

**In the United States District Court  
Western District of Missouri**

RURAL COMMUNITY WORKER'S ALLIANCE  
and JANE DOE,

*Plaintiffs,*

v.

SMITHFIELD FOODS, INC. and SMITHFIELD  
FRESH MEATS CORP.,

*Defendants.*

**Declaration of Robert Harrison, M.D., M.P.H.**

I, Robert Harrison, hereby declare as follows:

1. I am an occupational health physician licensed to practice medicine in the State of California. I am board certified in both Internal Medicine and Occupational and Preventive Medicine. I have practiced occupational medicine on a full time basis since 1984. Attached hereto as Exhibit A is a current, accurate copy of my Curriculum Vitae.

2. I graduated from the Albert Einstein College of Medicine in 1979, and completed an Internal Medicine Residency at Mount Zion Hospital in San Francisco, California from 1979 to 1982. This was followed by Residency in Occupational Medicine at the University of California, San Francisco from 1982 to 1984.

3. I currently work as Clinical Professor of Medicine at the University of California, San Francisco and serve as Chief of the Occupational Health Surveillance and Evaluation Program at the California Department of Public Health.

4. I served for many years as an Independent Medical Examiner approved by the Workers Compensation Appeals Board of the State of California to perform occupational medicine evaluations. I am a Qualified Medical Examiner for the California

Division of Workers Compensation, and serve frequently as an Agreed Medical Examiner for cases with work-related injuries and illnesses. Over the past 30 years, I have prepared and submitted over 3,000 reports regarding the causes and treatment of work-related injuries and diseases.

5. A special focus of my work is assessing diseases and conditions that may be caused by occupational exposure to infectious diseases, including HIV, influenza, and tuberculosis.

6. As a result of my education, training and experience I have had frequent opportunity to assess the nature and extent to which workplace exposure to infectious agents can cause infection, disease and death.

7. As part of my work with federal and state occupational health and safety agencies, I have also become familiar with the risks posed by meat slaughterhouses and processing plants. In particular, I am aware of the close proximity of the workforce in these facilities, the physical exertion these jobs require, and that the workforce often lacks access to prompt medical care and follow-up.

8. In light of my experience as a physician and with occupational health and safety, I have reviewed the reports of the spread of COVID-19 among slaughterhouse workers with concern. *See, e.g., Erin Duffy, Meatpacking plants are Nebraska's newest battleground in war against coronavirus, Omaha World-Herald (Apr. 21, 2020)*<sup>1</sup>; Rachel Siegel, *Outbreak at JBS port plant triggers another meat industry closure*, Washington

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<sup>1</sup> [https://www.omaha.com/news/state\\_and\\_regional/meatpacking-plants-are-nebraskas-newest-battleground-in-war-against-coronavirus/article\\_cb30e2ab-099a-5458-b0ec-01c0d05fc9e9.html](https://www.omaha.com/news/state_and_regional/meatpacking-plants-are-nebraskas-newest-battleground-in-war-against-coronavirus/article_cb30e2ab-099a-5458-b0ec-01c0d05fc9e9.html).

Post (Apr. 20, 2020)<sup>2</sup>; Keith Nunes, *COVID-19 closes two more meat processing plants*, Food Business News (Apr. 20, 2020)<sup>3</sup>; Caitlin Dickerson & Miriam Jordan, *South Dakota Plant is Now Country's Biggest Coronavirus Hot Spot*, N.Y. Times (Apr. 15, 2020)<sup>4</sup>; Alexandra Kelley, *Tyson Food pork plant in Iowa closes due to coronavirus outbreak*, The Hill (Apr. 15, 2020)<sup>5</sup>; Justin Wingerter, *After second death, union calls for closure of Greeley meat packing plant*, Denver Post (Apr. 10, 2020).<sup>6</sup>

9. Based on the information published in these reports, as well as my knowledge of the meat industry and my extensive research into the workplace transmission of infectious diseases, I advise that meat packing plants and slaughterhouses take immediate steps to prevent COVID-19 transmission among their workers.

10. Slaughterhouses and meat packing plants pose an increased risk for occupational COVID-19 transmission given the number of workers at each facility and the design of the work environment. For example, meat packing and slaughterhouses contain hallways, break and restroom areas, and processing lines where workers are in close physical contact with one another and that lead to increased risk of COVID-19 transmission. In addition, risk of COVID-19 transmission will increase if workers are not provided with breaks to wash their hands, given adequate face coverings or masks, and do not have the time or space to distance from each other.

