



Submitted electronically to oshsb@dir.ca.gov.

Re: 15-Day Notice of Proposed Modifications; General Industry Safety Orders

Members of the California Department of Industrial Relations Occupational Safety and Health Standards Board (Cal/OSHA):

My name is Andrew Wylam, and I am the President of Pandemic Patients. We are a 501(c)(3) non-profit patient advocacy organization that works to relieve the harm caused by COVID-19 and Post-COVID Conditions. I am writing to you on behalf of the undersigned organizations, which represent the interests of millions of COVID-19 patients, survivors, caregivers, and their family members nationwide.

General Industry Safety Orders

The undersigned organizations support the implementation of the General Industry Safety Orders (Safety Orders) published by the Occupational Safety and Health Standards Board on July 29, 2022, and the proposed modifications issued on October 14, 2022.¹ We believe that state and federal regulatory agencies with jurisdiction over occupational health and safety must act with urgency to implement effective safety standards to reduce occupational exposure to COVID-19.

Occupational Exposure to COVID-19

An estimated 10 percent of American workers experience occupational exposure to disease or infection at least once per week, while 18.4 percent experience such occupational exposure at least once per month.² The types of occupations that are associated with heightened exposure risk include healthcare, protective services, office and administrative support, education, community and social services, and construction.³ Specifically, occupational exposure to COVID-19 is disproportionately higher for minority groups, including black and Latino populations.⁴ Research conducted by Kaiser Permanente of Southern California and published in the *Annals of Internal Medicine* in August 2021 found that members of these minority populations have a heightened relative risk of being diagnosed with COVID-19, being hospitalized and receiving intensive-level care, and experiencing severe COVID-19 outcomes.⁵ Their heightened risk for

¹ <https://www.dir.ca.gov/dosh/doshreg/COVID-19-Prevention-Regulatory-Text.pdf>;
<https://www.dir.ca.gov/oshsb/documents/COVID-19-Prevention-Non-Emergency-15-Day.pdf>

² <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0232452>

³ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0232452>

⁴ <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0256085>

⁵ <https://www.acpjournals.org/doi/10.7326/M20-8283>

occupational exposure and severe COVID-19 outcomes demonstrates how minority populations are left particularly vulnerable to COVID-19 by the absence of workplace safety standards. However, this also implies that strong workplace safety standards can achieve considerable health improvements by providing greater protection to the communities who have experienced the worst COVID-19 health outcomes. By implementing the Safety Orders to protect workers against occupational exposure to COVID-19, Cal/OSHA will accrue significant benefits to California's public health alongside a reduction in health expenditures.

Long COVID

COVID-19 interrupts business operations not only when workers are exposed to or become infected with COVID-19, but also when workers continue to experience symptoms following their recovery from an acute COVID-19 infection. A global analysis published in the *Journal of Infectious Diseases* on April 26, 2022, estimates that 49 percent of patients will continue to experience COVID-19 symptoms 120 days after infection.⁶ These persistent symptoms, referred to as "long COVID," include fatigue, difficulty breathing, pain, cognitive dysfunction, and many others, which can be severe and disabling.⁷ Current research suggests that the risk of developing such persistent symptoms increases each time a person is infected with COVID-19.⁸

Additionally, following their recovery from COVID-19, individuals have a heightened risk of developing one or more associated health conditions, known as Post-COVID Conditions.⁹ These conditions can affect nearly every major organ in the body, including the heart, lungs, brain, and kidneys, which can be fatal. Examples of Post-COVID Conditions include diabetes, depression, anxiety, impaired lung function, atrial fibrillation, and pulmonary embolism. Even asymptomatic and mild cases of COVID-19 place individuals at heightened risk of developing long COVID and one or more Post-COVID Conditions following their recovery.

Regarding cognitive dysfunction, the most common cognitive deficits associated with long COVID include reductions in processing speed, executive functioning, phonemic fluency, category fluency, memory encoding, and memory recall.¹⁰ Cognitive deficits have a significant impact on workers' functional capacity and a significant number of long COVID patients continue to experience these symptoms for over a year following their recovery from COVID-19.¹¹ A study published by the University of Cambridge estimates that the magnitude of cognitive loss associated with severe COVID-19 is equivalent to 20 years of aging or losing 10 IQ points.¹² Disabling cognitive symptoms contribute to the rising number of long COVID patients who are unable to work.

