Academic Council

201 Flowers Building
Campus Box 90928
Phone: (919) 684-6447
E-mail: acouncil@duke.edu

Minutes of the Meeting of the Academic Council held via Zoom
Thursday, January 20, 2022

Erika Weinthal (Chair, Academic Council / Nicholas School of the Environment): Welcome everyone and thank you for being here today. I hope everyone is doing well as we continue to navigate life in the midst of COVID and the pandemic, especially during this first week when many faculty have returned to in-person teaching for the spring semester.

If you recall at our November meeting, we had a presentation from Kim Hewitt, Vice President for the Office of Institutional Equity, and Abbas Benmamoun, Vice Provost for Faculty Advancement, on Duke's first ever Climate Survey which included staff in addition to faculty and in which they mentioned next steps would include a retreat for Academic Leaders in 2022.

Despite having to move the January 4th retreat online at the last minute due to Omicron, I want to acknowledge the work of Sherilynn Black, Associate Vice Provost for Faculty Advancement, Carolyn Mackman, Assistant Vice Provost for Faculty Advancement, Abbas and others who provided the tapestry for school leadership teams to reflect on and analyze the data that was presented to Council in the fall from the 2021 Diversity, Equity, and Inclusion Survey. Should a future Council meeting agenda this spring permit, we may have Kim and Abbas back to discuss further the data after the Racial Equity Advisory Council has completed their analysis this spring.

APPROVAL OF THE MINUTES OF THE NOVEMBER 18 ACADEMIC COUNCIL MEETING

Weinthal: We are going to start as we normally do with the approval of the last Council minute meetings from November 18th. The minutes were posted with the agenda and unless someone has a correction we will consider these approved since we are on Zoom.

[Minutes approved without dissent]

Just a few reminders – when we get to the Q&A please raise your hand so we can call on you and please state your name, department, or school for the benefit of everyone who is on this meeting but also it helps us with transcribing the meeting minutes. Attendance is being taken with your names that are listed on Zoom.

We are going to begin with a presentation from Kyle Cavanaugh [Vice President for Administration] who will be joined by Provost Kornbluth regarding Omicron and the start of the spring semester. Before I welcome Kyle to our meeting and have him begin, I want to take this opportunity to recognize his tireless and ongoing work since the spring of 2020 in helping Duke adjust its operations to the pandemic environment that we have all had to endure and adapt to.

If you missed the news earlier this month on Duke Today or in the Duke Chronicle, Kyle will retire this year in September. Many of you may not realize just how much time and effort Kyle has contributed, in addition to others, who have all been instrumental in ensuring that Duke has been able to operate in as close to normal fashion as possible during the past 20+ months. So, Kyle thank you. We are grateful for all you do and also, for your responsiveness to the many emails that inundate your inbox on a daily basis. *(Applause)* With that, I want to turn it over to Kyle.

PRESENTATION FROM KYLE CAVANAUGH JOINED BY PROVOST KORNBLUTH REGARDING OMICRON AND START OF THE SEMESTER

Slides used in presentation

Kyle Cavanaugh (Vice President for Administration): Erika, thank you. I feel enormously embarrassed at the moment, but I will push through that. That was very kind of you. I feel compelled to really start, and I think everyone here knows, but there is an army of men and women who have been working on this tirelessly for two years. I do want to give two shout-outs before I start. First, in the staff world we have bus drivers, dining staff, and custodial staff who don't have the option of ever being virtual. They are here with us every single day and they have been nothing short of phenomenal. The second is, I have the luxury of talking to many people around the country about this, I wouldn't want to be doing this work anywhere else but here. We have such phenomenal people in the faculty ranks, that to me, is the Duke difference. That is what allowed us to navigate this so well. The last thing I would say is there are just two groups of people both in employee and occupational health, and in student health who have just been doing yeoman's work through the holidays. And we've leveraged a lot of that learning, especially in our health system that we don't talk that much about, the impact on the health system, that has allowed us, I think, to navigate the first couple weeks here in January so well.

The way that we are going to do this is, I've tried to provide some context, background, and update on data. Then I'm going to turn it to Sally [Kornbluth] who is going to serve as a moderator for our questions.

