An F20 With In-Person Teaching

Faculty Thoughts on Personal Risk

We need to understand more fully what opening-without-vaccine might mean for vulnerable faculty and staff. What are the hidden pressures that might compel a person to come in to campus despite unacceptable levels of personal risk? What defines “unacceptable risk”? What about a non-vulnerable individual who lives with a vulnerable individual? Should accommodations be available for the asking or does there need to be some kind of approval process?

Below are postings gathered during May 11-17. “Replies” are indented.
1. Given the well-established near-certainty of transmission in classrooms (see Kim Weeden’s work) and other enclosed spaces that are shared for an hour or more at a time, I think it would be insane to return to in-person teaching, unless (1) a vaccine is available and (2) only vaccinated and tested people are allowed to be present. The above applies independently of my personal circumstances (both myself and my wife are over 60, with medical conditions that exacerbate the risk).

I agree. It’s not just large auditorium size classes that are the problem but also smaller ones. I teach 45 students for one course and 20 students for another in small classrooms where it’s always very tight. We are often in too close proximity even in seminar rooms. And then students often come up to their instructors after class to ask questions that are more private, or hand us papers and forms. We would not be returning to in-person teaching as it was before. It CAN’T be what it was before. So, what does the pedagogical value of teaching in person under these circumstances (in traditional lecture or seminar classrooms) look like now? How can we attend to our students’ learning, build relationships, facilitate mastery of course content and critical analyses, all when we are trying to stay as far away as possible from our students. Under these unprecedented circumstances, I would rather teach online. As we all know, how each person’s body responds to this virus seems to be a roll of the dice. I do not want to risk my life (especially as I have an underlying condition). My colleagues have outlined conditions for return below, including testing/tracing, hope of effective treatment in absence of vaccine, vaccination (when available), etc. I agree with these.

As to the assertion that “Given the well-established near-certainty of transmission in classrooms (see Kim Weeden’s work) and other enclosed spaces that are shared for an hour or more at a time,” it seems to me that Kim Weeden says nothing of the kind:

It seems to me that this would only be insane if we don’t have a means of actively checking for infection in our community. If we are doing aggressive testing for infections (by having everyone check their temperature several times per day, including for others in their household), and using a 15m Covid test (the new saliva one) for anyone with even the smallest symptom that could suggest Covid, we might be able to keep the “in the wild” rate very low. At that point teaching on campus wouldn’t necessarily be insane. It would be insane now, but this is because we would be working in the dark with near certainty that some students came back with infections. So the key thing that would shift it from reckless to a managed, potentially acceptable risk is aggressive testing, in several forms. Of course, today, we lack that at Cornell. But perhaps by August we would have it, at a price and on a scale that would be viable.

I am currently on leave in a small country where we have been mandated to take our temps 2xdaily since Feb, were banned from traveling, the gvt can track (and does track) *everyone*, and the population has been known for being compliant with state requirements – yet numbers are still soaring. How do we expect this to work at Cornell, with a large population of (by definition) unruly students, inevitable contact with the community, un-detectable asymptomatics, and no ban on travel? The idea that careful screening will help prevent spread is faulty. Careful screening only helps mitigating and managing (at best). How about those who get infected in the meantime?
I agree. (https://www.erinbromage.com/post/the-risks-know-them-avoid-them?fbclid=IwAR0Drqvecw9ImEAdGNBTD3WWIPdAKz_3hXYCMRR-5hJbt0ukJ46pDv0RA) I also think it’s a huge hazard to bring thousands of students back to campus from all over the country (and the world) to Tompkins County. Contagion seems under control now in Ithaca, but we are virtually an island.

I agree how many ICU beds are there is Tompkins county? Return of the students and only a very minor increase in cases could readily overwhelm local health care resources.

Dean Boer explicitly excluded this possibility at this time – and surely its cost/logistically prohibitive?

2. I am in a department where there is a heavy laboratory component that requires intimate interactions among students that make up groups, and between the TAs, faculty and students. These interactions are such that we sit together around a setup trying to make it work. This means close proximity (few inches) away from one another working on the setup. This clearly creates an environment where a contagious disease like COVISD-19 is easily shared.

It seems to me that Cornell administration should be spending the summer ramping up the network capacities, sterile rooms that are reserved, used, then sterilized again, for staging and recording lectures and lessons that can be accessed remotely and supplying all faculty and students with technology to excel at remote learning. The bottom line is if campus life resumes and another outbreak occurs, the money lost in sending students home and shutting down again will be far worse because of the backlash, law suits and drop out rate. Better to train faculty and staff on online instruction and prepare for a year of excellent online and remote teaching and instruction.

3. Faculty and staff should be managing whatever levels of risk ourselves, not the tuition paying, unlikely to be symptomatic students. They need the most normal experience we can provide. So if you have/feel risk, teach from home into the classroom where students can discuss/work together. If we assume all students are infected and behave appropriately, students (except the very vulnerable) won’t need to worry about each other unless they want to (which will be acceptable as the faculty/staff are doing it). I am in a risk category, but I would rather protect myself from the students than the students from me or each other.

4. I would return to in person teaching if the following were done. a) The University obtain and provide testing to every student and faculty, on demand b) Provide an on campus location for students and faculty to self quarantine should it be necessary— (so that faculty families don’t get it) c) ensure that there is a plan for enough medical beds at local hospitals should we have an outbreak. d) devise contact tracing measures inside the university e) alter class timings to spread out students in larger classrooms so that social distancing can be maintained.

Totally agree – thank you for putting it this succinctly!

I also agree. Thanks for these clear suggestions.

5. Thanks for asking. I would prefer to continue to work primarily from home. My household consists of 3 people, two over 60 and my 90 year old mother. Until there is a prospect of vaccine, or robust therapies, I feel I would be putting us all at risk to be in contact with a fully populated campus. My position requires staff
oversight and facility access, so I would like to arrange a work flow and safety system that would allow me to work on campus periodically.

I’m in a similar situation in terms of age and health. Though I suspect campus is likely to be at least partially open with some (perhaps smaller?) classes held in person, I expect to continue limiting social interactions, to protect my wife and her aging mother with whom we interact regularly.

6. Both faculty and students should have a choice as to teach virtual or in-person. No faculty or staff member should be told they have no choice but to take a risk. No faculty or staff member should be forced to disclose confidential medical concerns about themselves or family members. No faculty should be made to disclose why if they opt to chose to teach virtually – the reasons are obvious.

7. As a tenured faculty member of the school, I was greatly disappointed to received an email from administrative staff informing me that my course in August was planned to be in-person unless they hear from the university that it has to be virtual. The administrator went on to say how only on university guidelines will they hold the class virtually and the safety of the students were of the utmost importance. At no point was my own safety recognized in this several paragraph email. I am not willing to teach in person in August.

8. Several faculty I know have confided that they will refuse to teach in-person classes at the start of the Fall and late summer classes. They have not openly voiced their concerns to their chairs due to fear of repercussions. If they become sick or the students become sick, the reputational effects will be horrendous and the financial fall-out of scrambling to make the classes virtual or finding replacement faculty at the last minute is worse than planning for a virtual Fall semester.

9. It is hard to comment on in-person teaching without knowing what the plan is. Will there be sufficient staff to continually sanitize offices, classrooms, bathrooms, dorm rooms, and communal spaces? Will there be regular testing for everyone in the community, not only those who are symptomatic? What are the plans for isolating those who test positive (and who can transmit the virus even if they do not show symptoms)? Will students be sharing rooms? Will/ how will use of masks, social distancing, handwashing be assured? Will the university be allowing high risk events such as parties to take place? How would such events be prevented?

10. Given the likelihood of continued spikes in COVID-19, I believe that opening for in person classes in the fall poses too much risk—for both teachers and students, and all those who are in close contact with them (though of course we can monitor what happens, and decide later if it’s possible to open). We should be prepared, however, to continue with online classes, despite the inferiority of such approaches.

11. If trends continue and Cornell has a plan for testing returning students as they arrive I am fully prepared to teach in person. Online is not tenable for a semester. The alternative is delay “fall” semester until the time we can return safely. Once students return they should not leave until the semester is over. If Cornell cannot test returning students, staff and faculty on arrival then we should start only the first two weeks online. All faculty and staff should reside in the greater area. We should not have people going back to NYC.

I like the idea of starting online for the first few weeks until we gain a better sense of whether or not returning students bring with them a new wave of the outbreak. If we are still maintaining a low level of transmission in our on and off-campus community, we should resume in person instruction. However, once students arrive, they should not return home for break, and if they do, they need to quarantine for two weeks. We also need to consider that any student who tests positive will need to self quarantine
regardless, thus we will be obligated to have an online component to our instruction. I don’t see a way around that point.

12. I share the desire to return to live teaching especially since my classes depend on student interaction. But I feel the same way as writer #5. The tragedy of the squandered months which did not produce the ability to test, trace and isolate make it impossible to think of teaching live this fall. I would be willing to take risks myself, but I live with someone right in the crosshairs of vulnerability.

13. If I expose myself to classroom, I have to isolate myself from my parents who depend on and need me. And I need to be with my family.

14. This has to be only an “Opt in” choice for those faculty who want to voluntarily be on campus. The choice is only to the person alone. We should be evaluated based on our contribution and not if we opt to be in physically in the classroom. So this is fair to everyone and free of pressure that may directly or indirectly pose risk not to faculty but their family with vulnerable situation.

I agree that an individual teacher must be given the choice to “Opt in”. But for students as well, each must be given the option to “Opt in” for in-person return

15. Certainly concerned about returning for risk to me and then those vulnerable in my home that might be at risk. Let’s get a Faculty SOP for “clean” classroom practices, same for students, clean university, etc...maybe some quarantine space for faculty? then we have to have some testing and tracking by then....and accept some risk. As Brian Cranston said in Argo. “this is the best idea we have sir “.
https://www.youtube.com/watch?v=h6H454-u4yl

16. Dear n. 7: meet one. Sure, it would be great to be back in the classroom and no one wants to see Cornell take an even greater financial hit but these are not times to make assumptions based on past experiences. I take care of two elderly parents and have a vulnerable individual in my household. Will I have to move into a separate apartment for the year so I don’t risk infecting my loved ones? When you say “we” who are you speaking for?

17. Any faculty who considers they are at risk should be able to choose teaching remotely. There should be no official “approval process” because there may be many health conditions or aged-related factors. We do not need more bureaucracy in a crises. Getting approval for a disability is hugely time-consuming and some conditions may not fit the official pattern. Trust each one’s judgement.

Second this comment.

18. I would like to teach in-person but am reluctant to risk it. I have three young children and would hate to risk my life. My wife does not have steady work and if I died or was incapacitated, my family would be royally screwed. I realize the financial constraints for the university. I am hoping there is some way to meet the financial needs of the university but not risk lives. With students coming from all over the world and many from the NYC-Westchester area, it seems likely that we could have an outbreak of COVID-19. It would be great to wait for in-person classes for a vaccine, but we don’t know there ever will be one.

19. I am looking forward to teaching in the fall. We should follow the data and practice safe ways to teach in person. As a scientist and educator, we know how to work with bacteria and viruses in a bsl2 facility and we do so safely. By putting the proper protocols in place, we can practice safe and effective in-person teaching in the
fall. The key is to understand and mitigate the risk, given our key responsibility to our students and society. This virus will live with us forever and we can’t hide away from it forever. It is not crazy to return to teaching in person. In fact, it is our responsibility (as long as we do so safely).

I agree with your assessment. However, those who feel they must opt out of in-person instruction ought to be permitted to do so.

Agree completely.

Agree completely, I would love to be back and teach in the fall in person. This community is quite conscientious and will undoubtedly understand and do everything to mitigate the risks.

I agree with the dual options of (1) in-person teaching provided there are adequate PPE free to students and faculty plus between-occupancy protocols in place or (2) the option for faculty in situations that include vulnerable people to teach remotely. For me personally, my teaching is in small classes (about 20 students) and I would feel comfortable in a large room, wearing masks, and protocols that limited close contact. I will add that I’m in my 50’s but on Humira which is an immunosuppressant and adds to my vulnerability especially with pneumonia. Based on spring 2020, many students displayed restraint in whether they came to class given their morning symptoms. I’m not sure though that enough of the students would comply to ensure an outbreak was avoided. Weekly (or more frequent?) mandatory testing for students and faculty would ease many fears.

I too would love to return to my in-person classroom; I also agree about the importance of following the data. But all of this depends on consistent collective adherence to protocols at a scale that is larger than and less under control than in laboratory settings. I am not confident that protocols alone will offer enough protection.

20. While, I understand that there is a health risk involved in classroom teaching, I am comfortable working with faculty and students in a live, personal setting. I’m hoping that Cornell might offer 2 options for faculty, staff, and students. One option is to meet, work, and study live. The other option is to work online. This of course comes with problems and concerns as well as solutions. I suggest this as way forward that includes all people involved.

I agree that faculty should have the choice to teach online or in a classroom commensurate with the risk that he/she is willing and able to accommodate. My strong preference is to re-conceptualize the classroom by providing outdoor space for teaching using available technologies, e.g. tent awnings and space heaters. There is a strong pattern in the data that outdoor environments are safe (if combined with social distancing and face masks) versus nearly all transmissions occurring indoors. I teach my dept.’s large lecture course (200 – 300 students) and can envision doing so under an awning with open sides and space heaters at venues such as athletic fields, libe slope, or the Botanic Gardens. Such a venue could deliver a symbolic message that the virus is lurking and that we must change our social behavior to survive.

21. We need to be –and want to be– back in person. It’s an existential question for Cornell’s mission and survival, and ours too as academics at a premier research institution in the world that promotes close collaborations and unexpected interdisciplinary links.
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I was struck by the discussion in the link below. My impression is that even socially distanced, masked, lecture halls will be a higher risk environment.

I expect that many instructors, esp. older instructors, will view the prospect of in person teaching with substantial anxiety, barring significant advance with regard to mitigation, vaccine, or therapeutics. So I think people would want to be convinced that there is a significant gain from moving from distance (Zoomed) learning to socially distanced in person teaching this fall. (Which, after all, is likely to be pretty uncomfortable) There may be such gain, of course, in terms of both pedagogy and revenue, but a convincing public case for this will be very helpful, if it comes to that. https://leiterreports.typepad.com/blog/2020/05/more-on-situations-where-there-is-a-higher-risk-of-infection-with-the-new-coronavirus.html

While I am a younger faculty, I have a health condition that I have not disclosed to my colleges. I hope the choice of returning to campus is not set by age. This would force me to have to disclose health information that is against my will. People should be given a free and nonjudgmental choice.

The science of coronavirus has not changed. Nothing is better today than it was in March; worse, in fact, because we have more total infections. Loosening of travel restrictions will only exacerbate the problem. The time to “re-open” is when testing and contact-tracing are widely available. This was the cornerstone of Phase 2 strategy, until the pandemic actually happened. Personal attendance at school is therefore unacceptable until on-demand testing and contact tracing is available in Cortland county.

When those things are available, I will be willing to return to campus. A premature opening would force me to resign.

Hey, I’m an English prof. In-person teaching should be out of the question for fall—I can’t believe it’s still being considered. Every college in America will become a viral hotspot if the students come back, and it will kill many people. There will be major labor disputes if you ask faculty to return, and huge lawsuits if we get sick. Don’t do this, it’s crazy.

for one would be fully willing to return to in-person operations in the fall. I believe it is impossible to run the university for longer than a few months in this ‘remote’ manner. If reasonable precautions are taken—masking, handwashing, distancing—are taken then as much of the in-person operations should be restored as possible, as quickly as possible.

“I for one would be fully willing to return to in-person operations in the fall. I believe it is impossible to run the university for longer than a few months in this ‘remote’ manner. If reasonable precautions are taken—masking, handwashing, distancing—are taken then as much of the in-person operations should be restored as possible, as quickly as possible.” Grant this as premise 1: it’s impossible for the university to continue in this remote manner. There’s another premise under discussion, 2: at this stage in our understanding and control of the virus opening the university non-remotely will create a health disaster. That’s the one that needs to be explored scientifically, right?, but it is unmentioned by this writer, who
simply takes 1 as self-evidently unacceptable and therefore to trump, as it were, 2. This is just wishful thinking of an extremely dangerous kind.

Agree

27. Given the transmission model, its going to be very difficult for faculty to teach in person classes. Will we wear a mask? Look away from the students? How frequently will testing be provided? What is the nature of this testing for the squeamish?

28. I am yet to meet a single faculty member who doesn’t want to be back in the classroom in fall, we understand there is some risk.

Dear n. 9, Meet one. Sure, we’d all love to be back in the classroom and see things return to normal. I care for two elderly parents and I have a vulnerable individual in my immediate household. Should I be forced to rent an apartment and live on my own for the year? You seem to be making assumptions about all Cornell professors with your “we,” but not all follow the same socio-economic model and not all share your idea of risk.

THANK YOU! you shared my situation. I have a parent with terminal illness. Should I opt for not being with her and seeing her again?? and be in classroom everyday? Why don’t we, instead of trying to go back to old, try to innovate the new and define a valuable experience for students that does not compromise the personal lives of faculty and staff? They deserve a positive experience. Its time to innovate and design that experience.

I agree with the many faculty who do NOT want to return to campus in the fall. As some have pointed out it is not just the over age 60 faculty who are concerned, younger faculty with underlining health issues, parents with children, faculty taking care of aged parents or a partner with health issues. While we all would like to interact in person with out students, this is Not the time to move back to opening up the campus. I teach lab classes where there is close contact and in small classrooms where 20 students are sitting shoulder to shoulder — so it is not just the large lecture classrooms that are the problem. Is Cornell going to hire many more janitorial workers to clean down tables, seats, door handles, lab tables and equipment after each and every class? How often will bathrooms be cleaned? Are the Cornell lawyers prepared for all the lawsuits if there is a major outbreak because Cornell insisted that classes be taught in person?

29. As others have pointed out, this question is somewhat ill-formed. It is difficult to answer in the absence of any idea about what the university’s vision of in-person teaching in the fall would look like. How will social distancing in classrooms be maintained? Will regular testing be done? During an ordinary flu season I protect myself by getting a vaccine, and many others do too. Yet, it is not uncommon during the course of the year for me to have to gently urge an obviously ill student to go to Gannett. The thought of feverish and coughing students in my classroom takes on another dimension now. Like others who have commented, I live with a high risk individual. The risks I take I not merely my own. Teaching online is not ideal. But at s the moment it may be the best we have, and it can probably even be improved until the in person option becomes truly safe.

30. Just read that Germany has opened up its schools. It is testing every student and staff every four days, results are available is 3 minutes. With testing of this order I would definitely be willing to start teaching live in the fall. To the extent possible, reasonable precautions should be taken: masks, keeping 6 feet apart, encourage hand washing, plenty of disinfectant wipes, etc. The fatality risks to people under 45 is extremely low after all.
Without fall classes, what percent of students will continue to pay full tuition. Without full tuition (especially given the large decrease in alumni donations, endowment decrease, presumably government funding cuts in the near future) won't the University be forced to consider large scale layoffs, salary cuts, etc. I would prefer to take the risks of teaching rather than the risks of having to forego salary.

I think you point out something interesting. If we were to consider financial risks (salary reductions, for example) vs. health risks (with all mitigation available), what would people say? If you ask financially secure faculty—tenured, endowed chairs, probably older—why would they choose risk?

31. I am a younger faculty member with an undisclosed respiratory problem, and I look after an elderly parent with a terminal illness, plus a partner who has a major comorbidity. There is no way I can risk the health of others by teaching on campus in person in fall. It seems that the majority of financial losses will come from huge financial aid hikes projected because of the tanking economy. Delaying the start of semester for a few months assumes that infection rates will decrease to zero or more appropriate treatments will be available by then—which almost certainly is not the case. Perhaps more time to plan for strategies. Keeping students away from each other and not risking their own health (the assumption that young=unaffected is also problematic; I know several ADA/SDS informed comorbidities in my classes this semester) will prove a huge challenge. Staggering the class schedule, improving air conditioning/HVAC, reducing class size, making professors stand 20’ away from all students, assigned seating, egress and entry procedures, and compulsory environmental monitoring of sewage from different points on campus might work. Also in person teaching to only on- campus resident students, those living off campus via the web.

