

UNDERSTANDING THE COVID-19 WORKPLACE: EVIDENCE FROM A SURVEY OF ESSENTIAL WORKERS

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INTRODUCTION

The COVID-19 pandemic has created enormous challenges for the American workforce. Tens of millions of workers are now out of work. Workers who are still employed must navigate their jobs while trying to avoid the risk of infecting themselves, customers, families, and coworkers—health risks that will only grow as more businesses reopen (e.g., Scheiber 2020). Yet we lack a clear picture of how workers in frontline occupations are experiencing the crisis, and how their experiences might inform the responses of policymakers and labor organizations.

To understand how essential workers are experiencing the COVID-19 pandemic at their jobs, we worked with YouGov Blue to field a nationally representative sample of essential workers working outside their homes in select occupations, including social services, health care, protective services, food service, custodial/building maintenance, personal care, sales, installation and repair, and transportation; 2,662 respondents working in these essential occupations completed this survey in late April and early May 2020.¹ We summarize descriptive findings from the survey in this report, which captures the experiences of essential workers in the middle of the pandemic, as state governments begin to reopen.

Surveyed essential workers report considerable concern about infection risks, with disadvantaged groups—especially Black and Latinx Americans—expressing stronger concern. Labor markets do not appear to be responding by providing essential workers increased pay or paid sick leave, suggesting a role for policy interventions to raise labor standards.

Above all, our report highlights the importance of worker voice to the health and safety of workers and their communities. Our findings also suggest that the pandemic may be shifting workers' understanding of the benefits of workplace collective action,

¹ All estimates presented in this report apply survey weights. The margin of error (a 95 percent confidence interval) based upon the entire sample is approximately 2.2 percentage points.



presenting new opportunities for labor organization and action—and reforms to labor and employment law.

Key findings include the following:

- Essential workers report being very concerned about the risk of infection at their jobs. But concern is spread unevenly across the workforce: Black, Latinx, and younger workers are substantially more concerned about infection risks than are white workers or older workers. These differences are considerable: Black essential workers are nearly twice as likely as white essential workers to express concern about infection risk.
- Many essential workers report balancing concerns about infection against earnings and economic security. This poses health risks to essential workers, their coworkers, their families, and members of the public. While most essential workers say they would not go to work with a fever, a substantial minority say that they would. Workers facing financial hardship (e.g., unpaid bills), Black and Latinx workers, and younger workers are especially likely to say they would still go to work with a fever. Many workers—especially lower-wage and younger workers—still do not feel confident they would receive compensation for sick leave. Only about a third of essential workers express the highest level of confidence in receiving paid sick leave benefits.
- Many employers appear to be providing additional protective equipment and testing to their workers in response to the pandemic. Over 70 percent of essential workers report receiving resources like masks, gloves, hand sanitizer, and soap and having a place to wash their hands while on the job. Over 90 percent of essential workers report receiving at least one of these resources from their employers. Yet contrary to economic models of “compensating differentials”—the idea that labor market competition forces employers to compensate workers for dangerous work—we find little evidence that wages for essential workers have increased in response to the increased infection risk that those workers face. In our survey, the median essential worker has seen no change in hourly wages since February, and the average worker has seen only a \$1 increase (consistent with Cajner et al. 2020). Just as importantly, we observed no relationship between changes in essential workers’ hourly wages and workers’ concerns about COVID-19 infection risk or COVID-19 case rates by county.
- Across a variety of outcomes, we find that union members report better COVID-19 workplace practices and outcomes than nonmembers. Even adjusting for other demographic and workplace factors, we find that union members are more likely to report using personal protective equipment (PPE) regularly at work, to receive PPE and other disinfecting or sanitizing resources from their employers, to receive paid sick leave, and to report being tested for COVID-19.



- We find suggestive evidence that COVID-19 risk may be leading workers to express greater interest in unionization and a greater willingness to engage in workplace collective action. Workers who report higher levels of concern about COVID-19 infection risk, as well as workers in regions with high COVID-19 case rates, are more likely to report willingness to take part in a variety of workplace collective actions, including wanting to start a union, join a protest or rally, or go on strike. We find this is true for both Republicans and Democrats. We find some evidence that the expectation of receiving expanded unemployment insurance boosts reported willingness to engage in collective action, possibly by lowering the cost of employer retaliation. We also find evidence of potential spillover effects of collective action: Workers in counties in which other workers have participated in strikes are more likely to believe in the efficacy of strikes.

ESSENTIAL WORKERS' CONCERNS ABOUT INFECTION ON THE JOB

Workers remain quite worried about infecting themselves or others on the job. Two items on our survey tap into these concerns, asking “How concerned are you about being infected by COVID-19 (coronavirus) through your work at your employer?” and “How concerned are you about infecting others with COVID-19 (coronavirus) through your work at your employer?” Respondents could answer on a 1–7 scale, ranging from “not at all concerned” to “extremely concerned.”

In all, over 62 percent of workers report a 5 or above on the 7-point scale of concern of infecting themselves. Slightly over a quarter of workers (27 percent) report being extremely concerned about infecting themselves (the highest response), and only 9 percent of workers say they're not at all worried about infection (the lowest response).

