

LESSONS FROM THE FIELDS

Farmworker Communities
Confronting COVID-19



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Introduction

COVID-19 has hit the farmworker community especially hard. As essential workers, farmworkers put their lives on the line, risking their health and that of their families to ensure the stability of our nation's food supply chain. The pandemic's impact on farmworkers extended beyond the threat of contracting the virus and its immediate health implications; indeed, all dimensions of life were affected.

COVID-19 highlighted systemic inequities, and worsened the impacts of their social determinants of health—the conditions in the environment where people live, learn, work, and play that affect their health risks and outcomes. These social determinants of health include dangerous working conditions, barriers to healthcare, lack of sick leave, food insecurity, and technology gaps, among others.

There are approximately 2.4 million farmworkers in the United States; approximately 4 million including their families.¹ On average, farmworkers have a ninth grade education and experience high rates of poverty, with about 1/5 living below the federal poverty level. Most do not receive sick leave and about half lack health insurance.² Many are not eligible for unemployment even though their work is seasonal and intermittent.

"There hasn't been much income, so we've had to struggle to pay rent, buy gas, and food. In every aspect of life, COVID has really affected us."

Cleotilde, a farmworker in California, described as her community's experience living through the pandemic.

At least 936,000 farmworkers have contracted COVID-19 since the start of the pandemic,³ though that is likely an underestimate due to insufficient data. According to the COVID-19 Farmworker Study (COFS)—a collaborative research project across California, Oregon, and Washington—farmworkers were three times more likely to contract the disease than non-farmworkers.⁴ At the local level, a University of California, Berkeley study found that 13% of Salinas Valley farmworkers tested positive for the virus, compared to 5% of the state's overall population.⁵

