September 4, 2020

RE: Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine

Dear Committee Members of the National Academies of Sciences, Engineering, and Medicine:

Farmworker Justice submits these written comments on the National Academies of Sciences, Engineering, and Medicine’s Draft Preliminary Framework for Equitable Allocation of a COVID-19 Vaccine. Farmworker Justice is a national advocacy organization that aims to empower farmworkers and their families to improve their living and working conditions, immigration status, health, occupational safety, and access to justice. We work with farmworker community-based organizations, migrant health centers, labor unions, legal services providers, and local, state, and national organizations. Farmworker Justice has a long history of working with farmworkers to improve their health and access to health care.

There are approximately 2.5 million farmworkers in the U.S.; approximately 4 million if family members are included. According to the U.S. Department of Labor’s National Agricultural Workers Survey, approximately 83% of farmworkers are Latino, 77% of farmworkers speak Spanish as their primary language, and 49% of farmworkers lack work authorization, though that number may be higher. There are also a growing number of H-2A guestworkers, who are farmworkers in the U.S. for up

to 10 months on temporary agricultural worker guest visas. In fiscal year 2019, the Department of Labor certified 257,667 H-2A positions,² approximately 10% of the U.S. farmworker population.

We appreciate and support the National Academies’ designation of critical risk workers, such as farmworkers, as a priority for COVID vaccine allocation under phase 2. Farmworkers are critical to our nation’s economy and food supply. As essential workers, they are at the frontlines of the COVID-19 pandemic. They are risking their own health and safety to support their families and to ensure continuity in the nation’s supply of fruits and vegetables. Farmworkers are at substantially high risk of COVID exposure due to working and living conditions that are often beyond their control. In the fields, orchards, dairy farms and produce packing houses, farmworkers often must work close to each other. They often have limited access to handwashing stations in the fields and many farmworkers share transportation to and from the fields. Due to their low wages, they tend to live in crowded, shared housing either provided by their employer or in their communities. It is difficult for farmworkers to protect themselves against COVID in part because many employers have not put in place protections that would reduce transmission. The failure of the federal government and most states to enact mandatory safety standards to address the pandemic means that many agricultural employers do not take recommended actions issued by CDC and other public health experts. As a result, many farmworkers are testing positive for COVID-19 across the country and a number of farmworkers have died.

Farmworkers face numerous barriers to health care access and these barriers have been magnified by the COVID-19 pandemic. The majority of farmworkers lack health insurance and access to regular medical care. According to data from the Health Resources and Services Administration, only about 25% of farmworkers and their families seek care at a migrant or community health center.³ Due to their geographic isolation and lack of public transportation, many farmworkers face difficulties seeking medical appointments. Generally, farmworkers do not have access to paid sick leave and are unable to take time off work to seek medical care. Working long hours six or seven days per week is common. Fear and misinformation are rampant. Farmworkers are not necessarily receiving accurate information about COVID and many are unaware of their access to paid sick leave under the Families First Coronavirus Response Act. Due to stigma or fear of employer retaliation, workers may be reluctant to

get tested for COVID or report if they have symptoms or been in close contact with someone who is COVID-19 positive.

Due to the numerous barriers experienced by farmworkers, prioritizing farmworkers for vaccine allocation is only the first step to ensure equitable allocation of a COVID-19 vaccine. To ensure equitable allocation of a COVID vaccine to farmworker communities, we recommend that a vaccine allocation framework include a comprehensive and innovative strategy that addresses farmworkers’ social determinants of health and responds to the unique needs of farmworker communities. We recommend that the comprehensive strategy include:

- Collaboration with farmworker community-based organizations

Community-based organizations are trusted sources of information and have reach into the community that hospitals, health departments, and health centers may not have. This is especially true for farmworkers who live in the more rural areas of the country, including H-2A workers who live in employer-provided housing and tend to be more isolated from their communities than the general farmworker population. The expertise of community-based organizations is crucial to ensure widespread allocation and adoption of a vaccine by farmworker communities.

- Engagement with agricultural employers

Agricultural employers play an important role to protect farmworkers from COVID. Employers should be encouraged to provide farmworkers with accurate information. They should be encouraged to engage with their employees and farmworker organizations to reduce COVID exposure, respond to COVID-19 cases, and help ensure equitable access to a vaccine.

- Provision of vaccine information in low-literacy, multilingual formats

It is important that vaccine information is widely accessible for all literacy levels in languages spoken by farmworker communities. Information should not be limited to Spanish language materials. A growing number of farmworkers are from indigenous communities in Central and Southern Mexico and Guatemala. Farmworkers from these communities may be limited Spanish proficient. Therefore, messages about a COVID vaccine need to be developed in indigenous languages in collaboration with indigenous farmworker organizations. Vaccine information should be developed in multiple formats, including flyers, social media, TV and radio to ensure wide reach in U.S. farmworker communities.
Availability of a vaccine regardless of insurance status or ability to pay

Cost is a major barrier to health care access for farmworker communities. It is important that a vaccine is widely available at no-cost for uninsured individuals, especially critical risk workers who are a priority for vaccine allocation.

We commend the work of the National Academies to develop a framework that ensures equitable allocation of a COVID-19 vaccine. Keeping farmworkers healthy should be a national priority. Achieving the goal of comprehensive and equitable access of a COVID vaccine will require special efforts to address the challenges faced by farmworkers, their families, and their communities.

Sincerely,

Alexis Guild
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Farmworker Justice