There are very sharp differences across demographic groups in concern about infection. Latinx and Black Americans are substantially more likely to report high levels of concern (see Figure 1); 42 percent of Black essential workers report being “extremely concerned” about infection at work, compared to 33 percent of Latinx workers and 23 percent of white workers. Younger workers aged 18–35 are also more likely to report high levels of concern: 33 percent of these workers report being extremely concerned, compared to just 19 percent of workers aged 54 and older. Those in the lowest wage quartile also tend to report more concern about infecting themselves compared to others.

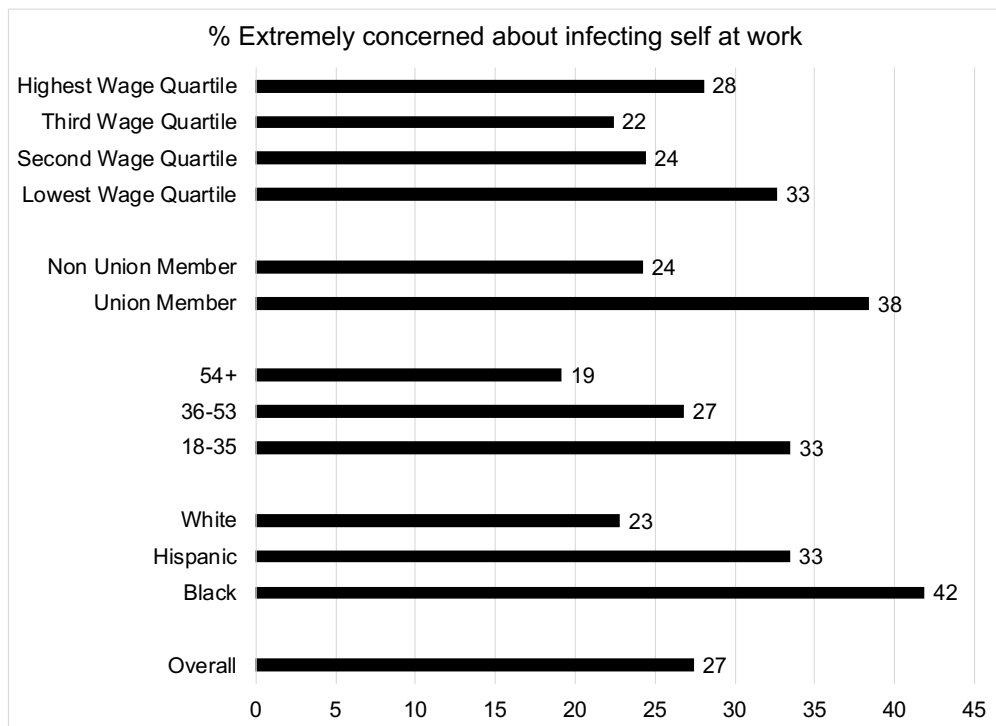
In general, the same patterns we see for concern about infecting oneself at work carry over to concern about infecting others at work. Across all workers, slightly less than a



quarter report being extremely concerned about this infection risk (23 percent), and 15 percent report not being concerned at all about infecting others. Over 52 percent of respondents place themselves at a 5 or above on the 7-point scale of concern of infecting others. Concern about infection risk to others tended to be highest among Black, Latinx, and younger workers; union members; lower-wage workers; and those employed in larger workplaces.

These patterns may reflect the differential penetration of COVID-19 in demographic groups, industries, and occupations (Centers for Disease Control 2020). They may also reflect the different degree to which workers feel protected by their employers—for instance, through the provision of protective equipment or opportunities for paid sick leave—as well as workers’ households. And they may also reflect differential tolerance to risk and subjective perceptions of vulnerability.²

Figure 1: Concerns about COVID-19 Infection Risk at Work



² In regressions that adjust for worker occupations and demographic characteristics, we note that race and age remain strong predictors of infection concern, suggesting that these differences are not due simply to occupation or work-related characteristics.



WORKING WHILE SICK: TRADE-OFFS BETWEEN FINANCIAL STRESS AND TAKING TIME OFF

Preventing individuals from working while they are sick is critical to reducing the transmission of COVID-19—both among workers and between workers and the public. And yet, our survey finds that many essential workers must make difficult trade-offs between showing up to work sick and meeting financial obligations.

We gauged workers' likelihood of going to work with a fever by asking them how much they agree or disagree with the following statement: "If I woke up with a fever on a day I was planning to work at my employer, I would still go to work." Respondents could answer on a 7-point scale ranging from "strongly disagree" to "strongly agree."

In all, about half of essential workers say they strongly disagree that they would go to work with a fever, and only 11 percent strongly agree with the statement. Rates of strong agreement—indicating that workers would be likely to come into work with a fever—are highest among Black and Latinx workers (15 percent and 14 percent, respectively) compared to white workers (10 percent), and highest among younger workers aged 18–35 (19 percent) compared to those 54 or older (at only 4 percent). Low-wage workers (earning less than \$10 per hour) also have higher rates than other workers, at 17 percent strong agreement.

