

Covid-19 and Worker Issues: Lessons From a University-based Ad-Hoc Network

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Abstract

The Covid-19 pandemic has made clear the central role of the workplace in public health. Workers and working families have been particularly impacted by a public health and economic crisis that has revealed both structural shortcomings and opportunities for future preparedness. In response to the pandemic, a group of scholars, labor and anti-poverty advocates, activists, union representatives, frontline workers, and public health professionals gathered to share observations and create a forum for information sharing and collaboration. Conversations evolved with the pandemic to include policy solutions aimed at addressing the pandemic's health and economic impacts. In this paper, we summarize key lessons from the "Covid-19 and Workers" calls and suggest that ongoing collaboration among labor activists and academic and public health advocates may help to prepare for new public health crises and protect the safety and health of workers and communities.

Keywords

Covid-19 pandemic, essential workers, unemployment, labor unions, social justice, health disparities

Introduction

In March of 2020, as the Covid-19 pandemic rapidly became the central political, social, and economic crisis in the United States and globally, the Kalmanovitz Initiative for Labor and the Working Poor, a research, policy, and advocacy center at Georgetown University, with the help of colleagues in the university's O'Neill Institute for National and Global Health Law and School of Nursing and Health Studies, initiated a regular, ongoing series of communications to share information across academic disciplines, labor and worker organizations, non-governmental organizations (NGO), policymakers, labor lawyers, and occupational and public health practitioners with shared values but different constituencies. Worker organizations encountered an unprecedented challenge in protecting workers and their families from the virus itself and sustaining those impacted by a widely-felt, multifaceted economic crisis. In the early days of the pandemic, the scope of the crisis was so large as to make information exchange challenging and infrequent.

While the AFL-CIO had convened occupational health and safety representatives from member unions beginning in January of 2020, national public health lapses had created an information vacuum in which news organizations and academic institutions were providing basic information about illness and death rates as well as about racial and

ethnic disparities among essential workers. Within this context, faculty members engaged in workers' rights, occupational safety and health, and global health reached out to the university's main, medical, and law campuses to form a coordinating group to convene colleagues with legal, policy, medical, public health, organizing, international and other expertise to initiate informal discussions to address the impact of the coronavirus outbreak on workers and their families. Outreach brought together stakeholders from a variety of labor and worker organizations, anti-poverty and social justice organizations, public health, medicine, medical ethics, legal, and occasional Congressional staffers that provided a forum to share information and ideas and to connect like-minded advocates working on complementary

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issues in disconnected fields. As national organizations and existing policy coalitions shifted ongoing collaboration to pandemic-related issues, the “Covid-19 and Workers” call became one of many ongoing conversations, an informal one welcoming diverse participants. See Table 1 for a listing of the organizations represented.

Between March 2020 and June 2021, a core group regularly convened hour-long virtual meetings to share information and accounts of the impact of the Covid-19 pandemic on workers and their families while discussing policies and solutions to mitigate these impacts. The initial group grew into an invitation list and listserv of 133 individuals that formed the basis for an ongoing series of conversations, with an average of fifteen to twenty participants in each. Through intentional outreach, frontline workers, representatives from unions and worker centers as well as experts in relevant fields provided multiple viewpoints.

The time and online location remained the same but the frequency of the meetings decreased from initial twice-weekly meetings (March 9, 2020 through April 14, 2020), followed by weekly meetings through September 9, 2020, bi-weekly meetings through April 13, 2021, and monthly meetings that tapered off during summer of 2021 as many participants turned their attention to other matters as optimism

that vaccine availability would end the pandemic combined with pandemic fatigue for faculty members returning to in-person education. When the ongoing nature of the pandemic became clear, the discussions shifted into periodic webinar sessions, including a Fall webinar discussing various aspects of the OSHA Emergency Temporary Standard, and a June, 2022, meeting to explore how pandemic-related changes in approaches to work might be sustained going forward; with follow-up webinars in the planning stage. The list-serv continues to function to provide updates to participating individuals and to share information among organizations.

The goals of this ad-hoc network evolved as the dynamics of the pandemic, the political climate, and the economy shifted, but remained primarily as a venue for information sharing across organizations and disciplines. The initial sense of urgency and, conversely, enforced isolation, fostered rich communication that dissipated with time, raising questions about how responses might be nurtured, or connections maintained. Were these circumstances unique to the Covid-19 pandemic, or could the participating organizations benefit from similar or improved networks in the event of future pandemics and climate disasters?

