



WORKERS' MEMORIAL WEEK REPORT

DEADLY RISKS, **COSTLY FAILURES**



APRIL 2021 / NATIONAL COSH

OUR MISSION

The National Council for Occupational Safety and Health (National COSH) is dedicated to promoting safe and healthy conditions for all working people through education, training, organizing, and advocacy. We are a federation of twenty-four local affiliates in sixteen states. We engage workers, labor and community allies to improve workplace conditions and practices; promote effective health and safety programs; organize direct action against egregious employers; and wage campaigns for effective safety and health policy.

Nearly all work-related injuries, illnesses and fatalities are preventable. National COSH supports workers who are acting to protect their safety and health; promotes protection from retaliation under job safety laws; and provides quality information and training about hazards and controls on the job and workers' rights.

**ALL WORK HAS DIGNITY – AND ALL WORKERS
HAVE A RIGHT TO SAFETY ON THE JOB.**

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**WORKERS'
MEMORIAL
WEEK:
APRIL 23
THROUGH
MAY 3,
2021**

This report is released to mark Workers' Memorial Week, remembering those who have been injured, suffered illnesses or lost their lives at work. The event is observed nationwide — and around the world — by unions, surviving family members, and health and safety activists in workplaces and communities.



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EXECUTIVE SUMMARY

The COVID-19 pandemic has created an unprecedented crisis for workers in the United States and around the globe. Because the virus spreads through the air, every worker in every workplace is at risk of infection from a potentially fatal disease.

THIS NEW RISK ADDS TO ALREADY EXISTING – AND DEADLY – WORKPLACE HAZARDS.

In 2019, [more than 5,300 U.S. workers lost their lives](#) due to preventable workplace trauma. In addition, [an estimated 95,000 U.S. workers die each year](#) from long-term exposure to carcinogens, asbestos, silica and other deadly hazards. [More than 2.8 million U.S. non-fatal occupational injuries and illnesses](#) were reported by U.S. employers in 2019.

WHO SUFFERS THE MOST FROM COVID-19?

COVID-19 pandemic has laid bare longstanding patterns of inequity and discrimination. Communities of color, low-income families, and essential workers are suffering a disproportionate share of illness and death.

[According to the U.S. Centers for Disease Control \(CDC\)](#), Black and Latinx populations are three times as likely to become hospitalized with the disease -- in large part because of increased risk of occupational exposure in frontline workplaces. The risk of dying from COVID-19 is 1.9 times as high for Black people as White people, and 2.3 times as high for the Latinx population.

WHAT WE DON'T KNOW:

COVID-19 outbreaks have been severe in many U.S. workplaces, but no public agency is tracking workplace exposure to the pandemic. No data is available about how many U.S. workers have died after getting infected on the job.