Consistent with the importance of financial obligations in determining workers' willingness to go into work with a fever, we find that respondents who say they anticipate being unable to pay one or more of their bills are much more likely to say they strongly agree that they would go into work with a fever (see Table 1); 20 percent of respondents who anticipate trouble with bills say they strongly agree, and 39 percent strongly disagree. By comparison, only 6 percent of respondents who don't report bill trouble strongly agree, and 56 percent strongly disagree. These findings show how some workers might put themselves and others at risk of infection because of the financial stress they are experiencing—and therefore underscore the need for policies that prevent the spread of COVID-19 by adequately compensating workers for sick leave.



Table 1: Would Still Come into Work with a Fever

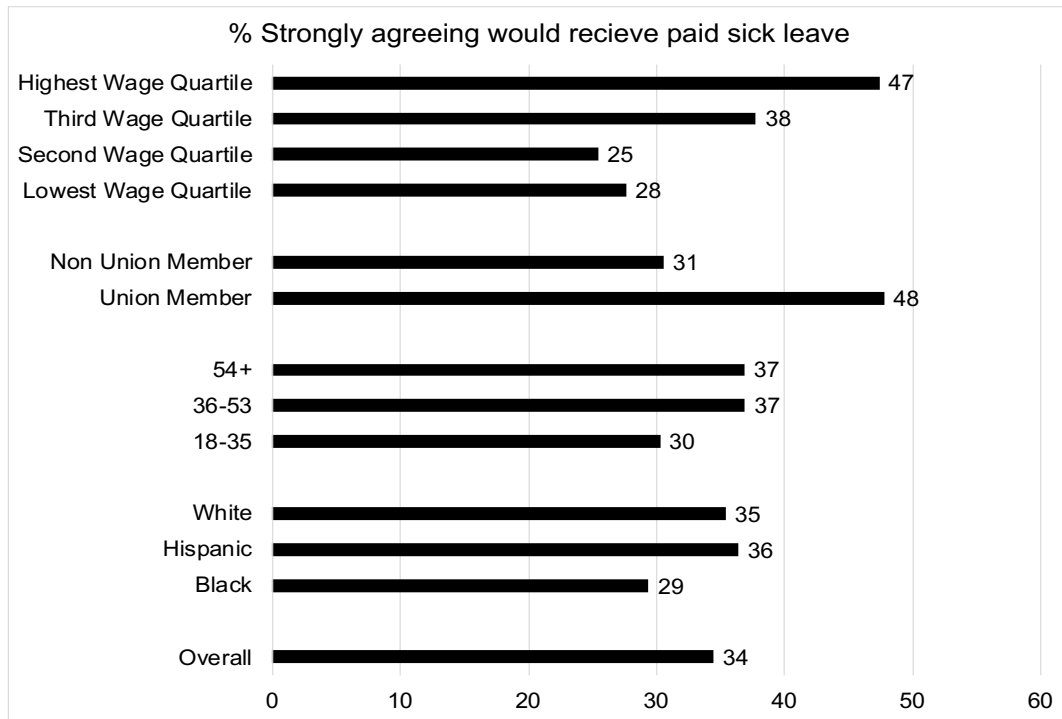
	Can Pay All Bills	Unable to Pay At Least One Bill
Strongly disagree	55.8%	39.0%
2	13.9%	6.5%
3	7.1%	5.2%
4	7.7%	7.0%
5	4.9%	10.4%
6	4.2%	11.8%
Strongly agree	6.5%	20.1%

Notes: 34 percent of the sample report being unable to pay at least one bill; bill options included rent/mortgage, credit cards, water/gas/electric, phone/cable, car payments, student loans, and internet.

We next gauged essential workers' access to paid sick leave by asking them how much they agree or disagree with the following statement: "If I took the day off from work at my employer because I had a fever, I would still get some form of compensation." As before, respondents could answer on a 7-point scale ranging from "strongly disagree" to strongly agree." We prefer this item to asking workers about the presence or absence of paid sick leave policies at their job because having a leave policy on the book may not translate into workers taking advantage of that benefit. For example, workers might not take advantage of a paid sick leave policy if managers are pressuring workers to come into work regardless of that policy. Similarly, if the paid leave benefit is stingy enough, workers may feel they cannot financially afford to take time off even if they are ill.



Figure 2: Workers' Access to Paid Sick Leave



Looking at workers who think they would receive at least some compensation for a sick day (see Figure 2), 26 percent of workers strongly disagree, and 34 percent strongly agree. About 55 percent of respondents put themselves at a 5 or above on this scale. Rates of strong agreement are highest among Latinx and white workers, older workers, union members, and high-wage workers. Indeed, the union differences and wage differences were especially large. Workers employed in larger firms, especially those with at least 100 workers in a workplace, are also more likely to report agreement than workers in smaller firms.