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<sup>2</sup> <https://www.washingtonpost.com/business/2020/04/20/meat-plant-pork-close/>.

<sup>3</sup> <https://www.denverpost.com/2020/04/10/greeley-meat-plant-jbs-coronavirus/>.

<sup>4</sup> <https://www.nytimes.com/2020/04/15/us/coronavirus-south-dakota-meat-plant-refugees.html>.

<sup>5</sup> <https://thehill.com/changing-america/well-being/prevention-cures/492925-tyson-food-pork-plant-in-iowa-closes-due-to>.

<sup>6</sup> <https://www.denverpost.com/2020/04/10/greeley-meat-plant-jbs-coronavirus/>.

11. To prevent the transmission of COVID-19, first and foremost, workplaces must encourage workers to stay home if they are experiencing symptoms consistent with COVID-19. Employer policies that promote attendance may encourage workers with symptoms of COVID-19 to come to work. Older workers, pregnant workers, and workers with compromised immune systems or underlying heart or lung disease are the most vulnerable to severe cases of COVID-19, and it is essential that meat packing plants and slaughterhouses do not in any way discourage these employees from staying home if they are ill. Based on my experience, I believe any such policies that discourage sick leave create a significant risk that workers may choose to work when sick, thereby transmitting infection to coworkers and the community at large, and endangering public health. Leave policies should be communicated to workers such that their priority should be to protect themselves, their families and neighbors.

12. Moreover, to reduce the risks of COVID-19 transmission in the plant, employers should institute social distancing plans throughout the workplace, wherever possible.

13. Social distancing must be implemented to reduce the risk that workers will unknowingly transmit the virus. Evidence suggests that COVID-19 is transmitted through contact with surfaces and inhalation of airborne particles. Close interactions (less than 6 feet for more than 10 minutes) among coworkers in slaughterhouses and meat packing plants poses a substantial risk of COVID-19 infection in these settings.

14. Social distancing plans should include measures such as identifying places workers tend to congregate (such as by the time clock or in cafeteria lines) and limiting the number of workers in those areas; staggering lunch and break times; making training

rooms or additional areas available for lunches and breaks so workers can keep safe distances; addressing transport options so that workers do not share vans or buses to get to and from work; reducing staffing levels on lines if possible, so workers can be spaced more safely; redesigning work spaces, tables, and processing tables to increase distance between workers to 6 feet if possible; and reducing meeting sizes so that individuals are spaced as far apart as possible. Independent health and safety professionals should have access to the facility to observe the work environment, interview employees and managers, and assist in the design and implementation of protocols for social distancing.

15. In addition, face coverings or masks are essential as a method of source control to reduce the risk of transmission, especially where social distancing may not be completely possible. Face coverings or masks also serve as a tool to discourage employees from touching their mouths or noses, the pathway by which COVID-19 enters the body and results in infection. Employers should provide all workers with face coverings or masks throughout their time at the job site as a protective measure to reduce the risk of infection to co-workers. This is especially important due to the known risk of COVID-19 transmission from asymptomatic individuals.

16. Reducing surface contamination through cleaning and disinfection is also a critical element in preventing COVID-19 transmission. Slaughterhouses and meat packing plants should develop regular cleaning and disinfecting protocols for shared spaces such as break areas, bathrooms, lunchrooms and training rooms, and commonly touched surfaces such as vending machines, railings, doors, and microwaves. Independent health and safety professionals should have access to the facility to observe the work

environment, interview employees and managers, and assist in the design and implementation of protocols for cleaning and sanitation procedures.

17. Because COVID-19 is transmitted from surface contact, slaughterhouses and meat packing plants should provide workers with the break time and facilities to regularly wash or disinfect their hands. Easily accessible hand washing stations or disinfectants should be provided throughout the facility in any location where workers come into contact with surfaces—especially in restrooms, locker or changing rooms, break rooms, cafeterias and other areas where individuals congregate. Independent health and safety professionals should have access to the facility to observe the work environment, interview employees and managers, and assist in the design and implementation of protocols for hand washing and disinfection.

