



AFL-CIO

AMERICA'S UNIONS

**American Federation
of Labor and
Congress of Industrial
Organizations**

815 16th St. NW
Washington, DC 20006
202-637-5000
aflcio.org

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April 28, 2020

The Honorable Eugene Scalia
Secretary of Labor
United States Department of Labor
200 Constitution Avenue NW
Washington, D.C. 20210

RE: Urgent Action Needed to Protect Workers from COVID-19 Exposures and Infections

Dear Secretary Scalia:

On this Workers Memorial Day, I am writing on behalf of the 12.5 million members of the AFL-CIO and all working women and men to call upon you and the U.S. Department of Labor to take immediate action to protect the safety and health of workers from exposure to COVID-19 on the job. This letter is in memory of our union brothers and sisters who have passed away from COVID-19, along with the 275 workers who pass away from other work-related injuries and illnesses each day. See Appendix A for a list of some of many union members who we are mourning.

Health care workers and first responders on the frontlines of the COVID-19 response, other essential workers who remain on the job¹, and those workers returning to work face great danger from exposure to the virus. Immediate action is needed to protect these workers as they work to respond to this public health emergency. Protecting our nation's workers from COVID-19 is a prerequisite for defeating this virus and reopening our economy. Our communities will only be safe if our workplaces and workers are safe.

Since this crisis began, the Department of Labor and federal government have failed to meet their obligation and duty to protect workers; the government's response has been delinquent, delayed, disorganized, chaotic and totally inadequate.

¹ Many groups of essential workers are at high risk from work exposures to COVID-19 due to close contact with infected individuals, members of the public and co-workers on the job, including, but not limited to, transit workers, corrections officers, law enforcement, meat and poultry processing, and grocery workers.

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Workers have been left in harm's way, paying the price with their lives and their health. Millions of private and public sector workers in health care, emergency services, corrections, transportation, food processing, retail, grocery, warehousing, mining, manufacturing, construction and other industries face exposure to COVID-19 on the job; tens of thousands have been infected and hundreds have died.

Health care workers, overwhelmed by the surge in critically ill patients, lack necessary safety protocols and personal protective equipment (PPE)—including adequate respiratory protection—putting them at great risk of exposure and infection. As of April 23, 2020, the U.S. Centers for Disease Control and Prevention (CDC) reported that 21,804 health care workers had been infected by COVID-19 and 71 had died, a gross undercount of the true toll due to very limited reporting.² In New York City, more than 80 transit workers now have died and thousands have been infected.^{3,4} Across the country, COVID-19 is spreading like wildfire through meat processing and poultry plants—infesting thousands of workers, disrupting production and putting other workers and communities at serious risk. Unions representing postal workers, letter carriers, corrections officers, teachers, urban transit workers, flight attendants, utility workers, factory workers, construction workers are all reporting widespread infections and deaths among their members.⁵

Minority workers and low wage workers are particularly at great risk. Data collected by the states and CDC show that Blacks and Latinos are suffering from much higher rates of COVID-19 infections and deaths than others.⁶ Blacks and Latinos make up a large proportion of many occupations of essential workers, particularly those working in jobs with close contact with the public or in crowded conditions. These groups also suffer from other health conditions and lack access to necessary health care that put them at even greater risk of serious illnesses and death from COVID-19 infections.

For all workers, the toll of COVID-19 infections and deaths is mounting and will increase even more rapidly as workers return to work without necessary safety and health protections.

As we face the greatest worker safety challenge and crisis of our lifetime, the U.S. Department of Labor, the Occupational Safety and Health Administration and Mine Safety and Health Administration are missing in action.

² U.S. Centers for Disease Control and Prevention. Case Count Reported in Case-Based Surveillance for COVID-19, April 23, 2020.

³ Transport Workers Union of America. Personal communication. April 23, 2020.

⁴ National Public Radio. NYC Bus Operators Witness Loss Among Pandemic. www.npr.org/2020/04/24/842467752/we-ve-seen-a-lot-of-brothers-die-nyc-bus-operators-witness-loss-amid-pandemic. April 24, 2020.

⁵ AFL-CIO. In Memoriam: Union Members Lost to COVID-19. <https://aflcio.org/covid-19/memoriam>

⁶ CDC, COVID-19 in Racial and Ethnic Minority Groups, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>, Accessed April 25, 2020.