32. I will sleep in my office and take showers in the basement of Thurston, just like I did for a short time between apartments back in grad school. My son did not get into Cornell, but if the U of Rochester has in person classes I can stay in his room in the basement of our house. No problem either way.

33. While I would prefer to be in the classroom teaching, I live with someone who is at high risk, and cannot fathom how it helps our situation if he teaches remotely while I go into the classroom. Unless we have returning students quarantine themselves for two weeks prior to classes starting, and then promise no traveling afterwords until the end of term — something that seems impossible to ensure — it is hard to see how we bring students back without risking another outbreak?

34. Perhaps some experiments, for example with those who are successfully sheltering at home, is warranted. If this committee can engage in person for several weeks (as they’ve been home without testing positive, I presume) and after a period of a month or so there are no positive tests, then we can figure out how to expand this, slowly. But until we can believe that we have prevented the illness among a somewhat larger group, it seems a huge leap to bring back 10,000 students.

Our students themselves have different levels of engagement with the broader world. Freshman are required to live in dormitories, so we have more control over them. Do we quarantine them for the first two weeks after they return, to ensure that we don’t just spread things further? How will they be housed and fed during this time? Will their parents be willing to send them if they are sharing a dorm room? Or do we put each arriving student in a room on their own — we don’t have the capacity for this — so how do we ensure that they don’t start spreading things as soon as they arrive?

Seniors are largely off-campus, which makes it far more difficult to ascertain if they are distancing, if they quarantine, if they refrain from traveling — do they go places for job interviews and then return?
Of course, we do not offer our classes by year — we mix freshmen and seniors. And seniors have already invested three years in learning at Cornell, so have more to lose — but are also harder to monitor. And know enough people to congregate, have parties, spread things more quickly.

Much as I’d like to know what method of teaching I’m to engage in this fall, it seems unlikely that we’ll open up the classroom without spikes in infections. Tompkins County has, so far, had few cases. I think we need to hear more about how the University plans to bring students back before we know whether we are willing to teach in person or not. I have seen (from a distance) various colleagues out walking with their families. We all seem to be healthy. But whether we maintain that once we introduce new people from away is the big question — and until we know how that will happen, information about whether we are willing or not to enter the classroom won’t yield much. We can say yes, we want to be in the classroom, and then realize that the risk – to our families – is just too high to comply. So more information is needed.

35. I would be willing to have in person classes if a) there was enough testing for all faculty and students, ON DEMAND b) If there was a space on campus for students and Faculty to self quarantin e (to avoid spreading risk to faculty families) c) If there was a university wide tracing system. d) If class timings were altered such that we could only use the larger classrooms to make social distancing possible. e) if there was enough access to hospital beds in the county

36. Just so we’re clear, the question that’s being posed is not “what risk of contracting COVID-19 are you willing to tolerate?” but something more like “are you willing to resume in-person classes, given the near-certainty that it will result in you and thus the people with whom you live contracting the disease?”. Here’s an excellent explanation of the relative risks in different environments: https://www.erinbromage.com/post/the-risks-know-them-avoid-them. The six-feet rule applies for short interactions, not prolonged sharing of space and air. Dormitories and classrooms are breeding grounds for the virus because they concentrate people indoors for prolonged periods. As even a very small number of cases from asymptomatic students grows exponentially, we will soon find ourselves back where we were in March, or much worse. Absent a vaccine or very effective therapies, even widespread testing and contact-tracing will not be enough to keep up with the super-spreading that universities will promote. I wish that weren’t true, but surveys about attitudes don’t yield scientific facts about how viruses spread. They reveal only what misconceptions people hold.

Very well stated. Thank you. Opinion surveys reveal our fantasies, not the realities of disease transmission. The situation now is far worse than it was in March when the university closed. There are no realistic prospects that the underlying problem will be solved by fall semester.

37. My concern as a staff member who works in close proximity to students on hands-on projects that are hard to do at a distance is that I am married to a first responder and am otherwise in a low-risk category, so the likelihood of my being an asymptomatic carrier at any time is high, even if the local rates of infection are relatively low. This means that the chances of my passing COVID-19 on to students will also be high. I’d be willing to be tested as often as requested, in whatever form that takes.

38. Modeling shows that in absence of a vaccine the virus will pick up just where it left. In fact, modeling I did this semester with my own class shows that if the epidemic was not widespread when lockdown/distancing were imposed, the jump in cases will be even more severe after reopening. The virus so contagious (the R0 being 2-3 is a fairytale; it has been shown to be above 5 in some studies) that we are certain to have a second wave in fall. So should we go again for the stress of moving classes online and sending students out of campus? I think that two options of classes must be given, without any formal application. People should be free to assess
their own risk, I am convinced that no one can give informed guidelines at this point as to who is at risk and who is not and can return. It stands to reason that universities should offer discounts on the classes offered online. Better an orderly financial hit than the potential chaos of having to move online in the middle of semester, which will be even worse financially.

39. Echoing other comments here about vulnerable family members, especially pregnancy. My wife is pregnant and I had to tell my supervisor WAY earlier than we normally would have because nobody knew anything about COVID-19 and pregnancy at that point (I started staying home about a week before campus closed). We are also extremely lucky to have in-home child care from a family member, but she’s in her 60s and we would be putting her at risk. People shouldn’t be forced to disclose medical conditions for themselves or family that they wouldn’t otherwise disclose. As things currently stand I would not be willing to teach in-person in the fall. The sooner I know that there will be an online option (even a hybrid option where some students return to campus to do labs etc), the sooner I can start planning to make the fall semester a good experience for the students, which I believe is possible with enough effort (which I realize many simply don’t have time for, but for some courses it can be done).

40. I would be fine with returning to in person teaching in the fall. As far as I know, I am not in a high risk category (knock on wood), and am assuming that precautions will be taken appropriate to the degree of infection on campus at any given point. I’d also be willing to wear a mask and comply with whatever other measures would be necessary.

41. I am an administrator and prof. I am also over 65 and a former smoker. I feel fine, miss my students and colleagues, and often find Zoom classes a poor substitute for the real thing. (Other times, admittedly, they work surprisingly well.) No way am I coming back to campus without a viable vaccine or other way to assure my continued good health. I cannot imagine the staff having to sit all day in their offices working with each other. Students clustered in classes, dorms, libraries, parties. Colleagues in faculty meetings. We live a collective existence on campus. Usually that is a wonderful thing. Not now. It is clear that the situation is hugely and negatively consequential for Cornell, our employer and our home. Whatever I can do to help I want to do, but it is not fair to ask me to put my life in jeopardy because we live in a country with such misplaced values and horrendous leadership.

42. Every effort should be (is being) made to prepare a safe return to in-person teaching in the fall. Obviously this would include an opt-out (remote instruction) for those at high risk, periodic full-population testing, and provision of high-quality protective equipment. I am confident that planning has begun soon enough to ensure those elements are in place come fall.

43. I am an administrator and prof. I am also over 65 and a former smoker. I feel fine, miss my students and colleagues, and often find Zoom classes a poor substitute for the real thing. (Other times, admittedly, they work well.) No way am I coming back to campus without a viable vaccine or other way to assure my continued good health. I cannot imagine the staff having to sit all day in their offices working with each other. Students clustered in classes, dorms, libraries, parties. Colleagues in faculty meetings. We live a collective existence on campus. Usually that is a wonderful thing. Not now. It is clear that the situation is hugely and negatively consequential for Cornell, our employer and our home. Whatever I can do to help I want to do, but it is not fair to ask me to put my life in jeopardy because we live in a country with such misplaced values and horrendous leadership.—that won’t do what is required to support higher education to survive.
44. While I totally agree that faculty should have a choice to return with no questions asked, I worry about creating a situation where there are two classes of society—those who risk infection and those who cannot. I am not sure the total ramifications of this but it worries me. I agree with the commenter who wrote: “The time to ‘re-open’ is when testing and contact-tracing are widely available. This was the cornerstone of Phase 2 strategy, until the pandemic actually happened. Personal attendance at school is therefore unacceptable until on-demand testing and contact tracing is available in Cortland county.” I would add that testing has to be widely available everywhere students are coming back to campus from as well. Student testing should start before they return to Ithaca so that they can stay put if they are positive.

45. It’s very difficult to know what the right call is at this moment in time. We have been living for a very long time with the “regular” flu that has killed as many as 70,000 Americans in one recent year, yet we never considered shutting down. The vast majority of hospitalizations due to COVID-19 are for people with pre-existing conditions (mostly notably, hypertension, diabetes, and obesity). Our students seldom suffer from these. There is never going to be a zero risk environment. Faculty who are at greater risk should presumably be given options for virtual instruction. But if we announce that we plan to go fully virtual in the fall, I wonder how many students would consent to take one of their Cornell years under those conditions. There is more to a college experience than just course content. I suspect many would view a virtual year as hardly worth the tuition we charge, making it a good time for a gap year. The ripple effects of that may be very great.

46. I implore the planning committees to consider the availability of child care in addition to the physical/mental health of faculty. Academics with young children will be in an impossible situation if they need to teach in-person if the schools and day cares are closed. This is difficult enough to accomplish from home. While pre-tenure faculty have received an extension on tenure review, RTE faculty have no special consideration for their productivity and are living in fear of losing their jobs. Cornell should be doing everything possible to help support the availability of day care, K-12 education, and special education in Ithaca and should implement policy to protect RTE faculty from the repercussions of not publishing as many papers while having to home school children.

I 100% agree with this comment. Without childcare I am unable to teach in person in the fall (and even right now, the online teaching is challenging with no childcare and two children under 6 in my house). My husband also works full time as an essential employee, so he is out of the house often. Childcare is a significant challenge to overcome, and the RTE faculty definitely have this onus of productivity of teaching many students in their courses.

47. Hello friends: if we don’t teach Cornell may be forced to furlough, or worse, SO MANY people. COVID is clearly not going to disappear— it is here forever. When do you want to teach again?? When it is gone?? That will be never. While I am so scared to resume normal activities at the age of 67, I think we have to do this. We are all going to get exposed somehow, somewhere, no matter what. Those with children or family may need to stay home, take a leave, or even quit as those of us women who raised kids years ago had to do when “family friendly” did not exist. No one should expect Cornell to say it’s ok for those caring for kids to stay home and collect a full salary as if nothing has changed! All sides are going to have to compromise and mostly that means us, the faculty and staff. Cornell can only compromise so far.....And we should not expect more. Cornell has been SO LIBERAL with its parental leave, family leave and other family friendly rules, but those were in the good times, and these are not good times. Things have to change. Two career families may need to become a one career family, so there are no families without at least one bread winner......
I agree with you when you say “we’re all going to get exposed somehow, somewhere, no matter what.” The question is when. Do we have explosive transmission before effective treatments are developed? Before widespread testing is available? Or do we slow transmission and give ourselves, our first responders, etc. time to adapt? I understand what you’re saying about tough times and trade-offs, but even accepting that we must endure some harsh conditions, we still need to have an informed discussion about which conditions to accept and when.

I agree that we are all going to have to compromise, and there is no easy solution. However, the suggestion that dual-career spouses with children should quit is short-sighted. I bring in millions in research funding and teach a large, wildly popular class; so does my husband. How does it help Cornell financially for one of us to quit because of a short-term loss of childcare options? How will we be competitive in attracting replacement faculty if Cornell is perceived as an institution that requires a stay-at-home partner? Having said that, I believe many families would welcome a temporary part-time or leave option if school or other childcare options are not available full-time in the fall. We do need to address seriously the fact that working parents, even those with stay-at-home spouses, are stretched like never before and will not be able to keep things going at the same level of productivity.

48. Ithaca and Tompkins county has well kept numbers of affected individuals down and in control. Imagine what we will do to the region, if we announce we want several thousand students to fly back in! What are we doing to the older people in the community? That means we, Cornell, are going to be responsible for the community’s increased risk and Ithaca can become the new Covid hotpot for bringing students back from all over the world and country. How is that possible? Disaster is inevitable if Cornell calls people back.

49. I start with the assumption that I am a 65 year old teacher who teaches students through hands-on experience. I have no doubt that as individuals we are smart enough to balance the harm-benefit equation in each classroom so that the benefits outweigh the harms. There is no perfect world and I really look forward to hands on teaching and learning in an intelligent, thoughtful, and safe manner.—Randy Wayne

50. As a microbiologist, I see no prospect of significant decrease in risk of infection in the fall. I will not teach from anywhere on campus, nor would I send my child to live on campus OR dine and attend classes on capmuss.

51. Cornell has a moral responsibility toward its faculty and staff to not force them to work in an unsafe environment. Without contact tracing or a vaccine, it is unsafe to ask students to come to campus. Faculty and staff have a right not to work in this situation. But we can work, if we innovate and provide virtual classes. Expect a lower enrollment this Fall, that is inevitable whatever choice we make. No other way forward makes moral sense.

52. Accommodations should be available for the asking. There is still so much that we don’t understand about Covid-19 and its effect on pregnancy. Many women hold off disclosing their pregnancy until they are further along; By requiring an approval process, you are requiring that women and other vulnerable populations disclose personal health complexities that they may not yet feel comfortable sharing. Further, the newly emerging virus-like syndrome that is affecting children in NYS that seems related, but different, from Covid-19, will make parents think twice about sending their children back to schools and daycares if this problem persists and grows. Considering individual risk as well as parental and familial risk must be factored in and the most compassionate, no-questions-asked approach creates the most supportive academic community.
53. I believe that teaching, attending classes, or living on campus in the fall involves unacceptable risk for employees AND students. I prioritize the health of my young family & elderly mother, who has stepped up to provide child care until the risk of infection is minimized by community vaccination. Since no sufficient degree of herd immunity will be in place, I intend to teach from home. And I believe that any returning students will face the same unacceptable risk. I’m steadfast in my conviction, even if it means that I am penalized or terminated.

54. I have a daughter starting college this fall (not at Cornell). I don’t see how freshmen can start college ‘virtually’ – since much of it is about the living/learning situation. Please figure out a way to start residential instruction while minimizing risk, and accommodating instructors/faculty with risks.

I think there are ways of mitigating the risk. They are expensive and require students and faculty to forgo normal privacy concerns. This includes mandatory weekly testing, acquiescing to tracking apps and moving into mandatory isolation dorms if testing positive, and prohibiting large gatherings, other than in a controlled classroom setting. We also need to hire an army of contact tracers, and invest in separation barriers in classrooms and dorms, and technologies such UV germicidal irradiation. Also, we need to explore ways of reducing the number of students on campus at a given time, such as going to a quarter system that spaces out the timing of students on campus throughout the year. Considering should also be given to other creative options such as residential college experiences that reduces the mixing of students. All that said, faculty who do not want to assume the risk of teach in person should be given the option to opt-out with no penalty until there is a vaccine.

55. Under the right conditions returning to classes in a controlled manner with the right testing and travel restrictions makes sense.

56. I would like the choice to teach in-person. I teach techniques and spend many classes out in the field, so online is a poor substitute for the real thing. If others want to teach remotely, fine with me. That means more classroom space for those of us who want to teach in person. But I think we should have a choice. I’m 63, but have no other health issues and stay in shape. I’m willing to take my chances by teaching in-person. Surely we will have the ability to test frequently within the Cornell community by the time students return.

57. The level of risk I feel depends on how Cornell responds. The circumstances of our world — high mobility of people and goods, deforestation, encroachment on wildlife areas, uneven public health systems internationally (and state by state) — mean that we need to figure out how to live with increased risk of viral epidemics sensibly and with sensitivity to those who are particularly vulnerable. This is a call for Cornell to make infrastructural changes. Hong Kong has begun to demonstrate some of the ways that life can be modified successfully. The cleaning staff should be doubled and trained. Desks, seminar tables, doorknobs, podiums, railings, elevators should be cleaned multiple times a day. Desks, tables in cafes, etc should be spaced farther apart. Masks should be warn when moving between spaces. But these things may just be the beginning. We need to be in communities of learning. Online communities can work for some classes perhaps, but they do not and cannot create the sorts of learning environments that in-person classes do. In addition, as we have seen articulately described in multiple venues remote teach highlights class differences and certain kind of discrepancies that matter to learning. But we are not faced with an either/or decision— open or stay remote. We are faced with the more complicated question of how to we create vibrant learning environments and communities that are safe and healthy. What infrastructural and behavioral changes are need? How might schedules be modified? Cleaning routines be expanded?
58. I hope to have the option of teaching remotely in the fall. All of my students are international and newly admitted international students will have real difficulty coming to Ithaca, as the U.S. visa processing office is still closed. It is really difficult to teach classes where half are face-to-face and half are remote. Thus, I would prefer to teach remotely until all Cornell international students can be on campus.

I agree. A huge proportion of my students are international, and it’s beyond difficult to teach one class simultaneously to some students who are on campus and some students who can’t get to campus. Many have cited the equity issues of online teaching (not everyone has the same reliable internet access), but what about the equity issues for students who can get online from another country but can’t get to Ithaca from another country?

59. What I (and it seems most students) want is to go back to in-person teaching. The educational experience seems to be much better for both parties when it occurs in-person rather than online. Sadly, this does not yet seem possible without significant risks. Based on age, the students are at relatively low risk, but even that isn’t zero. And by having in-person classes we may promote the spread to more vulnerable populations. Although I would love to be able to teach in-person in the Fall, part of being a responsible citizen is act in a way that is considerate of others, and at this point it would seem irresponsible to commit to in-person teaching of all courses. Perhaps it might be possible to have limited exceptions (such as small enrollments in large classrooms), but otherwise it seems like the responsible thing to do is maintain distancing until we have things like a vaccine, widespread reliable testing, and even basics like antiseptic wipes and N95 masks.

60. At the moment, with the science fairly convinced of a spike in the fall, it’s difficult to see Cornell completing the semester with in-person instruction. What’s the plan for suspending if it comes to that again? It’s possible that the entire semester could be lost if students have to leave or worse, shelter in place. And it’s not safe to assume that this will remain a largely A-Symptomatic population since new articles emerge every day about additional populations being affected-witness the young children now being hospitalized and dying. Covid plus flu season plus 20,000 students could quickly overwhelm the local medical community. And does one require students to remain on campus to protect the Ithaca area? It’s clear too, that a person can test negative one day and positive the next so how often does the University test people? Will tests be voluntary or mandatory? Better to spend the next three months devising the best virtual education plan and evaluate opening in late January.

61. We know the virus thrives in closed environments. My office is in a building with no fresh air intake and windows that can’t be opened. Until there is adequate air circulation in my building and others I am concerned that even the best sanitizing and social distancing won’t prevent the Covid19 equivalent of sick building syndrome. We need a team of industrial hygienists doing detailed assessments of each building on campus for both short and long term safe working and learning conditions if we ever want to return to “normal”. I do want to come back, and agree with the comments that a voluntary option to stay home should be available to everyone, no questions asked.

62. Clearly these are incredibly challenging decisions. Greatest request: clear, honest communication from the administration about the basis and reasoning for decisions, along with contingency plans. Cornell has been good about imparting the what of decisions; more why will do a lot to bring people along even if it does produce more arguments. I don’t think there is any chance of a “normal” semester and a substantial probability of a hurried re-closing even if we do initially plan to bring students back. That said, concerns for student life are real, as are the needs for hands-on and lab-based coursework not to mention library access. So if students come back to
campus, this is going to be about details — what face-to-face interactions go on, how does student life get organized, what contingency arrangements are in place. We need not just a plan, but a clear statement of its rationale, both for confidence and for decisions about how we run our courses. I’m privileged both in feeling personally less vulnerable, and in having lower pedagogical impacts of online teaching, than many others. Even so I need guidance about Cornell’s strategy when making my own plans.

