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“When the Bills Keep on Coming:” the Experiences of Seafood Processors During the COVID-19 Pandemic

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Abstract

Essential workers were at increased risk during the COVID-19 pandemic, including seafood processors who are often rendered invisible within the public sphere. To examine the health and safety concerns of seafood processors, many who are low income or im/migrant workers on H-2B visas, our team conducted qualitative research with 44 participants. We found that in addition to high occupational health hazards that existed before the pandemic, COVID-19 increased workers' financial risks, which put them in more dangerous health and safety positions, since they needed to work through physical and mental health illness. These financial risks can be seen through the themes of paid sick leave, mental health, economic duress, and primary care access. We conclude with three recommendations to the H-2B visa worker program, which will not only decrease health disparities for im/migrant workers, but also increase health equity across seafood worker populations.

Keywords

COVID-19; economic duress; mental health; migrant workers; paid sick leave; primary care access; seafood processors

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Disclosure statement

No potential conflict of interest was reported by the author(s).

Ethics

The research was approved by the University of Texas Medical Branch's Institutional Review Board, #21-0129.

Introduction

Seafood processors are essential food supply chain workers. As critical infrastructure laborers, they continued operations during the COVID-19 pandemic.¹ Similar to meat and poultry processors, they appeared to be at an increased risk of COVID-19 compared to the general population due to environmental and occupational factors.² For instance, seafood harvesting and production workplace organizations (i.e., factories) require close contact between workers, and many seasonal and migrant workers live in employer-provided congregate settings, which poses increased risks for COVID-19.² Social and economic factors, such as language barriers and disincentives to missing work while ill, may also have contributed to increased risk. Moreover, this diverse and vulnerable worker population often times consists of low-wage, seasonal, male and female im/migrant workers who are frequently racial and ethnic minorities.^{3–5} Many of the workers are also on H-2B visas, which is a guest worker program for temporary and seasonal non-agricultural workers who want to enter the US for employment lasting a fixed period of time (e.g., 9-month contract). Visa holders are not considered permanent or indefinite, and it is not a pathway to citizenship.⁶

Prior to the pandemic, seafood processors faced many occupational hazards and had some of the highest injury and illness rates among US workers.⁷ During the pandemic, these workers raised concerns about their working conditions,^{8–10} and COVID-19 outbreaks at seafood harvesting and production worksites were reported in each coastal region of the US.^{11–13} The pandemic only increased the need for research and public health practice to protect the safety, health, and well-being of these vulnerable workers.

Therefore, we visited seafood processing plants throughout the Gulf of Mexico to conduct interviews and workplace observations that examined the experiences of seafood processors during the COVID-19 pandemic. Semi-structured interviews were conducted with seafood processors and industry managers or owners to capture potential hardships or obstacles to workplace safety, including how workplace and social factors affect their health and quality of life, and how the social-structural dimensions of health impacted workers' risks and health outcomes. The team took a multidisciplinary approach to understand how class, race/ethnicity, immigration status, and language affected safety and health among seafood processors. In addition, we explored how the pandemic impacted the health and quality of life for workers and their communities, as well as what can be done to improve safety and health during future public health emergencies. This study is the only source of qualitative data on the related workplace, social, cultural, and economic risk factors among seafood processors in the Gulf of Mexico. Although datasets on risk factors and health outcomes among other food processing workers during the pandemic exist for other regions of the country, none existed for seafood processors in the Gulf of Mexico specifically.

Methods

Collaborative methodological approach

The research team worked in a collaborative environment to examine the challenges of seafood processors within the context of the COVID-19 pandemic, especially as government

entities and funding agencies prepared to serve workers for future emergency situations. The Principal Investigator (PI), co-investigator (Co-I) (proficiency/mastery in Spanish), research manager (operational proficiency/advanced in Spanish), and research coordinator comprised our team, as well as Spanish and Vietnamese native-speakers to ensure interviews were conducted in participant's native language. The interviews were led by either the PI, Co-I, or research manager, and a research coordinator was also present to take notes or assist with interviews. Data analyses were carried out by the PI, research manager, and a qualitative research consultant to reduce confirmation bias. Our theoretical approach to analyses was reflexive, which involved self-reflection and examining our role in the research process. Prior to data analyses, our team discussed our social identities and lived experiences and how these factors might influence the research process.^{14–16} Namely, we identified assumptions and biases we each brought to the data analyses process that included: (a) citizenship status, (b) job stability/paid sick leave, and (c) knowledge (or lack thereof) about the industry. These assumptions were born from our research experiences as well as our knowledge of extant research on im/migrant health.

