

Chris Hladick
Regional Administrator
USEPA Region 10
Seattle, WA

SENT VIA EMAIL

August 31, 2020

Re: Need for Long-Term Telework Strategy During Pandemic

Dear Chris:

We are deeply appreciative of your, and other R10 management's, support for telework to protect Region 10 staff, their families, and our communities from SARS-CoV-2. We know that you, along with your staff, are also concerned about your well-being and the health of your loved ones. We are writing to urge you to continue this support to protect us and to guarantee the success of EPA's mission for the duration of the SARS-CoV-2 pandemic. We are concerned that the agency is moving too quickly through the "re-opening" phases under the White House "Opening Up America Again" guidelines and the Environmental Protection Agency's (EPA) "Reconstitution Plan." The Centers for Disease Control (CDC) recognizes the importance of minimizing our in-person interactions in its "Returning to Work" guidance, which states: "In general, the more closely you interact with others and the longer that interaction, the higher the risk of COVID-19 spread."¹

As you know, EPA has never "closed;" rather, we have been successfully teleworking for almost six months now. Most of us can do 100 percent of our work remotely and should be supported to continue to work effectively and safely. We acknowledge that various staff will need to be in the office or lab for specific purposes; reducing the number of staff present will serve to best protect all employees, our families, our communities and our country from further spread of SARS-CoV-2 and the long-term health consequences and deaths it is causing. Continuing telework is necessary until effective treatments are available and a vaccination program has been broadly implemented.²

We appreciate that the Region has put a great deal of effort into developing its Reconstitution Plan, and that in Phase 1 the Agency has continued to maximize telework. We also appreciate that the people who are high-risk for complications from SARS-CoV-2, or who live with those who are high-risk, may continue to telework. We were concerned, though, to learn on August 20, 2020, that additional offices in Region 10, including Seattle, would move into Phase 2 on August 25, 2020, with the possibility to move into Phase 3 in as little as two weeks from that date, at a time when the King County Health Department is concerned that the number of SARS-CoV-2 cases is too high as we approach the start of the flu season and people spend more time indoors over winter.³

We need to do more to control the virus and protect staff. As we've seen in several states, moving to re-open too soon results in increases in cases. Our local counties and cities, as well as several

¹ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/returning-to-work.html>

² <https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html>

³ <https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard>;
<https://komonews.com/amp/news/coronavirus/king-county-health-officials-worried-covid-19-cases-are-too-high-going-into-the-fall>

businesses, have developed long-term strategies for telework, and we believe EPA needs a long-term strategy. A key part of our mission is to protect human health; we can help to do so by following the measures science indicates are needed, including minimizing human contact indoors, the greatest risk factor for SARS-CoV-2.

Our colleagues in Regions 2, 3 and 5 have written to their Regional Administrators to express their concerns about safely re-entering our facilities and commuting on public transit when telework remains effective and safe. Rather than repeat their well-made points, we note that they apply in our Region. We agree with them and have attached those letters here for your reference.

In this letter, we provide additional information we have more recently learned about the long-term effects of SARS-CoV-2, the ways in which the virus can spread, and share examples of guidance and action by local governments and businesses that can inform our path forward.

SARS-CoV-2 Is Deadly, Has Long-Term Complications, and is Particularly Hazardous for Older Individuals and Those with Underlying Conditions

As you read the information below about our concerns, please keep this key point in mind: We all have colleagues, family, and neighbors who could die or become permanently disabled from contracting SARS-CoV-2. There is ample evidence that it is not simply a respiratory disease. The virus binds to a receptor found in the cells of multiple organs. SARS-CoV-2 attacks the vascular system, causing heart damage, blood clots, and strokes. SARS-CoV-2 may also cause lung damage, kidney failure, and neurological problems. (Carfi, Bernabei et al. 2020, Puntmann, Carerj et al. 2020, Sperotto, Friedman et al. 2020, Zaim, Chong et al. 2020).

These health effects may be long lasting or permanent, as noted by Dr. Francis Riedo of Evergreen Health in Kirkland, Washington in a recent interview.⁴ Recovery can be a long and arduous process.⁵ The severity of SARS-CoV-2 symptoms increases for older individuals,⁶ and people with underlying health conditions are at increased risk for severe illness.⁷

A large fraction of EPA Region 10 employees are in age ranges associated with increased risks; several others may have common underlying conditions such as asthma and hypertension that put them at risk for severe illness. Further, EPA employees may be supporting older parents who are correspondingly even more likely to experience adverse effects.

Asymptomatic Cases and Testing Limitations

You've likely seen news stories about the asymptomatic spread of SARS-CoV-2, yet the Reconstitution Plan does not account for it. We are asked under the Reconstitution Plan to do a self-assessment, based on questions about symptoms we may have such as a fever or sore throat, but the plan does nothing to address the spread of the virus through asymptomatic individuals. Given

⁴ <https://amp.thenewstribune.com/news/coronavirus/article244940952.html>

⁵ <https://www.nytimes.com/2020/07/01/health/coronavirus-recovery-survivors.html>

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html#:~:text=Risk%20for%20Severe%20Illness%20Increases%20with%20Age&text=Similarly%2C%20people%20in%20their%2060s,those%20aged%2085%20or%20older>

⁷ https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html

that research indicates asymptomatic persons account for approximately 40 - 45 percent of infections (Oran and Topol 2020), EPA needs to take this issue seriously. Passing the screening questions does not address the potentially contagious individuals who may return to the office and unknowingly spread the virus. SARS-CoV-2 testing programs are limited, voluntary, and focus on symptomatic individuals or those with known exposures but do nothing to address asymptomatic contagious carriers in the population. In addition, there are concerns about the accuracy of testing as a function of timing and viral load.⁸

