

- I. Opening Prayer
- II. Roll Call
 - A. Roll Call Question: What's your favorite Fall activity or pastime?
- III. Approval of Minutes - [22 September 2021](#)
- IV. Executive Announcements
 - A. New Senate Member!
 - B. GreeNDot Reminder
 1. Matthew Bisner: As elected officials, you are required to be GreeNDot trained by January 1st. I'll have a compliance form for you all next week to start keeping track of those who have been trained.
 2. Meenu Selvan: Does GreeNDot training carry over?
 3. Matthew Bisner: Yes.
 4. Madison Nemeth: GreeNDot training applies to SUB, Class Council, Senate, anybody who was elected.
 5. Will Kennedy: Some residents of my dorm are being placed on a waitlist when they try to sign up and couldn't get it.
 6. Christine Caron Gebhardt: There's six or seven on the list, there is one October 7th. Some are getting added everyday. We add them all the time and you can always reach out and say you have folks who need to be trained and they can work with you.
 7. Mo Doyle: Sign up earlier than later, because they're filling up.
 - C. Smick Day

1. Matthew Bisner: Tomorrow is Smick day. It will be held at Saint Mary's College. It starts at 5 and it runs until 7. There will be field games to build community between our colleges and a remembrance ceremony for Lizzy Seeberg and those we've lost to suicide. I highly encourage you to come.

D. Race Relations Week

1. Allan Njomo: Next week is Race Relations Week. There is an event every single evening of the week. You can register to go to the Terrence Floyd event, on Wednesday night. We had to put a cap on the in person event, but it will also be on Zoom.

V. General Orders

A. [SO 2122-11: An Order Continuing The Existence Of The Financial Response Account](#)

1. Meenu Selvan: We have made the decision to withdraw the order, but we do plan to resubmit an edited version. There was a majority consensus among FMB board members to eventually replenish the endowment with the financial response account. We just need more time and appreciate your patience with us.

B. Discussion on Student Health and Well-being, Dr. Christine Caron Gebhardt and Dr. Ed Junkins

1. Matthew Bisner: We wanted to have a discussion tonight about student health and wellbeing, as it relates to COVID and other respiratory diseases on campus.

2. Christine Caron Gebhardt: What we heard was there were questions about some of the policies and how things are being utilized, and what are the differences between undergraduate students, graduate students, and faculty and staff. Those are the general things we came prepared to talk about. Are there any other issues that you want to discuss tonight?
3. Daniel Lau: I am wondering about the exit protocols? There is still a lot of vaccine hesitancy in some communities and I know some students do want to have that option of getting tested before they go home. I was wondering if there has already been thought behind that?
4. Christine Caron Gebhardt: We tend to try and talk months in advance. I think it's a great progression as we talk about how things are now to talk about the future and what an exit strategy would look like.
5. Dr. Ed Junkins: I think it's important to have everyone have an idea of who is talking to them. I graduated from Notre Dame in 1987. I trained in pediatrics. I got my masters in public health and watched epidemiology before it was cool. After over 30 years, I was called to come back to South Bend to serve as Director of Health Services. I have been here for two and a half months and it's a service in my opinion. You'll hear a lot of opinions from physicians all over the place. I have been working with students for a long time and have a good feel for student health and needs. Let's start the conversation with why the Notre Dame campus is different. Notre Dame is uniformly highly vaccinated. All parts of our community here is one of the safest places in the state, if not region. Very different

from St. Joe's County which is less than or equal to 50%. That helps us make some assumptions and validate observations about the prevalence of COVID-19 on our campus. The possibility of one of us testing positive is around 1%. That changes how we think. We would have more of an error if we had a chance of putting someone with a false negative on campus. We watch our most important group which is the unvaccinated student and faculty group, maybe 400 or so are students. We have almost 0 testing positive. We have had only a couple testing positive in the past few weeks. People say maybe we're not testing enough. The probability of you having a disease is dependent on the specificity of the test and the prevalence. This is different from last year, where we had hundreds of students in quarantine and isolation because we had no other choice. We have been making good policy decisions and have only had a couple students in quarantine and isolation. We would expect Delta to be running around, but we haven't seen it. There's all kinds of ways we are watching for this. We feel that the policies in place are accurate and we are excluding people because we don't want false positives. As long as we are tracking numbers as we do, we are ready. It's on us to communicate this as best as we can, through newsletters, videos. Notre Dame is different, our prevalence, infrastructure, and ability to handle quarantine and isolation is different.

