

Essential Care Workers in Chelsea, MA During the COVID-19 Pandemic

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Report Authors

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Introduction

The impact of the COVID-19 pandemic has not been equally felt across Massachusetts. In Chelsea, the infection rate was six times the state average.⁷ On the surface, this high infection rate appears to be a result of the high number of “essential” workers; nearly 80 percent of workers in Chelsea fall into this category.⁸ Upon closer analysis, however, there are many underlying legal and social drivers.

Our research focused on “essential” care workers in Chelsea.⁹ Care work takes place both in the context of remunerated and regulated employment (for example childcare workers, personal and home care aides), as well as unpaid care in the home and community (including childcare, cooking, cleaning and eldercare). Underlying our research, we imagined a case study of a female-identifying undocumented Latinx individual who lives in Chelsea with her children and works in Boston. We considered what historical, legal, and social forces have made her both vulnerable and resilient amidst the COVID-19 pandemic. Based on our research and interviews with members of the community, we focused on three key forces: limited access to care and food security for care workers and their families, limited income from both employment and welfare provisions, and systematic environmental injustice, including housing insecurity.

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⁷ Massachusetts Department of Public Health, “Coronavirus Disease 2019 (COVID-19) Cases in MA as of April 22, 2020,” accessed September 17, 2020, <https://www.mass.gov/doc/confirmed-covid-19-cases-in-ma-by-citytown-january-1-2020-april-22-2020-pdf/download>.

⁸ ACLU Massachusetts, “COVID-19 Cases Concentrated Among Boston’s Essential Workers,” accessed September 17, 2020, <https://data.aclum.org/2020/04/07/covid-19-disproportionately-affects-vulnerable-populations-in-boston/>.

⁹ Commonwealth of Massachusetts, “COVID-19: Essential Services,” accessed September 17, 2020, <https://www.mass.gov/info-details/covid-19-essential-services#health-care/-public-health/-human-services>. See linked website for definition of “essential worker” in Massachusetts.

Chelsea: Historically and Today

To understand the conditions that many essential care workers from Chelsea found themselves in, we began by studying Chelsea more broadly, paying attention to its geography and history. Chelsea is a small city, only 1.9 square miles, located near the seacoast of Massachusetts. It is situated along the Mystic River and Chelsea Creek, which feed into the Massachusetts Bay, and is adjacent to Logan International Airport.¹⁰ Chelsea is just outside the Boston city limits and is connected to the city via the Tobin Bridge. Chelsea has seen several waves of immigration over the decades: first Jewish, then Cuban and Puerto Rican, and now Central American. Today 67 percent of Chelsea residents identify as Latinx, approximately one third are not U.S. citizens, and nearly 19 percent live in poverty.¹¹ The 2010 census reported that Chelsea had 35,000 residents, although several sources cite a population closer to 70,000 given the vast numbers of undocumented immigrants that have been left uncounted.¹²

Chelsea grew as an industrial city in the 1900s as it welcomed manufacturing plants and businesses in need of water-accessible storage.¹³ Heavy industrialization combined with a small geographic footprint led to the development of extremely dense housing – leaving the city vulnerable to catastrophes such as rapidly spreading fires. In both 1908 and 1973 devastating fires destroyed significant portions of the city. Each fire strained Chelsea’s resources and capabilities as the city attempted to rebuild infrastructure that would mitigate future fire risks. Faced with these challenges and the threat of financial insolvency, Chelsea’s mayor formally requested that the city go into receivership for four years beginning in 1991.¹⁴ Although the city was able to make strides to recover from this major setback, the Chelsea Housing Authority (CHA) was placed in receivership for four months during 2012 as the entire Board resigned due to mismanagement.¹⁵

It is against this historical backdrop that Chelsea residents live, work, and provide care today. It is this context that we must understand to see the specific effects of the COVID-19 pandemic on care workers in Chelsea. In what follows we examine how legal drivers distribute vulnerabilities and resilience among Chelsea residents, focusing on three realms: care, employment and welfare, and the environment.