18. Even if the above steps are taken, however, transmission of the virus among workers may occur given their close proximity to each other within the workplace. Therefore, all slaughterhouses and meat packing plants should have in place a plan to identify workers with COVID-19 related symptoms and ensure that they have access to immediate and rapid testing. All workers with COVID-19 related symptoms should remain isolated (at home or elsewhere) and receive a test for COVID-19 with follow-up medical consultation. If the COVID-19 test is negative, but the employee's symptoms continue or worsen, a repeat test may be necessary. If the COVID-19 test is positive, the employee must remain isolated for at least 7 days after symptoms began and at least three days after fever has stopped and symptoms are improving. All workers who are tested for COVID-19 should undergo an evaluation by an independent medical professional to determine if they can return to work.

19. If COVID-19 tests are unavailable, then plants must have in place a plan that allows any worker displaying symptoms of COVID-19 to remain isolated until cleared to return to work by an independent medical professional.

20. In order to prevent ongoing transmission of COVID-19, all slaughterhouses and meat packing plants should have in place a plan to identify other employees who had close contact with any employee who has tested positive for COVID-19 (“contact tracing”) and who worked in the facility two days prior to their symptom onset. Contact tracing should be performed in coordination and consultation with local health authorities, and employers should ensure that employee confidentiality is maintained.

21. Slaughterhouses and meat packing plants should allow access to worker representatives or their organizations, occupational health professionals, and local and state health agencies to evaluate their COVID-19 programs and policies. Workplace policies to prevent and control COVID-19 transmission are a critical element in controlling the pandemic in the community. In this regard, slaughterhouses and meat packing plants have a public health responsibility to ensure that maximal efforts are in place to minimize the risk of COVID-19 transmission through the policies outlined above.

22. Based on my training, background and experience, the implementation of these practices will be essential to the prevention and control of COVID-19 in slaughterhouses and meat packing plants. In so doing, slaughterhouses and meat packing employers will reduce the risk of COVID-19 infection among their employees and the communities in which they live.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in San Francisco, CA

DocuSigned by:  
Robert Harrison  
Robert Harrison, M.D., M.P.H.

4/22/2020  
Dated



# **EXHIBIT A**

**Robert Jay Harrison, M.D., M.P.H.**

**Curriculum Vitae**

**Personal information**

Birthdate: September 14, 1954 Freeport, NY

Present address: University of California, San Francisco  
2330 Post Street, Suite 460  
San Francisco, CA 94115

Telephone: (415) 885-7580 Cell: (415) 717-1601  
FAX: (415) 821-9934  
Email: robert.harrison@ucsf.edu

**Current positions**

Clinical Professor of Medicine  
University of California, San Francisco

Chief, Occupational Health Surveillance and Evaluation Program  
California Department of Public Health

**Current major responsibilities**

Attending Physician, UCSF Occupational Health Services  
University of California, San Francisco

Attending Physician, Blood Borne Pathogen Program  
University of California, San Francisco

Director, Occupational Health Internship Program  
Association of Occupational and Environmental Clinics

Associate Director, UCSF Occupational and Environmental Medicine Residency  
Program

**Education**

1971-1975	B.A.	University of Rochester
1975-1979	M.D.	Albert Einstein College of Medicine
1982-1983	M.P.H.	University of California, Berkeley

### **Postgraduate medical training**

1979-1980	Medical Intern, Internal Medicine Residency Program, Mount Zion Hospital, San Francisco
1980-1982	Medical Resident, Internal Medicine Residency Program, Mount Zion Hospital, San Francisco
1982-1984	Resident in Occupational Medicine, Department of Medicine, University of California, San Francisco

### **Previous professional experience**

1982-1984	Attending Physician, Center for Municipal Occupational Safety and Health, San Francisco General Hospital
1983-1984	Acting Chief, Occupational Health Clinic, San Francisco General Hospital
1983-1985	Attending Physician, Medical Service, San Francisco General Hospital
1984-1989	Physician, General Medicine Group Practice, UCSF
1985-1992	Assistant Clinical Professor of Medicine, UCSF
1994-1995	Acting Chief, Occupational Health Branch California Department of Health Services
1984-1998	Medical Director, Occupational Medicine Clinic University of California, San Francisco
1985-1998 2004-2006	Medical Director, UCSF Employee Health Services
2002-2006	Medical Director, Community Occupational Health Program

### **Honors, Memberships and Licenses**

1975	Phi Beta Kappa
1979	Alpha Omega Alpha
1979-present	Physicians for Social Responsibility
1980-present	Medical License, State of California #G043031
1982	Certified, American Board of Internal Medicine