This paper offers a reflection on lessons learned from this process of network-building and information exchange. It is based on detailed notes taken at each meeting that reflected the meeting’s conversation and the perspectives of participants to the best of the knowledge and recollection of the organizers. Meeting notes were supplemented by participants who shared additional resources or edits to the notes after the meeting. The notes were then circulated after each meeting and kept in a Google Drive for review by participants. Occasionally, well after a meeting, participants would continue to send additions to the notes to fully capture their perspective. Feedback on the format and utility of the meetings was solicited at the end of meetings and included in the notes and was informally offered to the conveners as they arranged for participants to share perspectives at upcoming meetings. It is important to note that while detailed notes were taken and feedback was regularly solicited from participants, and while participants were involved in a broad range of responses to the crisis, it is difficult to determine what, if any, concrete policy, organizing, or public health interventions resulted from the calls. Our ability to track the impacts of the calls was limited both by our own capacity and by the ad-hoc nature of the network. We did not solicit this type of feedback nor have a mechanism in place to receive feedback on specific policy outcomes as we did not anticipate or plan for the length or scope of the project at its outset in March of 2020.

Gathering and Initial Focus

Initial conversations were entirely informal and served as a loosely organized, supportive space for stakeholders to gather and discuss the rapid developments confronting individuals

Table 1. Participating Organizations—Names and Initials.

Initials	Full name
AFA-CWA	Association of Flight Attendants—Communications Workers of America
AFL-CIO	American Federation of Labor—Congress of Industrial Organizations
AFT	American Federation of Teachers
CBPP	Center on Budget and Policy Priorities
CCF	Center for Children and Families
CHIR	Center for Health Information and Research
CHN	Coalition on Human Needs
CLASP	Center for Law and Social Policy
CLN	Catholic Labor Network
EPI	Economic Policy Institute
FJ	Farmworker Justice
GU	Georgetown University
GWU	George Washington University
IDG	Independent Drivers Guild
JHU	Johns Hopkins University
LIUNA	Laborers International Union of North America
MCN	Migrant Clinicians Network
MLOV	Many Languages One Voice
NEA	National Education Association
NELP	National Employment Law Project
NNU	National Nurses United
NWLC	National Women’s Law Center
PHR	Physicians for Human Rights
SEIU	Service Employees International Union
UAW	United Auto Workers
UFCW	United Food and Commercial Workers

and organizations, allowing each participant the opportunity to speak. The initial conversations brought together contacts within the network of the Kalmanovitz Initiative and allied Georgetown University colleagues. As the conversations grew, participants invited contacts from their own networks to create a group of participants with a more diverse set of experiences. Meeting organizers discovered that many early participants had previously not held conversations outside of their own organizations and expressed relief at having access to shared information in a supportive environment. Colleagues from hard-hit labor sectors and interested advocacy groups discussed specific topics and reached out to invite others. Participants were added to the listserv following each discussion and were free to invite others, and while many were based in the metropolitan DC area, public health, academic, union and NGO representatives from Massachusetts, Texas, and Chicago participated regularly, in addition to others from California and elsewhere, on occasion. Participants posted to the listserv, and many used the platform to share information, petitions, and other calls to action.

The initial conversation on March 9, 2020, identified which organizational meetings were taking place and where the gaps were. Some unions, such as UNITE HERE, were primarily concerned with unemployment provisions as they expected the majority of union members would lose their jobs during the pandemic, while other worker organizations and unions voiced concern about the suspension or alteration of collective bargaining rights and National Labor Relations Board elections.

Many unions focused on worker safety, the need for adequate information, comprehensive workplace safety and health measures, and Occupational Safety and Health Administration (OSHA) enforcement, including the need for an emergency temporary standard and for whistleblower protection. Union and academic occupational safety and health experts challenged the prevailing World Health Organization (WHO) and Centers for Disease Control (CDC) guidance which failed to address airborne virus transmission, highlighting the need for adequate supplies of personal protective equipment that included respirators, and for testing and paid sick leave. The Service Employees International Union (SEIU), National Nurses United (NNU), and others expressed concerns about the sacrifices being asked of healthcare workers (HCWs). George Washington University (GWU) faculty shared information about efforts to obtain data from HCWs that was subsequently distributed through the listserv. The initial conversations also raised the question of vulnerability, whether racial disparities in the impacts of Covid-19, and whether undocumented workers, border communities, and workers in precarious employment would experience disproportionate risk. See Table 2 for a chronological description of the “Covid-19 and Worker Issues” discussions through March 24, 2020.