6. Christine Caron Gebhardt: Looking at the medical, that then informs policy. I want to go back to last year because I lived through it with you all. We had 6 or 7 safety precautions last year and we were miserable. Our

vaccination is the strongest piece of information in our toolkit. What we were able to do with the vaccination mandate and exemption policy is take away those strategies we felt were burdensome last year, like masking universally. We mask in certain places where we are bringing in people and we don't know their vaccination status. You might have to have certain safety measures depending on where you live and how you live. The most vulnerable people in residence halls are your unvaccinated students and we encourage unvaccinated people to wear a mask. The vaccinated people are not vulnerable. Faculty and staff get voluntary surveillance testing because they are going home to people who are vulnerable and their congregate living is different from yours. Students have a fastpass, you can immediately go to the COVID website and get a test that day if you're not feeling well as long as it's in the window of the testing site hours. It gives you a timeframe so it doesn't interfere with your class schedule. We also allow you to call UHS. They field close to 187 calls on a Monday, close to 30 an hour. The effort is valiant and those nurses call back.

7. Dr. Ed Junkins: We send about 30 to 40 percent of our calls to testing. It's mostly sore throat, congestion, and coughing. There is overlap with COVID. We are seeing RSV, hands, foot and mouth, mono, strep, and the flu. If you are sick, stay home and mask up. We do about 50 tests a day and less than 5% are positive.

8. Christine Caron Gebhardt: We want to communicate better and we are now doing a regular newsletter. Another differentiation between what faculty and staff have and what students have is that faculty and staff have a space to quarantine. When you quarantined, we disrupted your life and you had to go to a hotel. Now what we have available is a fast test, so if you are a student, you will get a rapid pcr test. Faculty and staff get sent out to labcorp and those results are overnight. You will get results in an hour. That way you know whether or not you can go back home. I would ask you not to think about equality as much as equity. Faculty are undergoing a different testing procedure than students because of their differentiated situation. It's an affirmation of who you are and the way you live. If you think about exit testing, when we think about last year, we were all a tinder box and COVID was a flame. What the vaccine does is coats the log in water. Lighting something waterlogged is hard. If you're unvaccinated, you're in a weekly testing protocol. If you're asymptomatic as a vaccinated person, you're not likely to have it. We're not going to exit test at this point, because we are not seeing the prevalence enough to do that grand-scale exit testing. We're seeing more respiratory illnesses because we're not masking this year. We are testing, but we are recognizing that we would rather test and get you in for strep than testing you for COVID and delaying your treatment. That's the transparency of why we're thinking what we're thinking.
9. Michael Jekot: Has the University talked about booster shots?

10. Dr. Ed Junkins: There are certain risk groups that should be first in line for booster shots, that includes people 65 and over, people 18-50 who have severe illnesses, they are eligible for the Pfizer booster. It has been suggested also that individuals in high risk occupations and situations, such as health care workers would benefit from a different perspective in that if they were to get sick, they would not be able to care for their communities. The majority of people on this campus fall into a low risk category and almost certainly have a robust immune response. It's too early for us to say yes to the booster. The booster shot is something we would walk toward, not run toward.
11. Faith Woods: In the beginning of the semester, one of my friends tested positive in a breakthrough case, and I was not contact traced after getting lunch with her. I asked UHS if I could get a test, and once I got through to UHS, they told me I could not get tested after told them I did not have symptoms. I know people who have lied about having symptoms in order to get a test. I wanted to know why that works this way?
12. Dr. Ed Junkins: The definition of a contact is a close intimate contact like a roommate or a significant other. When we do contact tracing we use web software to see who you've been in contact with. The line had to be drawn at the contact tracers will contact you. Our nurses know not to turn someone away who is symptomatic. We started out the year with more liberal contact tracing and we just weren't capturing all of this which was

overwhelming for the system. We have to limit it to what our contact tracing protocols say..

