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IHJE
The Institute for Healing Justice & Equity

November 27, 2020

Subject: Worker Recall Legislation

Dear New Haven Legislative Committee,

This letter focuses on the public health implications of worker recall. Worker recall legislation has potential public health benefits. The following analysis was prepared in partnership with the COVID-19 Taskforce on Racism & Equity.[1]

A greater sense of job security will increase compliance with COVID-19 mitigation recommendations. Economic factors have played an important role in determining the level of compliance with local shelter-in place and other COVID-19 mitigation recommendations and mandates in the US.[2] Social distancing among low-income communities increased after the CARES Act stimulus transfers provided additional income to many individuals in those communities. This research suggests that improving the economic conditions of residents will also lead to increased compliance with risk mitigation recommendations and therefore increased community safety. Notably, Health Equity Solutions, a Connecticut-based health equity organization, has been conducting community surveys regarding the impact of the COVID-19 on underserved communities in Connecticut.[3] The results of the survey indicate that the most significant concerns for underserved Connecticut residents are that of unmet basic needs, including financial concerns, and the need for housing, food, and living supplies.[4]

A greater sense of job security will reduce stress levels for hotel workers, which will protect the immune systems of a population at higher risk of contracting COVID-19. It is well documented that higher stress levels are associated with decreased immunity and other dysfunctions of the immune system.[5] Being displaced from work with no hope of return creates additional stressors and mental health challenges for the hotel industry's low-wage, disproportionately Black and Latino workforce.[6] Research suggests that uncertainty and job

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[1] https://www.racialhealthequity.org/covid19.

[2] Wright, Austin L., et al., *Poverty and economic dislocation reduce compliance with COVID-19 shelter-in-place protocols*, 180 J ECON BEHAV. ORGAN. 544 (Dec. 2020).

[3] Health Equity Solutions, *COVID-19 & Health Equity Community Assessment Summary*, (Nov. 11, 2020), http://hesct.org/covid-19/covid-19-health-equity-community-assessment-summary.

[4] Id.

[5] Morey, Jennifer N., et al., *Current directions in stress and human immune function*, 5 CURRENT OPINION IN PSYCHOLOGY 13 (October 2015), https://doi.org/10.1016/j.copsyc.2015.03.007.

[6] UNITE HERE Local 217, *New Haven Hospitality Workers Need Protection to Change the Maps of Inequality* (November 10, 2020) [hereinafter "Local 217 Report"], https://actionnetwork.org/user_files/user_files/000/050/410/original/Local_217_Recall_Report.pdf.

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insecurity is associated with impaired wellbeing.[7] Physical health complaints and mental distress both increase proportionately with the level of job insecurity.[8] Additionally, we understand that many hotel workers will be unable to find comparable employment.[9] As a result, workers may be forced to commute long distances seeking alternative employment or become displaced. Increased travel between regions as a result of longer commutes may be associated with increased likelihood of COVID-19 transmission.[10] Additionally, residential displacement creates stressors and mental health challenges, as well as disruptions of services that lead to worse physical health outcomes.[11] Racial and ethnic minorities are already at higher risk of contracting and suffering from COVID-19.[12] Providing an increased sense of job security—in this unprecedent period of stress and uncertainty—has the potential to reduce stress levels and thereby provide some degree of protection for an immunologically challenged population.

Racial disparities constitute a public health matter. [13] Black and Latino people are

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Economic recessions and mediators such as unemployment, income decline, and unmanageable debts are significantly associated with poor mental well-being, increased rates of common mental disorders, substance-related disorders, and suicidal behaviors. Diana Frasquilho, et al, *Mental health outcomes in times of economic recession: a systematic literature review*, 16:115 BMC PUBLIC HEALTH, (February 3, 2016), https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2720-y.

[7] Barling, J., & Kelloway, K.E., *Job insecurity and health: The moderating role of workplace control*, 12 STRESS MEDICINE 253 (1996); HARTLEY, J., ET AL., JOB INSECURITY: COPING WITH JOBS AT RISK (1991); Jick, T.D., *As the axe falls: Budget cuts and the experience of stress in organizations*, in HUMAN STRESS AND COGNITION IN ORGANIZATIONS: AN INTEGRATED PERSPECTIVE 83-114 (T.A. Beehr & R.S. Bhagat eds., 1985).

