



UNPACKING THE FACTS

A rapid assessment of protein
processing workers' experiences
during the COVID-19 pandemic
in Delaware, Maryland, and Virginia

DECEMBER 2021



**Health
Within
Our Reach**



TABLE OF CONTENTS

p 3	INTRODUCTION
p 4	METHODOLOGY
p 5	ACKNOWLEDGMENTS
p 6	PRELIMINARY FINDINGS: WORKPLACE SAFETY
p 9	PRELIMINARY FINDINGS: COVID-19 PREVALENCE
p 12	PRELIMINARY FINDINGS: WORKERS' RIGHTS
p 13	PRELIMINARY FINDINGS: COMMUNICATIONS PREFERENCES
P 15	PRELIMINARY FINDINGS: VACCINATION
P 17	CONCLUSION AND RECOMMENDATIONS
P 20	ENDNOTES

INTRODUCTION

With large meat, poultry, and seafood industries, Delaware, Maryland and Virginia are home to vital protein processing activities in the United States. In light of the COVID-19 pandemic, the U.S. Cybersecurity and Infrastructure Security Agency (CISA) classified meat, poultry, and seafood processing workers as critical infrastructure workers, essential to national functions.¹ These industries employ a diverse workforce encompassing a large population of migrants—including internationally recruited seasonal workers, such as those with H-2B visas—refugees, and workers of color with diverse linguistic and educational backgrounds. Over two-thirds of workers in meat and poultry processing industries nationwide are Black or Latinx.² An estimated 40%³ to 50%⁴ are immigrants or migrants. Over half of meatpacking workers have low incomes, and the majority of these workers have limited English proficiency.⁵ This diverse workforce faces multiple barriers to healthcare access and work in a rapid transmission industry.⁶ Workers in these industries are routinely made to work side by side, fear retaliation for missing work, lack personal protective equipment (PPE), and eat in crowded cafeterias. These conditions make it challenging for workers to follow the Centers for Disease Control and Prevention (CDC) guidelines to prevent COVID-19 infections at workplaces in these industries.

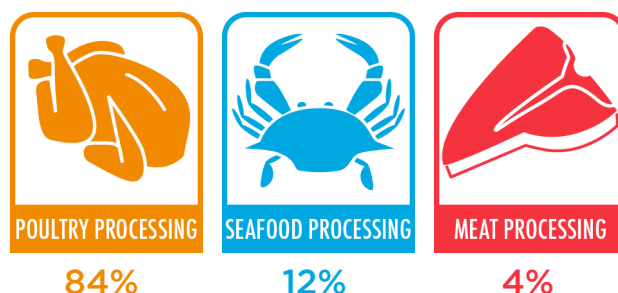
As part of a cooperative agreement with the CDC, Centro de los Derechos del Migrante (CDM), Legal Aid Justice Center, Rebirth, Inc., and the United Food and Commercial Workers Union, Local 27 (UFCW Local 27) surveyed 288 protein processing workers in Delaware, Maryland, and Virginia. The survey's objective was to assess meat, poultry, and seafood processing workforce demographics, workplace risk factors, and workers' needs, concerns, and perceptions during the COVID-19 pandemic.

The following report presents preliminary findings, highlighting data collected through this survey. Overall, the survey showed that migrant and immigrant workers, those with limited English proficiency, and workers who identified as women were disproportionately affected by COVID-19. These groups of workers faced barriers to healthcare and were more likely to face workers' rights violations. The study also revealed patterns relating workers' demographic backgrounds to the sources of COVID-19 information they consulted or trusted in. This assessment has helped the Protein Processing Worker Project—a project formed by a network of community based organizations to mitigate the spread of COVID-19—develop an educational campaign tailored to communities employed in these industries.

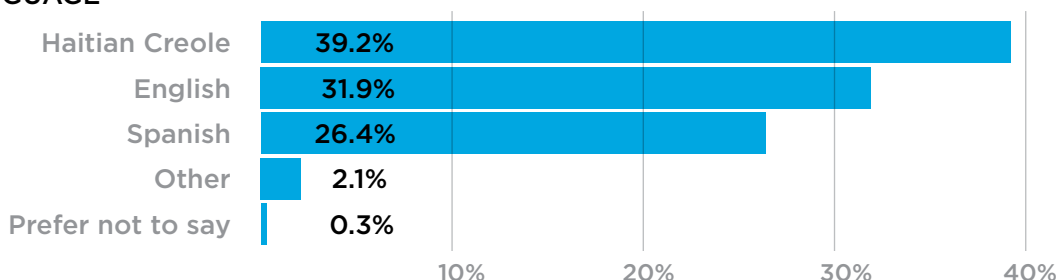
METHODOLOGY

Given the limited data available about workers in rural communities and specifically about protein processing workers, CDM led a team of community-based organizations and a labor union in conducting 288 (30-40-minute) anonymous, rapid-assessment surveys among protein processing workers between March and May 2021 in Delaware, Virginia, and Maryland. These organizations have long-standing relationships with workers. CDM trained the community-based organizations and labor union on eligibility criteria, methodology, data collection, and data entry. To be eligible, participants had to be 18 years of age or older and employed as protein processing workers living and/or working in those states. Recruitment methods included but were not limited to: door-knocking in communities with high densities of workers; distributing flyers in markets, churches, and workplaces; social media targeting; referrals of other workers; and recruiting workers through existing relationships and direct phone calls. These methods were conducted in English, Spanish and Haitian Creole. The survey was developed in collaboration with the community-based organizations, CDC technical advisors, and Intergovernmental Personnel Act (IPA) program researchers. The Protein Processing Worker Project used a convenience sampling methodology.