Access to Care for Care Workers and Their Families

Essential care workers – disproportionately women of color – are a critical component of the government’s response to the COVID-19 pandemic. Their skills and effort ensure that COVID-

¹⁰ See PowerPoint slide 5; Margaret H. Clark, *Chelsea in the 20th Century*, (Arcadia Publishing, 2004).

¹¹ United States Census Bureau, “QuickFacts: Chelsea City, Massachusetts,” accessed September 17, 2020, <https://www.census.gov/quickfacts/fact/table/chelseacitymassachusetts/RHI125219>.

¹² Fabian Torres-Ardila, Daniela Bravo, and Franklin Ortiz, *Increasing Latino Participation Rates in the 2020 Census in Chelsea, MA*, (Gaston Institute Publications, January 2020); Editorial Board, “Lowballing the Chelsea population threatens the state’s coronavirus epicenter,” *Boston Globe*, June 14, 2020; Also noted in interview with Chelsea Collaborative Executive Director Gladys Vega July 16, 2020.

¹³ Clark, *Chelsea in the 20th Century*.

¹⁴ Robert W. Trott, “Massachusetts Governor Approves Receivership for City of Chelsea,” *Associated Press*, September 12, 1991, <https://apnews.com/article/5684e29417774e6c8e7bfd24c13fd201>.

¹⁵ Seth Daniel, “Receivership Ends for CHA,” *Chelsea Record*, March 16, 2012, <http://chelsearecord.com/2012/03/16/receivership-ends-for-cha/>.

19 patients receive care. Yet, care workers also need to care for themselves and their families, especially their children. Because care work has long been considered the province of women, both the commodification of care labor in the market and the familialization of care labor at home place a disproportionate burden on women.

Even before COVID-19 there were limited childcare options in Chelsea. There are 2,700 children under the age of six with caregivers in the labor market, but only 855 licensed daycare slots available.¹⁶ Out of the 47 daycare centers and family daycares, only eight are open past 6 p.m. and only one is open on the weekend. This creates a mismatch between care hours available and the often irregular schedules of care workers. Additionally, financial support for childcare is limited and inaccessible for undocumented families and children. According to Massachusetts regulations, childcare subsidies are available on a wait-list basis for income eligible families.¹⁷ Because childcare subsidies are partially funded with federal money, child beneficiaries must be U.S. citizens or qualified immigrants.¹⁸ It is true that undocumented children are eligible for care in Head Start and public school programs. In Chelsea, however, there is only one Head Start and one public preschool class available via lottery. The lack of childcare options for young children combined with care workers' low wages leaves essential care workers with little bargaining power to negotiate care options for their families.

With the onslaught of COVID-19 and the closure of schools and daycares, essential care workers have even fewer childcare options. The Exempt Emergency Child Care Program (EERCCP) allows licensed providers to apply for authorization to provide care during COVID-19 closures.¹⁹ However, only one emergency childcare center opened in Chelsea, likely due in part to a complicated application process and low payouts. An emergency payout of \$1,000 per week for home-based daycare is less than the subsidized payments, diminishing the likelihood that centers would risk the personal health of their staff by staying open.²⁰

For individuals trying to care for their own families, the Families First Coronavirus Response Act (FFCRA) grants paid time-off to provide care. Two components of the FFCRA may assist essential workers. First, the FFCRA provides up to eighty hours (two weeks) of emergency paid sick time to eligible employees unable to work for COVID-19 reasons, including to care for a child whose school or childcare provider is closed or unavailable for reasons relating to COVID-19. Second, it provides up to ten additional weeks of paid leave to care for a child whose school or childcare is closed or unavailable for reasons relating to COVID-19. However, the FFCRA permits employers to exclude health care providers or emergency responders, and for those who qualify, the FFCRA pays only two-thirds of an employee's salary for those taking leave for childcare reasons. Further, the FFCRA does not apply to employers with more than 500 employees and employers with less than 50 employees may qualify for an exemption. As a

¹⁶ Child Care Aware, "Mapping the Gap in Massachusetts," accessed on September 17, 2020, <https://www.childcareaware.org/massachusetts-mapping-the-gap/>.

¹⁷ See 606 CMR 10.04. Families receiving TAFDC automatically qualify for subsidized childcare.