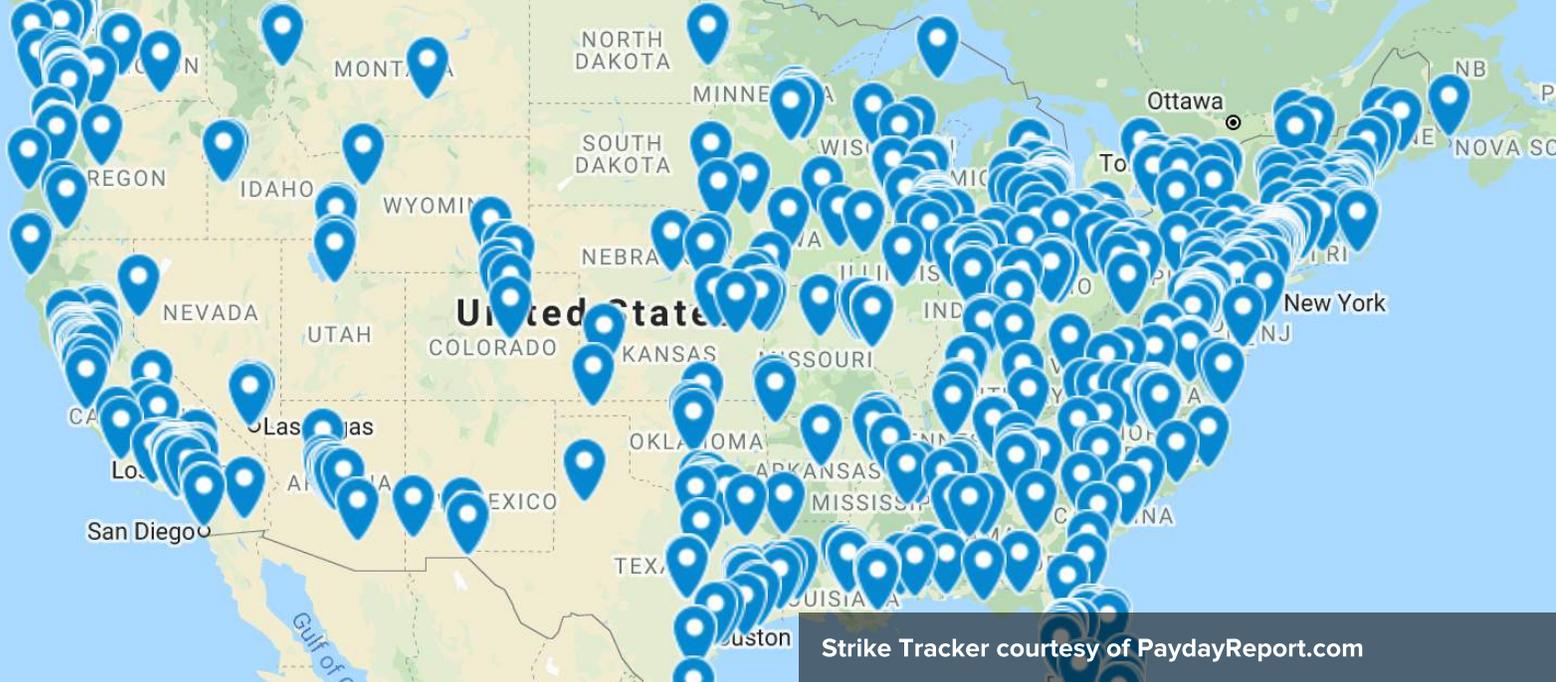
WHAT WE DO KNOW:

ONTARIO: The Toronto-based Institute for Work and Health, a private non-profit organization, estimates “a non-trivial 20 percent of infections among working-age adults in Ontario can be attributed to workplace transmission.”

CALIFORNIA: Researchers at the University of California, San Francisco (UCSF) have estimated excess mortality due to COVID-19 in 2020. They found double-digit mortality increases among food and agriculture workers; facilities workers; transportation/logistics workers, manufacturing workers and emergency/health care workers.

DURING 2020, U.S. OSHA’S RESPONSE WAS A TRAGIC FAILURE: Although the U.S. workplace safety agency received 20 percent more worker complaints in 2020, OSHA conducted 50 percent fewer inspections, and many were done remotely. As a result, says the U.S. Department of Labor’s Inspector General, “[T]here is an increased risk that OSHA is not providing the level of protection that workers need at various job sites...”

WORKERS’ COMPENSATION INSURANCE FALLS SHORT: A large percentage of COVID-19 claims are being denied even in states where new laws extend a “presumption of eligibility” for some – but not all – frontline workers. In Minnesota, for example, not a single claim has been paid for workers in large meat processing plants, the site of significant COVID-19 outbreaks.



WORKERS TAKE ACTION:

While OSHA and many employers and workers' compensation insurers have failed to respond to the dangers of COVID-19, workers have not waited. PaydayReport.com [has tracked more than 1,100 strikes](#), walkouts and job actions since the beginning of March 2020, many related to COVID-19 and job safety issues.

With support from COSH groups, unions, workers' centers and allies, workers have won new safety guidelines for grocery and retail workers in Western New York; citywide safety standards for seafood workers in New Bedford MA; new city safety ordinances in Philadelphia and Los Angeles, and statewide workplace safety standards in Virginia, Michigan, California and Oregon.

