



From: GRO Executive Board
Date: 21 October 2020
Subject: Letter to JHU Administration Regarding COVID-19 Workplace Safety

Dear Vice Provosts Nancy Kass, Stephen Gange, Alanna Shanahan, and Kevin Shollenberger,

We write today to express our concerns regarding the safety of graduate students on the Homewood campus in light of operations during the COVID-19 pandemic. Our key concerns include: 1) the lack of available testing for asymptomatic students who have possibly been exposed; 2) the lack of general population screening to detect asymptomatic individuals on campus (outside of the COVID-19 prevalence study); and 3) the inadequacy of the enforcement of the current guidelines, along with 4) the tendency of the burden of enforcement to fall on graduate students. Combined, these factors have engendered a feeling amongst many graduate students that there is a lack of concern regarding the well-being of graduate students at Johns Hopkins compared to some of our peer institutions. Over 60% of respondents to our “Return to Research Study” reported feeling unsafe, to varying degrees, working on campus with regard to the implemented COVID-19 precautions. Reports from our constituents regarding noncompliance, testing difficulties, and limited enforcement of safety guidelines have resulted in requests that the following concerns be addressed.

We feel that testing for COVID-19 at Johns Hopkins University is inadequate and falls short of the testing policies of our peer institutions across the country as well as other universities in Baltimore and the surrounding area. [Towson University](#), [Harvard University](#), [UC Berkeley](#), and [Massachusetts Institute of Technology](#) have all implemented screening policies for the general population to identify the prevalence of COVID-19 in their communities, either in the form of random testing or surveillance testing (e.g. once-per-week testing for all faculty, staff and students). Beyond the COVID-19 prevalence study that includes a number of JHU affiliates, there is no general population screening conducted by JHU at this time. This has created a situation where infected asymptomatic individuals could continue to spread COVID-19 without realizing it while in full compliance with all university guidelines. There has already been a case where infected individuals working at the Homewood campus only became aware of their infection because they went through mandatory testing at another university in Baltimore. This is not acceptable from a university that messages itself as a national leader in public health.



The university policy of only testing those who had close contact (defined currently as standing within 6 feet for more than 15 minutes) with individuals who test positive fails to test all individuals identified by the [CDC as being the highest priority for testing](#). Moreover, at points in the past the definition of “close contact” required individuals to be standing within 6 feet for more than 15 minutes without masks, meaning that to even qualify for testing an individual would need to announce non-compliance with the [Return to Campus Guidelines](#). According to the CDC, anyone who works the same or overlapping shifts in the same area with an individual who tested positive should also be tested and isolation strategies should be adopted depending on the situation. Instead, many laboratory reopening plans require that individuals who work the same lab shift as an individual who tested positive isolate for a period of 14 days, but JHU will not order tests for those individuals so long as they remain asymptomatic. While this strategy should help curb transmission, it is not in line with CDC guidelines as it does not require testing of individuals at high risk of exposure and it does not account for possible spread through the roommates of those at risk of infection. In addition, by not testing, JHU places a burden on graduate students to either self-isolate for 14-days or pay to confirm that they are COVID-19 negative. The only testing options available for those students are to seek out free asymptomatic testing at facilities that are far from campus or to seek a test from an urgent care facility and pay the associated fee(s). These testing policies put certain community members, including graduate students and custodial staff, at significant additional risk compared to other community members. We find this lack of testing to be particularly disconcerting coming from a university that is one of the leading institutions in monitoring COVID-19 prevalence.