Based on feedback recorded during early calls and informal follow-up communication with invited individuals, the

conversations provided connection and emotional support for the activists and organizers facing these issues head-on and allowed academics to overcome intense isolation while helping to provide information or often, simply listen. Safety net advocates, often aligned with the Coalition on Human Needs, championed proposed supports for families, immigrants, and low-paid workers. Congressional staff members participated in the calls and provided information about the perspectives of lawmakers writing legislation under the Coronavirus Aid, Relief, and Economic Security Act, “CARES,” while listening to unfiltered input from frontline workers, unions, and academics, some with previous government experience. See Table 2 for a summary of these calls.

The CARES Act was passed by the Senate on March 25, 2020, by the House the next day, and signed into law on March 27, 2020. Call participants supported many elements of the bill, including direct cash payments, the expansion of federal unemployment aid, and new support for gig workers. Participants questioned some elements of proposed industry support funds while urging greater support for family food benefits, job training programs, postal workers, and Medicaid provisions. Many reflected that social safety net measures were inadequate to meet the challenges at hand. There was general agreement that the CARES Act failed to address paid family and sick leave adequately, to require OSHA provisions, and to protect immigrant workers.

Specific Sectors

After the passage of the CARES Act, the format of the calls shifted, with each meeting involving an invited guest or set of guests to discuss a particular topic, industry, or set of workers. Participants from labor and public health backgrounds interacted with each other around specific topics. See Table 3 for the listing of industry sectors.

The major sectoral differences among low-wage workers split along the lines of those experiencing job loss and those deemed “essential,” who were experiencing the hazards associated with unprotected exposure to SARS CoV-2.

Healthcare Workers

Issues confronting HCWs in both acute care and long-term care (LTC) facilities formed ongoing themes concerning whistleblower protection, OSHA failures, stress, and moral injury. Representatives from the Service Employees International Union (SEIU), NNU, and Physicians for Human Rights (PHR) identified the real hazards and enormous challenges facing all HCWs, including frontline workers, registered nurses, and physicians. In early months, call participants spoke about the challenge of protecting workers who spoke up about working conditions in the absence of whistleblower or safety and health enforcement activities, and of adequate guidance from CDC. PHR representatives described questions from physicians-in-training

Table 2. Key Points From Early Discussions Prior to CARES Act.

Date	Issues	Major discussants	Shared information	Conclusions or action items
3/9/20	<ul style="list-style-type: none"> • Job loss • Worker safety and health • Access to medical care • Risks to immigrant workers and those at risk from pre-existing conditions • ADA implications OSHA failure to respond 	<ul style="list-style-type: none"> • AFL-CIO • NNU • SEIU • UNITE HERE • CLASP • GWU • FJ • MCN • CBPP • EPI 	<ul style="list-style-type: none"> • Routine meeting schedules • Public health and legal updates • Description of OSHA ETS process • Paid sick leave • Emergency unemployment 	<ul style="list-style-type: none"> • Shared goals to support, protect, care for workers • GWU outreach to gather frontline HCW perspectives
3/12/20	<ul style="list-style-type: none"> • Access to PPE • Inadequate CDC and WHO guidance • Whistleblower protections • HCW ethical challenges • Airline job loss • PPE needs 	<ul style="list-style-type: none"> • UNITE HERE • SEIU • NNU • NELP • NWLC • GU • GWU • FJ • Congressional staffers • MCN • PHR 	<ul style="list-style-type: none"> • Shared stories of employer retaliation • Failure of guidance and of healthcare industry to obtain PPE • AHA pushback • Workers told to use scarves or forbidden to use respiratory protection 	<ul style="list-style-type: none"> • Need for public discussion of respiratory protection and PPE (through blogs, op eds) • HCWs' need for legal guidance • Interorganizational referral
3/17/20	<ul style="list-style-type: none"> • Translation and language needs • Need for more languages about all aspects of pandemic in immigrant communities • Public charge rule • Paid sick leave 	<ul style="list-style-type: none"> • MCN • Ethiopian Community Center • CCF • Congressional staffers • GU • GWU • MLOV • AFT • CHIR • CLN 	<ul style="list-style-type: none"> • Shared undocumented worker experiences • Lack of basic workers' rights or information about eligibility for safety net • "Short-work" programs and health outcomes 	<ul style="list-style-type: none"> • GU sign-on letter focusing on needs at border detention centers • Identification of massive needs for expansion and retooling of unemployment insurance system and for social services supports
3/19/20	<ul style="list-style-type: none"> • Construction workers as essential workers • Access to non-pandemic healthcare • Potential layoffs at FQHCs 	<ul style="list-style-type: none"> • CHN • LIUNA • NELP • FJ • MCN • WRI 	<ul style="list-style-type: none"> • Limited water and sanitation facilities on construction sites • FQHC budgets 	<ul style="list-style-type: none"> • Coalition on Human Needs started listserv addressing federal policy on Covid
3/24/20	<ul style="list-style-type: none"> • Potential passage of relief legislation • Mass layoffs of workers • Organizational responses to pandemic 	<ul style="list-style-type: none"> • UNITE HERE • Congressional staffers • CHN • WRI • CLN 	<ul style="list-style-type: none"> • Shared compilations of resources by various organizations • Drafts of proposed legislation 	<ul style="list-style-type: none"> • Shifted tone of weekly calls to go into greater depth on particular topics

