COMMENTARY

Commercial truck drivers should be a priority population for COVID-19 vaccinations

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Abstract

As COVID-19 vaccines become available, supply is expected to initially fall short of demand. In response, the Advisory Committee on Immunization Practices (ACIP) has issued guidance on which groups should be prioritized to receive vaccines. For the first phase of vaccine allocation, the ACIP recommended healthcare personnel and long-term care facility residents as recipients. This recommendation was based on risks endemic to these populations, as well as ethical principles related to benefits and harms, mitigating health inequalities, and promoting justice. Commercial truck drivers have played a vital and underappreciated role during the COVID-19 pandemic. Despite the indispensable role that commercial drivers play in distributing vaccines, they have not been recommended for vaccine allocation in the next phase (1b) by the ACIP. However, the rationale and ethical principles cited for the first vaccine phase suggest that these workers should be recommended for inclusion. By doing so, the acquisition and transmission of COVID-19 may be mitigated, which would benefit both these workers and the US public. Further, persistent vulnerabilities render commercial truck drivers susceptible to severe COVID-19 infection; therefore, vaccination during the next phase is imperative to curb the exacerbation of extant health inequities. Finally, because present-day COVID-19 vulnerabilities in these workers have been shaped by unjust policies over the past several decades, and because COVID-19 public health policies have excluded and potentially exacerbated the impacts of the pandemic for these workers, allocating vaccines to commercial truck drivers is a necessary step toward promoting justice.

KEYWORDS

COVID-19, health inequities, social justice, truck drivers, vaccination

The interrelationship between commercial truck driving and the COVID-19 pandemic in the United States was on dramatic display on Sunday, December 13, 2020, as the first shipment of vaccines approved under the Food and Drug Administration’s Emergency Use Authorization departed Pfizer’s manufacturing plant in Michigan—by truck. These images are representative of the vital and often underappreciated role that truck drivers have played throughout the course of the pandemic, especially in maintaining the viability of the critical supply chains that deliver medical supplies and other essential goods that have made medical and public health initiatives possible.

The supply of vaccine is expected to fall short of demand during the coming months, during which time COVID-19 cases are expected to continue to rise. In response, guidance has been issued by the Advisory Committee on Immunization Practices (ACIP) to
advise the Centers for Disease Control and Prevention (CDC) on which population subgroups should be prioritized for vaccination, with healthcare personnel and long-term care facility residents moved to the front of the line within Phase 1a. This recommendation was grounded in the ethical principles of the ACIP, which stipulate that this decision was made to "...maximize benefits and minimize harms, promote justice, and mitigate health inequities." Excluded from the first round in vaccine allocation, the trucking industry has advocated for its workers to be prioritized for vaccination. The course of the pandemic has certainly supported this contention as truck drivers have been essential workers who are indispensable cogs in the distribution networks that will be depended upon to deliver those vaccines that will end the pandemic. However, the ACIP has excluded transportation workers from their Phase 1b recommendation, even though their description of essential workers in this phase—who "...perform duties across critical infrastructure sectors and maintain the services and functions that US residents depend on daily"—also describes truck drivers. Therefore—in addition to the essential role that these workers provide in ensuring that vaccines and other essential supplies can actually be distributed—the rationale and ethical principles that motivated the ACIP’s Phase 1a recommendation logically dictate that truck drivers should be part of Phase 1b.

Prioritizing commercial truck drivers for COVID-19 vaccine allocation can mitigate the acquisition and transmission of COVID-19, thereby resulting in broad benefits that may help to mitigate the public health consequences of the pandemic. The ACIP provides rationale for their Phase 1a recommendations by describing health care and long-term care settings as "high-risk locations" for COVID-19 exposure and transmission. For commercial truck drivers, the unique nature of the occupation translates into a potentially heightened risk of both acquisition and transmission of infectious diseases, especially due to their broad and diverse social and spatial networks. US long-haul truck drivers drive nearly 200 billion miles annually and spend both their working and nonworking time engaged in occupational and social interactions with other workers across wide geographies. The consequences of these social and spatial patterns are yet unknown in the context of COVID-19, although they have been found to pose acquisition and transmission risks in the case of other infectious diseases. For example, it is possible that truck drivers may disproportionately infect secondary contacts and, therefore, contribute to the pandemic by functioning as super-spreaders. Inclusion of these drivers in Phase 1b corresponds with both the rationale and ethical principle of maximizing benefits and minimizing harms by protecting both commercial truck driver populations (and the United States public as a whole) by controlling viral acquisition and transmission across broad geographies and demographics.

As part of the rationale for their Phase 1a recommendations, the ACIP describes long-term care facility residents as high risk for COVID-19 acquisition and severity due to their advanced age and high rates of underlying medical conditions. For commercial truck drivers, the constellation of endemic cardiometabolic illness, increased age compared with other working populations, and stressful work conditions that have been exacerbated by the pandemic renders this population similarly vulnerable. These vulnerabilities are the consequences of unjust macrostructural forces and corporate policies that have evolved over the last several decades. As a result, present-day commercial truck driving is inherently obesogenic and stressogenic, with inadequate environmental supports for healthful lifestyles, poor access to medical care, and work organization marked by chronic stressors. This confluence of endemic and novel COVID-19-related risks and corresponding outcomes may represent a latent syndemic that threatens to accelerate extant health disparities. Thus, the disparate health outcomes that characterize commercial truck drivers may be magnified by failing to urgently provide vaccines to these disadvantaged workers. Further, many of the public health strategies enacted in response to the COVID-19 pandemic have perpetuated injustices experienced by these workers because their well-being has been excluded and potentially compromised by these well-intended policies. For example, because of their indispensable role in maintaining critical supply chains, along with ongoing fluctuations in freight demands and the existing driver shortage, enacting stay-at-home orders for this population may lead to catastrophic shortages in vital supplies, thereby necessitating their continued presence on the road. Additionally, other prevention policies that have been enacted (e.g., closing restaurants across various locales have been known to perpetuate the extant lack of worksite environmental supports for drivers. Because the organization of work for many of these drivers includes prolonged periods away from home, self-quarantine efforts are difficult to implement, and drivers who do develop pronounced cases of COVID-19 illness may be far away from medical care.

Altogether, given the vital role of commercial truck drivers in protecting the US public’s health—including the distribution of COVID-19 vaccines—it is imperative that these workers be prioritized for Phase 1b of vaccine allocation. This decision would align with both the rationale and the ethical principles—maximizing benefit and minimizing harm, mitigating health inequities, and promoting justice—presented by the ACIP in their recommendations for the initial allocation of vaccines.

CONFLICTS OF INTEREST
The author declares that there is no conflicts of interest.

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