# Racial Justice Demands a Permanent OSHA Standard to Protect All Workers From COVID-19

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In this issue of NEW SOLUTIONS, Randy Rabinowitz lays out for us "The Sad, Sad Story of OSHA's Failure to Protect Workers from COVID-19." As she says, "OSHA has been a toothless tiger, haplessly going back and forth with poorly designed, limited efforts to protect workers." She points out that

> Two years after the pandemic began… [t]here are… no COVID specific protections in place for any workers. Instead, OSHA claims it will enforce existing general standards and the general duty clause despite having concluded that these tools are not effective in protecting workers from COVID-19. Workers remain at serious risk of workplace exposure to the SARS-CoV-2 virus. The occupational health crisis caused by the virus continues; the toll of unnecessary infections, serious illness and deaths among workers continues to mount.[1]

The heaviest impact of this failure is on those workers whose, jobs, by their nature, cannot be performed from home, often called frontline or essential workers. Early in the pandemic, the Economic Policy Institute found that people of color make up the majority of essential workers in food and agriculture (50%) and in industrial, commercial, residential facilities, and services (53%).[2] More recent research has confirmed that it continues to be the case that BIPOC[3,4] and of foreign-born workers[5] are overrepresented among "essential" or front line workers.

With the overrepresentation of these groups in workplaces in which physical presence is necessary to get the work done, it becomes evident that the workplace is a major contributor to their disproportionate share of COVID-19 morbidity and mortality. As a result, the failure, after more than 2 years, to have effective regulations in place to control the transmission of COVID-19 in the workplace is indicative of a lack of commitment on the part of the federal government to control this major contributor to racial disparities in COVID-19 morbidity and mortality.

The administration appears to be acting as if it can vaccinate its way out of the problem as evidenced by its short-lived vaccine or test rule as the only mandatory regulation it has issued for non-healthcare workplaces. There is some evidence that this strategy has worked to some degree. Leonhardt reported in *The New York Times* that extensive efforts in communities of color have boosted vaccination rates and reduced morbidity and mortality.[6] Data from the Centers for Disease Control and Prevention (CDC) indicate that mortality rates among African Americans and Hispanic Americans have fallen below those of White Americans.[7] However, this has happened only since the recent Omicron surge began to decline. It is unclear whether this will be sustained. Controlling workplace transmission of COVID-19 may be necessary in order to sustain it. Moreover, case rates among Hispanic Americans remain higher than among White Americans,[7] which may mean that mortality rates will again exceed those of White Americans.

The narrowing of racial disparities may also have been assisted by political resistance to public health measures. Sehgal et al[8] found a statistically significant excess of COVID-19 mortality in majority Republican counties relative to majority Democratic counties. The excess was 72.9 deaths per 100,000 people. In addition, they reported that, on average, majority Republican Counties had lower African American and Hispanic American populations than majority Democratic counties. Their analysis indicates that about 10% of the difference in mortality can be attributed to the difference in vaccine uptake between majority Republican and majority Democratic counties. According to the authors "[I]t appears that voting behavior acts as a proxy for compliance with and support for public health measures… that could affect disease spread and mortality." Although Republican pundits and politicians may be unintentionally contributing to a reduction in racial disparities in the impact of COVID-19 by encouraging their predominantly white followers to resist COVID protections, this is

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not the desired way to reduce disparities. The goal should be to reduce morbidity and mortality for everyone.

Unfortunately, there are reasons to question whether a focus on vaccines without regulations to control COVID-19 transmission in the workplace can be effective in the long run. Vaccines wane in effectiveness against severe illness hospitalization and death after about 6 months and wane even faster in effectiveness against infection.[9–11] This means that repeated boosters approximately every 6 months will be necessary, which may require ongoing vaccination campaigns. Another reason is that vaccination is more effective against severe disease hospitalization and death than against transmission.[9–11] As a result, measures in addition to vaccination are necessary to prevent workplace transmission. A third reason is that due to the effects of racism, BIPOC workers enter the workplace with poorer health status and more comorbidities and are more likely to suffer severe disease, hospitalization, and/or death if infected with COVID-19.[12] All these reasons together mean that in addition to the obligation to protect workers from a disease that is transmissible in the workplace by aerosols, it is necessary to use a full suite of mandatory mitigation measures to prevent COVID-19 in the workplace in order to address the racial disparities in COVID-19 morbidity and mortality. This should be done immediately. It is past time!

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