PHILADELPHIA
FEDERATION of TEACHERS

Via Electronic Transmission

January 2, 2022

Dear Dr. Hite:

With soaring COVID cases and a positivity rate in Philadelphia of 22% as of 12/29, I write with deep concern in advance of an anticipated school opening this week. I am disappointed that my December communication to you outlining our myriad concerns regarding the District's mitigation efforts has gone without response.

Furthermore, the number of COVID cases, as reported to PFT by our membership, have soared over the break. From December 23rd through this evening, 835 members have reported a positive case to us, with 1,397 positive household cases. Over 3,000 members report having needed a test over break, with more than 1,700 having trouble accessing one. We believe these numbers are likely a snapshot of the reality of the surge amongst our members, and ask that you take this seriously.

I am urging you to institute a seven day pause on the return to in-person learning. The week of virtual instruction will allow the district time to ensure that scientifically recommended mitigation strategies are ready for implementation in every work location. It will also give the district time to review the safety protocols with students and parents.

If, in these seven days, the District is able to adequately and appropriately demonstrate their ability to implement scientifically proven mitigation measures, and cases do not continue to surge exponentially, I will be delighted to support the return to in-person learning. The District should implement similar protocols to those outlined in our previously agreed upon MOU, including ventilation standards.

As you know, the PFT has, and continues to, support in-person learning as long as it is safe to do so. We know, and have said from the start, that in-person learning is hands-down the most effective method of delivering and receiving instruction.

I am summarizing our concerns with the currently implemented mitigation strategies as communicated in my December 21st letter, and many times in various meetings with staff.

Mask Wearing, Availability, and Enforcement

We know masks are one of the most critical layers of protection against the virus and a key component of a multilayered mitigation strategy. However, we are seeing that mask wearing is not always enforced. Further, as per current research and recommendations, I believe that well-fitting, high quality masks such

as KF-94s, KN-95s, or N-95s should be provided daily for every staff and student. We appreciate the commitment to send students and staff who refuse to wear masks home, but we do not have any indication as to how this will be implemented.

Lack of Data Sharing

We are getting inconsistent and at times inaccurate information regarding case counts. While data sharing may seem trivial to some, it allows us, our membership, and the general public to actually have a clear grasp of the safety of schools remaining open for in-person learning. Without this data, we are left to question what is really happening, and often envision worst-case scenarios.

Contact Tracing and Notification

Contact tracing is a critical means of ensuring the safety of staff and students by controlling the spread of the virus. However, the method of contact tracing is inconsistent and puts far too much burden on overburdened school-based staff, including nurses, principals, and teachers. When the District responded to our concerns by implementing a Covid Response Team, we were encouraged because contact tracing would shift to a centralized method–but it's not happening. In fact, it was taking so long via the CRT that we learned that communication went out to shift the onus back to school-based staff.

Vaccine Accessibility

I was deeply disturbed to read the [Inquirer's reporting](#) that, despite Dr. Ala Stanford's efforts to implement vaccine clinics in schools, her research and data based program has been essentially rebuffed by the District.

The District would have been well-served to have a robust vaccine program in place even before it became available to teens and now younger children. But we are now months behind where we should be, and it shows in the numbers of vaccinated youth.

Testing

Asymptomatic testing took place last year, and should take place now. A concerted effort must be made at the District-level to gain consent from parents to administer testing, and to then administer a robust asymptomatic testing program. In fact, [asymptomatic testing was indicated by the PDPH as a recommended measure in September](#). Amidst surging cases, low vaccination rates, and clearly designated federal funding explicitly for this purpose, it simply makes no sense why the District has not implemented this program. An outside provider can and should oversee this entire program.

Nursing Shortage

And lastly and certainly not least, our concerns regarding school nursing remain. These concerns are well-documented and yet have not been addressed. With double-digit schools still lacking a full time nurse, and some lacking a nurse entirely, the District is leaving children even more vulnerable amidst

rising cases in a global pandemic. Additionally, we know anecdotally of nurses that are currently out with COVID, and this will leave buildings even more vulnerable.

Overarching Concerns

Again, let me be clear: the Federation wants for school buildings to be able to remain open–if it is safe to do so. But the lack of response and the lack of any clearly laid out plan for safety this week leaves me with no other option than to call for a return to virtual for a period of time to adequately prepare for the return of students and staff to in-person learning. If the District is committed to working in good faith with the community, its educators, and union partners, I am hopeful that we can finalize a sincere plan to ensure that when school buildings reopen, they are safe.

Sincerely,

Jerry T. Jordan