



# OFFICE *of* RACIAL EQUITY

A DIVISION OF THE SAN FRANCISCO HUMAN RIGHTS COMMISSION

## An Equitable “Return to the Workplace”

This memo summarizes racial equity values, issues, and ideas that the Office of Racial Equity (ORE) has heard as the COVID-19 pandemic has continued, and especially as the City plans for a “return to the workplace” in fall 2021.

Over the last several months, department Racial Equity Leaders have provided concerns to ORE about the potential for the next phase of the COVID-19 pandemic to widen racial disparities in the City’s workforce. ORE received further input on potential racial equity issues that might be affected by a “return to workplace” through a survey distributed to department Racial Equity Leaders. ORE also researched racial equity-related “return to workplace” issues and approaches in other jurisdictions. The themes of what ORE has heard include:

[Theme 1: Invest in all of the resources and protocols needed to prevent the spread of COVID-19 at City worksites and protect the health and safety of frontline workers.](#)

[Theme 2: Center the needs and concerns of BIPOC workers in the City's implementation of the COVID-19 vaccine policy.](#)

[Theme 3: Design “return to workplace” policies to accommodate the changing needs and responsibilities of City workers, including hazard pay for frontline workers who provide essential services.](#)

[Theme 4: Use City data to correct the public narrative that unvaccinated Black and Latinx residents are to blame for the continuation of this pandemic.](#)

ORE has written this memo in order to provide transparency into racial equity issues that may be ongoing, and to lift up important values, issues, and ideas for reflection as we enter together into the next stage of the COVID-19 pandemic. Our vision is for a full and equitable recovery of San Francisco from the COVID-19 pandemic, in which every BIPOC worker within the City is valued and seen as a whole person.

*Note: This document does not express the views of the City as an employer, nor does it represent any requests from City workers regarding their working conditions. Unions are the vital representatives and exclusive bargaining agents of City workers, and working conditions for City workers are determined through union negotiations with City management.*

**Theme 1: Invest in all of the resources and protocols needed to prevent the spread of COVID-19 at City worksites and protect the health and safety of frontline workers.**

Beyond emphasizing people’s individual responsibility to be vaccinated, the City should also continue to address broader COVID-19 prevention measures and other health and safety risks in the workplace. Otherwise, there is the potential to increase confusion, fear, and resentment among frontline BIPOC workers who have been on-site throughout the entire pandemic providing essential services to the public.

Health and safety is created through collective practices. Even with the availability of vaccines, it remains the City’s role to put in place comprehensive resources and protocols at all worksites to prevent the spread of COVID-19 and other communicable diseases. This is especially true as the rate of COVID-19 and other respiratory illnesses may increase throughout the fall and winter.

***Issues that we have heard:***

- At this time, many City workers have noted they feel uninformed as to whether comprehensive plans for PPE, COVID-19 testing, sanitation, and ventilation improvements are in place at their worksites, especially as public health guidelines continue to evolve. Instead, they recall primarily receiving City communications around the vaccine policy.
- Some City workers have also felt that contact tracing can be slow, and that several days may pass after they have been exposed to COVID-19 before they are officially notified; during this time, they may have been at their worksite with other workers as well as potentially exposed their families to COVID-19. Some are also reporting that there may be hazards at their worksites, such as mold, flooding, broken windows, and inadequate HVAC systems, that can cause respiratory issues difficult to distinguish from COVID-19 symptoms.

***Ideas and potential actions that we have heard:***

<b>1.1</b>	<b>Create and communicate consistent, multi-layered health and safety practices across all City worksites</b> based on best practices established during the pandemic, and in preparation for a potential surge in COVID-19 cases and respiratory illnesses through the end of the year. Preventative practices and protocols should be developed for and communicated across the entire City workforce as much as possible, instead of being left to the discretion of individual departments.
<b>1.2</b>	<b>Make COVID-19 testing available at worksites</b> so that City workers can be tested promptly if they are notified of a work-related exposure or begin to feel unwell during work hours. Offer regular pooled COVID-19 testing for City workers who interact directly with the public.
<b>1.3</b>	<b>Improve ventilation at every facility to meet established air quality standards, and post signage about this accordingly.</b> This should include remediating mold, exposed asbestos, and any other building hazards or air pollutants that are causing respiratory problems for workers.
<b>1.4</b>	<b>Establish and communicate sanitation and cleaning schedules and protocols for all worksites.</b>