Recruitment

During recruitment, we used snowball sampling starting with community leaders (e.g., Texas Sea Grant staff) from each geographical area to introduce investigators to workers and managers. Community leaders were identified through previous and ongoing community-based participatory research (CBPR) projects with waterfront workers. Once seafood processing facilities were identified through community partners, project staff emailed, called, or drove to the plants to meet with owners or managers. We then worked with owners or managers to secure dates and returned with the entire project team, including interpreters. Once participants were identified, initial interviews were conducted by the research team in confidential meeting spaces.

Data collection and analysis

We followed a standardized protocol, including an explanation of the study, the participant's right to stop the interview, and the study's confidential nature.^{17,18} All interviews and consents were conducted and transcribed in the participant's native language, respectively, and they received a \$35 gift card for participating in an interview. After interviews were conducted, they were transcribed and translated by Landmark Associates, a transcription and translation company. Participants were asked if the interview could be confidentially recorded so de-identified, complete, and verbatim transcriptions could comprise study data. All participants were reassured their responses were confidential such that owners or managers would not have access to responses or comments about participants' experiences. In the event a participant did not want to be recorded, the interviewer took detailed notes. Specifically, a meeting facilitator and a skilled note-taker were present so the interview could be conducted and documented without audio-recording. These notes formed the basis of qualitative data for participants ($n = 1$) who did not want to be recorded. The study was approved by the University of Texas Medical Branch's Institutional Review Board.

The main constructs we were examining in the interviews were health and safety during the COVID-19 pandemic, which we measured by asking participants about occupational,

social and cultural, economic, and mental health factors. We were particularly interested in how precarious employment impacts health and safety for workers. Therefore, our research questions focused on how safety measures were used and implemented in practice, as well as how contractual or insecure employment impacted their health. Questions included (see Appendix A for more details): Occupational: Which job aspects do workers identify as risk factors for SARS-CoV-2 infection (e.g., production volume, work organization, return to work policies, employer-provided shared housing, and transportation)? Can workers advocate for safe conditions without fear of reprimand or risking employability? Are they properly trained on health and safety measures? Social and cultural: Do workers report experiencing racial or cultural antagonism, or nativity-, language-, race- or culture-based job discrimination? Economic: What economic situations do workers feel influence their risk of SARS-CoV-2 infection (e.g., childcare needs, sick leave, wages)? Mental Health: Do workers experience depression, anxiety, fatigue, stress, or insomnia? How do workers feel their well-being and mental health has changed, if at all, due to the COVID-19 pandemic, and how do the changes relate to work?

After the interviews were complete, the first stage of our analysis involved reading and re-reading the semi-structured interviews based on prior constructs developed by the research team, which helped familiarize us to the data and begin the process of creating codes (i.e., short phrases to describe data).^{14,15} The second stage involved assigning codes to meaningful text segments. Initially, each person read one transcript and assigned codes. The research team then met to discuss the codes, reasons for coding in a particular way, and discrepancies. The team managed the data within the Atlas.ti Cloud system, including assigning codes, creating code managers and groups, viewing code co-occurrences, and managing quotations. Next, after coding was complete, we developed themes based on our codes and explored how they mapped onto broader contextual factors, such as policies related to immigration or political-economic decisions regarding COVID-19 protocols. Finally, after our analysis was complete, we conducted a follow-up focus group with a subset of seafood processors ($n = 10$) to share our findings or correct misinterpretations.

