

SCIENTIFIC SESSION II
Ramazzini in the time of Covid II

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Workers' Health challenges in the context of COVID-19 in Latin America and the Caribbean

Julietta Rodríguez Guzman (1)*

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Background: Latin America and the Caribbean are the most heterogeneous region of the developing world (PAHO,2019). OHS public policies/programs for formal workforce developed during last decades (ALSO/OPS 2019), but in 2019 GDP decreased, and unemployment increased to 8.1% (ILO/ECLAC,2020). COVID-19 causes high morbidity/mortality for health workers(HW) and vulnerable populations(VP). Closing industries/workplaces triggered a severe regional economic, social/health crises (PAHO,2020).

Methods/Approach: Two approaches were used addressing HW and VP: A survey determining OHS policies/programs, social protection, recognition of COVID as occupational disease, and regulations for shiftwork, workplace harassment, and mental health. A logic framework model assessed compliance of public health measures by VP, to determine barriers, causes of unexpected outcomes and rejection of measures, seeking solutions to eliminate such problems.

Results: 18 countries responded to the HW survey, showing absence/very weak preexisting OH programs before COVID. Formal HW have social protection, but informal probably remain unknown/unprotected. Three countries declared COVID an OD, one declared it occupational injury. Most countries forbid workplace harassment/violence, but mental health protection needs strengthening. The majority of HW are women facing double burdens of work for family care, increased by school closures. The high burden of morbidity and mortality for VP relates to very precarious living/working conditions, comorbidities such as NCDs, and poor/no compliance due to lack of access, conditions limiting their implementation and/or rejection.

Conclusions: CoThe pandemic caused health, social and economic crises in LAC. Health systems and emergency preparedness need strengthening. Living conditions, limited options to self-isolate, family burdens and multiple jobs threaten HW's health and wellbeing and need to be considered. Protecting VP requires addressing pre-existent social and political inequities, eliminating barriers to comply with PH recommendations, and control of the additional adverse conditions. Actions for VP should involve intersectoral mechanisms, community participation, different levels of government and international organizations, with multisectoral approaches addressing social determinants of health.

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Rodríguez-Guzman Julieta

Dr. Rodríguez-Guzman is the Regional Advisor on Workers' Health at the Pan- American Health Organization since 2011, providing support and technical assistance to Member States in the region of the Americas. After issuing the Plan of Action on Workers' Health 2015-2025, regional/national occupational health, safety and wellbeing policies, action plans/programs are expected to be strengthened, addressing the Social Determinants of Workers' Health with a strong public health perspective. Now part of the health worker team addressing COVID-19.

The fourth plague? Intersection of silicosis, tuberculosis, HIV and COVID-19 among migrant goldminers from Lesotho

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Background: Lesotho, a low-income country of 2.2 million encircled by South Africa, has supplied the goldmines with migrant labour for 120 years. It currently suffers the highest tuberculosis incidence globally. Our recent analysis of records of 2 678 ex-goldminers in Lesotho between 2017 and 2019 found a high disease burden: silicosis (ILO>1/0) 42.5%, CXR consistent with tuberculosis (previous or current) 60.9%; active tuberculosis (on treatment or newly diagnosed) 6.8%; silicotuberculosis 25.7%; HIV 30.7%, and on treatment for hypertension 21.9%.

Methods/Approach: This presentation explores the implications of COVID-19 for this large ex-goldminer population.

Results: Covid-19 affects this population in two ways. First, they have a slew of risk factors for adverse outcomes should they become infected: age (median 62 years), chronic lung disease (silicosis, TB and COPD), immunosuppression, hypertension and remoteness from health services. By August 2020, 726 COVID-19 cases and 21 deaths had been reported in Lesotho, certainly an undercount. With the lifting of the lockdown of the South African gold mining industry in May 2020, migrant workers have been returning to work.