CHANGES IN ESSENTIAL WORKER PAY: LITTLE EVIDENCE OF “COMPENSATING DIFFERENTIALS”

Some models of the labor market predict that under conditions of perfect competition, employers must compensate workers for taking riskier jobs. Applied to the COVID-19 context, we might expect that the essential workers most affected by infection risk would be likely to see corresponding pay boosts. To test this idea in our survey, we asked workers to report their typical weekly wages and hours at the time of the survey and in February (if they were employed in the same job in February). We find little evidence of raises over this period for most essential workers. Restricting our sample to workers reporting between \$7.25 and \$50.00—from the federal minimum wage to hourly wages corresponding to \$100,000 in annual earnings with a standard workweek—we find that the average worker

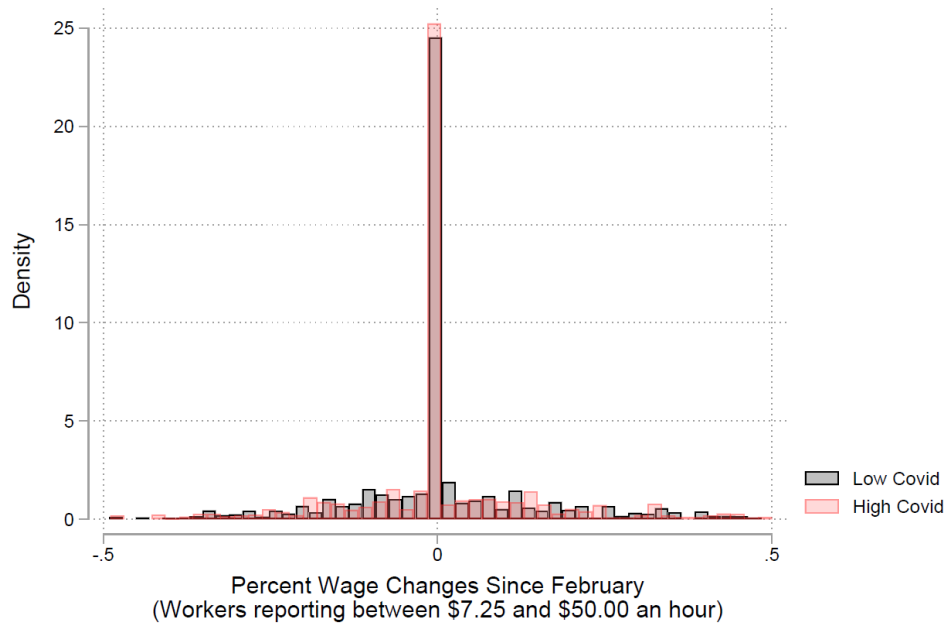


reports a \$1.03 increase in nominal hourly wages since February, and the median worker reports no increase at all.

Is it the case that workers who report greater concern about infection risk were more likely to see wage boosts over this period? We find little evidence to suggest this is the case: Workers who report higher levels of concern of infecting themselves at work are no more likely to report increases in hourly wages since February than workers who report lower levels of concern.

Is it the case that objective COVID-19 infection risk matters more than perceived risk? To answer that question, we turned to data on logged county-level COVID-19 cases per capita from the Johns Hopkins COVID-19 Case Tracker. Figure 3 plots the distribution of nominal wage changes for essential workers since February, dividing workers by whether they are in a below- or above-median COVID-19 county (low/high COVID). The distribution of nonzero wage changes is virtually identical in low- and high-COVID counties, and the spike at zero is similar for both, indicating that essential workers exposed to greater infection risk are no more likely to see wage hikes than are workers in counties with lower infection risk. In sum, there is little evidence that COVID-19 infection risk—whether measured subjectively or objectively—is related to changes in essential worker pay.

Figure 3: Essential Worker Wage Changes since February, by COVID-19 County Cases



Note: Sample restricted to essential workers employed since February and reporting between \$7.25 and \$50 an hour in February. It excludes outliers (those respondents reporting hourly wage gains or losses greater than 50 percent).



WORKPLACE RESOURCES FOR ADDRESSING COVID-19: PROTECTIVE EQUIPMENT MUCH MORE WIDESPREAD THAN PAY INCREASES OR SICK LEAVE

Although employers are not providing widespread access to hazard pay or paid sick leave to essential workers, we do find that employers have responded to the COVID-19 crisis by providing additional personal protective equipment (PPE) and enforcing or facilitating social distancing practices among workers.

Our survey asked essential workers if they have received any of the following resources from employers to help contain COVID-19 infection risk: masks, gloves, hand sanitizer, disinfecting wipes, and soap and handwashing access.³ Most workers—97 percent—report receiving at least one of those resources. Looking at each item individually, hand sanitizer and soap/a sink are the most common resources that workers have received, and sanitizing wipes are the least common.

Whether or not employers have provided these resources to workers is strongly related to how frequently workers report wearing PPE: 66 percent of workers who report that their employer has given them masks and gloves say they are “always” wearing PPE at work (as compared to “sometimes” or “never”), compared to 37 percent of workers whose employers have not provided either masks or gloves.⁴

We also asked workers how frequently they practiced social distancing on the job; 60 percent of workers report “always” practicing social distancing while on the job (on a scale that included “always,” “sometimes,” or “never”);⁵ 35 percent of essential workers say that they “sometimes” practice social distancing while at work, and only 5 percent say that they are never socially distancing on the job.