1982-present	American Public Health Association
1982-present	Western Occupational and Environmental Medicine Association
1983-present	American College of Occupational and Environmental Medicine
1984	Certified, American Board of Preventive Medicine in Occupational Medicine
1986-1998	Infection Control Committee, UCSF
1988-1998	Hospital Safety Committee, UCSF
1989-1992	Biosafety Committee, UCSF
1989-1999	Independent Medical Examiner, Division of Industrial Accidents, State of California
1989-1992	Solid Waste Advisory Commission, City of San Francisco
1990-2000	AIDS Coordinating Council, UCSF
1990-1993	Health Hazards of Smoke technical panel, National Wildfire Coordinating Group
1992-2000	International Commission on Occupational Health
1991-2003	Program site reviewer, National Institute for Occupational Safety and Health
1991-1995	ANSI Z365 Accredited Standards Committee: Control of Cumulative Trauma Disorders
1992-2002	Communicable Diseases Advisory Committee, UCSF
1993-present	Qualified Medical Evaluator, Division of Workers Compensation, State of California
1994-1996	Chair, Tuberculosis Exposure Control Plan Task Force, UCSF
1994-1996	Executive Board, Society for Occupational and Environmental Health
1995-2005	Special Emphasis Panels, National Institute for Occupational Safety and Health
1996, 1998, 2000	Reverse Site Visit Panel, National Institute for Occupational Safety and Health
1998-2002	UC Office of the President – Environmental, Safety and Health Panel
1997-present	Center for Occupational and Environmental Health
1997-present	Continuing Medical Education Committee
1997-present	Occupational Health Workgroup, Council of State and Territorial Epidemiologists
1998-2002	Surveillance Planning Workgroup, National Institute for Occupational Safety and Health
1998-present	Consultant, U.S. Occupational Safety and Health Administration
2001	American Lung Association Clean Air Award
2001-2004	NIOSH/DOE Physician Panel
2002-2008	Executive Committee, Council of State and Territorial Epidemiologists
2002-2004	Governing Council, American Public Health Association
2002	CalOSHA Advisory Committee on Heat Stress
2002	CalOSHA Advisory Committee on Repetitive Motion Injuries

2003-2006	Occupational Health Representative, California Occupational Safety and Health Standards Board
2004	Western Occupational and Environmental Medicine Association, Jean Spencer Felton Award for Excellence in Scientific Writing
2005-2006	National Public Health Leadership Institute
2006-present	National Institute for Occupational Safety and Health – NORA Sector Council on Health Care and Social Services
2006-2017	Board of Directors, Street Level Health Project
2006-2007	President, Council of State and Territorial Epidemiologists
2007-2008	Chair, Occupational Health Section, American Public Health Association
2008	City of San Francisco - Synthetic Playfields Task Force
2008-present	Board of Directors, WorkSafe
2009-2016	Advisory Board, United Support and Memorial for Workplace Fatalities
2009-present	Advisory Board, Labor Occupational Health Program
2010-present	Collegium Ramazzini
2010-2016	Board of Directors, Workers Injury Law and Advocacy Group
2010-2013	NIOSH Board of Scientific Counselors
2011	Institute of Medicine - Occupational Information and Electronic Health Records
2011-2016	NIOSH World Trade Center Scientific and Technical Advisory Committee
2013-present	Board of Directors, Association of Occupational and Environmental Clinic
2016	Pump Handle Award, Council of State and Territorial Epidemiologists
2016-present	CalOSHA Health Effects Advisory Committee
2017	WorkSafe Public Health Hero award
2018-present	National Institute for Occupational Safety and Health – NORA Sector Council on Traumatic Injury Prevention
2018	Alice Hamilton Award - American Public Health Association

## **Publications**

### **Peer-reviewed journals**

Fujimoto GR, Eckert CA, Harrison RJ. Undergraduate training in occupational health. *Occup Health Saf.* 49:43-8, 1980.

Harrison RJ, Letz G, Pasternak G, Blanc P: Acute hepatic failure after occupational exposure to 2-nitropropane. *MMWR* 34:659-665, 1986.

Osterloh J, Cone JE, Harrison RJ, Wade R, Becker C: Pilot survey of urinary porphyrins from persons transiently exposed to a PCB transformer fire. *Clin Tox*, 24:533-544, 1986.