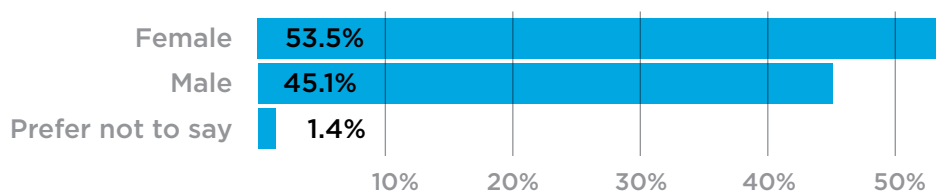
INDUSTRY

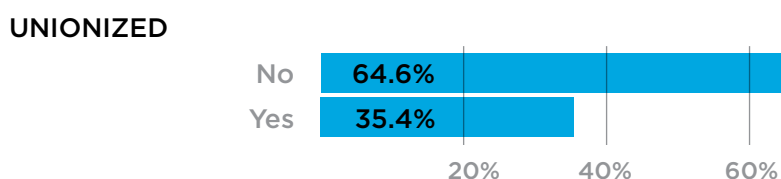
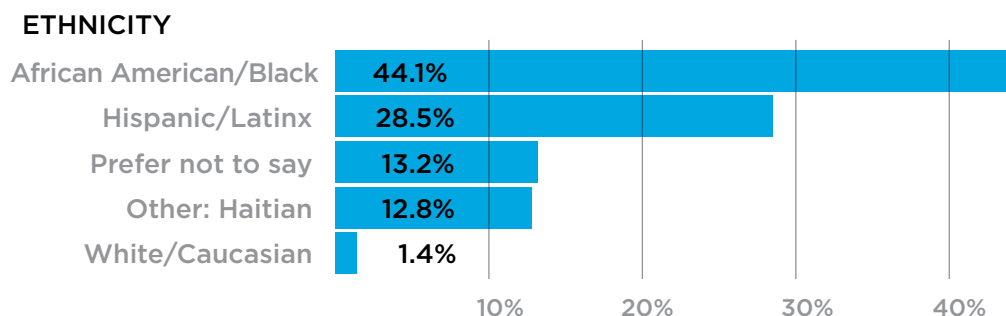
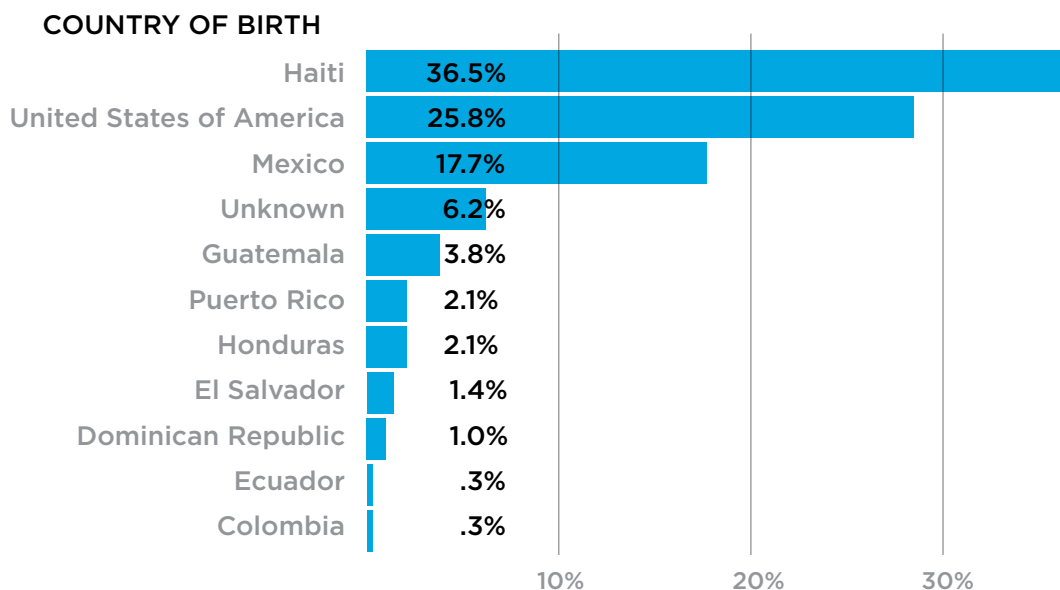


LANGUAGE



GENDER





Those who want to review the survey instrument may contact Irving Angeles at irving@cdmigrante.org.

ACKNOWLEDGMENTS

The authors would like to thank all who have contributed to this report, with special thanks to the Centers for Disease Control and Prevention, the National Institute for Occupational Safety and Health Occupational Health Equity program, Intergovernmental Personnel Agreement collaborators, Legal Aid Justice Center, Migrant Clinicians Network, Rebirth, Inc., United Food and Commercial Workers Union, Local 27, and Centro de los Derechos del Migrante staff for their invaluable contributions, without which this report would not have been possible.