This first slide is basically just a stage setter. If we look over the last couple of months. I'll show you some data here regarding the sequencing information that we have. What we did see is a significant change going at the end of the calendar year, and especially in our health system. That's not a unique story of what is happening with health systems around the country. Where as we are seeing increases in hospitalizations, it's also coming at a time where we have seen our all-time high in terms of impact on the work force. So, in the middle of December our numbers in our health system work force were going from 200, 400, 600, 1200 employees within the course of a week. That really required some dramatic and rapid change on protocols, and we will talk a little bit about those and on contact tracing, on isolation in alignment with what the CDC has recommended. Having a health system, and going through that actually allowed us to leverage that learning and apply it to the university. I think it is important to recognize, especially in our School of Medicine and Engineering and other

areas, that our research labs have really continued to operate at a very high level. And having no reported transmission in our labs, which is really significant. We have continued to work and some of them are here in the audience. I just want to again say thank you so much to our faculty modeling team. My education has been straight up, in terms of my learning, and they have helped me understand a great deal of this and have just been tremendous in digesting and making sense of the data. We are continuing to look at information coming out on a global level. Especially as we talk about Omicron and we look at what has happened in South Africa. We've looked at the UK. We have some encouraging signs that we will talk about on a national level. Certainly, at the state, which is a really good benefit of Duke that we have such a strong relationship with Durham County Public Health. That has paid dividends for us as well. We are having standing meetings, they typically happen once a week with all of our peers. I'm sure everyone is aware of how the semester ended for some of our peers up in the northeast. We were watching that and learning from that. There are a lot of practices that are being adjusted if you look at the large publics here in North Carolina, certainly, UNC and NC State. But if you look at some of the privates up in the northeast, they are out, for example, of the isolation game. Basically saying, if a student tests positive, if they can they go home, or they isolate in their room. We haven't gone there yet and I don't anticipate us doing that. But, it is a signal of a lot of changes that are going on in terms of practices. And we are staying in very regular contact with all of these folks.

Here is the first two weeks. I'll let Sally expand on the questions regarding the virtual nature of the first two weeks, which was less about concern of the health status, certainly an area we are going to be concentrating on, but more around anticipated high numbers and could we pull off all the logistical support for this. As anticipated, we did see high numbers in both our employee population and our student population. We will talk a little bit about the break down in these numbers. But the overwhelming majority of these people are asymptomatic in these numbers here that we have. We haven't had a single individual in this group that has been hospitalized, thank goodness! There is a question about how we continue to navigate through this with a lower level of severity.

More than you want to know, but I'm proud of myself that I can actually pronounce some of the things that are on here. All of our positives now, not only for the university population of our employees and students, but also any of the patient data is also coming into this. This is just the employee population. If you look at the blue and purplish, that is kind of when we were in the alpha space, in terms of the first origin of some of the variants we were seeing. The kind of light-yellow color, if you remember last spring we had a little case of what was referred to as the California variant. Then everything moved into Delta going through the summer and it stayed Delta all the way through. As we got into the end of November, beginning of December is when we started seeing Omicron. Just got the updated report this morning and it is running about 98%+ Omicron. There is no secret as to what variant. I also want to mention Alejo Escobar. I don't know if

any of our faculty know Alejo. Alejo is a post doc who has been doing all this work and I just want to recognize all of his efforts in this area.

A couple of learnings and a couple of shifts that we've made here. We did plan and have conducted entry testing on all returning students. We did ask that students get a pre-arrival test, but as you may know, as we got close to the end of the calendar year, beginning the new year, it was very difficult in some places around the country to actually get a PCR test. So, it was strongly recommended but we didn't stop students from returning. So, we did conduct entry testing on everyone and we are now about a week and half into surveillance testing. We tested 21 days in a row and now we'll start to move back into surveillance next Monday.

On a positivity rate, we are running about 5-7% on entry testing. And about 1-2% maybe a little bit higher, 2.5% on surveillance testing. Those numbers are important because right now we are kind of managing all the logistics. Although people are literally working around the clock, it's all holding on at the moment. I mentioned earlier, it's about a 50/50 split. Those who are reporting symptoms are labeling those as mild symptoms.

There were significant changes towards the end of the year on CDC guidance as it relates to isolation and relates to quarantine. We've adopted those. I mentioned earlier about the large numbers of employee cases that we had in our health system. We actually put this practice in place in the health system, going back toward the end of November beginning of December. So, that has been operational for nearly two months now. We adopted that in our student population and that is working quite well. Our isolation capacity is holding up. We have a plan A, a plan B, a plan C. If we got into a really high level, we are not there yet, we would then go to where our peers are if we needed to isolate in place. But, we are not there yet.