The rapid nature of the research restart resulted in the implementation of policies that were not fully developed, the ramifications of which continue to negatively impact graduate student safety. Rules between buildings are varied and determined by the departments in those buildings; for example, masks must be worn at all times in some buildings, but are permitted to be removed in single-occupancy spaces in others. Individual labs were left to create and implement reopening guidelines that fit within the rules for their building and division, with minimal guidance over issues such as eating and drinking areas and the cleaning of communal spaces. While these guidelines were subject to approval, there has been little follow-up to ensure that labs are adhering to their own guidelines or the general rules. Rapid changes in guidelines over the first four to six weeks, without clear communications, have also contributed to increased risk, confusion, and the inequitable application of the new guidelines. Loosening of the de-densification guidelines that have allowed the increase from 1 person per 400 square feet to 1 person per 200 square feet and the re-opening of office spaces for individuals who needed access for computational work or who needed a place to wait during experimental downtime were announced less than six weeks after the initial research restart. While it was prudent to first begin with more conservative safety guidelines, these changes occurred at a time when the university was awaiting the outcome of positive cases in Homewood laboratories. Consequently, the loosening of these restrictions should have been delayed until there was confirmation that the



initial guidelines were effective in curtailing the spread. Certain laboratories have attained special permission to further densify the number of people allowed in the space to above 1 person per 200 square feet. This densification is in violation of the policies outlined in the [Return to Research Guidelines](#), creates an unsafe environment for the graduate students working in these spaces, and also creates inequity between labs and between students. These exemptions call into question the devotion of the administration to the well-being of graduate students and suggest that concerns regarding research productivity are the main factor guiding policy.

The University guidelines are not adequately enforced, and too often the burden of enforcement falls on graduate students. While it is now officially required that everyone complete the health check on the ProDensity app prior to entering campus, there is no system on the Homewood campus to verify that people entering buildings on campus have a valid campus pass. Violations of the mask policy are rampant and unaddressed. Faculty, staff, visiting prospective undergraduate students, and current students have regularly been seen on campus without masks. From the [Return to Lab Survey](#) conducted by the Provosts' Office, 26%, 11%, and 50% of respondents (consisting of graduate students and postdocs from KSAS, WSE, BSPH, and SOM) reported occasional to frequent violations of shift, mask, and distancing guidelines, respectively, in their lab spaces. 27% and 45% of respondents also reported seeing occasional to frequent violations of mask and distancing guidelines in shared spaces of their lab building by lab and non-lab personnel respectively. Both the survey issued by the Provosts' Office and the GRO showed a lack of familiarity and comfort with the Speak2Us hotline. Graduate students who have called the [Speak2Us hotline](#) report feeling as though their concerns have gone unaddressed. Indeed, the [online platform](#) for the Speak2Us hotline did not include the Whiting School of Engineering as an option in the dropdown menu for the location of a policy violation until this week, despite this issue being brought to the administration's attention on September 22nd. Furthermore, the entire system is dependent on individuals being symptomatic and honest about their symptoms. While we hope that all JHU community members abide by public health guidelines, and strive to protect others in their community, we understand that this is not always the case. Pressure from advisors, lack of symptoms, misinterpretation of mild symptoms, and other external pressures can lead an individual to make a decision that puts other JHU community members at risk. Students should not be put in a situation where they must physically vacate their workspace to avoid possible exposure, even temporarily, because of someone else's failure to follow the guidelines. Nor should they be required to enforce regulations, especially at a time when people are resorting to violence in response to being asked to follow public health guidelines such as masking requirements.



Consequently, we call on the university administration to take the following actions:

- 1) Make on-demand asymptomatic testing available for university community members, including students, who fall under the [Tier 1 designation](#) for testing priority, as defined by the CDC.
- 2) Implement surveillance testing for everyone who is working on campus, including faculty, staff, students, and contracted workers.
- 3) Immediately make the guidelines clear and consistent between buildings and departments, while maintaining flexibility within the standards for individual labs, to avoid confusion and ensure that the guidelines are implemented more uniformly across the Homewood campus. Do not implement changes to the guidelines without a formal announcement and a definitive plan for adoption that is clearly communicated to faculty, staff, and students.
- 4) Employ well-trained staff to enforce the existing on-campus guidelines, including having people stationed at building entrances to ensure that everyone who enters has completed the health check on the Prodensity app and is properly wearing a mask. To limit discrimination and inequitable enforcement, these employees should undergo rigorous bias training and be exclusively focused on preventing violations inside campus buildings and on the main quads, rather than around the periphery of campus.

Sincerely,
The GRO