COFS PHASE TWO PRELIMINARY REPORT

Always Essential, Perpetually Disposable: California Farmworkers and the COVID-19 Pandemic

A Report on Phase Two of the COVID-19 Farmworker Study (COFS) prepared by: Bonnie Bade, PhD | Sarah Ramirez, PhD, MPH | Dvera I. Saxton, PhD
Covid-19 Farmworker Study

The COVID-19 Farmworker Study (COFS) provides critical missing information on farmworkers’ abilities to protect themselves and their families during the COVID-19 pandemic. The study brings together a collective of community-based organizations, researchers and advocates to reveal information that can only be gathered directly from farmworkers who have been working during the COVID-19 pandemic.

We are using two research tools, a phone-based quantitative survey and an in-depth interview, to bring the voices of farmworkers into the public conversation about how to respond to the pandemic. COFS is also a tool for funneling resources (in the form of study funds) to community-based organizations and to workers themselves.

COFS is a collaborative research project facilitated by the California Institute for Rural Studies with participation from a wide group of community-based organizations, researchers and policy advocates. Visit www.covid19farmworkerstudy.org for a full list of project partners and supporters. The study is supported by the UC Davis Western Center for Agricultural Health and Safety, The California Endowment, The California Wellness Foundation, The 11th Hour Project of the Schmidt Family Foundation, and the San Joaquin Valley Health Fund and The Center at Sierra Health Foundation.
This project is being developed by a broad coalition of researchers and community-based organizers from across California, Oregon and Washington.

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ALWAYS ESSENTIAL, PERPETUALLY DISPOSABLE:
CALIFORNIA FARMWORKERS AND THE COVID-19 PANDEMIC

A Report on Phase Two of the COVID-19 Farmworker Study (COFS) prepared by:
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EXECUTIVE SUMMARY

Always Essential, Perpetually Disposable: California Farmworkers and the COVID-19 Pandemic reports on the preliminary findings from Phase Two of the COVID-19 Farmworker Study (COFS), which conducted 63 in-depth interviews with California farmworkers from August-October, 2020. The Phase Two COFS study in California documents intensified workplace inequalities and economic burdens, household and community-level suffering and stress, and ever more disparate access to healthcare, social and economic support and relief, and testing services. These findings parallel those from Phase One, a statewide survey of 915 farmworkers conducted from May-July, 2020. Both phases document how the pandemic is exacerbating long-standing crises, vulnerabilities, and economic frailties within the food system and heightening insecurity, risk and health disparities for farmworkers and their families.

COFS partners are mobilizing these research findings to: (1) create educational and outreach tools that support the needs of farmworkers and the front-line organizations serving them; (2) advocate that county, state, and federal governments deliver urgently needed resources, direct financial relief, healthcare, testing, vaccinations, and food to farmworkers; and (3) highlight policy opportunities that address long-standing, emergent, and ongoing inequalities in farmworker communities.

COFS is facilitated by the California Institute for Rural Studies, in collaboration with a team of social science researchers and six farmworker-serving community based-organizations: Alianza Ecologista, Centro Binacional para el Desarrollo Indígena Oaxaqueño, Central California Environmental Justice Network, Comite Cívico del Valle, Farmworker Care Coalition/Vista Community Clinic, and Líderes Campesinas. Phase Two research in California was led by Drs. Dvera Saxton and Bonnie Bade in partnership with a team of research associates, Paola A. Illescas, Deysi B. Merino-González, Alondra Santiago, Erica Fernandez Zamora, and interns, Juana Lozano, Claudia Mendoza Chavez, Sandra Torres, Erika Ventura. A wide group of community-based organizations (CBOs), researchers and policy advocates have contributed to COFS; visit www.covid19farmworkerstudy.org for a full list of project partners and supporters.
## ABBREVIATIONS and TERMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>(Cal/OSHA)</td>
<td>California Division of Occupational Safety and Health</td>
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<tr>
<td>CARES Act</td>
<td>Coronavirus Aid, Relief, and Economic Security (CARES) Act</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<td>COFS</td>
<td>COVID-19 Farmworker Study</td>
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<tr>
<td>COVID-19</td>
<td>coronavirus</td>
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<tr>
<td>Food and farmworkers, agricultural workers, or laborers</td>
<td>individuals, largely immigrants from Mexico and Central America, who labor in agricultural fields, orchards, ranches, dairies, processing, or packing houses.</td>
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<tr>
<td>Latinx</td>
<td>Refers to people from Latin American countries of all sexes and gender identities.</td>
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POLICY RECOMMENDATIONS

Findings from both phases of the California COFS study make an urgent appeal: provide immediate direct relief to farmworker communities and the organizations that have been trustworthy lifelines for years and essential during this pandemic.

COFS Policy Recommendations:

1. Expand and simplify access to income and safety net resources and services that move beyond education and overcome barriers for farmworkers, regardless of documentation status.
   
a. Include food and farmworkers in any and all economic assistance and relief programs, regardless of their citizenship status.

b. Design and implement all economic, health education, testing, relief, and other programs in culturally and linguistically appropriate ways that reduce barriers to access.

c. Bolster school closures with additional tutoring, child care, and social support, as well as internet access and associated technological equipment for rural, immigrant, and farmworker communities to help reduce educational disparities.

d. Coordinate existing federal, state, county, and city programs for rent and food through the funding of local CBOs, migrant clinics, and local social service and school agencies working directly with farmworker families.

e. Prioritize affordable, safe housing for farmworker communities.

f. Spend a sizable portion of the California budget surplus of $15 billion dollars on initiatives and direct supports that ensure food and farmworkers, who feed this country, get what they need to stay safe and healthy at work and at home, now and into the future.
2. Expand healthcare access and coverage regardless of documentation status.

a. Prioritize access to free COVID-19 testing and vaccination for farmworkers and other undocumented essential workers.

b. Develop and reiterate consistent, culturally and linguistically appropriate public health and safety messaging; do not leave non-English speakers as an afterthought. Use more audio- and graphic-based tools.

c. Create a sustainable pipeline and incentives for healthcare workers to receive training that they can use to serve rural, immigrant, and farmworker communities.

d. Pass SB 562, the Healthy California Act, and include all California residents regardless of citizenship status.

e. Reconsider the logistics of testing and vaccination sites and services to better meet the needs and concerns of rural, immigrant, Indigenous-language speakers, and food and farmworker communities; apply these “lessons learned” to current and future vaccination efforts.

   i. Testing and vaccination services need to be offered during days of the week and times of day that accommodate farmworkers’ schedules.

   ii. Clinics and county public health departments need to dedicate more resources and efforts to meet the needs of the culturally and linguistically diverse residents of the communities they serve.

   iii. Federally funded clinics have a responsibility to ensure that patients understand their results.

f. Work with hospitals and clinics in rural areas to provide free and safe transportation to appointments and patient navigation support.

g. Expand telehealth with caution and care to better address the needs of rural, farmworker, and immigrant communities.

   i. Invest in more user-friendly and multilingual platforms to ensure rural, farmworker, and immigrant communities can take advantage of these services.

   ii. Do not limit in-person appointments if this is the most appropriate and comfortable option for farmworkers who are already wary about healthcare providers.

   iii. Offer appropriate reimbursements so that rural and farmworker-serving clinics are not at a financial deficit for providing telehealth options.
3. Engage farmworkers and farmworker-serving CBOs to design and implement direct services, workplace safety, education, and outreach that will meet local COVID-19 needs.

   a. Involve farmworkers in the development and implementation of workplace safety plans related to COVID-19 and all other occupational health and safety issues.

   b. Contract with and fund locally-based farmworker-serving CBOs, clinics, and agencies to manage emergency response work, and provide them with sufficient funding to hire and train enough linguistically and culturally competent staff.

   c. Mandate that all agricultural work crews have a peer health ambassador to support co-workers in adopting and practicing health and safety guidelines.

   d. Educate farm employers, especially farm labor contractors, about the seriousness and severity of COVID-19.

   e. Include farmworkers in any public health campaigns and messaging. Emphasis should be placed on dispelling rumors about the public charge ruling.

4. Expand and simplify access to disaster income and safety net relief for farmworkers, regardless of documentation.

   a. Reduce losses for workers by helping farmers and growers adapt the food supply chain for times of crisis so that farmworkers’ income and food access supplies are stable.

   b. Anticipate future emergencies; keep food and farmworkers front and center when developing emergency response plans and when distributing appropriate masks and other health and safety supplies. Route the constellation of services and resources through trusted CBOs and farmworker-serving clinics.

      i. Fast-track implementation of SB160, which requires countries to integrate cultural competence into emergency plans and to provide forums for community engagement.

      ii. Invite and involve farmworker-serving CBOs and clinics to serve on the associated community advisory boards that support this work.

   c. Consider portable, temporary emergency housing options that can be situated within farmworker communities in addition to hotels, depending on what is most culturally appropriate.

   d. Reduce barriers to accessing hazard pay, workers’ compensation, and sick leave.
5. Ease the barriers for farmworkers to report COVID-19 related complaints, protect against retaliations, and bolster health and safety enforcement and compliance agencies.

a. Revive, refund, and reinvent agencies like California Division of Occupational Safety and Health (Cal/OSHA) so that they can be more effective at responding to health and safety concerns at food and agricultural worksites.

b. Develop hotlines aligned with Cal/OSHA and the California Labor and Workforce Development Agency staffed by individuals who are from farmworker communities and can support people in filing complaints or accessing accurate information in real-time and in farmworkers’ preferred languages.

c. Invest in more complete, standardized, and comprehensive occupational health and safety data collection at the county, state, and federal levels; create data networks that are transparent and accountable and that produce tools to make data tangible, accessible, and actionable in a timely manner at local levels.

6. Address language barriers by including visual education along with Mexican Indigenous, Asian and non-academic Spanish languages in culturally appropriate literacy levels.

a. Invest in broadband internet infrastructure for rural communities to support CBOs and others to receive streamlined communications and disseminate information efficiently during ongoing and future emergencies.

b. Develop and reiterate consistent, culturally, and linguistically appropriate public health and safety messaging. For the sake of diversity, inclusion and equity, prioritize the needs of non-English speakers; use more audio-based tools.

2021 is anticipated to be a year of vaccination and very gradual relief from widespread COVID-19 infection. However, based on COFS study findings, there is still more work to be done to improve the ways state, county, and local governments serve food and farmworkers. **We recommend that a sizable portion of the California budget surplus of $15 billion dollars be invested to ensure food and farmworkers receive what they need to stay healthy at work and at home.**
On March 4, 2020, the State of California issued an emergency order intended to curtail the anticipated spread of COVID-19. By March 19, 2020 Governor Gavin Newsom issued the nation's first statewide shelter-in-place executive order. All businesses and services deemed non-essential were closed. Subsequently, the California Public Health Officer issued a list of “Essential Critical Infrastructure Workers,” allowing certain workers to report to job sites outside their homes. Food and agriculture were among those essential industries. This meant that farmworkers, food processing, and packing house workers continued to labor amidst a global pandemic.

However, being deemed essential did not insulate food and farmworkers from the brunt of the pandemic. Along with perpetually low wages, underemployment, abuse in the food and farm workplace, and high levels of chronic poverty and food insecurity, farmworkers are caught in a web of multiple and intersecting vulnerabilities.

Since the onset of the pandemic, some relief resources and occupational health and safety rules have included farmworkers. These resources included a small, one-time stimulus payment for undocumented workers; the distribution of disposable surgical masks, reusable face coverings, and N-95 respirators during wildfires; the Housing for the Harvest program; and workers’ compensation and sick leave for food and farmworkers infected with COVID-19 on the job. Still, long-standing inequalities produced uneven and challenging access to these support services. Additionally, community skepticism and uncertainty about federal, state, and local governments, which have often neglected food and farmworker communities, meant that support programs often did not reach workers.

Anticipating the immense hardships farmworkers would experience during the pandemic, the California Institute of Rural Studies (CIRS) convened six farmworker-serving community-based organizations (CBOs) along with university-affiliated and independent...
researchers and policy advocates to design and implement the COVID-19 Farmworker Study (COFS) in California, and then in Oregon and Washington. To date, two phases of COFS have been completed in California. Phase One surveyed 915 participating farmworkers in California (May-July 2020). The surveys document the impact of COVID-19 on farmworker working conditions, access to healthcare and household conditions during the early days of the pandemic.

In Phase Two (August-October 2020), a qualitative study team completed 63 in-depth qualitative interviews with California survey participants. These narratives captured farmworkers’ still unfolding pandemic experiences at work, in their households, with their families, and with social supports, economic relief, and healthcare services.

The consequences of excluding farmworkers from occupational health and safety, healthcare access, and other social safety nets are always dangerous; they are even more deadly amidst the COVID-19 pandemic. Yet, it doesn’t have to be this way. This Phase Two preliminary report documents long-standing, ongoing, and severely exacerbated workplace and community health and safety concerns, as well as social and economic stresses for farmworkers. It also brings farmworker voices into the public conversation about the significant opportunities for changing this broken system. (All farmworkers interviewed have been given pseudonyms in this report.) The policy recommendations made by the COFS team respond directly to the experiences farmworkers shared with us.

A note on pseudonyms--all farmworkers quoted in this study have been deidentified with pseudonyms.
METHODS

The distinctive feature of the COFS study is collaboration with CBO partners at all stages of research, from research design and intent, to development of survey and interview tools, data collection and analysis, report writing, and results dissemination. This Phase Two qualitative study follows the quantitative Phase One portion of the study in which 915 farmworkers from agricultural regions throughout California were surveyed by members of CBOs working directly with farmworkers and their families. Phase Two performed follow-up telephone in-depth interviews with 63 Phase One participants to gain further insight on farmworker experiences concerning work, home, school, and health experiences during the pandemic. Interviews provided data on farmworkers’ pandemic working and living conditions as well as child and healthcare challenges. Phase Two participants ranged in age from 30 to 57, included men and women, and Indigenous-language speakers. Participants hailed from different agricultural areas of California including the Central Valley, South Coast (San Diego County), Desert (Imperial, and Riverside Counties), and the Central Coast. [INSERT FOOTNOTE HERE: For a more in-depth description of the demographic characteristics of participants in Phase One and Two, please see CIRS. 2020. BRIEF #2: CALIFORNIA COFS SURVEY METHODS & DEMOGRAPHICS. http://covid19farmworkerstudy.org/survey/wp-content/uploads/2020/10/COFS-Demographics-Brief_FINAL.pdf CIRS received IRB approval for Phase Two of COFS from IntegReview.

FINDINGS

Phase Two interviews revealed the nature of several work, household, and health challenges experienced by farmworkers and their families. Regarding work, farmworkers experienced uneven COVID-19 protections and little enforcement of COVID-19 protocols. The overall impact on the food system, after the closing of restaurants and other fresh-food demanding industries, caused a food system fallout with job and wage losses for food and farmworkers, especially women. Farmworker families experienced heightened stress in the household as school closures and stay-at-home orders increased food and child care costs for families, as well as technological and equipment-related barriers to online learning for school children, including internet access and insufficient broadband capability. Food scarcity was reported to be a major concern for farmworker families, who have lost jobs and income. High levels of stress have characterized the daily lives of farmworker families during the pandemic, as working parents fear infection, infection of family, hospitalization and death, as well as job loss and income. Farmworker families have experienced increased anxiety and fear that has led to increased mental health concerns and negative outcomes, including suicide. Uncertainties about testing and the fate of those who test positive fuel farmworkers’ fears, who often lack access to healthcare insurance. Finally, farmworkers themselves have shared practical insights on how to improve pandemic response, workplace safety, and how to address mental and physical health needs associated with the pandemic.
WORKPLACE INEQUALITIES
Job insecurity and instability

While food and farmworkers have been deemed essential workers, they have not been immune to the global economic instability produced by the pandemic. In part, this is due to the current food system and supply chains which consolidate agricultural products for specific markets (e.g., restaurants, school systems, retailers, and other regional, national, and global markets). These customers were partially or completely shut down during the pandemic. Retailers had empty shelves and shortages that were unable to meet the needs of individual customers.