ACTION STEPS FOR SAFER WORKPLACES

- **In the workplace:** Workers can join together, learn about our rights and ask management, as a group, to sit down and discuss a COVID-19 protection plan.
- **In the White House, Department of Labor and OSHA:** The Biden-Harris administration must issue a COVID-19 Emergency Temporary Standard (ETS) to protect workers from the spread of infectious disease; ensure strong enforcement of all safety laws; and protect workers' rights to speak up and achieve safe working conditions.
- **In Congress:** Legislators should re-introduce and pass the Protecting America's Workers Act (PAWA). This will update the OSH Act, expand coverage, strengthen enforcement, and enhance whistleblower protections.

DEADLY RISKS, COSTLY FAILURES

The COVID-19 pandemic has created an unprecedented crisis for workers in the United States and around the globe. Because the virus spreads through the air, every worker in every workplace is at risk of infection from a potentially fatal disease. The danger of infection is also present in our homes and our communities.

This new risk adds to already existing – and deadly – workplace hazards:

- In 2019, more than 5,300 U.S. workers¹ lost their lives due to preventable workplace trauma – incidents such as a fatal collision with machinery, a fall from a height, or drowning in a trench.
- Deaths from workplace trauma increased by 10.3% over the five-year period between 2015 and 2019 -- and fatalities are increasing even faster for workers of color.

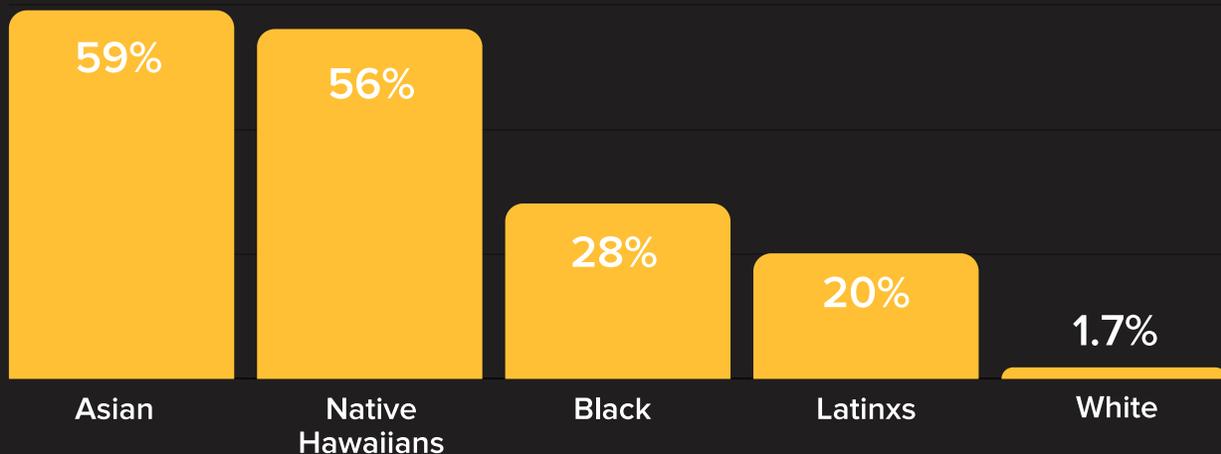
DEATHS DUE TO PREVENTABLE
WORKPLACE TRAUMA IN 2019

5,300

INCREASE IN DEATHS FROM
WORKPLACE TRAUMA, 2015-2019

10.3%

DEATHS FROM WORKPLACE TRAUMA **RISING FASTER**
FOR WORKERS OF COLOR, 2015-2019



- In addition, an estimated 95,000 U.S. workers die each year² from long-term exposure to carcinogens, asbestos, silica and other deadly hazards.
- More than 2.8 million U.S. non-fatal occupational injuries and illnesses were reported by U.S. employers in 2019.³
- Between 20 and 70 percent of workplace injuries and illnesses are not properly recorded, or never reported at all,⁴ so the actual number of illnesses and injuries is far greater.