Another change, that I am sure everyone is quite familiar with is in the recommendations around masking. We have had a number of faculty engaged in this. We did, as we did last year, provide through the schools any teaching faculty that were interested in having an N95. If you are familiar with the N95's, they have a head strap. They are actually fairly uncomfortable to try to wear for a long period of time. That's what led to looking at the KN95's. We have acquired quite a few of these. We are working to get more of those. We distributed the KN95's first to all of our residential population. Then working with Mary Pat McMahon and her team to continue to distribute those to off campus students as well. We will continue to make these available through the semester.

Last two things. Contact tracing was so important to us in the early stages. It has become an irrelevant tool because of the volume and the speed of the incubation period and then the recovery period of Omicron. So, that is something that is not going on as aggressively as it has been. I'm really thrilled, this is kind of hot off the press, that our employee numbers are now, this includes the health system, we are now north of 30,000 and we are now north of over 9,000 and we actually think there is just an issue of getting our students to submit their information in there. We have an incredibly high vaccinated and now boosted population.

I put on the header of this *Living With COVID.* I think that is what we are trying to do. I am personally thrilled that our faculty are back in the classroom this past week and I just hope it's going well for all of you. With that I will stop and turn it over to Sally to moderate any questions there may be.

Sally Kornbluth (Provost): Thanks, so much Kyle. Why don't we just open the floor. As Kyle mentioned there are a number of folks here that we could refer questions to. I'll field what I can.

Prasad Kasibhatla (**Nicholas School of the Environment):** I have two related questions. The first question is to deal with the modeling activities. I wonder whether Duke has done and will release results related to where projections of case numbers will be in the various scenarios. For example, allowing attendance at basketball games, having large classes with all the people on campus. Are there modeling that Duke has done that project cases?

And my second question, is more philosophical. I get the sense that Duke is shifted with the title Living with COVID to kind of tamp down transmission to saying transmission is going to occur, we are just going to live with it. I wonder if Duke has actually adopted that policy and if so how are we accounting for things like long COVID, which we don't understand fully? Things like that.

Kornbluth: In a moment I think Steve Haase is here that I can ask the modeling question, but let me just comment on your second question for a moment. I think Living with COVID more implies the recognition that it is not going away anytime soon that easily. It is not to suggest that we are not taking every possible mitigation strategy and I think foremost on concerning that is what Kyle mentioned in terms of boosters and masking. I cannot state strongly enough that upping our masking game here is critical. We have not even seen transmission from patients to doctors in the hospital when the doctors keep on their N95's. That's really the name of the game. So, saying we are going to live with COVID is not implying "oh just let it rip." It's implying that we need to accept the fact that magical thinking is not going to make it go away and we have to think of long-term coping strategies. Let me ask Steve Haase, who I believe is here, to comment on the modeling question.

Steve Hasse (Biology): Thanks Sally. Prasad, yes. We are certainly updating models with new parameters for Omicron. So many things changed with Omicron, including a shorter incubation period, as Kyle suggested, as well as a shortened duration. And as well we've seen increases in transmissibility of this variant. So, we are plugging those in and exploring various scenarios in terms of mitigations in the same way that we did last year, but on a more broad campus scale. Not at the scale of particular events. In part because we would be guessing at various parameters for an event like a basketball game. So, we are exploring all of the outcomes of the new things that Omicron brings, but doing it in the same way that we've done in the past and not specifically for events.

Raphael Valdivia (Molecular Genetics and Microbiology): Maybe I missed this, but what is going to be the changes on testing strategies? Seems to be what we used before, pooling, is not going to work when our rate starts going beyond a

certain level. So, what is going to happen from that angle?

Kornbluth: Actually Tom Denny, who has really been the champion of our testing strategy and protocol is here as well. Tom would you like to comment on that?