and in hospital settings who feared job loss and retaliation. While initial conversations directed them to OSHA's whistleblower protection, OSHA did not act to protect these workers. NNU and SEIU described enormous challenges to nurses, nursing assistants, LTC workers, home health aides, and other frontline workers and spoke on union responses

that included job protection and threatened strike activity. Workers in LTC facilities in particular were recognized as being at extraordinarily high risk. Leaders of SEIU local unions described widespread mistreatment of workers, including a lack of access to personal protection equipment (PPE) and testing and disciplinary action taken against

workers attempting to request PPE or bring PPE in from home. Academic participants engaged in several ways. Faculty members from GWU initially developed surveillance and reporting mechanisms for HCWs to share stories; participants wrote guest blogs for nonprofits, and brainstormed options for sourcing PPE. Mostly, however, academic participants listened to the concerns expressed. In September of 2020, a researcher from GWU reported an investigation of the impact of unions on LTC workers and residents using data from 355 LTC facilities in New York State, demonstrating both an increased availability of PPE in facilities with unions and a 30% reduction in resident Covid-19 mortality.¹

Once vaccines were available, SEIU leadership at the local and national levels worked to encourage vaccination uptake among LTC workers, reporting substantial success through trusted messenger approaches, leadership example, and an early emphasis on providing employer support with paid leave for any experiencing side effects. In a subsequent letter to CMS (circulated on the listserv), SEIU urged the agency to adopt specific requirements, such as paid sick leave, when mandating employee vaccinations. On a call in the Spring of 2021, SEIU shared these activities for other unions and advocates experiencing similar challenges. Whether influenced by SEIU or exercising their own initiative, other unions also demanded paid sick leave as a part of employers' vaccine mandates, and, in September 2021, the United Food and Commercial Workers (UFCW) won a similar demand from the largest poultry processor, Tyson Foods, to provide for paid leave upon vaccination.

Finally, issues of stress, burnout, and moral injury intersecting with the ethics of patient care, duty to care, and the duty to care for the caregivers were ongoing topics of conversation from the beginning, with active participation by medical ethicists that eventually included a representative of a large hospital chain. In January, 2021, as the nationwide surge in Covid-19 hospitalizations overwhelmed facilities, ethical concerns re-emerged as healthcare systems renewed discussions about emergency standards of care, and Covid-related staffing shortages and surges in extremely ill patients left HCWs in situations where they were unable to provide needed care. Moral injury to HCWs remained an area of focus, with ongoing NNU calls for support for union responses.

Grocery Workers

On April 7, 2020, a representative of the UFCW discussed the union's priorities for protecting workers both in the food processing sector and the grocery sector. The UFCW had to quickly respond to multiple groups of workers with frequent, direct exposure to SARS CoV-2. The union actively supported grocery store workers by negotiating for paid sick leave for those testing positive or in quarantine and promoting a suite of safety measures such as capacity limits in stores, reduction in store hours to allow for cleaning, time for frequent breaks and handwashing, adequate PPE

provided by the stores, physical barriers for cashiers, and hazard pay for all workers. For meatpacking and food-processing workers, the union advocated for staggering shifts to reduce density on production lines and in break rooms, allowing for more frequent handwashing breaks, distributing locations where workers congregate, and providing PPE. Despite intensive efforts, the UFCW failed to receive support from OSHA or regulators to enforce safety standards. While some companies appeared to be willing to work to mitigate safety concerns, many workers were left unprotected. News organizations covered the role of specific meat and poultry-processing facilities as centers of Covid-19 disease transmission and mortality, and public health organizations identified them as sources of community outbreaks in rural areas. Nevertheless, the UFCW and the National Employment Law Project (NELP) reported deliberate actions by the political appointees within the Department of Health and Human Services to weaken guidance from public health agencies, effectively limiting the ability of local public health departments to intervene to shut down facilities experiencing outbreaks.