Lastly, we asked essential workers whether they have been tested to date. Testing is a crucial part of monitoring and limiting the spread of the virus, especially among essential workers exposed to other coworkers and customers. In all, we find that 16 percent of essential workers report having been tested by the start of May.

³ “Which of the following resources has your employer made available to you while you work?”

⁴ “Are you wearing personal protective equipment (e.g., gloves and a mask) during your work at your employer?”

⁵ “Do you currently ‘social distance’ (i.e., intentionally keep six feet between you and others) when around other people during your work for your employer?”



THE UNION ADVANTAGE IN DEALING WITH COVID-19 IN THE WORKPLACE

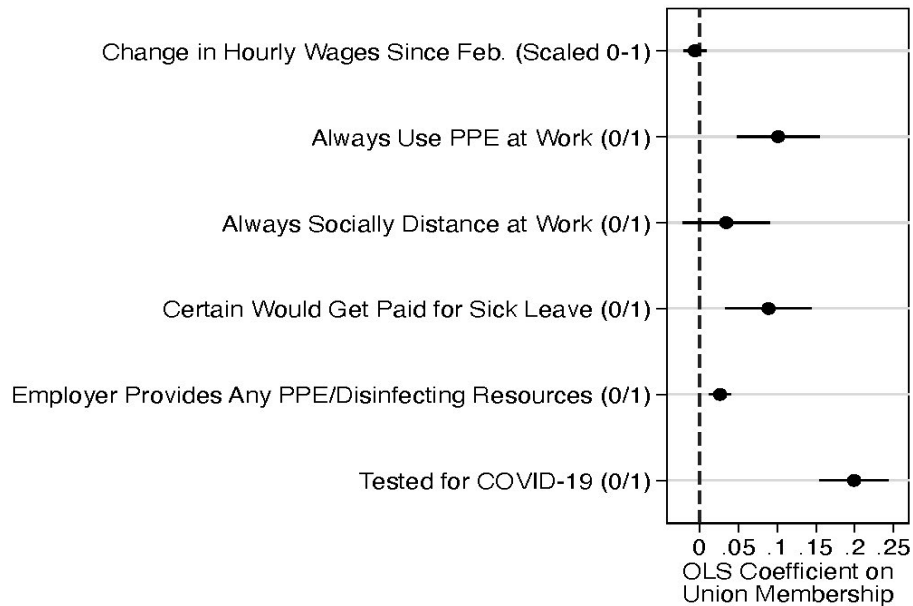
In considering variation in workplace responses to COVID-19 and how well-equipped workers are to deal with the crisis, one factor stands out: union membership. Compared to nonmembers, union members are more likely to report always using PPE while on the job, always social distancing while on the job, having access to paid leave, receiving employer resources for disinfection and sanitizing, and getting tested for COVID-19. Do these differences reflect the effect of labor unions themselves or do they simply reflect underlying differences in the types of workers employed in unionized jobs?

To start to answer this question, we estimated differences between union and nonunion essential workers, adjusting for workers' own demographic characteristics (including gender, age, race, education, and region) and job characteristics (including whether the worker reports supervisory responsibilities, their occupation, and the size of their workplace).

We report the results in Figure 4, which shows the average difference between union members and nonmembers for each outcome in question. The lines around the estimates represent 95 percent confidence intervals. Adjusting for other factors, union members are more likely than nonmembers to report always using PPE at work; to be certain they would receive compensation for taking a day off from work for a fever; to receive PPE, disinfecting, or sanitizing resources from their employers; and to get tested for COVID-19. Indeed, the largest union difference is for testing: Union members are about 20 percentage points more likely than nonmembers to report testing, after adjusting for other worker characteristics. Union members are not, however, any more likely than nonmembers to report raises in their hourly wages from February or to report more frequent social distancing while at work, as indicated by the smaller estimates for these outcomes that overlap with zero.



Figure 4: Union Differences in COVID-19 Practices and Outcomes



Our results thus affirm the importance of labor unions in helping workers to secure the resources and services they need to stay safe and healthy during the COVID-19 pandemic. These findings are also strongly consistent with past research on unions and workplace safety, which finds that unions help to create stronger safety and health standards for workers (e.g., Kleiner and Weil 2010; Weil 1999; Zoorob 2018; Johnson 2020).

