

**Whereas**, the Trump administration’s chaotic and overtly politicized response to the COVID-19 pandemic has needlessly risked the lives of hundreds of thousands of Americans, and we have entered a dangerous time in our nation’s politics where even fundamental and scientifically noncontroversial public health responses have been deeply politicized and ignored by many; and

**Whereas**, we know that public health initiatives that increase vaccination rates are directly responsible for the decrease in infection rates, and vaccines have been scientifically proven to be the most effective strategy not only to reduce and eliminate the spread of infectious diseases, but also an important tool to eradicate diseases like SARS-CoV-2, influenza, and COVID-19, it also appears as if we have forgotten how the landscape looks in an unvaccinated population; and

**Whereas**, high influenza vaccination rates have helped to limit the impact on hospitals treating COVID-19 because once they are aware that one has taken the flu vaccination, influenza can usually be ruled out as a cause of symptoms for those taking a COVID-19 test, thus making COVID-19 testing more efficient; and

**Whereas**, many of the steps our nation has taken to safeguard our communities against COVID-19 have been conditioned upon the development and ultimate availability of a vaccine; and

**Whereas**, in order to ensure the safety and efficacy of a COVID-19 vaccine and the public’s trust in it, it is essential that any possible vaccine successfully complete all of the steps of the Food and Drug Administration’s Development and Approval process and be distributed in scaled system that is fair, equitable, and efficient; and

**Whereas**, a safe COVID-19 vaccine has been approved by the FDA; and a well-developed and resourced public health infrastructure is critical to ensuring that vaccine distribution and administration meets people where they are, whether at work or in the community, and does not rely on our profit-driven healthcare system which leave vulnerable communities with vaccine wastelands; and

**Whereas**, the CFT knows that many people are skeptical about the COVID-19 vaccine, and the World Health Organization cites vaccine hesitancy as one of the ten biggest threats to global health;<sup>[1]</sup> and

**Whereas**, only 28 percent of African Americans are planning to get the first-generation of COVID-19 vaccine,<sup>[2]</sup> it is essential that those participating in ongoing COVID-19 vaccine trials represent the full racial diversity of the population to be vaccinated, and critical that those developing vaccines share information about how they are conducting late-stage trials that include demographic information on trial subjects, trial methodology and protocols, and the safety precautions used; and

**Whereas**, given the nature of congregation and potential for community spread in schools, the AFT recently implored the National Academies of Sciences, Engineering, and Medicine, because of their level of exposure, to move teachers and school staff up to the first tier of priority when a COVID-19 vaccine is ready for distribution; and

**Whereas**, the CFT understands that initial vaccine production will be insufficient to cover all those needing vaccination at the outset, it also understands that workers in a wide variety of labor settings like healthcare, education, public employment, meatpacking and agriculture, among others, are at an increased risk of work-related exposure to infectious diseases like SARS-CoV-2, influenza, and the virus that causes COVID-19; and

**Whereas**, the CFT believes that a comprehensive strategy to ensure the lowest risk of exposure should be utilized, vaccination, even as the most effective tool to prevent infection, is only one part; other necessary protective equipment and strategies like masks, disinfectants, social distancing, and best practices of educational outreach are essential for any strategy to be effective tools at preventing infection within communities and workplaces;

**Therefore be it resolved**, that the CFT support a robust and rigorous vaccination program for both influenza and COVID-19; and

**Be it further resolved**, that the CFT educate its members about how taking the flu vaccine will help protect hospital capacity in the event of increased COVID-19 infections, as medical professionals will be able to rule out symptoms more likely caused by influenza as compared to the virus causing COVID-19; and

**Be it further resolved**, that the CFT advocate to ensure that the federal government's coordinated vaccination plan include the maximum goal of 100 percent COVID-19 vaccination within the population this year, an effective communication and education strategy as recommended by the Center for Health Security COVID-19 Working Group<sup>[3]</sup>, and minimum goal of a 70 percent vaccination rate of the population within the current year to medically and ethically ensure immunity within society; and

priority; and

**Be it further resolved**, that the CFT educate and urge all its members to take the COVID-19 vaccine now that several have been proven to be safe and effective for adults through the rigorous U.S. Food and Drug Administration's Development and Approval process; and

**Be it further resolved**, that the CFT opposes any policy that makes health insurance or financial resources a prerequisite for accessing the vaccine; and

**Be it further resolved**, that the CFT supports that all COVID-19 vaccinations be free of charge to all who receive it, and where feasible, vaccinations be provided at school sites or other community spaces; and

**Be it further resolved**, that the CFT support the belief that employers in schools, healthcare, and other settings be mandated to provide:

- Vaccination to all employees at no cost to them as it becomes available; and
- Vaccination opportunities during work hours at the work site for employees working in person, as well as an option to receive the vaccine at no cost with a healthcare provider; and
- Employee education that includes the risks and benefits of the vaccination, as well as the known efficacy rates of the vaccine; and
- An informed declination for those who opt out of vaccination after receiving education as described above; and
- Adequate paid time off for any workers showing side effects from the vaccine; and

**Be it further resolved**, that the CFT counsel its local to demand their employers to bargain in good faith over their specific vaccine distribution plans so that vaccination is accessible, convenient and readily available to all employees; and

**Be it further resolved**, that the CFT continue to support OSHA and Cal/OSHA standards and the enforcement of exposure guidelines and specific requirements for personal protective equipment for individuals who have not received or have declined the vaccine; and

**Be it further resolved**, that the CFT support in-person instruction after school employees are provided an opportunity to be fully vaccinated and have access to continued safety measures that have been agreed upon through negotiations; and

[1] World Health Organization, "[Ten Threats to Global Health in 2019.](#)"

[2] Bryan Walsh, "Axios-Ipsos Poll: The Racial Gap on Coronavirus Vaccine," Axios, Aug. 26, 2020.

[3] M. Schoch-Spana, E. Brunson, R. Long, S. Ravi, A. Ruth and M. Trotochaud on behalf of the Working Group on Readying Populations for COVID-19 Vaccine, *The Public's Role in COVID-19 Vaccination: Planning Recommendations Informed by Design Thinking and the Social, Behavioral, and Communication Sciences* (Baltimore, MD: Johns Hopkins Center for Health Security, 2020).

- *Passed by the Executive Council on January 9, 2021*