13. Maclane Farrel: Can students going home or traveling internationally get exit tested on campus or would they have to seek off-campus testing?
14. Christine Caron Gebhardt: If there is a requirement for testing, we will get you tested. Call UHS and we'll set something up. We're trying to limit it to get people in who need it the most. If there is a documented requirement, we will work with you.
15. Paul Stoller: I have a question about hybrid classrooms. The majority of my teachers don't offer a way to receive the content from that class if you missed it. Could you talk about the hybrid limitations and maybe some ideas for what could help with that situation?
16. Christine Caron Gebhardt: This was an academy decision. With us going back to full capacity in our classrooms, the decision was to not offer the hybrid model. If you have an excused absence, you have to be allowed to make up that work. You can allow students to make up the class, but you cannot allow a hybrid option to only certain individuals because you're giving one student access and not others. You can offer a hybrid option to the entire class, but not individually. It's protecting the faculty members and the students from discrimination. They need to give the hybrid to everybody if they do.
17. Veronica Slevin: I was sick a few weeks ago, and I expressed that I didn't think I had COVID to UHS, but they tested me. When my test came back

negative, they told me I was good to go even though I was having trouble breathing and coughing. I felt they weren't listening to my concerns. I was wondering if it's better for us to go to urgent care if UHS isn't addressing what we're concerned about? What are you doing to make the procedure better for students?

18. Dr. Ed Junkins: Let me apologize for what happened in your experience. You get outstanding care at our clinic and you can see a provider for free. What should have happened is that you call back and say you are not better and you should be seen by a physician. We should've been able to see you that day or the next day. We do anything that a general practice does. The call volume has been the bottleneck for us. We are an appointment based center where we used to be a walk in urgent care, with piles of students in our waiting room. You should be able to get on a provider schedule.
19. Mae Levin: I had a friend who had a fever and called UHS to get an excused absence because her teacher requires them. UHS said they would call her back, but by the time they did, the testing center was closed. UHS wouldn't give her an excused absence and so she had to go into class with a fever. I was wondering if there were any other ways to take care of this situation?
20. Christine Caron Gebhardt: A professor doesn't need UHS to give an excused absence. If a student has talked to UHS, you can show your secure message from UHS and tell your professor you have seen UHS or

been talking to UHS. We've agreed with the academy that only a provider can provide an excused absence. A professor can always decide to excuse a student because they have agency and power. We don't want to show your personal information to them, but if a student has seen UHS, it is documented in their secure message portal, which is documentation you can provide to them.

21. Dr. Ed Junkins: We have a large call volume this year, and students are extremely conscientious about not wanting to infect a friend. We've put in the secure message feature so that you can show that to a faculty member to prove you've made contact with UHS.
22. Christine Caron Gebhardt: Thank you for being patient and asking the questions. It's different this year and we're very thoughtful. I sit in a COVID meeting everyday. Please communicate with us and tell us what you're thinking. We're trying to be more targeted and answer specific questions. If there's something more specific, pass it on to Allan or Matty and they will pass it on to us. We're willing to bridge the knowledge gap. There's a feedback form on the UHS website to let us know about your experiences and frustrations. We're trying to stay in our lane, but we are here to care for you. As things change, we're going to adapt. We're trying to prevent what happened last year from happening again. We think we have a very good strategy this year. This is an invitation to be in communication with us and help us serve you.

VI. New Business

A. MiNDful Training, Multicultural Student Programs & Services

1. Matthew Bisner: We are confirmed for next week and will have a staff member lead us in training.

VII. Announcements

- A. Caroline Cameron: I compiled a list of all the residence hall food services. I am going to send it out to the Presidents and Vice-Presidents.
- B. Paul Stoller: The Sophomore Class Council concession stand is this Saturday from 8 a.m. to 2 p.m.
- C. Mae Levin: Cavaret is this Friday from 5:30-7:30 p.m.
- D. Kate Mclaughlin: Acousticafe is tomorrow from 9 p.m. to 11 p.m.
- E. Maddie Means: Flaherty Fights is this Friday at 12:30.
- F. Christian Quilon: Exalt is this Friday from 7:30-9.
- G. Faith Woods: The Black Cultural Arts Council is having a talent show in Washington Hall this Friday at 7 p.m.
- H. Matthew Bisner: Race Relations Week is next week. On Monday, Let's Talk About Race is at 6 p.m. in the Geddes Coffeehouse and the Racial Justice Prayer Service is at 8 p.m. at the Grotto. On Tuesday, SUB is showing In the Heights at 8:30 p.m. and at 7 p.m. there will be an Exploring the Complexities of Latinx Identities panel in Visitation Hall. At the end of our senate meeting on Wednesday, Terrence Floyd's address will be happening in Dhanke and on zoom at 7 p.m. I will announce the Thursday and Friday events next week.

VIII. Adjournment