

Unchaining Workers

R. Alta Charo

An influential report on protecting the medical supply chain in the next pandemic fails to include a commitment to protecting the workers who protect the supply chain. The securing strategy outlined by Richard Locke, Ben Armstrong, Samantha Schaab-Rozbicki, and Geordie Young offers examples of such an approach, and the analytical framework for protecting the chain – awareness, mitigation, preparedness, and response – can be applied equally well to the workforce. Considerations of equity and fairness should lead us to unchain the workers strung along the chain of medical and consumer supplies.

In their essay, Richard Locke, Ben Armstrong, Samantha Schaab-Rozbicki, and Geordie Young describe a morally superior approach to worker management under conditions that stress the supply chain, a “securing” strategy that prioritizes worker interests over the short-term profitability that characterizes what they deem a “sweating” strategy.¹ The latter strategy, which exacerbates an already uneven pattern of benefits and burdens during the COVID-19 pandemic, speaks to the distributive justice concerns at the heart of how we manage the supply chain during periods of stress.² These concerns include the equality (or lack thereof) in our regard for the human dignity of each person affected by the pandemic, equity (or lack thereof) in the degree of economic and physical injury suffered by various persons and communities, and fairness (or lack thereof) in the laws and policies governing rights and responsibilities during this public health emergency.

As Locke and his coauthors note, sweating strategies exposed workers to dangerous conditions, ranging from workplaces that facilitate viral transmission to extended work hours that add to exhaustion and interfere with access to health services. And those subjected to these conditions were already likely to have suffered from inequities. These employees “were more likely to be low-income and less likely to be college graduates. Black and Hispanic workers were overrepresented in sectors deemed essential during the early stages of the pandemic, such as food services and nursing assistance.”³ Thus, the supply chain’s sweating strategy acted as an additional layer of burden on top of an already inequitable set of disadvantages.

Nor were the benefits of a functional supply chain distributed equally or equitably. While the supply chain needed to be propped up to ensure availability of

medical equipment and supplies, these same workers and their families were often less able to access adequate health services than the rest of the population, thus bearing a greater burden with fewer benefits.⁴ Further, they could not partake equally in the range of foods and consumer goods, often priced beyond their reach, that a functioning supply chain provided to those better off.

The availability of medical equipment and supplies, of course, was most crucial. A recent report from the U.S. National Academies of Sciences, Engineering, and Medicine (NASEM) called for a four-step approach “to serve the overarching goal of making the American public safer and more secure, [by creating] a framework for systematically enumerating, evaluating, and combining measures into a cost-effective medical product supply chain resiliency strategy.”⁵ The recommended framework consisted of four steps: awareness, mitigation, preparedness, and response. The first three correlate with Locke and his coauthors’ category of “prevention” as part of a securing strategy, while the last speaks to physical response but could – and should – speak to compensation.

For each step, the NASEM report identifies actions that can prepare the country for supply chain interruptions and position it to respond, whether due to a shortage of goods or labor. Indeed, it treats labor as just another form of goods. And while certainly a crucial aspect of supply chain management is ensuring an adequate labor supply in essential positions, we must consider what is due to those who labor, not simply to maintain their position in the chain for the benefit of all, but to respect their dignity, reward their efforts, and protect their well-being for their own benefit.

The NASEM framework begins with awareness, which entails identifying supply chain risks. It notes that awareness requires data transparency, and a means to interpret and share the resulting information so that the country can prepare to mitigate, prevent, and respond to disruptions up and down the chain.

Rather than focusing exclusively on awareness of points of potential shortages of goods or workers in essential areas, one might consider adding awareness of the needs and vulnerabilities of workers. This might include better definitions of essential work (while noting that every worker – every person – is essential, but that tasks may or may not be essential). It could entail regularly revisiting the definition of essential tasks, and in light of changing demographics, identifying areas of convergence between essential tasks and an underlying workforce already struggling with burdens and vulnerabilities such as poverty, poor health, inadequate health care, complex family obligations, and citizenship status. Integrating this task with awareness of the kinds of risks associated with certain kinds of work, such as personal contact during an infectious disease outbreak, or family obligations during natural disasters requiring remote deployment, would allow for more sensitive mitigation, preparation, and response that maximize concern for workers’ well-being while still meeting a supply chain challenge.

According to the NASEM report, mitigation measures are needed to reduce the scale of disruption to the supply chain. Such measures include using quality control systems to reduce the risk of recalling or decertifying medical equipment at the time it is most needed. A comparable emphasis on workers themselves might include a system that evaluates workers in advance for their eligibility for various kinds of tasks during a pandemic or other emergency, so that those least vulnerable to physical or social harm can be deployed before turning to those for whom certain tasks would be particularly dangerous, and who – without such mitigation effort – will likely not be excused until they have sustained some injury.

Preparedness involves taking action that will prevent the most grievous harms before an emergency. It may include pre-event emergency plans for altering workplace schedules, layouts, and delivery systems. As to supplies, stockpiling is a classic form of preparedness, as it helps to avoid shortages of goods needed by society. Equally important, however, is stockpiling those things needed to protect the well-being of workers, not only to keep them on the job, but also as a means of respecting their own interests. By one estimate, in the first nine months of the pandemic, when personal protective equipment (PPE) was at its most scarce and distribution at its most chaotic, about six hundred thousand cases of COVID-19 and three thousand resulting deaths occurred among U.S. health care workers alone, and double that number of deaths across all categories of workers deemed “essential.” If adequate PPE would have halved the number of deaths, the financial losses averted might easily have been comparable to the cost of stockpiling in advance the supplies needed to efficiently confront such an emergency. But more to the point, the human suffering of those who became sick and died, and of those who loved and depended on them, might have been eased or avoided entirely.⁶

Similarly, those early months of the pandemic were characterized by chaos in the distribution of PPE, with hospitals and states competing with one another in the private market, resulting in the breakdown of any rational system of distribution that reflected relative need.⁷ A preexisting plan for assessment and distribution of crucial health-preserving supplies, whether PPE or workplace safeguards, is a form of preparedness aimed at worker well-being as much as public needs for uninterrupted supply chains. And once shortages do occur, such rationing and distribution plans for protective gear and worker assignments would constitute a response measure, akin to the crisis standards of care that have been drawn up to manage medical triage for patients during times of emergency. Other response measures would include bonus pay, easing requirements for paid personal and sick leave, adaptive rescheduling, and onsite health screening with assistance for workers who need to make arrangements for care.