The initial shuttering of the supply chain from March 2020 onward, followed by crop damage caused by record breaking heat and wildfires from August through September 2020 resulted in erratic work schedules for food and farmworkers. Sometimes, farmworkers were left without any work at all. A CIRS report published in July of 2020 found that agricultural labor demand in California had declined by 39% from the three-year average and 52% of Phase One COFS survey respondents reported loss of work due to COVID-19. Reported reasons for lost work time included both employer-based decisions (e.g. decreased market demand, COVID-19 workplace disinfecting and employee testing) and worker concerns (e.g. lack of childcare and fear of contracting the virus). Additionally, some well-intentioned farms, food processing or packinghouses attempting to reduce the spread of COVID-19 cut back on the number of employees they would allow to work in the same place at the same time. This instability produced sporadic employment or indefinite unemployment for farmworkers. With already low wages, these losses created heightened economic hardships for farmworker households. As a result of these pandemic-induced economic shifts, 70% of workers surveyed during Phase One experienced more difficulty paying for food than in pre-pandemic times, with 63% reporting more difficulty paying rent, 60% childcare and 51% water. In the face of potential or certain economic collapse, farmworkers, like Pascual and Clara expressed their fears and anxieties this way:

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“...La verdad esas son cosas que preocupan. La otra cosa, si esa situación continúa, en realidad, no se si nuestra economía a dónde va. Porque nosotros vivimos de la agricultura, de trabajar en el campo. Sabemos que la mayoría de los productos que cultivamos, aunque parte se vende en el estado y en el país, pero gran parte se van a otros países. Entonces pudiera y hay posibilidades de que si esto se extiende, probablemente pudiera hasta contaminarse, no se las frutas o los granos que cosechamos, o cosas así, o que hubieran países que no quisieran comprar esos productos. Y la verdad eso traería un gran caos en nuestro alrededor...”

In truth, these are things that are worrisome. Another thing is that if this situation continues, in reality, I don’t know where our economy is going. Because those of us who live off of agricultural work, working in the fields, we know that most of the products we grow, even though some are sold in-state and in-country, but a lot go to other countries. So it’s possible that if this [pandemic] continues, and we get sick and I don’t know if the fruit or grains that we harvest or things like that or if there would be countries that won’t want to buy these products from fear of contaminated products. And the truth is this would bring major chaos to our area.

-Pascual, age 57, San Joaquin Valley Region

“Ha cambiado bien drástico porque tuvimos que parar de trabajar cierto tiempo porque no había bien trabajo como debería de ser porque no nos dejaban a veces dejar entrar de trabajar porque a veces había no querien traer mucha gente y nos tenemos que muchas veces nos quedamos un buen tiempo sin trabajar porque hasta que no hubo un limite de personas. Si nosotros casi nos aventamos casi dos meses sin trabajar, solo Dios sabe cómo salimos adelante porque ni nosotros entendemos. Salimos adelante con la ayuda de Dios y de los compañeros que nos dan comida.”

Things have changed drastically. Because we had to stop working. Because there had not been good work like there would have been. Because sometimes they wouldn't let us come to work because sometimes they wouldn't want a lot of people. And that left us for a good while without work until there was no longer a limit on the [number of] people. We were almost out of work almost two months without work, only God knows how we got by because we don’t even understand. We got by with help from God and friends that gave us food.

-Clara., age 53, San Joaquin Valley Region
School Closures and Women’s Unpaid Labor

Farmworkers had to weigh the risks of workplace exposure/illness with the hardship of loss of income. School closures were a major consideration in making this calculation. The pandemic has clarified the role that school and childcare systems play as a safety net for families with two or more working adults. Schools and daycares provide not only education but also state and federally subsidized childcare, counseling, food assistance, healthcare, socio-emotional and other forms of support to children and families. Closing schools made sense and continues to be a crucial measure for mitigating the spread of COVID-19; however, school closures hurt farmworker families by eliminating this critical support. Moreover, the need for parents to become de facto teachers meant many lost a significant portion of income in farmworker households.

Farmworker women were all too aware of this loss: they clearly identified school closures as another source of economic insecurity compounding the pandemic-induced food system employment changes and challenges. COFS Phase One documented that the burdens of childcare fell disproportionately on farmworker women. Women had a harder time paying for childcare (57% vs. 38% men), women were more likely to pay for childcare (32% vs. 19% men) and men were significantly more likely to leave children with a female spouse than for a female to leave children with a male spouse (26% vs. 2%, respectively). Women farmworkers interviewed for Phase Two reported:

“Mis preocupaciones en el trabajo serían que si alguien está enfermo en el trabajo, que pueda enfermarme. Y para eso voy a tener que dejar de trabajar, y no voy a tener para la renta y los biles. Esa sería mi preocupación más grande.”

My worries at work would be that someone is sick at work and they could infect me. And because of this, I have to leave work and I am not going to have enough to pay rent and bills. This would be my biggest worry.

-Raquel, age 37, San Joaquin Valley Region

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5 Sharma, Nikita. 2020. Torn safety nets: How COVID-19 has exposed huge inequalities in global
“Pues mira, la primera que me quede sin trabajo, que me enferme, que no pueda trabajar. Y cómo le voy hacer para solventar los gastos de la casa? Son mis preocupaciones. Mandarme a la casa y con pago, sería bueno pero no creo que lo hagan.”

Look, the first worry is that I might not have work, that I might get sick, that I won't be able to work. And what am I going to do about household expenses? These are my worries. To send me home with pay would be good, but I don't think they'll do it.

-Clara, age 53, San Joaquin Valley Region

In addition, farmworkers noted how the pandemic affected informal economies or side incomes that farmworker households use to supplement low farm labor wages and provide for basic living necessities. For example, some women in farmworker households may earn extra cash by providing childcare services for other farmworkers, providing housekeeping services for others in the community, or working as vendors at local swap meets. School closures and the need to shelter-in-place made these strategies difficult or impossible to maintain, and eliminated farmworkers' self-made economic safety nets. Farmworkers told us:

“Donde cambió es cuánto ganamos antes, mi mujer cuidaba niños y ganaba algo y ayudaba con la renta. Y ahora, todos los niños que se quedaron que no van a la escuela se cuidan entre ellos. Y mi esposa ya no cuida los niños, y eso ya no gana ingreso mi mujer en nuestro hogar...”

Where it changed is in how much we earned before. My wife took care of children and earned a bit that helped with the rent. And now all the children that stayed home that aren't going to school, they're taking care of themselves. And my wife isn't taking care of kids and with this she's not making an income for our household.

-Fernando, age 38, Central Coast Region

California policymakers passed laudable legislation that included food and farmworkers within broad spectrum COVID-19 workers’ compensation coverage. For example, Governor Newsom’s executive order N-62-20, which was replaced by CA SB 1159, affords workers’ compensation coverage to workers who contract COVID-19 on the job. However, even before the COVID-19 pandemic, accessing workers’ compensation benefits has been a significant challenge for farmworkers. This process did not improve in the context of COVID-19. In fact, farmworkers find it very difficult to navigate and access these benefits. Accessing workers’ compensation often requires that farmworkers overcome employer resistance to cooperating with this legally mandated process. Employers are supposed to provide work-injured or sickened workers the claim form and are also responsible for filling out the employer section of the paperwork.

Resistance within the food and agricultural industries to state or federally mandated health and safety policies and procedures as well as requirements to record, report, respond to, and prevent workplace illness or injury is not a new phenomenon, but some farmworkers observed that it grew worse during the pandemic. New regulations are sometimes perceived by agricultural employers as costly and time consuming. There are also gaps in the federal and state COVID-19 sick leave policies. Both the federal Families First Coronavirus Response Act (FFCRA) and the California COVID-19 Supplemental Paid Sick Leave programs only applied to employers with more than 500 employees, which created significant burdens for farmworkers who often labor for smaller operations or farm labor contractors (FLCs). These policies expired on December 31, 2020.

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Without uniform and enforced approaches, individual employers sometimes made their own decisions toward their workforce during the pandemic, including one instance where an employer had sick workers use vacation days or take unpaid sick days. While this may have been legal, the result of uneven and inaccessible sick leave pay and leave provisions meant farmworkers felt pressure to report to work, even when they knew they were sick or had symptoms. This ultimately perpetuated viral spread, severe illness, and death within agricultural worksites and the broader community. Eliseos’ and Pedro’s stories are particularly illustrative:

“La parte económica, o los días que estamos trabajando, me los come el patrón. No dio 14 días solamente me dejó descansar 3 días como no me agarró fuerte la enfermedad. Y dijo ‘tú estás bien, tienes que volver a trabajar y seguir trabajando’... No tenía salario ni nada ... Era más difícil por el costo. No nos han parado de trabajar. Hemos seguido trabajando y siguiendo con el mismo salario, pero los mismos patrones nos han quitado días de enfermedad y días de vacaciones que porque el coronavirus...en vez de darnos días, nos están quitando días antes nos daban por año de trabajo. Nos daban 6 días de vacaciones, ahorita nomas dan 3 días de vacaciones. Ahorita nos quitaron la mitad, nos están quitando horas todo por culpa del coronavirus y nos va para atrás todo el trabajo.”

The economic part, or the days that we are working, the boss makes me take them [from my vacation time]. He didn’t give 14 days, he only let me take 3 days, as if I weren’t that sick. And he told me ‘you’re fine, you have to keep working and come back to work’... I didn’t get paid or anything ... It was really difficult due to the cost [of taking unpaid sick days]. They have not stopped us from working. We’ve kept working with the same pay, but those same bosses have taken away our sick leave and vacation days due to coronavirus...instead of giving us days, they’re taking [our vacation] days from us that we got before for each year of work. They gave us 6 days of vacation, and now they give us three days of vacation. They’ve cut it in half, they’re taking hours away from us on account of the coronavirus and setting everything back for us at work.

--Eliseo, age 40, San Joaquin Valley Region

10 https://cerch.berkeley.edu/sites/default/files/ucb_csvs_white_paper_12_01_20_final_compressed.pdf
“Preocupación que andamos hechos bola en transporte. En el lonche, ponen una carpa de 4x8 [pies para sombra]. El mayordomo da puros gritos. Dice que el trabajo tiene que seguir y que no importa si uno tiene COVID-19 o no. Ni ellos traen cubrebocas. El empleador se calló y no dijo a nadie hasta que unos se murieron. Ellos nunca pusieron atención.”

The worry is that we are crammed together in transit. At lunch, they put up a 4x8 [foot] tent [for shade]. The foreman just yells at us that the work must continue and that he doesn’t care if one has COVID-19 or not. They don’t even wear facemasks. The employer kept quiet and didn’t tell anyone until some died. They never pay attention.

-Pedro, age 45, Desert Region

**Workplace Protections and Enforcement of Public Health Guidances**

Farmworkers reported inconsistent application of public health guidance within agricultural worksites. They expressed anguish and frustration that their concerns about workplace safety went unacknowledged or in some cases were openly dismissed and mocked by the employers, supervisors, and government agencies charged with protecting workers’ health.

“...Reportamos que no nos daban máscaras o sea que les pedíamos máscaras y no mas les daba risa. Y le pedimos jabón para lavarnos las manos, porque había muchos lugares donde no podíamos lavarnos las manos, y no mas les daba risa. Y varios de mis compañeros y yo le hablamos a Cal OSHA, y nos juntábamos para pedir ayuda antes de contagiarnos. Y dijeron que nos iban a mandar cartas y que iban hablar con el patrón y nunca hicieron nada.”

...We reported that they [bosses] did not give us face masks, in other words, we asked them for face masks, and they [bosses] just laughed. And we asked for soap to wash our hands, because there were many places where we could not wash our hands, and they [bosses] just laughed. And several of my coworkers and I called Cal/OSHA, and we got together to ask for help before we could get infected. And they [Cal/OSHA] told us that they were going to send letters and that they were going to talk to our boss but they never did anything.

-Eliseo, age 40, San Joaquin Valley Region
Fears of outbreak-related work slow downs or closures motivated some employers and supervisors to follow public health guidelines within agricultural and food processing facilities. However, many workers noted that basic mask and distance rules were not enforced consistently by employers or supervisors, or, in some cases, were not taken seriously by co-workers. Phase One COFS data found that mask provision varied by employer type; packing houses, where workers are more likely to work close together, provided more masks (71%) than did the growers (64%) or farm labor contractors (only 45%). Slightly more than half of the farmworkers surveyed in Phase One of COFS (56%) reported that they were always able to stay six feet apart from one another. Farmworkers recognized that distancing was more challenging when harvesting row crops, completing packinghouse work, or attending meetings. As a result, a significant minority (9%) rarely or ever maintain six feet distance from their co-workers. Thirty five percent of COFS Phase One farmworkers reported keeping the six fee distance from co-workers only “sometimes.”

As state and/or county mandated restrictions relaxed, some farmworkers noticed increased infections among their co-workers.

-Pascual, age 57, San Joaquin Valley Region

Pues en realidad los miedos han aumentado. En el principio de la enfermedad, aquí en el estado, yo sentía que las cosas se miraban muy bien. Parecía que los casos no estaban extendidos. Empecé a sentir que se relajaron las medidas de prevención y los casos empezaron a subir. Y a este tiempo ya lo estoy mirando a mi alrededor [más cercano] . Tengo compañeros de trabajo que se han enfermado o vecinos que se han contagiado. Tengo vecinos que toda la familia ha estado en cuarentena dos o tres semanas. Entonces, yo diría que siento la enfermedad más cercana a mí y a mi familia.

Well, in reality the fears have increased. At the beginning of the disease, here in the state, I felt that things were looking very good. It seemed that the cases were not widespread. I began to feel that they relaxed the prevention measures, and cases began to rise. And at this time, I see it around me [close circle]. I have co-workers who have gotten sick or neighbors who have been infected. I have neighbors whose entire families have been in quarantine for two or three weeks. So, I would say that I feel the disease closer to me and my family.

-Pascual, age 57, San Joaquin Valley Region
The pandemic has motivated California to remedy longstanding gaps in Cal/OSHA, its workplace health and safety enforcement agency. Farmworkers’ feelings toward Cal/OSHA are that the agency is not effective or productive. Even when farmworkers manage to navigate the system and report health and safety violations, these complaints often go nowhere.

“Los del estado deberían mandar a chequear allí.”
The people from the state should conduct more inspections there.
- Rocio, age 30, Southern California Region

“Como al gobernador que pusiera atención en todas esas oficinas. Hablamos para el Cal/OSHA, pidiéndoles que por favor nos ayudarán con todos los problemas que ocurrieron en el rancho, y nunca le dieron seguimiento a nada. Y miramos mucha gente enferma no sólo en mi rancho sino también en muchos [otros] ranchos alrededor que manejamos. Supimos de mucha gente enferma. Conocimos compañeros de lecherías que ahora ya están muertos y reportamos todo eso. Y NUNCA NUNCA [se investigó nuestro caso] No sé si los rancheros tienen comprados al Cal/OSHA. No sabemos si el gobierno está vendido, pero nunca nos quisieron ayudar con nada.