# OFFICE *of* RACIAL EQUITY

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	Ensure that all workers who are responsible for cleaning have the necessary equipment and training, as well as compensation for potential exposure to COVID-19.
1.5	<b>Designate easily accessible locations at every worksite for City workers to obtain PPE, especially masks, such as at the entrance of each office.</b> Centralize support with securing PPE for smaller departments or divisions that are located farther from major City worksites. Maintain an emergency supply of PPE that is accessible to City workers if their division runs short. Refresh PPE budgets, with a focus on the divisions that have remained open to the public throughout the pandemic.
1.6	<b>Create easy-to-understand instructions on COVID-19 engineering control measures that reflect the actual conditions at each worksite.</b> For instance, clarify which specific rooms and situations require social distancing or limits on in-person attendance, and post signage throughout.
1.7	<b>Update and share protocols for how the City will respond when a worker tests positive for COVID-19 or is a close contact of someone with COVID-19.</b> This should include information on: how to return home safely, without further exposing others to COVID-19; how to both follow up with and minimize contact with colleagues, clients, and the public; how the worksite will be sanitized; timelines for quarantine, testing, and contact tracing; and other supportive resources.
1.8	<b>Create ways to gather ongoing input from City workers on their unmet needs and potential COVID-19 risks without putting them at risk of retaliation.</b> Provide frequent updates at a Citywide and department level about how and why COVID-19 and “return to workplace” policies are being developed and revised, and do so in multiple languages.

## Theme 2: Center the needs and concerns of BIPOC workers in the City's implementation of the COVID-19 vaccine policy.

Vaccines have been tremendously effective at slowing the COVID-19 pandemic and protecting people from severe illness. And still BIPOC workers' individual concerns and hesitations about receiving the vaccine can be real and deeply felt: personal health conditions caused by their work conditions or exacerbated by the pandemic; costly or unreliable access to healthcare, especially given the chronic shortage of primary care providers; the government's past and present violations of people's right to consent to medical treatment, especially in Black, Latinx, and Native American communities; and other countless racial inequities and abuses in our health systems.

In its implementation of the vaccine policy, the City should recognize that many workers, including frontline BIPOC workers, are stressed and anxious trying to make informed health decisions while knowing their livelihoods are at risk. Given these circumstances, it is essential to identify where trusting relationships exist within the City, and where trust needs to be created or repaired. We cannot create equity in the workplace by discounting people's needs and concerns, especially as many of them have risked their health and their families' health to carry out essential services for the City, long before vaccines were even available.

### **Issues that we have heard:**

- Across the City, there are meaningful numbers of American Indian, Asian, Black, Latinx, Pacific Islander, as well as white workers who are not yet fully vaccinated. If the City moves forward with its current deadline for terminating employees who have not yet been vaccinated, it may widen racial disparities in its workforce, as well as potentially disrupt City services and result in an irreplaceable loss of institutional memory. In turn, this would directly hurt the many communities of color across San Francisco that rely on frontline BIPOC City workers for essential services and other support.
- Some workers have felt confused by the vaccination deadlines and waiver processes. Instead of a single vaccination deadline, there are different deadlines for each COVID-19 vaccine dose, as well as different deadlines for some worker classifications. Workers have reported receiving changing instructions about which vaccination deadlines apply to them. Moreover, some have also reported being told that it is too late for them to receive a two-dose vaccine, even when this is contrary to medical advice they obtained from their doctor.
- Additionally, some workers have heard that if they miss the vaccination deadline, no appeal processes will be permitted unless they are in Permanent Civil Service appointments. This would be unjust to all workers, but would have especially disproportionate impacts on BIPOC workers who make up a majority of Temporary Exempt appointments in many departments.

