



PHILADELPHIA *FEDERATION of TEACHERS*

Via Electronic Transmission

December 21, 2021

Dear Dr. Hite:

With COVID cases rising and increased cases due to the Omicron variant (which now accounts for nearly three-quarters of current cases), I am compelled to once again share with you our ongoing concerns with COVID protocols— both compliance with already required practices as well as the lack of implementation of recommended practices.

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. However, we also know that students and staff must not have their health and safety jeopardized due to either lacking safety measures or skyrocketing cases. Should cases continue to rise without implementing urgently needed course corrections related to safety measures, I fear that we could head towards another wholesale closure of school buildings.

What follows are our current concerns, recommendations, and insights into the proactive measures that we believe are necessary to keep students and staff safe.

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.

- In a number of buildings we have visited, mask compliance is less than 50 percent.
- Further, we have learned that enforcement of the outlined enforcement measures is not taking place.
- A number of schools are without appropriate supplies of masks.
- As the weather is cold and more windows are closed, it is more critical than ever to ensure that masks are worn with fidelity and that appropriate supplies are readily available.

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. Our concerns regarding data include the following:

- Schools that we know have positive cases are missing from the daily emails I receive from the District. Further, it remains frustrating that there is no clear system of tracking cases. There is no reason that this information should not be presented in a chronological spreadsheet or other digestible format.
- Further, there is no accurate or centralized forward facing means of accessing case information. The dashboard often does not match our own anecdotal records of cases in schools. We do not feel confident that data is uploaded there in a timely or accurate manner.
- We have not been informed of or involved in what now appears to be a new policy of two day “pauses” of in-person learning. We need clarification as to how this new policy is to be implemented.

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, there are several aspects of the currently implemented program that fall short:

- 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.
- Notification letters are inconsistent.
- Additionally, we are learning that at times, symptomatic students are sent home but no testing is taking place before their return to school, and thus, the potentially positive case is untested and unreported. This jeopardizes the safety of students and 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.

The graph below, featured in the Inquirer's reporting, shows, again, a serious racial disparity in vaccine rates and suggests that we must do much more, and quickly, to achieve equitable access to these life-saving vaccines.

Pattern in Vaccination Rates

Black and Hispanic children in Philadelphia have the lowest vaccination rates among children receiving at least one dose. As of Dec. 20, 8% of Black and 12% of Hispanic children have been vaccinated compared with 31% of Asian and 24% of white children.

| | African American | Asian | Hispanic | White |
|------------------|------------------|-------|----------|-------|
| Pediatric (5-11) | 8% | 31% | 12% | 24% |
| 12-17 | 41% | 96% | 60% | 56% |
| 18-44 | 48% | 95% | 72% | 72% |
| 45-64 | 72% | 100% | 96% | 70% |
| 65 and older | 82% | 100% | 100% | 82% |

Table: Staff Graphic • Source: [City of Philadelphia](#)

Source: [Inquirer 12.21.21](#)

As always, we remain ready and able to partner with you on vaccine clinics, as has taken place with a number of our locals around the country. But we believe that a vaccine program must follow the recommendations outlined by Dr. Stanford; as she [noted](#), “This fragmented system is not going to help.”

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](#). They write:

“Schools are encouraged to follow CDC guidance regarding screening testing. CDC currently recommends that screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels; and screening testing should be offered to all teachers and staff who have not been fully vaccinated at any level of community transmission. Resources may not allow for weekly testing, but best efforts should be made where possible.”

Source: [PDPH School Guidance](#)

This October headline says it all: [Many Pa. school districts are passing up free coronavirus testing even after a rise in cases](#)

- 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.
- Furthermore, there is a massive shortage of testing supplies right now for nurses to use when testing symptomatic students. From expired tests to waiting for orders, this prevents even testing students with COVID symptoms.
- Additionally, many schools lack a nurse to even administer symptomatic tests.

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.

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. In order for us to be able to do that, we need to swiftly implement the above outlined course-corrections and then closely monitor cases to assess. Many of the concerns I have outlined are concerns my team and I have shared with the District repeatedly in a variety of meetings, phone calls, and informal discussions. I ask, again, that you heed our calls for these improved safety measures, and that you closely monitor case-trends and share that analysis and information with us on a regular basis.

I wish you a happy holiday and a healthy 2022.

Sincerely,



Jerry T. Jordan