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DOL has refused to grant union petitions to issue emergency standards to protect workers and miners from COVID-19, claiming that standards are not needed. At the same time, both OSHA and MSHA are failing to use their authority to enforce existing standards and the job safety laws to protect workers from workplace exposure to COVID-19. Two days ago on April 26, 2020, OSHA and CDC jointly issued interim COVID-19 guidance for meat and poultry processing employers and workers.⁷ However, these are only voluntary guidelines, and according to the agencies, impose no obligations on employers to comply.

Without government oversight and enforcement, too many employers are disregarding safety and health standards and their general duty obligation to protect workers against recognized hazards that threaten workers' health and safety. Workers' lives are being treated as expendable. In many workplaces, workers face dangerous conditions that pose an imminent danger to their safety and health. Workers who raise safety and health concerns are being disciplined, threatened and in some cases fired for exercising their right to ask for protections afforded by the Occupational Safety and Health Act. Workers also are being disciplined for wearing their own PPE when their employers do not provide adequate levels of protection to be safe on the job.

Instead of taking action to strengthen worker safety protections, the U.S. Department of Labor has rolled back and weakened protections:

On April 10, 2020, OSHA suspended the requirement for employers to identify and record work-related COVID-19 infections for most essential workers.⁸ The enforcement memorandum issued by the agency advises employers they are not obligated to comply with OSHA's injury and illness recordkeeping regulations (29 CFR 1904) to determine if COVID-19 infections are related to work, unless there is "objective evidence" that the infection is work-related, and the evidence is available to the employer. This reckless, irresponsible action by OSHA comes as COVID-19 infections among essential workers are exploding, with thousands of work-related cases among these workers being reported by public health agencies and the media. Under this policy, employers will not have to identify those workers exposed and infected at work; these infections will not be documented or investigated—the first step in prevention—putting even more workers at risk and leading to more infections, illnesses and deaths in our workplaces and communities.

⁷ CDC and OSHA, Meat and Poultry Processing Workers and Employers, Interim Guidance from CDC and the Occupational Safety and Health Administration (OSHA), April 26, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/meat-poultry-processing-workers-employers.html>

⁸ U.S. Department of Labor, Occupational Safety Health Administration. Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19). www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19. Issued April 10, 2020.

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On April 13, 2020, months after the U.S. COVID-19 outbreak began, OSHA issued the “Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19).”⁹ In the health care industry and other settings where workers face a high or very high risk of transmission, OSHA’s plan provides for some limited onsite inspections at the discretion of the area director in response to worker complaints and referrals. This is an improvement over OSHA’s earlier practice where, instead of conducting onsite inspections for COVID-19 complaints, OSHA had been only conducting informal investigations through phone calls and letters to employers that resulted in no enforcement action. However, it is overdue for the health care settings—issued weeks after hospitals around the country have been overwhelmed with COVID-19 cases, with many hospitals failing to implement necessary infection control measures and procedures and health care workers lacking necessary types of respiratory protection and other PPE. As a result, thousands of health care workers have been infected and dozens have died.

For other essential workers who are not in health care settings, OSHA’s COVID-19 enforcement response plan is totally deficient, abandoning workers in meatpacking, poultry, grocery, transportation and other critical industries where work has continued during this national emergency. Instead of conducting workplace inspections as required by the Occupational Safety and Health Act, OSHA plans to treat all worker complaints and referrals in these sectors as informal complaints, and respond with a phone call or letter to the employer with no citations for violations that pose a serious threat to workers. This voluntary approach strips workers of their legal right to seek and receive a worksite inspection by OSHA. It sends the message to employers that they are not required to take strong preventive actions to protect workers from COVID-19, leaving workers exposed and at risk of infection.

In addition, OSHA has issued other enforcement memorandums, which should be entitled “non-enforcement memorandums,” that suspend or relax employers’ existing obligations. The April 3, 2020 enforcement memorandum tells employers they should make a good faith effort to follow respiratory protection requirements, but essentially directs employers to use cloth face coverings instead of respirators that have an adequate level of protection, without fear of citation.¹⁰ Other memorandums relax requirements for employers to provide annual fit testing of respirators and

⁹ U.S. Department of Labor, OSHA. Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19).” <https://www.osha.gov/memos/2020-04-13/interim-enforcement-response-plan-coronavirus-disease-2019-cov.> Issued April 13, 2020.

¹⁰ U.S. Department of Labor, OSHA. “Discretion in Enforcement when Considering an Employer’s Good Faith Efforts During the Coronavirus Disease 2019 (COVID-19) Pandemic,” <https://www.osha.gov/memos/2020-04-16/discretion-enforcement-when-considering-employers-good-faith-efforts-during>. Issued April 16, 2020.