63. How would one evacuate the students if the predicted spike warrants it? Covid plus flu plus 20,000 students will easily overwhelm the local health care system. And is Cornell prepared to protect the local community? It’s clear that a person can test negative one day and positive the next so how often do you test? The entire semester could come to a screeching halt should Cornell have to shut down again and can’t complete the semester. And how are people supposed to focus on their education/teaching if every day there is another case on campus? There are new articles everyday about additional symptoms and damage that the virus can do to the human body. It’s not yet safe to assume that the college age population will be largely A-symptomatic by fall. Better to figure out how to deliver the best on-line education possible and then plan for re-opening in late January.

64. Covid 19 may very well be with us for a long time. And a vaccine many never e developed. How do we proceed in this new environment?

I would be willing to resume in-person classroom teaching only under very specific conditions:

1. All students, faculty, and staff are tested before returning to campus and quite regularly thereafter.
2. Quarantine facilities made available for all those who become sick and medications exist and are readily available to mitigate the worst effects of the disease(we now know can debilitate someone for many weeks, even over a month, after one is no longer infected, even if one has only mild symptoms).
3. Classrooms that allow six feet spacing between all students and the instructor.
4. All faculty, staff and students required to wear masks at all times.
5. Regular cleaning of common spaces (classrooms, dining facilities, residential common rooms, exercise spaces) between each use, and use of these spaces be regulated to avoid crowding.
6. Office hours held on line.
7. Ventilation systems retrofitted to handle virus filtration.
8. Severe limits on gatherings over a certain number.
9. Large classes held on line.
10 Free masks, hand sanitizers and hand washing stations distributed/made available everywhere on a regular basis.
11. Facilities for a large number of outdoor classrooms made available (with appropriate spacing) for use when the weather permits.

Even with this, I think it is risky, and faculty should be permitted to opt in or out for in-person class.
Hello Cornell! How are you? I hope you are safe. Well we are faced with a question that is inevitable in the future. If we dodge answering it if we want to be a prosperous institution. Here it is “What is the new Academic model that provides excellent education to students and provide fair safe productive and prosperous environment to staff and faculty, and keep being a good profitable business?” What is certain is that the answer is NOT our ways of the past, “opening campus as usual.” Good news, we are a community of creative problem solvers. We can pull this off! Let’s bring bunch of engineers and scientists to innovate education. Well if we don’t do it someone will. Then if we are in our old ways (which does not work anymore) where Cornell stands in the future horizon? Solution is not to go back to normal and in class teaching. The solution is to work closely with everyone students faculty and staff with their input to create a new plan. In this new plan there should be freedom and flexibility. No one should be forced or indirectly pressured to behave other than what is best for them and their family. Our responsibility is not only to students but to faculty staff and the Ithaca community. We need to think about all constituents and our plan should consider them all.

Yes, we could test every student, staff and employee; but what about every person who comes to campus to make deliveries, perform contract services, or to visit? How could we teach and work in buildings where the windows don’t open and the air is centralized? I’m curious about this collecting random thoughts—I realize time is short, but why not do a systematic survey?

I don’t see any way that the risks of in-person instruction and a residential experience will be low enough in fall to justify reopening. It’s not just the risk of death, but also the risk of permanent or at least long-term damage to kidneys, brain functioning, liver, lungs, heart, immune systems. And, contact tracing studies show that the highest risk activities — even under 6’ physical distancing guidelines — are those that put people together in an enclosed space for long periods of time, whether it’s a call center in South Korea, a church choir in Washington, a restaurant with AC… or a classroom. Do we really want to be known as Coronell University?

So, here’s an idea: open up Cornell to more students, at deeply discounted tuition, until we reach the point where the financial implications of an on-line semester are manageable. Plenty of students who meet our high standards didn’t get admitted, and plenty of these students would likely say, “no, I’m not thrilled about a semester [year] of online learning, but it’s worthwhile to me to have access to a Cornell education and name.” In future years, when we can go back to residential instruction, we would have to manage this larger cohort by admitting smaller incoming cohorts until the pig-in-the-python cohort is through the system.

Who would teach all these additional students? If I’m lecturing on-line to 100 students, another 50 doesn’t much matter. It’s the additional grading, discussion sections, e-mails, and interacting with students that adds appreciably to the workload. Some faculty who currently teach very small classes will have to take on more students: instead of a seminar of 6-12 students, they might need to teach 12-20. Some departments may not be able to offer as many graduate seminars next year, and instead shift more faculty teaching resources to undergraduate or mixed-level courses. Colleges might need to allow faculty to bank an overload course against a future year. To support the now-larger on-line lecture courses, we can employ some of the many graduate students who are clamoring for an additional year of funding, or, more economically, recent PhDs who didn’t land jobs/post-docs and who would gladly work for a year as full-time teaching specialists.

“Do we really want to be known as Coronell University?” – heh; good line.

I think this is a reasonable proposal: go online and go big. Open our online courses to additional students. Get additional funding to additional TAs to help handle the workload. Perhaps we should also encourage faculty to drop some small seminars and focus on building larger and high-quality online
lectures. That takes time. A course release would help assure faculty have the time to design and deliver large and high-quality online courses.

68. We’re a two-faculty household with 2 vulnerable individuals in the household (one of them is a faculty member). If anything, in-person teaching should be opt-in ... if in-person teaching is expected, we’ll be using face-shields and N95s (not sure if that’s more or less awkward than zoom teaching). We’re also concerned about the fact that local schools would try to go back to the classroom at the same time as students return. Seems like a recipe for creating a major spike in infection in mid to late September which could potentially lead to another haphazard campus closure with even worse publicity than in March ... I want us to go back to “normal” as much as anyone else, but I don’t see it happen without a vaccine, highly effective antivirals, or at the very least highly reliable tests that provide results in minutes.

69 Personally, I think that a safe environment could be maintained with Dept of Health recommendations, use of face masks, hand sanitizing and social distancing. I would much prefer to teach in a classroom.

70. We should spend the next three months figuring out the best virtual conditions we can for teaching on line in the fall. At the moment the best science we have more than merely suggest that there will be a spike in cases in the fall. That, combined with the flu season added to an additional 20,000 people in Ithaca will easily overwhelm the local medical community. Recent articles suggest that the virus is evolving and attacking more systems in the body. It’s too early to suggest that college aged individuals will remain invulnerable. How would testing be done? It’s clear that a person can test negative one day and positive the very next day. And if one decides to open in the fall, what’s the evacuation plan should the spike become overwhelming? We could loose much of the fall semester if Cornell has to close down again. Would people be able to leave campus if that should happen or be in isolation at Cornell? Better to prepare now to teach on-line and study the way to open in late January.

71. As a university with a great number of students coming from the very center of the epidemic in the U.S. (New York/New Jersey), we should approach thinking about whether to reopen with much more caution than some other universities might have done.

An influx into Ithaca and on campus of thousands of people potentially carrying a virus would impact not only the faculty and staff, but also the population of Ithaca. Online teaching has not been the same as teaching in person, but the risks that premature re-opening in August poses are simply too high not to put up with the relative inconvenience of online instruction.

If the campus re-opens, the faculty should be given a choice of continuing to teach online as long as the state of pandemic has subsided. Many of us have become quite proficient at that, and the university and other external entities (publishers, prof. organizations, etc.) continue to develop new strategies and recommendations for online teaching, many of which are useful and add to the variety of strategies we already have in place.

In short:
Let’s teach online in the fall.

If we have to re-open, let’s give individual faculty AND students the choice of continuing to provide/get instruction online until **everyone** feels safe to be out there with other people.
Phase 1: we need to put in place (fast!) testing, testing and more testing on daily basis. testing stations in every dorm and every building as well as “strategic” entry points around campus. Rigid cleaning/sanitizing protocols for every classroom, offices and such. Need to know everyone who goes in and out of each building and in and out of campus (contact tracing). Short of implementing this “crazy logistical nightmare” every subsequent discussion would not amount to much progress... that said, I want to go back to teaching face-to-face in the fall!

I am not sure if I am entirely comfortable with the health risks going back to campus implicate. Nevertheless as a non tenure track faculty, I think our voices need to be heard. Our paycheck are much lower than our tenured colleagues and for example in my situation my partner is unemployed because of the current crisis. We cannot afford to be furloughed so I am really worried of the financial implications of not going back to campus will have on my job situation as well as my non tenure colleagues. I just had a baby and I just cannot afford not to work. I am afraid that if we go solemnly online in the fall, students will not come back and my job will be in jeopardy. I think that hybrid courses could be a solution. All lectures could be done online. Half of the seminar courses are online and we take turn between students so as not to have more than 8 students in the classroom at a time. It is not that complicated to put in place. Of some courses can entirely go online, why not. This could also be left to the discretion of the professors or staff teaching the course. Masks should be compulsory for all social interactions and teaching staff and professors should be allowed to refuse a student in class if this person has symptoms (coughing or a temperature). We could also be allowed to take the temperature of people going inside buildings (this is done everywhere). Testing should be done for everyone at the beginning of the semester and people should not be allowed to leave campus after that. If all these Testing and means of isolation should be available when need be. Masks should be mandatory for all social interactions and social interactions should be limited to the minimum. The only thing I am worried about is the capacity of cayuga medical... could our hospital be enough for an outbreak? I think if I could work in the conditions I have detailed above, I would be ready to come back. Also quite frankly, I would come back no matter what if my job is at stake. I cannot afford to be furloughed. I hope this helps.

I see no mechanism in which the university can re-open in the fall with the state of our knowledge, testing, tracing, and world-spread of the virus to this moment. The experience in Seoul recently highlights how, I think, this will be impossible right now. Seoul, after aggressive testing and clampdown, reopened this past weekend. A single club in Seoul was itself a new cluster of infections, because people came from all over Seoul (and indeed flew an hour from other places!) to attend this club. Seoul is now back in lockdown. Does anybody now think holding classes, opening dorms, having dining halls, etc. will be any different than this single club’s experience? Add on top of this that Cornell’s educational and financial model is built to a large degree on huge classes in packed (and few) lecture halls?

Additionally, does anybody really think that Governor Cuomo will end up allowing this? He has spoken, day after day, of the need to avoid what he terms an “attractive nuisance”, meaning a site that attracts large numbers of visitors and those from outside the region. That, my friends, in this context is Cornell.

To say the kids will also likely be asymptomatic is, of course, false. First, there are many things we are just learning about this virus now. The fact a young teenager died recently of a disease that presents like Kawasaki Syndrome (and he was COVID+) and this is being investigated as actually being caused by the coronavirus (along with I think 82 other cases of very young people) by the NYSDH. Additionally, this view denies the fact that these
kids will go all over this community, spreading the virus and infecting vulnerable people. It is an irresponsible statement.

77. I see no pathway at this time, short of an effective vaccine and widespread production and delivery of the vaccine, to reopen. Does anybody really think all of this will happen by fall? How about winter 2021? How about fall 2021?

78. A twenty minute (or even one hour) test would be a game changer for being able to gather safely.

No. Testing is a false solution. Once the test is positive, it’s too late.

79. My concern is with the community. Tompkins has done an excellent job keeping the virus at bay. Once we bring back 20,000 students who have been all over the world for the spring and summer, cases will probably increase dramatically. Except for some of our large classes, Cornell minds should be able to figure out how to socially distance in the classroom and office hours. Lab and research instruction will be more difficult, but potentially doable. But, what about our living and eating establishments? I do not predict that our students will practice social distancing, wear masks, and clean their environments. And who will they expose? Our food service, custodial staff and businesses in Collegetown. Testing, including temperature taking, will be critical. On the other hand, as I connect to students, they are not interested in another online semester and are planning to take a leave or defer their admission. What will parents think about sending their child to Cornell? Will he house them all in singles? What about students living off campus? Sorry for all of the questions - but we are in a time with no answers.

80. I very much want to resume in person instruction and advising as soon as possible, but the conditions do not yet allow this. Many or most of the undergraduates will surely not adhere to social distancing, and will therefore be infected at some point. They will likely be contagious prior to testing positive (even if there is frequent testing) and so there will be an outbreak. In addition to personal concerns, I think we need to be considerate of the health care workers in this area. I think it would be completely irresponsible of Cornell to create a situation that places our health care workers in the type of situation experienced by those in NYC, and this would be very likely. I therefore sadly think it would be irresponsible of Cornell to resume in person instruction in the Fall.

81. As an elderly faculty member who also has at least two other medical conditions that put me at high risk, I cannot imagine teaching a class on campus. Unless there is considerable progress in treating people like me who get COVID, or an available and effective vaccine, I would not be able to teach on campus. Fortunately my classes can be effectively taught virtually.

82. I teach computer-based labs, and my TA and I often have to help students one-on-one with something on their computer screens. It’d be impossible to help them and maintain distance. The lecture/discussion portions of the class could be done well (with students spaced at a distance) but not the labs.

83. It seems faculty should be asked immediately to commit to teaching their courses online-only this Fall, or to teaching an online/in-person hybrid should the virus situation allow. It is extremely unlikely that the virus would allow it. However, this info could be provided to students, who could also make a speculative decision: live on campus or off-campus? Students with all online-only courses are more likely to choose to live off-campus. If the campus housing number were nailed down as soon as possible this could let administrators and staff start planning how they might restructure the university facilities and work with employees around campus to actually prepare to roll out some large-scale, extraordinary safety measures. So, gathering faculty decisions
about their Fall courses now is the first step. It allows students to make decisions about the Fall. That lets the entire university start to think concretely about the scope of COVID-19-proofing they would need this Fall, in the unlikely event that Cornell could offer any sort of on-campus education. At least, an anonymous, university-wide poll of faculty about their preferred or necessary Fall course plans, with the anonymized, aggregated results shared openly, would help at this point.

84. Risk is relative to the individual. With covid-19 there are too many variables to try to control for, particularly all individual choices one can make to follow a safe protocol or not. Since one not following protocol endangers many others, I think we should prepare to teach online courses for fall. These courses can and should differ from teaching remotely since we now have time to plan to teach online. We also have campus resources for help, some of which we may have already utilized. Since it seems we may have some faculty, staff, and students who may wish to volunteer to be part of pilot studies, we might access if the ability to test, socially distance, etc. can work for these smaller groups. This would be for those already present in Ithaca. Might also integrate a hybrid model for a lab new students who cannot get here. For example, students whose parents will not let them leave home or international students who cannot get a visa in time for fall. The trickiest part of the equation has been mentioned, how do we bring those outside of Ithaca here without infecting others and overwhelming our medical system. This might be another phase where we ask students to test on arrival, quarantine for two weeks while taking classes online, and then shift to outdoor, socially distanced “face-to-face” classes. Seems like many tiers of planning and phases to keep us going.

85. If we can figure out and stick to a plan to reduce risk I’d be willing to go back to in person teaching. But what would the plan be and just how much risk would it entail? I could envision large lectures replaced with on-line sessions while keeping labs and small group discussions at reduced density.

86. What happens to non-tenure track faculty (lecturers) and staff who will likely lose their jobs (eventually) if the campus does not reopen in the fall (given dire figures that Cornell has already lost about 200 million dollars)? I think the greatest minds and researchers at Cornell and other universities can figure out how to reopen (testing, contact tracing, etc.) safely, even if that does mean not all students come (like upper-class students), a delayed start, or faculty are allowed to opt-in. I think it’s easy to say you want to stay home if you are tenured and you don’t face losing your job.

Tenured faculty are not protected from job loss due to financial crisis.

87. All of us – faculty, students, and staff – would like to resume life as normal this fall. But given the current understanding of Covid-19 and lack of adequate testing, I do not see how that is possible. My spouse and I are both at high risk because of our ages and underlying health conditions. I would feel uncomfortable teaching in person this fall and would opt for continuing to teach online this fall so that Cornell can figure out how to do more testing, contact tracing, and safely quarantine infected students and faculty. This is the only way to protect the university and larger community. While NYS is doing a lot of testing, it is not sufficient to resume our normal lives on and off campus. We need widespread, reliable, rapid testing to know who is infected, quarantine them, and trace their contacts. None of this is currently available nor is it likely to be available by August. Cornell, like it or not, is part of a larger community of Tompkins County and Central NY. Cornell is the region’s largest employer, and Cornell’s actions affect the regional economy. Bring students in from around the world who may be infected and the health care system will be quickly overwhelmed because there is not sufficient resources and the regional economy will be shut down again to flatten the curve. Moreover, a large proportion of Cornell students come from the NYC metropolitan area, which is the nation’s hotspot for Covid. Tompkins public health
has done a reasonable job reporting on Covid but the department’s data are limited by the lack of testing. Recently, public health reported socio-demographic data for the cases that have tested positive. While limited, the department reported that the group with the most positive cases was young people between 20 and 29. That is the Cornell student demographic, who are most likely to be super spreaders. Those over 65, however, were among the least likely to be positive. I suspect that, like me, older adults are aware of the risks to themselves and the community and are isolating at home, wearing masks when they need to venture out, practicing social distancing, and washing hands. Let us not rush to reopen and make sure that, when Cornell reopens, it does not put everyone at high risk. Frankly, Cornell’s greatest assets are its students, staff, and faculty.

88. In the final analysis, the customer – i.e. the tuition paying undergraduate and professional students who become successful alumni/ae, will not continue to pay the premium for an Ivy League degree without in-person teaching. For our A&M students, they simply can’t learn the needed material remotely. For engineering students, training without labs is likewise valueless, and students can sign up for numerous free or inexpensive schools that would do remote only instruction. Faculty will need to self-segregate, into those willing to teach, and those unwilling to do so. Those unwilling to teach should be furloughed with their health benefits or offered early retirement, so that the remaining faculty team can achieve what the University must achieve to survive as an institution.

This seems selfish and short sighted. Many faculty can teach successfully on-line and tuition might be reduced for those classes. To demand that those unwilling to teach in person be furloughed or resign is cruel and unnecessary and not at all in the spirit of what’s needed now in this trying time.

I’m not sure about your “final analysis.” All we have now is guesswork and forecasts, which often seem to be based on just one factor amidst many. My partner is at a different university, in a program where every single student indicated before the end of the semester that they would not return for fall semester if courses continued online. Guess what … they all signed up for fall classes anyway. Long story short, what we want (in-person instruction) or say we want to provoke a desired effect (scaring the university reopening campus) may be quite different from what we’re willing to accept (online instruction and a degree is better than no instruction and no degree). It’s worth remembering that our “customers” are paying for an Ivy League degree or brand. We can indeed deliver that brand online. The idea that our “customers” would rather take their money to the local community college or unaccredited institution for a cheaper off-brand educational experience strikes me as absurd. I almost wish they had their heads on that straight. But let’s get real about the privilege-brokering at the core of an Ivy League institution, and the fact that all too many of our “customers” don’t care about their educations as much as their credentials. Those who do want educations may just come to classes wherever we offer them. Even online, where they already spend much of their lives.

89. I think with widespread and on demand testing and contact tracing, it would be possible to have a Fall Semester in which most instruction is conducted in person. Clearly there need to be options for those who feel particularly at risk to participate online. I would be eager to get back to seeing students in person even if numbers are smaller and we must keep our distance.

90. Please give faculty and students the option to teach and learn remotely, no questions asked. Individuals – whether faculty, staff, or students — should not be compelled to disclose health conditions about which the University may not currently know, and that put those individuals at particular risk, nor should members of our
community be compelled to put themselves and others at risk. Do I miss live teaching? Yes, certainly. Do I understand why students would vastly prefer it? Yes, I do, because I prefer it, too. Is that preference worth endangering lives? NO. No, it is not. We live in a region that has limited ICU capacity. Our student body mainly resides either on campus or off campus in group housing. Contagion spread would be easy, and would overwhelm our hospital capacity. We currently have no vaccine, nor even any reliable therapeutics. We cannot risk the kind of tragedy that widespread contagion might engender.