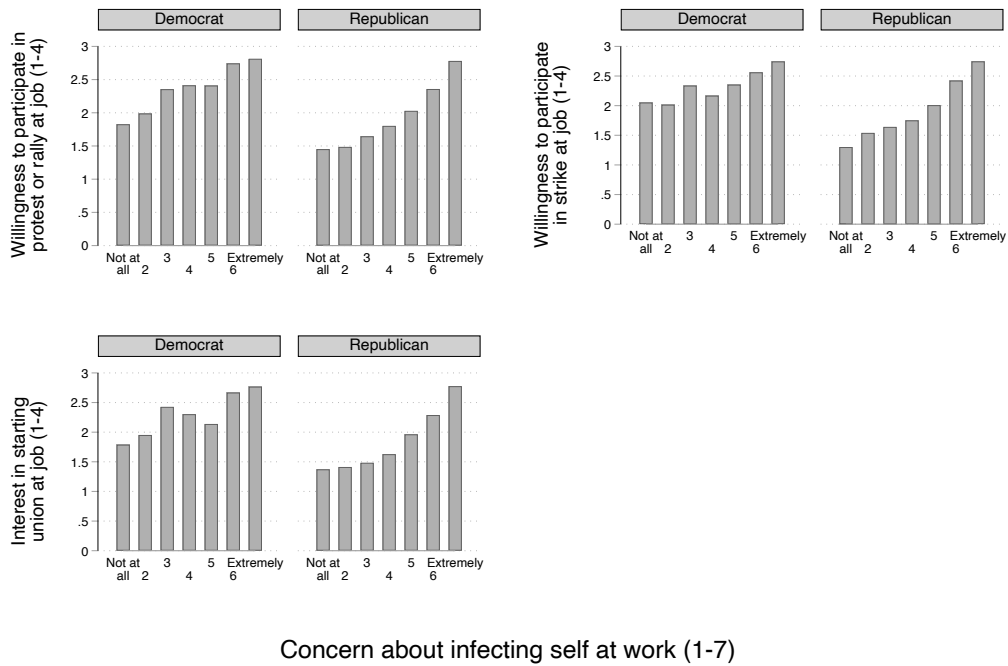
COVID-19 RISK AND INTEREST IN WORKPLACE COLLECTIVE ACTION

Union members seem better equipped to secure the resources they need to keep themselves and their communities healthy during the pandemic. Are essential workers more interested in unionization and collective action as a result of the increased risk they currently face? On the one hand, one might expect that COVID-19 underscores the benefits of unionization and other forms of worker voice on the job. On the other hand, the widespread unemployment brought about by the pandemic likely makes all workers feel worried about losing their job—and therefore less likely to take risky job actions (Fiorito and Greer 1982; Tope and Jacobs 2009).

Our survey asked several questions about worker interest in taking collective action on the job. We find that concern about becoming infected with COVID-19 is very strongly related with workers' stated willingness to take a variety of workplace actions, from

trying to form a union to protesting and going on strike.⁶ Figure 5 documents these relationships, showing respondents' self-reported willingness to engage in several workplace actions against their concern of COVID-19 infection on the job. We further have separated Democratic and Republican respondents (excluding respondents who described themselves as independents or other affiliations). As Figure 5 indicates, workers expressing a greater concern for COVID-19 infection are substantially more likely to indicate a willingness to undertake rallies or protests at their jobs, to go on strike, and to start a union—and this is true for Democratic and Republican workers alike.⁷

Figure 5: Concern about COVID-19 Infection Risk and Willingness to Undertake Workplace Collective Action



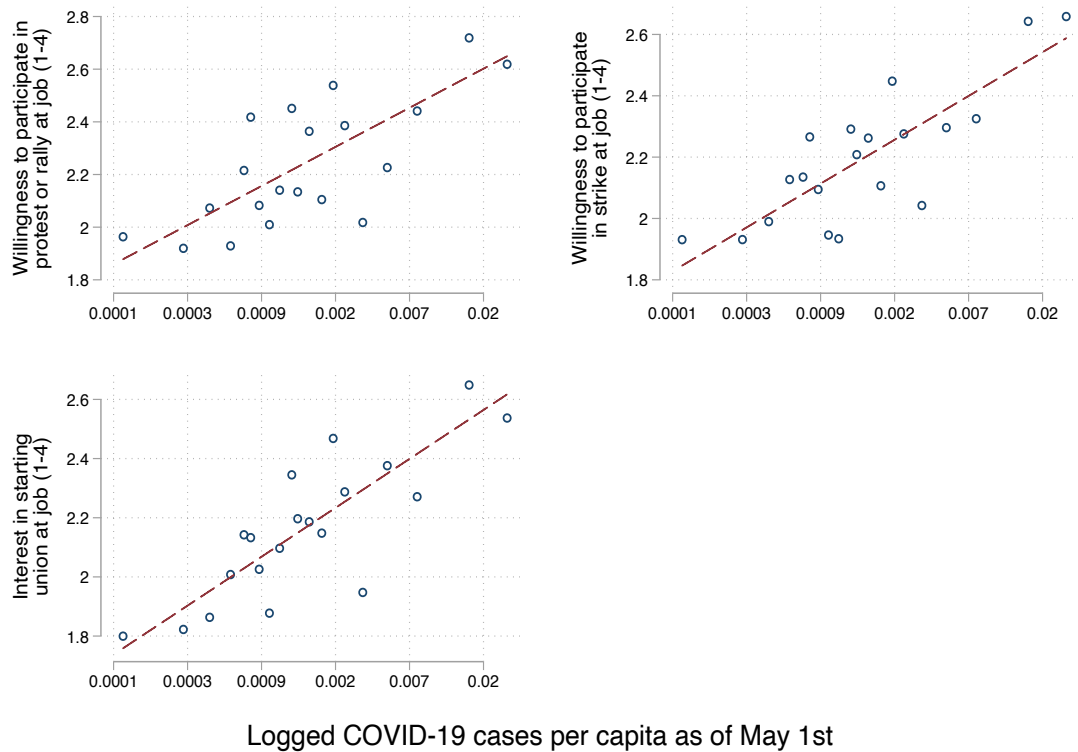
Notes: Figure only includes self-identified Democratic and Republican respondents.