“Total worker health” is one approach that incorporates these responses to safeguard the labor force during a pandemic, one that “integrates worker safety, health, and well-being into an organization,” and includes six key characteristics:

focusing on working conditions, utilizing participatory approaches, employing comprehensive and collaborative strategies, securing a commitment from leaders, adhering to ethical and legal standards, and making data-driven changes.⁸

In a similar vein, political scientists Susan Helper, John V. Gray, and Beverly Osborn argue that, in addition to focusing on shareholder profit, there should be a focus on “total value contribution,” which “explicitly encourages managers to consider other things they say they value – such as safe, reliable, and sustainable global supply chains.”⁹

Both of these measures fit comfortably within the commitment made by leaders of major companies, announced in the Business Roundtable’s 2019 “Statement on the Purpose of the Corporation.”¹⁰ In this departure from previous notions of a corporation’s purpose focused almost solely on return on investment for shareholders, the Roundtable identifies duties to serve consumers and communities, and a duty to provide employees with training, fair compensation, and, perhaps most important, dignity and respect. Such respect must be understood to encompass not only hazard pay, but a comprehensive approach to prevent and mitigate harm to protect their overall well-being.

Locke, Armstrong, Schaab-Rozbicki, and Young cite examples of companies that exemplify the values one might want to build into a “new moral political economy that privileges solidarity over ‘fissuring’ the workforce, and worker safety and voice over short-term profitability.”¹¹ They describe the moral and, it would seem, even economic success of companies that adopt a securing strategy that treats workers as valuable assets and individuals as having worth in and of themselves. But whether from motivations of morality or economics, it is important to make companies and governments implement a securing mindset.¹² One method to make that easier might be to take a page from the analysis undertaken by NASEM, and apply it to people as much as to things. Workers are not mere goods to be strung along a supply chain.

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ENDNOTES

- ¹ Richard M. Locke, Ben Armstrong, Samantha Schaab-Rozbicki, and Geordie Young, “Supply Chains & Working Conditions During the Long Pandemic: Lessons for a New Moral Political Economy?” *Daedalus* 152 (1) (Winter 2023): 131–142.
- ² John Rawls, *A Theory of Justice* (Oxford: Oxford University Press, 1971); and Hugo Adam Bedau, “Social Justice and Social Institutions,” *Midwest Studies in Philosophy* 3 (1) (1978): 159–175, <https://doi.org/10.1111/j.1475-4975.1978.tb00355.x>.
- ³ Locke, Armstrong, Schaab-Rozbicki, and Young, “Supply Chains & Working Conditions During the Long Pandemic,” 132.
- ⁴ Cora Bagley Marrett, Camara P. Jones, Mark Alexander, and Cato T. Laurencin, ed., *COVID-19 and the Present and Future of Black Communities: The Role of Black Physicians, Engineers, and Scientists: Proceedings of a Workshop* (Washington, D.C.: National Academies Press, 2021), <https://doi.org/10.17226/26146>.
- ⁵ Wallace J. Hopp, “Preface,” in *Building Resilience into the Nation’s Medical Product Supply Chains*, ed. Wallace J. Hopp, Lisa Brown, and Carolyn Shore (Washington, D.C.: National Academies Press, 2022), x, <https://doi.org/10.17226/26420>.
- ⁶ Philip Ellis, “Appendix D: Where There’s a Will: Economic Considerations in Reforming America’s Medical Product Supply Chains,” in *Building Resilience into the Nation’s Medical Product Supply Chains*, ed. Hopp, Brown, and Shore, 285–321.
- ⁷ Doug Bock Clark, “Inside the Chaotic, Cutthroat Gray Market for N95 Masks,” *The New York Times Magazine*, November 17, 2020, last updated May 29, 2021, <https://www.nytimes.com/2020/11/17/magazine/n95-masks-market-covid.html>.
- ⁸ Jack T. Dennerlein, Lisa Burke, Erika L. Sabbath, et al., “An Integrative Total Worker Health Framework for Keeping Workers Safe and Healthy during the COVID-19 Pandemic,” *Human Factors* 62 (5) (2020): 690, <https://doi.org/10.1177/0018720820932699>.
- ⁹ Susan Helper, “How COVID-19 Makes the Case for ‘High-Road’ Supply Chains,” *Supply Chain Dive*, April 22, 2022, <https://www.supplychaindive.com/news/coronavirus-makes-the-case-for-high-road-supply-chains/576575>.
- ¹⁰ Business Roundtable, “Statement on the Purpose of the Corporation,” <https://opportunity.businessroundtable.org/ourcommitment> (accessed April 30, 2022).
- ¹¹ Locke, Armstrong, Schaab-Rozbicki, and Young, “Supply Chains & Working Conditions During the Long Pandemic,” 131–132.
- ¹² Dennerlein, Burke, Sabbath, et al., “An Integrative Total Worker Health Framework for Keeping Workers Safe and Healthy during the COVID-19 Pandemic.”