The governor should put attention on all those offices [agencies]. We called Cal/OSHA, asking them to please help us with all the problems that occurred on the ranch. And they never followed up on anything. And we saw a lot of sick people not just in my ranch but also at [other] nearby ranches that we run. We know of a lot of sick people, we know friends from dairies who are now dead and we reported all this. And I NEVER EVER [saw they investigated our case I don’t know if the ranchers have bought out Cal/OSHA. We don't know if the government is sold out, but they never wanted to help us with anything. We are, according to them, “indispensable, but essential,” but it seems that we are not essential.

- Eliseo, age 40, San Joaquin Valley Region
The lack of response by government entities erodes trust with farmworkers. For many farmworkers, government support has been absent and doesn't prioritize the wellbeing of all people.

In Phase One, 25% of COFS farmworkers requested employers enforce COVID-19 safety compliance; 14% of respondents requested improvements in worksite hygiene and sanitation. True to the public health adage “make the healthy choice the easy choice,” worksites set the tone for healthy behaviors and preventive practices. Similarly, when employers fail to provide masks, soap, and hand sanitizer on a daily basis for essential food and farmworkers, employers send a message. Workers also begin to adopt uneven mask, distance, and hygiene practices. One farmworker thought that a responsible employer should provide sufficient masks to get through a physically demanding work day, in which disposable masks often break or get soaked with sweat.

“Si tu vas y le pides una máscara, te dan una máscara pero esa máscara es para un momento o para un día máximo. Porque no vas a poder estar usando la desechable por dos o tres días. Realmente, no tiene sentido, las cosas no funcionan así. En concreto, creo que eso se pudo haber hecho mejor ...

If you go and ask for a facemask, they give you a face mask, but that face mask is for a one time use only or for a day maximum. Because you will not be able to use the disposable [face mask] for two or three days. It really does not make sense, things do not work that way. Specifically, I think that this could have been done better ...

-Pascual, age 57, San Joaquin Valley Region
While the Governor had good intentions to deliver free disposable masks to agricultural workers in Spring 2020, his approach did not consider how geography and power dynamics would contribute to uneven distribution of masks. Pascual later remarked:

Nosotros regularmente vivimos en áreas rurales donde no hay ni tiendas de comida, y mucho menos para comprar esas cosas [mascarillas]. Entonces, tendríamos que hacer un viaje especial a la ciudad para buscarlas y tratar de encontrarlas. Sé que también hubo mucho tiempo que ni siquiera a las personas que compraban, como los agricultores, les vendían la cantidad que ellos [necesitaban] Vendían cierta cantidad limitada. Por eso mismo, en ocasiones, no podían dar suficientes ... Pero yo creo que el sistema de salud debería de poner o obligar para que estén disponibles, así tengan el dólar o no para pagar la mascarilla...”

We [farmworkers] normally live in rural areas where there are no grocery stores, much less to buy those things [masks]. So, we would have to make a special trip to the city to look for them and try to find them. I know that for a while not even the people who bought [masks], like farmers, were sold the amounts they [needed]. They were sold a limited quantity. For that very reason, in some cases, they could not give you enough [facemasks] ... But I think that the health system should make or mandate that [face masks and gloves] are available, whether or not they have a dollar to pay for the facemask ...
Using county agricultural commissioners (ag commissioners) to distribute masks, sanitizer, and gloves to food and farmworkers was often a mistake. While the intention was for employers and farm labor contractors to go to the ag commissioners' offices to retrieve and distribute masks and sanitizer, this did not always work out for farmworkers. Ag commissioner office hours were limited, far from farmworker homes and worksites, and could not provide support for farmworkers who didn't speak Spanish (such as Indigenous-language speaking farmworkers). In addition, many farmworkers found that disposable surgical masks are not well suited to hot, labor intensive conditions. The disposable masks broke easily and could only be used once. While surgical masks do provide a better level of protection from COVID-19, many workers felt discouraged from using them due to these issues.

Eventually, the state-supplied packages of reusable cloth masks, but again, the distribution of these resources was uneven and at times inequitable. Many large-scale growers, food processors, and packinghouses picked up supplies of masks for their work forces from ag commissioners offices. Eventually, the governor received this feedback and purchased 5-packs of reusable cotton masks; however, once again, the top-down distribution methods of delegating this to county agricultural commissioners was not effective. Some CBOs were able to source masks and sanitizer from ag commissioners for distribution to workers, but this took some effort to get sorted out. Some CBOs were also able to obtain and distribute these masks and supplies of hand sanitizer directly to farmworkers; however, CBOs were not always the first to be notified of their availability even though CBOs, schools, and clinics who have frequent, if not daily, contact with farmworkers are in many cases in a better position to link these resources to those who needed them most.

Most of the farmworkers interviewed for Phase Two, similar to Phase One, took masking, distancing, and other precautions at work and at home very seriously; however, there was only so much they could do when it came to co-workers or supervisors who exercised less caution and care. Thirty percent of COFS Phase One farmworkers noted that their co-workers could improve their adherence to COVID-19 precautions. The gap between those who complied with preventive practices and those who didn't proved to be a point of contention and anxiety for workers who understood the risks of COVID-19 infection for themselves, their peers, and their families and communities:
“...Hay algunas personas que lo han tomado y lo hemos tomado muy en serio, y algunas personas que como que no le están dando la seriedad al menos que yo pienso que requiere. Por ejemplo, en el trabajo yo miro desde personas que no usan la mascarilla siempre, hasta personas que quieren estar juntos con los demás, como si nada estuviera pasando. Cuando en realidad, cada día por la mañana hablamos un poco de que tengan cuidado, la enfermedad sigue, ¿Cómo estás? ¿No has tenido síntomas? ¿No hay nadie enfermo en tu familia? Y cosas así, para primeramente saber si hay alguien que pueda estar enfermo o con los síntomas y tratar de evitar que contagie a los demás, y enseguida, para que la persona se mantenga alerta de lo que está pasando y evitar el contagio siga.”

There are some people who have taken it, including us, very seriously, and there are some people who are not taking it seriously, at least in the way I think it requires. For example, at work I see everything from people who do not always wear a mask, to people who want to be together with others as if nothing was happening. When in fact, every day in the morning we talk a little about being careful, the disease continues. How are you? Have you had any symptoms? Is anyone in your family sick? And things like that, mainly to know if there is anyone who may be sick or with symptoms in order to avoid them infecting others, and also, so that the person remains alert to what is happening and to avoid the continued spread.

-Pascual, age 57, San Joaquin Valley Region

“¿Qué puedo hacer para estar más seguro? Solamente insistirle a mis compañeros sigue usando el cubrebocas y lávate las manos. Yo creo que sería lo único.”

What else can I do to be safer? Only to insist that my co-workers keep using their masks and washing their hands. I think that would be it.

-Rodrigo, age 42, San Joaquin Valley Region
During interviews, some farmworkers identified good practices on the part of their employers, foremen, and supervisors with respect to hygiene and symptom check procedures. At some worksites, foremen and employers incorporated ways to check-in on their employees into the daily routines. They held conversations reminding workers of how to be safe and vigilant about their health. They made time to observe and remove potentially infected workers with daily on-site health monitoring. Some also took time to provide employees with information about COVID-19 and testing services or brought testing directly to worksites. Other participants noted that some aspects of workplace hygiene had improved significantly in ways that they hope will remain permanent even after the end of the pandemic. For example, they appreciated better bathroom cleanliness and supplies like toilet paper, soap and hand sanitizer and access to drinking water and sufficient shade, which they found to be lacking, unsanitary, or subpar pre-pandemic or at the beginning of the pandemic.

These comments may reflect the time period during which we conducted the interviews, from September through November 2020. By this point, more employers had opportunities to adjust their practices. Even though some workers welcomed better workplace hygiene and cleanliness of bathrooms and handwashing areas, Phase One data documented little more than half of workers experienced improved hygiene supplies (59%) or frequent cleaning (58%). Fewer workers observed employers or supervisors adding handwashing stations (11%) or bathrooms (8%). Moreover, these hygiene changes were very uneven across workplaces and agricultural sectors.
“La compañía para la que trabajo realmente ha ofrecido información, como lugares donde están haciendo la prueba gratis para el COVID, también los protocolos a seguir para tratar de protegerte, de la distancia, la mascarilla, aportando las mascarillas para tratar de protegerse uno. Personalmente, en lo que he estado enfocado, es con mis compañeros de trabajo, nosotros cada día en la mañana hablamos con ellos. La recomendación es que nos reunamos para hablar. Lo que hemos optado por hacer es que cada trabajador que va llegando, ¿Cómo estás? ¿Está bien la familia? Está bien.”

Well, I think [employers] should keep doing what they are doing now. For instance, now, the bathrooms are cleaner. They have more toilet paper, more toilet covers. Before, they did not care if they had or not, now they have them. They always have water and disinfectant now before they did not have it. They only had soap and now they even have a bottle of alcohol that we can use. Also when we use a broom to sweep or the sharp knife to cut the sucker vines [from the grapes]...they give us a bottle of alcohol to disinfect it when we use it, and if someone else uses it, they have to disinfect it again to use it. Before we did not have this, any person could use the broom and grab it and did not disinfect it after each use, now we do. And this I think is good because we run less risk of contracting the virus.

-Pascual, age 57, San Joaquin Valley Region

-Pues, yo pienso que seguir lo que está haciendo ahora. Como ahora, tienen los baños más limpios. Tienen más papel para usar en el baño, el que es para cubrir la taza del baño. Antes no importaba si tenía o no tenía, ahora ya la tienen. Siempre tienen agua y desinfectante. Antes no tenían, sólo tenían su jabón y ahora tienen hasta una botella de alcohol que podemos usar. También cuando usamos la escoba para barrer, el rastrillo para levantar la soca, nos dan una botella de alcohol para desinfectarla cuando la usemos, y cuando la vuelva usar otra persona le tiene que volver echar alcohol para desinfectarla y poderla usar. Y antes no teníamos, solo cualquier persona podía usar la escoba y agarrarla y no tenía que desinfectarla y ahora sí. Y eso me parece bien porque corres menos riesgo de contraer el virus.

Well, I think [employers] should keep doing what they are doing now. For instance, now, the bathrooms are cleaner. They have more toilet paper, more toilet covers. Before, they did not care if they had or not, now they have them. They always have water and disinfectant now before they did not have it. They only had soap and now they even have a bottle of alcohol that we can use. Also when we use a broom to sweep or the sharp knife to cut the sucker vines [from the grapes]...they give us a bottle of alcohol to disinfect it when we use it, and if someone else uses it, they have to disinfect it again to use it. Before we did not have this, any person could use the broom and grab it and did not disinfect it after each use, now we do. And this I think is good because we run less risk of contracting the virus.

-Ana, age 42, San Joaquin Valley Region
Another example of uneven patchwork was evident in the State of California’s N-95 mask distributions for agricultural workers. As the 2020 California wildfires raged, workplace policies with regards to wildfire smoke exposure were also unevenly enforced. According to the Cal/OSHA temporary standard related to wildfire smoke, employers must provide additional breaks, sheltered spaces away from smoke, reduced work schedules, and N-95 masks to reduce workers’ exposure to PM 2.5 (particulate matter) when the air quality index registers above 150; unfortunately, workers are not required to wear the masks unless the air quality index goes above PM 2.5 500, which is considered hazardous to the general population.\textsuperscript{11,12} Despite the dangerous conditions on farms close to evacuation zones, many growers made decisions about harvesting speeds that put farmworkers in danger. N-95 masks for farmworkers often arrived late and, once again, left many farmworkers feeling abandoned by the entities entrusted to ensure their well-being.

\begin{quote}
\textbf{..Este año, ya vino esta enfermedad [...]} Y luego se vino el calor y otra vez tumbó todas las frutas. Así es que otra vez el trabajo se nos va para abajo. De una cosa a otra nos ha ido mal ahorita en la agricultura.

This year, this disease came. And then the heat, it knocked down all the fruit again. So once again, work has taken a turn for the worst for us. From one thing to another it has gone bad for us right now in agriculture.

\textit{-Maricela, age 49, Southern California Region}
\end{quote}

\begin{quote}
\textbf{...Que nos dieran un alivio de sueldo, los que trabajamos en la agricultura. Nos estamos exponiendo día con día a este virus y no tenemos la fortuna de poder trabajar desde casa. No se puede cosechar desde la computadora. Nada me haría más feliz que saber que mi salud no corre peligro.}

...They should give us who work in agriculture wage support. We’re exposing ourselves every day to this virus and we don’t have the good fortune to be able to work from home. You can’t harvest from a computer. Nothing would make me happier than to know that my health isn’t in danger.

\textit{-Martin, age 49, Southern California Region}
\end{quote}


While farmworkers have been lauded as essential and heroic in the mainstream media, many farmworkers would have traded this praise for actual protections such as hazard pay, sick pay, better protections, and readily accessible masks at their worksites and communities. In the face of COVID-19 outbreaks, exposure to wildfire smoke, and other accompanying pandemic harms, farmworkers have endured demoralizing challenges when attempting to protect their health at work. Placing workers in a position throughout the pandemic where they had to ask employers and supervisors to follow the law, with regards to paid sick leave, hygiene supplies, and appropriate protective gear follows a dangerous pattern of structural inequities that too often leads to occupational health and safety violations. We must use the COVID-19 spotlight on these inequities as an opportunity to remedy existing gaps and create workplace cultures seriously committed to occupational health. Including farmworkers in this restructuring process at all levels of government will be essential.
HOUSEHOLD AND COMMUNITY STRUGGLES
Living conditions for farmworkers have been overcrowded and substandard for decades. Many academic studies and reports have documented this since well before the middle of the 20th century. The COVID-19 pandemic arrived in advance of the 60th anniversary of *Harvest of Shame* (1960), a CBS documentary which shocked the nation by exposing migrant farmworkers’ living and working conditions. In many respects, those living and working conditions have not changed significantly.

Many farmworkers live with multiple families in single-family dwellings; they must do so in order to make ever rising rents. As a Salinas/Pajaro Housing Study conducted by CIRS in 2018 found: 67% of farmworker households experienced severe overcrowding. Although this study was conducted on California’s Central Coast, conditions are similar for workers across the state—a fact that the state of California acknowledges on their Department of Housing and Community Development website. Farmworkers in the Central Valley are similarly caught in the midst of a housing shortage that compounds their heightened risk for eviction. As a result, extended families and community networks have chosen to live together in single family homes or find themselves accepting substandard dwellings rather than face complete homelessness. In addition to crowded housing, many farmworkers carpool to work in either personal vehicles or larger passenger vans and buses.

Both housing and transportation...
realities of farmworkers make social distancing and quarantining challenging or impossible. Reflecting on these challenges, one working grandparent contemplates what would happen if they had tested positive for the virus:

... Mi preocupación, digo que saliera positiva. Pues, yo vivo...donde yo vivo es un lugar chiquito y digo qué voy hacer. Me voy a estar sola en un cuarto[pero] necesito cuidar a mis nietas porque pues mi nietas dependen de mi...

... My concern, say I test positive. Because I live in a small place, what am I going to do? I am going to be alone in a room but then I need to take care of my granddaughters because they depend on me.