I respect what you wrote here. We all strongly value in-person teaching and learning. None of us wants to move online. But “Is that preference worth endangering lives? NO. No, it is not.” Exactly how many students, staff, faculty, community members, healthcare providers, etc. in Cornell and Tompkins County are we willing to see die or suffer serious illness to return to our (frankly, at this moment, overly idealized) teaching-as-usual in the fall? I have no innate desire to be an online instructor. But it’s a move I’m willing to make to save a life. I don’t mean to oversimplify a complex and difficult situation. I understand there are financial, etc. considerations to balance against the moral imperative to save a student, colleague, or neighbor from death or harm when it’s within our power to do so. But I wonder what the moral and media optics will be after the facts roll in. Is five colleagues or students dead or disabled in fall semester too many? Is 50? What are the financial consequences of the lawsuits that will follow?

91. I have an auto-immune disease and take immunosuppressant drugs. So I consider myself in a high-risk group. Although I’m happy to put lecture content online, my teaching has always had a large discussion component (even in lecture classes) and one of my classes next term is a FWS. I find it hard to have discussions on Zoom—the inability to make eye contact, the number of times people become inaudible or lose the connection, really wears me down. I don’t think I’m alone in this. So I keep trying to think of whether there are circumstances under which I would be willing to meet students in person for a discussion. This is what I would need: First, as others have said, Cornell would need to be able to give reliable tests to everyone frequently, and have the capacity to trace contacts and isolate and treat infected people. You would also have to set up dormitory housing differently to be less of a petri dish than it normally is—maybe you just need to house fewer students. Then, the classroom set-up would need to change so that there is plenty of space. Discussion sections and seminars would require much larger rooms than normal, or be limited to fewer people. To do that, classes would have to be scheduled at all hours of the day and evening, and on weekends. You also totally need to shut down frat and off-campus parties. Libraries could be open but with limits on the number of people in the stacks at any given time. Large study spaces would have to be closed (which will be a problem for students if they need a quiet place). Looking over what I’ve written, that’s a tall order. I also want to say that being given the “option” to choose whether or not to teach in person feels shitty. I am a teacher, I want to do what is best for my students, offering them an inferior experience and pretending it is worth the price they are paying for a Cornell education just rubs me the wrong way. The pull towards doing something that might be suicidal for me because I don’t want to let students down is strong. Frankly, I wish you would just cancel the semester. I think a sane nation would bail out higher ed so that there is no need for a fall 2020 semester, and send all the students to do some kind of national service (for example, contact tracing).

92. I am concerned with the financial pressures facing the university given the recent policies and decisions to provide all students with financial aids by the existing need-blind admission rules (even at a time like this when it seems unreasonable to expect the university to meet unprecedented financial demands by students) and the possibility of not teaching in the fall. Cornell is already significantly lagging its peers in faculty salary,
discretionary funds, and other university resources in support of faculty and research programs. Many “stars” and highly effective faculty have left in recent years because of this and Cornell has seen a significant drop in the rankings in recent years (both graduate and undergraduate school rankings). With the current budget model and the current approach to flat raises independent of activity or effectiveness, I think posing such financial pressures on the university and aggravating them by not teaching in the fall could have irreversible effects on the university’s future.

93. to have a severe reaction if they contract the virus. I am on a form of phased retirement, on leave this semester and teaching my last class with around 65 students in the fall. I meet multiple times a semester with my students to guide them on group paper and near the end of the semester students are in my office for hours each day I understand the economic imperative for the university to try to open, however, I do not believe I can expose myself to students from around the nation and world when they return to Ithaca. I think the only way I can teach is to be at a remote location and meet with the students via Zoom or some other video method, while my TA is in the actual classroom, putting up the overheads for me and referring student questions to me. Similarly, I could meet with my students via Zoom to discuss their papers, but it will not allow me to get to know them as well as I would if our meetings were in person and they will not have the opportunity to pop into my office without appointments to see me. This is not the way that I dreamed I would end my Cornell career but I see no other option.

94. I think my colleagues’ many panicked comments here vastly overstate the risk and severity of this disease on our campus. The infection, hospitalization, and death rates seem comparable to the regular flu (for which we have and use a vaccine). Moreover, we can use our January-March 2020 experience to predict what would happen if campus reopens. During that period there was no physical distancing in place, thousands of students and faculty came and went from the world’s main Coronavirus hotspots (China, New York, Europe), and to date we still have only about ~130 total Covid cases and no deaths among Tompkins county residents. Further, consider the evidence that the shutdown has not substantially limited the spread of the disease. For example, FL didn’t shut down until two weeks after NY and Sweden never shut down; yet neither has had a more severe outbreak than us. Based on the scientific evidence we have to date, the concerned commenters and their vulnerable family members appear much more likely to die next year from normal causes (e.g., car crash) and “comorbidities” than Covid, whether campus reopens or not. We need to balance the miniscule risk of suffering and death from Covid with the certain suffering and death being caused by shutdown, to name just a few: disintegration of economic prospects for the most vulnerable in Tompkins county (e.g., our housing and dining staff, many of whom are uneducated and minorities); tearing of our social fabric as community centers and churches are closed; depression, abuse, suicide, divorce, etc. resulting from people being cooped up together; weakening our immune systems’ ability to fight diseases, including Covid; and depriving our children of educational progress and social interaction. I believe we will look back on this someday and realize that shutdown caused far more suffering and death than Covid. Closing campus initially seemed prudent given all the uncertainty at the time (and because it was the law). But given the information we have now, keeping our community and campus closed would be a mistake.

I may have missed it, but why do you think we should make plans based on Florida and Sweden, and not based on New York City and Italy? You simply can’t compare the flu to covid-19 because we have a vaccine for flu and there is significant herd immunity to flu already. The data suggests that covid-19 is exponentially more contagious than the flu, and perhaps 40 times as lethal. Yes the Tompkins County numbers are low; we are also under lockdown. The question is, can we implement physical distancing
with everyone on campus? You want to emulate Sweden, which has a death rate 30% higher than ours per capita. Do your homework and you realize that they are also under effective lockdown, with all secondary schools and university/college classes moved to online instruction. So if you want to follow the Swedish model, Cornell stays closed. The economic pain in the US is huge, but that is because our government is incompetent at handing out unemployment benefits.

OP here. You are cherry picking, and not even with solid facts/logic. My reason for comparing New York State to Florida and Sweden is that their lockdowns were later or less complete. Our governor locked down New York a full two weeks before Florida’s governor locked down Florida (and they even had many spring breakers working against them and an older more susceptible population). While you are correct that schools in Sweden are closed for those ages 16+, schools for children younger than 16 are open and many of their parents are going to work (e.g., hair salons, restaurants, etc. have stayed open throughout), and we all know how much kids under 16 can spread disease. However, they have not had more Covid per capita. Sweden does not have a 30% higher death rate per capita than us as you claim! As of this morning, Florida’s death rate is 8 per 100K (1779 Covid deaths / 21.48 million population) and Sweden’s is 32 per 100K (3313 / 10.23 million), while New York State’s is 112 per 100K (21845 / 19.45 million). Our death rate per capita is 250% greater than Sweden’sactivation code{112-32}/32)! Check my numbers if you want, I used Google which uses Johns Hopkins. Besides, I would absolutely be ok with a death rate 30% higher in Tompkins County because we haven’t had a single death. 30% higher than zero is still zero. Finally, you suggested that unemployment checks could solve all the economic pain in the US. They can’t because unemployment and the stimulus checks don’t fully replace the pre-crisis wages for many people who have lost their jobs. Also, unemployment checks only (partially) address the economic pain, which you cherry picked from my long list of horrifying effects of shutdown. That is, unemployment checks can’t make up for lost social interaction and educational opportunities, the mental health effects of quarantining the healthy (i.e., domestic abuse, drug abuse, depression, suicide, etc.), and the negative health effects of (1) weakening our immune systems by staying inside and (2) cancelling many important medical procedures, such as mammograms and colonoscopies, to catch cancer and other serious problems early. Another negative effect I haven’t mentioned yet is giving our government near total control over our lives. I agree that our government is largely incompetent (e.g., NY state at sending out unemployment checks and federal at sending out stimulus checks). So why would you want them having the power to force you to stay in your house for months at a time???

OP again. Sorry I forgot to address one of your points: “data suggests that covid-19 is exponentially more contagious than the flu, and perhaps 40 times as lethal.” The earliest data we had might have suggested this, based on dividing number of deaths by number of confirmed cases. But new better data CERTAINLY doesn’t suggest Covid is 40 times deadlier than flu. The recent antibody tests in our own state and other places (e.g., Santa Clara) suggest millions of unconfirmed asymptomatic cases have been left out of the death rate denominator, inflating the death rate calculation. This is a 4/23 quote of Governor Cuomo I just found in NYT: “Mr. Cuomo on Thursday did not talk about any potential for immunity among those previously infected. But he did suggest, based on the survey, that if as many as 2.7 million New Yorkers had the virus, the death rate in New York from Covid-19 would most likely be far lower than previously believed, possibly 0.5 percent of those infected.” Based on this and other evidence,
our current best estimate of the Covid death rate is 0.1-0.7 percent, which is about the same as the flu. Any future vaccine would lower the Covid death rate even lower. Hence, it seems as or less serious than the flu. Yet we haven’t and wouldn’t close campus or the rest of society every flu season...

95. I am concerned because I am a non-tenured member of the faculty but I also have health conditions that would not make it possible for me to return to work. If the majority of classes are on campus And the only classes that are remote are from those faculty who are in vulnerable populations are we going to see A two-tiered society where the The faculty with health problems teach the students with health problems? And our faculty with health problems going to be judged on the fact that they have smaller classes and lose their jobs if they do not have enough students because students would prefer prefer live classes over remote? But on a less personal level, If we come back in the September many students, faculty, and community members will be put be put at risk from getting and dying from COVID-19. We cannot take the risk of seriously harming or killing our students faculty or community members.

96. I work with students in a studio environment and any contagion spreads through the student body rapidly. With classroom sessions and face to face advisee meetings it’s impossible not to catch whatever the students have. I’ve had pneumonia twice, last November most recently, and I have other high-risk vulnerabilities. I miss the face to face interaction tremendously, but as I’ve also lost one friend to COVID-19 already, I couldn’t bear to put any of us in a situation that puts our lives or the lives of our students, other faculty, and staff at risk.

97. I am young, healthy, and live with only one person, who is also low-risk. This is a privilege that many colleagues here have expressed they do not have. I hope that Cornell as an institution will not discriminate on the basis of age, disability, or preexisting health conditions by requiring faculty and staff to return to in-person, or penalizing those who elect to stay home, before it is completely safe to do so. I also worry about the impact on gender disparity that returning to in-person work will create if K-12 schools do not open in the fall and child care remains a concern. I dearly miss my students and have felt the loss of in-person learning, especially in my course which requires critical conversation. I can understand where my colleagues are coming from who wish to return to “normal” or who fear that the financial cost of continuing remote learning will lead to the loss of jobs. I would rather lose my job than have colleagues die unnecessarily, and this is what is at stake. I am curious about the solutions that would allow in-person teaching to be more safe, including widespread, on-demand testing, restricting travel, socially distanced classrooms, and mask wearing, as some of you have suggested. I am grateful to see people sharing studies about the risks of some of these options, and that we are at an institution with some of the world’s leading scientists and statisticians who can help guide us to an evidence-based decision which focuses on projections of COVID-19 spread more than projections of financial loss.

98. I’m very concerned about returning to campus. In part because not everyone takes the threat seriously and I feel like they endanger those of us who do. Could we establish a COVID code of conduct for the campus that specify things like masks will be worn in public, individuals will make their best effort to physically distance, individuals will stay home if they feel unwell, individuals are responsible for good hygiene–frequent hand washing, etc.

99. In deciding whether to allow a class to meet in person, we should use the metric of person density. A small class of 20 people meeting in a 120-person room presents a moderate risk of virus transmission. In contrast, a 400 person class meeting in a 440-person room presents an extremely high probability of virus transmission.
Tot he person who wrote “I am yet to meet a single faculty member who doesn’t want to be back in the classroom in fall,” - that is because we are online.....Having been on campus throughout this period and it is clear that the respect for this virus is predominantly correlated with age. I am over 60 and I can read the mortality figures for my age group. I can control my actions but not those of younger (or braver) peers which are much less concerned with COVID-19. I don’t want to participate in a “vaccine free in-class teaching experience” (VFICTE- they got to be a more clever abbreviation). I don’t think anyone should be force to take a significant personal risk.

I am old enough to be at risk. But really, we cannot hide from this virus forever. An eventual vaccine will be, at best, no better than the flu vaccine – works about 50% of the time. Many, probably most, faculty have school age or college age children who need to go back to school and will bring home all the usual germs including this one. Special accommodations involving people seriously at risk might be a good idea but most of us should just teach or retire.

Thank you for this opportunity to share our thoughts. As an RTE faculty member, I look forward to returning to campus in F20 for in-person teaching IF the state/public health officials declare it safe to do so. Regarding my personal health, based on the current scientific findings and guidance I would feel comfortable with in-person instruction F20 wherever possible assuming health and safety requirements are met by the University.

I appreciate and value the concerns of others who do not agree with a return to in-person instruction in F20, but as a non-tenured faculty member I worry that the financial burden of not returning will adversely affect RTE faculty and staff in our community. This in no way is meant to undermine the concerns of other members of our community, but is an unfortunate reality of the situation we are currently in.

I do not know if it is even possible, but I would be interested in consideration of a hybrid model of classroom instruction if the campus is set to re-open in F20. Specifically, how collaboration could occur between those who wish to return to campus could work together with those who are vulnerable (or live with vulnerable populations) who wish to remain off-campus to create a classroom experience for on-campus students. For example, if I were on campus, could I greet students entering a classroom taught by a remote colleague and ensure the colleague was “live on screen” before leaving? This would obviously result in some marginal extra work for those on-campus, but it might significantly improve the student experience while assisting our colleagues who are unable to be present.

However, given the responses already collected here, I wonder if many of our students also share similar concerns about their own health and the health of their loved ones. If that is the case, no pronouncement of safety by the University/state/public health officials will be enough to draw the students back on campus, and we are back to remote teaching for F20 and beyond.

We can’t opt for the worst case where we are both teaching in person and remotely which won’t work well for anyone. We can’t protect ourselves or the students if we are compelled to teach in person and require students to be present. We can’t protect faculty who are at risk or under-pressure to teach in person. Teaching remotely is not forever, we assume there will eventually be a vaccine. The path forward i.e. teach remotely in Fall seems the logical choice.
104. It is worth noting that any policy which — explicitly or implicitly — suggests that younger and (presumably?) healthier faculty bear more of the in-person teaching load will disproportionately burden junior faculty, who will feel much less freedom to refuse.

105. Is Ithaca health system able to accept all the patients in case of an outbreak, with all Cornell students and Ithaca College students back to the city? Is it really possible to do social distancing in all the classrooms? Is Cornell able to take and enforce all the necessary steps (cleaning, quarantine, asking people not to leave the area, not to travel and go to other cities) in order to protect its community? I am very worried to go back to class without a strict and well planned program. I won’t feel safe for myself and my family.

106. If the university wants to return students to campus before a vaccine is developed and tested, what provision is the university going to make to protect those teaching or enrolled in seminars that crowd from 15 to 18 students plus the instructor around a table in a small room? Giving faculty an “option” to teach “in-person” may be giving faculty an option to teach and die. Giving students no option other than to sit elbow-to-elbow in a classroom in which the coronavirus may be traveling around the room with every exhale is a dangerous choice.

107. I am in a high risk category (age) and have been very careful about following all of the current guidelines. I would be willing to teach in person (I will have a small seminar this fall) if and only if, firm guidelines are established and every one adheres to them—that means students too. I would like to see some plans—but whatever the plans are—they will need to have options built into them for some particular risk categories.

108. The situation is so much worse than it was in March. I do not see how the university can ethically make the decision to value profit over human life. As a RTE faculty member with a disability, and who is also living with other family members who are at high risk, I am going to be placed in an impossible situation: risk compromising my career, because teaching online will be viewed as less valuable by the university (and thus by students), or risk compromising my health and the health and even lives of my family members. Through what process will I be forced to disclose my disability status to the university? Through what process will students have to do the same? No, online teaching is not as ideal as in-person instruction, but I don’t see how we’re creating an equitable situation if some classes are online and others in person—and how is teaching 20 students spread out in the far-flung corners of a classroom that accommodates 100+ allowing for dynamic interaction? And if faculty, staff, and students are forced into these impossible, anxiety-inducing choices, how will that facilitate meaningful instruction? Despite the sudden shift to online learning, I have been able to offer what I believe to be—and my students have affirmed to me—highly effective, engaging, flexible instruction. We should commit to ensuring that every faculty member is prepared to do that online this coming semester. Truly, we cannot in good conscience hold any in-person instruction in the fall.

109. My partner will be living in NYC in the Fall for a medical fellowship. If we hold in-person classes in the Fall, I be commuting on a weekly basis between NYC and Ithaca. I do not feel comfortable with the prospect of a weekly commute, sitting in a bus for four-five hours each way. Driving does not seem like a less dangerous alternative, given the unknowns at reststops, gas stations, etc. At the same time, I do not feel comfortable requesting to “opt-out” of in-person teaching. I am a junior faculty, and fear that there will be repercussions with regard to my desire to my decision, for I do not have underlying health conditions and therefore no “legitimate” reason for not showing up in person. Ultimately I have this underlying sense that showing up in person will be seen as a sign of bravery, dedication, and commitment to the ideals of an “authentic” Cornell education, that opting out will be seen as a sign of weakness. I know this sounds irrational, but unfortunately there are precedents set for this kind of thinking by the United States’ administration. I do not think there
should be an approval process for opting out of in-person teaching. I think the university should actively normalize the choice to opt out of in-person teaching.

110. I sincerely hope we return to some in-person teaching. While understanding the need to mitigate health risks, the loss of connections made in face-to-face teaching is also a risk. Many students and faculty are experiencing extreme stress through the on-line approach and this will only be worse if this is continued. I am over 60, but I would be willing to get tested each week if it meant insuring that I could see my students and be there as a teacher/mentor/advisor in a meaning way.

111. 1. The risk of covid-19 infections has not gone away. There is no therapy or vaccine yet. There is unlikely to be any before end of 2020.
2. Faculty (and their house-hold members) are vulnerable too. Faculty falling sick can cause problems including class disruption.
3. Fall classes should be in-person only for classes where on-line delivery is simply impossible (e.g. labs)
4. If a course can be taught on-line effectively, it should be. This is safer for both students and faculty and also easier from a logistical standpoint.
5. Please do not underestimate the risk of campus-wide infection. Too much foot-traffic in school and sharing of bathrooms and closed spaces will increase spread of disease.

112. It would be helpful if whatever policy is adopted would take into consideration the unique pressures borne by RTE faculty. Tenured faculty are protected, and untentured tenure track faculty clocks have been extended. But it is not clear that the impact of the current shutdown, let alone F20, on RTE faculty, who are employed on fixed contracts, is given consideration. They may feel pressured to return to environments they view as unsafe in order to preserve some measure of job security.