95k

WORKERS DIE FROM LONG-TERM EXPOSURE-RELATED ILLNESSES

2.8M

SUFFER NON-FATAL OCCUPATIONAL INJURIES AND ILLNESSES

?

MILLIONS OF INJURIES AND ILLNESSES UNDERREPORTED -- OR NEVER REPORTED.

¹ U.S. Bureau of Labor Statistics, "Census of Fatal Occupational Injuries in 2019," December 16, 2020

² Journal of Occupational Environmental Hygiene, "Global estimates of the burden of injury and illness at work in 2012," 2014

³ U.S. Bureau of Labor Statistics, "Employer-reported workplace injuries and illnesses – 2019," November 4, 2020

⁴ Velocity EHS, "OSHA Recordkeeping: Causes and Consequences of Underreporting Workplace Injuries & Illnesses," February 2, 2020



Gustavo "Kike" Ramirez fell 120 feet to his death at age 16 in June 2020, while working at a construction site in Nashville, TN.

The general contractor, D.F. Chase, Inc. did not provide him with a safety harness. Gustavo, a skilled soccer player, was the youngest of six siblings. Following his death, members of his family are advocating for safety reforms and accountability to be included in Nashville's construction code.

More than 700 workers died from a "fall to a lower level" in 2019; data are still being compiled for 2020. These fatalities are preventable with safety harnesses and other fall protection protocols.

Sources: [NewsChannel5, June 24, 2020](#); [WKRN, March 2, 2021](#); [U.S. Bureau of Labor Statistics, December 16, 2020](#)



Jose Antunes Garcia, a farmworker for 50 years at Cervantes Enterprises in Vado, New Mexico, died from complications of COVID-19 on December 15, 2020. He is survived by his wife Genoveva Garcia Martinez and nine children.

One of Mr. Garcia's daughters, Carolina Garcia, is a registered nurse at the hospital in Las Cruces NM where he was under treatment. She was the only family member allowed to visit him during his final days, as the deadly virus slowly crippled his lungs and took his life.

Source: New York Times, December 22, 2020; Legacy.com

WHO SUFFERS THE MOST FROM COVID-19?

In the U.S. and elsewhere, the COVID-19 pandemic has laid bare longstanding patterns of inequity and discrimination. Communities of color, low-income families, and essential workers are suffering a disproportionate share of illness and death.

[According to the U.S. Centers for Disease Control \(CDC\)](#), Black, Latinx and White people in the U.S. have roughly the same risk of becoming infected with COVID-19. But Black and Latinx populations are three times as likely to become hospitalized with the disease – in part because of increased risk of occupational exposure in frontline workplaces.

The risk of dying from COVID-19 is 1.9 times as high for Black people as White people, and 2.3 times as high for the Latinx population. Native Americans are 3.7 times more likely than Whites to become hospitalized due to COVID-19, and 2.4 times more likely to die from the disease.⁵

INCREASE RISK OF DEATH FOR PEOPLE OF COLOR, COMPARED TO WHITE PEOPLE

1.9X	2.3X	2.4X
BLACK	LATINXS	NATIVE

⁵ U.S. Centers for Disease Control, "Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity," updated March 12, 2021

To be sure, the pandemic has devastated all communities. As of early March, [the U.S. death toll from COVID-19 includes:](#)

- 300,000+ White people
- 90,000+ Latinx people
- 73,000+ Black people
- 17,000+ Asian people
- 5,400+ Indigenous people.⁶



Occupation is among the factors [identified by the CDC](#) which account for more severe COVID-19 outcomes among minority populations per capita. These groups “are disproportionately represented in essential work settings such as healthcare facilities, farms, factories, grocery stores and public transportation.”⁷ They also are disproportionately low-wage workers, unable to afford to not work. Other causes include discrimination, lack of access to health care, housing conditions, and disparities in education, income and wealth.

