

Our new president prioritizes worker safety during pandemic



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In January, following his inauguration, President Biden issued a number of executive orders to address COVID-19 and how federal agencies were to focus on the problem and work toward a solution.

In March, Congress passed the American Rescue Plan Act of 2021, which was whittled down from the House version.

Section 2101 provides additional funding to the Occupational Safety and Health Administration (OSHA) in the amount of \$100 million for worker protection activities, including enforcement related to COVID-19.

Section 3101 provides an additional \$10 billion for enhanced use of the Defense Production Act

for diagnostics, personal protective equipment (including N95 masks, which NALC has been mentioning since the beginning of the pandemic), drugs, devices/products for use in treating COVID-19 and for any activity necessary to meet critical public health needs of the United States. There are many additional allocations specific to the needs of the public—too many to identify here.

On March 11, the Workforce Protections Subcommittee of the House Education and Labor Committee held a hearing on the subject of “Clearing the Air: Science-Based Strategies to Protect Workers from COVID-19 Infections.” This was held as a Zoom meeting; it is available for your review at the Education and Labor Committee’s website under “Committee Activity.”

Subcommittee Chairwoman Alma Adams (D-NC) opened the hearing with a clear message: OSHA was missing in action and was not fulfilling its congressionally stated purpose until the Biden administration took over in January. You may recall that in my July 2020 column, I noted that the previous administration’s head of OSHA refused to acknowledge that COVID-19 was a grave danger. Rep. Adams indicated that “we must also take clear steps to keep track of workplace infections.”

The first witness called was Linsey C. Marr, PhD., professor of civil and environmental engineering at Virginia Tech, who shared that she has studied airborne transmission of viruses for the past 12 years, that she had published 30 scientific papers on this subject and that she recently had co-authored (along with 12 other leading medical and scientific experts) a letter to the Biden administration and the Centers for Disease Control and

Prevention (CDC) calling for immediate action to address inhalation exposure of SARS-CoV-2 to prevent COVID-19 infections and deaths. Marr testified that you can get infected by (1) touch transfer, (2) contact with large respiratory droplets, or (3) inhaling small aerosol particles from the air.

Marr said that there are zero documented cases of transmission from a contaminated surface. She then explained that COVID-19 cases appear to be traced to close contact through droplets, which she believes to be an incorrect interpretation in a close contact situation—explaining that when people breathe, talk, sing, laugh, cough or sneeze, they release far more aerosols than droplets, and that this aerosol floats in the air like cigarette smoke. She supported her expert opinion by referring to super-spreading events, citing the example of the choir practice where 53 of a 61 choir attendees were infected (as well as a few other examples).

Marr then explained the difference between a face covering (to minimize the spread) and true personal protective equipment (such as the above-referenced N95).

She made clear that, in her view, CDC’s current guidance has not kept up with scientific knowledge and CDC’s refusal to acknowledge airborne transmission of COVID-19 is a danger.

The next witness, Dr. David Michaels, head of OSHA during the Obama administration, re-affirmed that COVID-19 is transmitted by particles floating in the air, much like cigarette smoke. He emphasized that a face covering can minimize droplet spray exposure, but cannot prevent contamination through inhalation of the airborne material. Michaels also testified that the prior administration and its Department of Labor had blocked OSHA from issuing COVID-19 emergency workplace safety measures, and that OSHA had been forced to cease its work on an infectious disease standard in 2017, a full three years before we were hit with our current pandemic. He also testified that much of the guidance from the CDC is based on old science, and that it must embrace the newest science.

Michaels then addressed the need to accurately track infections and exposure, as only with real data can we derive a better understanding of the risks and then find a solution.

COVID-19 is an airborne infectious disease. Wear the best quality mask (use an N95 or better if you can) that you can get to protect yourself and your family. As hopeful as we all are about the distribution of the vaccine, we cannot become complacent. Keep an eye on each other.