¹⁸ The Child Care and Development Block Grant and the Temporary Assistance for Needy Families block grant, which fund many childcare subsidies, are considered federal benefits, and therefore fall under the immigrant restrictions under the Personal Responsibility and Work Opportunity Reconciliation Act.

¹⁹ The Commonwealth of Massachusetts, "Temporary Policy: Opening an Exempt Emergency Child Care Program During the COVID-19 State of Emergency," Department of Early Education and Care, revised on April 21, 2020, https://eecllead.force.com/resource/1587682874000/Opening_an_EECCP.

²⁰ The Commonwealth of Massachusetts, "Clarification on the Reimbursement Process for Participating Emergency Exempt Emergency Child Care Programs," Department of Early Education and Care, revised on July 11, 2020, <https://eecllead.force.com/resource/1594695502000/RevisedFundingPolicy>.

result, the FFCRA leaves many gaps for supporting working-class and poor families with childcare needs during the pandemic.

Providing food for their families has been a challenge for many Chelsea residents during the pandemic. Traditional funding for groceries is provided through SNAP (Supplemental Nutrition Assistance Program). However, SNAP is only available to citizens and qualified immigrants (primarily legal permanent residents and asylees). Moreover, some immigrants who qualify for SNAP are hesitant to use this benefit out of concern it could count as a “public charge” and jeopardize their chances of gaining citizenship in the future. School lunches are another important source of food. Although schools have closed during the pandemic, food distribution continues. One method of distribution is through P-EBT (Pandemic EBT) benefits, a program authorized by the FFCRA to provide food benefits to families with school-age children who would normally receive free or reduced-price meals if schools were open. Yet, the same concerns for undocumented immigrants about being considered a “public charge” makes some reluctant to use P-EBT cards.

Massachusetts has chosen to fund four state-wide food banks, vendors, and growers, under the Massachusetts Emergency Food Assistance Program. This program supports nine food pantries in Chelsea, rather than expand SNAP benefits to undocumented individuals.²¹ According to the Chelsea Collaborative that runs food distribution, the consequence of the state’s decision to fund food distribution rather than cash assistance is that Chelsea residents have had to wait in line for hours each day. This limits individual autonomy and limits the time and energy families have to direct to other activities.

In summary, essential care workers face challenges attending to the needs of their own dependents. The lack of state support for childcare and the closure of schools intensifies the burden on families. Yet, care workers must continue to go to work and as a result, children may be left home alone while caregivers go to work.²² If discovered, this raises the risk of the Department of Children and Family involvement. Many families in Chelsea thus rely on informal care support networks and grassroots and local non-profit organizations.

Employment and Social Welfare

Employment protections and social welfare are potential sources of income that can support a care worker and their family. We thus analyzed these together. Undocumented individuals, who make up one-third of Chelsea’s population, are excluded from most major welfare programs, and must therefore rely exclusively on selling their labor in the market to support themselves. This reliance exacerbates their vulnerability to exploitation by employers, and shrinks the time they have to care for themselves and their families.

²¹ Commonwealth of Massachusetts, “Massachusetts Emergency Food Assistance Program,” accessed September 17, 2020, <https://www.mass.gov/service-details/massachusetts-emergency-food-assistance-program-mefap>; Karina Fortuny and Ajay Chaudry, “Issue Brief: Overview of Immigrants Eligibility for SNAP, TANF, Medicaid, and CHIP,” Office of the Assistant Secretary for Planning and Evaluation, March 2012, <https://aspe.hhs.gov/basic-report/overview-immigrants-eligibility-snap-tanf-medicaid-and-chip>.

²² Interview with Gladys Vega, Chelsea Collaborative, July 16, 2020.

I. Welfare support

In Massachusetts, undocumented immigrants are excluded from major welfare programs like Transitional Aid for Families with Dependent Children (TAFDC), Supplemental Nutrition Assistance Program (SNAP, aka food stamps), and Emergency Aid to the Elderly, Disabled and Children (EAEDC). For non-citizens, eligibility for these programs is restricted to a few groups, including refugees and other qualified non-citizens.²³ During COVID-19, some new forms of welfare support have been made available to undocumented individuals. Massachusetts extended welfare payments to individuals excluded from the federal CARES act (\$1200/adult and \$500 for each child under 17) by providing an equivalent benefit to individuals who filed a Massachusetts income tax return for 2019 using an ITIN (Individual Taxpayer Identification Number).²⁴ There are a few other limited sources of support, including a one-time \$300 payment through MassUndocufund and \$250 from the One Chelsea Fund. Overall, however, the lack of welfare supports for undocumented individuals increases the pressure to participate in the market to support themselves, even though they incur risks to their health to do so.