⁶ APM Research Lab, “The color of coronavirus: COVID-19 deaths by race and ethnicity in the U.S.,” March 5, 2021

⁷ U.S. Centers for Disease Control, “Health Equity Considerations and Racial and Ethnic Minority Groups,” Updated February 12, 2020



Celia Yap-Banago, RN, a member of the National Nurses Union (NNU), died from COVID-19 on April 21, 2020, just days before her planned retirement after 40 years of service at HCA’s Research Medical Center (RMC) in Kansas City. Yap-Banago, survived by her husband Amado and sons Jhulan and Josh, cared for a patient infected with COVID-19 shortly before she herself contracted the disease. “She was one of many RNs at the hospital,” reports the NNU, “who have expressed concern over inadequate COVID-19 preparation at RMC.”

Sources: National Nurses Union, April 22, 2021; [DignityMemorial.com](#)

WHAT WE DON'T KNOW

COVID-19 outbreaks have been severe in many U.S. workplaces, and frontline workers have risked their lives to provide the rest of us with health care, food, shelter, sanitation, and many other essential goods and services. But no public agency is tracking workplace exposure to the pandemic. No comprehensive data is available about how many U.S. workers have died after getting infected on the job.



WHAT WE DO KNOW

ONTARIO: The Toronto-based Institute for Work and Health, a private non-profit organization, estimates “[a non-trivial 20 percent of infections](#) among working-age adults in Ontario can be attributed to workplace transmission.”

If a similar estimate is applied to the [most recent CDC data](#), broken down by age group, this would account for at least 3.5 million COVID-19 infections due to workplace exposure among the U.S. working age population (ages 18-64.)

CALIFORNIA: Researchers at the University of California, San Francisco (UCSF), analyzing death certificates in the state dating back to 2016, [have estimated excess mortality due to COVID-19 in 2020](#). Their findings:

- A 39 % increase in mortality among food and agriculture workers
- A 27% increase among facilities workers
- A 28% increase among transportation/logistics workers
- A 23% increase among manufacturing workers
- A 19% increase among health and emergency workers¹⁰

⁸ Institute for Work and Health, “What research can do: Estimating the role of workplaces in COVID-19 transmissions,” August 25, 2020

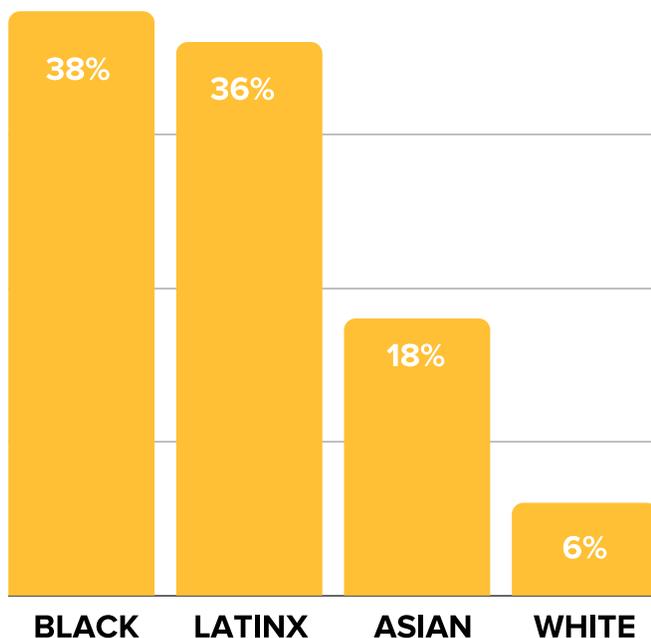
⁹ U.S. Centers for Disease Control, “Demographic Trends of COVID-19 cases and deaths in the US reported to CDC,” accessed March 16, 2021

¹⁰ medRxiv, “Excess mortality associated with the COVID-19 pandemic among Californians 18–65 years of age, by occupational sector and occupation: March through October 2020,” January 20, 2021

UCSF researchers also found significant racial disparities. While working-age adults across California experienced a 22% increase in mortality during the pandemic, the figures varied widely among racial and ethnic groups:

- A 38% increase among working-age Black Californians
- A 36% increase in mortality among working-age Latinx Californians
- An 18% increase among working-age Asian Californians
- A 6% increase among working-age White Californians.

