Dear Advisory Committee Members:

Farmworker Justice and Migrant Clinicians Network jointly submit these written comments to urge the Committee to recommend that food system workers, including farmworkers, packing house workers, and meat and poultry processing workers, be prioritized for COVID-19 vaccine allocation in phase 1b. Farmworker Justice (FJ) 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. Migrant Clinicians Network (MCN) is a non-profit organization that creates practical solutions at the intersection of vulnerability, migration, and health. The clinicians we serve and support provide safety-net primary care and widespread outreach to the most vulnerable in our communities. MCN and FJ work with community/migrant health centers, community-based organizations, and local, state, and national organizations to ensure workers and their families have the tools and resources to improve their health and access to health care.

Farmworkers, packing house workers, and meat and poultry processing workers are critical to our nation’s economy and food supply. Designated essential workers by the U.S. Department of Homeland Security, they are at the frontlines of the COVID-19 pandemic, risking their own health and safety to ensure the stability of our nation’s food supply chain. Agriculture and food processing workers have been disproportionately impacted by COVID-19. At least 300,000
agricultural and meat processing workers have contracted COVID since the start of the pandemic.\(^1\) The National Academies of Sciences, Engineering, and Medicine (NASME), recognizing these workers’ critical role in our economy and their high and unavoidable risk of exposure, recommended prioritizing food system workers for vaccine distribution in their Framework for Equitable Allocation of a COVID-19 Vaccine.\(^2\)

The workers’ high risk of exposure is largely due to working and living conditions that are often beyond their control. Without a federal OSHA standard, many employers are not implementing the necessary protections recommended by the CDC to mitigate COVID exposure. In the fields, dairy farms, produce packing houses, meat processing plants, and poultry plants, workers often work in close proximity to each other with limited access to protective equipment (such as masks) or sanitation supplies (such as handwashing stations). Many workers, especially H-2A and H-2B workers, share transportation with limited social distancing. Due to their low wages, they tend to live in crowded, shared housing either provided by their employer or in their communities, making isolation and quarantine of COVID positive or exposed workers extremely difficult.

Food system workers also experience numerous socioeconomic challenges that increase their risk of COVID exposure. The majority of workers are Latinx and people of color. Due to fear of employer retaliation and deportation, workers may not report unsafe working conditions. Many lack documentation status and are less likely to assert or understand their rights. Workers may also be reluctant to get tested for COVID or report symptoms or having been in close contact with someone who is COVID positive. Few workers have access to paid sick leave. As a result, workers are less likely to take time off work if they are COVID positive, especially if they are asymptomatic, because they cannot afford to lose wages or their job. Barriers to health care access are numerous. Many workers lack health insurance and regular access to medical care. They may not be familiar or comfortable with the U.S. health care system. Poorer health outcomes and the prevalence of chronic conditions such as diabetes and heart disease put them at higher risk for COVID complications.

To further prevent the spread of COVID-19, it is imperative that farmworkers, packing house workers, and meat and poultry processing workers are designated a high priority for vaccine distribution. The CDC must partner with community organizations, community members, labor unions, employers, and researchers to develop a comprehensive and innovative vaccine distribution strategy that addresses the unique needs of the workers’ communities. This strategy must address accessibility issues for limited English proficient and foreign-born workers. Vaccine messaging needs to be in low-literacy, multi-lingual formats and developed with

\(^1\) See https://ag.purdue.edu/agecon/Pages/FoodandAgVulnerabilityIndex.aspx?_ga=2.13910517.37230715.1603983913-1202517894.1603983913

community-based organizations to combat vaccine hesitancy due to mistrust or fear. Additional considerations must also be made for workers who migrate within the U.S. or between the U.S. and other countries for whom continuity of care is a significant challenge. As more vaccines are approved and distributed, strategies will need to be developed to ensure that workers, as well as the clinicians who will administer the vaccine, understand the requirement for successful completion of the vaccine regimen for full immunity. This is especially crucial for migratory workers, who may not have consistent access to the second injection of the same vaccine given the potential geographic variability of vaccine distribution. Most importantly, the vaccine must be free for everyone, regardless of immigration or insurance status. Immigration and cost barriers will prevent many workers from being able to get vaccinated.

We urge you to recommend food system workers for priority designation under phase 1b of vaccine distribution. We rely on the labor of farmworkers, packing house workers, and meat and poultry processing workers for our food supply. We must prioritize their health and well-being as we aim to end the COVID-19 pandemic.

Thank you for your consideration.

Sincerely,

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Farmworker Justice

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