DEMOGRAPHICS & COVID-19

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44%

lack health insurance; most do not receive sick leave



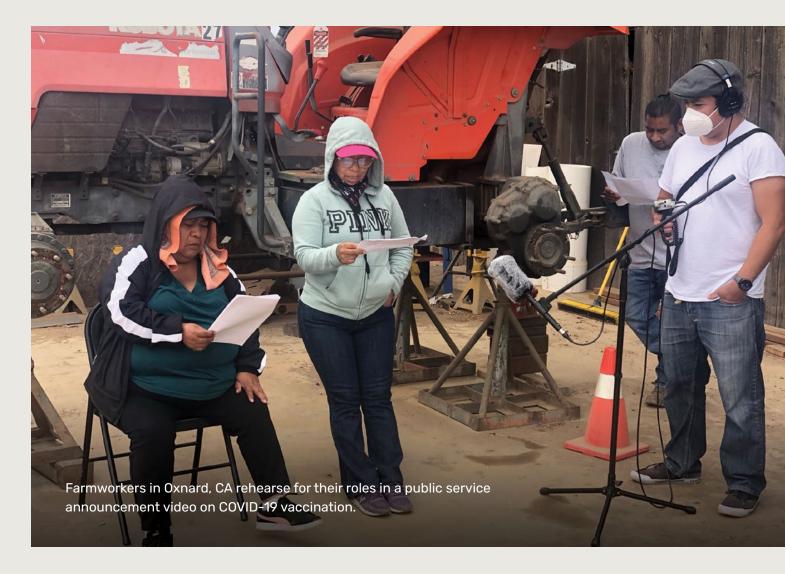


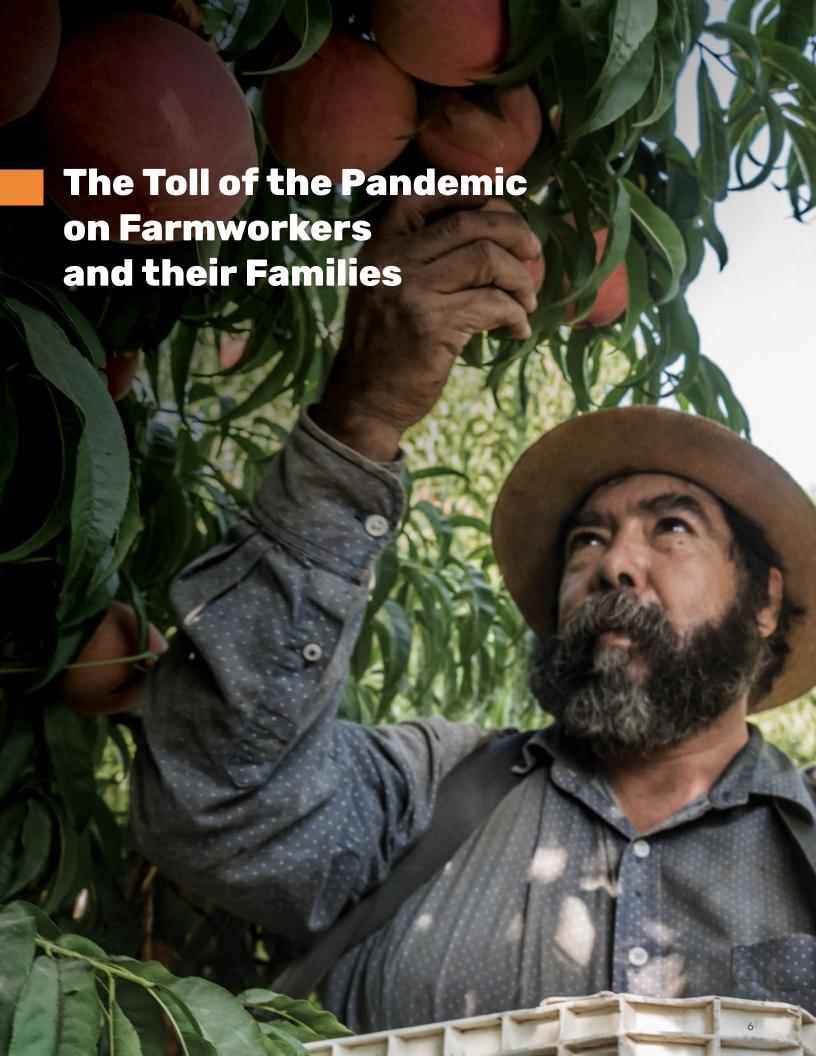
Farmworkers have not only been facing concerns about contracting COVID-19, but also the ripple effects of the pandemic, from mental health to income and food access. Due to the unique circumstances in which farmworkers live and work, they have experienced the pandemic's wide-ranging effects more severely than the general population. Moreover, due to their immigration status, many farmworkers were not eligible for COVID-19 federal or state assistance programs, compounding many of the challenges they confronted.

In response to gaps in access to critical emergency assistance resources, farmworker-serving organizations took action to assess workers' needs, advocate for workplace protections, COVID-19 testing, and vaccine access, and identify and engage local and national support.

FARMWORKER JUSTICE, AS A LEADING NATIONAL ORGANIZATION, worked with many of these organizations to provide information to communities and policymakers to support farmworkers and their families during the pandemic. As a National Training and Technical Assistance Partner of the Health Resources and Services Administration (HRSA), Farmworker Justice created a documentary, Voices from the Fields: Farmworker Communities Confronting COVID-19 (Voices from the Fields), to amplify the voices and experiences of farmworkers and to highlight organizations' responses to support their communities during the pandemic.

This report aims to convey the insights gleaned from farmworkers and highlight examples of promising practices from frontline organizations to mitigate the impacts of the pandemic on their communities. While this report focuses on synthesizing the community's experiences collected in the *Voices from the Fields* documentary, it includes supporting information from other Farmworker Justice COVID-19 efforts, as well as other initiatives across the country.





Impacts on Physical, Mental, & Financial Health and Wellness

Dozens of workers interviewed for *Voices from the Fields* shared personal stories of getting sick and of family members falling ill with the virus. COVID-19 impacted workers across generations.

Evidencia, a young woman farmworker, spoke of her father getting sick; and Carmen shared that her eight-year-old granddaughter was hospitalized and almost died. Alma—a wife and mother of two young children—shared that her whole family was stricken with the virus during a two-month period, having contracted it from her packing plant manager who was infected. She described her family's experience being ill with COVID-19: "It was the most horrible thing; I wouldn't wish it on anyone. Thank God, we made it and we lived to tell the tale."

The pandemic has taken a heavy toll on the mental and emotional health of farmworkers. Workers' concerns ranged from fears about contracting the COVID-19 virus, to the safety of COVID-19 vaccines, to the many job and income-related stressors, such as a lack of workplace personal protective equipment (PPE) and lack of sick leave.