⁶ The prompt for these items was as follows: “How likely would you be to ... to improve working conditions at your employer...” Possible responses were scaled one through four, ranging from “very unlikely” to “very likely.” Possible actions included participate in a protest or rally, participate in a strike, and try to start a union.

⁷ Importantly, these relationships hold up adjusting for workers' partisanship, demographic characteristics, and job characteristics as well as examining variation within census regions.

We also see a strong relationship between COVID-19 infection risk and reported rates of COVID-19 cases per capita in the county in which workers live, which we summarize in Figure 6. The greater the concentration of COVID-19 cases per capita, the more willing workers are to participate in workplace actions. We cannot be certain that COVID-19 risk is driving interest in collective action with this data, but we note that the relationship between COVID-19 case rates by county and interest in collective action holds up when examining variation within states and controlling for county-level political orientation (with 2016 presidential vote shares), as well as for a range of other worker demographic characteristics. This provides suggestive evidence that COVID-19 “hot spots” may also be “hot shops” for organizing. These findings are consistent with reporting of widespread strikes and protests among low-wage essential workers in recent weeks, including among food delivery, warehouse, and retail workers (Scheiber and Conger 2020).

Figure 6: COVID-19 Cases Per Capita and Willingness to Undertake Workplace Collective Action

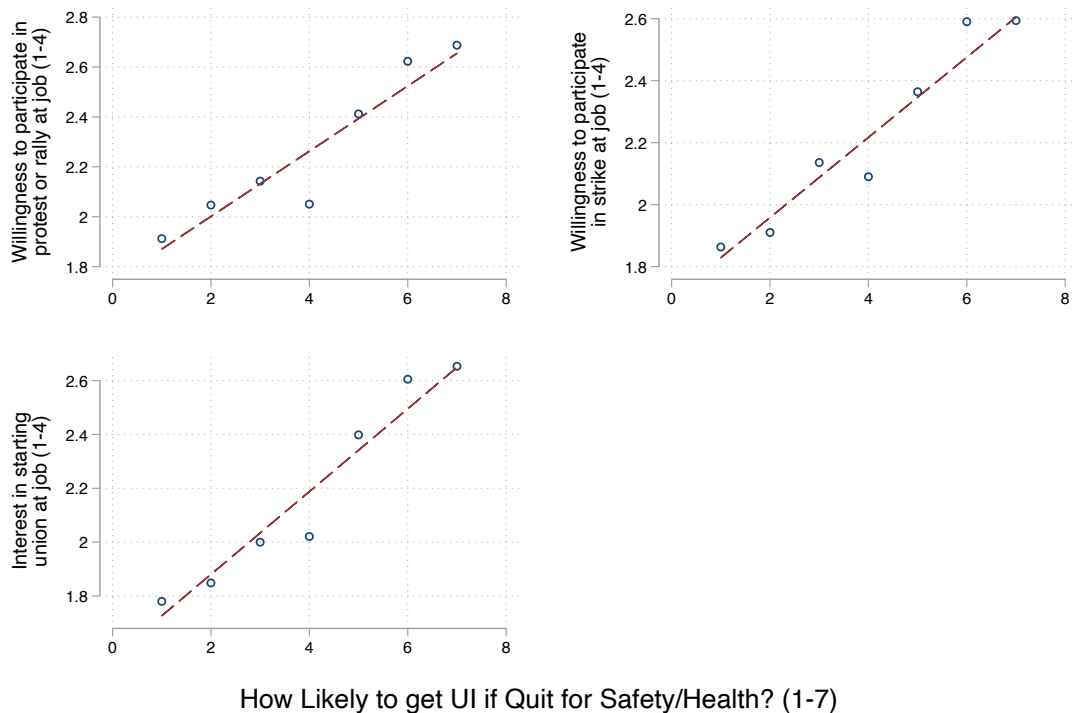


At the same time that fears of infection seem to inspire interest in workplace collective action, the expansion of unemployment benefits through the CARES Act may also



have made workers feel more comfortable taking such actions by reducing the sting of employer retaliation. The CARES Act expanded the eligibility and generosity of federal-state unemployment benefits. These benefits, while unavailable in principle to workers who voluntarily quit, are potentially available to workers who are fired by their employers for engaging in activity protected by the National Labor Relations Act. As we document in Figure 7, we find a strong relationship between workers' beliefs that they would receive unemployment benefits if they quit their job for health or safety reasons and their willingness to participate in various workplace actions. (The item on unemployment benefits asked workers, "On a scale of 1–7, how likely do you think you would be to receive unemployment benefits if you quit your job due to safety or health reasons?") We also find that the relationship between anticipation of unemployment benefits and willingness to undertake collective action is strongest for workers who report that their employers had made anti-union threats to them, suggesting that expanded jobless benefits might be helping workers to overcome the threats posed by employer retaliation (cf. McNicholas et al. 2019).