PRELIMINARY FINDINGS: WORKPLACE SAFETY

Based on the survey data, workers endured several challenges in protecting themselves against COVID-19 such as maintaining physical distance, using personal protective equipment (PPE), and implementing other safety practices at work. Additionally, some workers—especially limited English proficient workers and poultry workers—faced disproportionate challenges in accessing and using adequate PPE.

Workers reported the following challenges relating to PPE:

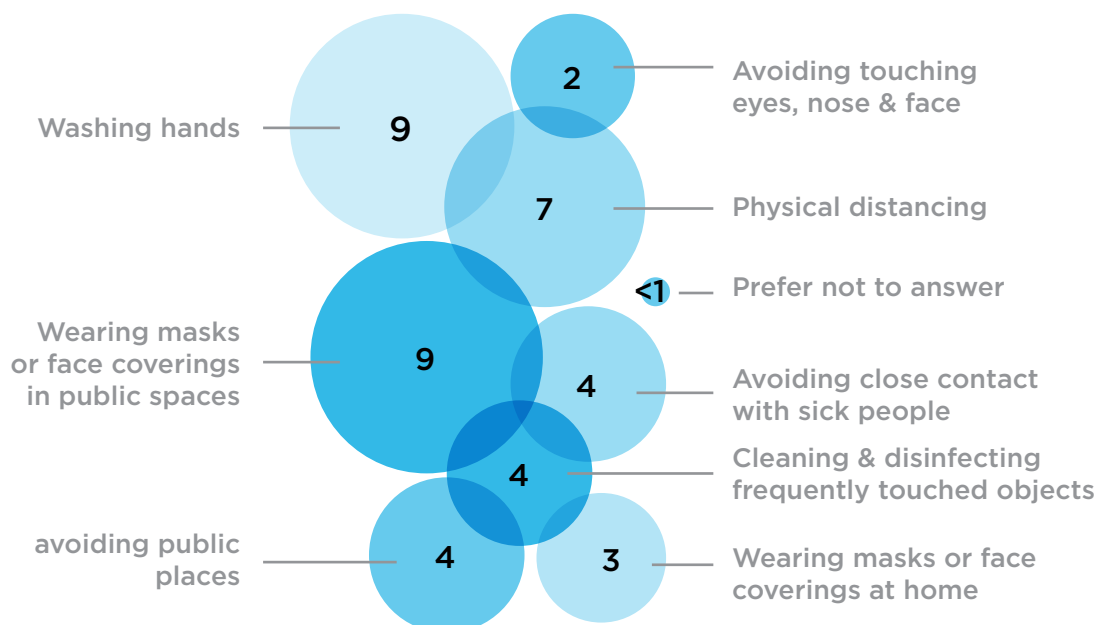
- Workers had to work without masks, face coverings, or other proper PPE required for their jobs.
- Workers had to remove or were unable to wear PPE due to excessive heat.
- Workers had to pay for the PPE required for their jobs.

COVID-19 MEASURES AT HOME AND IN THE WORKPLACE

When asked about the practices they carried out to prevent contracting COVID-19 outside of work, approximately 9 out of 10 workers mentioned wearing masks, 8 out of 10 mentioned washing their hands, and 7 out of 10 mentioned physical distancing.

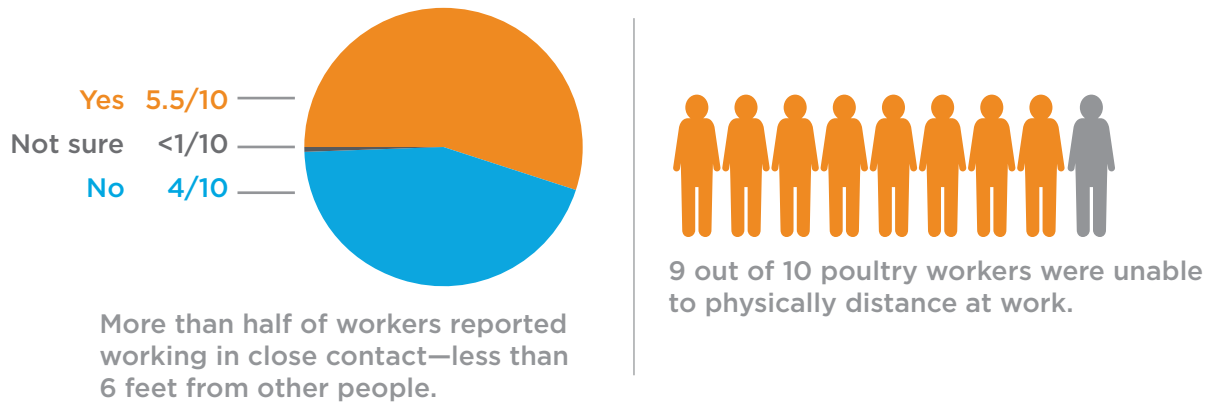
COMMUNITY PRACTICES DURING THE PANDEMIC:

Data presented proportionally out of 10



PHYSICAL DISTANCING IN WORKING FACILITIES

More than half of workers reported working in close contact—less than 6 feet from other people. Two-thirds worked in close contact in the production area. 9 out of 10 workers in the poultry industry found physical distancing to be a challenge at work.