113. Major concerns of going back to campus this Fall:
Testing and trace back programs have not been fully tested in every county where employees and students live.
Mass transit (busses) increase risk for those who depend on it to get to work and campus.
Dorm housing/dining halls would need to decrease capacity.
Local Health center capacity is low. Students who become sick or injured will need more care, physically, mentally and emotionally.
A/C and air flow in some facilities are ancient or non existent and filters are not regularly maintained in many spaces.
A major re-think of building spaces may need to include more signage and Protocol enforcers.
Who is responsible for providing PPE? Will instructors now become essential employees? If so, they’ll need protecting.
Can building elevators even be sanitized? Can classrooms with wooden and cloth seats be sanitized? Who will be responsible for cleaning after every use? Does Cornell have capacity to hire more sanitation workers?
For the past 20 years I have noticed a trend of faculty and staff and students getting sick every time students return to campus from Spring, Winter and Fall breaks. This will continue. What didn’t happen in the past was an increase of DEATH rates among vulnerable people. Who will be responsible for the increased potential death rate? The person who came to work sick or the asymptomatic person in the building or the parent that brought the sick kid to work because they could not go to school or daycare? How about the person who just flew back to Ithaca from (xyz) or NYC because they have roles in both places?

Tough questions for smart people.

Thank you for continuing to utilize science based medical facts in decision models and planning 3-6 months out.

114. I am looking forward to Cornell vetting the security and privacy of automated digital contact tracing.

115. I recognize the risk (nothing is risk-free) and am willing to take it to fulfill our educational mission as well as possible. I can teach much more effectively in the classroom. I recognize that some faculty may not want to take this risk (especially those with conditions that put them at higher risk than me), but think that those of us who want to teach in the classroom should be able to do so. This same thinking applies to students — those who want to attend class in-person should be able to do so — recognizing full well that there are risks.

116. I would be happy to return to teach in person in the fall. Teaching remotely for a third of semester was necessary in the spring, but planning on teaching an entire semester remotely in the fall does not seem tenable. Remote instruction as a short term patch is understandable, but it should never be the long term plan of this great institution. We have enough time to plan for a fall term that enables both students and faculty to learn and teach in a reasonably safe environment and accommodates both students and professors who do not feel comfortable with in-person instruction.. I do not think that this is the forum to talk about implementation. That said, I would be favor of eliminating breaks for the fall term and telling students that they need to stay in Ithaca for the duration of fall term if they choose in-person instruction.

117. Based on the ease of airbone transfer indoors (Lu et al., 2020), it seems impossible to create a classroom or laboratory setup that would safeguard everyone in the room from infection by an asymptomatic carrier. 

https://wwwnc.cdc.gov/eid/article/26/7/20-0764_article


118. What has changed since the decision in March to suspend in-person classes?

Most things are far worse or marginally better at best

– number of active cases in the US : was 3000, now over 1,000,000!!!

– availability of adequate testing for all: still not available

– availability of sufficient contract tracing: not yet functional

– number of new cases each day > 20,000 (US alone)

– death rate: still unclear, but in NY state has been 6.7%! based on available data

– treatments – still relatively ineffective and unproven

– vaccine – not available
– asymptomatic carriers and transmissions – more than originally thought.

Resuming in-person classes may be necessary to the university, but if so it is done so by now ignoring or accepting the risks, not because the risks have been or can be mitigated to any significant degree by fall.

I miss my students and the classroom environment, but I also have been unable to visit my 85 year old mother who lives all alone, and my children and grandchildren (some who also have elevated risk factors). Cornell needs to find ways to provide excellence in education without undue risks to our students, our faculty and staff, and our extended families. To do that on campus will require MASSIVE effort regarding on-campus testing, screening, facility changes, lower classroom capacity limits, in many cases better classroom ventilation, and staff training which does not seem possible by August.

119. I would like different populations of students to be considered differently as the university is working on making their decisions – undergraduates, professional and graduate students all have different living and learning situations, some of which require in person teaching to make sure that these students are ready for their careers. The majority of them do not live in dorms and eat in dining halls. I agree that faculty should be given an option of teaching in person versus off line but for large group run courses in some of these various student populations that might mean those choosing to teach in person then shoulder larger teaching burdens. I hope that as the university considers its plans for the fall it considers multiple models and possibly has various models for the different class years and student populations. Additionally, adequate testing and screening is VITAL both before everyone returns and frequently throughout the semester if the university is to reopen. I agree that we then need to limit travel as best we can if and when certain populations return to campus – or if travel is allowed, requiring testing and/or quarantine upon return. Additionally, child care must be available if the return to teaching on campus is decided. If school age children return in the fall to half days, how are we going to support working parents? And if child care does not return, how can faculty be expected to work in person and/or continue to teach online? Not to mention without child care, how hard it is to develop to online teaching and/or developing new ways of teaching while you are essentially working two or even three jobs.

120. It may take years before there is a vaccine, is the plan to move all education online until that point?

121. As an elderly faculty member with at least two conditions linked with severe cases of COVID I will not teach in a live classroom until either there is effective (and available) treatment for people like me or an effective and available vaccine. My classes can be effectively taught virtually.

122. The situation in the fall will be the same (or worse) as it was in March when Cornell transitioned to on-line teaching. There is no vaccine (and there likely will not be one in the fall). There is no ability for widespread repeated testing (and there likely will not be in the fall). The hospital in Ithaca has very limited capacity. Students will be coming from around the globe with a large number coming from some of the most infected parts of New York (NYC, Long Island, etc.) I do NOT want to resume in-person teaching in the fall. For me and my family, the health risk is too high. I have a health issues and so does my young son. I do not think it is reasonable or ethical for the university to ask someone to risk their life (and their family’s lives) to teach when on-line teaching is available and has been shown to work.

123. I am 76, my wife will be 81 with reduced lung function due to 2 previous bouts of pneumonia. We are both in the “at risk” category. It would be gross neglect of her welfare for me to return to in-class teaching without an available, effective vaccine even if I were willing to take the personal risk. I would have to continue to teach from home.
The decision to open Cornell should be driven by the availability of hospital beds, ventilators, tests, and the probability of viral spread. In New York City, about 1 in 4 covid-19 cases required hospitalization [1] (this number is going to depend on the age of the patient). Cayuga Medical Center has 212 beds [2]. About 1 in 20 covid-19 cases are admitted to the ICU [3], and a significant fraction of those (maybe half) require a ventilator. At the start of the shutdown, I estimated that Cayuga Medical Center probably had fewer than 25 ventilators. Both these back-of-the-envelope calculations suggest that Tompkins County can handle about 850 covid-19 cases before Cayuga Medical Center is overwhelmed. That number corresponds to about 6% of our undergraduate population of 15,000 students. The tolerable percentage is somewhat higher than this estimate because the hospitalization rate is lower for younger patients. Can we implement physical distancing on campus well enough to keep the infection rate this low? For perspective, about 2% of people in NYC have contracted the virus even under lockdown. References: [1] https://www1.nyc.gov/site/doh/covid/covid-19-data.page [2] https://www.cayugamed.org/about-us/overview-history-mission-and-core-values/ [3] https://www.npr.org/sections/goatsandsoda/2020/02/14/805289669/how-covid-19-kills-the-new-coronavirus-disease-can-take-a-deadly-turn

I am over 70 and clearly in the danger zone. I teach a class of 100 students but it is a big lecture hall that could accommodate the students with spacing. I am okay with onsite teaching in the fall since I can access the lecture hall by the back door. The real problem, however, is not with me but with the tight flocks of students living in the dorms.

The situation in the fall will be the same (or worse) as it was in March when Cornell transitioned to on-line teaching. There is no vaccine (and there likely will not be one in the fall). There is no ability for widespread repeated testing (and there likely will not be in the fall). The hospital in Ithaca has very limited capacity. Students will be coming from around the globe with a large number coming from some of the most infected parts of New York (NYC, Long Island, etc.) I do NOT want to resume in-person teaching in the fall. For me and my family, the health risk is too high. I have a health issues and so does my young son. I do not think it is reasonable or ethical for the university to ask someone to risk their life (and their family’s lives) to teach when on-line teaching is available and has been shown to work.

My concern is that Cornell is discussing this as an internal planning and preference problem. In reality, the uncertainty and consequences of the smallest behavioral details related to how every single individual makes choices on traveling, interacting with others, shopping, etc creates a huge network dependency and an exponentially scaled sensitivity to even one bad choice. Cornell will be operating in what is a fully failed national response and drawing individuals from a wide range conditions (e.g., open states, transmission clusters, special medical issues, economic disparity, etc) that cannot be managed without very broad national-scale testing and contact tracing as advocated by every epidemiologist. As stated in some of the comments above, the revenue conversations emphasize what Cornell knows well (financial shocks from not returning to as normal operations as possible) versus the very clear likelihood that the complexity of mitigating COVID-19 transmission dynamics mixed with seasonal flu will lead to another severe shut down. The negative legal, ethical, and human health implications of drawing students to campus and then pushing them back home are fairly extraordinary. I have not seen any level of compelling evidence of truly engaging with more than the easy to understand near term financial fallout (every slide deck from higher level administrators I’ve seen only discuss easy to project dollar gap scenarios if we do not convince students to return to campus).
128. Until there is a vaccine and effective treatment Cornell should not contemplate a full return to in-person instruction. The risks are far too high — for students, faculty, staff, and for the institution, which will be severely damaged by the reputational and legal consequences of a classroom-related deaths. The university should intensify its search for innovative virtual and perhaps hybrid strategies.

129. Despite asthma, I would love to get back to my studio environments to provide my pre-professional students with instruction that will meet the learning outcomes of my classes and prepare them for working in this new COVID reality. But a hybrid solution, a new construct that would balance having students on campus with limiting our contact with them might be a viable solution: I agree that now is the time to think more broadly of what collegiate instruction might look like, to design a tiered system based on instruction type: lectures, seminars vs labs and studios would organize their classes differently, limiting contact but ensuring that content delivery meets this 21st Century-global-pandemic world we now live in…

130. I generally teach courses that have more than 50 students, sometimes substantially so. To me the issues center on two questions. First, are my wife and I positive or negative for Covid antibodies, on a high quality test? If we both are positive (and this is possible; we both had some kind of nasty chest cold back in March), I would be less uncomfortable in classroom settings. If we are both negative, it seems as if it would expose not just me but also a loved one to risk, and this would force me to teach remotely.

If I could teach in person, I might favor that (I certainly prefer the atmosphere of teaching and doing my research on campus — in my case, Gates Hall). But now you run into the tight spaces in the CIS unit as a whole, which has been overly dense even without considering Covid-19. This leads me to envision a model where I might teach in a room with 25 or 50 people physically present, selected to keep them well-spaced, and then have the remainder streaming the lecture. The specific individuals who are permitted to attend could be varied based on preference, but within those who want to attend, we could rotate this option: perhaps, for one week people can attend in person, then for two or more, they participate remotely. Those who prefer to be remote could simply be remote, from where they reside, with the option of asynchronous viewing from recordings if they are in some other time zone.

The benefit to me is that lectures simply feel different in person and in real-time. But I wouldn’t want to compel student attendance, wouldn’t want a dense crowd, and if am currently negative for antibodies, I wouldn’t want to put my family at risk.

131. Despite asthma, I would love to get back to my studio environments to provide my pre-professional students with instruction that will meet the learning outcomes of my classes and prepare them for working in this new COVID reality. But a hybrid solution, a new construct that would balance having students on campus with limiting our contact with them might be a viable solution: I agree that now is the time to think more broadly of what collegiate instruction might look like, to design a tiered system based on instruction type: lectures, seminars vs labs and studios would organize their classes differently, limiting contact but ensuring that content delivery meets this 21st Century-global-pandemic world we now live in…

132. I’m currently slated to teach a 25-student graduate student class in the fall, and I think this is manageable in a sufficiently large room with no in-person office hours. I can’t imagine lecturing in a mask, though.

133. Please add this to your lists when you make the decisions:
In agreement to the person who posted NYTimes, the full impact of the virus on long term health is unknown. This is true even for those who perceive themselves as low risk, friends! Even our students.

I had a bad cold about 2.5 months ago, which now is suspected to have been the virus. I have been experiencing random unsets of shortness of breath to date. Now, after a couple of ED visits, per doc’s recommendation I need to go for further cardiac evaluation. Unfortunately as I browse though the global literature I see scientific reports of cardiac impacts on some percentage of population. I am 40 and as healthy.

I am only disclosing my medical experience with you all because this is an anonymous post. There is so much you and I don’t know and hear because it has not hit our homes/Ithaca/ or Cornell yet, and not had time for research.

134. After at-risk faculty die from Covid-19 infection due to in-person classroom teaching, it is irreversible and can’t recover; but halting in-person classroom teaching is only temporarily and can come back. So, which one CU central administrators should choose, the life of at-risk faculty that can never be recovered and come back after Covid-19 related death vs. halting in-person classroom teaching temporarily and then come back and recover after available vaccines in Spring 2021?

135. Some university administrators across the country seem to be fore-grounding financial considerations but that tendency must be avoided here at Cornell. The bold truths are: Campuses are rather like cruise ships – the close proximity means R values much above 1 are inevitable. With the best will in the world a vaccine and whole-scale testing through the fall seems improbable. Hybrid is the worst of all worlds and should be immediately stricken from consideration.

Um, we are already teaching “hybrid”. Some physics and biology classes are already taught “remotely”, in auto-tutorial format.

136. I have absolutely and serious concern of in-person classroom teaching in this Fall 2020, particularly for faculty in the high risk group like age or/and underlined medical conditions. Hence, online teaching must be the option for those faculty at risk. If CU would insist on all classes must be in-person teaching in this Fall 2020, and are knowing the infection risk to those at risk faculty, what are the central administrators’ responsibility and liability, if some of the at-risk faculty would unfortunately get infected due to in-person classroom teaching?

137. I would most comfortable if we opened in August with classes held outdoors (our department needs fieldwork time) until mid Nov. When the weather turns and flu season starts we can move to widely spaced seating in our studio and remote teaching.

138. Cornell can not make this an umbrella decision; undergraduates (even from major to major) are a different population than professional students (who don’t typically live in dorms, some commute from up to an hour or two away; some have been practicing social distancing for years based on the nature of their PhD research!) Should large lecture-style courses be delivered in person? No, that seems like a foolhardy thing to do; however, creating a teaching environment that maximizes in-person teaching (which is critical for many students to engage in the work) while also providing as many safeguards as possible is the appropriate way forward.

Extensive and frequent testing should be done. Labs can be offered more often if they are broken into smaller groups that are more evenly spaced in the rooms. This is a make or break moment for higher education and Cornell needs to do everything in its power to plan for the fall so that we can maximize the learning experience for students while also maximizing the safety of the students and the faculty. I fear that if we are entirely digital
in the fall, we run the risk of losing a generation of students who will become disenfranchised by uninspired zoom content as opposed to in-person teaching.

139. We are teachers and are well paid to teach. Accordingly, we should do what is in students best interests, within reason. The question what is best for students should come first, then the part about what is within reason. T

        Totally disagree with your comment. An university without healthy faculty won’t place students in their best interest. What would happen to those students when an at-risk faculty gets infection from students and either die or out of commission for many weeks?

140. If antibody tests become reliable and available, if I show antibodies (thus had a not severe case), and if the medical community consensus is that risk of reinfection is low, then I’m prepared for in person instruction. I think being open to a hybrid is also ok.

        The problem with persons having antibody does NOT mean they won’t shed and spread virus due to so many known about Covid-19 virus.

141. Today (2020-05-11) the NY Times published an article on the long-term effects those who have “recovered” from COVID-19 are experiencing, including reports from some who had relatively “mild” cases not requiring hospitalization—which turned out not to be so mild in retrospect. This is worth considering in assessing the risk of different modes of instruction—there are significant risks besides death and hospitalization. See: “Surviving Covid-19 May Not Feel Like Recovery for Some,”
https://www.nytimes.com/2020/05/10/world/europe/coronavirus-italy-recovery.html

142. Unfortunately, this is a situation in which there are no good solutions. No matter what we do, we are going to have to live with some bad outcomes which will likely be differentially distributed. Coronavirus will be around for several years at least, and many workers across our country will have to take on risks to prevent economic and social collapse. I am not sure that I as a professor should be exempted from this. My willingness to teach in person will depend on how much in person is needed and the considerations under which campus conditions are executed. I teach a large lecture course and the lecture component can be executed virtually fairly well, but we also have in-person sections, and I am very concerned about compelling my teaching assistants to teach them. I do very much agree with the posters who point out that folks in their late teens and early 20’s are not paragons of social distancing in their private lives and this likely places a natural limit on the number of students we should be welcoming back to Ithaca.

143. I am at elevated risk because of age. I will not start in-person teaching in the Fall without solid evidence that it is safe. If I have to quit, I’ll quit. It would not be a hard decision. Absent such evidence, stepping into the classroom would not just be risking my life (being dead is easy, and I’ll be doing it all too soon anyway): there’s my wife (also at elevated risk), her parents who she has been helping considerably in recent years, and our special-needs son still living at home. I am not willing to risk their lives — what their lives would become if I die, and especially if I and my wife both die — by exposing myself to infection risk without need. The suffering of COVID-19 victims is intense but brief; the survivors they leave will suffer for decades. “Evidence that it is safe” is a tricky thing to define. We won’t have a vaccine by fall. Frequent testing of all students before the start of classes, and continuing without interruption during the semester, to demonstrate that infection levels are consistently very low? Frequent testing of lower-risk faculty who choose to resume in-person teaching, to
demonstrate that their risk of infection is very low (though I would hate to have others take the risk without knowing that it’s safe)? A lot depends on how much monitoring we can do, and what it reveals.

144. Additional considerations:

1) In a scenario where there were minimal to no risk to my health, I’d prefer to be in person. In a scenario where there were no threat to my job, but a threat to my health, I’d prefer to teach online. As I understand it, we are not at either extreme. It would be great to see a discussion about how these decisions might impact who ultimately gets to keep a job. Are tenured professors guaranteed employment and all others (RTE, TT but not yet tenured, staff) at risk? I very much do not want to get sick or get others sick. I also would very much like to keep my job. People rely on my income. So, for me, some modeling of what the scenarios might (in person, online, hybrids....) that include employment and/or salary/wage impacts to specific groups be would be extremely helpful.

2) We do not yet have a full picture of who is at risk. There are clearly highly vulnerable groups. There are also others – such as otherwise healthy 30 and 40 year olds dying of COVID19 related stroke and recent news about children dying from a related inflammatory response. Hopefully we will know more in a few months. We need to remember that we don’t know everything about this virus yet and make decisions with this uncertainty in mind.

3) If the K-12 schools and day cares are not open in the fall, in person expectations will be much more difficult for those with children, especially young children.

The most important consideration is how students (and their parents) feel about coming back to campus. Almost without exception, the students I have spoken to want to come back in the fall. They understand that their vulnerability is low and do not want to continue online. If students do come back, faculty members who do not wish to teach on campus should be provided with a voluntary furlough option. They can take the year off and come back in Fall 2021. In the meantime, faculty members who are willing to accept the risks can pick up the slack (at overload pay financed by those on voluntary furlough). The very worst outcome would be to hamstring the university’s mission and finances by acquiescing to the vocal minority who think that their individual fears trump all others’ interests.

145. It is insane that Cornell would consider bringing students back to campus this fall. All the socially distanced classrooms in the world won’t compensate for lodging students in dormitories. Additionally, as many have already pointed out, the idea that some of us could “opt out” of in-person teaching opens endless opportunities for discrimination along the lines of ability, gender, family status, tenure status, etc.; many of the comments in this forum already reek of bias. It is time for the university to be proactive about creating the best possible online learning structures for the fall, encouraging faculty to go beyond just posting recorded lectures online to instead redesign our courses, and then communicating to students about how deliberate online instruction will be different from the triage approach we were forced to adopt this semester. Anything else starts to feel a whole lot like the discourse of “the economy matters more than people’s lives” and sets us up for another disastrous semester when we’re forced to close halfway through, although not before we’ve killed a few folks. This isn’t about individual faculty or student willingness to take on personal risk and it shouldn’t be framed as such; it is about the risk to the entire community, beyond the Cornell campus.