Thomas Denny (School of Medicine): You are correct. Pooling is challenging at some of the rates that we've had. What's helped us is we have some clinical platforms in our lab. We have two components of our lab, our research side and then our clinical side. Our clinical side has some very large instruments that collectively can do about 2,000 samples per day. So, what we have been trying to do to manage this, is we recognize that the entry level samples coming in were the highest. We did a little pilot testing early on and we realized that was the highest percent positive. So, we started running those as singletons, not pooling them. And then, as we started to transition into surveillance testing, I think Kyle showed about a 2.5% number we are hovering around. It's challenging, but it's manageable. For an example, I think yesterday we did 3,900 tests, somewhere in that ball park. Normally when we would close out our day we would aim for 3:00 or 4:00 in the afternoon to close out all the tests from the pools that had to be spilt. Yesterday I think we closed out at 9:00 at night. It's stretching the system, but we are still able to manage it. If we got higher than that…anything north of that number, it gets more challenging with a turn around time that is reasonable.

Kornbluth: Thanks Tom. And thank you for all you've been doing. I know this has been a round the clock effort throughout this pandemic. It's made a huge difference for us.

Cam Harvey (Fuqua School of Business): I have two questions. The first one is short. I'm wondering if we are considering mandating the KN95. Many of the students, at least in my class, a third show up with a cloth mask, which is pretty unsatisfactory. The second question – I'm wondering if the administration is willing to make a long-term investment in the health and safety of our faculty, our students, our staff by increasing the quality of the filtration in our classrooms and other parts of the university. I did some research and most of the Duke filtration is the MERV-13 standard. This filters about 50% of particles from .3 to 1 micron which is not effective against a high R-factor Omicron or potential future variants. The lowest grade HEPA is 99.7% effective at .3, not the range of 0.3 to 1, but at .3. So, I'm wondering if the university would consider a doing that. And perhaps even if you can't do that, in the short term provide portable HEPA units for faculty going into the classroom?

Kornbluth: First, let me comment on the KN95 question. So, we have been in very active conversation about this. I guess the real answer is, we would consider mandating it if we can source enough KN95's for all of the students. You know, it's not really fair to mandate, since we have students with all sort of income ranges and accessibility, etc. We are working very hard on that. Mary Pat McMahon may want to comment on that as she and I were speaking about this just an hour or two ago.

Mary Pat McMahon (Vice President/Vice Provost of Student Affairs): Hi everybody. We have a message going out right now – drafting, it's getting approved – to all undergrads,

strongly encouraging wearing the KN95 in class. Off campus students have been able to pick them up when they come to testing this week. There is no testing tomorrow because of the storm. The on-campus students found them in their rooms when they came in to the semester. This has all been sort of put together since the 10th as Kyle noted. We are on it. If we can get to a point where we have the supply, our team is also ready to have them available and refresh students supplies weekly. We are getting close, if we say they are required that we can make it so that all the students have them. We are just about there.

Kornbluth: Presumably this would be graduate and professional students as well. We'll do our best on that Cam. That is a totally reasonable goal. In terms of filtration I don't know if those discussions have been had with facility folks or Daniel [Ennis], or if we can have those conversations. I think that is a different question from whether we can provide portable filtration. I don't know if Kyle or Daniel want to comment on that at all.

Cavanaugh: I think the long-term issue based on our experience over the last two years is absolutely on the table. It is taking a look at the way that the institution is structured and does it fit into the renewable plan. It is one of the variables that is on the table. We haven't distributed those HEPA filters everywhere, but we've used them in some high traffic areas, like in the testing sites. They are actually in there. So, I would have to take a look at what our potential might be to actually deploy them more broadly. We can certainly look into that.

Sara Greene (Law School): I had a question about how the university is thinking about people with children under 5. Obviously, children under 5 are not yet able to be vaccinated. Daycares and Pre-Schools are closing left and right for 5 days, 10 days, 2 weeks. Kids under 5 usually can't take care of themselves, you know, you can't just plop them in front of the TV when they are 2 and you are teaching a class or if you are on a Zoom. My question is, how the university is thinking about that for staff who are generally required to come in? Are they required to use their sick days or have additional days been given? And have you thought about those kinds of issues particular to all employees who have young children? And not to mention not vaccinated. While young children tend to have mild cases, we really have no idea what the long-term consequences are.

Kornbluth: I'll just comment, I'm going to kick this over to Kyle in terms of the staff question, but just to comment in terms of faculty. One thing we've said that I really want to emphasize is, if a faculty member has to go to remote instruction because of short term issues, you know, daycare closes, could be short term, could be longer term; on and off and on and off. That is completely understandable. We want the default to be in person, but if someone gets stuck with temporary transient issues we understand that logistically. Kyle, I don't know what is happening in the staff space here. Perhaps you can comment?