-Liliana, age 56, San Joaquin Valley Region

Andrea, who tested positive for the virus, describes how her household struggled with quarantining and isolation when she contracted the virus:

“Pues, lo que decían es que tenía que estar en un cuarto, y no lo dejaban salir. Pero la casa sí...estaba chiquito, y tenían miedo. También los que estaban afuera... decían que estaba bien incómodo, porque ahí en el cuarto también dormían más personas. Entonces sí estaba un poquito preocupado. Y pues también, por la comida porque no querían ellos salir. Tenían que pedir pues la pedían para que se las llevarán a la casa.”

Well, what they said was that they had to be in a room, and they could not leave the room. But our house, yes it's small, and the others were scared. And those who were occupying other parts of the house said that they were uncomfortable, because usually other people also slept there in the room. So, I was a little worried. And, as well as for the food, because they did not want to go out. They had to ask, well they asked if they could have food brought to the house.

-Andrea, age 30, San Joaquin Valley Region

https://www.hcd.ca.gov/community-development/building-blocks/housing-needs/farmworkers.shtml

Stress and Anxiety about COVID

Parents and children feel the impact of COVID-19 in different ways, but many Phase Two participants reported stress as the most debilitating. Farmworkers grappled with their fears of contracting the virus, which triggered worries about the anticipated loss of income. Men in particular repeatedly voiced concerns about getting COVID-19 and the potential inability to support the household. Women farmworkers shared the stresses associated with providing a household income, but also in ensuring that their partners continued to work, and that their children remain fed, schooled, and healthy as well.

“Si no trabajamos, no pagamos los biles, no pagamos comida, no pagamos renta, y después ¿en dónde vamos a vivir?”

If we don't work, we don't pay bills, we don't pay food, we don't pay rent, and then where are we going to live?

-Marcos, age 45, San Joaquin Valley Region

...Pues mi principal preocupación es enfermarme y el no poder continuar con mi trabajo y no poder llevar lo necesario al hogar esa es la principal preocupación que tengo. Enseguida me preocupa mucho también el pensando con los niños, en específico mis nietos, el más grande tiene 6 años y el más chico tiene 6-7 meses y la verdad se me hace un tiempo muy difícil para ellos y para nosotros como adultos...

Well, my main concern is getting sick, not being able to continue with my work, and not being able to bring what is necessary home, that is the main concern I have. In addition, I am also very concerned, thinking about the children, specifically my grandchildren. The eldest is 6 years old and the youngest is 6-7 months old, and the truth is that it is a very difficult time for them and for us as adults ...

-Pascual, age 57, San Joaquin Valley Region
Farmworkers expressed fears of getting sick themselves and the possibility that they could unknowingly spread the virus to family members, others sharing their households, or their co-workers. Nevertheless, farmworkers, like Eliseo (who was infected with COVID-19 at work in July 2020), and Maria (who is unsure if she has had COVID-19 or not), did their best to protect their family members, especially those with increased susceptibility due to preexisting conditions.

“Tenía mucho miedo. Digo, mi esposa y mi hija, la más chiquilla, tienen muchos problemas de neumonía y cada rato, cada invierno, le pega neumonía. Y ella dice que esa enfermedad ha atacado mucho el sistema respiratorio. Y yo tenía miedo que les fuera a pegarle una enfermedad así ... Gracias a dios ellas salieron bien [después de tomar el COVID-19 prueba]. Nomas era mantenerse alejados de ellas. La chiquita nunca nunca por más que más me encerraba más me alejaba de ella nunca se me quiso despegar. Y es la que tenía miedo de que se me contagiara porque ella le pega neumonía muchas veces.”

I was very afraid. Well, my wife and my daughter, the youngest child, has many problems with pneumonia, and every winter she gets pneumonia. She says that this disease [COVID-19] has attacked the respiratory system a lot. And I was afraid that they could've become infected with a disease like this [COVID-19] ... Thank god they tested negative. I just had to stay separated from them. My little girl never ever wanted to leave my side despite locking myself away and distancing myself more from her. And she’s the one I was afraid of infecting because she gets pneumonia a lot.

-Eliseo, age 40, San Joaquin Valley Region

Pues también me preocupa porque estamos trabajando en el campo y luego puedes contagiarte haya, y no quiero llevar el virus a casa. De hecho, no estoy tan segura que ya tuve esa enfermedad, pero como quiera me da miedo, porque más es por mis hijos, por mi familia, y por mí también.

Well, I also worry because we’re working in the fields and you can get infected there, and I don’t want to bring the virus home. In fact, I'm not so sure that I didn't have this sickness, but either way it scares me, more so for my children, for my family, and for myself as well.

-María, age 37, San Joaquin Valley Region
Both men and women were hypervigilant to stay safe and protect family members. Women in farmworker households, like Patricia, shouldered the burdens of male breadwinners continuing to work despite the risk and exposure. Men like David acknowledged that precarious balance of caring for oneself at work to protect his family.

“Con mi pareja, pues, es medio difícil y triste a la vez. Porque él tiene que seguir trabajando. Dice ‘yo no tengo tiempo, ni debo de enfermarme porque tengo que proveer.’ Y me da miedo y me siento triste a la vez de saber que él se expone para traer el dinero a casa. Y trato de estar tranquila, a pesar de la presión alta, a pesar del estrés, a pesar de todo ... Porque se me hace muy duro que él esté expuesto, y a pesar de todo que se cuide y esté consciente de los riesgos.”

With my partner, well, it is difficult and sad at the same time. Because he has to continue working. He says ‘I do not have time nor should I get sick because I have to provide,’ And it scares me and I feel sad at the same time knowing that he is exposed in order to bring the money home. And I try to be calm, despite the high blood pressure, despite the stress, despite everything ... Because I find it very hard that he is exposed, and despite everything, he takes care of himself and is cognisant of the risks.

-Patricia, age 35, San Joaquin Valley Region

Pues ya sales con más precaución, con miedo, ya no sientes la misma libertad de salir como antes. O sea que ya ahorita ya te limitas a no andar saliendo en lo que tengas que hacer prácticamente es con más precaución, más cuidado porque obvio el miedo ahí está porque te puedes infectar tu y afectes a los niños, a los del hogar también y ahora pues ya no nadamas tienes que pensar en ti sí no que en todos los demás qué te rodean. Y que tampoco quieres infectarte para prácticamente, literalmente hacer daño a la familia también porque son prioridad y hay que cuidarse para que ellos también estén bien.

Well, you go out, with more caution, with fear, you no longer feel the same freedom to go out as before. So right now you limit yourself to not going out. What you have to do is practically [proceed] with more precaution, be more careful because obviously the fear is there because you can get infected and affect the children, those at home too. Now well, you no longer only think about yourself but about everyone else around you. And that you don't want to get infected either to practically, literally hurt the family also because they are a priority and you have to take care of yourself so that they are well too.

-David, age 37, San Joaquin Valley Region
Pandemic Childcare, Schooling, and the Digital Divide

As mentioned earlier in the report, with the closure of schools due to the pandemic, many women farmworkers have been forced to stay home to take care of their children. This created not only financial stress but also concerns about children’s safety and welfare. Concern over exposure to the virus and the welfare of their children troubled many farmworker women. As a result, many farmworker women opted, albeit with reservations, to leave their employment and stay at home to care for their children rather than risk exposing their households through exposures at work or outside childcare. Again, fear of exposure dominates their concerns:

He evitado ir a trabajar porque no tengo la confianza de dejar a mis hijos en un lugar que no sé qué tan seguro sea en cuestión de higiene por el virus no precisamente higiene de otras cosas va, es precisamente por el virus por miedo al contagio. Desde que las escuelas las han cerrado los tengo 24/7 aquí en la casa. Ellos son los que están sufriendo este impacto porque ellos son los que no están saliendo y pues por lo mismo yo no puedo ir a trabajar tampoco. Entonces creo que sí me ha impactado demasiado. Sí, miedo, miedo en todo el ir al supermercado venir y bañarme es la rutina y miedo a que se puedan enfermar mis hijos o yo.

I have avoided going to work because I do not trust leaving my children in a place that I do not know is so safe in terms of hygiene, because of the virus, not exactly hygiene of other things; it is precisely because of the virus for fear of contagion. Since schools have closed, I have them 24/7 here at home. They are the ones who are suffering this impact because they are the ones who are not leaving, and for the same reason I cannot go to work either. So I think it has impacted me a lot. Yes, fear, fear about everything from going to coming home and bathing. It is the routine, and fear that my children or I could get sick.

-Laura, age 35, San Joaquin Valley Region

Children’s health and well-being also contributed to parent stress. Parents noted that indoor confinement as a result of shelter-in-place orders meant that young children had nowhere to play or socialize. Mothers anxiously struggled to explain to their children what was happening, why it was happening, and why they were unable to play outside or go to school.
“A veces mis hijitos me preguntan ‘¿Por qué no podemos salir? ¿Por qué no podemos ir a la tienda?’ Ya los grandes ya comprenden mejor, pero los niños a veces no encontramos las palabras adecuadas para explicarles...”

“Sometimes my children ask me ‘Why can't we go out? Why can't we go to the store?’ The grown-ups already understand better, but for the younger children, sometimes we can't find the right words to explain it to them...”

-Amparo, age 32, San Joaquin Valley Region

“Pues, trato de pasar más tiempo con mis niños y platicar con ellos y decirles que no tengan más miedo. Porque, pues, ellos sí están un poquito asustados. Porque ven todo en las noticias. Y al principio lloraban bastante, y pues yo también me ponía un poquito preocupada. Y pues, en la noche, me sentía ya un poquito frustrada. Y pues me tomaba un té para relajar los nervios.”

Well, I try to spend more time with my children and talk with them and tell them not to be afraid anymore. Because they are a little scared, because they see everything on the news. And at first they cried a lot and well, I also got a little worried. And, well, at night I was already feeling a little frustrated, so I had some tea to relax my nerves.

-Andrea., age 30, San Joaquin Valley Region

Loss of work rooted in school closures and child care needs and led farmworker families to cooperate. Along with co-housing solutions mentioned earlier, some farmworker families had to continue working. As a result, they relied increasingly on extended families and neighbors to watch children for employed adults. Maricela, who once helped her husband in the fields, finds herself as the primary caregiver to the children of her children:
Caring for children during school closures placed caregivers into de facto educator roles who supervise online learning activities. However, many farmworker families live in rural and remote settings where high speed internet is not available. Early on in the pandemic, many of these families lacked the in-home equipment that their children needed to participate in virtual schooling. Increased cost associated with internet services, unstable connections, and lack of familiarity with the tools and technology generated stress and anxiety for farmworker families. If they could access the internet, the quality and bandwidth could not support multiple devices or learners in a household. Furthermore, farmworker parents, who may have limited experience with computers and internet technology beyond smart phones and social media, are often monolingual speakers of Spanish and/or Indigenous languages with primary or secondary school educations. While teachers and rural school districts serving immigrant farmworker children did what they could to support students, they, too, had limited resources to address the needs of children.

“No, pues yo ahorita definitivamente no puedo salir a trabajar para nada. Porque yo le ayudaba a mi esposo, y ahorita no puedo trabajar porque estoy ayudándole a mis hijas con los niños, porque tengo a tres niños de una hija y tengo a otra niña de otra hija, y luego de otra hija a veces me traen los otros 2 niños. Y a veces si me estresan...Son bastante niños y todos del mismo tamaño. Y pues ahora sí que cada rato quieren estar comiendo también... Como le digo que yo me he estresado bastante con los niños, pero en ratos me estreso con ellos.”

No, well now I definitely cannot go out to work at all. Because I was working with my husband, but now I can’t work because I am helping my daughters with their children. Because I have 3 [grandkids] from one daughter and another girl from my other daughter, and then, sometimes, my other daughter brings me her two children. And at times it stresses me out … There are a lot of kids, all around the same age. And now every few minutes they want to be eating too … Like I said, I've been stressed out with the children quite a bit. At times, I feel stressed with them.

-Maricela, age 49, Southern California Region, Pg. 3, Interviewed by Paola
You see that right now all the students are online and... the teachers are doing as much as they can to help the students, but in reality I think that is not enough. I think we miss it.... Going to school to learn, to be together...

-Elena, age 38, San Joaquin Valley Region

One father in Riverside County explained the multiple roles and added stressors his wife faced:

“Mi hija de 9 años toma clases virtuales porque las escuelas cerraron. Por eso mi esposa ya no trabaja, porque tiene que quedarse en el hogar supervisando las clases de nuestra hija y cuidando de nuestro recién nacido... Mi esposa se ha convertido en madre de un recién nacido, ama de casa y maestra de la noche a la mañana.”

My 9-year-old daughter is taking classes virtually because the schools closed. This is why my wife is no longer working, because she has to stay in the home to supervise our daughter’s classes and take care of our newborn... My wife has become the mother of a newborn, caretaker of the home, and a teacher from night to morning.

-Eduardo, age 31, Desert Region

An Indigenous-language speaking farmworker father, who is not computer literate or experienced, used his resignation to offer motivation to his child:
“Es difícil para mí, porque yo no sé de computadora mucho, y no sé, cuando me hablan, y solo les digo, ‘¿Qué más puedo hacer?’ Más que decirles que le echen ganas, a mi hijo. Es lo que les digo. No hay más que les pueda decir.”

It is difficult for me, because I do not know much about the computer, and I don’t know, when they call for me, and I can only tell them, ‘What more can I do?’ Other than to tell my son to try their best, for my son to put in the effort and do his best. It is what I tell them. There is nothing more I can tell them.

-Agustin, age 66, Southern California Region

Marcos described how connectivity issues disadvantaged rural children who also confronted punitive attendance policies:

“No es lo mismo para ellos. Dicen que no es lo mismo agarrar estudios en la misma computadora porque a veces se les bloquea, se les va la señal, están batallando, o a veces le llaman los maestros que estuvieron ausentes. A mi me ha pasado eso, que ‘estuvo ausente tu hijo,’ y así. Le digo, pues no estuvo ausente, que a veces la señal se va, y se desconecta y ya con eso ya le ponen ausente.”

It’s not the same for them. They say that it is not the same to take studies on the computer because sometimes they are blocked, the signal is lost, they are struggling, or sometimes the teachers call that they were absent. It has happened to me, that “your son was absent,” and so on. I tell him, well he was not absent, that sometimes the signal goes out, and he gets disconnected, and with that they already marked him absent.

-Marcos, age 45, San Joaquin Valley Region

Maricela of Southern California Region and Sebastián of San Joaquin Valley Region described household internet as a financial burden:
$200 dólares al mes [bil de internet en el lugar rural donde viven]. Si nosotros tuviéramos los recursos para pagar, pagaríamos y los niños estuvieran haciendo su clase aquí en la casa que es mejor, a lo libre. Pero no tenemos los recursos para estar pagando el internet.

$200 dollars a month [internet bill in the rural place where they live]. If we had the resources to pay, we would pay and the children would have been doing their class here at home, which is better, freely. But we don’t have the resources to pay for the internet.

-Maricela, age 49, Southern California Region

El pago del internet ahorita que los chiquillos están en la escuela y yo lo tuve que agarrar. Ya lo iba a cortar, y lo tengo que agarrar otra vez para que tuvieran, siguiendo estudiando.

The internet payment right now that the kids are in school, and I had to get it. I was going to cancel it, and I have to install it again so that they would have [internet access], as they’re continuing to study online.

-Sebastián, age 45, San Joaquin Valley Region

While the state of California, with funding from private industries and philanthropies, allocated tablets and internet connections to tens of thousands of low-income and low-access families, research from the California Public Policy Institute indicates that “Twenty-nine percent of households did not always have internet available for educational purposes, and the share is much higher among...


low-income households (43%). Devices were not always available in 33 percent of households, and access to devices is often limited. This affected students from grade school through university-level, and proved especially challenging for rural farmworker families. Some school districts did what they could to support equitable distribution of tablets and hotspots. Nevertheless, many students ended up doing homework in fast food or school parking lots, often in hot or otherwise uncomfortable conditions. Inconsistent internet and the lack of household internet has exacerbated the struggles for families attempting to support their children with distance learning.