Representatives from NELP and GWU with experience both in OSHA and in meat and poultry-processing plants weighed in on the lack of OSHA enforcement, particularly the lack of workplace inspections and regulatory standards for airborne virus transmission. Grocery and food-processing workers would remain a focus of conversation, particularly surrounding the lack of accountability for companies endangering workers. Advocates and scholars from Georgetown University, Georgetown Law, and the University of Chicago proposed a joint project, modeled after existing structures for apparel purchasing, to use universities' purchasing power to enforce pro-worker policies in their food supply chains, particularly with poultry workers. The ongoing meetings allowed occupational health advocates to identify key areas of enforcement lapses, while policy, union, and former OSHA officials were able to comment on the utility of such a project within the context of the existing regulatory structures. This work is ongoing.

UFCW occupational safety and health leadership participated in the calls and fostered a collaboration between local union leadership and university partners in which academic partners worked to help UFCW local leadership evaluate ongoing union safety efforts among grocery store workers. This collaboration initially assisted the local union in negotiations with employers and was subsequently discussed in the call. The evaluation was conducted on anonymized information provided to researchers by the union following human subjects' protection review. In-store rates of Covid-19 infections compared to county background rates demonstrated lower than background illness rates in stores with management enforcement of customer mask use and in stores where management was reported to be responsive to worker complaints, among other findings.² Ongoing union work focused on vaccination outreach and ventilation,

Table 3. Occupational Sectors.

Sector	Issues	Discussants	Notable discussion
Hospitality	<ul style="list-style-type: none"> • Need for unemployment assistance • Differences in assistance between states, cut-off dates for unemployment 	<ul style="list-style-type: none"> • NELP • Congressional aides • UNITE HERE 	<ul style="list-style-type: none"> • Sector-specific challenges complicated collaboration between groups—while many workers lost employment, some remained employed and vulnerable • State-by-state comparisons of unemployment systems
Healthcare workers	See text	<ul style="list-style-type: none"> • PHR • SEIU • NNU • GU • UFCW • MCN • FJ 	See text
Food and agricultural workers	See text	<ul style="list-style-type: none"> • AFA-CWA • ATU • UNITE HERE • IDG 	See text
Transportation	<ul style="list-style-type: none"> • Masking of passengers • PPE 	<ul style="list-style-type: none"> • Member and staff representatives of AFT • NEA • SEIU • UAW • Other unions • JHU 	<ul style="list-style-type: none"> • Inhalation hazards experienced by bus drivers and passengers; concerns among airline workers • Challenges specific to gig-workers in the transportation industry
Child care, K-12 education, Higher education	<ul style="list-style-type: none"> • Workforce pay, illness among workforce • Impacts on ability of other workers to go to work • Politicization of mitigation measures • PPE • vaccines 	<ul style="list-style-type: none"> • Consistent sense that the pandemic revealed structural deficiencies in childcare and education systems • Under-compensation of childcare workers and educators contributed to ongoing crisis • Many workers in Secondary education do not have access to health information, advocacy networks 	

with union representatives using real-time CO₂ monitors to assess adequacy of air exchanges. Once again, the union was strongly engaged in vaccination access, negotiating for workers to be prioritized within stores (many of which had pharmacies that were engaged in vaccinating the public before vaccinating workers), as well as using trusted messengers and social media and leading by example.

Cross-Cutting Themes

A range of cross-cutting themes emerged across different segments of the workforce, persisting over time. See Table 4 for cross-cutting themes identified. While immigration status is highlighted here, stress was evident from the outset, not only from the fraught descriptions of HCWs coping with inadequate protections, but from union representatives in the hospitality sector anticipating job loss for all of their workers to individual elementary and secondary school teachers attempting to teach remotely and prepare for in-person classes with inadequate support and respect from administrative leadership.