**CALIFORNIA, 2020 VS. 2021:
INCREASE IN MORTALITY RATES LINKED
TO COVID, BY RACIAL/ETHNIC GROUPS**



We are not aware of any similar analysis for all U.S. working-age adults. California by itself, however, accounts for 12% of the U.S. population.



Paul Frishkorn died from COVID-19 on March 23, 2020.

A longtime union activist in both the Association of Flight Attendants (AFA-CWA) and the Association of Professional Flight Attendants (AFPA), he was the first member of a U.S. flight crew to die from exposure to the coronavirus. An accomplished figure skater, Mr. Frishkorn is remembered by those who knew him as a devoted friend and colleague with an infectious sense of humor and a passion for helping others.

Sources: BuzzFeed News, March 27, 2020;
Association of Professional Flight Attendants,
March 26, 2020



Sedika Buljic, a worker at a Tyson Foods pork plant in Waterloo, Iowa, died at age 58 on April 18, 2020 from complications of COVID-19. She is survived by her husband, Hus Hari Buljic.

More than 1,000 workers at the plant were infected with COVID-19; Buljic is one of six who died from the disease. In December 2020, Tyson fired seven managers at the Waterloo facility for participating in a “winner take all” betting pool to bet on how many employees would become infected with COVID-19.

Sources: Associated Press, June 25, 2020; Industry Week, December 17, 2020.

A FAILED RESPONSE BY U.S. OSHA

As more and more workers fell ill from COVID-19, with an alarming number of fatalities, many took action by filing workplace safety complaints with the U.S. Occupational Safety and Health Administration (OSHA). But while complaints to OSHA increased in 2020, the number of safety inspections by OSHA actually decreased. Due to the pandemic, even when inspections did happen, they were often conducted remotely.

On March 13, 2020, then-president Donald Trump declared COVID-19 a national emergency. But as of this writing, OSHA has yet to issue a binding Emergency Temporary Standard (ETS) requiring employers to create and implement a COVID-19 Prevention Plan.

Relying on voluntary employer compliance, instead of mandatory COVID-19 safety regulations has been a catastrophic failure for American workers. As the Inspector General of the U.S. Department of Labor [reported in February 2021](#):

“Compared to a similar period in 2019, OSHA received 15 percent more complaints in 2020, but performed 50 percent fewer inspections. As a result, there is an increased risk that OSHA is not providing the level of protection that workers need at various job sites...

“With most OSHA inspections done remotely during the pandemic, workplace hazards may go unidentified and unabated longer, leaving employees vulnerable...

“While OSHA has issued several guidance documents to enhance safety provisions during the pandemic, guidance is not enforceable like rules or standards would be.”¹¹

On his first day in office, President Biden issued an executive order requiring OSHA to review the need for a nationwide, legally enforceable COVID-19 Emergency Temporary Standard (ETS), with March 15th as a target date for implementation. National COSH, unions and allies have advocated for this approach since the early days of the pandemic. The Biden-Harris administration must move forward without any further delay.

WORKERS’ COMPENSATION – A COMING CRISIS

As a result of widespread COVID-19 infections, illnesses and deaths in many workplaces, hundreds of thousands of workers have filed workers’ compensation claims. A large percentage of these claims are being denied even in more than a dozen states where new laws extend a “presumption of eligibility” for some – but not all – frontline workers.

In Minnesota, for example, the Minneapolis Star Tribune reported in February that not a single claim has been paid for workers in large meat processing plants, [“where some of the state's biggest workplace outbreaks occurred.”](#)¹²

The pandemic had a less severe impact on workers’ compensation insurance carriers than expected. The shutdown of many businesses reduced overall claims, and many of the COVID-19 claims that have been paid were for less severe cases with relatively modest medical costs.