A community needs assessment report developed by Farmworker Justice analyzed information from surveys and interviews of farmworker-serving organizations in 30 states. The report showed the most common words workers associated with COVID-19 included: nervous, work, depressed, expense, seriousness, sadness, and fear. Jesús, a farmworker in California, described how the reduction of work hours has led to financial stress and instability, ultimately culminating in increased tension within families.⁷

Indeed, the pandemic deeply affected farmworkers' financial health and well-being. For women in particular, disruptions in employment and income meant significant changes to household responsibilities. In many cases, farmworker women with children had to stop working to stay home with their kids and assist them with virtual learning. According to data from the COFS, childcare fell disproportionately to women and 60% of women lost weeks and months of wages, compared to 45% of their male counterparts.8

Furthermore, many farmworkers were unaware about their legal rights related to COVID-19. For example, in March 2020, the Families First Coronavirus Response Act (FFCRA) included paid sick leave obligations for employers with fewer than 500 workers to help ensure COVID-19 positive employees can stay home.9 However, these paid leave requirements were not emphasized in the June 2020 interim COVID-19 guidance for agricultural employers from the Centers for Disease Control and Prevention (CDC) and the Department of Labor and workers were not necessarily provided information about their right to sick leave. 10 As a result, few farmworkers took time off if they or their family members became ill with COVID-19. This lack of access to sick leave increases farmworkers' risk of being exposed to and contracting COVID-19 because they worry about losing wages or worse, losing their jobs due to employer retaliation.



COVID-19 Prevention & Healthcare: Barriers to Access

The farmworker community has been particularly vulnerable to contracting COVID-19 due to various factors beyond their control, including crowded transportation, hazardous working conditions, and substandard housing. Farmworkers also had limited access to information about testing and vaccines.

LACK OF WORKPLACE PREVENTION MEASURES

Farmworkers lacked control over their health and safety at work. Delfina, a member of Líderes Campesinas, a farmworker women's community-based organization in California, shared that some workplaces were not providing masks, gloves, or other personal protective equipment (PPE). Farmworker

Justice's community assessment report affirms this experience. Some community organizations described pushback from growers when they tried to distribute PPE to farmworkers. They reported that some employers withheld PPE from workers or charged them a fee to purchase the protective gear, even in places like Oregon where stronger regulations were implemented. In general, at the height of the pandemic, farmworkers did not have access to enough PPE even in locations where it was provided to worksites and employers for free.

In addition to a lack of access to PPE, farmworkers often could not implement CDC-recommended mitigation practices in the workplace or at home. In the fields, dairy farms, and produce packing houses,





workers often work in close proximity with limited access to sanitation supplies (such as handwashing stations). Many workers also share transportation to and from the fields with limited social distancing. "We were in tight proximity of each other," described Alma, of her experience working in the packing plant where she contracted COVID-19. "The boss was the first to get the virus, and because he always walked around us...he spread it to everyone."

Housing also creates a vulnerable situation for workers' health. Due to their low wages, farmworkers tend to live in crowded, shared housing either in their communities or provided by their employer. Although the type of housing varies depending on the community, workers in employer-provided housing, such as H-2A

workers,¹² tend to live in groups, with up to 10 people sleeping in a bedroom or 20 men living in a house, all sharing a single bathroom and kitchen.

"When you have those large groups in close quarters, once someone gets sick...everyone gets sick," Dr. Gayle Thomas, Medical Director at the North Carolina Farmworker Health Program, stated. And cramped conditions are not the only concern potentially impacting workers' health. Often, employer-provided housing units lack basic necessities, such as indoor plumbing, air conditioning, insulation and heating.





In June 2020, the CDC and the Department of Labor's (DOL) Occupational Safety and Health Administration (OSHA) published joint interim COVID-19 guidance for agricultural workers and employers.¹³ The guidance was not enforceable and therefore had limited impact. Employer recommendations in the guidance included:

- Screening and monitoring workers
- Implementing workplace protocols to reduce COVID transmission
- Reducing exposure between workers that are grouped with one another in housing or transportation
- Providing information about preventing infections in languages farmworkers can understand

OSHA has not implemented an emergency temporary standard for agricultural workplaces. However, during the height of the pandemic, Oregon, Washington, Michigan and Wisconsin issued emergency regulations specific to agricultural workplaces, housing, and transportation. Oregon mandated physical distancing,

face coverings, and hazard controls for workers when transported in a vehicle within the scope of their employment.¹⁴

Washington required masks, handwashing facilities, and training for employees to recognize and respond to COVID-19.¹⁵ Michigan had an emergency order on mandatory testing, preventive measures, and safe housing for agricultural workers.¹⁶ Wisconsin's policy articulated additional safety measures for migrant labor camps, including social distancing, a protocol for handling suspected COVID cases, and posting relevant information on COVID-19 in clear language for workers.¹⁷

Other states, such as California and Virginia, issued emergency regulations to protect workers. In California, the regulations included employer-provided housing and transportation. Virginia enacted retaliation protections for workers who raise COVID safety concerns.