Immigration Status

Immigration status emerged as a specific vulnerability for job loss, infection, and death in multiple sectors of the economy. Across the United States, a number of local public health

departments recognized early work-related outbreaks in agriculture and food-processing facilities as seeding community outbreaks in rural areas, while advocates identified crowding in transportation and housing and lack of access to healthcare and to social services as major concerns.³

A representative of the Migrant Clinicians Network (MCN) emphasized the particular challenges for migrant workers to access healthcare. With safety net health infrastructure already underfunded and understaffed, providing care to a population with diverse language needs and higher risks of exposure at work became increasingly difficult during the pandemic. Federal funding to Federally Qualified Health Centers (FQHCs) increased under the CARES Act but the need for physical and mental health services in combination with public health interventions remained high through the pandemic. Concerns about disease transmission reduced available primary care services or shifted care to remote platforms. Healthcare access for immigrant workers in the suburban Maryland and Metropolitan DC area was similarly limited, and many immigrant workers and families lacked access to the resources and information needed to protect communities from exposure and were specifically discouraged from accessing resources because of their fears that the Trump administration's "public charge" rule, which counted the use of health or human services programs as a negative consideration in workers' immigration proceedings, would undermine their immigration applications. The MCN representative also

Table 4. Cross-Cutting Themes.

Theme	Issues raised
OSHA enforcement	<ul style="list-style-type: none"> • Consistent concern about the absence of OSHA inspections and enforcement around COVID-19 transmission • Need for an Emergency Temporary Standard in Workplaces (see text)
Vaccinations	<ul style="list-style-type: none"> • Allocation of vaccines to workers equitably and by risk-status • Promotion of vaccination to vulnerable workforce • Legality of vaccine mandates in the workplace
Social safety net	<ul style="list-style-type: none"> • Importance of support for unemployed workers, families through housing and rental support, food stamps, and other programs
Communication	<ul style="list-style-type: none"> • Communication of public health policies, available services and more is important • Barriers to communication hurt workers and, ultimately, pandemic response
Stress	<ul style="list-style-type: none"> • Stress in association with the changing nature of the pandemic affected workers across job sectors

shared that these fears made many immigrant parents reluctant to access care for children who were US citizens. Immigrant advocates also emphasized the emotional strain experienced by both immigrant community members and by those who cared for them. Updates through 2021 described increased efforts by FQHCs to provide vaccine outreach to immigrant and other vulnerable populations.

Representatives of Farmworker Justice (FJ) outlined the exposure risks of farmworkers, more than half of whom are immigrant workers. The existing living and working conditions of farmworkers posed challenges to their health and safety pre-pandemic. Many farmworkers live in close, communal quarters and ride communal transportation to fields and work sites. The piece rate system of payment disincentivizes workers from taking breaks, and limited toilet facilities make it difficult for workers to wash hands or to socially distance when using facilities. Resources were scarce for testing, PPE, and access to public health or to healthcare, particularly for those non-English or Spanish speakers. FJ engaged in a number of advocacy activities to highlight inadequate protection among workers participating in the H2A visa program, which authorizes employers to hire immigrant workers. Advocates successfully fought administration attempts to reduce pay levels for H2A workers and supported various attempts at immigration reform, efforts which were shared on the calls and to the listserv.

Lack of access to food, housing, unemployment compensation, and other social supports and fears of “public charge” policies also affected unemployed immigrant workers. Worker advocates from Houston discussed local and state policies, particularly the eviction moratorium, during a

massive surge in pandemic cases over the summer of 2020. An advocate from the Houston Workers Defense Project (WDP) described the friction between progressive Houston politicians and a historically worker-unfriendly state government and court system around the passage of policies to protect construction workers and workers in other industries, as well as the limitations of even progressive politicians in failing to aggressively enforce an eviction moratorium. WDP encouraged Harris County to implement county-level guidelines and practices for worker safety and housing but struggled to overcome reluctance from employers and landlords to enforce state and federal guidelines. A representative of UNITE HERE in Houston described the challenges of hospitality workers in the state. Many Texas hospitality workers had been laid off while others felt unable to advocate for health and safety measures in the workplace because of the precarity of immigration status. The lack of political will and buy-in from employers were identified by both WDP and UNITE HERE as contributing to high transmission of Covid-19 among workers in Houston.

Discussion

These meetings brought together people who would not normally have the chance to connect and provided public health, labor, NGO representatives, and others support and a safe space to freely share their views and concerns, both as members of organizations and as individuals. The calls connected academics with both frontline workers and advocates and representatives at unions and worker centers, helped reduce academic isolation, and sparked several collaborative efforts among participants. Employers were intentionally not included in these discussions in order to ensure more open discussion by workers and worker organizations. By offering space outside of organizational hierarchies, the meetings allowed for important information to be shared and for participants to provide support for frontline workers, advocates, and conveners in the face of ongoing tragedies. While insufficient internal capacity limited robust follow-up and analysis of specific outcomes from the calls, the experience provided valuable insights into these types of gatherings.