Cavanaugh: Thanks for your question Sara. It is one of the more knotty challenges in this whole issue that has developed. We have tried to be, unit by unit, as flexible as possible there and as supportive. Early on, I think you may know, in the staff space we actually created kind of COVID leave. So, if an

individual was impacted that it didn't impact their accrued time. We haven't applied it yet into this scenario, but I think it is something for us to take a look at.

Betsy Albright (Nicholas School of the Environment): Thank you so much Kyle for the presentation and all you've done. I appreciate it more than I can express. My question is twofold. One is because of the speed of transmission of Omicron I was wondering if you've considered reporting more frequently than weekly on the dashboard? My second question is a little bit more pedantic but the cumulative reports or results, I'm wondering if the denominator should be tests or individuals.

Kornbluth: This is something that Steve may want to comment on. My own gut feeling is in the more rapid transmission, it actually makes the daily reporting or more frequent reporting even less actionable because of the speed that things are moving through in terms of what you can draw from the data. Steve can you comment on some of that?

Haase: I agree. Whether or not it's actionable while having that information on a daily basis is questionable. In terms of the denominator, I would say that the reporting that we've seen recently, especially for entry testing is a true prevalence coming in. That is a per person positivity rate and reflects what we are seeing nationally as the students come back to campus. I think it is also that what we are seeing on surveillance, because we hit everybody once, I think we got everybody once a week over the last two weeks. That the denominator again is per person. It's comparable to what we are reporting for entry testing. And we have seen a significant drop in positivity once the students are here and we are testing them by surveillance. So, that suggests that the entry testing that we are doing has effectively knocked down the numbers as the students return. And as we've seen through most of the pandemic, I think Duke is enjoying a lower number of positives on campus than you would likely see off campus.

Kasibhatla: I want to follow up on Betsy's comment. This goes back to the letter to the Chronicle that I wrote. I think the weekly numbers are really not actionable because things are moving so fast. What happened last week, a few days ago, really doesn't mean anything right now. I think one of the things I'm hearing from younger faculty, faculty who are not tenured, and are saying they are concerned about asking for permission to go online and stuff like that. I think the daily numbers would provide some context for those kinds of requests. I think if you have daily numbers we can individually make decisions about risk. Having numbers from last week really is completely unactionable. They are just numbers.

Kornbluth: A couple comments about that. First of all, I would argue that the daily numbers are no more actionable than the weekly because they are changing so rapidly. We don't actually expect people to be making day to day changes. In person…remote…in person…remote. It's very difficult to know how those cases are distributed through the student body, etc. We've certainly seen with time foci of infection based on a party, etc. That is not relevant to each faculty and their classroom. So that is one thing. I am more concerned about what you said about junior faculty being

worried about asking for a needed accommodation. I don't know how you all can help us get the word out that we are trying to be as flexible as we can. I will also say, obviously, everyone knows about the tenure extensions, the clock extensions. Just the other day we decided to also add some additional language so that people can explain how COVID slowed down their work, etc. I hear what you are saying. I just think that we need to lean against that urban legend that there is going to be some particular repercussion on the junior faculty. Because, really, we are all trying to keep in person, keep our students taught, but we are not unreasonable when it comes to personal circumstances. Particularly the kind that Sara alluded to of "Look, they just sent my kid home from school. What am I supposed to do?" We understand that. I would implore folks here to please help get the message out to their junior colleagues that we are trying to work with people as much as possible.

Weinthal: Okay, I don't see any other hands and I want to be respectful of Kyle's time. We have asked a lot of him in presentations to Academic Council these past 18+ months. I also want to thank Tom and Steve for showing up today to also answer our questions. I really appreciate all of you, the entire COVID modeling team. Thank you for being here. With that, we are now moving to our next agenda item which is about an update on Duke Kunshan University that will be held in Executive Session. Members of the Press, I need to ask you to leave the meeting. And likewise, those who are not members of the faculty I must also ask you to leave the meeting as well.

[Remainder of the meeting conducted in executive session in order to hear an update from Provost Sally Kornbluth regarding Duke Kunshan University]