LACK OF ACCESS TO TESTING AND VACCINES

Access to adequate, timely and affordable COVID-19 testing and vaccinations is critical to preventing the spread of the virus. However, testing has been significantly challenging for farmworkers, despite OSHA guidance that recommends that employers provide testing to employees regardless of vaccination status.²⁰ Farmworkers expressed concerns about being tested because, if they are COVID-19 positive, they cannot afford to quarantine or, potentially, may lose their jobs.

However, testing is often unaffordable and may not be available at a location or time that is convenient and accessible. In Florida, for example, tests were expensive or had long result wait-times, making them inaccessible for low-wage households and ineffective for those who could not afford to miss work.

In Oregon, although free testing was available, the testing sites and schedules were in locations that

required travel, a challenge for workers without personal transportation or in areas with limited public transit options. Additionally, public information regarding testing services has not been readily available.

Similar challenges have impacted COVID-19 vaccination efforts in farmworker communities. In February 2021, HRSA's COVID-19 Vaccine Program began distributing vaccines directly to Federally Qualified Health Centers, including migrant health centers, to increase access to hard-to-reach and disproportionately affected populations. However, a mismatch in federal and local vaccine strategy created additional problems. For example, even as they were prioritized by the CDC for vaccination under phase 1b, farmworker communities in many states, such as Florida, were not prioritized for COVID-19 inoculations. Farmworkers face ongoing barriers to access, such as transportation, scheduling, and language-appropriate information about vaccine safety, efficacy, and access.



LACK OF ACCESS TO ACCURATE, CULTURALLY APPROPRIATE COVID-19 INFORMATION

In addition to physical and logistical barriers, farmworkers also contend with inadequate access to accurate, linguistically and culturally appropriate information about COVID-19, testing and vaccines. Persistent misinformation and harmful myths frustrate efforts to protect farmworker populations across the nation.

For example, common vaccine myths that Farmworker Justice continues to document include: that it gives people the virus; that immigration documentation is required to obtain the vaccine; that personal information collected during the vaccination process will be shared with U.S. Immigration and Customs Enforcement (ICE); that the vaccines carry a chip that allows the government to track individuals; and that only old and/or sickly people need it.

Netzali Pacheco Rojas, mobile services supervisor with Family Health La Clínica in Wisconsin, noted a trend in vaccine hesitancy among younger farmworkers; because of their age and good health, they do not believe they need it. Ivana Vasquez, promotora de salud (lay health worker) with Quincy Community Health Center in Washington cited other vaccine myths prevalent in the community, such as that it causes infertility; that people who have had COVID do not need it; and that it turns people into zombies.

The success of COVID-19 prevention and mitigation efforts among farmworkers is directly related to the quality and quantity of information accessible to these communities. Regrettably, especially at the start of the pandemic, there was a dearth of credible, coordinated educational messaging crafted specifically for farmworkers. This made it easier for misinformation to spread widely and quickly.

Language access has been a major challenge. Jorge, a member of Líderes Campesinas, emphasized the significant language barriers that exist with public health agencies, especially for speakers of indigenous languages. The information needs to be in a language and cultural context that is relevant to workers, and must account for literacy levels and preferred modes of communication.

Furthermore, distrust of the government and the health system increases vaccine hesitancy among farmworkers. In February 2021, the Department of Homeland Security stated that its agencies would not conduct immigration enforcement at or near vaccination sites.²³ However, due to a lack of clear, understandable information about the vaccine, workers continue to be unaware that the vaccine is free, and that it is available to everyone, regardless of immigration status.