FRACTURED SAFETY NETS
While food and farmworkers with citizenship status were able to receive the federal stimulus support and or unemployment benefits, many undocumented families, as well as mixed-status families, were ineligible to receive federal support. Shortly after Mother’s Day in May of 2020, the State of California authorized a group of community-based and non-profit organizations to administer $125 million in stimulus funds for undocumented immigrants via the COVID-19 Disaster Relief Assistance for Immigrants program. Individuals who were able to successfully find a participating non-profit organization and go through the application process could receive a one-time payment for $500 per adult or $1,000 per household. This fund combined state resources with philanthropic donations and aimed to support 150,000 households. While well intended, the program wasn’t sufficient to meet the overwhelming needs of immigrant communities during the pandemic. In some cases, undocumented and mixed-status families attempted, with mixed results, to apply for state support. These families were often forced to cobble together material aid from an array of other outlets, such as churches, schools, and notably the Pandemic EBT program (P-EBT). Under normal circumstances, undocumented workers are not eligible for unemployment and the COVID-19 Disaster Relief Assistance for Immigrants offered some welcomed relief. Those who received any type of support were grateful, but also remarked that it was not enough. Others struggled with the cumbersome or confusing eligibility qualifications, and complicated processes to apply for and access the allocated aid. Some farmworkers felt that more locally organized efforts would have been more effective both in terms of notifying people of what support and resources were available and also in terms of distributing the help.

“...Debería hacer más...Pues que apoyen un poquito más con todo más comida y con dinero pues para que puedan ayudarle a uno pues para pagos de biles o de renta.”

They should do more. Like they can support a little more with everything, more food and with money, like they can help with bills or rent.

-Andrea, age 30, San Joaquin Valley Region

Farmworkers’ Experiences with Economic Supports
“...Fue una buena decisión, y sí nos ayudó bastante porque fue un alivio pues para los que tenemos más o menos acceso por ejemplo. Yo lo digo así porque yo no tengo acceso a estampillas, y como dicen mis compañeros que sí tienen welfare y ese tipo de ayuda normales en ellos, nosotros no lastimosamente no y fue un gran acierto del gobernador en ayudar a la gente.”

It was a good decision, and yes it helped us a lot because it was a relief for those who have less or less access for example. I say this because I don't have access to [food] stamps and as my coworkers say, who do have welfare and this type of ordinary help for themselves, we [undocumented people] regrettably don't, and it was a great decision on the part of the governor to help the [undocumented] people.

-Rodrigo, age 42, San Joaquin Valley Region

Mi esposa no tiene documentos y ella pudo obtener la ayuda que estaba dando el estado a personas que han perdido su empleo. Les estaban dando una ayuda de $500 dólares. Yo tengo documentos pero no pude tomar la ayuda federal que estaban dando porque somos una familia mixta y la ayuda federal uno no califica cuando tiene un miembro de la familia que no tenía un seguro social válido. Así es que no pude beneficiarme de ninguna de esas ayudas. Solamente mi esposa pudo tomar la ayuda que estaba ofreciendo el estado para las personas sin un seguro social válido que tuvieron visto afectado su empleo durante la pandemia o por la pandemia.

My wife is undocumented and she was able to get the aid that the state [of California] was giving to people who had lost their jobs. They were giving aid of $500. I have papers but I couldn't get the federal aid that they were giving because we're a mixed-status family and thus one doesn't qualify for the federal aid when they have a family member without a valid social security number. That's why I couldn't benefit from any of these supports. Only my wife was able to accept the aid the state was offering for people without valid social security numbers who have been affected at work during the pandemic or because of the pandemic.

-Pascual, age 57, San Joaquin Valley Region
Other barriers to accessing one-time payments and other kinds of aid were also noted by Phase Two study participants. Limited hours of operation, lack of information, geographic distance, scheduling conflicts, and transportation challenges created barriers for access. For others, there is a general stigma around accepting or receiving government-funded aid or even charity. This stigma was exacerbated by the Trump Administration’s Public Charge ruling, which provoked fear in immigrant communities that their acceptance of any kind of help, even that which they were legally entitled to receive, would jeopardize their chances of legal residency or citizenship. Many farmworkers claimed that they did not know much about the resources available, due to inconvenient agency office hours, transportation barriers, isolation from regular communication networks or lack of translated information available in Indigenous languages.

“Pues ahorita lo que tengo es desempleo y a veces me falta poquito. Dice uno para allí lo que alcanze pagar una cosa y lo que sobre guarda por si se hace falta. Pero si para los biles...A nosotros nos dieron un stimulus y estado guardando para que fuera allí poquito y pues se nos está acabando allí poquito por poquito...Esta bien, ojalá que nos siguieran dando eso, porque si ayuda aunque no quiere uno si ayuda.”

Well, now I'm getting unemployment and sometimes I don't quite have enough. They say use what you have to pay for stuff, and what's left over to save it, but we don't have enough. But for the bills. We received a stimulus and I've been saving it so we would have a little something, and it's lasting us little by little. It's good, I hope they keep giving it because it helps even though we don't want it to be this way, it helps.

-Sebastián, age 40, San Joaquin Valley Region

“No se nada de algún pago del gobierno de CA pero seguro mi esposa y yo no calificamos porque no tenemos papeles.”

I don't know about any payment from the State of California, but certainly my wife and I wouldn't qualify because we don't have papers.

-Miguel age 42, Southern California Region
Support hotlines established by state and county offices to provide guidance, advice or information about direct services also introduced additional frustration. The phone lines of CBO’s charged with distributing state funds for immigrants crashed and left farmworkers feeling helpless and at a loss. Pre-pandemic programs, like MediCal, also proved frustrating to navigate, as usual.

“...Considero que deberíamos ser elegibles muchas personas más... Difundirlos más, difundir más porque los que no estamos trabajando no tenemos mucho acceso a que nos digan los conocidos. Los que estamos en casa no tenemos mucha idea de los que están dando despensas o así entonces difundirlo un poquito más para que así le llegue a más personas.”

…I think many more of us should be eligible... [It would help] if they could share this information more, more because those of us who aren't working, we don't have much access to those who are in-the-know. Those who are at home don't have as much information about what they're giving out at the food distributions or things like that, so get the information out more a little more so that it can reach more people.

-Laura, age 35, San Joaquin Valley Region

“Pues de personas que leen o escuchan en la radio pero a veces hay personas que noleen el español y no saben obtener o no entiende lo que leen, (3:54) o en el radio y es así como nos enteramos.”

Well for people who read or listen to the radio, but sometimes there are people that don't read Spanish and don't know how to get [support] or don't know how to read or understand [Spanish] on the radio, and that's how we find out.

-Lupe, age 30, Southern California Region
“Mi esposa ha aplicado para Medical para mis hijos, pero siempre nos desactivan cuando trabajo unas horas extra.”

My wife has applied for Medical for my kids but they always deactivate it when I work extra hours.

-Miguel, age 42, Southern California Region

No hay ayuda a veces dan un numero y uno llama, pero nadie responde o solo te dicen que te van a devolver la llamada y hasta ahora no nos han llamado.

There’s no help. Sometimes they give a number and one calls, but no one answers or they just tell you that they’ll call you back and up to now, no one has called us.

-Fernando, age 46, Central Coast Region

As Juan and Pascual put it, farmworkers need stronger infrastructures of care and support that are managed at the local level. The needs of food and farmworker communities are better addressed when messages come from familiar and trusted organizations who can more directly respond in the event of a disaster or, in the case of 2020, multiple disasters. Farmworkers specifically recognized the important safety net function of local organizations.

“They need to have more organizations that help people. That informs us more about how to find more help. How to access the supports that are from the government or how to try. How to access what the government offers or organizations that are fighting for us [the people] to help us and help distribute the support that we need.”

-Juan, age 40, San Joaquin Valley Region
Getting enough to eat and food of good and nutritious qualities is vital for well-being and immune system resilience. Yet as people's health is being threatened by COVID-19, farmworker households are facing reduced incomes, empty grocery shelves, and epic lines of families waiting in cars at food banks and distributions. Millions of Americans across the country are relying on food banks and distributions for the first time ever. \(^{26,27}\) Data from several sources show a dramatic increase in the number of households struggling to put enough food on the table with greater hardship among Black and Latinx adults. \(^{28,29}\)

\[\text{Food Security}\]

Conocemos más personas que también estuvieron intentándolo para intentar de conseguir la ayuda y no tuvieron éxito. No tuvieron suerte de poder tomar la línea para tratar de recibir la ayuda. Entonces yo sé que es algo bueno y que a veces es difícil el abarcar todo pero pienso que es una buena forma de ayudar a las personas aunque creo que sería mejor algo más local donde puede la gente si no puedes tomar la línea de teléfono para conectarte con ellos puedes ir a buscar otra forma más efectiva de acceder a la ayuda.

We know more people who also were trying [to call-in] to get help and they weren't successful. They weren't successful getting online to try and get help. So, I know that it [the aid] is a good thing and and sometimes it’s hard to take on everything, but I think it’s a good form of support for people even though I believe i could be something much better, something more local, where people who can't get in touch over the phone to connect with them you can look for another more effective way of accessing the help.

-Pascual, age 57, San Joaquin Valley Region

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care, school closures, and physical distancing guidelines have prevented interaction and exchange among families and communities. These are relationships and spaces that have supported community-level food security. In August 2020, the USDA stopped allowing districts to distribute free food to children regardless of their eligibility for free or reduced cost school meals. As a result, the COVID-19 pandemic has exposed the realities of food insecurity experienced by millions, and in particular, farmworkers, in this country. The farmworkers interviewed for the Phase Two of COFS noted struggles to find affordable and appropriate food that would sustain their families.

While food banks and schools have become critical during the pandemic to mitigate hardships, they are an imperfect tool for combating hunger. For every meal from a food bank, the national Supplemental Nutrition Assistance Program (SNAP) or food stamps, provides nine. Yet SNAP and other social safety net programs aren’t geared for immigrant, undocumented and mixed-status families. Several major federal public benefits programs, including SNAP, non-emergency Medicaid, and Temporary Assistance for Needy Families (TANF) have always excluded non-U.S. citizens and people residing in the United States on temporary visas. However, the 1996 federal welfare and immigration laws introduced new restrictions where even permanent resident immigrants were barred from receiving assistance from public safety benefits. Consequently, many immigrant families hesitate to enroll

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in nutrition, healthcare and cash-assistance programs due to fear and confusion. This fear has deepened with the implementation of the February 24, 2020 “Public Charge” policy, which triggered even qualifying immigrant families from disenrolling in social safety net programs.\(^37\)\(^38\)\(^39\)\(^40\)

Farmworkers confirmed these anxieties during their interviews:

“Soy indocumentado. Sé que no califico para muchos programas[ayuda del gobierno] y no quiero ser una carga pública.”

I am undocumented and I know I don’t qualify for many programs [help from the government] and I don’t want to be a public charge.

-Miguel, age 40, Southern California Region

“Estampillas de comida no he pedido porque me da miedo por lo que pasan en las noticias que uno puede ser carga pública entonces no hay mucha información que me convenza de hacer lo contrario.”

I haven’t asked for food stamps because I’m afraid for the news I hear that it could be a public charge, so there isn’t much information that convinces me to give it a try.

-Patricia, age 35, San Joaquin Valley Region

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The Public Charge ruling was recently halted by a federal court to exclude COVID-19 support. However, the overall message and impact of the original Trump Administration Public Charge rule has been solidified in people’s consciousness. It will take a lot of work to restore food and farmworkers’ trust in these support systems.

The impacts of these large, unmet social safety net gaps for farmworkers were also tracked by farmworker-serving CBOs who partnered with COFS. Not only did CBOs report that families abandoned their public benefits out of fear of the Public Charge in late 2019, they reminded us that people disenrolled from social safety net programs weeks before California’s shelter-in-place orders went into effect in March 2020. As a result, CBOs reported that farmworkers found it difficult to enroll, re-enroll or access safety net services. This exacerbated food insecurity, particularly early-on in the pandemic when food in stores was scarce.

Patricia, a farmworker from the Central Valley contrasted her precarious financial situation with that of individuals with more stable incomes and savings. She described the early pandemic experience this way:

“Solo vinimos a trabajar y no hay ayuda si no tiene seguro y nosotros no tenemos eso y no nos ayuda, no hay forma en que lo hagan. Hay forma en que nos podrían ayudar si quisieran, pero no hay ayuda para nosotros que estamos así… no hacen nada por nosotros.”

We only came here to work and there is no help without a social security number. We don’t have that and we don’t get help. There isn’t a way for it to be done. Well, there is a way that they could help us if they wanted, but there isn’t help for those of us who are here...they don’t do anything for us.

-Fernando, 46, Central Coast Region
While initially little was known about the infectiousness of the COVID-19 virus, Patricia, who was only a few weeks away from giving birth, felt she had to take risks in public spaces during those early days of the pandemic. With few resources and little in savings, living paycheck to paycheck (or, as Patricia notes, living with whatever she could come by in a day), acquiring food became a greater challenge for farmworkers. Under normal circumstances, farmworkers relied on their income to make food purchases. New job and income losses sent some farmworkers to food distributions for the first time.

People are kind of crazy, buying so much, and people with money, maybe hoarding [food], with their savings, people that really need it. It's economically wise, to buy in bulk, and the people who live day-by-day can't even find what they need to get by. This aggravates me a lot and stresses me out, it makes me sick to see that I'm looking for tortillas, water, food in the stores and with this big belly, and, well, days, months, weeks before I'm due [to give birth].

-Patricia, age 35, San Joaquin Valley Region

In reality we have never sought out sources of help outside of our jobs. We've heard from neighbors that they go to food banks, but we have never gone because usually they take place weekday mornings and we're working during those times.

En realidad nunca hemos acudido a otras fuentes de ayuda fuera de nuestros trabajos. Hemos escuchado de vecinos que van a bancos de alimentos, pero nosotros nunca hemos ido porque usualmente son entre semana en las mañanas y a esas horas estamos trabajando.

In reality we have never sought out sources of help outside of our jobs. We've heard from neighbors that they go to food banks, but we have never gone because usually they take place weekday mornings and we're working during those times.

-Martin, age 49, Southern California Region
Children staying home due to school closures has also contributed to overall household food insecurity. In the Phase One report, COFS farmworkers with children under 12 reported higher rates of food hardships (64%) during the pandemic than those without children (36%). In Phase Two, families acknowledged that school-age children were no longer receiving meals from school and were eating more or more often at home. They noted that excess food purchases and high costs of food placed additional burdens on their already slim household budgets. Fernando of Central Coast Region, Andrea of San Joaquin Valley Region, and Patricia of San Joaquin Valley Region confirm this effect:

“Il se a dicho cuando estamos en casa, comemos más y buscamos más que comer, y la comida se acaba más rápido. Y pues tenemos que ir de comprar comida más pronto. En la tienda compras unas que otras cosas y se acaba el dinero.”

But, as I have already said, when we are at home, we eat more and look for more things to eat, and the food diminishes more rapidly. And so we have to go out and buy more food right away. In the store you buy a couple of things and then the money is gone.