As a result of reduced costs, some insurance carriers are now reducing workers’ compensation premiums paid by employers, [reports the Wall Street Journal](#).¹³ But a high price will be paid for years to come by workers who have been denied coverage even while suffering from job-related “long-haul COVID,” with symptoms including muscle, chest and joint pain; shortness of breath, intermittent fever, mental fatigue, and heart palpitations.

¹¹ Institute for Work and Health, “What research can do: Estimating the role of workplaces in COVID-19 transmissions,” August 25, 2020

¹² Minneapolis Star Tribune, “No workers’ comp paid so far at Minnesota meatpacking plants,” February 20, 2021

¹³ Wall Street Journal, “Why So Many Covid-19 Workers’ Comp Claims Are Being Rejected,” February 14, 2021



HOW WORKERS HAVE RESPONDED

While OSHA and many employers and workers' compensation insurers have failed to respond effectively to the dangers of COVID-19, workers have not waited. PaydayReport.org [has tracked more than 1,100 strikes](#),¹⁴ walkouts and job actions since the beginning of March 2020, many related to COVID-19 and job safety issues.

In many communities, local COSH groups have joined with workers, unions, workers' centers and allies to fight for – and win – crucial safety measures to reduce the risk of workplace infections. A few examples:

MARCH 2020:

WNYCOSH spurs adoption of retail safety measures:

Consulting with grocery and retail workers, the United Food and Commercial Workers (UFCW) union, and safety experts, the Western New York Council on Occupational Safety and Health develops [Guidance for Cashiers in Retail Establishments](#). Recommendations include use of plexiglass, social distancing, mask wearing, and other measures. The WNYCOSH Guidance, NPR reports, has become “the new normal” in many grocery and retail outlets in Western New York.¹⁵

APRIL 2020:

New Bedford seafood workers win citywide protections:

Workers in New Bedford, MA [deliver safety demands to 30 local employers](#), with help from Pescando Justicia, the Centro Comunitario de Trabajadores, Justice at Work and the Massachusetts Coalition for Occupational Safety and Health (MassCOSH).¹⁶ A few weeks later, Mayor Jon Mitchell issues an emergency order that adopts many of the workers' suggestions, including rapid reporting of coronavirus cases, masks, and social distancing.¹⁷



¹⁴ Payday Report, “COVID-19 Strike Wave Interactive Map,” accessed March 15, 2021

¹⁵ WBFO, “Grocery stores are ‘essential.’ Don’t use that as an excuse to leave the house, workers plead,” April 1, 2020

¹⁶ South Coast Today, “New Bedford seafood workers report overcrowding, poor sanitation,” April 13, 2020

¹⁷ WJAR, “New Bedford issues emergency orders for industrial businesses,” May 6, 2020

In December 2020, [workers again petition employers](#) for further safety improvements, including paid sick leave, ongoing training, and free testing.¹⁸

In February 2021, National Geographic calls New Bedford “[a rare coronavirus success story among the nation’s food processing hubs](#),” where public health measures tied to workers’ concerns have limited the spread of the deadly virus.¹⁹

JULY 2020:

Philly fights retaliation: Safety activists, including the Philadelphia Area Project on Occupational Safety and Health (PhilaPOSH), [win a new city ordinance](#), “The Essential Worker Protection Act. The law prohibits retaliation against workers who report an unsafe condition or refuse dangerous work.”²⁰

Virginia implements safety standards with real teeth:

Virginia becomes the first state to implement mandatory COVID workplace protections. Worker advocates — including the Legal Aid Justice Center, Community Solidarity for Poultry Workers, Virginia Organizing, the Virginia AFL-CIO and the VA Interfaith Worker Center — overcame [fierce opposition to the standard from the state’s powerful poultry industry](#). The Virginia standard includes requirements such as physical distancing, protective gear for workers, workplace sanitization and a prohibition on retaliating against workers who raise safety concerns. It provides for penalties of up to \$130,000 for employer violations.