COVID-19 Timeline

January 31, 2020

COVID-19 declared a public health emergency by U.S. Department of Health and Human Services

March 11, 2020

COVID-19 declared a pandemic by the World Health Organization

March 15, 2020

States begin issuing shutdown orders

March 18, 2020

Families First Coronavirus Response Act (FFCRA) approved by Congress

April 3, 2020

CDC issues mask recommendations

May 28, 2020

U.S. death toll: 100,000

June 1, 2020

CDC and DOL publish interim guidance for agricultural employers

September 22, 2020

U.S. death toll: 200,000



December 11, 2020

FDA issues first Emergency Use Authorization for a COVID-19 vaccine for use in individuals 16 years of age and older

December 14, 2020

U.S. death toll: 300,000



December 20, 2020

Food and agricultural workers recommended for vaccination under phase 1b of COVID vaccine distribution

December 31, 2020

FFCRA sick leave protections expire

January 18, 2021

U.S. death toll: 400,000



February 15, 2021

Federally Qualified Health Center (FQHC) Program for COVID-19 Vaccination begins direct vaccine distribution to FQHCs, including migrant health centers

February 15, 2021

Special Enrollment Period for ACA Marketplace begins

February 23, 2021

Delta variant first detected in the U.S.

March 10, 2021

COVID-19 Relief Bill & American Rescue Plan approved by Congress

May 10, 2021

FDA issues first Emergency Use Authorization for a COVID vaccine for use in individuals 12 through 15 years of age

June 15, 2021

U.S. death toll: 600,000



October 1, 2021

U.S. death toll: 700,000



October 29, 2021

FDA issues first Emergency Use Authorization for a COVID vaccine for use in individuals 5 through 11 years of age

November 4, 2021

OSHA issues COVID-19 vaccine and testing Emergency Temporary Standard

November 19, 2021

FDA expands eligibility for COVID-19 vaccine boosters to vaccine recipients 18 and older

December 1, 2021

Omicron variant first detected in the U.S.

December 14, 2021

U.S. death toll: 800,000





Community Partnerships to Enhance COVID-19 Mitigation Efforts

Cross-sector partnerships have been critical to supporting workers and their families during the pandemic. This collaborative approach addressed longstanding barriers to healthcare access such as a lack of transportation, language barriers, and mistrust of government and health systems.

Vaccination events were most successful when created specifically for the farmworker population and implemented through collaborations between community stakeholders. The Farmworker Association of Florida (FWAF) was one of multiple entities that partnered to bring mobile vaccination teams to rural farmworker areas near Homestead, in the southeastern part of the state, where there was only one vaccination site.

Since FWAF knows the community and how to reach farmworkers, they successfully managed the logistics of the vaccination events, partnering with the Consulate of Mexico to bring in medical staff and mobile units to administer the vaccines. The consulate, in turn, partnered with private clinics, the University of Miami, and Florida Emergency Management to bring the vaccines to the community, according to Cecilia Izquierdos, community liaison with the consulate in Miami. Additionally, FWAF worked with the American Friends Service Committee, which provides volunteers, and has relationships with other consulates, such as those of Guatemala and El Salvador.

"It's really important to have these types of [vaccination event] routes, or go to [farmworkers'] houses, because many of them don't have transportation...it's important to come out here, where their homes and jobs are...because this influences whether they decide to get the vaccine."

Claudia Gonzalez, a FWAF community organizer

Ester, a plant nursery worker, shared that a personal invitation to a FWAF vaccination event made her feel safer and more comfortable: "I feel safer that the consulate is coming and giving us this option because I feel more at home and as though I'm with family." She added that she did not seek out the vaccine anywhere else, primarily out of fear of being asked for documents. Ester underscored how the collaborative support of FWAF and the Mexican consulate was tremendously helpful.



Black River Health Services-Manos Unidas in North Carolina held events in collaboration with agricultural employers at worksites. This approach addressed issues of transportation and work schedules, making the vaccine more readily accessible. Farmworkers are too often in the position where they can't take time off during work hours to get medical care. The relationships that these organizations developed with employers helped facilitate on-site worker support.

According to Angelica Santibanez-Mendez, program director and outreach nurse with Manos Unidas, a positive outcome of the pandemic was that it prompted recognition of the need for communication between agricultural employers, health centers, and community organizations. Prior to COVID-19, when her organization communicated with managers or crew leaders, information often got lost on the way to the grower. With employers' recognition of the need for timely and accurate information, direct communication made for better outcomes and service.

