April 23, 2020

Dear Secretary Chao and Secretary Azar:

The Association of Flight Attendants-CWA (AFA) represents 50,000 flight attendants at 20 airlines. Flight attendants are aviation’s first responders, required by federal regulations to help ensure the safety, health, and security of our globally-interconnected aviation system. While this global system is integral to our modern economy, its essential inter-connectedness also provides a convenient pathway for opportunistic pathogens to hitch rides on unsuspecting crewmembers and travelers and spread all over the world. As some of the most frequent travelers, flight attendants feel a deep responsibility to ensure that our workplace risks of acquiring and spreading communicable diseases are minimized as much as possible. We are calling on the Department of Transportation, in coordination with the Department of Health and Human Services and other relevant agencies, to use its authority to mandate masks in aviation for crew, employees and passengers; require personal protective equipment; and end all leisure travel until the virus is contained.

Since the initial outbreak of COVID-19 in China, flight attendants have been on the front lines of the growing global pandemic that has now infected more than 2.5M persons worldwide and contributed to over 175K hospital deaths, according to the Johns Hopkins University Coronavirus Resource Center.¹ Flight attendants have been hard hit by the virus. At airlines employing AFA member flight attendants, at least 250 have tested positive for the coronavirus that causes COVID-19, and flight attendants have died as a result of the virus too. The scars run deep; recent media reports document the guilt felt by those who question if we are helping to spread the virus, feelings of fear and grief as coworkers die,⁴ and wonder about when this will all be over.⁵

Confronting the Virus on the Frontlines of Transportation

Information about the virus has increased and changed in the course of confronting it on the frontlines of transportation. When the novel coronavirus first began to spread, it was believed that the virus was transmitted more or less exclusively through respiratory droplets expelled when persons having COVID-19 symptoms sneeze or cough. The droplets could then be

breathed in by another person in close contact, or could settle on a nearby surface to get picked up on another’s fingers, leading to an infection through subsequent contact with the mouth, nose or eyes.

Today, research suggests that the virus may spread in other ways and over greater distances. For example, in hospital wards in Wuhan, China, the virus “was widely distributed on floors, computer mice, trash cans, and sickbed handrails and was detected in air ≈4 m from patients.” Two other studies from China call into question the early assumption that only symptomatic persons spread the virus. In the first, the authors write that “[o]ur study confirms asymptomatic and human-to-human transmission through close contacts in familial and hospital settings.” In the second, an investigation of a two-family cluster of infected individuals suggests that the “infections resulted from contact with an infected but potentially presymptomatic traveler from the city of Wuhan.” Another study from China points to evidence of indirect transmission of the virus in a shopping mall, “perhaps resulting from virus contamination of common objects, virus aerosolization in a confined space, or spread from asymptomatic infected persons.”

These newer findings support the critical need for strict observance of social distancing and cloth- or mask-wearing measures to help “flatten the curve” until an effective vaccine is available and sufficiently large populations are inoculated. Since the goal of the U.S. Department of Health and Human Services (HHS) is to make a vaccine available for emergency use by early 2021, and widespread inoculation will surely take many more months, it is clear that strict public health measures will be necessary for the next year and perhaps longer.

A typical routine for a Flight Attendant workday includes travel from home to the airport, often on public transportation, and at other times in a personal car followed by a bus or shuttle van from the parking lot. Flight attendants then pass by the airport check-in areas and through the security checkpoints, a crew briefing room, and on to the gate. On the airplane, we provide routine and emergency services while interacting frequently and in close proximity to passengers and other crewmembers. After our flying day is done, we take a shuttle, public transport, or car to return home, unless we are on a multi-day trip which includes taking a shuttle from the airport to a layover hotel and finding access to food. On the airplane and at all of these public places, flight attendants come into repeated contact with the general and traveling public.