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to comply with mandated medical screenings, training, audits, assessments, inspections and safety certifications, further weakening protections for workers against all hazards.^{11,12,13} These memorandums lay out for employers what they do not have to comply with or will not be responsible for, rather than lay out what they must do under their obligations of the law with federal oversight.

To date, limited urgent enforcement actions have been taken by federal OSHA to address the imminent danger faced by our frontline workers. Months into the outbreak, OSHA has finally started to narrowly inspect some hospitals and nursing homes. Despite reports by health care workers of violations of multiple standards including respiratory protection (1910.134), personal protective equipment (1910.132), eye and face protection (1910.133), sanitation (1910.141) and hazard communication (1910.1200), OSHA has yet to issue any citations.

The Department of Labor, OSHA and MSHA must change course. With utmost urgency, we call upon you to use the full authority and resources of the U.S. Department of Labor to protect workers from exposure to COVID-19 and immediately take the following actions:

Issue emergency temporary standards to protect health care workers, first responders, essential workers and other workers returning to work from COVID-19 exposure and infection.

It is especially clear now that exposures at work pose a serious and often grave risk to our frontline health care workers and emergency responders, and to workers in many other occupations with close contact with the public and other co-workers. Every person showing up to work during this pandemic must be protected from COVID-19 exposure on the job. OSHA and MSHA must use their authorities under 29 U.S.C. 655(c) and 30 U.S.C. 811(b) to issue emergency standards to protect workers from the grave danger posed by this deadly new workplace hazard. The standards must require all employers to develop and implement a workplace infection control plan specific to the workplace that includes an exposure risk assessment; engineering and administrative and work practice controls (including social distancing); respiratory protection and other PPE; sanitation and cleaning; medical removal and wage protection for COVID-19 infected and exposed workers; and training and education.

¹¹ U.S. Department of Labor, OSHA. "Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak," <https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>. Issued March 14, 2020.

¹² U.S. Department of Labor, OSHA. "Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease 2019 (COVID-19) Pandemic," <https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95>. Issued April 8, 2020.

¹³ U.S. Department of Labor, OSHA. "Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic," <https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus>. Issued April 3, 2020.

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These emergency standards must reflect the precautionary principle—that in the face of a novel virus, employers must not wait for scientific certainty of harm before implementing precautions to protect workers—and be based on the currently available science. In particular, OSHA and MSHA emergency standards must base worker protection requirements on the growing scientific evidence that SARS-CoV-2 is transmitted via airborne, in addition to droplet and contact routes, and must account for the evidence indicating the significant role asymptomatic and pre-symptomatic infections play in transmission.

These standards are critical to provide both employers and workers clear and comprehensive direction from the federal government on the measures that are needed and required to protect workers from this new and grave workplace hazard.

Fully, aggressively and expeditiously enforce existing OSHA standards, regulations and employers' general duty obligation to protect workers from recognized hazards, including exposure to COVID-19.

OSHA must recall, strengthen and reissue the Interim Enforcement Response Plan for Coronavirus Disease to provide for strong enforcement for health care workers, essential workers and other workers returning to work to protect them against workplace exposure to COVID-19. The revised updated enforcement plan must outline mandatory onsite inspections in response to worker complaints alleging serious safety and health violations and citations for violations of OSHA standards, injury recordkeeping and reporting regulations, and the general duty clause. Health care settings, other high risk workplaces where there is close contact with the public and/or among co-workers, and workplaces where outbreaks are occurring (including those occurring in “lower risk” industries) must be prioritized for onsite inspections. Other workplaces should receive onsite inspections for COVID-19 complaints as resources permit.

The plan must provide for clear guidance and direction to compliance officers on the conditions and practices that constitute, and should be cited as, violations of the general duty clause, including an employer's failure to implement workplace protections that reflect the precautionary principle and currently available scientific evidence about SARS-CoV-2 transmission and worker protection measures mandated under state emergency actions and orders. OSHA should immediately issue an industry specific compliance directive for meat and poultry processing that specifies that failure to comply with OSHA and CDC guidelines on COVID-19 constitutes a violation of the general duty clause, subject to enforcement. Under any general duty, OSHA enforcement practices should rely on these other forms of guidance as the floor level of protection, not the ceiling. Even though OSHA has up to six months to issue citations, this national emergency calls for swift enforcement action by the agency so that hazards can be corrected immediately, lives can be saved and the virus can be defeated. Six months from now will be too late.

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Utilize OSHA's full authority to expand its enforcement of safety and health requirements.