II. Employment

This total dependence on entering the labor market to survive enhances the vulnerability that undocumented workers face to exploitation. There are several ways in which undocumented care workers in particular are exploited. First, care workers tend to earn low wages. The average wage for a home health aide or personal care worker in Massachusetts is \$15.14 per hour, or \$31,500 annually.²⁵ However, it is clear that cases of wage theft have been occurring particularly in the homecare sector. This situation is even more pronounced for undocumented workers.²⁶ Illustrating the extent of the problem, Dr. Julia Koehler reported in our interview with her that she had yet to meet an undocumented person in Chelsea who had not been a victim of wage theft. A state bill that sought to create wage theft protections was not passed.²⁷

Undocumented care workers face a host of other work-related risks. The incidence of sexual harassment and assault in the workplace is high, especially for in-home care workers, who are often female.²⁸ In-home care workers are not unionized, which limits their legal options in

²³ Deborah Harris, “What if you are not a citizen?” *Mass Legal Help*, December, 2019, accessed September 17, 2020, <https://www.masslegalhelp.org/income-benefits/tafdc/advocacy-guide/part1/q8-if-you-are-not-a-citizen>

²⁴ Masstrac, “HB4726 (HD5036): An Act to provide equal stimulus checks to immigrant taxpayers,” <https://instatrac.com/app/bill/150678>.

²⁵ U.S. Bureau of Labor Statistics, “Occupational Employment and Wages, 31-1120 Home Health and Personal Care Aides,” Occupational Employment Statistics, May 2019, accessed September 17, 2020, <https://www.bls.gov/oes/current/oes311120.htm>.

²⁶ Office of Massachusetts Attorney General Maura Healey, “Home Health Company Cited more than \$400,000 for Failing to Pay Overtime, Records Violations,” March 2020, accessed September 17, 2020, <https://www.mass.gov/news/home-health-company-cited-more-than-400000-for-failing-to-pay-overtime-records-violations>. In March 2020, the Attorney General fined several homecare agencies for wage theft violations, including failing to maintain payroll and timekeeping records, failing to make timely payment of wages, and overtime violations.

²⁷ 191st General Court of the Commonwealth of Massachusetts, “Bill S.1066, An Act to prevent wage theft, promote employer accountability, and enhance public enforcement,” <https://malegislature.gov/Bills/191/S1066>.

²⁸ Lindsay Nakaishi et al, “Exploring workplace violence among home care workers in a consumer-driven home health care program,” *Workplace Health and Safety* 61, no.10 (2013): 441-50; see PowerPoint slide 19.

the event of abuse. Finally, the lack of unemployment insurance for undocumented individuals makes it difficult to leave dangerous jobs.²⁹

COVID-19 introduced a new set of risks in terms of exposure to the virus. The nature of care work makes social distancing difficult, and at the start of the pandemic, Personal Protective Equipment (PPE) was not readily available.³⁰ In response to the need for workplace safety protections during the pandemic, the federal Occupational Health and Safety Administration (OSHA) issued a set of “guidelines” to address this pervasive problem. However these are merely advisory guidelines and create no legal obligation on employers to comply with them. In theory OSHA’s General Duty Clause, Section 5(a)(1) requires employers to provide employees with a workplace free from recognized hazards likely to cause death or serious physical harm. However, OSHA has drawn rebuke for failing to conduct inspections during the pandemic to monitor the extent to which employers are taking heed of these requirements.³¹

Beyond the physical worksite, transportation from a care worker’s home in Chelsea to their workplace in Boston is another source of risk. Several interviewees referred to the 111 bus as the only bus that connects Chelsea and Boston.³² The 111 bus is crowded and suffers from lengthy delays, regularly leaving commuters between one-and-a-half to three hours late for work.³³ Ridership on the 111 bus has remained high during the pandemic, making it a site of elevated risk for exposure to COVID-19.