Aerosolized Spread

New information has come out about the aerosolized spread of SARS-CoV-2 (Anderson, Turnham et al. 2020, Huff and Singh 2020, Kimball, Hatfield et al. 2020, Lednicky, Lauzardo et al. 2020, Shao, Zhou et al. 2020). The Reconstitution Plan does not adequately address this risk. We urge you to watch these informative EPA-sponsored seminars and a workshop from the National Academy of Sciences that address this topic with respected scientists who have studied indoor air quality and the spread of viruses:

1. SARS-CoV-2 Indoor Air: Principles and Scenarios;⁹
2. What Schools Need to Know: Practices and Principles for Healthy Indoor Air Quality and Reducing the Spread of Viruses;¹⁰ and
3. Airborne Transmission of SARS-CoV-2: A Virtual Workshop: August 26-27, 2020.¹¹

Key points from these presentations are that aerosolized virus can remain suspended in indoor air for hours and be dispersed throughout entire buildings. In other words, when indoors, even if people maintain 6 feet of physical distance they may spread that infection to others in the building and across floors, including spaces not occupied or controlled by EPA (Morawska and Cao 2020). As presented in the second seminar noted above, in the past few weeks new information has come out that *“transmission beyond 6 feet is very important”* (emphasis added). This information raises concerns about being in our offices for long periods of time and use of shared spaces such as elevators and stairs. The Reconstitution Plan does not address this issue.

To minimize risk, presenters in these seminars recommend that multiple actions are needed and must be layered together and done correctly: cleaning surfaces, wearing masks, and proper ventilation and air cleaning. Examples include bringing in fresh outdoor air through the ventilation system 24 hours a day, 7 days a week; ventilation that goes 30 percent beyond the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) 62 Standard, “Ventilation for Acceptable Indoor Air Quality;” validation of the effectiveness of ventilation throughout the building, such as by using carbon dioxide measurements as a proxy; use of high-efficiency particulate air (HEPA) filters on building air systems; use of portable HEPA air cleaners with a clean air delivery rate (CADR) rating of at least 425 cubic feet per minute; and keeping masks on at all times, without exception (Morawska, Tang et al. 2020). It is not clear that our EPA office buildings can even be run

⁸ <https://www.nejm.org/doi/full/10.1056/NEJMp2015897>

⁹ https://m.youtube.com/watch?v=fSQ0ah_OArU&feature=youtu.be

¹⁰ <https://www.epa.gov/iaq-schools>

¹¹ <https://www.nationalacademies.org/event/08-26-2020/airborne-transmission-of-sars-cov-2-a-virtual-workshop>

in such a way. These actions may lower risk; however, even in settings with stringent control measures in place, infectious virus has been found in the air at distances greater than 6 feet. (Banik and Ulrich 2020, Lednicky, Lauzardo et al. 2020, Morawska and Cao 2020, Setti, Passarini et al. 2020).

We can be even safer by teleworking and avoiding potential exposure, not just in our offices, but on public transit. As employees in both Region 2 and Region 5 noted, we do not have control over the transit environment and other commuters' compliance with mask wearing. In addition, local transit authorities have announced they are not enforcing the mask rule, only disinfecting equipment once every 24 hours, and are operating under reduced schedules, making our commutes even more difficult.¹²

Long-Term Public Health Practices Consistent with Local Governments and Businesses

We can start to get a handle on controlling SARS-CoV-2 by following the examples of a number of local governments and businesses that, rather than re-assessing every two weeks whether to have more people go to the office, have instead accepted that the virus is not going away anytime soon and have developed long-term plans for telework by employees to the extent practicable.

Here in the Seattle area, three counties, six cities and two Ports have jointly decided that eligible employees will telework until at least January 2021.¹³ In addition, the Director of King County Public Health, the Dean of the University of Washington School of Public Health and a Senior Vice President for Providence Hospitals recently discussed the need for employers to have long-term plans for telework *for up to two years*, noting that even once we hopefully have a vaccine available, it will take an extended time to widely distribute it and actually get people vaccinated.¹⁴

Finally, many businesses have also adopted long-term telework plans to protect both their employees and the broader community. Examples include REI (the company is selling its newly built campus to instead telework indefinitely), AT&T (teleworking until at least June 2021), Amazon (teleworking until at least January 2021), Boeing (teleworking until at least January 2021), Boeing Employees Credit Union (teleworking until at least January 2021), and the Fred Hutchinson Cancer Research Center (teleworking until at least January 2021).

Conclusion

We must protect our health and the health of our families and communities. We must support our Agency's mission. We must contribute to controlling the spread of SARS-CoV-2. We ask that Region 10 and EPA meet these needs by continuing to support telework for all staff until highly effective treatments are available and vaccination programs have been implemented. Let's not close the parachute midair. We have an obligation to be part of the solution, not the problem.

¹² <https://www.seattletimes.com/seattle-news/transportation/masks-driver-shields-artificial-intelligence-how-do-we-make-public-transit-in-the-puget-sound-amid-covid-19/?amp=1>;
<https://www.kingcounty.gov/depts/transportation/metro/schedules-maps/reduced-schedule.aspx>

¹³ <https://www.kingcounty.gov/elected/executive/constantine/news/release/2020/July/28-regional-telework.aspx>

¹⁴ <https://register.gotowebinar.com/recording/viewRecording/1724553610278025231/3035571693101123600/mairs.stephanie@epa.gov?registrantKey=5453312000561312779&type=ABSENTEEMAILRECORDINGLINK>

Sincerely,

128 EPA Employee Signatures redacted.

Enclosures

copy: Michelle Pirzadeh, Deputy Regional Administrator
Krishna Viswanathan, Director, Air and Radiation Division
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