Harrison RJ, Letz, G, Pasternak G, Blanc P: Fulminant hepatic failure after occupational exposure to 2-nitropropane. *Ann Int Med* 107:466-468, 1987.

Harrison RJ, Bellows, J, Jin A, Guglielmo J: Assessing exposures of health-care personnel to aerosols of ribavirin-California. *MMWR* 37:560,1988.

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Cone JE, Daponte A, Makofsky D, Reiter R, Becker C, Harrison RJ, Balmes J: Fatal injuries at work in California: data sources and strategies for prevention. *J Occ Med* 33:813-817, 1991.

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Rempel D, Harrison RJ, Barnhart S: Work-related cumulative trauma disorders of the upper extremity. *JAMA* 267:838-842, 1992.

Liu D, Tager IB, Balmes JR, Harrison RJ: The effect of smoke inhalation on lung function and airway responsiveness in wildland firefighters. *Amer Rev Resp Dis* 146:1469-1473, 1992.

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Sutton PM, Nicas M, Reinisch F, Harrison RJ: Evaluating the control of tuberculosis among healthcare workers: adherence to CDC guidelines of three urban hospitals in California. *Infect Control Hosp Epidemiol* 19:487-493, 1998.

Sutton PM, Nicas M, Reinisch F, Harrison RJ. Is a tuberculosis exposure a tuberculosis exposure if no one is infected? *Infect Control Hosp Epidemiol*. 20:92-7, 1999.

Sutton PM, Nicas M, Harrison RJ: Tuberculosis isolation: Comparison of written procedures and actual practices in three California hospitals. *Inf Control Hosp Epidemiol*, 21:28-32, 2000.

Cone JE, Harrison RJ, Katz E, Chan J, Dewsnup D, Osorio AM: Tuberculosis transmission to prison employees during an outbreak among prisoners at two California prisons. *J Healthcare Safety, Compliance and Infection Control* 4:75-77, 2000.

Reinisch F, Harrison RJ, Cussler S, Athanasoulis M, Cone J, Balmes J, Blanc P, Cone JE: Physician reports of work-related asthma in California 1993-1996. *Amer J Ind Medicine* 39:72-83, 2001.

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Durrani TS, Tsutaoka B, Moeller M, Harrison RJ: Mercury exposure through gold extraction: varied signs and symptoms of toxicity. *Tox and Forensic Med*, 2016; 1(1):18-20.

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Cummings KJ, Becich MJ, Blackley DJ, Deapen D, Harrison R, Hassan R, Henley SJ, Hesdorffer M, Horton DK, Mazurek JM, Pass HI, Taioli E, Wu XC, Zauderer MG, Weissman DN. Workshop summary: Potential usefulness and feasibility of a US national mesothelioma registry. *Am J Ind Med*. November 19, 2019.

Rosenman K, Reilly MJ, Pechter E, Fitzsimmons K, Flattery J, Weinberg J, Cummings K, Borjan M, Lumia M, Harrison RJ, Dodd K, Schleiff, P: Cleaning Products and Work-Related Asthma, 10 Year Update. *J Occup Environ Medicine*, December 31, 2019.

Odes R, Hong O, Harrison RJ, Chapman S: Factors associated with physical injury or police involvement during incidents of workplace violence in hospitals: findings from the first year of California's new standard. *Amer J Ind Med*, published online March 12, 2020.

Durrani T, Clapp R, Harrison RJ, Shusterman D: Solvent-based paint and varnish removers: a focused toxicologic review of existing and alternative constituents. *J Applied Toxicology*. Accepted for publication, March 2020.

### **Book chapters/contributed articles/letters to editor**

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### **Current research activities**

National Institute for Occupational Safety and Health - Public Health Institute: “California Occupational Safety and Health Surveillance” (Principle Investigator 10%; \$695,000; 7/1/19– 6/30/20).

National Institute for Occupational Safety and Health – Council of State and Territorial Epidemiologists: “Western States Occupational Network Meeting” (Principal Investigator 5%; \$30,000; 8/1/19-7/31/20).

National Institute for Occupational Safety and Health – Association of Occupational and Environmental Clinics: “Occupational Health Internship Program” (Principal Investigator 5%; \$143,000; 7/1/19-6/30/20).

California Breast Cancer Research Program – Public Health Institute: “Occupational Chemical Exposures in California and Breast Cancer Risk” (Principal Investigator 5%; \$1,398,624; 1/1/16 – 1/31/21).

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