While the survey did not specifically inquire about physical distancing in employer-provided communal housing, survey data collection teams observed an overwhelming lack of physical distancing in the communal housing where seasonal seafood H-2B workers spend most of their free time.

AREAS IN WORKPLACE WITH CLOSE CONTACT

At the time of interview, workers were asked to identify where in their workplaces they came into close contact with others—defined as 6 feet or less—for periods of 15 minutes or more

Data presented proportionally out of 10



PERSONAL PROTECTIVE EQUIPMENT (PPE)

Approximately 1 out of 5 workers experienced some barriers to proper access or use of PPE in their workplace.

Workers with limited English proficiency were 10 times more likely to report facing barriers to PPE access or use at work than those whose preferred language was English.

LANGUAGE



English vs. limited English proficiency

Immigrant and migrant workers—defined as any worker who was born outside of the United States—were 10 times more likely to report facing barriers to PPE access or use at work than those born in the United States.

COUNTRY OF BIRTH



Born in the U.S. vs. Immigrant and migrant workers

Non-unionized workers were 4 times more likely to report facing barriers to PPE access or use at work than unionized workers.

UNIONIZED



Union members vs. Non-Members

PRELIMINARY FINDINGS: COVID-19 PREVALENCE

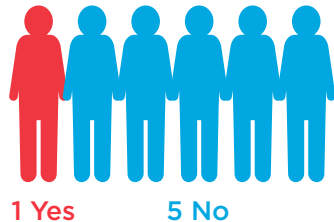
The survey data showed a high rate of self-reported COVID-19 transmission among workers in Delaware, Maryland, and Virginia. Women and immigrant and migrant workers were disproportionately infected by COVID-19 according to the survey. Many workers faced limited or no access to paid sick leave.

WORKERS DIAGNOSED WITH COVID-19

Approximately 1 out of every 6 workers surveyed reported having been diagnosed with or suspected that they had COVID-19 between March 2020 and the first week of May 2021. Approximately 9 out of 10 these workers had received a positive test confirming infection. Nearly two-thirds of workers mentioned work as the suspected source of infection; one-quarter of workers mentioned households as the suspected source of infection.

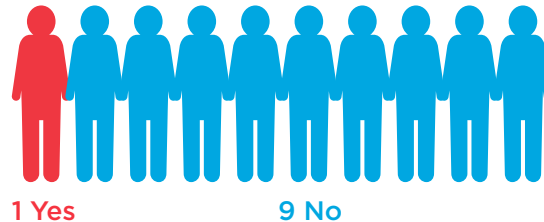
Workers who were diagnosed with or suspected of having contracted COVID-19:

Data presented proportionally out of 6



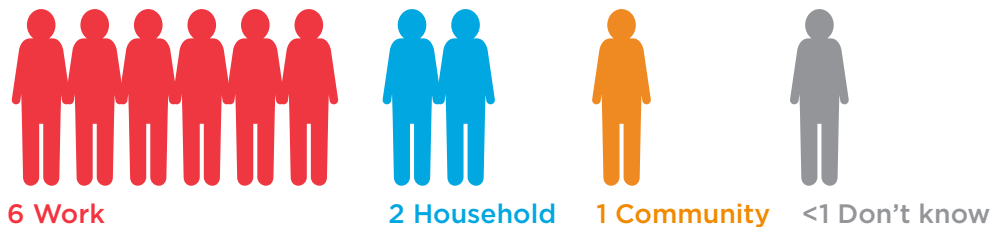
Workers who were diagnosed with or suspected of having contracted COVID-19 who tested positive:

Data presented proportionally out of 10



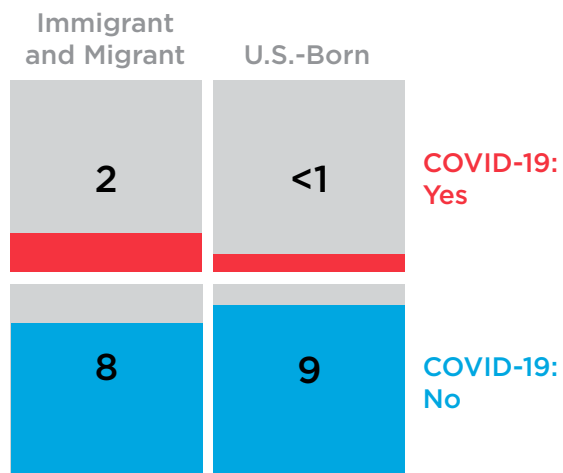
Self-reported source of COVID-19 transmission among workers who were diagnosed with or suspected of having contracted COVID-19:

Data presented proportionally out of 10



IMMIGRATION BACKGROUND OF WORKERS DIAGNOSED WITH OR SUSPECTED OF HAVING BEEN INFECTED WITH COVID-19:

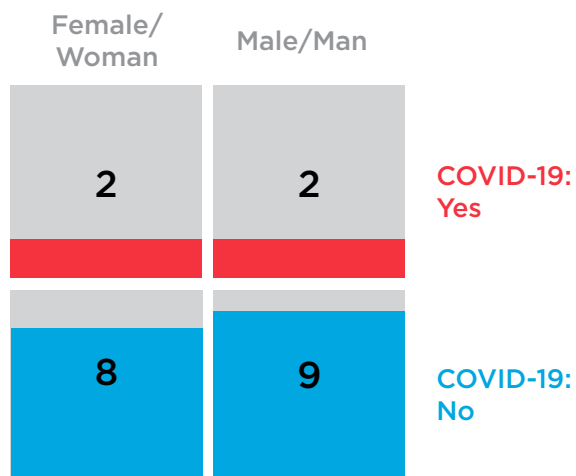
Data presented proportionally out of 10



Immigrant and migrant workers were 8 times more likely than U.S.-born workers to have been diagnosed with—or to suspect that they had been infected with—COVID-19 between March 2020 and the first week of May 2021.

GENDER/SEX OF WORKERS DIAGNOSED WITH OR SUSPECTED OF HAVING BEEN INFECTED WITH COVID-19:

Data presented proportionally out of 10



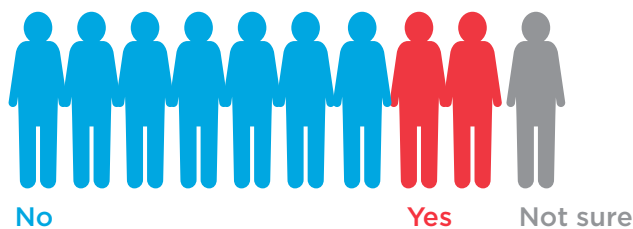
WORKING WHILE SICK

Nearly a quarter of all workers surveyed had gone to work or knew of someone who had gone to work despite feeling sick.

4 out of 10 workers who expressed concerns about notifying employers about COVID-19 symptoms went to work or knew coworkers who had gone to work despite feeling sick.

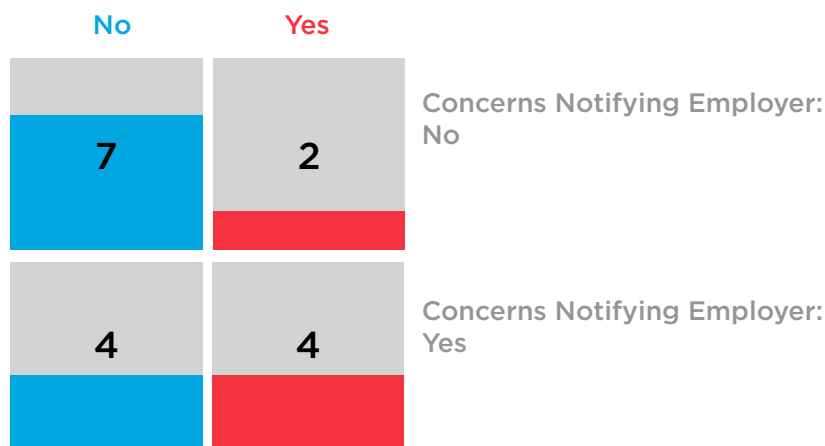
HAVE YOU OR ANY OTHER EMPLOYEES GONE TO WORK DESPITE FEELING SICK?

Data presented proportionally out of 10



GOING TO WORK FEELING SICK:

Data presented proportionally out of 10



2 out of 10 workers who reported having no concerns about notifying employers about COVID-19 symptoms still reported having gone to work despite feeling sick or knew coworkers who went to work despite feeling sick.

Of the workers whose workplace offered flexible leave policies, two-thirds mentioned their employer offered paid leave.

Of the workers whose workplace offered flexible leave policies, unionized workers were 40% more likely to report having access to paid leave compared to non-unionized workers.

More than half of workers who mentioned having paid leave had no concerns about notifying their employers if they suspected having COVID-19.

Non-unionized workers were 8 times more likely to report having experienced rapidly spreading COVID-19 at work than unionized workers.

PRELIMINARY FINDINGS: WORKERS' RIGHTS

Workers were surveyed about their experiences with workers' rights violations, including occupational health and safety violations and retaliation. Women, immigrant and migrant workers, and workers with limited English proficiency were disproportionately affected by workplace rights violations.

The survey revealed workers' experiences with the following workers' rights violations:

Firing or retaliating against workers for

- getting sick,
- seeking testing or medical help,
- raising concerns about COVID-19 workplace safety, and
- raising other workplace safety concerns; and

Requiring workers to work more than 40 hours per week without overtime pay.

WHO IS VULNERABLE TO WORKERS' RIGHTS VIOLATIONS?

Overall, 1 out of every 5 workers reported having experienced one or more workers' rights violations.

The most common workers' rights violation reported by surveyed workers was firing or retaliation for getting sick.

Workers with limited English proficiency were 11 times more likely to experience a workers' rights violation than those whose preferred language was English.

Immigrant and migrant workers were 10 times more likely to experience a workers' rights violation than U.S.-born workers.