¹⁸ South Coast Today, “[Seafood processing workers ask companies to fix unsafe practices, improve communication](#),” December 10, 2020

¹⁹ National Geographic, “[Much of America’s seafood comes through this city. Here’s how it controlled COVID-19](#),” February 8, 2021

²⁰ Philadelphia Inquirer, “[Philadelphia set to be first U.S. city to protect workers against retaliation for calling out coronavirus conditions](#),” June 24, 2020

²¹ Washington Post, “[Virginia adopts nation’s first coronavirus workplace safety rules after labor groups decry federal inaction](#),” July 15 2020





Since the Virginia standard was enacted, [Michigan](#),²² [Oregon](#)²³ and [California](#),²⁴ have also adopted statewide safety standards to prevent the spread of COVID-19 in the workplace. In both Oregon and California, advocacy by COSH groups, labor unions and allies played a significant role in achieving these important workplace protections.

NOVEMBER 2020:

LA creates public health councils: The Los Angeles City Council passes an innovative program to create public health councils, with worker participation, in industries that have suffered COVID-19 outbreaks. Targeted sectors include food and apparel manufacturing, warehousing and storage, and restaurants. The new program, backed by the LA County Federation of Labor, the Garment Worker Center, and the Southern California Coalition for Occupational Safety and Health (SoCalCOSH), will educate workers on safety protocols for infectious disease and help them report violations.²⁵



JANUARY 2021:

National COSH releases "National Agenda for Worker Safety and Health": More than 100 labor and community-based organizations back an eight-point plan to empower workers to make our workplaces safer. Key points include strong, rigorously enforced safety laws and regulations; protection against retaliation, a seat at the table for workers; equity and inclusion, Strengthen and enforce our safety laws and regulations and worker-centered protocols to track, prevent and protect against COVID-19



²² Safety+Health, "COVID-19 pandemic: Michigan enacts emergency temporary standard," October 19, 2020

²³ KTVZ.com, "Oregon OSHA adopts new COVID-19 temporary rule for all workplaces," November 6, 2020

²⁴ Safety+Health, "COVID-19 pandemic: California enacts emergency temporary standard," December 2, 2020

²⁵ Los Angeles Times, "[L.A. County approves program for workers to form public health councils to curb coronavirus spread](#)," November 10, 2020

NATIONAL COSH – CORONAVIRUS RESOURCES FOR WORKERS

In response to the unprecedented COVID-19 workplace health crisis, National COSH has consulted with frontline workers, unions, workers centers', physicians and occupational safety and health professionals to create resources for education, organizing and action to improve our workplaces.

These documents are available on our website at NationalCOSH.org in English and Spanish.

- Model Workplace Safety and Health Demands for Essential Workers ([English](#) / [Spanish](#))
- Report: A Safe and Just Return to Work ([English](#) / [Spanish](#))
- National Agenda for Worker Safety and Health ([English](#) / [Spanish](#))

ACTION STEPS FOR SAFER WORKPLACES

AT WORK

- [Talk to coworkers about the risk of COVID-19 and safety concerns](#) at your workplace.
- [Learn about safety measures](#) to control COVID-19 that protect workers.
- As a group, ask management for a meeting to talk about a COVID-19 Protection Plan in your workplace and how to make it effective.

WHITE HOUSE, U.S. DEPARTMENT OF LABOR AND OSHA

- Issue a COVID-19 Emergency Temporary Standard (ETS), without further delay, to require a COVID-19 prevention plan in all workplaces, with full worker involvement.
- Ensure strong enforcement, requiring employers to establish COVID prevention programs in collaboration with workers.
- Vigorously protect workers' right to speak up about safety without retaliation.
- Increase oversight of OSHA state plans.

U.S. CONGRESS

- Reintroduce and pass the Protecting America's Workers Act (PAWA), updating the OSH Act, expanding coverage, strengthening enforcement, and enhancing whistleblower protections.
- Pass the Protecting the Right to Organize (PRO) Act, expanding protections for workers to exercise rights to join a union and collectively bargain for better wages and working conditions.