Sections 8 and 9 of the Occupational Safety and Health Act authorize OSHA to enforce the law through both inspections and investigations and to issue citations for violations that are identified through either means. Yet OSHA has relied almost exclusively upon onsite inspections as the mechanism to identify and document violations. The agency's informal complaint investigation procedures and rapid response investigations of severe injury reports have not resulted in citations in the absence of an onsite inspection. We urge you to overhaul and strengthen OSHA's investigation policies and procedures to utilize off-site investigations to fully enforce the law, including the issuance of citations for violations, as a supplement to onsite inspections.

At the same time OSHA is responding to the COVID-19 pandemic, the agency must maintain strong oversight and enforcement to protect workers who remain on the job from other safety and health hazards that pose a risk of injury, disease or death. This will become even more urgent as workplaces reopen, processes are restarted and more workers return to work.

Require employer recording and reporting of all worker COVID-19 infections and deaths.

OSHA must immediately rescind the April 10, 2020 memorandum on *Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)* that removed the obligation for most employers to determine if COVID-19 cases are related to workplace exposures. Instead, the agency must maintain and strengthen its injury and illness recording and reporting requirements (29 CFR 1904) for COVID-19.

The AFL-CIO calls upon the agency, through interpretation or an interim final rule, to deem all COVID-19 infections and deaths among workers in occupations and sectors at high risk of COVID-19 exposures to be presumed to be work-related and recorded on the OSHA 300 log, unless there is objective evidence available to the employer that the case is not related to work. This must include health care, emergency services, corrections, law enforcement, meat and other food processing, grocery, transit workers and others who work in close contact with potentially infected individuals, members of the public or other co-workers

In addition, the agency should issue an interim final rule that requires all employers to maintain a COVID-19 log of all worker infections and deaths from COVID-19, whether or not they are determined to be work-related, and to report them to OSHA within 24 hours. This is similar to OSHA's requirement to maintain a sharps injury log for all needle stick injuries (1910.1030(h)(5)). This would provide critical information to employers, workers, OSHA and public health authorities on COVID-19 infections among workers and would be utilized for contact tracing, exposure assessment and implementation of preventive measures to limit exposures and future infections.

It would also help identify workplaces at high risk of infection, in order to intervene quickly, to stop the spread of infection to other workers and the community before the outbreak is out of control.

Protect workers from employer retaliation for taking action to protect themselves and co-workers from COVID-19.

The Occupational Safety and Health Act and many other whistleblower protection laws enforced by OSHA prohibit employers from retaliating against workers for raising safety and health concerns and exercising their rights under the law.¹⁴ We acknowledge and appreciate your public statements to re-enforce this important right. But we call upon you to fully enforce workers' rights to be protected from retaliation. Specifically, we ask OSHA to issue an enforcement directive that establishes DOL policy that Section 11(c) of the OSH Act and other whistleblower statutes enforced by DOL prohibit employers from retaliating against workers for raising safety and health concerns with their employers, a government agency, on social media, or in the press. In addition, the U.S. Department of Labor must make clear that workers are permitted to utilize their own PPE, including adequate levels of respiratory protection, to protect against COVID-19 exposures, and cannot be disciplined or retaliated against for using such equipment. Those who are exposed or test positive must be protected and the right of workers to refuse to engage in work that poses an imminent danger to their health or safety must also be re-enforced. The Department of Labor must quickly investigate all complaints of employer retaliation against workers who take action to protect themselves and co-workers from COVID-19, and take aggressive enforcement action to protect these workers.

Protect the nation's miners from workplace exposure to COVID-19.

During this pandemic, our nation's miners remain on the job facing serious and unique risks from exposure to COVID-19 in addition to the serious safety and health hazards faced in mining jobs. Underground miners work in close proximity to each other, traveling on mantrips, working in confined spaces, operating the same equipment and sharing common shower facilities. Many miners are older and suffer from underlying work-related health conditions such as black lung and silicosis, putting them at high risk of serious illness from COVID-19 infections. Moreover, miners often reside in rural areas without access to health care facilities with the capacity to treat and care for individuals with serious illnesses, including COVID-19.

MSHA must take immediate action to issue an emergency standard or safeguard to require mine operators to limit contact between miners, implement engineering and administrative controls,

¹⁴ Other key whistleblower laws that protect workers from retaliation for raising job safety concerns include the National Transit Systems Security Act (NTSSA) (2007) 6 U.S.C. § 1142, Federal Railroad Safety Act (FRSA) (2007) 49 U.S.C. § 20109, and the Wendell H. Ford Aviation Investment and Reform Act for the 21st Century (AIR21) (2000) 49 U.S.C. § 42121.

provide PPE, enhance sanitation, cleaning and disinfection and provide medical removal and wage protection for all COVID-19 infected and exposed miners. MSHA must also require mine operators to immediately report all COVID-19 infections among miners to the agency and investigate these reports in order to prevent future workplace exposures. MSHA must also strongly enforce these and other mine safety requirements and CDC and state public health guidelines and orders, and protect miners from retaliation for speaking out and exercising their rights under the law.