**Mandate Masks in Airports and on Airplanes**

Since flight attendant ability to practice social distancing is challenging in the aircraft cabin and on most other forms of public transportation, it is essential that we wear masks as often as possible so long as COVID-19 remains a threat to public health. In addition, passengers on all modes of public transport should be encouraged to wear masks in the short term and mandated

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by emergency regulation as soon as practicable. This will further minimize risks to themselves, the public transport workforce on which they are reliant, and our healthcare infrastructure, which must cope with the surge of infected patients unless we curb the spread. Seven U.S. states now require wearing masks in public.\textsuperscript{13} More to the point of transportation specifically, Canada encourages the use of masks on all modes of public transport and requires all air travelers to wear masks that “cover their mouth and nose … at screening checkpoints, … when they cannot physically distance from others, or as directed by the airline employees; and when directed to do so by a public health order or public health official.”\textsuperscript{14} International air travel has long sought to harmonize procedures for one level of safety to ensure consistency and best practices for operators and passengers.

For travelers using most forms of public transport, the homemade cloth face coverings recommended by the Centers for Disease Control and Prevention (CDC)\textsuperscript{15} should be sufficient when combined with the additional recommendations below to effectively limit the spread of the virus. For air travelers, we recommend that the federal government provide all airports sufficient numbers of disposable cloth or paper masks that are more effective than homemade masks at limiting viral spread. These should be provided free to all members of the public entering airport buildings with the stipulation that they be worn at all times on airport property and on airplanes, and only removed momentarily when necessary for identity verification or food and drink.

For those transportation sector employees who come into close contact with the traveling public on a regular basis, we recommend that employers be required to provide workers surgical masks or N95 respirators.\textsuperscript{16} We recognize the need to prioritize respirators for front line healthcare workers; therefore, provision of N95 respirators to non-healthcare workers will necessarily be dependent on sufficient availability. We are hopeful that availability will increase as supply chain bottlenecks clear up with production improvement and reduced rates of COVID-19 hospitalization.

**Required Provisions of PPE and Resource Management**

In addition to masks, employers must also be required to provide workers clean, properly provisioned handwashing stations with soap and running water and 60% or better alcohol-based rubs/gels or wipes, and disposable gloves and other forms of personal protective equipment (PPE) as specified by CDC, the Occupational Safety and Health Administration, and other relevant federal agencies. For example, for flight attendants tending to sick passengers, CDC recommends the use of PPE contained in Universal Precaution Kits;\textsuperscript{17} while this is useful guidance, airlines are not required to carry these kits on all flights and they are therefore not always available, so strict federal requirements are clearly in the public interest and a reduction in flights during this crisis assists with resource management.

\begin{itemize}
\item \textsuperscript{15} CDC. Use of Cloth Face Coverings.
\end{itemize}
Protect Essential Service by Air, End Leisure Travel Until Virus Is Contained

Finally, we call on lawmakers and regulators to take further action to limit the spread of the virus by restricting air travel to only that necessary to continue essential services. Airlines are continuing to deliver people, mail, and cargo, uniting families that are grieving or rushing to be with those who have fallen ill, and transporting others who require medical treatment unrelated to the pandemic. These are some of the many essential services provided by aviation to all of our communities – large and small - that must be maintained as the pandemic continues. We believe that protecting this essential service and ensuring air travel is not aiding in spread of the virus requires a halt to all leisure travel until the pandemic is brought under control according to health authorities. We appreciate the swift steps DOT has taken to put in place a process for airlines to request exemptions on flights that do not assist materially in the essential service to our communities. We believe we can all do more together and will work for a brief anti-trust exemption so DOT can coordinate a schedule with airlines to continue essential service only. In addition, we request messaging from all leadership to encourage the public to end leisure travel until we have “flattened the curve.”

Flight attendants, aviation’s first responders, will work tirelessly to help limit the spread of the novel coronavirus, while staying healthy through careful hand hygiene, social distancing, and the use of appropriate PPE. We look forward to working with our industry and government partners to support our nation’s aviation essential services and help eradicate the COVID-19 threat to public health.

Sincerely,

[Signature]

Sara Nelson
International President

cc: Steve Dickson, FAA Administrator
    Robert Redfield, CDC Director
    Peter DeFazio, Chairman House T&I Committee
    Roger Wicker, Chairman Senate Commerce Committee
    Sam Graves, Ranking Member House T&I Committee
    Maria Cantwell, Ranking Member Senate Commerce Committee