Women were twice as likely to report having experienced a workers' rights violation than men.

Non-unionized workers were 4 times more likely to report having experienced a workers' rights violation than unionized workers.

Workers who reported having experienced workers' rights violations by language, immigration background, gender/sex, and union status.



PRELIMINARY FINDINGS: COMMUNICATIONS PREFERENCES

Workers frequently expressed a disconnect between the most common sources of COVID-19 information and their preferred or most trusted source of information about COVID-19. The survey also found differences between Spanish, Haitian Creole, and English speakers' preferred sources of information. Workers' trust in COVID-19 information varied based on the source, ranging from health officials, workplace, healthcare providers, television, local radio, place of worship, social media or friends and family.

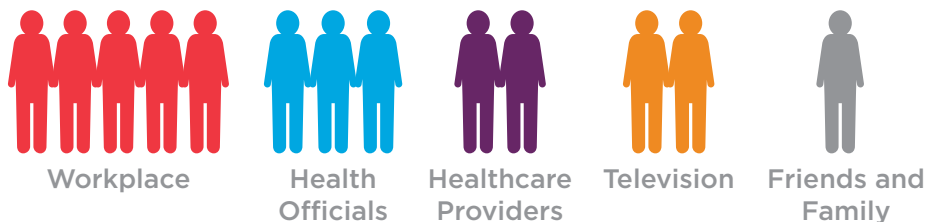
The survey classified Health Official sources as:

- Centers for Disease Control and Prevention (CDC)
- State and local health departments

TRUSTED INFORMATION SOURCES AMONG ENGLISH, SPANISH, AND HAITIAN CREOLE SPEAKERS

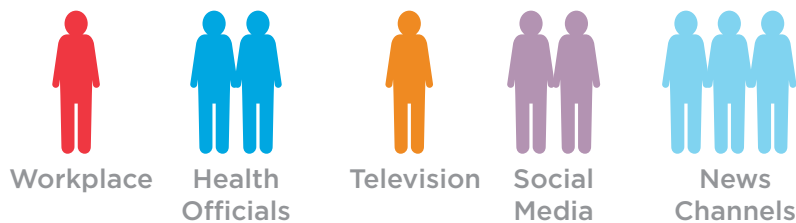
Workers whose preferred language was **English** reported their top 5 most trusted sources of COVID-19 information to be:

Data presented proportionally out of 10



Workers whose preferred language was **Spanish** reported their top 5 most trusted sources of COVID-19 information to be:

Data presented proportionally out of 10



Workers whose preferred language was **Haitian Creole** reported their top 5 most trusted sources of COVID-19 information to be:

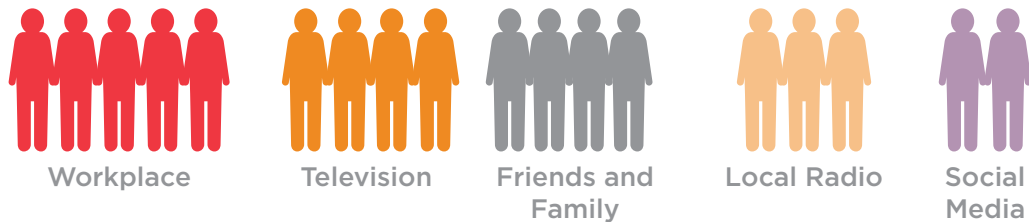
Data presented proportionally out of 10



PRIMARY SOURCES OF INFORMATION VS. TRUSTED SOURCES

8 out of 10 workers reported receiving some form of COVID-19 training from their employers. However, of those workers who reported receiving COVID-19 training from their employers, only one quarter reported their employers as a trusted source of information about COVID-19.

Workers recalled receiving COVID-19 information from the following top 5 sources: *Data presented proportionally out of 10*



However, when workers were asked about COVID-19 information sources they trust, workers reported the following as their top 5 most-trusted sources:

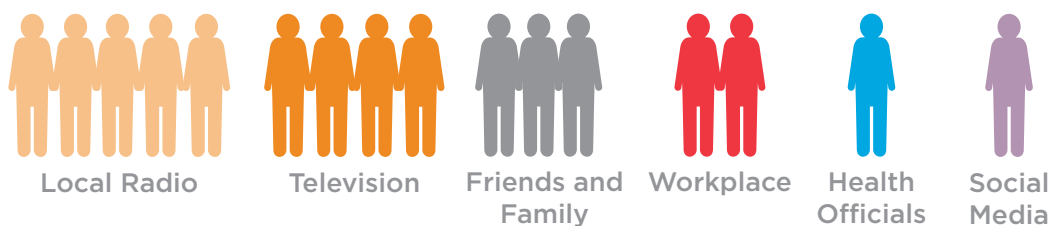
Data presented proportionally out of 10



TRUSTED INFORMATION SOURCES AMONG VACCINE-HESITANT WORKERS

In comparing workers' COVID-19 vaccine attitudes to their communication preferences, the survey found that workers who expressed hesitancy toward COVID-19 vaccines reported their top 5 most trusted source of COVID-19 information to be:

Data presented proportionally out of 10



PRELIMINARY FINDINGS: VACCINATION

Workers were surveyed about their attitudes toward and experiences with vaccination. While vaccination availability was rapidly increasing in Delaware, Maryland and Virginia at the time of the survey, COVID-19 vaccines were not universally available. Immigrant and migrant workers reported lower rates of vaccine confidence than U.S.-born workers.