Protect public sector workers.

State and local public sector workers serving on the frontlines during this outbreak face great risk from exposure to COVID-19 exposure on the job. They work in health care, emergency services, corrections and other high risk occupations and settings that bring them into close regular contact with the public. Under the OSH Act, safety and health protections for state and local public sector workers are provided under OSHA plans adopted by individual states, which are approved and overseen by federal OSHA. But adoption of state OSHA laws is voluntary, and more than 8 million public sector workers in 24 states lack OSHA coverage, with some of those workers unprotected by any state safety and health requirements.

Federal OSHA must coordinate and work with the states to ensure that state and local public employees are protected from COVID-19. OSHA must provide direction to and oversight of approved state OSHA plans to see that standards are enforced. For those states without approved state OSHA plans, federal OSHA should work with state and local authorities to incorporate applicable safety standards and guidelines for COVID-19 into enforceable state emergency orders.

Protect frontline OSHA and MSHA inspectors.

OSHA and MSHA inspectors need to be on the front lines inspecting workplaces to protect workers from COVID-19 and other workplace hazards during this pandemic. OSHA and MSHA inspectors must be provided the greatest level of safety and health protection in order to do their jobs in response to the outbreak. The U.S. Department of Labor must provide training, appropriate respiratory protection and other PPE, and hygiene supplies to inspectors and access to rapid, reliable COVID-19 testing. Medical removal with full wage protection must be provided to those who are infected with the virus or exposed without necessary protection.

Provide training and education for workers at risk of workplace exposure to COVID-19 and guidance and assistance to employers to protect workers and limit the spread of virus in workplaces and communities.

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Workplace exposure to COVID-19 is a new grave safety and health hazard that all employers, workers, unions and safety and health professionals must address. Widespread training and education of workers and employers on the COVID-19 virus, workplace risks and control measures to prevent its spread is urgently needed. OSHA and MSHA should utilize existing training and education programs, including Susan Harwood Training Grants, OSHA Training Institute Education Centers and the National Mine Safety and Health Academy, to launch a major training and education initiative to protect workers from COVID-19. Similarly, OSHA should continue to provide guidance and assistance to employers and workers through industry specific recommendations and factsheets, updated to reflect the current and ongoing experience and scientific information, and utilize the compliance assistance and state consultation program to provide information and support to employers.

Work with the White House, the Federal Emergency Management Administration and the National Institute for Occupational Safety and Health to immediately and massively expand the supply and availability of personal protective equipment.

Several months into this outbreak, there still is a severe shortage of PPE to protect workers from COVID-19 and other workplace hazards. Health care workers on the front lines still lack the necessary respiratory protection and other PPE to be safe at work. Essential workers at high risk of exposure from the public or other co-workers have not been able to acquire enough certified equipment and are making due with whatever they can find. Many employers and unions in construction, manufacturing, utilities and other industries have donated respirators to health care personnel, and now face severe shortages or a total lack of equipment needed to protect workers from toxic substance exposures. The severe shortages and risks to workers will only grow more dire as the economy reopens, and more workers return to jobs and require respiratory protection and other PPE to protect their safety and health.

The federal government, with the full involvement of the U.S. Department of Labor, must launch a coordinated initiative to massively expand the supply and availability of adequate types of respiratory protection and other PPE to protect workers from COVID-19 and other workplace hazards. Working with unions, employers and equipment manufacturers, the government must identify PPE supply needs, effectiveness, inventory, and capacity and determine how to quickly expand production at both existing and new facilities, and fully utilize the Defense Production Act to get this done.

Work with the White House, FEMA, the Department of Health and Human Services, the CDC and the states to expand rapid coronavirus testing and make it readily available to workers at high risk of workplace exposures to COVID-19.

There is wide agreement that a massive increase in testing for COVID-19 is needed before the economy can be reopened. Testing must be readily available to identify asymptomatic and symptomatic individuals infected with the virus, followed by contact tracing and isolation of

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those infected and exposed to the virus. Health care workers and other workers at high risk of workplace exposures to COVID-19 must be prioritized for rapid and reliable COVID-19 testing in every state, with specific plans developed and implemented to provide testing to these high risk worker groups.