146. I see a major problem with the suggestion made by several posters that we let each student and faculty member choose whether to teach/take classes online or in person. Even if there were no compelling reason for us as a community to act together to abate this public health threat, this neoliberal policy of nominal “free
choice” qua no collective responsibility would effectively double the number of classes each faculty member is required to teach.

If even one of my students opts out of attending in-person classes, and even one opts in, I have to teach both versions of the same course. As a practical matter, the faculty member has no choice under this system. And make no mistake: it would take huge amounts of added time and energy to design and implement both online and in-person versions of a single class in the same semester.

Or am I misunderstanding the proposed system? Frankly none of the details have been hashed out in any of the breezy proposals I’ve come across.

Would faculty in fact be allowed to choose just one mode of teaching? Would they be required to announce in advance whether they’re offering a course online or in person? Would students then be required to take only courses that suit their preference for online or in-person courses? What if a student needs to take a certain course, but the instructor declines to teach it in the students’ chosen venue? How would we resolve these sorts of disputes?

How would we adapt to evolving situations within a given class? Say an in-person class is proceeding apace, then a student or instructor is diagnosed with COVID-19. Does the course then move online after all?

I don’t see this made-to-order pedagogy being as easy to implement as some assume it would be.

So necessarily articulated. Thank you.

147. I am a single parent who cannot afford to get sick. If I need to be hospitalized, there is no one to care for my (presumed exposed) child, who may well end up sick herself. Who could monitor her for needed health care, etc? As it stands with things re-opening, I can pretty much count on being isolated as a result of someone’s contact tracing…. how will we deal with that as a campus? When a professor has to isolate for 2 weeks? Perhaps multiple times in a semester? Seems this would be a lot more disruptive than just teaching from home. Many, many will be dealing with this.

148. I strongly feel that we should resume in-person teaching in the fall, if at all possible. I have several undergraduates in my lab, whom I talk to regularly about their on-going college experience. To a person, they deeply miss their in-person interactions with their professors in class and regard on-line classes as a necessary stop-gap but a poor substitute for real classes. Certainly, from what we have all learned about social distancing and other preventive measures and the ramped up testing that the Governor has brought into being, we can safely resume in-person teaching with these wonderful young minds.

it is fantasy that we can safely resume in-person teaching. Have you seen the block parties of CU students after CU shut down in early March? Are students’ college experience is far valuable than faculty’s life as life is gone, it can’t never come back? One or two semesters college experience gone, it can come back later. Clueless!

149. I’m healthy, single, without dependents, 57 years old. A few weeks ago, I thought I’d be willing to return to in-person teaching. Recent information about this virus, though, has changed my mind. The virus doesn’t just affect the lungs: it causes strokes, inflammation, immune-related crises. The risks to individuals are seemingly incalculable at this point. I have not felt optimistic about online teaching. Yet now it feels more realistic to develop optimism about online teaching than to imagine it will be okay to return to in-person teaching.
I have been impressed so far with Cornell leadership on this crisis, and also with my students, who have been gracious and conscientious about online learning this semester (in my small classes, at least). I’m also relieved that Tompkins County continues to have low infection rates, no doubt in large part because we sent students home. Unlike many colleagues on campus who have shared their concerns here, I am in my 30s, healthy, live alone, have no children or older parents to take care of — basically, the most privileged one could be here right now. Despite all that, I get sick with colds, etc *literally* every time I come back to Ithaca from a break — combination of bus/air travel, exposure to everyone returning, changes in weather, who knows. Ironically, these two months of lockdown have been the healthiest for me since I moved to Ithaca 4 years ago.

Nevertheless, I am extremely worried about the return of undergrads to Ithaca in the fall. I live in a neighborhood where many Ithaca College students have chosen to remain in off-campus housing and they continue to have parties, run/hike/play sports in groups, and have been the least respectful of social distancing guidelines on the neighborhood trails and sidewalks (they wear their IC gear, thanks for identifying yourselves!). Even if social distancing and sterilization is implemented in classrooms, it seems unlikely that undergrads would obey necessary guidelines off campus. I don’t really blame them, they feel less individual risk and will be desperate to hang out with peers. I just sense that much of the conversation around re-opening campus is on in-person teaching options, not the the community contagion that will occur outside the classrooms. I would support an ‘opt-in’ (rather than opt out) choice to teach in person, but for small graduate classes only.

I have to agree with this point. The majority of the conversation here revolves around social distancing within classrooms, but doesn’t address the much trickier issue of living quarters, whether in dorms or off campus. It doesn’t matter what we do in a classroom if students are living in close quarters. They showed us in March — and continue to show us now, as the previous poster points out — that a significant number of them will not respect social distancing. The potential cost to their peers, faculty, staff, and the larger Ithaca/Tompkins community means we cannot possibly bring students back to campus.

Quoting this researcher:

https://www.erinbromage.com/post/the-risks-know-them-avoid-them?campaign_id=9&emc=edit nn_20200511&instance_id=18384&nl=the-morning&regi_id=87320133&segment_id=27239&te=1&user_id=d4b26c6bdaebf3c5b77f35bcc33bc12

“Speaking increases the release of respiratory droplets about 10 fold; ~200 copies of virus per minute. Again, assuming every virus is inhaled, it would take ~5 minutes of speaking face-to-face to receive the required dose.”

Large lectures will place students in close proximity to each other.

Small seminars will have people speaking to each other and facing each other.

Each event will last about an hour or longer. According to that researcher, an hour spent in the same room with an infected person practically guarantees that you will breathe in enough viral particles to be infected. A person expels viral particles for 5 days before developing symptoms.

Multiply that by three to five hours a day.

It would be criminally insane to open in-person teaching before an effective vaccine is available.
152. Personally I am ready to resume in-class instruction as soon as tomorrow. However, I will wait for Health Department guidelines. When they determine it is safe to resume, I am here.

153. If classes need to be held on campus, may be preference should be given for freshmen and seniors. Freshmen are looking for a campus experience (this can help with better enrollment/admissions as well) and seniors don’t want to miss out on their final year of campus life and availing career resources. Even students and their parents are in-general concerned about returning to campus. So opening the campus to select-groups will help reduce infection risks and also make logistics much easier. Classes taken predominantly by sophomores and juniors can be taught on-line unless the course requires lab access.

What about classes that enroll people from the freshman to the senior level? Like many of us, I’m not in a discipline that separates the classes as cleanly as you’re suggesting is common. So I’m not sure how this proposal, or similar proposals put out by Cornell leadership, would actually be implemented. If I teach a class with a mix of students who have been brought to campus and those who have been barred from campus, do I then have to teach both online and in-person versions of the class? Or do I just teach it online so I can reach everyone without exhausting myself with duplicated efforts? If the latter, what’s the point in bringing students back to campus and increasing the community’s risk of infection?

154. I am an assistant professor, in my late 30s, with a young child at home. I have so many concerns about in-person teaching:

1. Airflow concerns. Even with 20 people in a room for 120, with masks on (but likely, even with “education”, to be worn imperfectly by many), and doors and windows closed (if windows even exist), is a recipe for dangerous exposure. Remember, exposure = dose x time, and classes are not passing encounters but hour 50 to 75 minutes long. Six feet spacing is not a magical number for safety. Bottom line, a classroom setting, even a well-spaced one and even with PPE, is a highly dangerous situation.

2. Testing capacity. The best setup to avoid spread would be mandatory daily tests for every member of the community (say at night, with results available before the following morning), and extensive mandatory electronic “exposure notification” (i.e., contact tracing), and a rapid ability to isolate those who test positive. There is very little chance that that capability will exist, and that doesn’t even take into account the significant (estimates are 10-30%) false-negative rates of PCR tests and associated asymptomatic spread of virus.

3. Students are super-spreaders. With in-person classes, even with large lectures gone virtual, every student is a potential super-spreader (this is based on Cornell research of Cornell courses from Kim Weeden in Sociology, https://osf.io/6kuet/). 98% of students can reach each other in three steps, by a shared classmate (and 92% even if only courses with 30 or fewer courses are in-person). And this doesn’t even take into account contact in libraries, dorms, cafeterias, study groups, parties and other gatherings on-campus and in Collegetown (which, even if disallowed, will inevitably occur). Dorm rooms can be made into single occupancy only, but what about bathrooms, and of course the majority of students who live off-campus in shared apartments?

4. Health conditions. Many of us (myself included) have health conditions that are invisible and may cause worse outcomes with COVID-19, and many may not want to have to divulge that information to our superiors, particularly among tenure-track and non-tenure-track faculty.

5. Lack of agency for non-tenured faculty. Many assistant professors (and non-tenure-track professors), which make up a very large fraction of the faculty pool, feel like we have a lack of agency to speak our concerns publicly or even to our direct superiors due to our non-tenured position.
6. Any “Cornell experience” will be compromised. Of course the pre-COVID Cornell experience is vastly superior to the current spring 2020 post-COVID experience. But many arguing for in-person teaching, even with risks, don’t take into consideration that so many of the other enriching in-person undergraduate experiences broadly falling under student life (extracurricular activities, athletics, affinity groups, artistic performances, socializing, etc.) will likely be severely curtailed, and that may result in a significant loss of student enrollment and unwillingness to pay full tuition. Either way (modified in-person or fully online), it will be a sub-par overall Cornell experience for students in fall 2020, and the main difference between in-person and fully online will be health risks to the student, faculty, and staff populations.

In sum, this might be the biggest “in loco parentis” decision Cornell has faced in a long time, perhaps ever. To me, it is a no-brainer that we should go for online instruction in the fall. I am not willing to risk the health and safety of my family for in-person instruction when a perfectly reasonable and safe alternative is available, and I would implore the university leadership to have the courage to make the right decision and look out for the safety of the entire community.

155. Given that the COVID-19 pandemic is a rapidly evolving situation and we are learning more about the disease everyday, I think there are probably many faculty and staff who would not want to teach in person this fall. There have been many examples (from China) of disease transmission in enclosed spaces, very much like classrooms, and also from prolonged interactions of individuals, even with face masks. Bringing even a subset of undergraduates on campus to live in dorms/apartments would endanger the university and greater community in Ithaca. For instance, how would social distancing work here and without enforcement, would students actually comply? When in person classes were cancelled this spring, there were many parties held off campus (e.g., at the fraternities), where students gathered in large numbers. It seems that younger adults (e.g., undergrads and those in their twenties) are less afraid of COVID and may not realize that their activities could transmit the disease to more vulnerable individuals/populations on campus and in the area. As an individual in my late thirties, I myself am afraid of this disease and would not want to bring it home to my family, including a young infant. Even if death is not the end result, there is little known about the repercussions of COVID, and evidence is emerging that there are other serious syndromes and chronic conditions that have arisen in individuals who have been ill.

In terms of logistics, what would bringing students back into Ithaca look like? Would we be able to test all individuals arriving and enforce a 14 day quarantine, and where would they all self-isolate? How would students enter and exit classrooms while maintaining social distancing? Social distancing by sitting 6 feet apart in an enclosed space/classroom would not be effective over the period of an hour, even if the windows were open. We cannot ensure that people would not travel for personal reasons and self-isolate afterwards. What about access to proper personal protective gear, such as masks, and would Cornell provide this for all individuals on campus? How do we ensure compliance in wearing masks in a society that normally doesn’t wear them when ill? Many of the individuals that I have seen who are wearing masks are not wearing them correctly. For example, the masks are around their neck and they only put them on when someone is close by. Touching a face mask in this manner would either transfer saliva from the inside of the mask to their hand or transfer virus from the front of the mask to the individual. Either case would be a health hazard. Would all individuals be tested for COVID 1-2 times a week? Contact tracing would probably reveal that everyone on campus is separated by only a few degrees. Because of these reasons, it seems unreasonable to think that we can safely reopen campus to in person classes. We would likely find that an outbreak would reoccur and we would have to shut down again, with students flying home and faculty/staff having to scramble to convert their lectures to online presentations, which would be less effective than planning online lectures in advance.
156. It is not “insane” for Cornell to consider opening. Decisions on the coming Fall semester are likely the most difficult ones our administrators will ever make. Higher education is the reason we will have a vaccine, the reason we have any testing at all, and the reason we can adopt a rational response to this crisis. In the short term, higher education does not make the list of essential services. Closing in-person education for the spring was obviously the right move. But in the long run, providing inadequate or no education to the next generation of scientists and scholars means we all will suffer. In-person higher education in the United States is nothing short of a remarkable human achievement. I am privileged and honored to be a part of it, as are we all. It cannot shut down for long periods without detriment to the students who want their education and the society that needs its young people to be educated. Cornell can, and will, do a great deal to reduce the risks to our community when it reopens. Washing hands, working from home when possible, wearing masks, sanitizing buildings more often all will have a measurable and meaningful effect on any risk that remains. Every step will reduce risk. By every measure, the disease is already fading—too slowly and of course too late for many. But unless things change, it will fade a lot more by August. The University can decide to open and delay reopening if that trend changes. Cornell cannot guarantee perfect safety. Nor should that be the requirement. I live with a spouse who is highly vulnerable. But I will do my part for this institution. I will self-isolate from my spouse while teaching if I think it is not safe. If you have shopped in the supermarket, ordered non-essential items from Amazon, bought meat, or had to use the health-care system, you have asked others to put their lives at risk for needs and desires that are likely less significant than the education of young people. Live teaching for a few hours a week imposes minimal risk compared to what we have asked of workers in those industries. We owe it to our students to be sensible, but not to cower. A prudent, careful re-opening decision that attends to the data and advice of rational (Cornell-educated) public-health officials like Dr. Fauci should trump fear and histrionics.

157. Dear Cornell faculty,

I am a mid-career faculty who went back to get another degree in the past 2 years. Based on this experience, even before Covid hit, I came to realization much part of (not all) of the in person teaching is unnecessary. The university I was enrolled in was requiring me to be present in the room for a simple lecture. They allowed 2 remote sessions per student per semester. One time I was on a train and watched the lecture on a video and this really was the most I learned from a session in that semester, not from the in person sessions. What was the reason I was required to be in the classroom? I asked myself. As I was frustrated with the host university’s requirements which was not adding to my learning by wasting my resources in my busy schedule, I realized I ‘Cornell’ do the same to our students. I require students to come to sit in classroom to listen to my lecture. Yes, it is integrative and they can raise hands interrupt and ask questions but we do that in Zoom anyways.

Why do our students what to come to campus? 1) They want to meet each other, have a prospect of social life, enjoy their youth 2) There are so many more interesting things around them than the class sessions we offer and maybe coming to class is a way to reduce distraction. Sometimes they are in the class and daydreaming on their laptops. They can do that at home or in class either way. How can I engage them more to be present if the material is useful to them? If its not useful material, they better daydream.

So the biggest asset for students to be on campus is to see each other, make friends, network and build a social life. Can we think about how to develop that in pandemic situation? There are ways Cornell can create a solution. For example

1) create local hubs/in person meetups with support of alumni

2) facilitate online exchange/meetups with breakout chatrooms.
I have to say the university model to have everyone immersed on campus may only be useful for freshman and sophomore but after that education has moved on to a new model already! We are selling an old product for too long. The pandemic already has accelerated this new model. You can take a yoga class launched in India, and a Japanese class based in Japan right now as people are doing. The young tech savvy generation is reaching to institutions that are breaking physical boundaries and reaching to those offering experiences that are virtual.

I believe we have to change our practices anyways. Not because of fear of COVID but because our customers’ needs and supply and demand has shifted. We can continue to be financially prosperous even more than before because we will be breaking the physical barriers that a small town in upstate NY had posed for some of our potential applicants.

158. My classes involved lots of in-class interaction both with me and among the students in addition to experiential learning through field trips, group projects and pro bono consulting projects for local non-profits and government agencies. I can imagine delivering online field trips but field exercises involving actual measurements outdoors would have to be reduced to mere illustrations, not real time group activities. This would not be as enjoyable, but if I were teaching this coming academic year, I’d be in the process of developing videos now for remote instruction this coming fall and spring. I would also contact former students to solicit their suggestions for virtual lab exercises. Optimistically, we would be beyond the intense pandemic by fall, 2021 and my teaching could transition back to the methods I have developed for the past 30 years. Research projects for grad students is another matter. Much of this is independent but there is lots of incidental contact with many others outside the standard purview of the lab. It’s hard to control for random mask-less encounters. It will be lots of hard work and trial and error on both the graduate and undergraduate fronts for the foreseeable future.

159. We should take a hybrid approach to reopening. There are low risk aspects that can resume and high risk aspects can be mitigated or further delayed.

Students and faculty that are willing and able to return to reduced occupancy rooms with hand cleaning supplies and wipe downs of surfaces that occur in classrooms that are used only every other period will be more hygienic. Time to filter the air? Yep, but we have needed to anyway... we have buildings with lead in the drinking fountain water and CO/exhaust in the air.

There is little pedagogical value in gathering in classrooms over of 30 students. Classrooms of more than 200 are a relic anyway that students can replace with YouTube recordings of lectures. Engaged smaller discussion/lab sessions are a way to get value out of tuition.

There will be some students that can’t return or don’t wish to return. There will be faculty that shouldn’t return and this might change during the semester. We can have remote ways to accommodate them. Classes can have frequent remote discussion sections.

There are ways forward that respect individual needs.

Provide me with a fresh N95 mask and Tyvek gown each day, and I will go back into a classroom.

I have taught at Cornell for 41 years (I am retired as of now). My most treasured experiences with student is the private conversations we have before and after lectures, or in labs, as well as office hours. These personal contacts, which are so important pedagogically, would make the transmission of the virus a guaranteed event. Unless a vaccine is available, re-opening our lecture halls, offices, and laboratories to students will be deadly.
too many posts to catch up completely...but... I am a senior faculty member and we have no children or living parents to worry about. But, I think a critical question parents worldwide will ask is “am I sending my child back to a school that can assure a healthy learning environment?” Given what I currently understand about the pandemic, I’d have ‘junior’ sit-out fall term with a LOA...maybe for 2020-21. This like will also apply to the incoming class of UGs and GRADS. Somewhere the thoughts of Cornell faculty AND parents/students must to converge to help plot a path into 2020-21, and maybe beyond.

Good point above, as a parent they would have their child sit out of the fall semester.

So we have to focus our effort right now how to communicate this rational reasoning to the group of over enthusiastic students who want so badly to come back in the fall. To communicate to them in the ways people around them or themselves will be impacted inevitably, and also share the ways we can offer them an equally valuable experience planned ahead. There will be same group of vocal students who will highlight how Cornell reactivation in the Fall 2020 resulted in pain and suffering for them, their friends and families.

160. I’ve spent some time modeling the epidemic, and what you learn very quickly from that exercise is how easily COVID-19 spreads. So far the only means we have of restraining the spread is “un-mixing” the population by social distancing etc. Universities are purposefully designed to mix people, and young people are particularly good at this. Returning to somewhat normal operation is virtually guaranteed to cause spread of the disease, with severe consequences for some people. I may be among them – my main comorbidity (yes, that’s the word) is age, and that’s not something I can do much about. Yet the advantages of in person instruction are real, and the economic value of bring people back to Ithaca is real. So are the dangers. At this point, with no broadly effective treatments available, the only way to have in person teaching would be to develop pretty strict protocols for density (number of people in a room or building), cleaning, mask wearing and so on. I expect it will be virtually impossible to impose strict social distancing on the student population. Some will be compliant, but enough will have inevitable tendencies to bend the rules. Since few students are likely to become severely ill motivation for compliance will be less strong.