-Fernando, 46, Central Coast Region
“Pues hay poquitos más gastos, porque de todas maneras los niños están en casa todos los días y pues ellos son niños y ellos quieren estar come y come. Y pues si gasto un poquito más.”

There are a few more costs, because the children are in the house all day anyway. they're just kids and want to eat and eat. So yes I do have to spend a little more.

-Andrea, age 30, San Joaquin Valley Region

“Como los niños también están en casa, pues si es un desafío grande tener dinero para mantenerlos y comprar los alimentos para que nos alcanze para un mes completo.”

Since the children are also home, well, yes it's been a big challenge to have the money to provide for them and buy food so that it lasts us for a whole month.

-Patricia, age 35, San Joaquin Valley Region

Farmworkers also reported that the cost of food rose during the pandemic, a fact confirmed by the U.S. Bureau of Labor Statistics and the United Nations International Labor Organization. Food scarcity also became an increasing problem. Families in Phase Two shared that they now carefully monitored food consumption in their households in order to ensure sufficient nutrition for all.

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Farmworkers started relying more and more on food banks, pantries, and distributions to fill in gaps in their household food provisions. As Andrea shared, many food distributions take place during the day when farmworkers are at work, so many farmworkers who had lacked details and information on food distributions. Farmworkers shared they were unfamiliar with programs to help them due to language or transportation barriers.

“Todo está caro. Los precios subieron muchísimo de las verduras, los precios son muy altos. La carne también los precios de la carne subieron bastante pues todo subió bastante, las verduras después. era una de las cosas, son las cosas más básicas y más económicas, y no ahorita todo está demasiado, los precios muy altos ... Pues este estoy tratando de hacer todo medido, toda la familia no hacer demasiado en la especialidad, no más bien prefiero que me falte y poquito complementarlo con un arroz o una sopa, ha que me quede y no se lo vayan a comer porque ahorita no se puede desperdiciar nada”

Everything is expensive. The prices of vegetables rose a lot, the prices are very high. Meat prices also rose a lot because everything went up a lot, the vegetables afterwards. It was one of the things, they are the most basic and cheapest things, and no, right now everything is too high, the prices too high ...Well, I am trying to keep track of quantities, especially the whole family not do too much specialty cooking, but rather I prefer that when lacking I can supplement a little bit with rice or a soup, so that we do not have leftovers and they are not going to eat them because right now you cannot waste anything.

-Liliana, age 56, San Joaquin Valley Region

Yes, food. Let us know about more programs that are out there because sometimes we don't know about all the help available due to language barriers.

-Sonia, age 45, San Joaquin Valley Region
Rather than experiencing a governmental safety net, farmworkers often encountered a safety sieve that didn't protect them. As a result, farmworkers sought out trusted CBOs for information on food and other resources. CBOs, who were inundated with calls, felt a sense of urgency and pressure knowing that community members they served were facing desperate conditions. Many pivoted their programs to meet the most immediate needs of farmworkers, including their food needs. These new activities, well beyond the scope of many CBO missions, were often uncompensated activities. CBO staff understood that providing information about food distributions served as a lifeline for farmworkers. In the Phase Two interviews, farmworkers shared their experiences with food distributions hosted at a variety of sites including schools, churches, and others. They spoke about the ways that they cobbled together enough food to meet their needs.

“Pues estoy tratando de buscar donde ayudan con comida y pues voy a que me ayuden poquito y ya de ahí agarro y voy juntando comida y vamos teniendo. No, yo no había buscado anteriormente comida hasta ahora.”

I am trying to find where they can help with food and I go so they can help me a little. I take from there and I gather food so that we have some. Until now, I had never searched for food previously.

-Andrea, age 30, San Joaquin Valley Region

“Mi familia se ha beneficiado de bancos de comida de una iglesia del [Condado de San Diego] y de vez en cuando despensas que la clínica de Vista nos trae.”

My family has benefited from the food banks of a church in [San Diego County] and from time to time, pantry distributions that the clinics in Vista host for us.

-Miguel, age 40, Southern California Region
“Me limito al dinero que trae mi esposo del trabajo y la poca ayuda que me pueda dar el WIC o voy a traer la comida que reparten algunos lugares... He ido a recibir comida cuando hacen distribuciones en unas escuelas, como en los bancos de comida. Pues si agarro mis cupones del WIC porque apenas nació mi niña, entonces trato de balancear los alimentos para que me alcanze para todos los días.”

I limit myself to the money my husband brings home from work and the little bit of help I receive from WIC or I go get food that is distributed in a few places... I've gone to receive food when they distribute at schools like they do at food banks. I receive my WIC coupons because I have my baby daughter now, so I try to balance the nutrition so that it stretches everyday.

-Patricia, age 35, San Joaquin Valley Region

Despite the benefit of food distributions, farmworkers still had challenges finding programs or overcoming the limitations of the programs:

El desayuno que dan en la escuela o despensa, no es una despensa pero son desayunos que da el distrito para los niños pero no tengo la oportunidad de ir a recogerlo todos los días por los horarios de ellos de su escuela.

The breakfast that the school gives away or pantry, it’s not a pantry, but it’s a breakfast the school district provides for children but I haven’t had the opportunity to go pick them up everyday because of the limited hours at their school.

-Laura, age 35, San Joaquin Valley Region
Farmworkers appreciated food distributions but know that these cannot meet all needs. Those who were eligible for the federal Pandemic EBT (P-EBT) noted that this program better supported their household food needs. P-EBT allowed the California Department of Social Services (CDSS), in collaboration with the California Department of Education (CDE), to provide food benefits to school aged children eligible for free or reduced-price school meals. These funds were available from March through June 2020. California later extended the benefits through September. Children, newly eligible for free or reduced-price school meals for the 2020-21 school year, are in limbo waiting for a new federal P-EBT program to be adopted and extended. Even still, P-EBT gave families much needed direct payment and flexibility.

“La Electronic Transfer fue la tarjeta que más beneficios me dio que es la P-EBT que fue una tarjeta que te dieron por cada niño y con eso tenías la posibilidad de usarla en la tienda que la aceptara entonces podías comprar lo que tu realmente necesitabas que por lo regularmente es, yo surtía lo que era la pastas, carne que es lo mas caro bueno la pasta no es cara pero la carne es lo mas caro este fue la que me ayudó mucho mas.”

The Electronic transfer was a card that gave me the most benefits. That P-EBT was a card that they gave for each child and with that you had the possibility of using it at the store where it was accepted. Then, you could buy what you really need. I would buy varieties of pastas or meat which was most expensive but good for pasta, which isn't as expensive as the meat. This was what really helped me out the most.

-Laura, age 35, San Joaquin Valley Region

Recibimos P-EBT de $360 por correo de la escuela de mis hijos. Fue de mucha ayuda. Sentí menos presión ese mes por [comprar] comida.

We received P-EBT of $360 by mail from my kids’ school. It was a lot of help. I felt less pressure this month [to buy] food.

-Miguel, age 40, Southern California Region
Direct payments in the form of P-EBT provided farmworkers with choices on how, when, and where to use their funds to acquire food. Direct payments through programs such as SNAP are a much more efficient use of funds than what can be provided through charity-based food models like distributions and food banks. For every meal provided by a charity food bank distribution, SNAP provides nine.\textsuperscript{43} Moreover, SNAP generates between $1.50 and $1.80 in local economic activity.\textsuperscript{44} Although client-choice food pantries and food banks have become more popular to encourage healthier eating and have been preferred by volunteers and food seekers themselves because it allows a “shopping experience,” client choice models are not always a priority for food pantries or food banks due to the operational challenges.\textsuperscript{45 46 47 48 49}

During the pandemic, client-choice food distribution has become nearly impossible as food pantries shifted to fast, no-contact drive through food distributions with pre-packed bags and boxes.\textsuperscript{50} As a result, individuals received pre-packaged foods that weren't always preferred or nutritionally diverse. Phase 2 participants noted that the most useful foods were those that were culturally appropriate, familiar, and flexible for preparing meals.


Throughout multiple interviews, farmworkers shared multiple ways in which their food behaviors and consumption practices changed. At a basic level farmworkers reported how the quantity of food purchased changed as a result of the pandemic.

“Las más útiles donaciones que nos ha dado pues ha sido el arroz, el frijol, la cebolla, las latitas que nos dan de puré, atún y muchas cositas. Luego vienen calabacitas, zanahorias, espinaca, lechuga, repollo, de todo un poco.”

The most useful donations that we've received has been rice, beans, onions and the small cans of puree, tuna and other small items. Then it would be zucchini, carrots, spinach, lettuce, cabbage, a little bit of several items.

Antes compraba uno como no mucho, y ahora como que poquito más porque no sabe lo que va a pasar.

Before one would not buy a lot, and now we buy a little more because we don’t know what might happen.
Some participants noted canned foods and dried beans were necessary “due to the pandemic,” but they also recognized how their preference for fresh food or their limited income prevented them storing adequate foods.

Seguimos comprando cosas más enlatadas, pues porque si se llega acabando algo como ahorita que hay verdura y todo eso sabe que está quitando muchas cosas comiendo todo lo que está enlatado, además congelado...

We keep buying more canned foods, well because if something runs out, something like the vegetables and all this, you know that they're running out of things, eating everything that's canned, as well as frozen...

- Sebastián, age 40, San Joaquin Valley Region

Others noted that pandemic conditions required that they sacrifice food quality for something cheaper that they could make stretch.

Pues para los desayunos casi todo el tiempo son huevos con jamón, winis, frijoles, pues cereales para los niños. Y pues sí, estamos un poquito comiendo más pues cosas que salen un poquito más económicas porque pues no alcanza para mucho.

For breakfast, we have eggs with ham, wieners, beans almost all the time. Cereal for children. So, yes, we are eating a little bit more of the foods that are more affordable because there isn't enough for a lot.

- Andrea, age 30, San Joaquin Valley Region

Despite the food security challenges farmworkers faced, farmworkers still noted the importance of healthy eating to support their overall health, particularly of their children.
Hace como una o dos semanas les estuve dando mucha vitamina C en licuados, jugos de naranja les metía kiwi. Pobrecitos. Zanahorias para reforzar su sistema inmunológico, vitamina C y todo eso.

Up until one or two weeks ago I was giving [the children] lots of vitamin C in smoothies, orange juice, I'd add kiwi. Poor things. Carrots to help support their immune system, Vitamin C and all that.

-Laura, age 30, San Joaquin Valley Region

Barriers to Healthcare

“No pues se pone uno muy mal pero tienes que luchar porque tiene uno sus hijos y tienes que salir adelante y aunque es bien difícil. Porque te quedas hasta sin fuerzas pero por tus hijos salen adelante. [¿Y qué sintió?] Yo tenía mucha vomitadera, diarrea, escalofríos, calentura por diez días. Y se te acaban las fuerzas, no tienes fuerza para caminar y dolor de pulmón... Pero te sientes muy mal.”

Yes well, it makes you really sick, but you have to fight because one has their kids and you have to push forward even though it’s really tough. Because you don’t even have strength, but for your kids you have to push forward. [Interviewer: And what did you feel?] I had a lot of vomiting, diarrhea, chills, fever for ten days. And it takes your strength away, you don’t have energy to walk, and lung pain...

-Ana, age 42, San Joaquin Valley Region

Diabetes, hypertension, and asthma are prevalent among food and farmworkers as well as their families. They also pose significant risks to those infected with COVID-19. While farmworkers' “behavior” is often blamed for their illnesses, many experience chronic conditions like asthma and diabetes, which have been associated with poverty, dangerous working conditions, and racism in their communities.
The health and healthcare challenges that food and farmworkers have endured have only been exacerbated by the pandemic. A plethora of literature pre-pandemic documents that farmworkers are mostly under- or more often uninsured. A report by the Kaiser Family Foundation estimates that of the approximately 10.5 million undocumented immigrants living in the U.S., 45% are uninsured. COFS Phase One found that slightly more than half (54%) respondents reported costs, lack of insurance, and/or lack of sick leave as significant barriers that would prevent them from accessing healthcare, even if they were ill. Another thirteen percent of respondents identified fear of government agencies and 8% reported a mistrust of the healthcare system as an impediment to seeking care, fears which preceded and has been exacerbated by the pandemic. Un- and underinsurance is exacerbated among food and farmworkers due to “the nature of their work, their extreme poverty and mobility, and living and working arrangements that impede access to health coverage and care.”

Fears about exorbitant medical bills have long prevented many farmworkers from seeking care unless it is a dire emergency.

“...Ahorita, estoy pagando unos biles de mi hijo, que se acaba de ir ahorita hoy se sintió mal. Le detectaron presión alta. Hicieron muchísimo estudios, muchísimo dinero que, que está él pagando. Y pues nosotros ayudando. Sí, sí me detendría eso. Yo trataría de ver cuales comos serían mis síntomas, si me sentiría muy mal, pues entonces yo si dijera oh sí me siento muy mal pues. Si no viven, me importa los biles si me iría al hospital, y si yo veo que mis síntomas no son tan fuertes puedo resistir en casa pues estaré aquí en casa”

Right now, I'm paying some of my son's medical bills, who recently started to feel sick. They detected high blood pressure. They did lots of studies, that’s a lot of money that he’s paying. And well, we’re helping. Yes, yes this holds me back [from seeking care]. I would try to see what my symptoms are, and if I felt really sick, well, then, I would say, oh, I feel very sick. If they weren't alive, I would take on the bills and yes I would go to the hospital, and if I see that my symptoms aren't so bad, I can bear it at home, so I will be here at home.

-Liliana, age 56, San Joaquin Valley Region

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“Quizás hay pero nosotros no preguntamos. Porque no preguntamos, en todo caso que nos de, donde podemos ir haciéndonos la prueba y nos dicen que solo ir a CHC 5:12 y nosotros no tenemos doctor (5:15) ni aseguranza y no tenemos médico a quien acudir para curarnos, no sabemos, y si vamos, tendríamos que pagar.”

Perhaps there’s [healthcare] but we don’t ask about it. Because we don’t ask, in any event that we’re given, where can we go to get tested, and we’re only told to go to [the local clinic]. And we don’t have a doctor or insurance and we don’t have a doctor to rely on to cure us. We don’t know, and if we go we would have to pay.

-Lupe, age 30, Southern California Region

As Latinxs and immigrants, farmworkers routinely experience discrimination in healthcare settings. Past negative, violent or traumatic experiences with doctors or hospitals are one among many hindrances that prevent farmworkers from seeking healthcare or trusting healthcare providers. Yet, COVID-19 visiting precautions in hospitals made it impossible for family members to support loved ones in times of sickness and death. Sadly, many farmworkers expressed fear of dying alone, or leaving their families to fend for themselves. Sickness, from COVID-19 or other comorbidities that are all too commonplace in farmworker communities created a lot of financial anxiety and emotional stress for workers’ and their families. Experiencing retaliation or feeling under-supported at work when seeking care for symptoms also contributed to farmworker anxieties.

“Tienen como miedo de ir a los hospitales para atenderse porque tienen miedo de quedarse ahí en el hospital y no salir o porque tienen también como niños en casa y no tienen con quien dejarlos...”

They're scared to go to the hospitals to get care because they're afraid of getting stuck there and not being able to leave, or because they also have kids at home and don't have anyone to leave them with

-Raquel, age 37, San Joaquin Valley Region
The discriminatory experiences carry over if farmworkers access healthcare, with or without health insurance. Farmworkers in Phase Two reported that healthcare centers failed to provide timely, quality clinical care during the pandemic. Another farmworker commented that unaccompanied immigrant farmworkers, particularly men, lack support since no one advocates, personally or institutionally on their behalf.