[8] *See, e.g.,* Lim, V.K.G., *Job insecurity and its outcomes: Moderating effects of work-based and nonwork-based social support*. 2 HUMAN RELATIONS 171 (1996); Mattiasson, I., et al., *Threat of unemployment and cardiovascular risk factors: Longitudinal study of quality of sleep and serum cholesterol concentration in men threatened with redundancy*, 301 BRITISH J. OF MEDICINE 461 (1990); Ashford, S.J., Lee, C., & Bobko, P., *Content, causes, and consequences of job insecurity: A theory-based measure and substantive test*, 4 ACAD. MANAG. J. 803 (1989); Pollard, Tessa M., *Changes in mental well-being, blood pressure and total cholesterol levels during workplace reorganization: The impact of uncertainty*, 15(1) WORK & STRESS 14 (2001).

[9] *See* Local 217 Report, *supra* note 6, at 5. *See also* The City of New Haven has a jobs crisis for Black and Latino workers. Even before the pandemic, Blacks and Latinos experienced more than twice the unemployment rate of New Haven's overall unemployment rate. Hernandez, Esteban, *New Haven alders' Black and Hispanic Caucus addresses 'job crisis' among minorities*, NEW HAVEN REGISTER (Mar. 9, 2015), https://www.nhregister.com/connecticut/article/New-Haven-alders-Black-and-Hispanic-Caucus-11359148.php.

[10] *See* Alexander F. Siegenfeld & Yanee Bar-Yam, *Eliminating COVID-19: The Impact of Travel and Timing* (April 23, 2020), https://arxiv.org/pdf/2003.10086.pdf. Longer commute distances also reduces the likelihood that employees will commute to work through biking, walking, or riding in a car alone, which the CDC recommends. Center for Disease Control, *Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19),* (May 6, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html.

[11] *See, e.g.,* Desmond, Matthew, & Kimbro, Rachel T., *Eviction's Fallout: Housing, Hardship, and Health*, 94(1) SOCIAL FORCES 295 (September 2015).

[12] Tai, D. B. G., et al., *The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States*, CLINICAL INFECTIOUS DISEASES (June 20, 2020), https://doi.org/10.1093/cid/ciaa815.

[13] Across the country, many jurisdictions have started to formally recognize the connection between racism and social determinants of health. Between March and July 2020, 84 cities and towns as well as 42 counties declared racism a public health crisis. Notably, 13 cities and towns in Connecticut have recognized racism as a public health crisis. Two state governors have issued executive orders and several federal bills were proposed, including a federal bill that proposed housing a national public health response to racism within the Center for Disease Control (CDC).

overrepresented in the hospitality industry.[14] Existing public health disparities resulting from decades of racist polices in employment, housing, and health care put Black and Latino communities at greater risk of negative health outcomes, including contracting and suffering from COVID-19.[15] In New Haven, people of color disproportionately workers live in underserved neighborhoods, such as the Hill, Fair Haven, Dixwell, and Newhallville.[16] These are the same neighborhoods that were redlined in the 1930s and subject to the foreclosure crisis in 2008. Today, these neighborhoods experience shorter life expectancies, higher levels of unemployment, and higher numbers of COVID-19 positive cases then the surrounding majority white neighborhoods.[17]

In July of 2020, the Board of Alders appropriately recognized the racial disparities plaguing the City of New Haven in a resolution declaring racism a public health crisis.[18] Indeed, as the City's resolution states, "racism has exacerbated a health divide resulting in people of color in Connecticut bearing a disproportionate burden of illness and mortality including COVID-19 infections and death, heart disease, diabetes, and infant mortality," thus "COVID-19 is just the latest example where minority populations are disproportionately harmed."[19] Stark differences in quality of life are apparent in New Haven: two children born in New Haven may have such vastly different health determinants that one child can expect to live 14 fewer years than another born to a family just three miles away.[20] The COVID-19 pandemic has merely magnified the impact of longstanding disparities and discrimination among New Haven's historically marginalized communities. Without meaningful government interventions, the pandemic will entrench and worsen existing health inequities.