Results

During the first year of the study (6/1/2021-5/31/2022), we focused on recruiting participants in Texas (TX) ($n = 20$), including workers ($n = 18$) and managers ($n = 2$) in four different processing factories. Demographics of the workers included Latino/a ($n = 17$), White ($n = 2$), and Vietnamese ($n = 1$); male ($n = 12$) and female ($n = 8$); between the ages of 19–56 years old, and on H-2B visas ($n = 10$). During the second year of the study (6/1/2022-5/31/2023), the team recruited participants in Louisiana (LA) ($n = 24$), including seafood processors ($n = 23$) and a manager ($n = 1$) in two different processing factories. Demographics of the participants included White ($n = 12$), American Indian ($n = 6$), Latino/a ($n = 4$), African American ($n = 1$), and Vietnamese ($n = 1$); male ($n = 6$) and female ($n = 18$); between the ages of 22–72 years old, and on H-2B visas ($n = 4$). Each state, with its specific fisheries operations and workforce, faced unique challenges and had unique occupational safety and health needs.

From our analyses of the data, there were four themes – paid sick leave, mental health, economic duress, and primary care access – that our team identified, which are presented through the lens of financial risk, which is a natural byproduct of precarious employment. Precarious employment has been defined as jobs that are unprotected (e.g., do not include health or sick leave benefits) and temporary/insecure (e.g., contractual).¹⁹ Workers must take financial risks to work in the seafood processing industry, and migrant workers on H-2B visas take even greater risk to work in the US by being 1) employed as migrant workers, 2) held to contractual agreements, and 3) uninsured in a high healthcare cost environment. Importantly, many of the themes we describe overlapped and impacted each other. For example, workers experienced emotional duress because they could not reduce their exposure to COVID-19, but they had limited options to reduce their exposure, since paid sick days were either not part of their contractual agreement, or paid sick days were withheld from them. Therefore, because of the interconnected nature of the themes, we present the results under the over-arching lens of financial risk.

Financial risk

Many of the seafood processors we interviewed in TX ($n = 10$) and a subset of workers in LA ($n = 4$) were working under H-2B visas. There were also seafood processors in LA who identified as indigenous (i.e., American Indian) or Cajun French. Most of the processors on H-2B visas had been coming to the US for several years, some even decades, working for the same processing plant. The H-2B workers typically rented a room from family or friends already living in the area; however, at one TX facility, our team found almost all interviewees lived in the same apartment complex 20 miles away and carpooled to the facility. In LA, the H-2B workers also carpooled to the facility in a car provided by their employers. Generally, H-2B visa workers said the company provided assistance for trip expenses from Mexico to the US, but they did not pay for anything else, like food and housing.

Additionally, in LA, four H-2B workers reported there were nearly 100 workers living in the same hotel who all worked at the seafood company. One worker told us:

I was in [a LA Seafood Processing Plant] for 3 years during the pandemic. I found work cleaning the crawfish. We were in a hotel with 89 other people. We basically didn't know what COVID was or the consequences of getting it. It spread through the hotel and a lot of people were infected but we had no idea how it would ravage person after person. (Participant A_LA)

As she continued describing her living conditions, she also described how the virus spread, especially in dense housing spaces:

We basically didn't have any help. We didn't have any pills or anything and then a girl got tested and the results came back that she had COVID. Then by that point we knew that it was spreading through all of us. A lot of people were scared. There were about 10 or 15 people who were tested, that presented with the worst symptoms. There were 3 people that isolated, including my niece. I had to take care of her and another colleague. I was there with them too, with the risk of getting infected, but when it comes to being supportive and helping well, imagine if I was

not with them, my niece would be isolated. She did not want to go alone, so I went with her. (Participant A_LA)

Another processor in TX talked about how their experience seeking housing changed over the years:

I've been coming here for about four years. We used to have to look for a place every year, but one of my cousins stayed, and now I have somewhere to go. Whenever I come over here, I'll go to her house. She has a place for me. Also, since I live in [TX Gulf Coast] and people know that we come—we're seasonal workers, they have little lodgings and little places where they can live that they rent out. (Participant B_TX)