Working people in the country are courageously and selflessly serving on the frontlines to respond to the COVID-19 pandemic, caring for patients and providing essential services to the nation. They are doing their jobs under the most trying conditions. The U.S. Department of Labor and the entire federal government must act now and do their job and meet their responsibility and obligation to protect the safety and health of working men and women during this national emergency.

On this Workers Memorial Day, as we honor workers killed, injured and made ill on the job, the federal government and all of us must commit and take action to do everything within our power to stop the spread of this virus and protect working women and men from preventable injuries, illnesses and deaths.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard L. Trumka". The signature is stylized and cursive, with a long horizontal stroke at the end.

Richard L. Trumka
President

CC: Loren Sweatt, Principal Deputy Assistant Secretary of Labor for Occupational Safety and Health
David G. Zatezalo, Assistant Secretary of Labor for Mine Safety and Health

RLT/RR/sdw
opeiu#2, afl-cio

Appendix A

In Memoriam: Union Members Lost to COVID-19

Below are the names of union brothers and sisters that are known to have been lost due to COVID-19. These individuals are just a few of the workers who have been needlessly taken away by this disease.

<u>Union Member Name</u>	<u>Union</u>
Aaron Godrey	AFT United University Professions, #2190
Adrian Phillips	UWUA Local 1-2
Agustin Rodriguez	UFCW Local 304A
Alaa Khalil	TWU Local 100
Alan Finder	TNG-CWA Local 31003
Alba Juliano	AFT United Federation of Teachers, #2
Alejandro Bustamante	TWU Local 100
Alex Frazier	NPMHU Local 300
Alexander Meyers	AFT United Federation of Teachers, #2
Alexander Young	TWU Local 100
Alfredo Pabatao	AFT HPAE #5030 (Palisades General Hospital)
Ali Dennis Guillermo	AFT Brookhaven Meml Hosp Fed of Health Professionals, #5077
Allyson Mestel-Schapira	AFT United Federation of Teachers, #2
Alyssa Pantilieris	AFT United Federation of Teachers, #2
Ana Valerio	RWDSU Local 1-S
Andrew Wong	ATU Local 589
Anick Jesdanun	TNG-CWA Local 31222
Annie Grant	RWDSU Local 938
Anthony Smith	NPMHU
Anton Updale	AFT United Federation of Teachers, #2
Araceli Buendia Ilagan	SEIU Nurses' Union
Aristedes Moraitis	TWU Local 100
ARon Jordan	BAC
Arthur Williams	AFT Wayne County Community College Federation of Teachers, #2000
Billy Birmingham	IAFF Local 42
Bredy Pierre-Louis	AFT Public Employees Federation, #4053
Bruce Miley	TWU Local 100
Bryson Bowman	TWU Local 100
Budlino Ramirez	TWU Local 100
Caleb St. Surin	AFT United Federation of Teachers, #2
Caridad Santiago	TWU Local 100

Carlos Consuegra	IAM
Carmelita Christobal	AFT Federation of College Clerical & Technical Personnel, #1708
Carmen Manto	AFT United Federation of Teachers, #2
Carole King-Grant	AFT United Federation of Teachers, #2
Celia Banago	NNU National Nurses Organizing Committee (NNOC)
Cesar Torres	TWU Local 100
Charles Shay	TWU Local 572
Christopher Mondal	AFT United Federation of Teachers, #2
Claude Daniels	IAM Local 776C
Claudia Shirley	AFT United Federation of Teachers, #2
Cletus Nwachukwu	CWA Local 1037
Craig Franken	UFCW Local 304A
Cynthia "Neicey" Ford	CWA Local 1037
Darlisa Nesbitt	TWU Local 100
Darrell Jones	ATU Local 241
Darryl K. Sweeney	TWU Local 100
Daryl Laborde	TWU Local 100
Dave Clark	TWU Local 220
David Behrbom	AFT United Federation of Teachers, #2
David Dudley	ATU Local 1764
David Veloz	IAM Local 126
Deborah Korczynski	AFT United Federation of Teachers, #2
Delvin Francis	TWU Local 568
Dennis Wallace	ATU Local 788
Dez-Ann Romain	AFSA Local 1
Diane Riegger	AFT United Federation of Teachers, #2
Dimitriy Bozohovskiy	TWU Local 100
Dominic Carbone	AFT United College Employees of FIT, #3457
Donald Hoffman	AFT Professional Staff Congress, #2334
Eddie Germain	CWA Local 1032
Eddie Miller	UWUA Local 223
Eduardo Conchas De La Cruz	UFCW Local 7
Edward Singleton	IAFF
Elena Gonzalez	AFT United Federation of Teachers, #2
Elose Willis	RWDSU Local 938
Elton Washington	IAM District 751
Emiliano Padilla	TWU Local 100
Emmanuel Jacob	TWU Local 100
Enrique Almoite	RWDSU Local 262