While ample anecdotal evidence suggests that many agricultural employers did not implement adequate COVID-19 health and safety measures, a few other examples of collaborations with growers were noted by partners of Farmworker Justice. In Washington, Mary Jo Ybarra-Vega, outreach/behavioral health

coordinator with Quincy Community Health Center, explained that agricultural employers became new partners during the pandemic as they looked for help with vaccinating their workers. Local partnerships played a critical role to get farmworkers the vital information and healthcare they needed.

Family Health La Clínica (La Clínica) in Wisconsin provided on-site risk mitigation assessments of farms. This included training for farm owners and workers on measures to reduce the risk of COVID-19 transmission, and distribution of PPE in the form of masks and hand sanitizer. This type of collaboration has made La Clínica's vaccination efforts easier to accomplish.

Partnerships facilitated the provision of PPE to workers in other locations as well. For example, the North Carolina Farmworker Health Program collaborated with county-level agriculture extension offices to dispense thousands of masks to growers and workers. Nationally, Farmworker Justice partnered with a volunteer group called The Auntie Sewing Squad and other partners to distribute over 50,000 masks to farmworkers and their children throughout the United States. This was an important effort in honoring the vital work of farmworkers as they brought food to our tables.

The Importance of Trusted Messengers: *Promotores de Salud*

Critical to the success of these partnerships has been the on-the-ground, person-to-person effort of outreach workers and *promotores de salud (promotores)*. Because *promotores* are typically from the communities they serve, they have a deep understanding of the culture and shared language of their community. They are uniquely able to debunk myths and encourage testing and vaccination among farmworkers.

Building trust with farmworkers is key to meaningful engagement and participation in mitigation and vaccination efforts. Many of these organizations have longstanding relationships in the community. Laura Waldvogel, CEO of Family Health La Clínica, shared an anecdote about a vaccination event they hosted at a Wisconsin farm. Despite widespread mistrust of the vaccine among the farm's workers, when La Clínica's mobile health team arrived to administer vaccines, everyone wanted and received the immunization. Waldvogel attributed this outcome to the community's trust in the organization, which has been providing healthcare and education to farmworkers since 1972.

"The heroes in the pandemic have been the *promotores de salud* and community health workers. They have the heart for their community. They know how to access the community...[and] how to make [the information] digestible for the population they serve."

Mary Jo Ybarra-Vega, with Quincy Community Health Center, underscoring the important role of *promotores*



COVID-19 Public Information, Communication, & Education

The educational approach *promotores* use to inform workers helps to address a significant barrier in the health system: the lack of cohesive, linguistically and culturally competent messaging on COVID-19 prevention and mitigation, including vaccination. Farmworker Justice's community needs assessment report demonstrated the profound need for improving public health information efforts to make messaging effective and meaningful for farmworkers.

CULTURAL RELEVANCE OF INFORMATION AND MEANS OF COMMUNICATION

When COVID-19 information is presented in a culturally and linguistically appropriate context, farmworkers are empowered to protect themselves and their families and are more open to getting vaccinated. As Mary Jo Ybarra-Vega described, "There is a high rate of anxiety over the vaccine. When we give [vaccine] prevention information [and] education to workers, they're less anxious and, actually, excited to get it, once they understand how it works and what it's going to do for them."

The most effective COVID-19 messaging comes from trusted experts, provides information in the participants' primary language, provides opportunities for engagement, and addresses workers' stress and anxiety. Quincy Community Health Center tailored a COVID-19 prevention curriculum, specifically designed for Spanish speakers and farmworkers, using science and information from public health agencies. The development of the curriculum took into account literacy levels and presented engaging opportunities for learning. In another example, Black River Health Services' Manos Unidas program partnered with an employer to conduct culturally and linguistically appropriate outreach and education with workers at a labor camp, ahead of a mobile vaccination event. Workers were able to ask questions and express concerns. As a result of this outreach, 100% of the workers were vaccinated when Manos Unidas returned to the worksite.



MODES OF INFORMATION DISSEMINATION

In addition to the content and cultural resonance of COVID-19 messaging, media platforms play a role in farmworkers' access to accurate information. Since different platforms reach different farmworkers, COVID-19 information should be disseminated through a variety of formats. While some workers respond to social media, many others do not have access to internet, making radio and television vitally important sources for in-language information. Other workers respond to handouts such as fact sheets, comic books, and photo books. Farmworkers surveyed by Farmworker Justice said they receive information from family, friends, TV, radio, text messages, social media, employers, and community organizations.²⁴

Farmworker Justice also partnered with Líderes Campesinas to create a series of Spanish language public service announcements (PSAs) to dispel myths and educate workers on how to protect themselves and loved ones from COVID-19. Funded by PROCEED, Inc., the culturally resonant video content, presented by farmworkers, was disseminated via YouTube and social media platforms.²⁵ Líderes Campesinas' 30-year history of empowering and advocating for workers bolsters its credibility and trust among the PSAs' target audience.



