



American Association of University Professors

Academic Freedom for a Free Society

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Faculty, Graduate Student Employee, and Academic Professional Voice in Campus Reopening Decisions

Higher education is central to the public good, and academic workers are central to the mission of higher education. As Oregon's institutions of higher education contemplate re-opening, we affirm the AAUP's [Guidance for Reopening Campuses](#); in particular, we call attention to these points:

The health and safety of students, faculty, and staff should be the primary consideration in decision-making about when to reopen a campus.

The faculty and academic staff—through their shared governance bodies or, when applicable, their unions—should accordingly participate in decisions related to how best to implement a return to on-campus instruction. In order to ensure full participation, administrations should be transparent, should keep the faculty fully informed, and should consult meaningfully with existing faculty governance bodies.

The health and safety of faculty, staff, students, and surrounding communities can be best secured when decisions about when, how, and to what extent to reopen consider the best available science and public health expertise, including the expertise that exists within our universities.

Higher education involves a wide variety of practices and modes of pedagogy, in which faculty are, of course, the campus experts. In many cases socially-distanced in-person teaching may be less pedagogically appropriate than online teaching, as well as less safe.

Recognizing the diverse knowledges and skills across campus and the need to hear from all involved in the work of higher education will help provide for a re-opening process that is safer, more effective, more equitable, and more fully supported by campus communities.

All decisions and details about conditions for returning to campus work settings must move through channels of shared governance and (where applicable) union negotiations. Decisions must also be sensitive to and informed by the needs of academic workers whose lives are impacted by caregiving responsibilities. Absent this, the process will be too narrow and miss input from those most affected and thus often most knowledgeable about the practices involved in the work.

Without this input, universities may fail to provide safe working conditions. Notably, the [HECC OHA Public Health Guidelines for the Conduct of In-person Instructional, Residential, and Research Activities at Oregon Colleges and Universities](#) provide “minimum” standards for reopening, rather than optimal conditions for the health and safety of our campuses and communities.

Further, public health and campus re-openings are not simply matters of temporal-spatial relations, air circulation, protective equipment, and similar logistics, but also, as the Accessible Campus Action Alliance observe in their “[Beyond 'High Risk': Statement on Disability and Campus Re-openings](#),” issues of “civil rights, particularly disability, racial, and gender equity.”

Their statement argues for “online-centric” teaching for the fall as in line with directives from the [U.S. Department of Education](#) allowing for distance education through at least the end of 2020; this is also a position in line with Senate testimony by the executive [director of the American Public Health Association](#) that if campuses open to face-to-face teaching this fall, “We should make the assumptions that there will be people on campus with COVID-19 infection regardless of what precautions are taken at this state of the pandemic and the level of previously infected individuals in the community.”

Rather than allow “high-risk” populations to become collateral damage in a rushed reopening, those favoring universal design and accessibility note that anyone and everyone is vulnerable to some degree. The [Equal Employment Opportunity Commission’s guidance on the ADA and COVID-19](#), recognizes that requiring employees and students to submit medical documentation of underlying conditions may present obstacles for those who face [barriers to healthcare such as discrimination](#) or whose conditions may be stigmatized. Requiring academic workers to report personal health risks to administrators in order to be considered for online teaching egregiously bypasses health privacy standards and fails to address the needs of those who are outside the official categories of “high-risk” groups (e.g., who are 64 rather than 65 years old) or who live with immunocompromised or otherwise vulnerable family members.

Academic workers who maintain caregiving responsibilities are burdened in unseen ways by the pandemic and public health mitigation. The current crisis impacts the availability of reliable child care, schooling outside of the home, elder care, and other dependent care support. Conditions for the return to on-campus work must involve prioritization of these needs. Different approaches are needed in the coming years as academic employees with dependent care responsibilities face potentially long-term impacts on their careers. Extension of review periods, reassessing teaching loads, and waiving non-critical service are but a few examples of matters that should be considered (see the [Petition for Caregiver Support at UO](#)).

Oregon AAUP members recognize that we live in extraordinary times, and that the present moment requires of us not less but more attention to our values of academic freedom, shared governance, scientific expertise, critical thinking, and care for campus communities. Both the continuing COVID-19 pandemic and the current uprisings in response to the killings of George Floyd, Breonna Taylor, and others, call on us to attend to the health—physical, mental, and intellectual—of those with whom we live and work.

In short, the process of reopening a campus should:

1. Prioritize health and safety for all, with attention to the need for equitable accommodations.
2. Reinforce the values of shared governance through faculty participation in all reopening decisions, including elected faculty or union representatives.
3. Maintain academic freedom, respecting expert knowledge, [intellectual property rights, and the need to be free from electronic surveillance](#).
4. Emphasize transparent, consistent, and wide communication of processes and decisions taken in consultation with faculty.
5. Work closely with local health authorities to aid in the tracing of viral infections, data sharing, and boosting testing capabilities where available.
6. Collaborate proactively with Centers for Disease Control and Prevention and the World Health Organization in stemming the proliferation of the virus, educating by example, and adhering to the strictest norms and guidelines of personal and social hygiene, physical distancing rules, and the wearing of masks and other protective equipment in all shared educational spaces.
7. Develop robust plans through consultation with academic workers, academic senates, and unions to provide additional support to caregivers. Academic institutions must accommodate caregivers through adjustments in expectations for service, research, and evaluation timelines, as outlined by the [University of Oregon Center for Women and Society](#).