In March of 2020, so much was unknown about the trajectory of the pandemic that participating labor leaders benefited from a sustained connection with public health and occupational health advocates to understand the health dimensions of the pandemic while being able to speak to the lived experiences of workers. Participants described the calls as an important and needed space to process the magnitude of the impacts of the pandemic on workers and public health. The sudden shift of many workplaces from an in-person to online format likely gave many people the time and opportunity to participate in such a forum. While multiple factors likely contributed to the drop-off in attendance in the summer of 2021, we know that many of our participants

returned to an office setting, at least part-time, which shifted attention away from ongoing online gatherings.

Locating the calls at a university assisted in creating a collaborative space where labor and public health advocates were able to speak freely about their experiences and ideas. University scholars and experts are free from some of the political constraints and organizational priorities experienced by workers at government offices, nonprofit advocacy groups, and labor unions. These constraints could have made other organizations less friendly environments for hosting this type of call. Basing the calls out of a university provided a neutral space for representatives of organizations to interact and collaborate; particularly unions and other worker organizations, whose priorities may not always align on all issues. By hosting the calls within several units in the university, each unit drew upon academic and advocacy networks in Washington, DC and nationally to bring together the variety of participants that provided richness and depth to the calls.

The discussions demonstrated the importance of interdisciplinary collaboration and multifaceted policy solutions to attempt to mitigate both the economic and the health effects of the pandemic on the most vulnerable workers. Policies addressing housing, immigration, sick leave, education, childcare, and many other areas proved as important as policies securing working conditions in protecting the health and safety of workers and their families. No policy intervention could operate in isolation.

In the summer of 2021, the Covid-19 and Workers calls were paused as the political climate and public health situation shifted and have since restarted as periodic webinars addressing specific issues (most recently the OSHA Emergency Temporary Standard [ETS] and other efforts) as the pandemic has again taken hold of the economic, social, and safety realities of workers and communities. While participation in the calls remained strong through 2021, demands created by the changing dynamics of the pandemic or a return to in-person responsibilities and time pressures impacted a number of participants, including those at the host unit, which had received no additional resources to organize the calls. A survey sent to the list-serv to ascertain continued interest drew only a handful of responses, and individual telephone outreach suggested a general sense of fatigue.

While the calls have not continued in their original format, the issues discussed on the calls remain relevant. In recent months, there have been increases in worker activism and an increased willingness by workers to leave or refuse unsafe or unsatisfactory work.⁴ Many attribute this rise in worker militancy, in part, to the experiences of workers during the pandemic. Although the total number of workers represented by unions in the United States declined in 2020, the proportion of wage and hour workers represented by a union actually increased for the first time in decades, suggesting the importance of unions in protecting workers from job loss. Furthermore, increasing worker activism suggests an opportunity to address decades of growing

inequality. On the other hand, the ongoing challenges facing OSHA require sober reflection and continued efforts that include both ground-level and concerted expert input.

The experience of the “Covid-19 and Workers” calls describes some benefits for advocates that may be replicable in other settings with limited expenditures of time and effort. The following considerations may be helpful.

Academic Institutions, With Increased Capacity, Could be Uniquely Well Suited to act as Conveners of Diverse Constituencies in Supporting Worker and Other Community Organizations During Crises

It is important to acknowledge at the outset that universities as institutions have had fraught relationships with unions and with communities of exploited workers, often resulting from overt exploitation. Indeed, our own institution profited from the sale of 272 enslaved persons at a very dark time in its history.⁵ Nonetheless, in recent decades, faculty in many fields have established trusted relationships with both community organizations and unions, built through collaborative relationships on projects of mutual benefit.⁶⁻⁸ In such relationships, universities may provide faculty with basic resources, including time and a support infrastructure, that can enable faculty members to act as effective conveners and honest brokers when dealing with constituencies who do not work together on a regular basis. These resources may offer a forum for participants to express points of view not constrained by the official positions of their organizations. This may in turn facilitate exploration of issues with greater awareness of their complexity.

Not all universities, including ours, have the entire spectrum of expertise needed, but regional collaboration makes the work feasible. We believe labor centers or labor studies departments to be a central component of such a regional collaboration, given the long organizational history of participating in respectful relationships with organized labor and worker centers.

Resource constraints need to be addressed in advance, however, if we are to make better use of university convening power in a future crisis. Infrastructure support to provide translation services early on, for example, or to provide staffing support for prolonged or intensive efforts are not routinely available, and the pandemic demonstrated the limitations of government support.