Absent some new developments in treatment or vaccines, it’s hard to see how we can have a largely in person semester this fall. Just think what the hallways look like every hour, and what mealtimes look like at the cafeterias and cafes. Some sort of rolling system that brings only a subset of students to campus at any given time might help. A rotating system where classes only meet in small groups in a sufficiently distanced setting might help, with most instruction in between occurring virtually. But any of these would involve major reductions in the number of people on campus every day, and the intensity of personal interaction. It’s sad, but too many of my colleagues are older, have health conditions, are overweight, or need to care for someone who has those conditions, and asking them to expose themselves to a potentially very serious illness in order to improve the student experience right now is just not right. Perhaps by next semester we may be in a position to make a different decision. If we all lose six months of in person instruction it won’t be great, but the world will continue to turn on its axis.

161. Through decades as a natural scientist working in remote areas, I have displayed a comparatively high tolerance for personal risk. Yet I face answering the question we’ve been asked from a position somewhat different than earlier: 1) I have advanced into a “high risk” category due to age. I quite resent the (apparent) decision that the university will impose on me somewhat different risk-related expectations because of age. However, I also appreciate the statistical basis for it. These conflicting attitudes add to the difficulty of responding to the original question. 2) The family with whom I share a house are not only also among the “at
risk” groups, but also have lower risk tolerance than I do. If I engage routinely in interaction with students on campus, will my family members be stressed out? What is my tolerance to this family concern? A major responsibility of my on-campus instruction is to deliver active-learning experiences. A significant part of these take us out of classrooms, into the near-Ithaca region. Because these activities involve short-distance travel of the student groups, I question whether these learning activities can be accomplished within whatever distancing requirements the university adopts (and/or mitigations found that would fit within budget, which will be tight). The other active learning experiences involve student laboratory work, which others have mentioned involves inches-separation work around equipment. While asking myself about my risk tolerance, I focus on this active-learning context, because it is what is of highest value. If that loss of active learning opportunity proves to be the case, then my evaluation of the personal risk shifts to focus only on transmission through in-person classroom contact, and the decision is more straightforward: I would opt to interact with the students and deliver content through Zoom, imperfectly. The active-learning experiences can be modified, but to do so will involve great amounts of time and technological expertise, both of which will be in short supply if an announcement is not made until late June. The alternatives may also increase other types of risks for the students (i.e., the students complete some activities on their own and need to be attentive to environmental hazards, or traffic hazards, or whatever), which should not be a problem except that in our litigious society, it is a problem. The suggestion is appealing that we would maintain a very low risk level by everyone in the Cornell Ithaca campus community abiding strictly by “no travel outside of the Cornell community in Ithaca” after completing a 2 week isolation quarantine upon arriving on campus. However, we have decades of evidence (lifetimes of evidence, since we were all students ourselves at some earlier time) that students do what students want to do when out of the classroom, meaning that this solution stretches credibility.

162. Until there is a vaccine, I think it is insane to run classes in person.

163. The majority of the worlds leading pandemic epidemiologists (e.g. Lipsitch and Osterholm) predict some sort of additional wave(s) of infection; bringing the students back from all over the world will result in an exacerbated spread, overwhelm our little hospital, and likely result in many deaths. In person teaching without a vaccine is a recipe for Ithacan disaster.

164. I wholeheartedly agree that remote teaching is not as strong as traditional face-to-face instruction. But “crisis teaching” as we have done this semester, is a long way from a carefully planned and executed online course. By making the decision to teach remotely in fall now, faculty will have all summer to transition their courses to as strong, effective, and creative online options as possible. The alternative – starting classes in-person with a high risk of a major disruption during the semester and a rapid change in course format – risks another semester of much less effective education. Personally, I am in a low risk demographic and am not particularly concerned for my own health when face-to-face interactions resume. But I am concerned for my colleagues and other members of Ithaca’s community who are higher risk. I am also very concerned for Cornell’s relationship with the community were we to bring thousands of students from all over the globe back to this small, isolated town that has so far had very low infection rates.

165. Given the steady stream of warnings coming out in reputable news media from respected epidemiologists concerning the dangers of transmission in enclosed spaces filled with people talking (socially distanced or not), all breathing the same air, and with risks that escalate in direct proportion to the amount of time spent in such settings, I simply cannot imagine returning to classroom settings of any sort until I, and everyone else who might potentially enter that room, are vaccinated. Period. This research should bring a swift end to any discussion of face-to-face teaching until such time as vaccines are available to every single member of the Cornell community.
Creative efforts over the coming months should be devoted to making online teaching better. I for one was a
reluctant convert and actually have become a zealous one — both my classes went very well and that was just
the first go-round. Let’s be safe, for everyone, and put our efforts toward making online teaching even better.

166. Everyone wants to be back in class, yes. We *love* the classroom experience. But nobody (OK, very few)
wants to get sick, or get their family sick.

1) There is no hope that students — who too often defy rules (Sexual assault? Underage Drinking? Cheating in
exams? Not reading the syllabus?! the list goes on) — will keep physical distance, high hygiene, and a regiment
of temp taking. That’s utopian, and I will not risk my health on that hope.

2) Careful screening and tracing only help mitigating and managing (at best) the spreada, the idea that it can
stop the spread is faulty.

3) when you talk about “testing,” do you mean everyday? We are not a residential campus, faculty and staff, as
much as students, are often (multiple times/day) off campus, placing themselves (and others) at risk.

4) Nobody should be asked to disclose reasons why they don’t want to be on campus in-person, whether it’s for
a class, a meeting, a seminar, a performance review.

5) The onus should be on those who wish to be back on campus because they think that “there is no risk”. Make
them sign an agreement in which they state that they will not sue the university if they get sick, and — why not
— pay the hospital bill if they get sick. That will create can environment in which only those who *really* think
there is “no risk” will go. (I personally would be curious to see how many are there)

6) If one thing goes online, *everything* needs to be available online.

Personally: I am not over-60 and I don’t have a particular health risk. I love the classroom, kid you not. But I
don’t want to get sick. If I am asked (even ever so mildly), to be on campus without being offered a remote
option, and I get as much as a sniffle, I will hold Cornel responsible. At this point, any respiratory illness is a
source of great stress, logistical inconvenience, and potential financial loss for the individual and/or members of
their extended household. Also, the long-term implications of getting even a mild case of Covid19 are unknown.

167. We can’t think of Cornell as a bubble, we are integrated in the community.

The only scenario I see for in-person instruction is intensive 2-weeks residential modules where instructors and
students are, after testing, hosted in dorms with catered food, and do not interact with anyone else. (2 weeks is
probably the max time, as people have families, for example)

168. In person teaching was already becoming a trend of the past as many universities and many programs
within Cornell already were innovating to get there, expand access by providing an online or hybrid experience.
You see that will increase your reach to new costumers. We are only trying to cling on to an old model one
which will go away over time and is now accelerated because of COVID. While we are debating whether or not
we go to the “past”, a university in California just launched an online form of their program enrolling students
from Europe US and more during the lock down. So we should not hesitate to find ways to moved toward a
world class online model. Off course we need some in person components as well. Those should be well thought
through.
169. I believe that remote teaching has significant advantages, and that it could be provided at least as an option in courses that do not demand in-person group activities. I had report considerable success in transitioning a flipped classroom science course to remote learning. The course has been taught for three or four years now in a well-suited classroom setting, and we transitioned seamlessly to Zoom and breakout settings. Indeed, the breakout rooms seem to have substantial advantages — the students are more thoroughly engaged, and less apt to be distracted by other groups. I find that I engage with the students far more effectively and personally in the breakout rooms than in the classroom — especially with the students who are less outgoing and assertive. Class preparation takes me a couple of extra hours, but I find the time well rewarded. Considering that our learning curve on effective remote teaching practices is only beginning, I would hope and expect that those of us uncomfortable with in-person teaching under threat of the pandemic would be given the opportunity to provide excellent learning opportunities in a way self for ourselves and safer also for the students.

The majority of students, who pay the tuition that funds our salaries, are not vulnerable and want to come back. Online classes are inferior to in-person learning and students would likely demand (and should receive) a tuition discount for taking online courses. Accordingly, faculty members who are not willing to teach in class should be able to offer online classes, but should also absorb the cost. If, for example, the tuition discount for online courses is 25%, then the faculty who opt to teach online can take a 25% hit on the teaching portion of their salary. Plenty of special cases in the comments warranting an online option, but these special cases shouldn’t expect everybody else to subsidize them.

The reason for loss is not the faculty. The deficiency in the environment and behavior (e.g. student behavior) are. So that is not fair that faculty bares that. No staff or faculty should be responsible for a system problem. This is a system problem: added frequent maintenance and cleaning, strict behavioral adherence, increased square footage to accommodate proper distancing etc all play a role. To do them university has to make additional investments. When we are not offering a safe work environment why are we penalizing faculty I know for example a small business that will resume work soon which is a small company of 5 professionals. They are still given option to be online. But we have 15,000 students flying from every country to us. This is a worldwide pandemic. The university facilities were not built to deal with this and the situation is not the students’ fault either. This is a random disaster that is affecting everybody. So who should bear the cost? Anybody but you?! The university is constrained and will be even further constrained if students don’t come back in the fall. We are talking a hole approaching half a billion dollars per year. The university will bear some of the cost, the students will have a lesser educational experience and therefore bear some cost, and faculty and staff also have to bear some of the cost. Comparing the university to a small business makes no sense. I don’t know what they do, but we are in the business of elite face-to-face education. If you don’t like this business, maybe you can go work there.

You really want to insert blackmail into this discussion? Many oder faculty can not take a pay cut nor retire since the current economic circumstances have reduced their retirement investments. And if someone is strong armed into teaching in person get sick, are you or the university willing to pick up the co-pays that are built in to our insurance policies? And will you contribute your salary to settle any lawsuits that arise from a sever illness or death that results from your draconian auggestion?
Let me get this right. You argue that many faculty can’t get by with a pay cut and can’t pay their co-pays. But at the same time, the university should be prepared to take a financial hit in the hundreds of millions of dollars, force an inferior product on the students, and still pay everybody their full salaries? I guarantee that won’t be the outcome. If there is a blanket online teaching policy in the fall, prepare to have faculty salaries cut, many staff members permanently let go, and for an extended economic depression in Tompkins County (do you think the businesses on the Commons are going to survive without the students showing up?). Whose suggestion is draconian again?

How much will it cost the university to clean classrooms after every meeting? How much will it cost the University to hire contact tracers for each case of Covid that appears among the Cornell population? Can the University insist that the stores on the Commons submit their owners and employees to testing should contact tracing a student, faculty or staff member lead to their business? What liability will the University assume if it decides to open in the fall and, as a result it’s shown that a Cornell student has infected a person in the community who requires hospitalization? What is the cost to the University if students come in the fall and have to be sent home part way into the semester? No one can say at this point that the University will lose more money opening or teaching on line but the ethical decisions must out weigh the economic issues if the campus cannot be safe for all.

These are good questions. I am not sure how much it would cost the university to clean classrooms and hire contact tracers. But I would bet my last dollar that it will cost significantly less than the several hundreds of millions of dollars in additional financial impact associated with remaining closed (as President Pollack outlined in her email on 4/22). It’s also important to consider how many people in Tompkins county are currently suffering. Small businesses have been destroyed and jobs have been lost. These people are our neighbors. Hiring cleaners,
contact tracers, etc. will provide them with much-needed employment, not to mention preserving the jobs of staff in campus operations, dining, etc. Closing the campus will directly eliminate these staff positions and will eliminate many remaining bars, restaurants, barber shops, coffee shops, etc. The local economy will be in shambles and the local amenities many of us value will not be replaced for a long time. Ithaca will be a pretty grim place to live even after the threat of the virus is gone. In terms of liability, call your local congressional representative and ask them to push for COVID-related liability protection. This is being argued over in Washington right now and is an important concern that is slowing down economic recovery across the country. Many hospitals, for example, are not willing to resume non-COVID procedures for fear that they will be sued if a patient contracts COVID in their facility. Finally, note that the suggestion in the original post above allows faculty who want to avoid campus to do so. They can opt to teach remotely. But they should absorb the burden of any revenue impact to the university. You can’t expect to stay home and limit your risk, but get paid the same as usual. And you can’t expect those who take the risk of going to campus to take the same financial hit as you.

Subsidize them? This is not a study leave. We will invest considerable time and energy planning and executing our online courses. We will also spend more time in office hours than usual. But, sure, I’ll take a salary cut if it means I can keep my loved ones out of the hospital or morgue. How about we *all* take a salary cut in solidarity? Those who teach on campus will find an abundance of new perks—smaller classes, fewer office hours, an abundance of parking spaces, shorter lines at Zeus and the Terrace Cafe—and this will more than make up for the salary reduction. Right?

Different people value different things. Apparently you value abundant parking and shorter lines, but not all of us do (I would prefer both, but don’t care about either enough to take a pay cut). And who’s to say that in-person classes will be smaller? They might be especially full if students prefer them. Nice sales pitch, but I’m not buying. Faculty who opt to teach on campus would generate relatively more revenue for the university, but would be taking a personal risk. And as you point out, faculty who stay home and choose to teach online would not be taking that same risk. How does the old risk-return relation go? I’m getting old, but isn’t it that rewards are supposed to compensate for risks? If there is no compensation for the extra risk, then who would choose to bear it? I certainly wouldn’t take the extra risk if I have to take the same pay cut as those who don’t. University administrators will have to recognize these incentives if they hope to have enough in-person teaching to ward off a financial disaster.

**170.** Agree with above. I would prefer to teach in person, but not if my safety is at risk. We need more time....

**171.** I’d feel more comfortable teaching in the fall if there was a convincing balance of financial interest. We all understand the (exceptionally strong) economic incentive to teach in-person in fall. How about an (exceptionally strong) economic incentive to keep students and staff and faculty safe – like $10,000,000 to the family of any student or staff or faculty member who dies of coronavirus this fall? Then I’d be more likely to believe that the University was taking all steps necessary to protect me (and my dependents).

**172.** There is such a HUGE disparity in how the virus treats young and old people. Our policies should be leveraging that. Factors of 100 shouldn’t be dismissed in the name of some kind of fairness.
1) I have not seen a clear refutation of this idea: healthy community members under the age of 35 should be invited to engage in moderate risk-of-infection activities and, over the course of a semester, gain herd immunity. Without this, we are doomed to playing out a slow motion version of the same thing anyway, with all of the pains of social isolation for months or more, until there is, if it ever comes, a reliable vaccine. Why not just let it happen more quickly and then progress from there? At some point our president is right, and the cure is worse than the disease. One hates to do such math, but there is some number of students whose lives we can risk in order to keep the university alive. It sounds cold, but without doing so explicitly, we do that math all of the time. So we can, and perhaps should, do that math explicitly now.

2) As long as reasonable people agree that there is some risk, nobody, faculty or student or staff, should be required to have in-person possibly-risky contact.

3) I have a non-lab course. I, and my students (I have discussed this with them) are content with remote teaching. What the students want from Cornell is
   a) being able to work with other students, in person; and
   b) being in an atmosphere of learning amongst students (rather than home with family). If we follow policies (1) and (2), the students can get what they need, and I (over age 60) can stay safe.

This is an excellent and very reasonable set of suggestions. More deep thinking like this is needed. Unnecessarily prolonging the inevitable makes no sense. The only other thing I would mention is that the university needs liability protection. People can be free to choose in-person contact, but the university (and other businesses) can’t be on the hook for their choices. I am sure the university’s lawyers are working on this issue, as are Congress and the White House.

173. I am deeply conflicted.

The human enterprise of lecturing has endured for thousands of years. When when we really connect with the speaker–when she is there in person, moving, gesticulating, exuding confidence at times and vulnerability at others–our mirror neurons fire, our thoughts begin building on what we are hearing, and our minds can be sustained for days on end from thought-provoking content we have just heard. Often, the unpredictable nature of a lecture–the inherent chaos of trying to teach–can lead to new discoveries or inspire individuals to achieve great things in their own careers.

Find almost anyone you know who likes her job and ask her how it began. She will tell you that it was just one or two professors during college that inspired her to take the career path that she did. Or, she will tell you about how those professor’s passion for their work led her down one path, then she took several others before ending up where she is now, but she never forgot the excitement of that “one class.”

Very few of us would say, “what I really want is for my students to be rich and safe.” We wish our students to protest injustice, fight corruption, and to chase “enterprises of great pitch and moment” with the same zeal that we have poured into our own careers.

We are charged with inspiring the next generation of intellectuals, leaders, politicians, lawyers, and medical professionals to tackle some of the world’s thorniest problems. At the same time, we must see to it that they
receive adequate training so that they can effectively employ the intellectual tools they acquire during their four short years at Cornell.

For us, a year or two may seem like nothing. We imagine that this nightmare will be over soon enough and that we will return to our normal professional lives and try to put the catastrophic disruptions to our work behind us. However, one or two years is a substantial fraction of a student’s time in College.

I believe in the lofty ideals stated above, but I don’t want to die from teaching and being exposed to the virus. I am even more worried about contracting this virus and passing it on to my family, which includes young children.

I am, nevertheless, hopeful that some sort of hybrid model will be possible. This could involve an instructor delivering a live virtual lecture from some remote location to a voluntary group of students in the same physical space as each other. The instructor, or a TA, might have to set this up before the start of each class (and would need appropriate protective gear), and this would probably require more time between classes to make those transitions. However, it would mean that she could give a “real” lecture with most of its benefits to the developing minds of young people.

Because the lecture would be live, students could ask questions via interactive text-based software. Some professors would likely wish to introduce themselves in-person at the beginning of the semester, but this would depend on that instructor’s own health risk factors, though the number of students in each individual classroom would have to be managed. A classroom that can hold 200 probably would work for just 20-40 students to maintain appropriate physical distances. Or, alternatively, this could work for smaller course sizes by having different subgroups of students show up in person on different days, much in the way that Spain is now implementing its phased relaxation of quarantine. The lectures could be recorded, in addition to being live-streamed, and office hours would, of course, be done virtually through Zoom (or equivalent software like doxy.me, which is more secure).

From both teaching in person and on-line, I think the former is clearly better and what our students expect for the money they pay in tuition. I believe if Governor Cuomo believes that colleges and universities can open safely in our region of NY State, then Cornell should have in-person classes. If that is not possible, then we should delay the semester until campus can open. Teaching all classes on line is not why students enroll in Cornell. This semester was an emergency situation. Also, if we allow faculty research to continue and work with graduate students in person but not in person classes with undergraduates, we perpetuate the view that universities care about the former and not the latter.

I would be more than happy to teach in-person classes. For my colleagues who are high-risk themselves or who live with someone who is, I think there should be an opt-out option.

I would also advocate for

– Consistent testing for all students and employees until a vaccine is found
– Wrapping up the semester by Thanksgiving to avoid unnecessary exposure as a result of the travel that would happen.
– Some sort of residential building to house students who become sick to temporarily move them from the general pop.
176. I would imagine that certain research activities could restart with masks, distancing, testing, and other precautions. This would keep grants and graduate students moving forward. It might even be possible to bring grads back if there is capacity to test every one of them several times over the course of the semester.

But large-scale return to campus life in the absence of rapid on-site testing makes no sense. I don’t want to imagine the liability implications.

Given the ability of the virus to spread rapidly in restaurants and other areas with closed air systems, return to normal teaching in the fall still seems very risky. If rapid-testing were on-site and available daily, then maybe reopening could work, especially if things like sororities and fraternities remain closed (too many parties, too many random people in and out). But even if that’s the case, checking transmission among tens of thousands of young people who arrive here from everywhere in the world, live in close proximity and enjoy robust social lives (as they should) is next to impossible. Like prisons, meat-packing plants and other closed spaces with lots of people, Cornell is a petri dish.

I have a medical condition that would put me in danger in an outbreak. Without thinking very hard about it, I know five other faculty in similar situations. A significant number of faculty are also older and, thus, at very high risk.

177. If we reopen as usual, a single infected person — student, staff, or faculty — could infect us all. We must find a way for the institution and its members to survive.