Figure 7: Anticipation of Unemployment Benefit Receipt and Willingness to Undertake Workplace Collective Action



Greater workplace action spurred by COVID-19 infection risk and extended jobless benefits, in turn, may also increase *other* workers' propensity for taking similar actions. In other research we have conducted on the recent teachers' strikes, for instance, we find that people's exposure to protests and strikes makes them more sympathetic to the striking workers' demands, and also more likely to express interest in collective action in their own jobs (Hertel-Fernandez, Naidu, and Reich Forthcoming). In our essential workers survey, we see evidence of similar diffusion of strike interest.

We make use of a database of protests and strikes compiled by Payday Report⁸ and create an indicator recording whether there have been any COVID-19 worker actions in the county where a respondent lives. (About 16 percent of essential workers live in a county in which COVID-related strikes or protests had occurred since March.) Strike-exposed essential workers are more likely to say they remember hearing about strikes or protests, to think such strikes were successful, and to believe that the strikes would affect what happens at their employer. In addition, strike-exposed workers are more likely to say they think a higher percentage of their coworkers and the public would support a strike at their own employer. These findings thus suggest that higher rates of unemployment may not be deterring COVID-related collective action—and such actions may inspire further interest and organization by exposed essential workers.

IMPLICATIONS FOR COVID-19 RESPONSES FROM GOVERNMENT AND LABOR ORGANIZATIONS

Our survey results carry several important implications as policymakers and labor organizations consider ongoing responses to the pandemic:

- First, our findings about the union difference in many COVID-related job practices and outcomes underscore the importance of giving workers a formal and legally protected voice in workplace decisions about safety and health. Unions have historically provided this kind of voice for decades, and our findings indicate that unions are continuing to help workers obtain better standards and representation during the pandemic. Yet because unions reach such a small proportion of workers, policymakers must create means of providing voice to workers who are outside the labor movement, as well as removing the substantial legal impediments to existing unions. Frontline workers are experiencing a great deal of risk and concern about their well-being, and therefore they ought to have a central role in setting and monitoring the standards

⁸ Database available here: <https://paydayreport.com/covid-19-strike-wave-interactive-map/>.



implemented by their employers and local, state, and federal regulatory agencies. There are many forms this kind of worker representation could take: for instance, joint management-worker safety and health committees, workplace health and safety monitors, or regional or sectoral wage and safety boards (e.g., Andrias 2016; Andrias, Madland, and Wall 2019; Block et al. 2020; Lichtenstein 2020; Marvit 2020). The bottom line is that policymakers need to create legally protected venues for workers to exercise input in these decisions.

- Second, our survey reveals a great deal of essential worker interest in labor representation and a willingness to undertake even costly collective actions like striking and protesting to raise standards at their jobs. We identify the greatest degree of interest in workplace collective action among the workers and geographic regions most exposed to COVID-19 risk. This provides suggestive evidence that COVID-19 risk may be driving interest in collective action—though this relationship warrants further research. Either way, labor organizations should support this interest by nurturing worker efforts at organizing in COVID-19 hot spots. Policymakers, for their part, should support these efforts by passing changes to labor and workplace law that could further facilitate and expand worker efforts at organization and representation. We identify the expansion of unemployment benefits as part of the CARES Act as one important driver of support for worker action—especially among workers who might otherwise be fearful of employer retaliation for labor organizing. Just as importantly, our survey suggests that there may be important spillover effects to collective action: Strikes and protests encourage *other* workers to become more interested in action themselves. This suggests that labor and political leaders should be elevating these strikes and protests to help all workers understand possibilities for workplace action and organization.
- Third, our findings about workers' willingness to come into work with a fever and their perceptions of access to sick leave compensation underscore the fact that many low-wage, service-sector workers have no access to paid sick leave (e.g., Schneider and Harknett 2020). These disparities in access to paid leave have substantial consequences for the ability of the country to manage COVID-19 outbreaks. If workers, especially those facing financial hardship, feel they have no choice but to come into work sick, they may be at risk of spreading COVID-19 to other members of the public and their coworkers. Although the federal government passed paid sick leave benefits for some workers as part of the pandemic response, these benefits only cover a portion of businesses and are difficult to access. Moreover, many eligible businesses and workers report not knowing about the benefit in the first place (Miller and Tankersley 2020). This suggests that policymakers must create a much more universal paid sick leave standard that is easy to use and access.



- Finally, our findings regarding the lack of compensating differentials for workers most at risk of COVID-19 infection suggest that if policymakers want to raise the wages and compensation of at-risk, frontline workers, they cannot depend on the market to do so on its own. Indeed, many employers that had offered hazard pay for essential workers are phasing out those programs (e.g., Kang and Terlep 2020). There is therefore room for policies to subsidize essential worker pay, such as the proposed “Patriot Pay” increase of \$12 an hour, or simply make the \$600 weekly Pandemic Unemployment Assistance available to them. Beyond the crisis, policymakers ought to consider raising the federal minimum wage—or better yet, facilitating union organizing that can represent workers on wage or standard boards, which could set pay along with health and safety standards (Andrias 2016; Andrias, Madland, and Wall 2019; Andrias and Rogers 2018).



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