Erlinda Guevara	RWDSU Local 1102
Ernesto Hernandez	TWU Local 100
Fatima Schmidt	AFT United Federation of Teachers, #2
Ferdi Amaury German	TWU Local 100
Fernando Gallego	IUPAT Local 1969
Foster Moore	TWU Local 100
Frank Lee	TWU Local 100
Frank Leong	NALC
Frank Vivola	UWUA Local 1-2
Franklin D. Williams	IAFF
Gabriel Glenmar	TWU Local 575
Garrett Goble	TWU
Gary Hahn	ATU Local 627
Gerald Hall	CWA Local 4100
Gilbert Constant	AFT United Federation of Teachers, #2
Gregory Graham	ATU Local 1179
Harold Pogar	ATU Local 1764
Harrichand Persaud	TWU Local 100
Harry Hazeldine	TWU Local 501
Helen Gbodi	NNU
Henry Castro	ATU Local 1056
Henry Gaffney	ATU Local 26
Hesronni St. Anthony Cayenne	TWU Local 100
Hugo Gutierrez	ATU Local 1179
Irving Barash	AFT United Federation of Teachers, #2
Isaac Robinson	Teamsters
Jacob Credell	TWU Local 100
Jamie Fernando	RWDSU Local 1-S
Jarrod Sockwell	AFT United Federation of Teachers, #2
Jason Hargrove	ATU Local 26
Jay Jankelewicz	AFT Professional Staff Congress, #2334
Jeff Baumbach	NNU California Nurses Association
Jeffrey Alston	AFT United Federation of Teachers, #2
Jennifer Robin Arnold	IATSE Local 764
Joe Caradona	UWUA Local 1-2
Joe Morton	UFCW Local 99
Joel Shatzky	AFT Professional Staff Congress, #2334
John C. Leonard	AFT United Federation of Teachers, #2
John Dawson	AFSCME Local 11
John Dunston Jr.	ATU Local 1056

John Elliott	AFT Detroit Federation of Teachers, #231
John Phillip	TWU Local 100
John Schoffstall	IAFF
Johnny Tamayo	NALC
Jonathan Coelho	AFT Judicial Professional Employees, #4200 B
Jose G. Vasquez-Herrera	IUPAT Local 1969
Jose Gonzalez	AFT United Federation of Teachers, #2
Joseph Brostek	AFT Professional Staff Congress, #2334
Joseph Fletcher	TWU Local 100
Joseph Hansen	SMART
Joseph Madore	ATU Local 1763
Josh Wallwork	IATSE Local 764
Juan Diaz	TWU Local 100
Juliet Manragh	AFT Professional Staff Congress, #2334
Karen Donna Haws	UFCW Local 7
Karen Kelly	AFT United Federation of Teachers, #2
Karisma Dargan	CWA Local 1182
Karla Dominguez	NNU National Nurses Organizing Committee (NNOC)
Kendel Nelson	ATU Local 285
Khemraj Mahadeo	TWU Local 100
Kilder Diaz	IUPAT Local 300
Kim Jennings	AFT East St. Louis Federation of Teachers, #1220
Kimarlee Nguyen	AFT United Federation of Teachers, #2
Kimberly Henderson	ATU Local 241
Larry Edgeworth	NABET-CWA Local 51011
Leilani Jordan	UFCW
Leon McKnight	TWU Local 100
Leonard McGhee	AFT Milwaukee Area Technical College, #212
Leslie Solius Verneret	AFT United Federation of Teachers, #2
Leslie Verneret	AFT United Federation of Teachers, #2
Lev Golubov	TWU Local 100
Lewis Gugliemo	UWUA Local 1-2
Linda Pope	AFT United Federation of Teachers, #2
Linda Wilkins	AFT Detroit Federation of Paraprofessionals, #2350
Lionel Hogan	ATU Local 1056
Luciano Gomez	IUPAT Local 8a-28a
Luis S. Claris	UWUA Local 1-2
Lydia Lopez	IAM Local 218
Magda Napoleoni	AFT United Federation of Teachers, #2