Diversity Creates Powerful Synergies

When people from a wide array of backgrounds, disciplines, and institutional settings came together to inform themselves and strategize about the impact of Covid-19 on workers, the whole added up to more than the sum of its parts. Members of each constituency came away enlightened by the perspectives of others. At the same time, one deficiency of our collaboration became increasingly evident to us, and we urge other

universities to avoid it in the future: our meetings were held in English, making it difficult for us to fully understand the problems that a diverse group of immigrants were facing. Our own limited capacity and resources prevented us from further expanding our conversations in this area. Were we to attempt a similar effort again, we would seek to partner with an organization that has deeper relationships in immigrant communities and the capacity to provide translation.

Covid-19 has Sharply Accentuated the Problems Posed by the “Fissured Workplace” in an Era of Regulatory Rollback, and Thus Serves as a Warning Regarding Future Dangers for Which We Must Prepare

COVID-19 was the first pandemic to sweep through US workplaces since the rise of what scholars now call the “fissured workplace”; jobs increasingly characterized by subcontracting, outsourcing, franchising, misclassification of workers as independent contractors, “temping,” and platform employment (or “gig” work, such as driving for Uber), the spread of which have made it more difficult for government to protect workers’ rights or regulate the safety of their work environments.⁹ The rise of the fissured workplace has been accompanied by a sharp erosion of government regulatory power accelerated by the US Supreme Court. Even in traditional employment settings, such as hospitals and meat packing plants, participants were very clear about the many OSHA failures that included not only the Trump Administration’s abject refusal to enforce regulations, and that improved in the Biden administration, but disappointment in what the latter was able to accomplish. The initial ETS excluded workers other than HCWs and the subsequent attempt to reframe a Covid standard focused exclusively on vaccinating workers with no regard for other protections fell far short of addressing worker needs. On January 22, 2021, the Supreme Court ruled six to three in the case of *National Federation of Independent Business v. Department of Labor, Occupational Safety and Health Administration* that OSHA had no authority to promulgate a temporary emergency standard to protect workers from COVID-19, since the virus was not confined to workplaces. Then, on June 30, 2022, in a six to three ruling in the case of *West Virginia v. Environmental Protection Administration*, the court limited the power of federal agencies to make and enforce regulations without explicit Congressional authorization of the regulatory details. Taken together, these rulings amplify the already weak regulatory response and suggest that workers should not expect much help from federal regulatory agencies during the next public health emergency.

Government’s growing inability to protect workers suggests that in the future, more than ever before, we must incorporate worker health and safety into the struggle to promote decent work and build effective networks among workers and their allies that can help workers advocate for themselves. We face a future in which we might have to engage

in “standard-setting from below,” where we prepare to enhance the enforcement efforts of OSHA’s Safety and Health Compliance Officers through active engagement of worker representatives and demand policy changes and standard setting through agitation and the collective action of a community of interests in solidarity with workers.

The Time to Prepare for Our Next Crisis is Now

Given the extent of our national failures in addressing the current pandemic, the likely emergence of SARS CoV-2 variants or new zoonotic threats, and the threat of climate change, we believe a loosely structured network will continue to be useful. Other university-based labor and/or public health centers may have the ability to convene broad-based working groups similar to the kind we have piloted.

Though participants in our calls remained enthusiastic about the possibilities of continued collaboration, we were unable to sustain it as the pandemic has continued. To continue to respond to Covid-19 and prepare for future public health threats that will impact workers, we suggest that future university-based partnerships be built intentionally, with funding, capacity, staffing, and accessibility needs built into the structure. Foundation or other outside funding could allow for dedicated staff time and resources for translation, captioning, or other accessibility needs. Dedicated staff could conduct outreach, collect data and feedback from participants, and set short- and long-term goals for collaboration. With broad philanthropic funding, we suggest it would be useful to create partnerships based on this model based at universities strategically located in various regions across the country to bring together local and regional advocates with common goals.

Conclusion

While we conclude that the ad-hoc networking model of discussions convened by the Kalmanovitz Initiative and Georgetown University faculty may provide a model for others to discuss ongoing issues facing workers and their families, this conclusion raises additional questions. Should such disparate ad-hoc networks in turn be coordinated, and if so, how? How would national labor, advocacy, occupational and public health organizations be included, and what is the relationship between front-line workers and community members and local and national organizations? We believe these questions can be answered organically, and we seek colleagues at other universities, in labor and advocacy organizations, and in philanthropies who are interested in joining with us to work on this problem.

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