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Ethics Advisory Committee Consultation Report

Comments to the National Academies of Sciences Draft Framework for Equitable Allocation of COVID-19 Vaccine

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Background

The Ethics Advisory Committee at the Global Center for Health Security is pleased to provide comments on *the Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine, authored by the National Academies of Science, Engineering, and Medicine. These comments address the committee's concerns regarding the health and safety of meat and food processing workers.*

Number of Workers and Infections

Nationwide, half a million workers staff approximately 3,500 animal slaughtering and meat-processing facilities (collectively, meat-processing facilities).[1,2] During the COVID-19 pandemic, most remain operational as an "essential industry" following the President's Executive Order declaring the meat supply critical to the national infrastructure.[3] Meat-processing workers also meet the Draft definition of critical risk workers, as workers in an industry essential to the functioning of society and at substantially high risk of exposure. In fact, according to the Centers for Disease Control and Prevention (CDC), nearly 17,000 workers in meat-processing facilities have contracted COVID-19 as of May 31, 2020.[4] According to the Midwest Center for Investigative Reporting, as of August 31, 2020, there have been "at least 38,500 reported positive cases tied to meatpacking facilities in at least 417 plants in 40 states, and at least 180 reported worker deaths in at least 50 plants in 27 states."[5]

High to Moderate Risk in All Four Risk Criteria in the Draft for Meat-processing Workers

For meat processing workers, the risks of acquiring the infection and transmitting the disease to others are high because of the characteristics of the workplace and workers' social conditions. Meat-processing work is labor intensive with high risks of physical injury; it is characterized by dense, prolonged, proximate contact among coworkers. Thousands of workers are in a plant at any given time with ventilation patterns particularly conducive to the spread of SARS-CoV-2.[6] Workers often share transportation to and from the workplace, live in congregate and multi-generational housing, and have frequent community contact with fellow workers.[4] Most also experience economic, housing, and food insecurity, which have increased since the pandemic. In states with a meat-processing industry presence, there has been significant transmission among workers and within their communities. For example, in Nebraska, cases are directly linked to meat-processing facilities in nine of the 10 counties with the highest number of cases per capita.

Given meat-processing workers face high risks of severe morbidity and mortality, public health interventions such as vaccines stand to be impactful, but access to services must be accompanied by a strategy the community can trust. Immigrants, refugees, and members of racial and ethnic minority groups comprise a majority of the meat-processing workforce—groups harmed by decades of structural discrimination.[7,8] Many have limited English proficiency or lack the legal authority to work in the U.S.[9,10] These workers often avoid healthcare because they are uninsured or under-insured, or out of fear of immigration enforcement.[11] In the context of the pandemic, socioeconomic disadvantages combine with race, ethnicity, and immigration status to create conditions ripe for the exacerbation of existing health inequities and, ultimately, poor outcomes from COVID-19.[12,13]

Further outbreaks among these workers also present moderate to high negative societal impact. If large numbers of workers fall ill, the food supply chain and the economic stability of many states and localities would be imperiled. Continued meat processing plant operations support the food supply chain, benefit state and local economies, and provide income and personal food stability to workers; it comes however, with serious health risks for workers in this essential industry who are too often treated as expendable.

An Environment of Non-protection for Workers Who Did Not Anticipate Working Through a Pandemic

The current federal administrative environment is decidedly pro-business and expressly de-regulatory. Enforcement of existing regulatory protections for workers has withered, with federal agencies continuing to advance loosened standards. Even in the midst of the COVID-19 pandemic, OSHA has refused to issue mandatory infection prevention and control (IPC) requirements; the USDA continued to issue line speed waivers (which undermine IPC measures)[14] and has plans to permanently raise poultry processing line speeds.[15]

Unlike healthcare professionals, for example, these workers conceivably neither anticipated the possibility they might be expected to work while risking a life-threatening infection, nor do they enjoy comparable social or financial rewards.[16] Meanwhile, the industry has not systematically adopted IPC recommendations. Even among plants that did implement IPC strategies, there is recent evidence that some measures implemented in the spring are being rolled back (e.g., reinstituted attendance bonuses and ending furloughs for workers over 65).

The industry continues to prioritize profit over worker well-being,[17] and we have genuine concern that the industry will 1) try to privately obtain vaccine supplies to control administration among their employees, 2) mandate vaccines for workers in an environment that is already coercive, and 3) quickly remove IPC strategies because of expense and slowed production while over-estimating the protection and efficacy of vaccine implementation. Workers may reasonably have vaccine hesitancy, given the historical exploitation of marginalized populations. Within this underserved population, with a documented history of exploitation, mandatory vaccinations are likely to exacerbate these worries.

Yet, given their circumstances, meat-processing workers have little choice but to continue work despite being among U.S. workers at greatest risk of becoming infected and seriously ill with COVID-19. These workers are owed an approach that minimizes the risks of harms to them and their families, protects their health as much as possible, and reduces the burdens they incur for the benefit of the industry and local, state, and national economies.

Risk Compensation

Concerns about risk compensation are noted in the draft but it may be worth emphasizing explicitly that vaccinations cannot suspend the need for adequate PPE. We do not have data on the extent or limits of vaccine protections which necessitates maintaining infection prevention measures until overall community transmission is eliminated . The risk of this is especially concerning in the context of meat-processing workers, who have little social or occupational power and are already experiencing the removal of protections by meat processing plants instituted during the initial outbreaks.

Priority Determinations, Health Inequities, and Effective Communication

In the draft, it is unclear how critical workers will be allocated into phase 2 or phase 3 priority. Nor is it clear how delineation of groups within critical risk workers and subcategorizations will occur. For example, in the draft, meat-processing workers are addressed along with other workers in the food supply chain, including grocery store workers. While grocery store workers are at risk, the working conditions and risks (e.g.,

ventilation patterns, congregate setting) are not comparable to those faced by meat-processing workers. We believe meat-processing worker vaccination would be appropriate in phase 2, to balance maximizing benefit with equal regard so that these workers do not bear the burden of unknown side effects that are likely to emerge in the first phases of widespread vaccination, especially if the vaccine comes to market under an emergency use authorization. Overall, more clarity in the final publication is required.

Meat-processing workers, many of whom are immigrants and racial and ethnic minorities, face challenges of structural discrimination that result in health inequities. It is unclear if the prioritization will address these issues. As one of the foundational principles, more clarity is required.

Finally, because of the diversity of languages spoken in most food-processing plants, we are asking the committee to consider including a statement urging investment in effective communication plans for meat-processing workers.

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