### **Ideas and potential actions that we have heard:**

2.1	<b>Extend and simplify the deadlines for COVID-19 vaccinations.</b> Set a single deadline for receiving the first dose of any COVID-19 vaccine, rather than different deadlines for each brand and dose of COVID-19 vaccine.
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# OFFICE *of* RACIAL EQUITY

A DIVISION OF THE SAN FRANCISCO HUMAN RIGHTS COMMISSION

2.2	For City workers who initiate the process to file a medical or religious waiver, <b>pause the vaccination deadline for a set number of weeks until they have clarity as to whether their exemption will be granted.</b> If their medical or religious exemption is denied, ensure that an appeal process is available regardless of their appointment type, as well as provide them with an additional number of weeks to receive the COVID-19 vaccination.
2.3	<b>Explain to workers what steps the City will take to support them in meeting the vaccine mandate and how it will decide whether to begin disciplinary action.</b> Make clear distinctions between actions intended to help workers meet the vaccine requirement and actions to discipline them or end their employment.
2.4	<b>Implement strict confidentiality policies about how personnel information and vaccination status is shared.</b> Respond to concerns from workers about pressure and surveillance from their supervisors.
2.5	<b>Understand the vaccination-related needs and concerns of City workers and address them directly.</b> For instance, provide access to on-site nurses and doctors of color for medical advice, instead of offering non-health related incentives such as raffle prizes.
2.6	<b>Determine with workers the risk of COVID-19 transmission at their specific worksites,</b> and hold discussions with them to reach mutual understanding on the extent to which universal vaccination vs. other control measures are needed in order to protect public health.
2.7	Implement a <b>vaccine requirement for contractors</b> in order to prevent the possibility that unvaccinated City workers will lose their jobs, only to be replaced with unvaccinated contractors.

**Theme 3: Design “return to workplace” policies to accommodate the changing needs and responsibilities of City workers, including hazard pay for frontline workers who provide essential services.**

The COVID-19 pandemic is far from over. The next several months will be a time of transition and uncertainty for many City workers as they contend with rapidly changing responsibilities to their families and communities. Even as the City prepares for a “return to the workplace,” people will need and expect more flexibility in their work schedules than ever before, especially as other workplaces are shifting towards a “future of work” with increased remote working. An equitable “return to workplace” during a pandemic is one in which every person’s needs are met; for some, this may actually involve transitioning to increased or fully remote work.

***Issues that we have heard:***

- For the City’s COVID-19 response to be racially equitable, frontline City workers - who never left the “workplace” - should be properly compensated for the risks and responsibilities they have taken on throughout the pandemic. Across departments, it is primarily BIPOC workers in the lowest-paid classifications who have been required to be on-site nearly every day, while people in higher-paid classifications worked from home or the COVID Command Center.
- Not only were frontline City workers disproportionately exposed to COVID-19 from working on-site, many of them may have faced additional work duties and security risks because of the few number of people on-site with them. In 2020, frontline City workers who kept essential public services running were given only 80 hours of “floating holidays,” which they were not permitted to cash out. In contrast, a San Francisco ordinance required that grocery stores and drug stores pay their workers an additional \$5/hour of hazard pay.
- At this time, the City has requested that the majority of workers be on-site two days a week beginning in November 2021. Some workers say they are increasingly feeling a sense of “workplace theater”, such as being asked to work on-site despite the lack of space and equipment, or to complete tasks on-site that they were previously able to do remotely. Moreover, different divisions have taken different approaches to arranging work schedules, with some offering the same on-site schedule to all of their workers regardless of need, or declining to adopt readily available remote working technology.
- Essential services like childcare, schools, elder care, and transit are operating at different levels of capacity and on different schedules across the Bay Area. Some workers report that they no longer feel safe near their worksites or on transit, especially as racial violence has increased throughout the pandemic. It has also become extremely challenging and expensive to secure ongoing childcare; not only do children have to be added to waitlists several months in advance, it also costs money just to reserve a space.