According to the Department of Labor, employers must follow certain procedures when hiring foreign workers, such as ensuring the jobs are first available to US workers, paying workers a fair wage, reimbursing them for travel expenses, and guaranteeing them employment for at least 75% of the workdays in a 12-week period, which is called the “three-fourths guarantee”.²⁰ Overwhelmingly, employers seemed to fairly reimburse the seafood processors for travel expenses incurred as well as visa costs. However, it is not clear whether everyone was offered sufficient working days that meet the three-fourths guarantee. For instance, one worker said:

The previous time I came, in one week we worked two days, three days the most, and very few hours. Sometimes we worked for two or three hours, and they would send us home ... This time I'm only here until December, that's two-and-a-half months. That's just a short time, but there is work. Last time I came for four months, but there was hardly any work, so I told myself, “Why did they sent for us if there is no work?” I was doing better over there with the job I had. I mean, I have to support myself here, pay rent, food, and send money to support my family, but with the money I was earning—it would have been better to stay. (Participant C_TX)

Additionally, our team found not all workers were paid for sick leave, which was required under the Department of Labor's (DOL) Families First Coronavirus Response Act: Employee Paid Leave Rights (FFCRA).²¹ For instance, when asked if they were still able to get paid during their time off one worker told us, “*Oh no, no*” (Participant D_LA), while one processor said, “*We didn't shut down. We were still working, but not as much. We just had to clean up behind on ourselves and really, now we're not making hours we used to make, you know, and with the hurricane and all that*” (Participant E_LA). Another worker said, “*They sent us home. We didn't work for two weeks. We went to get checked by the doctor, not here. They sent us to get tested to confirm we had COVID, but that was it.*” When asked if the company helped pay for any of the COVID-related costs she responded, “*Nothing. Only to get tested to confirm we had it. That's the only thing they paid*” (Participant F_TX). Similarly, another processor told us:

I got COVID when I got here. I think that it could have been from the ride [from Mexico to Texas]. I was traveling with some companions. It affected us financially. Physically, it wasn't that bad because it wasn't serious, but emotionally it did

because they isolated us at a house. You feel that difference. Then, financially it affected us because we didn't get paid at all. We had the days off to rest, and they didn't pay anything. (Participant G_TX)

According to the FFCRA, "All employees of covered employers are eligible for two weeks of paid sick time for specified reasons related to COVID-19. Employees employed for at least 30 days are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19." Although some plants may have been exempt if they had fewer than 50 employees, we know other plants were not exempt based on the US DOL's investigation into LA seafood processing plants who failed to provide required sick leave under the FFCRA.²² These plants were required to provide back wages for 55 workers. However, regardless of the plant's exempt status, workers often discussed the lack of paid sick leave as a prominent issue that led to more exposure and presenteeism (i.e., working while ill).

Most of the seafood processors, whether H-2B workers or not, discussed the need to work so they would not lose pay, since their employment is hourly and, to their knowledge, there was no contractual agreement for paid sick leave. One of the office managers explained, *"We told them, like, if you feel bad, don't come, let us know. But I don't think our employees let us know if they did get sick, or they just came like that, because I mean, once some people think they're not going to get paid or they need the money, and so they kept coming ... Most of them, they didn't let us know if they did have it"* (Participant H_TX). As one woman described: *"They had reduced a lot of h'urs. I was at home for over a month. For example, the company didn't pay us for all the time ... If you co'e to work, you get paid. Otherwise, you don't"* (Participant I_TX). While similarly another processor told us, *"[You are] paid by the hour. If you can't come to work, you can't get paid"* (Participant J_LA).