178. Judicious steps is needed by an accountable institution. I sense the enthusiasm of the students and faculty but we should not lose a war to win a battle.

We need to think about how do we make ourselves relevant when students will have many distractions and want a good online experience. That is hard and requires faculty to be creative but easier than dealing with Covid at home for students faculty staff and community. You can guarantee that opening the university in the fall will cause new cases and inevitably that some percentage of the population (student faculty staff and community) will suffer which will range of serious impact (e.g. death, long term issues) to mild impact. So while a group of our students are enthusiastic to come back to campus, it s good to weigh the losses for both scenarios.

179. The virus seems to spread most efficiently among people who share relatively close quarters together. Think cruise ships, nursing homes, prisons, and—oh, right!—dorms, dining halls, student apartments, parties, fraternities and sororities, etc. So we’re going to bring 10,000 students from all over the world to live together in close quarters, yet on this list we’re talking mostly about classrooms and labs?? Sure, they are crowded and definitely an important issue, but to focus on transmission during formal instruction gives a misleading picture of Cornell life. If we’re serious about evaluating risks, we should insist that transmission be systematically analyzed in 24/7 terms?

180. There is legal and ethical responsibility to the town of Ithaca and Tompkins county to require students to fly in. Thousands of students from every country will fly in to Tompkins county if we open our doors. I have a theory class. I can deliver the same material online. It is not justifiable for them to fly in.
181. I am over 60 with 3 “underlying conditions.” I might be bold enough (or dumb enough) to risk it (if the summer goes well) but I have to be mindful of what I may bring home to my spouse. I already know she wants me to stay home until vaccinated or otherwise immune. What does our health center say about how “ordinary” flu is spread on campus when students return each January?

182. I think we need to do everything we possibly can to safely reopen. Educating students is our mission, and on-line classes will be a very poor substitute. We’ll need very high levels of testing, contact tracing for anyone testing positive, self-isolation facilities for those who test positive, and health care capacity for anyone who gets sick. We probably can’t have all class years on campus in each semester. Classes might have a mix of on-line and in-person instruction. Grad students will be easier to accommodate than undergrads, since they have smaller classes and (usually) live in private apartments rather than dorms. Student housing seems like just as much of a concern as the classrooms.

183. I’m comfortable returning to campus to teach. Let’s embrace new technologies to make it easier for people not feeling well to miss class, and make that apply to faculty as well. Let’s be proactive and deal with, and not wither as we “wait for a vaccine.”

184. I have not read even a small fraction of the comments of my colleagues. I am sure that what I write repeats statements that have already been made. But I would be grateful for the opportunity to have a voice.

I believe that a safe working environment for everyone is central. In recent years advances in this area have probably more emphasized bias/hate issues. But I’m not young and I remember a time when the issues were the air you breathed and not getting your limbs torn off in a machine. Ithaca is not that far from Appalachia and coal mining. It took decades and the deaths of many miners to achieve even basic safety in what is still a very dangerous job.

I expect that a significant number of Cornell’s students have pre-existing conditions that will make risking COVID-19 an extremely dangerous decision. There will be lawsuits. Maybe Cornell thinks that it can beat the lawsuits and the bad publicity. I am opposed to that plan. Because of students with pre-existing conditions, I think a 100% in-person plan is impossible and, if there is in-person, there must also be on-line and the two must be equivalent. This is a substantial increase in workload for everyone involved in teaching. If Cornell starts in-person in the fall and there is an outbreak of COVID-19 then I expect that instruction will become on-line very quickly, e.g., over a weekend. So everything has to be prepared in a way such that majority-in-person minority-on-line and exclusively-on-line are both good experiences. This is also a substantial increase in workload for everyone involved in teaching.

I expect that there are many staff and faculty members with pre-existing conditions. One pre-existing condition that is difficult to hide is being old. But I expect that many young staff and faculty also have pre-existing conditions and/or live with family who have pre-existing conditions.

For students, staff, and faculty, it is absurd, and maybe even illegal, to force them to divulge their pre-existing condition. Cornell’s job is to provide a safe working environment, not to select out a subset of students, staff, and faculty who are robust to a dangerous working environment.

Even if the administration cares only about finances, it does not take many cases of a staff or faculty member who spends 10 days in an ICU on a ventilator and survives with kidney failure to increase Cornell’s medical expenses by a huge amount. For the endowed colleges, Aetna may be under contract for the moment, but when
the contract is next renegotiated, the new cost is going to be much increased. I don’t know how student or
contract-college insurance is organized but the basic idea is the same.

I hear much talking about “revenue” versus “health and safety”. The balance seems to be shifting to “revenue”.
But I don’t hear much talking about improving the quality of the on-line experience. I am not knowledgeable
about on-line education. But there are famous courses, I think in Computer Science, that draw 100,000 students
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I hear much talking about testing. The tests have poorly characterized performance, e.g., what are the false
positive and false negative rate? The tests have poorly understood meaning, e.g., if you have antibodies then are you safe from COVID-19? In the absence of treatment options, testing may slow the spread of the infection but does nothing for the unfortunate student, staff, or faculty member who tests positive. I have heard of taking everyone’s temperature multiple times per day. I just do not understand the mechanics of this when students flood into a building and lecture hall during the 15 minutes between classes. It just seems very difficult to me.

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I hear much talking about equity. Not every student has a good learning environment at home. But, financially, it
is not clear to me that what the student pays for housing and food in Ithaca could not get them a better
environment at home, near home, or someplace. While there may be issues with Federal student aid rules and Cornell’s financial aid rules, rules can be changed. I just don’t know about these things. In the part of Cornell that I know about, a student without a laptop and internet where they live is at a substantial disadvantage even with in-person education. I don’t know what Cornell does to help students pay for these tools, which are the central tools for on-line education.

A colleague in an industrial position recently told me that she had been told that they would work from home
until there was a vaccine.

Expecting all the students and all the staff and all the faculty to show up in August and act essentially as if
nothing has happened just seems to me to be very separated from reality.

Thank you very much for the opportunity to comment!

185. The tenured faculty (I am one) are not the only stakeholders here. If students do not return in Fall, that will
cause mass layoffs among anybody but tenure-line faculty and therefore for many who are lower in the
socioeconomic pecking order. It will also devastate Ithaca, which for all practical matters will quickly become
Cortland. I appreciate the impulse to help our community, but at a minimum I would propose to ask the
community if they really want that sort of help. Of course, I do not recommend business as usual. Many,
including all large, classes will be online; some can get better for it. Faculty may opt into online teaching for all
other classes. It is easy to implement online office hours and committee meetings. In all, office presence will be
severely reduced. Cornell needs to make sure there is regular testing, and ideally app-based contact tracing.
Travel will be severely curtailed. Will this make me completely safe? No. Dorms in particular will be petri dishes,
and I cannot perfectly insulate from that. But it would take the risk to a level that I would gladly take in order not
to wake up in Cortland.

186. Will the university pledge to give support to contingent faculty regardless of whether we go remote in the
fall or not? Many of us (contingent faculty) feel that we are first in line to be cut when inevitable financial issues
arise (especially if many classes go remote). Without reassurances, there is pressure for us to come in and teach.
I am happy to come in and teach, even if it means getting COVID, but I am lucky to be healthy and relatively young. There shouldn’t be pressure for anyone to teach in-person if they don’t feel comfortable — no questions asked. I hope the university can extend any graces given to tenured faculty to contingent faculty as well, with assurances that it will not affect employment considerations.

Aside from that, is there any evidence that the COVID situation will have improved by Spring 2021? Fall 2021? A vaccine could be years in the making, there doesn’t appear to be any real precedent to make predictions on. There is ample time to order tests and contact tracing, if that’s what we think the best solution is. I have the feeling that the only reason we are thinking about going completely remote in Fall 2020 rather than figuring out some long-term compromise is that we haven’t gotten used to the idea of the virus yet. The question here is: will the reality of the virus be significantly different in Spring 2021? Fall 2021? Beyond? How long are we willing to go on with online teaching, which I think most of us would agree, is a disaster?

I wouldn’t agree that online teaching “is a disaster.” I expected a disaster, and got something far better. I’ve talked to other faculty who were also pleasantly surprised. In my seminars and discussion sections, I’ve actually had improved performance after moving online. Some of my colleagues with the same experience of improvement post-COVID are speculating that some students feel more comfortable speaking from their own rooms than in a physical group in a classroom. I suspect they’re right. In some respects the online environment seems to leveling old inequities, where a few students dominate the conversation or the Q&A while other students fade into the background. I’m sure there are other factors we not be able to to account for right now, but whatever the dynamics, we can observe the results: in many of our courses, online teaching is working. It’s not just seminars. In my big lecture course, too, I’m successfully teaching and students are successfully learning. This doesn’t mean that nothing is lost — for one thing, teaching online is grueling, headache-inducing, and time consuming in ways I never anticipated — or that I want to keep teaching online forever. I value in-person interactions with my students, too. But people are setting up some straw men about online learning as “impossible” or “disastrous,” claiming we all have to go back to our classrooms immediately or give up on being a university altogether. I call that false, defeatist, and a downright dangerous paradigm for planning amidst a public health crisis.

188. I see no problem with in-person teaching and I think it is absolutely essential to resume in-person on-campus classes in the fall term. I am 67 but I am not scared to death. The infections from SARS-CoV-2 will continue, no matter what measures are taken. The only question is at what rate and how long. If the rate is high, the final level will be reached sooner, if the rate is low it will be reached later. Some day we will all die eventually but until then I would prefer to live an active live rather than living under lock-down. If I were a student, I would defer my classes at Cornell until the campus is open again and if that will be what students do, Cornell will just disappear. This is not the first epidemic and we can deal with it. It’s not about counting the years but making every year count! Wishing you all be-well, Manfred

189. I am in my mid 60s, healthy, no known comorbidities, no family members at high risk. I dread the notion of teaching on-line in the fall — it is not as effective for the students, and it doesn’t work well for me. So while I eagerly look forward to in-person classes again, I equally dread the notion of teaching in person in the fall — any enjoyment could be mitigated by the fear of health risks. I might look at my audience and see a cloud of pathogens around each, further aerosolized any time a question is voiced. If given a choice between in-person and on-line teaching, I don’t currently have a principled methodology for making the decision. Perhaps safe practices will be suggested by mid-summer (though it’s not clear that any exist), so I defer until then.
190. We need to ensure that there isn’t hidden pressure for people to work on campus against their will. I am afraid that we will not have a vaccine at scale for the entire 20-21 academic year, so planning should consider the next 12 months at least. What are the financial implications of an entire year of online learning — how many layoffs, furloughs, closure of programs? Pay cuts of up to 20% have already been announced at the University of Arizona for all faculty for the next 12 months (https://www.forbes.com/sites/michaeltnietzel/2020/04/19/college-furloughs-have-begun/#404f252223cd)

Online learning should continue, but can a creative in-person solution be available and safely deployed focusing on a subset of classes that need to use campus resources (studios, labs, etc.)? Maybe there would be only a few thousand students on campus at a time rotating through the next 12 months including a larger summer term in 21? With a smaller subset of students/faculty on campus it would be easier to implement weekly testing, contact tracing, social distancing, etc. and would hopefully develop a safe way forward for the multiple years we might be living with the virus without destroying the financial health of the university and community.

191. Even if we tested every student who felt slightly ill for COVID-19, we still would all be at extreme risk. Since asymptomatic/pre-symptomatic transmissions cause 44% of COVID-19 infections (1), we would need to test all students and faculty at least twice per week to catch all of these cases, as is currently done in a pilot testing program in Germany (2). If we cannot test to that extent (which seems impossible), we need to continue with online teaching. It is irresponsible and negligent to put so many people at risk, especially when we have the ability to work from home—we do not have to act like front line workers. In the big picture, one semester of Cornell’s history that we had to teach online will be insignificant. The health and lives of the entire Cornell community are much more important than scrambling to try to make one 15-week session of class work. (1) https://www.nature.com/articles/s41591-020-0869-5 (2) https://www.nytimes.com/2020/05/10/world/europe/reopen-schools-germany.html

192. I agree with most of the comments posted. I think we need an option for those faculty, staff and students who may be at risk to be in a virtual classroom and WFH. I think there is a large risk for a second wave this fall and for returning students to bring the virus with them. We definitely need testing, the ability to isolate, quarantine and ideally an antibody test not just a virus test. I think if we can think creatively about when, where and how classes are delivered, it may be possible to reduce risks. As someone in an at risk group due to age, I would not see spending a lot of time on campus. it is more likely going to be come teach and then leave.

193. I cannot see a way that it would be truly safe to hold in-person classes in the fall, given everything we know about COVID, its airborne transmission, our global university community, the capacity of Cayuga Medical Center, and the psychology of emerging adulthood (including the well-documented belief in personal inviolability and increased propensity for risk at this age).

Like many people who have commented, I am scared for myself and my family, and feel a personal obligation to avoid risk for them. I am a single parent, living with an infant and elderly family members. I miss my pre-pandemic life desperately, But there is absolutely nothing that would make teaching my 200-person class next fall worth the risk for me and I would dip into savings or retirement to avoid it.

It will be hard, but I would like to see Cornell be a leader in this new reality and defer in-person campus life until we know it will be safer. We have the creativity to make online classes better and I suspect we can survive the financial hit of waiting a little longer. There will undoubtedly be students who will not come to Cornell in order to get a face-to-face experience elsewhere. But there will hopefully be enough who value our name and what we can offer, and there will be a future when university life resumes.
The bottom line is that shutdowns are temporary and the loss of life and many medical complications related to COVID are not.

194. The comments submitted already cover pretty much my own concerns. I would add that at the time of assigning rooms for teaching certain ones, like those in basements with little or no fresh air (windows can’t be open, rooms are so small students are extremely close to each other since there are only big tables as opposed to the old fashion separate desks, one door that must be closed due to traffic on hallways and other noises). I mention this since I taught this spring in such a room. 14 students and me. Once they sat down all I could do was stand next to the OHP cart where I put my laptop and connect it to use the projector. Those tiny rooms should be the absolute last ones to be assigned and then only to groups of no more than 8 students so there can be some distance and breathing/moving space.

195. As best I can understand and predict now (May 12), I am hoping to teach in person this fall. I understand the fear and and challenge of doing this, but I also understand the steps we can take to reasonably mitigate the risks. Small classes in larger rooms, large classes in big lecture halls, and big lectures online. Masks worn by all (mandatory). Lots of hand sanitizer. I would like this chance am willing to assume the risk and make necessary changes to paper exchanges with students, smart office hours, contactless teaching and of course lots of testing available for everyone.

196. I very much agree with writer #6’s concern for the safety *and* privacy of faculty and other members of the university: “Both faculty and students should have a choice as to teach virtual or in-person. No faculty or staff member should be told they have no choice but to take a risk. No faculty or staff member should be forced to disclose confidential medical concerns about themselves or family members. No faculty should be made to disclose why if they opt to chose to teach virtually – the reasons are obvious.”

197. I am very much opposed to any required in-person contact, especially teaching, without a vaccine and/or effective treatment in place. We should not tell people to risk their lives or try to compel people to do so. Making it optional stigmatizes those who may themselves be at greater risk of serious complications and death (through obvious or hidden factors) or whose family would be put at significant risk.

198. Whatever process we establish for deciding if and how to have students return to campus needs to incorporate the views of as broad a set of constituents as possible. Staff in particular are going to be vulnerable, either to the virus or layoffs, so their input is critical. Cornell also cannot make this decision without the involvement of the community and local government, it would be a real disaster if returning students caused an outbreak in the area, which inevitably would have a worse impact on senior residents rather than the students themselves. As many have noted, we need a concrete plan before we can say much about returning. If there are rigorous procedures in place, I personally would be willing to return to teaching. But I do not think the university can compel faculty to return to in-person teaching regardless of the precautions, the risks are simply too great for certain individuals.

199. For the sake of my students, I would like to teach in person in the fall, with the option that any student can participate in the course online. For students in teh class, we need to have safety precautions in place – wearing masks, sitting with a space in between students, keeping 6 ft distance, cleaning surfaces between classes, washing hands before entering the class, and no eating in class. But professors who would feel more comfortable teaching online should be allowed to do so. I have an autoimmune disorder, and asthma, and care for elderly parents. Yet I feel with careful precautions we should be able to teach in person, and I think that
would be best for our students. I agree with what a professor stated above: “By putting the proper protocols in place, we can practice safe and effective in-person teaching in the fall. The key is to understand and mitigate the risk, given our key responsibility to our students and society. This virus will live with us forever and we can’t hide away from it forever. It is not crazy to return to teaching in person. In fact, it is our responsibility (as long as we do so safely).”

**200.** Forgot to address hidden pressures. We need to make sure there are none.

**201.** I would only feel comfortable with mandated reactivation if

1) anyone could get an antibody test (if I and my household members have the antibodies, I’d come back to campus happily)

2) there was a vaccine deployed to everyone.

Until these options are available, those with risk factors or with household members with risk factors should have an option to teach/learn/work from home.

But we don’t know whether people with antibodies are in fact immune to the disease, or for how long, or whether they’re still capable of transmitting to others even if they won’t suffer ill effects, etc. Antibody tests may just raise false hopes of immunity and thereby increase the public health risks

**202.** I would teach in person 3 hours/week in a room with adequate ventilation, suitably distanced seating, masks required for all, surfaces cleaned after each class meeting, socially distanced entrance and exiting (students and instructor moving slowly with spacing), either exiting out of doors or into hallways with reasonable physical distance possible (all the classes in a particular building wing could not start or end at the same time).

Since I could become ill at any time or need to quarantine because of viral exposure to myself or someone in my immediate household, even this in-person teaching might need to go online for unpredictable portions of the teaching term. I as instructor, and my students, would need to expect that possibility. In-person this teaching could be recorded for any students studying remotely.

I would want the remainder of my teaching contact hours and office hours and university meetings to occur virtually. If faculty offices and meeting rooms were fitted with virus filtration I would accept meetings in those spaces plus mask wearing.

I would be willing to hold meetings and office hours out of doors in good weather. I would consider other forms of outdoor teaching if the usual teaching equipment could be provided.

Cornell operating at full density this autumn seems likely to cause unfair risks to the wider community as well as the persons involved on campus in various ways. Not opening at all also causes widespread hardships. I would be interested to see options for partial reopening—graduate/professional students plus one or two undergraduate year-cohorts. Reduced density would need to be combined with features mentioned by others here and in the recent town hall meeting: staged arrival to Ithaca from outside, testing on arrival, quarantine after arrival, rapid result testing readily available, shorter teaching term with no holidays, critical travel followed by quarantine, improved sanitation everywhere, mandatory masks.
We should assume that not all will follow social distancing protocols, probably with large numbers failing to do so. That is the only reasonable assumption for risk modeling in our sort of environment. We should also assume that there will be violations of any travel policy. This information should be calculated in re: local health capacity as that will help determine what number of returning students would be viable.

In my view for the next 1-2 teaching terms, persons who consider it unsafe to work on campus, or cannot find reliable child care, who can work distantly, should be allowed to do so just by opting in, without any specific reason given. This should be documented in a general way as part of the COVID context *for their protection* just as one might document an extended tenure clock, or some other activity that is a reasonable personnel decision but that could potentially be used in the person’s disfavor subsequently, such that a protective paper trail is needed.

203. Regardless of the mode (in person or online) I’m really concerned about teaching with two early elementary aged kids at home (assuming schools remain closed). I have two large courses this fall, and honestly don’t know how I’m going to provide a high quality of experience while simultaneously attending to their needs. I’ve attended some of the “balancing family life and work” online workshops but honestly I feel like the advice has been of the “try your best” variety. I simply don’t have the same amount of time during my day to devote to teaching when I’m also teaching/feeding/parenting them. I have no idea what the right answer will be, but I think that there should be substantial consideration of people with high needs dependents (which could also be live in elderly family).