SCCFT President Eric Hamako
Statement to the SCC Board of Trustees
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I ask that my comments be read into the record.

Trustees of the Board:

My name is Eric Hamako. I am the President of the faculty's union, the Shoreline Community College Federation of Teachers (SCCFT), Local 1950 of the American Federation of Teachers (AFT).

When I was in college, I had the opportunity to participate in one of Professor Estelle Freedman's Introduction to Feminist Studies courses. Decades later, I continue to return to two lessons Professor Freedman taught. First, "Question hierarchy." That is, when we encounter hierarchies – systems that privilege some groups and oppress other groups based on their group membership, elevating the former and subordinating the latter, as with patriarchy, White supremacy, classism, ableism, or ageism – we should question those systems. And second, as means to support the questioning of hierarchies, we should also ask, "Which ones?" and "Who's left out?" As an intersectional feminist, Professor Freedman noted that patriarchy intersects with other forms of oppression, such that women are affected differently by patriarchy, depending on their location in other social hierarchies. So, for example, when talking about problems subjugating women, Professor Freedman taught us to also ask, "*Which* women? And which women are being left out or ignored in this analysis?"

And, when we talk about ignorance, we are talking about something distinct from "not knowing." Not knowing something can be a passive state. One can not know something without effort. But, once one is made aware of that thing, once one knows, then one must make an active effort if one wants to then ignore that knowledge. In that way, ignorance is not a passive state – ignorance, the act of ignoring something, is an active process.

We can apply these ideas to the current state of COVID pandemic response, both at the national level and here at the college. Here, I'll discuss an issue of urgent concern to faculty: whether the College will decide to continue to require masking indoors, as a means to prevent the transmission of COVID – or not.

Professor Freedman's guidance to examine and question hierarchy can help us see and address how entrenched hierarchies asymmetrically distribute risk of harm and shape our sense of how different groups should be treated. Throughout the pandemic, it continues to be the case that pre-existing hierarchies – such as patriarchy, White supremacy, classism, ageism, ableism, and others – have distributed the harms caused by the pandemic in inequitable ways. The pandemic continues to have, for example, disproportionate impact on women, People of Color, poor people, children and elders, and disabled people. But, hierarchies also shape our perceptions of how groups should be treated – who should bear more harm, who should be spared from harm. In my discipline, there's a saying, "When we're accustomed to being privileged, justice can *feel* like oppression." Such is the case when some privileged people may assert that *hearing* about oppression is as bad as actually *experiencing* that oppression. But, to be clear, they are *not* the same thing.

As the nation, the state, and the College consider whether people will be required to wear masks to protect each other and public health, we can see social hierarchies play out in the privileging and oppressing of different groups. For groups of people who are lower risk of severe medical and financial consequences from COVID, masking requirements can feel discomforting – both physically and of one's sense of importance. In February 2022, CDC Director Rochelle Walensky said, "*I just know people are tired. The scarlet letter of this pandemic is the mask. It may be painless, it may be easy, but it's inconvenient, it's annoying and it reminds us that we're in the middle of a pandemic*." And, to the extent that we believe in, rather than question hierarchies, we may believe that masks are an undue burden. But, for groups of people who are higher risk of medical and financial devastation from COVID, there are other burdens to consider. In that same interview, Director Walensky also noted that, while cases *had* recently dropped from more than one million cases per day to "only" two hundred thousand cases per day, she said, "We're not really *low,"* and she went on to note that national daily hospital admissions were *ten thousand* per day and daily deaths averaged *twenty-two hundred* per day. And, when we examine those numbers with an attention to questioning hierarchies, we can see that patriarchy, White supremacy, classism, ageism, and ableism are working together to shunt proportionally more of the direct and indirect impacts onto people already oppressed in those other ways. Without access to affordable preventative and medical care, even people who are *not* killed by COVID can still be severely injured and also saddled with staggering medical debts.

But, changing the material conditions of people's lives is hard; it is much easier to simply move the goalposts for measuring harm. For example, the CDC recently moved the goalposts for measuring collective COVID risk by changing how it measures COVID risk. Whereas previously, the CDC measured high, medium, or low risk by measuring COVID cases, now it is mixing in additional measures, such as hospitalization rates and hospital fill rates – with case rates only affecting an evaluation of risk once the other factors reach a particular crisis level. That is, once people who can afford hospital care have their access impacted beyond a certain amount, *then* the CDC will factor in case rates. As a consequence of this moving of the goalposts, things *look* a lot less dangerous all of a sudden. For example, by changing its measures, the CDC cut the number of "high risk" counties roughly in half. That doesn't mean things *are* better in those counties; it only means that they *look* better – further concealing the inequitably distribution of COVID's devastation.