To help support education efforts on the ground, Farmworker Justice developed COVID-19 materials for workers in Spanish, Haitian Creole and indigenous languages. These materials include a series of comic books that discuss testing, asymptomatic spread, and prevention practices; a fotonovela (graphic novel), "Be Informed about the COVID-19 Vaccine!" that dispels vaccine myths and lays out the importance of getting vaccinated; and a COVID bingo game to educate on vaccines and prevention in a fun and familiar way, as it is based on the popular Latin American game, lotería.²⁶

Addressing Social Determinants of Health & Pandemic-related Gaps in Resources

In addition to physical health, the pandemic has impacted workers' mental and financial health along with their children's educational outcomes. Farmworkers need a variety of services to survive the pandemic, including mental health, financial, housing, and food support. Focus group participants in the needs assessment report expressed the lack of a clear information source or hub where they could go to find such support.²⁷ This indicates a need for better communication of resources available to farmworkers.

Angelica Nevarez, a farmworker with Líderes Campesinas, described the impact COVID-19 has had on farmworker families: "People lost jobs. Depression has been a problem. Families lack food. Some people don't know where to go to get help." Ester, a plant nursery worker in Florida, shared similar needs. "We live paycheck to paycheck," she said, explaining that work often must take priority over healthcare.

These worker statements reflect some of the key findings outlined in the COVID-19 Farmworker Study regarding farmworkers' experiences during the pandemic:

- Lack of access to mental health services despite increased stress levels
- Lack of access to childcare and challenges helping children with remote schooling
- Significant loss of work and income
- Lack of awareness of relief funds and paid sick leave benefits
- Gaps in resources, especially among Indigenous workers²⁸

Farmworker-serving organizations worked diligently to help address the social determinants of health, and related needs, that workers and their families experienced. Many of these efforts were successful due to collaborations that optimized diverse strengths and expertise of various organizations.





■ TECHNOLOGY AS A TOOL TO SUPPORT HEALTH & EDUCATION NEEDS

To address healthcare barriers, the North Carolina Farmworker Health Program launched the Internet Connectivity Project. This initiative was a partnership between agricultural employers and local clinics to distribute hot spots so that workers can connect to the internet and obtain telemedicine services. It also had the secondary benefit of providing mental health supports because it addressed feelings of isolation. Natalie Rivera, the project's coordinator, observed that participants "had better access to their family members, being able to make a phone or video call; that not only helps with the isolation farmworkers would typically experience...it helped with the extra isolation caused by the pandemic."

Rivera noted that the project has also helped build relationships with both the workers and the employers. "[The experience] shows that having [internet] connection is empowering and gives a person...more autonomy and independence. It's moving from being a utility that is a nice thing to have to [one] that's really essential," she explained.

Indeed, telemedicine is an important tool to expand care options. As the only migrant health center in Wisconsin, telemedicine has allowed the Family Health La Clínica team to meet farmworkers at times of the day beyond regular working hours when they are away from the job site.



When schools closed and children needed to attend classes remotely, farmworkers and their families experienced challenges connecting to the internet due to limited access to broadband. Thus, virtual learning requirements created an urgent need for internet, and related technology, among families with school-aged children.

Education programs in farmworker communities did their best to help address some of these technology and education gaps and to minimize learning loss among their student population. For example, the Migrant Education Program of the Manatee County School District acquired hot spots, as well as equipment such as laptops and tablets for families who needed these resources to participate in remote education.

Migrant and Seasonal Head Start (MSHS) programs,²⁹ which serve farmworker children between zero and five years old, also played an important role for families

throughout the pandemic. To help address remote schooling needs, Telamon's Migrant Head Start program in Michigan provided families with a tablet and hot spot, along with distance learning kits with activities to do at home, according to Karen Reyes, state health coordinator for the organization. Families and staff were able to meet virtually and continue activities like circle time and parent meetings. Telamon also posted recordings and other curriculum components to their Facebook page.