Should this epidemic spread to former miners, the impact on their health and local health services could be disastrous. Second, there are currently large-scale initiatives to examine former miners for compensation purposes, both statutory and following successful class action litigation. However, medical contact and routine spirometry have been suspended because of the COVID-19 infection risk, making such examination and classification of impairment difficult if not impossible.

Conclusion: The need to screen ex-miners in Southern Africa for silicosis, TB and HIV is a public health and social justice imperative. Mechanisms for safe examination need to be found. This population has been ill served by history. Their plight needs to be kept in the public eye and coordinated cross-border and international support mobilized.

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Rodney Ehrlich is Emeritus Professor and Senior Scholar, School of Public Health and Family Medicine, University of Cape Town. He works on clinical and epidemiological aspects of lung disease in miners in Southern Africa and implications for prevention and social justice.

The health risks of exposure to and infection by COVID-19 for workers defined as “essential workers”

Ellen Silbergeld*

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Background: According to the Department of Homeland Security (DHS), essential workers “conduct a range of operations and services that are typically essential to continued critical infrastructure viability.” Essential workers are required to work in settings with or provision of protective equipment. Employers are not required to provide these protections or access to health care.

Methods/Approach: This study focused on workers in the food and agricultural sectors who were designated as “essential workers” by the Trump Administration. This study focused on slaughterhouse workers in the poultry industry in Maryland, as persons of very high risk given the conditions of the job. Information was compiled from a variety of sources, including county and state health departments, and the media, along with consultation involving a coalition of persons engaged in social justice, immigrant protection, and other activities, along with on-site knowledge of the conditions in these workplaces.

Results: This study was limited by the access to testing for this workforce and the lack of cooperation from state and national agencies. Using other data, it was possible to estimate that there is strong geographic association between those counties in Maryland with intensive poultry production including slaughterhouses and higher reported rates of covid-19 exposure. These sources also reported that risks of covid-19 spill over into rural communities since slaughterhouses are not controlled environments.

Conclusion: These findings are similar to studies of “essential workers” in health care, including the reliance upon recruiting workers from lower socioeconomic status with reduced opportunities for employment in protected occupations.

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Dr Silbergeld is Emerita Professor of Public Health at Johns Hopkins University where she has taught and trained many students in PhD and MPH programs

COVID-19 Response Timeline and Corporate Ownership in 6 Mid-Size Manufacturing Companies in Connecticut environmental health

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Background: UConn-SAM is a longitudinal study of the aging manufacturing workforce in the American Northeast. Findings are extended retirement insecurity following the 2007 recession, and the importance of social factors, elder care and work flexibility, on employment and retirement. There was extraordinary volatility in ownership and management from 2014-2020, characterized by internationalization, reorganization and private equity ownership, and redesign of product lines. COVID-19 has dominated the current year. Active tracking of COVID-19 responses identified different timelines in initial response and extent of engineering controls, which appear to be related to company organization and affiliation. Assistance and data collection is ongoing.

Methods/Approach: Information gathering has several formats. First, monthly group meetings were held and documented with the designated Environmental Health and Safety (EH&S) professional(s) to develop shared best practices. Next, each company was formally surveyed through its EH&S representative to identify the timeline for interventions, including re-organizing of physical space, personal protection, staggering shifts, and providing for older and immuno-compromised workers. Finally, four waves of individual data survey data were analyzed to generate a template for workforce health, individual financial resources, and conditions of work, prior to January 2020.

Results: National Guidelines from CDC, OSHA, and professional organizations were of little value. The two companies with Chinese sister plants began preparation in January and had no PPE shortages. Companies with strong internal or corporate engineering groups had refigured plant space by the end of March. Companies owned by private equity were slow responders. Long-term issues regarding older workers are expected to intensify as a pandemic consequence.

Conclusions: The critical time interval between identification and effective action for COVID-19 varied significantly by terms of company ownership. EH&S professionals effectively worked across company lines.

