

Episode: *Author Interview: “Do Clinics in Meat and Poultry Plants Endanger Workers?”*

Guest: Debbie Berkowitz

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[bright theme music]

TIM HOFF (HOST): Welcome to another episode of the *Author Interview* series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Debbie Berkowitz, a practitioner fellow at Georgetown University's Kalmanovitz Initiative for Labor and the Working Poor in Washington, DC. She's here to discuss her article, coauthored with Anna D. Goff, Dr Kathleen Marie Fagan, and Dr Monica L. Gerrek, “*Do Clinics in Meat and Poultry Plants Endanger Workers?*,” in the April 2023 issue of the Journal, [Meat and Health](#). Debbie, thank you so much for being on the podcast. [music fades]

DEBBIE BERKOWITZ: Oh, thank you for having me.

HOFF: So, what's the main ethics point that you and your coauthors are making in your article?

BERKOWITZ: So, the article focuses on health clinics in our nation's meat and poultry plants. And the meat and poultry industry is one of the more dangerous industries in the country. And I just want to describe the industry a little bit by saying there are hundreds of these plants around the country that employ 500,000 workers that put the meat on the table that we eat. And most of these workers are workers of color, and the majority of these workers are immigrant workers. They are mostly low-wage workers, and few have health insurance, just about 15 percent. And the clinics are staffed by nurses and EMTs, and workers injured on the job must go to these clinics for care. They can't just go out and see their own doctor. In fact, they're not permitted to see a doctor unless referred to by these in-plant clinics. In fact, if workers go see their own doctor, they can be retaliated against and fired. And of course, the company won't pay for the workers to see a doctor unless they refer them. So, injured workers are sort of captive in these clinics.

And what government investigations revealed, and this is what's laid out in our article, over the past more than a decade, is that these clinics are staffed by medical professionals that are not clinically supervised, and many are working beyond their scope of practice. And almost all are under tremendous pressure from their bosses who are the plant managers to provide quick care to injured workers and just get workers back to the line so production is not interrupted. What we saw in the government investigations in other academic articles was that the clinics were routinely delaying the ability of workers to see a physician. I mean, some workers went dozens of times to the doctors, I mean, to the clinics asking to see a doctor because they weren't getting better. In fact, they were getting worse. And they were simply told, “No, you have to go back to the line. We can't send you to a doctor yet.” And this inadequate care by the clinics resulted in worse medical outcomes for workers, and the workers then continued to work in hazardous conditions.

And the other thing that we found about these clinics is most of the workers in the industry are immigrant workers. You could have up to seven or eight languages in different plants because many of the workers are refugees. But the clinician staff in the clinics only spoke English, and so they often relied on supervisors or other workers to translate when workers came in who were injured. And that's totally improper.

So, the delay in definitive diagnosis and treatment ultimately resulted in avoidable surgeries for workers, and workers who suffered medical emergencies, such as head injuries, should've been immediately sent off-site for treatment but were not. And this is the main ethical issue in the article.

One thing I wanted to explain is the reason there are clinics in these plants to begin with are because it's so dangerous, and there are lots of workers getting hurt. But these clinics also allow the companies to hide their serious work-related injuries. Government regulations require that companies in hazardous industries maintain a record of all work-related injuries where a worker was provided medical care by a doctor. So, if the clinics don't send workers to a doctor, then the companies can show falsely that they have few injuries. Because of inadequate supervision that I just described of the clinic staff members along with employers pressuring them to keep recordable injury rates low, workers aren't provided appropriate care and treatment, are not appropriately referred, and suffer worse health outcomes than workers in other private industries. And all of these actions all violate the ethical duties of health care practitioners.

HOFF: And so, what do you see as the most important thing for health professions students and trainees to take from your article?

BERKOWITZ: If they work in occupational medicine where they are, or they're treating injured workers, the data is clear that unsafe conditions cause work-related injuries, most work-related injuries, and health care professionals that treat injured workers have a primary duty to their patient to make sure they get adequate treatment and that they get well so they can go back and have a productive working life. And I think you need to be aware of pressures you will get from employers to provide minimal treatment and get workers back to the line if you work in these kinds of settings. And these kinds of pressures can lead to worse outcomes for workers. And in jobs with high injury rates, I think you're going to find companies with very high turnover. They don't really invest in their workers. They think of their workers as expendable. But your priority as a health care [professional] is to the patient and adequate treatment.

HOFF: And finally, if you could add a point to this article that you didn't have the time or the space to fully explore, what would that be?

BERKOWITZ: I think we would expand on the element about preventing injuries and illnesses and the role of an occupational physician or an occupational nurse or medical professional, because workplace injuries and illnesses, almost all of them can be prevented. And that if you work in occupational medicine or in a clinic, you should have a role in making the workplace safer. And when you look at your patients and see you have the data on where the injuries are occurring and why, you should be out on the plant floor figuring out what's causing these injuries and how they can be prevented. And I think that's really a key message, that if we had the space, I would have expanded on, is that getting at the root cause of the injury, the unsafe condition, and correcting it is also, I believe, a wonderful job for health care professionals in these settings to be involved in. [theme music returns]

HOFF: Debbie, thanks so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

BERKOWITZ: Oh, thank you for having me. I really appreciate it.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, JournalOfEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.