Employees who did self-disclose or tested positive discussed not working for weeks or months without pay, such as one woman who said that her employer offered no assistance when she had COVID, other than paying for the test: *"When we got medication and all that, we paid for it ... [they paid] only to get tested to confirm we had it. That's the only thing they paid"* (Participant K_TX). Another processor told us:

I was the first person here at the company who came back positive. I was home for a month, and, yes, it did affect us ... They would give us hours, but not as before. They had reduced a lot of hours. I was at home for over a month. For example, the company didn't pay us for all the time. Actually, for that one month I was home, I went to get tested and I had to pay for it. I didn't receive any salary, any payment for that month, and also the COVID test that I have to do to confirm my symptoms, I was paying by my own. The company didn't pay ... [I was out] for like a month and two weeks [and] they only gave me three-hundred-and-something ... [and] I spent basically the \$300 on the COVID tests. (Participant L_LA)

The pressure of working through COVID or not knowing how bills would be paid also took a toll on the workers. One person explained, *"It was mainly mental, thinking, what am I going to do, how will I pay for my things? – The bills don't wait. They're there. Or, I have*

to be good because I have a son. I have to be healthy. I have to stay healthy" (Participant M_LA). Similarly, another woman said:

Physically, it [COVID] wasn't that bad because it wasn't serious, but emotionally it did [affect us] because they isolated us at a house. You feel that difference. Then, financially it affected us because we didn't get paid at all. We had the days off to rest, and they didn't pay anything. Then with the family, also, because we were separated, and you feel that impact emotionally. (Participant D_TX)

Another seafood processor was able to live off her husband's salary when she had COVID, *"Otherwise, I don't know how I would have [survived],"* while another worker said they received help from *"the ones who got sick before"* or selling food: *"To work? No, we didn't do anything. We sold food one time. A sister-in-law sold it for us because, since we had COVID, they were rejecting us"* (Participant N_TX).

A processor who had been working for the same company for over 20 years talked of the pressure he felt to still go to work even though he knew he was infected with COVID. He told us, *"It was pretty bad because you still have work, even if you were sick. You still had to work and the kind of work I do I can't really leave it to anyone else, I still had to do it. So, it affected me a lot"* (Participant O_TX). He never stopped working. He talked of the difference between the people working upstairs in the office versus those down in the processing facilities and how those in the office were getting tested regularly, while they were not. Among managers or owners we interviewed, there was wide variety in how COVID-19 was discussed or handled. For instance, one CEO in LA held a vaccination event at the plant but said he was frustrated at the conflicting information he was receiving from CDC, the City of New Orleans, and the Department of Health and Human Services, while at other plants the supervisors or managers said they felt safe, that they did not have any complaints, or they did not seem to take COVID-19 very seriously. Another processor was asked what they did when they lost pay, and he responded, *"My social security, I'm 68. That kind of help me out, you know, for two weeks. Some people don't have that, you know"* (Participant P_TX).

Moreover, depending on their immigration status, seafood processors had limited access to US healthcare facilities. Some seafood processing plants offered insurance to workers, paid for sick leave when they had COVID, and paid for their COVID tests if they were citizens or on more permanent visas. However, migrant workers on H-2B visas did not have the same level of healthcare resources. Although most of the processors agreed their employer would help them pay for an on-the-job injury, they were less sure about what they could do for non-work-related injuries and illnesses. For day-to-day primary care that workers' compensation did not cover, seafood processors on H-2B visas either neglected their health or waited until they could travel to Mexico where it was less expensive.

According to participants, barriers to seeking healthcare in the US for non-immigrant workers included not having paid sick leave, while immigrant workers described the lack of paid sick leave, transportation, cost, language, and not knowing where to go or what to do. When asked about barriers to seeking healthcare outside of work-related injuries, one processor reported, *"Sometimes it's because it's expensive, and as immigrants, we don't*

have the ability to have all the resources or everything we'd like to have. We always limit ourselves to seeing the doctors because we think about what we have to pay" (Participant Q_TX). Another processor said he had medical insurance, but he only goes to see a clinician about once every three years and another worker said, *"I go see a doctor when I go back to Mexico because for those of us who come here, it's more accessible to go to the doctor there. Here, the prices are too high. We don't make enough to pay a doctor with what we make working these contracts"* (Participant R_TX). Similarly, another processor said, *"It was different here in the US than in Mexico because here I don't have access to health care and don't even know where to start to look for it or to go if I am ever sick or injured"* (Participant S_TX). Some of the H-2B workers also discussed bringing needed medicine from Mexico or self-medicating, such as one processor who told us, *"When we come here [from Mexico] we bring all our own antibiotics and pills. We come prepared and with the advice from our families as well. We also drink a tea that helps to alleviate the symptoms. I did all that was recommended to me and took some paracetamol. That was it ... nothing more"* (Participant T_LA).