***Ideas and potential actions that we have heard:***

<b>3.1</b>	<b>Compensate frontline workers who provided essential services over the last 18 months for the significant health risks they took on, beyond the initial 80 hours of “floating holidays” that they</b>
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	were offered. Retroactively remove the cap on those floating holidays and permit workers to cash them out.
3.2	<b>Provide hazard pay or financial bonuses to frontline workers for as long as the pandemic continues.</b> The amounts should be progressive against wages or a flat amount per hour across all classifications.
3.3	<b>Establish a transparent and flexible process for making decisions about a Citywide date for a “return to the workplace”</b> , including which health-related metrics and other pandemic conditions will be taken into account. Ensure that decisions on a “return to the workplace” date are made with broad worker input, especially from frontline BIPOC workers.
3.4	<b>Consult with City workers individually, or by classification within each division, to collaboratively design accommodations and remote working arrangements. Provide maximum flexibility for City workers in arranging their work schedules and accommodate the broadest range of reasons to work remotely, including on a full-time basis.</b> Establish an equitable process for reaching mutual agreement on a worker’s schedule, including the minimum number of days of notice they will be given before any changes are proposed by the City or their department.
3.5	<b>Provide transparency into the flexible work schedule requests that have been granted and denied, including the classification and race/ethnicity of workers.</b>
3.6	<b>Increase the number of COVID-19 paid sick leave days and expand eligibility</b> to include all types of caregiving and care partner responsibilities, instead of only COVID-19 related issues.
3.7	<b>Encourage and enable departments to adopt electronic record-keeping, virtual meetings, and other technology that is required for people to work remotely.</b> Focus on existing technology solutions that will protect the health and safety of frontline City workers (e.g., allow desk phones to be routed to City-issued cell phones).
3.8	<b>Hire BIPOC therapists and mental health workers to provide support to workers as they adjust to working on-site with others after the isolation of the last 18 months.</b>

**Theme 4: Use City data to correct the public narrative that unvaccinated Black and Latinx residents are to blame for the continuation of this pandemic.**

Stigmatization of unvaccinated people and misinformation about vaccination rates puts people’s safety at risk. While there has been a focus on how vaccination rates have varied by race/ethnicity, what is often not discussed is that vaccination rates also vary greatly by age, gender, and income.

One of the primary racial disparities that has been revealed by the COVID-19 pandemic and that continues to persist even now is not in vaccination rates, but in how working-class people of color have been disproportionately exposed to COVID-19 through their jobs. This has compounded systemic health inequities and resulted in higher rates of serious illness in Black, Latinx, and Native American communities, even among those who are fully vaccinated.

***Issues that we have heard:***

- In their attempts to lift up vaccine outreach initiatives in communities of color, much of the media reporting around COVID-19 has inadvertently furthered a simplified and inaccurate perception that the majority of unvaccinated people in San Francisco are Black or Latinx. On the contrary, white residents have consistently made up the largest number of unvaccinated people in San Francisco. This is compounded by City data visualizations that focus on vaccination rates only as percentages within a community, rather than also providing context on the actual number of people.
- There are very serious consequences to the perception that any racial/ethnic group is to blame for the continuation of the pandemic and pandemic restrictions. For instance, some frontline Black workers have reported racist vandalism and threats of violence at their worksites throughout the pandemic, and attribute this directly to public perception that they may be unvaccinated.

***Ideas and potential actions that we have heard:***

<b>4.1</b>	<b>Destigmatize vaccination status in City communications to workers as well as to the public.</b> Identify ways to protect worker safety at and around worksites and prevent perceptions that some people may be unvaccinated, such as by requiring that all people on-site wear masks regardless of their vaccination status.
<b>4.2</b>	<b>Revise the City’s COVID-19 dashboards to provide clearer, more accurate information about case, testing, and vaccinations across racial/ethnic communities, as well as other demographic characteristics.</b>
<b>4.2</b>	<b>Broaden public communications beyond simplified narratives about the perceived ignorance or lack of responsibility of communities of color.</b>