Limited welfare provisions intensify care workers’ reliance on selling their labor in the market to support themselves. Workers are thus vulnerable to exploitation, including wage theft, sexual assault, harassment, and unsafe work conditions. During the pandemic, this has heightened essential care workers’ risk of exposure to the virus. Because workers have few employment alternatives or options for legal recourse, employers may treat essential workers as replaceable or disposable. Additionally, the commodification of care workers’ care labor leaves them without the time or resources to provide care for their family and exacerbates the strain on the family as a site for care.

Housing and the Environment

Safe and secure housing is especially important during the COVID-19 pandemic, particularly when essential workers need a place to quarantine. Yet, housing in Chelsea has become increasingly expensive as rents in nearby Boston have skyrocketed, leading to overcrowded housing conditions.³⁴ Gentrification, combined with lack of rent protections, has reduced the overall supply of affordable housing.

²⁹ Commonwealth of Massachusetts, “Filing for unemployment benefits as a non-U.S. citizen,” accessed September 17, 2020, <https://www.mass.gov/service-details/filing-for-unemployment-benefits-as-a-non-us-citizen>.

³⁰ Ruqaiyah Yearby and Seema Mohapatra, “Structural Discrimination In COVID-19 Workplace Protections,” *Health Affairs Blog*, May 29, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200522.280105/full/>.

³¹ Nicole Narea, “The federal agency that’s supposed to protect workers is toothless on Covid-19,” *Vox*, July 13, 2020, <https://www.vox.com/2020/7/13/21310439/osha-coronavirus-worker-protection-rights>.

³² Interviews with GreenRoots July 21, 2020 and with legislative aide Martina Matta, July 15, 2020.

³³ Interview with legislative aide Martina Matta.

³⁴ Katharine Robb, “Further Inspection: Leveraging Housing Inspectors and City Data to Improve Public Health in Chelsea, MA,” (PhD diss., Harvard T.H. Chan School of Public Health, 2019). <https://dash.harvard.edu/handle/1/40976724>.

Federal housing subsidies are available to assist low-income residents, but most are not available to undocumented immigrants. Federal public housing for families, elders and people with disabilities, Section 8 vouchers, most federally funded multifamily buildings, and the first-time home buyers program are restricted to citizens, lawful permanent residents, and asylees.³⁵

Conversely, Massachusetts state housing programs are open to all state residents regardless of status. This includes state public housing for families, elderly and disabled individuals, rental vouchers, and state-funded multifamily housing. The City of Chelsea provided \$250 vouchers for low-income families to assist with rent but rent for a single room in a shared apartment can be as high as \$800 per month, as we learned in an interview with the Chelsea Collaborative.

Demand for public housing in Chelsea outpaces supply. Chelsea is the third most densely populated city in Massachusetts.³⁶ Adjusting for the 2010 census undercount, driven by the reluctance of undocumented residents to interact with the federal government, Chelsea would likely be the most densely populated city in the state. The Chelsea Housing Authority reports 1,614 families are on a waitlist for 496 federal and state housing units, and 1,544 households are on the waitlist for 418 elderly/disabled units.³⁷ We learned from the Chelsea Collaborative that ten or more people may live in a single room.

To protect both tenants and landlords during the pandemic, Massachusetts passed eviction protection measures that forbade evictions based on inability to pay rent based on COVID-19, with corollary mortgage foreclosure protection for landlords. These protections were recently extended from August 18 to October 17, 2020.³⁸ House and Senate bills are on the docket to extend the moratorium and freeze rents, for as long as twelve months after the governor lifts the public health emergency.³⁹

Demand for housing is strong in Chelsea despite the presence of pollutants, which are now known to create underlying health conditions that exacerbate effects of COVID-19 and increase the death rate.⁴⁰ Pollutants include bulk jet fuel and salt storage facilities that release toxins into the air, ambient temperatures up to forty degrees greater than the Boston suburbs (also known as a heat island), and planes flying low into and out of Logan Airport.⁴¹ Asthma is prevalent in school age children, as Chelsea schools report asthma prevalence of students

³⁵ “Immigrants and Housing,” in *Legal Tactics: Finding Public and Subsidized Housing*, Massachusetts Law Reform Institute, 2015, <https://www.masslegalhelp.org/housing/finding-public-and-subsidized-housing/immigrants.pdf>.

