, modern technology and hardware are no longer optional. They are now core infrastructure needs of businesses, schools and homes.⁵
- **Substantially increase Medicaid funding, provide free COVID-19 testing and treatment for all regardless of immigration or insurance status, and increase support for providers assisting underserved populations.**⁶
- **Provide for the personal protective equipment, cleaning supplies and other materials necessary to help our public institutions reopen safely.**

- **Cover 100 percent of COBRA health insurance premiums for those workers now unemployed through no fault of their own, or who lost health insurance due to the death of the carrier.** Ensure resources are available, and that proper testing and safety provisions can be in place, before schools reopen.
- **Permanently expand eligibility for unemployment benefits to many previously uncovered workers (including the self-employed, independent contractors and gig workers), and extend unemployment benefits for an additional 13 weeks.**
- **Boost SNAP maximum benefits** by 15 percent and increase the SNAP minimum payment from \$16 to \$30. This will help provide adequate nutrition assistance to meet the overall need and spur economic recovery. Every day there is new evidence of the depth of food hardship and economic dislocation. Each \$1 of federal SNAP benefits during a downturn generates between \$1.50 and \$1.80 in economic activity.
- **Increase by a minimum of 15-percentage points the Federal Medical Assistance Percentages, which determines Medicaid spending.** This increase should be added to the 6.2 percentage-point increase adopted in the Families First Coronavirus Response Act, and increases should be retroactive to Jan. 1, 2020, and should last until at least Dec. 31, 2021.
- **Cancel student debt.** As a nation, we are now paying the price for our decades of neglect of the systems through which collective effort once enabled us to take on herculean challenges. This includes our neglect of our system of higher education, which has produced fewer essential professionals than we need and has, in shifting the burden of its costs to individual students and families, effectively demanded lifetime personal indenture of those who undertake college, graduate and professional education. In the economic catastrophe we now face, for its stimulative effect alone, it is time to free people who have attended college of the burden of student loan debt.

Given these needs, Congress should make at least a \$750 billion investment in state and local government to stabilize public services, which will help put us on a path to reopen safely and allow for a real recovery for all our communities. This administration spent trillions on a corporate tax cut in 2017; it must be prepared to invest a comparable amount on the anchoring institutions that have been key to fighting the virus and are central to any recovery plan: Public schools, universities, hospitals, state and local governments and the U.S. Postal Service provide services that will be more needed than ever, and we need a massive investment in them right now.

In partnership with the AFL-CIO and partner unions, [we developed five economic essentials](#) to address the stark realities now faced by workers across all sectors:

- Keep America healthy—protect and expand health insurance for all workers;
- Keep frontline workers safe and secure;
- Keep workers employed, and protect earned pension checks;
- Keep state and local governments, our public schools and the U.S. Postal Service

solvent and working; and

- Keep America competitive—hire people to build infrastructure and make long-overdue investments in this key pillar of the economy.

We have all watched harrowing reports of abusive and unsafe conditions for essential workers in meatpacking plants⁷ and warehouses⁸ across the country. On April 28, AFT-affiliated nurses and healthcare professionals in 10 states filed 24 separate OSHA complaints⁹ for lack of necessary personal protective equipment despite their ongoing exposure to COVID-19 patients as part of their jobs. The president must use the power of the office to protect workers with the aggressive enforcement of Defense Production Act and OSHA standards. He must cease using the power of the presidency, his public press conferences and his Twitter account to endanger the lives of working people.

A Progressive Economic Agenda

With interest rates and inflation at historic lows, the federal government should continue to borrow to fulfill its role and to support state and local government services. It is not the time to be concerned about deficits. And the federal government should be prepared to raise taxes. We are trying to both save lives and ensure the quality and dignity of those lives. It is completely appropriate to ask our future selves to help pay for that. We must fund our future if we want our children to inherit the potential to fulfill the promise of the American dream.

States also will have an important role. In Illinois and California, there are initiatives on the ballot this fall to raise revenues by asking those who have more to pay more. These are the right policies to pursue at the moment, and more states should look to emulate these efforts in the coming days. While there is an argument that raising taxes in a recession has an economic cost, the economic and social costs of cutting services and creating further suffering are far greater. We can afford to make these investments, we cannot afford to fail.

CONCLUSION: A LIVING DOCUMENT

This plan to reopen our society is a living document, guided by constantly evolving expert advice about how best to keep our children, our workers and our communities safe from the continued spread of COVID-19 and what resources are needed to put communities back on the road to recovery.

It rests on the fundamental belief that without a vaccine, we must take specific steps to map out our new normal, which must include: some elements of physical distancing; infrastructure for testing, tracing and isolation; deploying public health interventions in our schools and workplaces and aligning them with the necessary educational supports; involvement of workers and community in the development of reopening plans; and significant investments in states, localities, schools, healthcare and the Postal Service—the essential systems that have carried us through this crisis and will need continued support.

Together, as the people on the frontlines of carrying our country through this crisis, we will work to carry our communities through the recovery that follows.

Endnotes

^[1] School systems have been operating throughout this pandemic. By reopening schools, we mean having regularized access to school buildings and other physical learning and service delivery locations.

^[2] Caitlin Rivers et al., “Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors,” Johns Hopkins Bloomberg School of Public Health, April 17, 2020, <https://www.centerforhealthsecurity.org/our-work/publications/public-health-principles-for-a-phased-reopening-during-covid-19-guidance-for-governors>.

^[3] John King and Randi Weingarten, “What Comes Next for Public Education?,” The Hill, April 24, 2020, <https://thehill.com/opinion/education/494521-what-comes-next-for-public-schooling>.

^[4] Theresa Brown, “The Reason Hospitals Won’t Let Doctors and Nurses Speak Out,” New York Times, April 21, 2020, <https://www.nytimes.com/2020/04/21/opinion/coronavirus-doctors-nurses-hospitals.html>.

^[5] Congressional Budget Office, “CBO’s Current Projection of Output, Employment, and Interest Rates and a Preliminary Look at Federal Deficits for 2020 and 2021,” April 24, 2020, <https://www.cbo.gov/publication/56335>.

^[6] American Federation of Teachers, “A Decade of Neglect: Public Education Funding in the Aftermath of the Great Recession,” <https://www.aft.org/sites/default/files/decade-of-neglect-2018.pdf>; Trust for America’s Health, “Pain in the Nation Update: Deaths from Alcohol, Drugs and Suicide Reach the Highest Levels Ever Recorded,” February 2018, <https://www.tfah.org/article/new-report-funding-for-public-health-has-declined-significantly-since-the-great-recession/>.

^[7] Ken Anderson, “Trump Orders Meatpacking Plants to Remain Open,” Brownfield AG News, April 28, 2020, <https://brownfieldagnews.com/news/trump-orders-meatpacking-plants-to-remain-open/>.

^[8] Alina Selyukh, “Amazon Warehouse Safety ‘Inadequate,’ N.Y. Attorney General Office Says,” NPR, April 27, 2020, <https://www.npr.org/2020/04/27/846438983/amazon-warehouse-safety-inadequate-n-y-attorney-general-s-office-says>.

^[9] Olivia Messer, “OSHA Complaints Flood in from COVID-19 Frontline Health Workers,” Daily Beast, April 28, 2020, <https://www.thedailybeast.com/osha-complaints-flood-in-from-covid-19-frontline-health-workers>.