“Bueno, por lo menos aquí en el field te dan un apoyo económico hasta que te termines de componer. Obviamente, sí, te mandan al hospital o al doctor y con la pura receta ellos te ayudan osea que siento que por ese lado estamos apoyados por medio de la empresa donde trabajamos. No entonces porque a lo mejor en otra empresa te corren o te dicen que es tu rollo maestro ya estás enfermo. Por lo menos aquí donde estamos te mandan a tu casa pero te siguen pagando hasta que te recuperes. Entonces eso es bueno porque puedes ir a cualquier hospital o doctor particular dependiendo como estes.”

OK, at least here in the fields they give you economic help until you're no longer able to work. Obviously, they send you to the hospital or to the doctor, and just with prescriptions they'll help you, so, I feel that from this side we're supported by the company where we work. No, but then, because maybe at another company they'll fire you or tell you it's your fault that you're sick. At least here where we work they send you home, but they keep paying until you've recovered. It's great because you can go to whatever hospital or doctor depending on how you are.

-Gabriel, age 45, San Joaquin Valley Region
“...Un amigo que falleció agarró este virus y este estuvo en el hospital y pues desafortunadamente murió. él me platicó que como que no lo querían atender bien porque era, porque no era legal aquí y no tenía aseguranza. Como que él me dijo que sintió como que lo discriminaron. Pues lo desconectaron desafortunadamente. El difunto tenía hermanos aquí. Su familia estaba en México pero él tenía hermanos aquí y si le avisaron a sus hermanos. él me platicaba cuando estaba pasando eso, me decía que él sentía que lo estaban discriminando porque si no le ponían atención, le decían que ya no iba a tener remedio y que ya lo iban a desconectar porque era un gasto tenerlo allí. él me platicó que él que estaba bien, el hermano que a él no le importaba si se gastaba que ellos tenían el dinero para pagar, pero que no desconectaran [del respirador]. Pero él estuvo peleando, eso no se, yo pues yo no le hice tantas preguntas porque este sabe pues que cuando una persona tiene un familiar así uno también uno se reserva hacer comentarios o preguntas de eso pero eso si. él me platicó que estaba un poco molesto con los doctores porque ellos querían desconectar y él sentía que era porque no tenía aseguranza.”

A friend who caught this virus died. This friend was in the hospital and unfortunately he died. His brother told me that they didn't take care of him, well, because he was, because he wasn't legal here and didn't have insurance. He told me that he felt like they discriminated. Unfortunately, they disconnected him. The deceased had brothers here, his family was in Mexico, but he had brothers here and he told his brothers what was happening. One of his brothers told me that when this happened, he told me that they were discriminating because they didn't attend to him, and told him that there wasn't any remedy and that they were going to disconnect [his sick brother from the ventilator] because it was an expense to have him there. He, the brother, told me that he was ok, that he didn't care if it was expensive that they [the family] had money to pay, but to not disconnect him. But he was fighting... He told me he was a bit of a bother to the doctors because they wanted to disconnect him and he felt that it was because [his sick brother] didn't have insurance.

-Eduardo, age 31, Desert Region
“Preocupación, tristeza, miedo. Muy mala, se enfermó, estuvo muy grave, y pues, su experiencia era temor a morir...Duró bastante, duró todo el mes. Lo que fue la cuarentena estuvo mala, muy mala porque no le daban el tratamiento adecuado. Pienso que duró como 2 meses, realmente malos, porque es una persona que tenía sus defensas muy bajas. Se recuperaba y volvía a recaer ... Ella tenía temor de ir al hospital, pues, tenía miedo que ya no pudiera salir de ahí o que no permitieran a algún familiar verla. Triste, preocupante aunque fue de lejos pero si preocupada la situación de la salud de aquella persona.”

Worry, sadness, fear. Really bad, she got sick, it was really grave, and well, her experience was fear of dying. [Her battle with COVID-19] lasted a long time, it lasted all month. Her time in quarantine was bad, really bad because they didn’t give her adequate treatment. I think it lasted two months, really awful, because she’s someone with low immunity. She’d recover and then she’d regress. She was afraid of going to the hospital, well, she was afraid that she wouldn’t be able to leave there or that they wouldn't permit her family to see her.

-Laura, age 35, San Joaquin Valley Region

“Buscar un tipo de ayuda, un medico de urgencia o algo que le podría ayudar a esa tipo de gente que necesita de esos casos. Tengo muchos compañeros que no tienen familia aquí, sí tienen hermanos tienen, pero no haya quien les lleve comida a su casa no hay gente que los cuide no hay gente que los apoye por nada que aliga ayudar, que los apoye para el doctor o algo de eso.”

We need to find a kind of support, an urgent care doctor or something that could help these kinds of people [unaccompanied immigrant men] in these instances. I have a lot of friends who don't have family here, yes they have brothers, but no one who could bring them food to their house, no one to care for them, no one to support them with anything, who are obliged to help, who could help them with the doctor or things like this.

-Eliseo, age 40, San Joaquin Valley Region
When the California Housing for the Harvest Program began, it was intended to provide free hotel rooms to farmworkers who needed space to isolate during sickness or following exposure. It was modeled after a privately-sponsored program in Monterey County organized by the Grower Shipper Association and other agribusiness partners. Many farmworker advocates and organizations rallied to expand this program statewide, and to better attend to the needs of rural communities located far from the hotels allocated for these purposes. Many farmworkers who were not single or H2-A guestworkers hesitated to participate in Housing for the Harvest because participating hotels were far from their homes in rural communities. Fear of family separation and distrust of state-sponsored programs, again, due to public charge concerns, were reasons few farmworkers participated. Poor planning and implementation of this pandemic assistance housing program meant that farmworkers were left to fend for themselves. Even after being discharged from the hospital, it was difficult for them to get advice about COVID-19 follow-up care at home or from their quarantine hotel rooms.

“La verdad no sé de nadie que haya ayudado en la cuarentena a ellos. Ellos se aislaron completamente. Solamente una hija de ellos que estaba casada y tenía su propia casa aparte, ella fue la que estaba llevando a la puerta de la casa lo necesario que ellos necesitaban, lo que no tenían, hablaban con ella y ella les llevaba a la puerta y les dejaba las cosas fuera de la casa....Mi esposa llego hablar por teléfono con la señora en ese tiempo que estaban en cuarentena y ofreciéndose de que si necesitaban algo y en ayudarles que nada más les llamarán pero lo bueno que también tenía a su hija y ella es la que estuvo ayudándoles yendo a la tienda y trae donde les las cosas que necesitaban para comer y para poder pasar esos días.”

The truth is I don't know of anyone that helped during their quarantine [of my acquaintances]. They completely isolated themselves. Only their daughter, who was married and had her own house separate from them, she was the one taking provisions to their door at their house, what they needed, what they didn't have, they'd call her and she'd bring it to their doorstep and leave the things outside of the house. My wife called the woman on the phone during this time that they were in quarantine and offering support if they needed anything and to help them, to just give a call, but it was good that they had their daughter and she's the one who was helping them, going to the store and

-Pascual, age 57, San Joaquin Valley Region

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Farmworkers in the Phase Two study experienced a great deal of intersecting anxieties. Fear of getting sick or infecting others, losing income and jobs, not being able to make ends meet, being evicted from their homes, and stresses related to meeting the educational, emotional, social, and material needs of their children have already been addressed in this report. However, farmworkers also experienced COVID-19 news exhaustion which generated worry and tension. They feared becoming vectors of transmission or exposing coworkers and loved ones to infection or potential death. Many farmworkers were also actively grieving deaths and social losses of friends, neighbors, coworkers, and family members on both sides of the border. The usual sources of social support, including extended family, churches, and other community spaces have been limited for farmworkers, as they have for other populations.

"Tengo miedo de contagiarme, pero lo que a veces me despierta por las noches es el pensar que estoy contagiado y no presento síntomas y me pongo a pensar que tal vez por mi culpa nos cierran el trabajo, porque contagié a todos mis compañeros. Es un temor muy grande que invade mis pensamientos."

I am afraid of getting sick, but what keeps me up at night is the thought that I am infectious but without symptoms, and it makes me think maybe it’s my fault they closed our workplace, because I infected all of my friends. That’s a big fear that invades my thoughts.

-Eduardo, age 31, Desert Region
Mothers who became ill faced an overwhelming burden of COVID-19 recovery along with fear of not being present for their children, but in some cases the stress, chronic and pandemic-related took a physical toll.

“Pues yo pienso que tengo una hermana que se enfermó de estrés. Se estresó demasiado. Ella está en Nebraska pero si andábamos preocupados por ella... No dormía y se estresó bastante. Dice porque miraba las noticias, y ella siempre casi escucha noticias pero ya luego le decíamos que no escuchara tanto las noticias porque se metió mucho en eso dice.

Well, I think, I have a sister who got sick from stress. She was too stressed out. She’s in Nebraska but we’ve been worried about her... She wasn’t sleeping and was really stressed. She said it’s because she watched the news, and she always listens to the news but then we told her to not listen so much to the news because it lies a lot about what’s said.

-Quetzal, age 40, Southern California Region

“Presión alta, quedé con presión alta porque cuando empezó lo de la pandemia, que pararon las escuelas el 13 de marzo me parece. Yo tenía para aliviarme me faltaban cuatro semanas y pues sí me dio ... en esas semanas, la presión muy alta. Y pues quede con eso y ahorita mi niña ya tiene seis meses y estoy tratando de equilibrar mis emociones por miedo a sufrir algo más grande.”

High blood pressure, I'm left with high blood pressure because when the pandemic started, they closed the schools on March 13th, I think. I had to take time off, and I lost four weeks of work, and yes they [my employer] gave it [time off] to me. In those weeks, my blood pressure was really high. And now, I have this [high blood pressure] and my daughter is six months old, and I'm trying to balance my emotions out of fear that I might suffer something more serious.

-Patricia, age 35, San Joaquin Valley Region
The loss of traditional support systems which had buffered the lack of culturally and linguistically competent mental healthcare services affected adults and children in different and at times harrowing ways. Families were unable to depend on extended family members to care for children, including those with special needs or serious pre-existing illnesses. This intense isolation resulted in caregiver fatigue.

“Bueno lo que no hago ahorita y me gustaría estar haciendo es que ya no visito tanto a mi familia. Ya no visito a mis hijas, más que nada a mi hija la más grande. Bueno la de en medio que tiene el niño malo, ya no podemos ir a verlo porque para evitar que se enferme mas, la enfermedad que tiene. Que no se enferme más de lo que está y que se fuera (Covid). Y que nos dejara visitar la familia como antes. Salir al parque, jugar voleibol como jugábamos antes y ya no podemos hacerlo. Usar el cubrebocas y traigas el desinfectante en la bolsa las 24 horas del día para evitar y quitarnos el virus de las manos. La distancia social, no acercándonos a la gente. Pues yo creo que si ya tenemos que quedarnos acostumbrados porque ya no va ser la misma confianza.”

Well, what I don't do now that I would like to be doing is that I don't visit my family so much. I don't visit with my daughters, mostly just my eldest daughter. The middle daughter who has a sick son, we can't go see him to avoid making him more sick, the illness he has. So that he doesn't get sicker from what he has or from COVID. We've stopped visiting family like before. To go to the park, to play volleyball like we did before and now we can't do it. I use masks and bring disinfectant in my purse 24 hours a day to avoid and remove the virus from our hands. Social distancing, we don't get close to people. Well, I think that we have already gotten used to it because there won't be the same trust anymore.

-Andrea, age 30, San Joaquin Valley Region

In our collection of interviews we documented one heart-breaking story of teen suicide within an extended family network.
Hace un mes el lunes que la niña se ahorcó porque a ellos les dio el coronavirus [...] Sí fue algo muy triste porque ellos se enfermaron. También la mamá, el papá, y tres niñas. Y entonces la tuvieron encerradas por ese tiempo, más o menos. Me platica mi hermano, como un mes estuvieron encerrados [...] Y entonces las niñas se empezaron a deprimir, y deprimir porque no podían salir [...] Y entonces a una niña le afectó mucho... Entonces ya que estaban compuestos todos, y ya la mamá, [el doctor] le dijo que ya podía irse a su trabajo. Y entonces ya la primera semana que se presentó al trabajo fue cuando empezaron luego las clases que tenían que hacer por computadora en casa. Y esa niña [víctima] fue la quien le mandó mensaje a mi sobrina- tenía 14 años, las dos. Entonces le dijo, “Sabes que? Yo ya no aguanto más. Yo pensé que componiéndonos íbamos a salir, pero yo mejor prefiero morir...” Mi sobrinita le mando una carita de “jajaja” [laughing emoji], ósea “estás bromeando” [...] Siempre se mandaban mensajes y entonces ya hasta en la noche le dice “Sabes que? Mira, yo me voy hacer esto, me voy ahorcar porque yo ya no aguanto más de estar encerrada y haciendo clases en la casa. Yo ya no aguanto más.” Y mi sobrinita mandándole caritas riéndose. Y dijo la niña [víctima] “Ya arrimé una silla donde me voy a colgar,” pero mi sobrina pensaba que era una broma. Entonces le dice la niña “Mira ya, ya tengo un cable con que me voy ahorcar,” Y mi sobrina pensaba que todo era una broma, “Ay, jajaja”. Y le dijo la niña “Y me voy a colgar del closet.” Y ya entonces la otra niña le dice, “Ay no cierto?” y dijo “Sí, sí me voy a colgar porque yo ya no quiero vivir este encierre.” Y ya que era como a la una de la mañana y se estaban mandando mensajes y les dice “Ya, ya me voy ahorcar, me voy a colgar del closet porque yo ya no quiero estar así.” Entonces ya mi otra sobrina les dijo “Hasta mañana” y allí terminaron la conversación porque la policía agarró los celulares de todos. [...] Dijeron que por hay cuando ella terminó de mandar mensajes fue que ella se colgó. Y eso fue muy triste porque eso ya, pues era hijastra de mi hermano pero de todos modos se siente.”
On Monday it will be a month since the girl [ex-step-daughter of interviewee's brother] hung herself because [her family got] Coronavirus. It was really sad because they all got sick, the mom, dad, and three girls. So they were shut in during this time, more or less. My brother told me it was a month that they were closed off in quarantine. So, the girls started to get sad, and depressed because they couldn't leave [...] Then they were all getting better, and [the doctor] told the mom she could go back to work. So, the first week she was back to work and that was the same week when the girls started their virtual classes from a computer at home ... And this girl [victim] sent my niece a message, both of them were fourteen. So she told my niece, “You know what? I can’t take it anymore. I thought that with getting better we could leave [the house], but I would prefer to die. I don't want to do these classes at home, shut in.” And she always was sending messages, and then at night she told her, “Guess what? Look, I’m going to do it, I’m going to hang myself, because I can’t take it anymore, doing classes locked up at home. I’m bored of this.” My niece sent her a laughing emoji “Hahaha,” in other words, “You’re joking,” But the next day again she said, “I don’t want to do classes at home, I’m bored of this.” And they were always messaging and then until that night, she said, “You know? Look, I am going to do it, I’m going to hang myself because I can’t take it any more being home and doing classes at home. I can't take it anymore,” and my niece sending her laughing faces. And the girl [victim] said, “I've already pulled up a chair where I'm going to hang myself,” but my niece thought it was a joke. “Ah, hahaha!” And the girl told her “I'm going to hang myself in the closet.” And my niece said, “No way?” And the girl said, “Yes, I’m going to hang myself because I don't want to live like this locked up.” That was at one in the morning when they were sending each other messages and she said, “Now I'm going to hang myself, I'm going to hang myself in the closet because I don't want to live this way.” So my niece told her, “Good night,” and that's when the conversation ended because the police took all of their cellphones [...] They said that when she stopped sending messages is when she hung herself. And this was really sad, she was my brother’s stepdaughter [from his ex-wife], but still one feels it [the sadness].