³⁶ As per the U.S. Census Bureau 2010 Census, Chelsea ranks 29th in the country and 3rd in Massachusetts with 16, 037 people per square mile, behind Somerville and Cambridge.

³⁷ City of Chelsea, “City of Chelsea Comprehensive Housing Analysis and Strategic Plan,” November 15, 2017, https://www.chelseama.gov/sites/g/files/vyhlf396/f/uploads/chelsea_housing_strategy_volume_1_final_final_final.pdf; see PowerPoint slide 15.

³⁸ Eric Tiernan and Rick Sobey, “Massachusetts moratorium on evictions, foreclosures extended amid coronavirus pandemic: Gov. Baker,” *Boston Herald*, July 21, 2020.

³⁹ 191st General Court of the Commonwealth of Massachusetts, “An Act to guarantee housing stability during the COVID-19 emergency and recovery,” last updated October 1, 2020, <https://malegislature.gov/Bills/191/HD5166>. See HD5166 and S2831.

⁴⁰ Xiao Wu and Rachel Nethery, “Exposure to air pollution and COVID-19 mortality in the United States,” Department of Biostatistics, Harvard T.H. Chan School of Public Health, April 5, 2020, https://projects.iq.harvard.edu/files/covid-pm/files/pm_and_covid_mortality.pdf.

⁴¹ Martha Bebinger, “No Tropical Paradise: Urban 'Heat Islands' Are Hotbeds For Health Problems,” *WBUR*, July 7, 2017; Yvonne Abraham, “In Chelsea, the deadly consequences of air pollution,” *Boston Globe*, April 29, 2020; see PowerPoint slide 13.

between 4 percent and 19.8 percent. Chelsea further reports the third-highest number of asthma-related hospitalizations within the I-95 belt.⁴² The Tobin Bridge is another contributor to pollution. The prioritization of naval commerce over city land transport creates major delays as commuter traffic, including the 111 bus, must yield to marine traffic. The Attorney General released a brief discussing the contributions of increased environmental pollution in communities of color on the disproportionate impact of COVID-19 in these communities and called for environmental justice.⁴³

In summary, lack of tenant protections and rental subsidies as well as the limited supply of affordable housing, diminishes the bargaining power that residents hold vis-à-vis landlords. While proposed COVID-19 legislation – if passed – would provide short-term relief, longer-term solutions are needed. This would include rent controls, enforcement of tenant protection against usurious rents and unsanitary living conditions, and assurance that undocumented immigrants who raise concerns around housing will not be subjected to interventions from ICE.

Conclusion

Grassroots organizations in Chelsea, including GreenRoots, the Chelsea Collaborative, City Life Vida Urbana and Saint Luke's – San Lucas Episcopal Church, have stepped up with aid where employer and government services are absent. This includes pop-up food pantries run by the Chelsea Collaborative and St. Luke's, neighborhood networks of care supported by GreenRoots, and advocacy for housing security led by City Life. Based on our engagement with the community, we suggest interventions should be directed to de-stratify care work, de-stratify undocumented immigrants, and stabilize the environment and housing. Our view is that the most effective means of doing is by investing state support in existing grassroots community efforts.⁴⁴

⁴² Anahita Padmanabhan, Jillian Gearin, Taylor Carlington, and Stayshia Cody, "Chelsea's Asthma Problem," #Emersondataviz, accessed September 17, 2020, <https://word.emerson.edu/dataviz/2017/12/21/chelseas-asthma-problem/>.

⁴³ Commonwealth of Massachusetts, "AG Healey Brief: Environmental Pollution Contributes to Disparate Impact of COVID-19 Pandemic on Communities of Color," Press Release, May 12, 2020, accessed on September 17, 2020, <https://www.mass.gov/news/ag-healey-brief-environmental-pollution-contributes-to-disparate-impact-of-covid-19-pandemic>.

⁴⁴ See PowerPoint slides 27-31.