Questioning hierarchy can lead to psychological discomfort and even to challenging those hierarchies. So, instead, we can see further neoliberal shifts; shifts away from social responsibility and toward individuals' responsibilities – away from consideration of *collective* risk and toward *individuals'* risks. We see this in the now-proliferating rhetoric, from the CDC down to the College level, saying that individuals can still "choose" to wear a mask, but that people should be "free" from collective mandates and "free" to have as much prevention or treatment as they can individually afford. This neoliberal shift devolves risks and costs onto groups of people who can often least afford them and are most at risk of harm – not only from COVID, but also from pervasive forms of oppression. Some faculty might endorse neoliberal individualism and the desire to free themselves from social responsibility. In my discipline, we sometimes say, "One manifestation of being privileged is believing that something is not a problem if that thing is not a problem *for me.*" But, more faculty have expressed that, even if we *ourselves* are not at high-risk – and, to be clear, some faculty *are* at high-risk of death, disability, and debt-impoverishment – but, even if we *ourselves* are not at high-risk, we *are* concerned about potentially transmitting COVID to people in our lives who *are* high risk. And, we know that the risks are not distributed equitably across society or our community. As a union, we are for solidarity, not neoliberalism.

Now, at the national level down to the College administration's level, we're hearing the neoliberal rhetoric that "One-way masking works." That is, if you *choose* to wear a mask, then perhaps that is protection *enough*. Sure, wearing a mask "works," even if you're the only person wearing a mask. But, how *well* does it work? Does it work as well as requiring *everyone* to wear a mask indoors? Intuitively, when everyone in a room wears a mask, the risk of infection to a susceptible person is lower than when only a susceptible person themself is wearing a mask. But, to put a finer point on it, a 2021 study published in the Proceedings of the National Academy of Sciences of the United States, called "An upper bound on one-to-one exposure to

infectious human respiratory particles," found that, talking indoors at a range of 6 feet, when only a susceptible person wears an N95-equivalent mask, the risk of COVID infection from an infectious person is about 20% risk of infection over one hour of the two people talking. That's a one in five chance of infection. But, when the susceptible person *and* the infectious person are wearing N95-equivalent masks while talking indoors – as we would in our workplace – the risk of infection over one hour is reduced to less than one-half-of-one percent (0.4%). That's a one in two-hundred-and-fifty chance. Put another way, if an infectious person takes off their N95-equivalent mask for an hour in that situation, they multiply the risk to a susceptible person who *is* wearing their own mask – they multiply the risk by *fifty times*. So, does one-way masking "work"? Yes: it works *fifty times worse* than everyone wearing a mask.

In another rhetorical twist, when asked whether the College will continue to require masks, one response was, "Some students want to come back to campus." But, that is not an answer to the question, "Should we continue to require masks on campus?" It does not follow that because some students want to study on campus, we should therefore stop wearing masks on campus. But, if we question hierarchies, we may infer that that answer *could* follow, if what we really mean is, "Students who are not at high-risk from COVID want to study on campus *and* do not want to wear masks *and* will go elsewhere if the College requires them to wear masks." But, if we mean, "Some people, including workers and students, both those who are at high-risk and those who are not at high-risk, want to return to campus," then what might follow is a question, "What are ways we can reduce the risks of COVID infection to all people, especially those who are at higher risks of death, disability, and debt-impoverishment?" Here, continuing to require wearing masks – and making high-quality masks accessible *at no cost* to workers and students – are effective ways to do that.

The College has indicated that it will soon announce whether it will continue to require masking indoors for Spring quarter. Although the CDC has moved the goalposts for measuring risk, we are still in a raging pandemic – albeit a pandemic that continues to affect different groups of people differently. Another COVID variant is surging in Europe. Cities in China are again locking down. If we further reduce public health measures, such as masking, how can we expect anything other than further harm to public health? Maybe the Board and the College will maintain this public health measure. Maybe the Board and the College will prioritize money and some people's convenience or comfort over the concerns of people who have much more at risk. We speak out so that, whatever you decide, it won't be because you "didn't know."

Good night.

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