VACCINE ATTITUDES

At the time when the survey was conducted, two-thirds of workers were unvaccinated. Of the unvaccinated workers, nearly half expressed vaccine hesitancy. Of those who expressed hesitancy, approximately half were decidedly unwilling to get the COVID-19 vaccine while the other half were still unsure.

Willing to receive vaccine if not vaccinated:

Data presented proportionally out of 10

Probably	Definitely	Not sure yet	Probably not	Definitely not
3	2	2	1	1

Unvaccinated immigrant and migrant workers were 4 times more likely to express COVID-19 vaccine hesitancy than U.S.-born workers.

Nearly half of unvaccinated African American workers expressed COVID-19 vaccine hesitancy.

1 in 6 unvaccinated Hispanic or Latinx workers expressed COVID-19 vaccine hesitancy.

Nearly 4 in 10 unvaccinated workers expressed concerns that gaining access to COVID-19 vaccine would be difficult.

Unvaccinated non-unionized workers were 7 times more likely to express hesitancy to vaccines than unvaccinated unionized workers.

Reasons given for vaccine hesitancy:

At the time of interviews, workers who expressed hesitancy about getting a COVID-19 vaccine were invited to elaborate on their reasons for refraining from vaccination. While fewer than 20% of vaccine hesitant workers chose to respond, those who did volunteer cited a variety of motivations that included religious beliefs, fear of needles, concerns about severe side effects, or feelings that vaccination was not necessary, among others.



Examples of responses include:

“ I believe only in God, God protects.

I already had COVID-19.

I don't believe it.

I have a certain fear but want to get vaccinated so I can travel.

I want to wait a little.

[The COVID-19 vaccine] hurts more than good.

I don't want any type of vaccine.

We'll die within 6 months. ”

CONCLUSION AND RECOMMENDATIONS

Initial findings from this rapid assessment survey can inform organizations and institutions' approaches to controlling the spread of COVID-19 and other infectious diseases among workers. Since the pandemic began, COVID-19 has taken a disproportionate toll on workers employed in protein processing industries across the U.S. This survey revealed that even in May 2021, these workers continued to face challenges in preventing COVID-19 infections at work. Among other challenges, surveyed workers reported that they could not access adequate PPE or maintain physical distance; they feared their employer would fire or retaliate against them for getting infected with COVID-19; if they did get sick, they did not have paid leave; and they did not trust the information their employers provided about COVID-19 safety measures. Furthermore, the survey found that workers' gender, immigration status, language preference, and labor union membership impacted their reported experiences with COVID-19 infection, labor protections, and their attitudes toward and access to COVID-19 vaccination.

Although preliminary, these findings highlight the need for tailored strategies and intersectional approaches to workplace health and safety that reflect workers' concerns and experiences. Localized, community-based outreach strategies may improve outcomes for workers and reach unvaccinated communities. Providing linguistically and culturally adapted information and personalized, one-on-one accompaniment will support workers and their families in overcoming persistent barriers to trusted information and resources—including COVID-19 vaccines. Finally, interventions aimed at reducing the impact of COVID-19 on workers should support education around and access to fundamental labor rights—including paid and unpaid leave, anti-retaliation protections, wage and hour protections, and collective bargaining—improving workers' and their communities' health and safety at work and beyond.

By using this report's findings as a tool for evidence-based public health interventions, organizations and institutions can appropriately target a diverse workforce to reduce the impact of COVID-19 in protein processing industries. The following recommendations aim to help organizations and agencies working on pandemic response within processing worker communities to strengthen our approaches:

1. Center workers in designing and implementing strategies and tools to control the spread of COVID-19 and other infectious diseases. Tailor strategies and tools to workers' contexts with an intersectional approach (cultural, gender, linguistic, immigration, etc.) and adapt messages, materials, and resources accordingly.
2. Invest in tailored outreach strategies to workers through community-based organizations and unions, local communication channels, and community leaders. Support these key messengers in accessing, transforming, and transmitting validated messages to worker audiences.

