

CHESAPEAKE PSR

PHYSICIANS FOR SOCIAL RESPONSIBILITY

HB 124 Occupational Safety and Health Standards to Protect Employees - Aerosol Transmissible Diseases and COVID-19 - SUPPORT

Delegate Valderrama
Economic Matters
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The Chesapeake Physicians for Social Responsibility (CPSR) supports HB 124. Sars corona virus 2 is a respiratory virus spread by droplets (cough, sneeze) up to 6 feet we know but this virus appears to be spread by aerosol as well (on particles) further and is airborne longer than would be explained just by droplet transmission as illustrated by now famous examples of outbreaks in among church choirs and in rose gardens. Aerosols are important and is one reason we need this aerosol standard put forth in HB 124.

Hence masks are important in stopping transmission: some masks protect those around the mask wearer. Some masks like surgical and especially n95 protect the wearer as well as those nearby. This is why we need essential workers to be provided masks by employer appropriate for the kind of exposure their work creates and graded for the severity of the risk their work puts them at.

Another unusual factor with this virus is that 45% of infected people are asymptomatic but still capable of spreading this infection. So even though the COVID-19 19 infected person feels and looks well and is are not coughing, sneezing nor show other signs that they are transmitting disease, they are infecting others.

So essential workers disproportionately who are minority, often work in crowded spaces where distancing is not at least 6 feet (though we know sometimes even that is not enough), who are not given proper masks are more likely to become infected

And if black, brown, Latinex or Native American once infected are more likely to get very sick, 4 x as likely as white counterparts

Obesity is a major risk factor for severe disease and is a factor in 40% of Americans and likely a factor in many essential workers as is diabetes type 2, chronic obstructive lung disease and kidney disease.

So, jobs expose essential workers to infection and then risk factors including race, and underlying conditions put them at higher risk of becoming severely ill, needing hospitalization and dying.

Thus, without more protections, there is an Unfair disparate risk to people who cannot work from home, who cannot miss work because they have no healthcare insurance or sick leave, or are afraid of losing their job.

Vaccines will help but will not prevent this disparity because: vaccine roll out is taking time; we only have a small per cent of the population vaccinated so far; because not everyone is willing to take the vaccine and they put others at risk if they don't take; because we don't know that vaccine prevents shedding of virus and because the virus is constantly mutating and may mutate into a strain against which the vaccine is less effective.

And there will always be novel respiratory infections in our future.

Hence, we must develop good effective simple public health measures to protect essential workers from respiratory airborne infections.

We have lived through the worst pandemic of all of our lives. No regulations were created by the President's administration, no emergency regulations (emergency temporary or permanent aerosol standards) were developed by our Governor, Md health Department or Mosh. Guidance is not the same as regulations. We need regulations. That helps employers who want to do the right thing and are not sure what that it. It helps employees who are dependent on their employers to create working environments safe from dangerous respiratory infections. That is why Chesapeake Physicians for Social Responsibility is in strong support of HB 124.

This testimony is based on the lecture at Johns Hopkins University given by Dr. Anthony Fauci, November 20, 2020

Gwen L. DuBois MD, MPH
Email:bikenotbomb@gmail.com
President, Chesapeake Physicians for Social Responsibility
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