Discussion

The processors we interviewed in the Gulf of Mexico provided valuable knowledge that can be generalized for some of the most vulnerable workers across the US. Currently, TX has the most H-2B employees, and LA has the fourth most.²¹ "Meat, poultry, and fish" jobs ranked second for H-2B employment, and four seafood companies fell into the top 10 H-2B employers nationwide.²¹ The themes of paid sick leave, mental health, economic duress, and primary care access directly and indirectly impacted seafood processor's exposure to and health-seeking behaviors for COVID-19. Although some managers were ambivalent to worker's healthcare needs or COVID-19 status, we found larger systemic factors at play; notably, the lack of employer flexibility, paid sick leave, and job security that impacts both US citizens or green card holders and H-2B visa workers. Therefore, we make three recommendations below to strengthen workers' rights, which are targeted towards the H-2B program, but if applied universally could increase not only visa holder's health and safety, but the health and safety of all workers.

Recommendation one: employer flexibility

H-2B visa holders do not currently have the flexibility to change employers, which may keep workers from demanding guaranteed rights, such as reporting discrimination or receiving agreed-upon wages, since they are reliant on the manager to renew their status. It also hampers opportunities to advocate for rights like sick leave or health care coverage. The ability to change employers will encourage employer accountability and provide an avenue for affordable and quality healthcare access for the workers putting food on our tables.

Recommendation two: provide sick leave

Paid sick leave is not a guaranteed right for workers in the US, either citizens or non-citizens. Overwhelmingly, a lack of access to sick leave created a precarious situation that encouraged employees to work while ill (i.e., presenteeism), sometimes with COVID-19,

and discouraged them from taking time off to go to medical appointments for themselves or children. Moreover, H-2B workers should have the right to the three-fourths guarantee, or the promise of payment for at least 75% of the hours agreed to in the contract.²³ However, if an employee was sick due to COVID-19 but the employer still provided working days, they were further restricted from advocating for lost wages. As reported, some employees were not able to work for over 30 days because of COVID-19 and did not receive fair compensation from their employer, while still having to pay for housing, food, and other essential needs. A lack of monetary compensation forced some employees to find alternative jobs, like selling food, and other employees to underreport their COVID-19 symptoms. The result was that not only were people working while ill, but they also put their co-workers and their co-worker's families at risk of contracting COVID-19 or other diseases. Providing paid sick leave for workers will encourage employees to stay home when sick, reduce the risk of transmitting airborne pathogens (e.g., flu, respiratory syncytial virus, COVID-19) in the workplace, and encourage employers to enforce other mitigation measures.

Recommendation three: reduce work precarity

Precarious employment is the lack of stable, secure employment that produces job insecurity and instability as well as social and economic vulnerability. The seafood processors we collaborated with were part of the precarious employment regime, which has increased since the late-1970s under neoliberal globalization (i.e., increased personal responsibility and decreased worker protections).²⁴ The health impacts of precarious employment include high blood pressure and cholesterol as well as the health disparities that stem from working while ill.^{19,22} As discussed, H-2B visa workers had even less recourse to guaranteed protections, such as the three-fourths guarantee, the right to be free from discrimination, and fair wages and travel compensation.²⁵ Their status as temporary workers on a seasonal contract (i.e., precarious workers) decreased their *de facto* access to their *de jure* rights. Moreover, if any employee filed a complaint against their employer, they may be risking their future job prospects, since they are not guaranteed employment after their seasonal contract. A lack of *de facto* access to guaranteed rights increased their vulnerability to potential exploitation as well as disease and death. By guaranteeing contractual workers the same or similar rights as employees, creating pathways to citizenship, allowing workers a period of unemployment to search for new jobs, and providing protective visas to employees who organize or file claims, both citizen and non-citizen workers will experience less precarity and greater accountability in the workplace.²¹