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Dr. Cherniack is the Principal Investigator on a 14 year longitudinal study of musculoskeletal health in the aging workforce -- the University of Connecticut Study on Aging and Musculoskeletal Disease (UConn- SAM). He is co-director of the Center for the Promotion of Health in the New England Workplace, a Total Worker Health Center of Excellence.

COVID-19 and occupational disease surveillance in the United States

Robert Harrison

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Background: The United States has reported the greatest number of COVID-19 cases worldwide, with a disproportionate impact among communities of color (Hispanic and black). These inequities stem from economic and housing policies, access to health care, and the need to maintain employment in “essential” occupations such as meatpacking, agriculture, services, and health care. Thousands of COVID-19 outbreaks have occurred in US workplaces as a result of these factors, with enormous consequences to the lives and livelihoods of workers.

Methods/Approach: The current systems and approaches to collecting occupational COVID-19 data in the US will be presented, including laboratory-based reporting, local public health population-based contact tracing, and focused outbreak investigations. Each of these methods are highlighted by case examples and data in California including the meatpacking, nursing home and educational sectors. These examples will demonstrate the current successes and challenges in improving the rapid recognition and investigation of work-related COVID-19 infections.

Results: Current experience in the US has shown that (1) laboratory based reporting systems are not designed to identify the incidence of work-related COVID-19 infections; (2) local public health departments are often overwhelmed by the numbers of cases with inadequate resources and infrastructure to collect occupational risk factor information; and (3) data from workplace outbreak investigations have been very useful to highlight the impact of COVID-19 on high-risk workers, but are not a systematic or ongoing method of analyses.

Conclusions: The COVID-19 pandemic has revealed enormous inequities in the social, economic and health impacts among US workers. Collection and analyses of data to track, investigate and prevent work-related COVID-19 infection and outbreaks have been limited by multiple factors and highlight the continued need for a comprehensive occupational disease surveillance system in the US.

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Dr. Harrison is Clinical Professor of Medicine at UC San Francisco. His clinical and public health practice focuses on the recognition, tracking, investigation and prevention of occupational diseases.

Are work and fighting COVID-19 irreconcilable? A Belgian experience

Karel Van Damme (1); Ludwine Casteleyn (1)

1. University of Leuven, Belgium

Background: Stopping the COVID-19 pandemic required lockdowns of economic activities and other societal domains. This has affected the income and even survival of many people around the globe.

Methods/Approach: A descriptive review of covid actions across countries was taken and compared to the Belgian experience.

Results: In many countries, protest emerged against measures to stop the pandemic, nourished by political opportunists—stating that a choice had to be made between work and health protection—arguing that the virus was no more harmful than the yearly influenza, and that existing medication was an effective preventive tool. Some policies approached acceptance of ‘survival of the fittest’ as a guiding principle. Other countries with a highly developed system of social security succeeded in getting measures accepted without meaningful protest.

In Belgium, measures were taken to guarantee a basic income on top of the existing social security systems, for both employees and independent workers. This is anchored by a long tradition of social concertation between representative employer and employee organizations. Also for protection of health and safety at work, social concertation plays a key role from federal to the company level.

A generic guide was elaborated at the federal level with measures, that if correctly applied in workplaces, transmission of SARS-CoV-2 becomes unlikely. The guide was further completed by social agreements at sector and company level. This has resulted in starting up of economic activities in all non-essential sectors without significant increase of cases. A series of videos and other propaganda material was developed illustrating how work and protection against the virus could go together.

Conclusions: The ‘either work or health’ dilemma is still a reality for many people around the globe. SARS-CoV-2 has dramatically accentuated the need for social protection and for social concertation as a tool for allowing work whilst protection health.

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Dr Karel Van Damme is president of the Belgian High Council on Prevention and Protection at Work. Dr Casteleyn and dr Van Damme work in team at the Center for Human Genetics especially on issues related to the world of work.

