

Board of Regents, State of Iowa,

Faculty Senate Iowa State University appreciates your recent response to our requests for dialogue and understands the difficult situation that the COVID19 pandemic bestows on us both at the level of the State of Iowa and the Nation. We appreciate all you are doing, and have done, for our institutions. And yet, we are troubled by the recent decision not to respond to the surge in cases caused by the new Omicron variant. The Cedar Rapids Gazette on January 12, reports that Iowa regents plan no operational changes at public universities. COVID cases are surging and cases will bring not only serious illness and death to the people of Iowa but serious disruption to essential services such as hospitals and schools. The Board of Regents remains resolute on no change when many other universities and colleges are changing their policies (see Wall Street Journal, January 13, 2022: Covid-19 Prompts Colleges to Rip Up Plans for Start of the Semester [https://www.wsj.com/articles/covid-19-prompts-colleges-to-rip-up-plans-for-start-of-the-semester-11642082595?st=0c60a4s44dmuazr&reflink=desktopwebshare\\_permalink](https://www.wsj.com/articles/covid-19-prompts-colleges-to-rip-up-plans-for-start-of-the-semester-11642082595?st=0c60a4s44dmuazr&reflink=desktopwebshare_permalink)). As the representative of the faculty, I believe it is my duty to bring to your attention faculty concerns. The issues are not unique to us and we hope that working in dialogue with you we can find some common ground. Please allow us to articulate two main issues.

It is clear from statistics that the Omicron variant is severe, especially in the unvaccinated, accounting for 98% of the hospitalizations for the week of January 2nd, 2022 (see Wall Street Journal “Will Record Omicron Cases Cause a Surge in the Severely Ill? Scientists Look for Signs.”) The data seem to indicate also that it is less deadly than previous variants. In Iowa we almost reached record infections last week (Des Moines Register, January 13). Locally it has begun to be reported that hospitals are being challenged by case numbers. McFarland Clinic is experiencing an extremely high volume of calls and requests for appointments due to multiple upper respiratory illnesses, including COVID-19.

This surge impacts faculty differently based on their age.

(i) Older faculty, especially those with comorbidity conditions, are more prone to severe illness. According to CDC and Johns Hopkins data, most of the hospitalizations (and deaths) are in the higher age group. For the state of Iowa, ages between 40 – 70 contribute 28% of hospitalizations (22.5% of the deaths – Johns Hopkins data).

(ii) Younger faculty, while less susceptible to hospitalizations (and deaths), have a different issue.

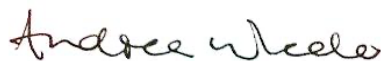
Many of them have children who are in middle or elementary school. Some with children who are too young to get vaccinated. These faculty have to take care of them when they get sick and also, be home when there are early outs (Ames has several early outs this semester). This puts an

undue burden on them. These are only two examples but they illustrate the operation severity of the problem for instruction at our institution.

In addition, without some mitigation cases hospital risk overload, and lack of staff, schools risk closure from sickness of teaching staff. All manner of essential Iowan services are placed at risk. We strongly believe, working together, we can accomplish the goals. Also, note that students want in-person classes. Faculty want in-person classes, Parents want in-person classes, The Board of Regents want in-person classes, The legislature wants in-person classes. All of the data makes it clear that the best way to accomplish this common goal is for vaccinations and masks. If we cannot require these basic measures from the majority of the campus community (understanding that there are valid medical reasons not expect 100% vaccination) we cannot accomplish this common goal because there will be students out sick and missing class, and there will be faculty who will be out sick and have to cancel the class. A secondary measure would be alternative instruction methods to counter the surge for the first several weeks of the semester. There are several mitigation examples in the Wall Street Journal article. We can either adapt one of them or modify one of them to fit our needs. For example, we may require students to be in-campus but use virtual classes for the first two weeks (until the end of January) or until the numbers come down (modeled after University of Texas Austin and several California schools) or require more testing and masking like the University of Arizona, University of Southern California and others. We sincerely hope, we can find an amicable solution to mitigate this dangerous immediate situation.

Thank you for the opportunity to address our concerns to you. It is much appreciated. Once again, we sincerely appreciate what you do for the institutions.

Sincerely,

A handwritten signature in cursive script that reads "Andrea Wheeler". The ink is dark and the handwriting is fluid and legible.

Andrea Wheeler, Faculty Senate President.