



1201 16th St., N.W. | Washington, DC 20036 | Phone: (202) 833-4000

Rebecca S. Pringle  
*President*

Princess R. Moss  
*Vice President*

Noel Candelaria  
*Secretary-Treasurer*

Kim A. Anderson  
*Executive Director*

## **NEA Comments on “Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine,” by the National Academies of Sciences, Engineering, and Medicine**

### **Comments made on September 2, 2020**

My name is Scott DiMauro, I am a high school social studies teacher from Columbus, Ohio, and President of the Ohio Education Association, speaking on behalf of the National Education Association (NEA), the nation's largest professional employee organization committed to advancing the cause of public education. NEA's 3 million members work with students at every level of education—from pre-school to university graduate programs. NEA has affiliate organizations in every state and in more than 14,000 communities across the United States.

The NEA appreciates the work of this committee to develop this framework for vaccine allocation to assist policy makers in planning for equitable allocation of vaccines against SARS-CoV-2. The NEA welcomes this opportunity to present several comments today and will submit expanded written comments by Friday.

I would like to begin by noting that the National Education Association believes that vaccines are essential medical tools in preventing infectious diseases. Vaccines must be pervasive to be effective. We believe that vaccination guidelines from the American Academy of Pediatrics and Centers for Disease Control and Prevention should be followed by educators, parents and guardians, and students. State legislatures should establish clear guidelines for waivers that minimize the numbers of unvaccinated individuals to those necessary due to documented medical conditions.

With respect to the Discussion Draft of the Preliminary Framework for Equitable Allocation of a COVID-19 Vaccine, we strongly support the broadest description of school staff, which includes classroom teachers, paraeducators, and other education support professionals, specialized instructional support personnel, librarians, administrators, and the faculty and other staff in institutions of higher education.

All staff who return to work in education worksites, including schools and campuses, are at higher risk of COVID-19 infection and must be protected from the virus with non-pharmaceutical interventions before the vaccine is available. We strongly support the

continuation of these non-pharmaceutical interventions after vaccination of staff and students until there is clear scientific evidence that schools are no longer a source of virus transmission.

We agree wholeheartedly that it is important to include teachers and other school staff relatively early to facilitate the reopening of school buildings and to protect the most high-risk adults. We respectfully encourage you to broaden this crucial target by explicitly including faculty and all other workers in institutions of higher education. Indeed, as the discussion draft notes, many professors and other university employees are older or have underlying health conditions. We further urge you to include all education employees in Phase 1b, in recognition of the crucial role these institutions play and the underlying vulnerabilities of many of the employees who work in them. We strongly agree with the draft report's statement that exposures in school settings is very difficult to control, especially when providing care or education to young children.

We also support the draft's conclusion that educators who are at higher risk because of age, crowded conditions inside facilities, and other factors should be vaccinated in Phase 1b. As noted above, we urge that all education employees be vaccinated in this phase.

Nothing is more important than ensuring that we return to safe and equitable in-person instruction, and the work represented by the discussion draft is an important step in that direction. It is crucial for any vaccination plan to incorporate the voices of front-line workers, including educators, and we thank you giving us the opportunity to speak with you today.

Thank you.

END OF COMMENTS

“Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine” excerpt, starting page 1545. The full discussion draft is available through this site: <https://www.nap.edu/catalog/25914/discussion-draft-of-the-preliminary-framework-for-equitable-allocation-of-covid-19-vaccine>.

## Rationale

Across the nation, states and localities are placing a high priority on re-opening schools and expanding childcare programs to promote children’s educational and social development and facilitate parents’ employment. Exposure is very difficult to control in these institutions, especially those providing care or education to young children. All workers in these facilities are among those who need to be protected from the virus during Phase 2.

Due to the nature of their work, teachers and school staff who return to work in schools are at higher risk of COVID-19 infection and serve an important societal role in ensuring that students’ educational needs are met. One could also argue that vaccinating teachers and school staff could help to reduce viral transmission, with these teachers and staff serving as connections between schools and broader society. Furthermore, the importance of re-opening schools, especially for elementary-aged children, cannot be understated. Reestablishing a sense of normalcy for students and their families through in-person education will help to achieve long-term health benefits for children and facilitate important social development for them as well. As some states and localities choose to begin reopening schools, it is also important to consider the direct impact of COVID-19 disease on teachers and staff. A recent study found that 39.8 percent of teachers had “definite” and 50.6 percent had “definite or possible” risk factors for severe COVID-19 disease (with similar results for other school staff), emphasizing the vaccine’s potential importance in protecting teachers and promoting in-person education safely (Gaffney et al., 2020). Therefore, it is likely that teachers at highest risk would be vaccinated in Phase 1b.

Estimated Group Size Across the United States, there are 8,605,000 teachers and staff at elementary and secondary schools; there are also approximately 463,000 people who provide child care services (BLS, 2019).