Strengths and limitations

Strengths

Although the seafood processor project was not considered CBPR due to our difficulty finding and connecting to workers during COVID-19, our previous CBPR research activities made our recruitment efforts more fruitful than if we did not have long-term relationships with seafood workers, both fishermen and processors. Our community contacts not only pointed us towards managers and facilities, but also endorsed us and recommended us to the facility owners or managers. Their support provided shared trust and created more opportunities to talk to workers in confidential spaces and without managers.

Limitations

A lack of availability to have the same interpreter(s) was a limitation for the interviews in TX; however, we were able to secure another faculty member who is fluent in Spanish for the interviews in LA. In total, we used three different interpreters for the TX interviews, despite requesting the same person for consistency. From past experiences, we have found the more familiar the interpreter is with the study materials, language, and environment, the richer the data we receive. Every interpreter for the TX interviews came from a different Spanish-speaking country and culture, which can unknowingly bring biases into the interviews.

Moreover, due to effects of hurricanes and climate change, from March to December 2022 the Texas Wildlife and Parks Department temporarily closed 24 out of 27 oyster harvest areas due to a low abundance of legal sized oysters. However, since that time, many bays permanently closed to protect and restore the reefs. The closures impacted the team's ability to interview oyster seafood processors or managers. For context, the Gulf Coast region produces 45% of the nation's \$250 million oyster industry, and in TX alone, the industry contributes an estimated \$50 million to the economy.²²

Many of our participants in LA were dealing with the lingering effects from Hurricane Ida that hit the region in 2021. Several of the participants were still living in FEMA trailers with tarp covered roofs and had yet to receive financial compensation to repair their houses or properties. The processing facility also had minor damage from the hurricane and had to be closed temporarily for repairs, which left some processors without work. People in the region described both mental and financial strain from the hurricane's destruction and the time lapse between the hurricane and still living in temporary housing.

Finally, our team began interviewing participants in October 2021 and COVID variants, vaccine mandates, and masking policies have varied depending on COVID surges. The variance has impacted the physical settings in which we conducted the interviews, the times we have been allowed or not allowed into the facilities, and availability of people to interview.

Conclusion

The COVID-19 pandemic highlighted the need to reevaluate the health and safety concerns for essential workers, including seafood processors. To address this need, our team conducted qualitative research with seafood processors throughout two states in the Gulf of Mexico. The interviews showed four main themes, which we categorized under the lens of financial risk – paid sick leave, mental health, economic duress, and primary care access. All the workers took financial risks by being in the seafood processing industry, and migrant workers took even greater risks to work in the US. Since many of the issues workers presented overlapped and impacted each other, each theme cannot be understood on its own. Instead, the lack of paid sick leave was connected to mental health, as was the lack of primary care access or economic duress. The workers we interviewed provided valuable information for researchers, advocates, and policymakers interested in how to decrease health disparities among essential workers during local, state, and national emergencies

– from COVID-19 and future pandemics to hurricanes. Specifically, our research went into detail about how guest migrant worker programs (e.g., H-2B employees) could be strengthened, which will increase health equity among all workers, not only migrant workers. Providing the flexibility for employees to find other jobs if their employer is not following laws and policies, paid sick leave for all workers, including citizens and workers on visas, and reducing worker precarity by not penalizing workers who organize or file claims against employers are three recommendations that can improve the health and safety of workers.

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Data statement

Data is available from the corresponding author upon reasonable request.

Abbreviations

PI	Principal Investigator
Co-I	Co-Investigator
COVID-19	Coronavirus Disease 2019
DOL	Department of Labor
FFCRA	Families First Coronavirus Response Act
LA	Louisiana
NIOSH	National Institute of Occupational Safety and Health
TX	Texas
US	United States

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