Edith, a parent who participates in the program, shared that Telamon called her regularly and communicated with families to hold meetings, making her feel supported. East Coast Migrant Head Start Project (ECMHSP) in Florida also secured distance learning equipment for participating families to help ensure continued access to their early learning program during the pandemic.



■ PROGRAMS TO ADDRESS FOOD INSECURITY

Migrant Head Start organizations were positioned to respond quickly to help address the crisis level needs fueled by the pandemic, such as food insecurity. Both ECMHSP and Telamon provided food parcels to families, even when they were closed, which often included educational materials for students and COVID-19 information for parents.

Because of the immense scope of food insecurity during the pandemic, farmworker-serving organizations created or expanded their existing food programs, or collaborated with other agencies to ensure individuals and families had access to food. Vista Community Clinic in California, for example, was already offering a three-day-a-week food distribution service before the COVID-19 pandemic. During the pandemic, "We shifted it to four to five days a week, really expanding access...we're serving close to 1,000 patients each month through the food distribution service," explained Herminia Ramirez, the clinic's program manager.

At the federal level, the American Rescue Plan included a 15% increase in SNAP (food assistance) benefits from January through September 2021. This measure included pandemic Electronic Benefits Transfer (EBT) for individuals, regardless of immigration status, and children who attended a school that closed or would otherwise receive free or reduced-price meals.



■ FINANCIAL ASSISTANCE PROGRAMS

With school closures and students engaging in remote learning, many farmworker women ended up leaving their jobs to stay home with their children. Edith, who participates in the Telamon program, described how she had to stop working to care for her kids when the center closed; only her husband was able to bring in income.

Ester, a farmworker and mother, expressed a similar experience: "School closures made things harder on women, having to alternate work with staying at home." With a lack of access to childcare options, this dynamic contributed to further economic insecurity.

Farmworkers lost wages due to other factors as well. According to the COVID-19 Farmworker Study, workers experienced reductions in work hours because of declines in product demands or closures related to workplace precautions and safety measures.³⁰

Additionally, workers or family members became ill with COVID-19 causing farmworkers to have to miss work to care for them.

To address some of the dire economic need among workers, private philanthropic organizations partnered with ECMHSP. Through the funding it received, ECMHSP provided families with up to \$1,000 in cash assistance. Alma, president of the ECMHSP parents council, underscored the critical nature of the resources the organization provided, including food, cash, and educational activities for the children to do at home.

States like California and Oregon created special funding programs, administered by farmworker organizations, such as UFW Foundation and the Oregon Worker Relief Coalition, to distribute financial assistance for workers. In California, assistance was provided to immigrants who did not qualify for other forms of economic aid during the pandemic.





The farmworker community has carried a heavy burden for the country, allowing Americans to continue accessing food during the pandemic without disruption, even as their own families endured food insecurity and other crushing effects of COVID-19.

The promising practices outlined in this report can inform the response to future public health emergencies so that farmworkers are spared such devastating impacts.

"I hope you hear us...this has been really hard for us. These are real experiences that I, and other farmworkers, have lived through during these tough times."

Cleotilde, a farmworker in California

Most urgently, and importantly, is the need for enforceable workplace protections related to farmworkers' health and safety. Without strong workplace protection policies, workers are subjected to dangerous conditions that make them exceedingly vulnerable to COVID-19 and, potentially, other infectious diseases. It is important that federal and state agencies are adequately funded to respond to worker complaints and ensure compliance with health and safety regulations.

Farmworkers must also be empowered to assert their rights through access to legal services and other community resources. Further, public health emergency response plans should be developed in partnership with community organizations, labor unions, employers, and researchers so that they are comprehensive and responsive to farmworkers' needs.

Looking Ahead: Promising Practices Learned from the COVID-19 Pandemic

In addition, practices highlighted herein that can serve as models for effective support to farmworkers during a public health emergency include:



AS A NATION, WE OWE THE FARMWORKER COMMUNITY AN IMMEASURABLE DEBT OF GRATITUDE for their sacrifices throughout the pandemic. Farmworker health and well-being must be prioritized at all levels, from local to national.

These best practices and lessons-learned can be applied to ensure the needed supports, systems, and protections are in place to minimize the impact of any future public health emergency on farmworkers.



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We owe an enormous debt of gratitude to all farmworkers, who continued to feed the nation during the COVID-19 pandemic.