⁶ <https://academic.oup.com/jid/advance-article/doi/10.1093/infdis/jiac136/6569364>

⁷ <https://pandemicpatients.org/long-covid/>

⁸ <https://www.researchsquare.com/article/rs-1749502/v1>

⁹ <https://pandemicpatients.org/post-covid-conditions/>

¹⁰ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2785388>

¹¹ <https://academic.oup.com/ofid/article/9/7/ofac355/6649885>

¹² <https://www.cam.ac.uk/research/news/cognitive-impairment-from-severe-covid-19-equivalent-to-20-years-of-ageing-study-finds>

The prevalence of disability associated with long COVID is poised to cause a significant deterioration in the American workforce's production capacity and economic output, which is particularly troubling as the number of new COVID-19 infections continues to exceed 35,000 per day.¹³ The Brookings Institution published a report on August 24, 2022, which estimated that 16 million Americans are currently experiencing long COVID, with 2 to 4 million experiencing symptoms so severe that they cannot work.¹⁴ In addition to contributing to the national labor shortage, the lost wages of those workers is between \$170-230 billion each year.¹⁵ Additionally, the estimated cost of medical care and lost quality of life associated with long COVID exceeds \$500 billion each year.¹⁶

A study published in September 2022 by the National Bureau of Economic Research found that workers who experience a week-long work absence due to COVID-19 are 7 percent less likely to be in the labor force one year later.¹⁷ This same study found that COVID-19 has reduced the labor supply by approximately 500,000 people, with 90 percent of the lost labor supply occurring past the initial absence week.¹⁸ The reduction in labor force participation and the direct costs associated with long COVID harm America's economic interests on a national level while threatening the financial security of American families and communities. Implementing workplace safety standards to reduce the spread of COVID-19 will mitigate the lost production capacity caused by workers' direct occupational exposure to COVID-19 and the dire economic consequences associated with long COVID.

Access and Inclusion

Places of public accommodation are subject to obligations under Title III of the Americans with Disabilities Act (ADA), which requires modifications of policies, practices, and procedures where necessary to provide equal access to individuals with disabilities.¹⁹ Many employers who will be subject to the requirements of the Safety Orders may also be considered places of public accommodation.²⁰ We believe that implementing the Safety Orders aligns with the spirit of the ADA by advancing equal access to places of public accommodation for individuals with disabilities. The Safety Orders are particularly important for individuals with long COVID who are disabled and hesitant to visit public venues for fear of additional exposure to COVID-19. Implementing the Safety Orders will support accessibility and inclusion for this population by reducing the total risk of exposure to COVID-19 they would endure if they chose to visit a public

¹³ <https://www.nytimes.com/interactive/2021/us/covid-cases.html>

¹⁴ <https://www.brookings.edu/research/new-data-shows-long-covid-is-keeping-as-many-as-4-million-people-out-of-work/>

¹⁵ <https://www.brookings.edu/research/new-data-shows-long-covid-is-keeping-as-many-as-4-million-people-out-of-work/>

¹⁶ <https://scholar.harvard.edu/cutler/news/long-covid>

¹⁷ https://www.nber.org/system/files/working_papers/w30435/w30435.pdf

¹⁸ https://www.nber.org/system/files/working_papers/w30435/w30435.pdf

¹⁹ https://www.ada.gov/ada_title_III.htm

²⁰ <https://www.dir.ca.gov/oshsb/documents/COVID-19-Prevention-Non-Emergency-15-Day.pdf>

venue. Reducing the total risk of occupational risk to COVID-19 will also support the inclusion of long COVID patients in the workforce by creating an environment that is safe and accessible for them.

Conclusion

For the reasons listed above, the undersigned organizations support the implementation of the proposed Safety Orders. Thank you for considering our position on this matter. If you have any questions or comments about our position on the Safety Orders, please contact me at a.wylam@pandemicpatients.org.

Respectfully,

A handwritten signature in black ink, consisting of the letters 'AW' in a stylized, cursive font.

Andrew Wylam
President
Pandemic Patients
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Cosigners:

COVID Survivors for Change
Long COVID Families
Survivor Corps