-Maricela, age 49, San Joaquin Valley Region
COVID Testing

The State of California, with support of CARES Act dollars and state funds, established state testing centers in different regions. Locating these services in large cities ignored and created barriers for rural and remote residents. Once again the distribution of testing sites demonstrated that government entities ignored the needs of entire populations and didn't prioritize the wellbeing of all people. Gradually, with the allocation of more CARES Act funds, counties pieced together strategies that helped fill testing gaps in rural areas. Still, the geographic distances, cumbersome online and robotic scheduling systems, limited reach of communications, lack of tests, and overburdened labs resulted in long waits for appointments and, ultimately, results. These barriers limited farmworkers’ access to testing, but so did communitywide myths and misinformation about testing and the virus. While pop-up testing clinics and public information campaigns helped fill some of these gaps, sometimes these efforts ran out of tests and could not meet the needs of all people who showed up during the time period advertised. The lack of delivery and inefficiencies eroded farmworker trust in these services. Some farmworkers also lacked clarity on costs or whether the lack of insurance limited access to testing.

“La última hija que se lo hizo tardó 2 días para tener los resultados. El primero que se lo había hecho tardó una semana. La última se lo hizo como hace 8-10 días y ella en dos días tenía su resultado. Pero tengo compañeros de trabajo que hicieron la prueba y tuvieron que esperar de 2 a 3 semanas para que sus resultados llegaran. Entonces creo que a lo mejor a este tiempo están más rápido, o no se si también tenga que ver el lugar a donde vas haciendo la prueba porque la última de mis hijas lo hizo en la área de Los Ángeles y a ella en dos días tuvo los resultados y aquí en esta área pues tengo compañeros de trabajo que tuvieron que esperar 3 semanas para poder recibir sus resultados.”

The last time my daughter did it it took two days to get results. The first time she did it it took a week. The last time she did it it took 8 to 10 days and for the other daughter in two days she had her results. But I have friends at work who did the test and they had to wait 2 to three weeks for their results to arrive. So I think maybe now they’re faster, or I don’t know if it also depends on the place where you go to do the test, because the last of my daughters who did it in the Los Angeles area and for her in two days she had her results and here in this area [Central Valley] I have work friends who had to wait three weeks to be able to get their results.

-Pascual, age 57, San Joaquin Valley Region
Son unos conocidos que han salido positivos. Hay que batallar para agarrar una prueba. No están tan accesibles como están diciendo. Es difícil conseguirlas.

Some acquaintances have tested positive. One must struggle to get a test. They’re not so accessible as they’re saying. It’s hard to find testing.

-Juan., age 40, San Joaquin Valley Region

Confusing interpretations of testing results, fears of false negatives, along with the symptoms of COVID-19 being similar to other acute or chronic conditions, loomed in people’s minds.

“Mis preocupaciones son de que si yo voy y me hago la prueba y me digan que salgo negativa y luego me salgan que si la tengo sin tener síntomas sin consecuencias ni nada, esta difícil. No me da miedo pero sí da pendiente ... Yo también padesco de asma entonces como en tiempo de frío que es en Diciembre como cuando empezó la Covid como dijeron que empezó. No sé en qué parte de China. No se los síntomas que decían allá. Yo los siento cuando tengo el asma esos síntomas que dan allá que dicen que se siente. Yo lo siento cuando tengo el asma, me falta el aire, me duele los pulmones, no puedo hablar, me falta respiración, tengo que ponerme la máquina para poder respirar entonces. Ahí digo yo: tengo el asma o tengo el Covid? ¿Qué cosa tengo? Es difícil identificar porque son los mismos síntomas que te dan cuando dicen que son cuando tienes el asma, cuando tienes gripe. Cómo sabes que está enferma de qué. ¿QUÉ ME SINTIÓ CON LOS INCENDIOS? El humo, me ardieron los ojos, la garganta de hecho traigo la garganta irritada todavía. Si hubiera necesidad de hacerla, pues sí iría. Iría porque para estar segura que no la tengo pero no también con la desconfianza de que vayan a dar mal los resultados. Así que estamos en una navaja de dos filos.”
My worries are that if I take the test and they tell me I’m negative and later tell me that I have it without symptoms without consequences or anything, that’s hard. It doesn’t scare me but it makes me wonder ... I also suffer from asthma, so in the cold season in December, that was when COVID started [in 2019], that’s when they say it started. I don’t know in what part of China. I don’t know what symptoms they talked about over there. I feel them when I have asthma, these symptoms that they have there, that they talk about there. I feel them when I have asthma, I can’t catch my breath, my lungs hurt, I can’t talk, I can’t breathe, I have to use a machine [nebulizer] to be able to breathe. So I say, do I have asthma or do I have COVID? What do I have? It’s hard to identify because they’re the same symptoms you get when you have asthma, when you have the flu. How do you know what you’re sick from? What I felt with the fires!?! The smoke, it burned my eyes, my throat, in fact my throat is still irritated. If it had been necessary [to take the test] I would go. I would go to be sure that I don’t have it, but no, also no trusting if the results aren’t accurate. So we have a double-edged sword.

-Clara, age 53, San Joaquin Valley Region

For Indigenous-language speakers, knowledge about where to get testing, how to get tested, and how to interpret and act on results was even more frustrating. Organizations, like el Centro Binacional para el Desarrollo de Indígenas Oaxaqueño, which serves Indigenous-language speaking farmworker communities in the Central Valley and Monterey County fielded numerous calls.

No sabemos o no vamos. Nosotros ni hemos ido a hacernos la prueba de coronavirus porque nosotros no sabemos a dónde ir. Si nos da, no vamos, porque no sabemos a dónde ir. ¿La clínica apenas está hablando acerca de coronavirus?

We don’t know, or we don’t go. We haven’t gone to take the coronavirus test because we don’t know where to go. If they give it to us we’ll go, because we don’t know where to go. Is the clinic just starting to talk about the coronavirus?

-Lupe, age 30, Southern California Region
Still, many farmworkers interviewed expressed openness and eagerness to testing. They wanted regular and easy testing access as reassurance of their COVID status to protect themselves and their families. It also helped when community members or in some cases employers, trusted by participants, supported them to monitor their health. Maricela’s story of having her temperature checked by her grandkids’ bus driver is an example of unconventional health promotion models, which may be beneficial in rural settings.

“Yo creo que son mucha gente que no se han ido a [hacer] la prueba del coronavirus por la aseguranza, piensan que le van a cobrar y todo eso porque uno no sabe en cual clinica te lo van a hacer gratis o te la van a cobrar.”

I think there are a lot of people that haven’t gone to do the coronavirus test because of insurance, they think that they’ll be charged and all that because one doesn’t know which clinic they’ll give it to you for free or they’ll charge you.

-Alicia, age 33, San Joaquin Valley Region

“No, no tengo miedo. Yo quisiera, si se puede yo me hago el examen porque aunque yo no siento así con síntomas pero me gustaría más que nada porque yo estoy con los nietos. Llevo yo los niños todos los días al bus y la señora del bus les hace con una maquinita en la frente y yo también le digo que me lo haga todos los días. Dice, “Estás bien, estás bien.” Y entonces eso, pues, me hace sentir más tranquila.”

No, I’m not afraid. I would have wanted, if possible, that I do the test because before I didn’t have symptoms, but I would like [to test], more than anything because I live with my grandchildren. I take them everyday by bus, and the bus driver lady takes their temperature on their forehead with a little device, and I also ask her to take my temperature everyday. She says, “you’re fine, you’re fine.” So, this, well, it makes me feel more calm.”

-Maricela, age 49, San Diego County (Interviewed by Paola)
“Sí, mira, nos llevaron hacerla con gente preparada que tenía sus cartas todo eso. Te meten un cotonete en la nariz y te lo meten más arriba. Pues sí, es un poco molesto la verdad. Pero al fin de cuentas eso es para ver si no eres portador. No pues porque yo no estoy enfermo ni mucho menos pero tampoco lo menos que quiero es contagiar a nadie más. Entonces, lo hice por mi, por la demás gente que me rodea. Entonces sí es molesta la prueba pero pues al fin, de cuenta, es para un bien común no.”

Yes, you see, they took us to do the test, and prepared the people who had their letters and everything. They put a cotton swab in your nose and they stick it up higher, well, yes, it’s a little unpleasant in truth. But in the end it’s to make sure you’re not a carrier [of the virus]. Well, because I’m not sick, but less still I wouldn’t want to get anyone else sick. So I did it for myself, and also for all the others who are around me. So yes it’s a pain, the test, but well, in the end, one realizes it’s for a greater good, no?

-Gabriel, age 45, San Joaquin Valley Region
CONCLUSIONS AND RECOMMENDATIONS

During the pandemic, farmworker families have experienced loss of income, job loss, job insecurity, sudden child care costs due to school closures, technological and accessibility problems with distance learning, including internet access, food scarcity, dwelling insecurity, and mental health issues. California farmworkers also experience heightened vulnerability to COVID-19 infection and death. Farmworker families are enduring high levels of stress and anxiety. Fear dominates concerns surrounding COVID-19, including fear of losing work, fear of contracting the virus, fear of infecting family, fear of increased costs associated with child care and distance learning, fear of food scarcity, fear of hospitalization, and fear of a death alone and separated from family. Both Phases One and Two of the COFS study found that food and farmworker families are exercising serious safety practices regarding COVID-19, but that their abilities to implement masking and social distancing are limited by structural factors, such as uneven implementation of workplace health and safety guidelines, added expenses for masks and other supplies, and crowded living conditions and housing shortages throughout the state.

Despite federal, state, and county programs for assistance, such as the CARES Act and the California eviction moratorium, farmworkers have been largely excluded, either legally or by default, from participation. CBOs stepped up during the pandemic to support food and farmworker families in crucial ways, as did general community good will, in the absence of effective federal, state, and county support. CBOs and select migrant clinics and local social service agencies have stretched themselves thin to meet the ever evolving and exacerbated needs of food and farmworker communities during the pandemic. CBOs labors have included the creation and dissemination of linguistically and culturally appropriate educational materials concerning COVID-19, including explanations of the virus, how it can spread and how to prevent spread, COVID-19 treatment, quarantine, hospitalization and intubation procedures, testing access and information, vaccine process, food access for families, and even emergency funds for undocumented and Indigenous-language speaking food and farmworkers.

The COFS study, consisting of both quantitative and qualitative research among farmworkers and farmworker families during the COVID-19 pandemic of March through December 2020, makes the following recommendations for policy change:

We argue that food and farmworkers, as essential workers of the national and global food systems, should be included in all economic assistance and relief programs at the federal, state, county and city levels, regardless of their citizenship status.

- These programs must be designed and implemented in ways that reduce barriers to access and that are managed by well-trained and sufficiently large teams of linguistically and culturally competent staff. Food and farmworker inclusion in such programs should remain in effect even after the pandemic, as unemployment, sickness, injury, and disability are significant sources of stress and economic strain for food and farmworker families who already hover precariously at or below the poverty line. These supports should include families of those deceased from COVID-19 or other work-related injuries or illnesses.

- We recommend coordination of existing federal, state, county and city support programs for rent and food through the funding of local CBOs, migrant clinics, and local social service and school agencies that work directly with farmworker families. There is a need for community-school coordinating bodies to facilitate resolution of student learning and technological barriers to online learning.

We argue that during school closures, there must be sustained economic assistance for families who have at least one adult staying home or who have been forced to stay home due to reduced hours, sickness, temporary shut-downs, reduced staffing, or layoffs.

- All essential workers, including farmworkers, must be included in federal and state programs for sick-leave, hazard pay and childcare subsidies.
We argue for culturally and linguistically appropriate communication venues for food and farmworkers, such as regionally organized hotlines, staffed by real people, during farmworker-friendly hours, to report COVID-19 and other work-related protocol violations, in pandemic and ordinary times.

- Currently, state and federal worker safety agencies do not meet the needs of food and farmworkers, who experience staffing, policy and procedural barriers when they attempt to report unsafe health and safety concerns at work. The State of California needs to reinvest to establish and maintain an occupational health and safety system of high caliber that is staffed with multilingual employees who can provide reliable and trustworthy support and who are attentive and empathetic to farmworkers’ plights.

We recommend that farm workplaces designate farmworkers to serve as peer health and safety ambassadors, with higher pay.

- These individuals would serve as promotores de salud who can get special certification and ensure that they and their coworkers remain informed of important health and safety recommendations that they can implement at work and at home. These individuals would also be trusted members of their communities and should feature representation from Indigenous-language speaking groups.

We argue that state and federal-level emergency response and preparedness programs take stock of lessons learned from what has been an historically overwhelming year of plague and disasters.

- Food and farmworkers’ vulnerabilities and needs require attention and care before disaster strikes, not as an afterthought. Resources and personnel should be dedicated to ensuring that protocols and networks are in-place to work with and support food and farmworker communities, regardless of citizenship status, in times of disaster.
We argue that in a pandemic, and in ordinary circumstances, public health and occupational health and safety messaging needs to remain clear, consistent, and to the point. Messaging needs to be linguistically and culturally relevant, but it also needs to come from trusted sources in the community.

Food and farmworkers and their families are long overdue for inclusion in the healthcare system. California has a unique opportunity to pass legislation SB 562, the Healthy California Act, that could significantly reduce barriers to healthcare for the workers who feed the nation and the world.

- We need a robust and inclusive healthcare system. Educating doctors about the challenges immigrant workers and their families face and how these factors should shape how they care for their patients is one step. Training and retaining more healthcare workers and physicians who hail from food and farmworker communities is another. In the meantime, we also need social workers and patient navigators who can support farmworkers in the event of illness or emergency, and who can step in for people who do not have local family or support networks.

Decentralizing public health and expanding preventive and emergency services into rural communities is critical and long overdue for ensuring health equity and access. This is all the more evident during a disaster. Safe quarantine options need to be situated in farmworkers’ communities of residence so that they can be close to their support networks. In marketing Housing for the Harvest, outreach workers should disassociate the program from its state funding to reassure farmworkers that using these resources is a safe choice.

- Clinics and county public health departments need to dedicate more resources and efforts to meet the needs of the culturally and linguistically diverse residents of the communities they serve.

- Federally funded clinics have a responsibility to ensure that patients understand their results.

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We recommend expanding testing and vaccination efforts in rural communities. Farmworkers will benefit from appointment-free sites for free testing in places that are close to their homes or workplaces.

- Appointment systems should employ multilingual people to answer phones and support people in getting tested and or vaccinated. Reporting back of test results should be done by real people rather than teletronic or robotic answering services or letters. Testing and results report back need to be expanded and decentralized. Providing clear information to the CBOs that serve farmworkers about testing and interpretation of the results is also needed. Additionally, testing and vaccination services need to be offered during days of the week and times of day that accommodate farmworkers’ schedules.

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- We recommend that vaccination programs for farmworkers take several forms, including the recent employment-site based programs, as well as mobile vaccination clinics in farmworker neighborhoods (by zip code and census tract) with outreach through farmworker-serving CBOs, migrant clinics, and social service agencies.

Farmworkers must be included and represented in the design and dissemination of any and all public health campaigns geared towards them.