3. Complement epidemiological information with workers' rights information and resources providing workers with tools to enforce health and safety and other legal rights. For example:
 - a. Inform workers about local, state, and federal laws that protect their right to health and safety at work.
 - b. Inform workers about how to enforce local, state, and federal laws that protect their right to health and safety at work, including through government resources, free and low-bono legal resources, and collective action and collective bargaining rights.
 - c. Facilitate workers' access to information on reporting unsafe conditions, such as difficulties maintaining physical distancing or accessing PPE, to responsible occupational safety and health agencies, and to request an onsite investigation.
 - d. Make information about COVID-19 prevention, including using PPE correctly, available in different languages and in audiovisual formats for workers with limited English proficiency.
 - e. Inform eligible workers about their right to flexible leave—including paid sick leave—if they are infected with or exposed to COVID-19 and if they experience secondary effects of vaccines.
 - f. Provide workers with information about legal protections against retaliation in a language they can understand.
 - g. Partner with unions and facilitate workers' and other stakeholders' training on and access to information about collective bargaining rights.
 - h. Encourage unions and CBOs to give workers information about leave policies and other protections if they are sick, or experiencing the secondary effects of vaccination.
4. The Occupational Safety and Health Administration (OSHA) should promulgate an enforceable, permanent infectious disease standard that, at a minimum, complies with key CDC COVID-19 mitigation guidance, including but not limited to, vaccination, engineering controls related to ventilation practices, physical distancing, masking, paid flexible leave, providing and using appropriate PPE, and anti-retaliation protections so that workers can freely exercise their right to a safe and healthy workplace. Further, because COVID-19 is highly infectious and causes severe illness, any infectious disease standard should cover all protein processing workers regardless of employer size. Other federal agencies such as the Wage and Hour Division and the National Labor Relations Board should exercise their enforcement authority to ensure that protein processing workers' wage and hour and collective bargaining rights are robustly protected.
5. Advocate for shifting labor migration program paradigms to correct power imbalances between migrant workers and their employers through coherent, rights-based models respecting workers' fundamental rights to freedom of movement, rights to organize, whistleblower protections, and access to justice, among others. For more information, see [Migration that Works' Proposal for an Alternative Model for Labor Migration](#).

PUTTING LEARNING INTO PRACTICE: Protein Processing Worker Project

With support from the CDC, CDM convened a network of community-based organizations in Delaware, Maryland, and Virginia to coordinate the Protein Processing Worker Project, a comprehensive education and outreach campaign to control the spread of COVID-19 among protein processing workers. Today, findings from this survey reiterate the importance of local, community-based approaches like those that Project partners have long employed to build trust and effect change. Throughout the pandemic, partners have leveraged these relationships, understanding, and communication channels to reach a diverse limited english proficient workforce with critical information and resources about COVID-19. Working alongside community members, partners have translated and tailored CDC-backed guidance on COVID-19 vaccine efficacy to different language groups and trusted communications preferences, boosting eligibility and access. Together, partners supported the formation of a Worker Advisory Committee composed of poultry and seafood workers to guide and inform the project. Partners have remained adaptable to communities' needs, finding opportunities to bring vaccination closer to workers to address gaps in access. Throughout the project, partners have accompanied epidemiological information with workers' rights training and tools to better prepare workers to defend their rights to safety and healthy working conditions.

For more information about the Protein Processing Worker Project or to get involved, contact Julia Coburn at julia@cdmigrante.org.



**CENTRO DE LOS
DERECHOS DEL
MIGRANTE, INC.**

Centro de los Derechos del Migrante, Inc. (CDM) is the first transnational migrant workers' rights organization based in Mexico to support migrant worker organizing and advocacy on both sides of the U.S.-Mexico border. Since its founding, CDM has been driven by its mission to improve the conditions of low-wage workers in the United States.

With a binational, multilingual staff and geographic reach, CDM has grown over the past 15 years in response to an increasing need, but its end goal remains unchanged: to overcome the border as a barrier to justice. CDM envisions a world where migrant workers' rights are respected, and laws and policies reflect their voices. Through multilayered outreach and engagement strategies, CDM supports migrant workers to defend and protect their rights during recruitment, while at work in the U.S., and as they return to their home communities. Further information about our work and projects is available on our website: www.cdmigrante.org

ENDNOTES

- 1 Advisory memorandum on ensuring essential critical infrastructure workers' ability to work during the COVID-19 response. Retrieved October 21, 2021, from https://www.cisa.gov/sites/default/files/publications/essential_critical_infrastructure_workforce-guidance_v4.1_508.pdf.
- 2 Select subcommittee launches investigation into widespread coronavirus infections and deaths in meatpacking plants. House Select Subcommittee on the Coronavirus Crisis. (2021, February 1). Retrieved October 21, 2021, from <https://coronavirus.house.gov/news/press-releases/select-subcommittee-launches-investigation-widespread-coronavirus-infections->
- 3 Stuesse, A., & Dollar, N. T. (n.d.). Who are America's meat and poultry workers? Economic Policy Institute. Retrieved October 21, 2021, from <https://www.epi.org/blog/meat-and-poultry-worker-demographics/>.
- 4 Fremstad, Shawn, Hayley Brown and Hye Jin Rho. Meatpacking Workers are a Diverse Group Who Need Better Protections. Center for Economic Policy and Research. Retrieved November 1, 2021 from <https://cepr.net/meatpacking-workers-are-a-diverse-group-who-need-better-protections/>
- 5 Select subcommittee launches investigation into widespread coronavirus infections and deaths in meatpacking plants. House Select Subcommittee on the Coronavirus Crisis. (2021, February 1). Retrieved October 21, 2021, from <https://coronavirus.house.gov/news/press-releases/select-subcommittee-launches-investigation-widespread-coronavirus-infections->
- 6 Steinberg J, Kennedy ED, Basler C, et al. COVID-19 Outbreak Among Employees at a Meat Processing Facility—South Dakota, March–April 2020. MMWR Morb Mortal Wkly Rep 2020;69:1015–1019. DOI: <http://dx.doi.org/10.15585/mmwr.mm6931a2>