Experienced, tenured employees are better situated to create a safer workplace for themselves and for hotel customers. It is well documented that employees' ability to speak up about concerns relating to physical harm, unsafe working conditions, and other safety concerns is

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Ruqaiijah Yearby, et al., *Racism is a public health crisis. Here's how to respond*, DATA FOR PROGRESS 1 (September 2020), https://filesforprogress.org/memos/racism-is-a-public-health-crisis.pdf.

[14] Local 217 Report, *supra* note 6, at 3.

[15] Ruqaiijah Yearby& Seema Mohapatra, *Law, Racism and the COVID-19 Pandemic*, J. LAW AND THE BIOSCIENCES (May 30, 2020);Emily A. Benfer, Seema Mohapatra, Lindsay Wiley, & Ruqaiijah Yearby, *Health Justice Strategies to Combat the Pandemic: Eliminating Discrimination, Poverty, and Health Inequities During and After COVID-19,* YALE J. HEALTH POLICY, LAW, AND ETHICS (forthcoming 2020).

[16] Local 217 Report, *supra* note 6, at 3; *See also* Davila, Kelly, et al., *Towards Health Equity in Connecticut: The Role of Social Inequality and the Impact of COVID-19* 3-4 DATAHAVEN (June 2020) [hereinafter *Davila Report*], www.ctdatahaven.org/sites/ctdatahaven/files/DataHaven%20Health%20Equity%20Connecticut%20061820.pdf.

[17] Local 217 Report, *supra* note 6, at 4; Shikha Garg et al., *Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019-COVID-Net, 14 States, March 1-30, 2020*. This is a result of discriminatory housing practices that have concentrated Black and Latino families in unsafe neighborhoods without access to healthy food, facilities, and resources; barriers to safe employment; and other forms of discrimination. CDC, *Health Equity Considerations & Racial & Ethnic Minority Groups*, (July 24, 2020), https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html.

[18] New Haven Board of Alders, *Resolution Declaring Racism as a Public Health Crisis in the City of New Haven,* https://www.newhavenindependent.org/index.php/archives/entry/crb_nominees.

[19] Id.

[20] *Davila Report*, *supra* note 15, at 3.

valuable to the health and safety conditions of a workplace.[21] Researchers have found that less educated employees are less likely to voice workplace concerns,[22] and hospitality industry service workers tend to have low levels of educational attainment.[23] Thus, we can extrapolate that hotel workers are less likely to speak up about health and safety concerns than workers in other industries. However, another factor that is associated with speaking up about safety is experience. Researchers have found that experienced employees, reflected by tenure, show more inclination to voice ideas and concerns than less experienced employees.[24] Workers who know their workplace setting well have an advantage in thinking about how to mitigate risk, for themselves and for hotel clients. For example, a tenured worker would be better situated to raise concerns or make decisions about whether rooms are well ventilated. Workers in an unfamiliar setting are far less equipped to make those kinds of judgments, leading to reduced safety for everyone who encounters the workplace.

Thank you for your consideration.

Sincerely,
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[21] Noort, Mark C., Reader, Tom W., Gillespie, Alex, *Speaking up to prevent harm: A systematic review of the safety voice literature*, 117 SAFETY SCIENCE 375 (2019), https://doi.org/10.1016/j.ssci.2019.04.039.

[22] Liang, J., Farh, C. I. C., & Farh, J. L., *Psychological antecedents of promotive and prohibitive voice: a two-wave examination*, 55 ACAD. MANAG. J. 71 (2012), https://journals.aom.org/doi/abs/10.5465/amj.2010.0176.

[23] U.S. Bureau of Labor Statistics, *Educational attainment for workers 25 years and older by detailed occupation*, https://www.bls.gov/emp/tables/educational-attainment.htm (*see, e.g.,* maids & housekeeping cleaners, hotel desk clerks).

[24] Tangirala, S., & Ramanujam, R., *Exploring non-linearity in employee voice: the effects of personal control and organizational identification*, 51 ACAD. MANAG. J. 1189 (2008), https://journals.aom.org/doi/full/10.5465/amj.2008.35732719.

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