

Dr. Edwards,

Thanks for meeting with us yesterday regarding COVID protocols, and specifically regarding vaccines for the WSU Campuses. It was an extremely useful dialogue. Below were some common themes from the discussion that seem widely agreed upon, and we thought it would be useful to have them in one document for possible future use.

**In sum, the faculty believes that a policy that acts as a vaccine mandate is necessary to ensure the safety of students, faculty, and staff.**

**Fall 2021:**

- Provide incentive structure for students (faculty and staff too, potentially) to get vaccinated as soon as possible. This could take form of reduction of cost or fiscal incentive.
- Open portal to amass vaccine records from students, faculty, staff on vaccination status to provide baseline data about vaccinations (there was general agreement the survey recently put out was not sufficient for the purpose).
- Open vaccination sites on both campuses and increase publicity around vaccinations.
- Publicize the following Spring Plan with lead-time for compliance

**Spring 2022:**

“Wright Pathways to Safe Campuses” Plan (or some name that suggests multiple pathways and choice): Students, faculty and staff are heavily encouraged to be vaccinated. All have the choice of one of the three following pathways to ensure the safety of campus as we move forward.

1. Submit proven record of vaccination.
2. Submit to routine voluntary surveillance testing
  - a. Remaining questions: what time period (weekly?) and what tests would suffice (PCR & Antibody testing, perhaps)
3. Agree to take or deliver courses only in online-only modalities (this may only be possible for faculty & students).

The Executive Committee will be continuing to hear from faculty constituents and will continue to communicate concerns to the administration through further listening sessions or the Senate itself.

**Other issues addressed but perhaps unresolved:**

Language: There was discussion that while we wanted to do everything possible to encourage/enforce vaccination compliance, some think the “mandate” label has become overly politicized. Emphasizing “choice” and “options/pathways” for students, faculty, & staff may be valuable as a messaging tool, even as the impact of the policy would, practically speaking, be similar to policies of other universities in the region.

Are faculty in person – both now and in future - able to teach in a hybrid or hyflex (we call it flexible) modality to provide social distancing by working with chairs if their current modality is fully in-person?

How can we accommodate those faculty and staff whose loved ones cannot be vaccinated due to underlying health issues, since these are not covered under ADA compliance? Is this also something to be coordinated with chairs?

How would medical exemptions (not religious or ideological) be managed? Would it be different, or would the three-pronged pathway still apply?