

An “Essential Services” Workforce for Crisis Response

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Journal of Public Policy & Marketing

2021, Vol. 40(1) 92-93

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DOI: 10.1177/0743915620928111

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COVID-19 is a worldwide crisis—cruelly infectious, fast-moving, and lethal. It has stressed or overwhelmed health care infrastructures on a global scale. In the United States, hospitals have been ravaged. Workers who provide for basic needs on which everyone’s health depends have put their own health at greater risk. It is the very threat to these workers—and, by extension, to all of us—that offers an opportunity to reimagine the concept of “essential services” during a crisis and, thereby, better control our destiny (Berry 1999).

In the initial months of the COVID-19 pandemic, the United States was woefully unprepared to fully support and protect the health care, farm, grocery, pharmacy, sanitation, utilities, transportation, delivery, police, fire, and other workers who help keep the entire population safe and well. The lack of personal protective equipment for clinical health care staff rightly received the greatest public attention. Largely unrecognized, however, were other essential health care staff who also were at risk: respiratory therapists who assist in intubations and other procedures, custodians who clean patients’ rooms, physical therapists who help intensive care unit patients recover strength and mobility, paramedics, drivers and cleaners of ambulances, and others. These equally essential health care workers have lower pay and status but need support and protection just the same.

Deficiencies in many other parts of the service sector also came to the fore. Sanitation workers in Pittsburgh, for example, protested to demand better protective gear, such as masks and waterproof gloves. Grocery workers signaled their vulnerability, as when a cashier in Virginia commented, “When we ring them up, they are like two feet away from us. We check out 200 customers a day” (Kinder 2020). Suddenly, the United States was hearing from an array of frontline employees who often go unnoticed in calmer times—but whose risk during the crisis exposed the soft underbelly of our essential services infrastructure.

The best way to protect essential service workers from getting sick is to mitigate infection in the general population they serve. South Korea, for example, minimized the spread of COVID-19 by quickly offering people free virus testing at hundreds of drive-through clinics and pop-up sites in front of buildings where infections had occurred, isolating infected people, and tracing and isolating their contacts, albeit in ways that may compromise privacy. In early March 2020, the United

States was estimated to have tested 23 people per one million, compared with South Korea’s 3,692 people tested per million (Resnick and Scott 2020).

America’s unpreparedness for COVID-19 need not recur when the next large-scale crisis strikes, whether it is a pandemic disease, a massive earthquake, flooding, hurricanes or wildfires related to climate change, or an event we cannot yet anticipate. But preparation demands a joint effort by government and business to redefine and adequately equip the “essential services” workforce so that it can be quickly mobilized and coordinated at national and state levels. We propose the concept of an “Essential Services Workforce Alliance” (ESWA) that enables these workers to stay on the job while protecting them so that they may perform their duties as safely as possible when crises erupt. We are not wedded to the ESWA name, but we know that its mission is vital. Several key imperatives would support its implementation.

First, build a leadership structure that aims to prevent a crisis, if feasible, or to intervene in its earliest phase. One possible structure would involve an ESWA director, reporting to the U.S. President, and state-level directors, reporting to governors (Fineberg 2020). Highly skilled, multidisciplinary teams at the federal and state levels would coordinate efforts to procure protective supplies and equipment, safety training, paid sick leave, and free childcare for essential workers.

More specifically, the leadership structure should enable predictive modeling of crisis events; mount a swift, effective crisis response; and continuously monitor results to identify needed corrective actions. This approach would require some permanent paid staffing of ESWA units with experts in public health, epidemiology, finance, logistics, worker safety, climate, mathematical modeling, computer science, and other domains. When a crisis strikes, leaders should deploy paid or volunteer business, union, and government leaders with pertinent

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expertise (e.g., fire control specialists). The federal government should, of course, offer centralized planning and coordination, the power of the purse, and other forms of support. But an ESWA structure is likely to be most effective if its state-level units are also robustly led by qualified people whose collective “voice” influences the broader political response.

Second, use technology to swiftly and efficiently mobilize human and material resources. In health care, for example, telehealth tools to remotely screen, triage, treat, and monitor patients should be deployed early and widely. Electronic intensive care units can enable specialized clinicians to remotely monitor the status of dozens of patients, leveraging their scarce expertise and reducing direct patient contact (Hollander and Carr 2020). Essential workers should have quick, easy access to self-testing for pathogens to protect themselves, their families, and others.

Third, harness the best marketing talent available to develop federal and state multimedia advertising and public education campaigns that provide timely, accurate, engaging information on latest developments, guidance about staying safe at work and home, and supportive communication about essential service workers. The COVID-19 crisis lacked a widely accessible, medically accurate “go-to” source for the latest, best information. Credible, useful, understandable messaging systems would inspire confidence, because they would reflect competence. Given that excellent communication is vital during crises, marketing professionals should come together to provide this creative service in a nonpartisan manner. Marketers whose conflicts of-interest cause them to convey misleading or biased content are unsuited for this role.

Fourth, assemble a strong, trust-based public-private partnership that helps maintain essential workers’ health and safety, thereby strengthening the national infrastructure that bolsters population-wide well-being. Government can help provide policy guidance, financial incentives and payouts, and coordinated allocation of scarce and urgently needed supplies and equipment—but implementation happens on the ground. Model organizations should be asked to teach other institutions and companies what they’ve learned about how best to support and protect workers.

For instance, H-E-B, a Texas-based supermarket chain with a full-time executive who directs emergency preparedness, has been refining its pandemic plan since 2005, when it first responded to H5N1 influenza. H-E-B started planning for COVID-19 in January 2020 in response to the outbreak in Wuhan, China, and consulted with grocery retailers in China, Italy, and Spain. Since early March 2020, H-E-B has

- Offered fully paid medical leave to any employee infected with the novel coronavirus.
- Installed plexiglass shields at checkout stands to protect cashiers and customers.
- Limited store hours from 8 A.M. to 8 P.M., to facilitate additional restocking while allowing for more employee rest time.

- Set aside high-demand items for employees to buy, such as disinfectants and paper products.
- Placed social-distancing stickers on store floors to remind people to stay six feet apart.
- Given all hourly employees a \$2-per-hour pay increase during the crisis period.
- Invited nonstore corporate employees to volunteer for in-store and warehouse shifts (800 corporate employees volunteered) (Smothers 2020).

Countries, like corporations, can help control their destinies in times of crisis by responding boldly but deliberately to destructive forces. These moments demand an organized command structure, with robust technological support and a constructive, inspiring messaging capability. Effective leaders design and build such structures and processes *in anticipation* of crises. They then deploy those systems when crises occur, making adjustments for unexpected contingencies. Their networks of deputy leaders are driven by a common mission rather than parochial interests. Our current economic instability, in the wake of COVID-19, offers a unique and urgent opportunity for leaders to redefine and prepare the “essential services” workforce so that we are ready for the next major crisis.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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