Name Withheld	Teamsters Local 89
Nicola McIntyre	AFT United Federation of Teachers, #2
Noel Sinkiat	NNU D.C. Nurses Association
Oganes Bogaryan	AFT United University Professions, #2190
Oliver Cyrus	TWU Local 100
Omara Flores	AFSA Local 1
Oscar Davila	IBB Local 92
Otis Loper	UWUA Local 223
Patrick McGuire	UWUA Local 1-2
Patrick Patoir	TWU Local 100
Paul Anthony Camagay	NNU California Nurses Association
Paula Pryce-Bremmer	AFT United Federation of Teachers, #2
Peter Petrassi	TWU Local 100
Philip Dover	ATU Local 819
Philip Tisi	AFT Suffern Educators Association,#2132
Phillip Deberry	ATU Local 1700
Phillip Williams	TWU Local 234
Phyllis Susan Holley	TWU Local 100
Priscilla Carrow	CWA Local 1180
Querubin "Sonny" Quitlong	NPMHU
Rakkhon Kim	NALC
Ralph Gismondi	TWU JB IFC
Ralph Steinberg	AFT Professional Staff Congress, #2334
Ramfis Arias	TWU Local 568
Ramsey Puch	TWU Local 241
Raul Alcantara	AFT Milwaukee Area Technical College, #212
Raul Clarke	TWU Local 100
Ray Pabon	TWU JB IFC
Rhonda Garvin	TWU Local 100
Ricardo Smith	AFT Association of Adjunct Faculty at Macomb Community College, #6533
Richard P. Campbell	IAFF
Richard Steward-Johnson	CWA Local 1101
Richard Weber Jr.	RWDSU Local 1-S
Rickey Allen	UWUA Local 1-2
Robert "Bob" J. Russo	IUPAT Local 1010
Robert Moody	CWA Local 1180
Robert Sarutto	TWU Local 100
Robert Thoering	AFT United Federation of Teachers, #2
Rolondo "Sonny" Aravena	CWA Local 1101

Ronald A. Langley	IFPTE Local 4
Rosario Ortiz Gonzalez	AFT United Federation of Teachers, #2
Rosemary Infantino	AFT United Federation of Teachers, #2
Roy Tabios	IUPAT Local 1094
Rulx Dagus	AFT United Federation of Teachers, #2
Sabrina A. Eubanks	TWU Local 100
Samina Hameed	ATU Local 587
Sandra Santos-Vizcaino	AFT United Federation of Teachers, #2
Saul Sanchez	UFCW Local 7
Scott Elijah	TWU Local 100
Scott Ryan	ATU Local 1576
Sean Lemessy	TWU Local 501
Segundo Lecaro	ATU Local 1614
Sharon Bascom	AFT United Federation of Teachers, #2
Sharon Kaufman	AFT United Federation of Teachers, #2
Sharon Nearby	AFT United Federation of Teachers, #2
Sherry Green	UWUA Local 223
Sing Wong	TWU Local 591
Steve Rybkin	TWU Local 100
Steve Williams	TWU Local 514
Steven Michael	CWA Local 1180
Steven Wiggins	ATU Local 1056
Sung Truong	ATU Local 1179
Susan Cicala	AFT Rutgers UCHC #5089
Susan Prokosch	AFT Newburgh Teachers Association, #2867
Sylvester "Sly" Terry	TWU Local 171
Sylvester Palmer	ATU Local 1560
Thankachan Mathai	TWU Local 100
Theodore Nixon	TWU Local 234
Thomas David Biju	TWU Local 100
Thomas Waters	AFT Professional Staff Congress, #2334
Tibursio Rivera Lopez	UFCW Local 7
Tolbert Furr	ATU Local 819
Tony Greer	CWA Local 51016
Travis Graham	IUPAT Local 1087
Troy Hoag	UWUA Local 144
Valerie Brown	TWU Local 513
Valerie Wilson	AFT United Federation of Teachers, #2
Victor Torres	IUPAT Local 252
Victor Zapana	TWU Local 100

Vincent Spellman	SEIU Healthcare PA
Vinicio Donato	AFT United Federation of Teachers, #2
Virgil Sutton	UAW Local 5286
Virginia Jackson	AFT United Federation of Teachers, #2
Wallace Miller	TWU Local 252
Walter Nelson	AFT United University Professions, #2190
Walter Simpson	CWA Local 1105
Warren Tucker	TWU Local 100
Wayne Fingall	TWU Local 100
Wilfredo Ramirez	RWDSU Local 262
William B. Helmreich	AFT Professional Staff Congress, #2334
William Scott	TWU Local 100
Willy Zumaran	RWDSU Local 1102
Winston Silvera	AFT United Federation of Teachers, #2
Yanic Balthazar	RWDSU Local 1102
Yves Roseus	AFT Professional Staff Congress, #2334
Zeke Cousins	CWA Local 1101