



March 5, 2021

The Honorable Gavin Newsom
Governor of California
State Capitol, First Floor
Sacramento, CA 95814

Re: COVID-19 Workplace Vaccination Standards

Dear Governor Newsom:

On behalf of California's most vulnerable workers--many of whom have or will soon be invited to receive COVID-19 vaccinations--we first would like to thank you for seeing first hand and prioritizing frontline and essential agricultural workers. Secondly, after careful and statewide assessment of current vaccine efforts and strategies, we write to urgently request that you provide statewide guidance, standards, oversight, and regulations for the implementation of workplace vaccination programs and clinics. **Specifically, we are requesting that CBOs be part of the vaccine planning, coordination and implementation efforts regarding workers and workplace vaccination clinics all across the state before, during and after they take place.**

As you know, essential workers are at higher risk of contracting COVID-19 and dying. Lideres Campesinas is a statewide network of women farmworker leaders and their families, who have since the beginning of the pandemic been closely monitoring the situation by collecting testimonials and feedback throughout the various regions and phases of this crisis. We have partnered with so many incredible organizations statewide and in various efforts including but not limited to coalitions with growers, health professionals and advocates, campaigns for safety nets, advocacy for farmworker bills, and research studies such as the COFS (COVID-19 Farmworker Study) which confirmed with data, what we see on the ground and in our daily work. We have conducted focus groups, trained more and more community health/outreach workers and have participated extensively in worldwide media coverage in order to address and respond to both the long-standing issues brought to the fore by the pandemic and those that have been affected by it. Our members and staff along with other organizations and farmworkers themselves have been on the frontlines organizing food distribution, testing, mobile health clinics, education, linkage to resources, and distribution of personal protective equipment in rural communities, as well as to the fields and packing houses.

In the past eleven months workplaces have been identified as key sites for both COVID-19 transmission and mitigation. According to research conducted by UC San Francisco, food chain workers--such as agricultural and meatpacking workers--have faced some of the state's highest increases in death. In addition, according to research by the UC Merced Community and Labor Center, immigrants' increase in death has been three times higher than that of native-born persons. One can fairly conjecture that language barriers and a more dismal access to services and resources make indigenous and immigrant populations even more at-risk.

Workplace dynamics have a powerful effect on how the COVID-19 virus spreads--not because the virus can differentiate between workplaces, certainly, but because of the causal-effect

relationship of working conditions. There is a direct link between the highest risks posed by COVID-19, i.e. high-level infection and death, and immigrant workers lacking legal status, unemployment insurance and other benefits, as well as the fear of retaliation. In these settings there are employers who have the power to fire employees at will and workers who cannot afford to lose their jobs. We have stressed time and time again the crucial role employers play given as they have the advantage of having a captive audience of both workers and community members facing a much higher risk of being impacted by COVID-19.

As community-based organizations who work with and are made up of food chain workers in both small and large industrial farms and meatpacking plants, **we are concerned with the concept of mass workplace vaccination clinics with little worker perspective** and no community based organization collaboration. For eleven months, some employers have actively resisted our efforts to bring health education and clinicians to the fields, something that would have helped expedite testing, contact-tracing, and utilization of quarantine and wrap-around services; thus decreasing overall fears, rampant infections and death rates.

We know some of those very same employers are requesting the COVID-19 vaccination for their workers to be administered at workplace vaccination clinics, and while we join them in these efforts, our concern is that it is being done haphazard with little guidance, oversight and collaboration with community based organizations. For the most part these workers are being denied preparatory education and blindly led into circumstances they've not been fully prepared, for or comfortable with.

The rapid advancement of mass vaccination clinics has begun with little guidance, standards, oversight or regulation. There has been no assurance that regulatory agencies responsible for overseeing mass vaccination clinics have ensured that key information has been distributed to the workforce community. For example, some materials have stated that the vaccine is "safe," but fail to mention that, from the date of the first shot, the vaccine will take 12 days to begin to take effect. There is rarely any education or discussion on the side-effects of the second dose, or whether sick time will be offered to them if they do not feel well enough to work the day following the job. Many workers are coming with very little information and quite disturbed by the fact that oftentimes they are told that vaccinations are mandatory. In order to advocate fairly, thoroughly, and openly and continue to be looked upon as trusted "messengers," we need to ensure we are included in all planning and implementation. We also want to avoid situations such as when a group of workers fears approaching the vac-line because they are reluctant to show their identification. They simply do not feel comfortable where there is no one present who they can trust, address their concerns, and allay their fears; someone who is a peer and who they can relate to. In another case, an employer supporting mass workplace vaccination efforts was simultaneously in court fighting (and losing) efforts to reduce public health mandates. It is unclear what that employer communicated to its employees apart from the fact that vaccines are "safe"--did they communicate that it takes twelve days for the vaccine to begin to become effective?

A failure to exercise guidance, standards, oversight and regulation only enhances the inequality of power between employers and workers, thus placing workers' lives at risk. As a worker-centered organization, we applaud your efforts for taking an important first step in safeguarding the well-being of our state's most vulnerable essential workers. However, while we have learned that the workplace is a key site of COVID-19 transmission--and that workplace

vaccinations can help make our state safer--we have also learned that we need a state government that is responsive to the quickly-evolving challenges in said workplace. We plead and reiterate that California provide guidance, standards, oversight and regulation in order to ensure that workplace vaccination clinics are both transparent and accountable; i.e. that they work closely with worker-centered organizations and that they provide access to public education materials that provide resources on workplace health and safety.

Recommendations for Statewide Vaccine Distribution Guidelines/

Issue 1: Integrating Worker CBOs into Worker and Workplace Vaccination Strategies

Concern 1: Worker-centered community-based organizations (CBOs) and local clinics (such as FQHCs), county public health departments are not always present in the planning and implementation of worksite vaccination clinics. For this reason, many people are not receiving adequate information, they may hesitate to attend, and the turnout for a specific site may be low.

Recommendation 1: We ask that worker-centered CBOs be part of the vaccine coordination efforts regarding workers and workplace vaccination clinics. Local clinics (federally, state or otherwise funded) and community based organizations who tend to underserved communities, especially in rural areas, must be part of a coordinated effort.

Issue 2: Aligning Worker Vaccination Strategies with Existing Worker CBO Initiatives

Concern 2: Highly-funded pandemic initiatives to protect farmworkers have often gone under utilized, including: COVID-19 testing, contact tracing, quarantine housing, training of community health workers and other services. These experiences of failed approaches have led to innovative approaches that now integrate worker-centered organizations, but such innovations will be ineffective without aligning them with existing worker-centered initiatives.

Recommendation 2: Aligning COVID-19 worker vaccination strategies with existing worker-centered initiatives. The California Worker Outreach Program (CWOP) COVID-19 Community Health Project (CCHP) set forth by the state of California as well as the campaign Together Toward Health are examples which can be built upon. These initiatives are here to ensure not just equity in the number of inoculations received but in the standard and quality of care before and during receiving them. The active participation and involvement of trusted messengers and trained community health workers naturally will lead to more reception and willingness on behalf of farmworkers empowered to make informed decisions.

Issue 3: Statewide Guidance for Worker CBOs to Serve on Vaccine Committees, and Committee Access to Workplace Vaccination Plans.

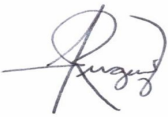
Concern 3: Power dynamics exist in the agricultural industry, where many low-wage workers are undocumented, non-English speakers, with low-levels of education and lack healthcare. We are finding that employer-provided vaccines—with no accompanying workplace safety education—are yet a way for employers to exert power over their employees without addressing health concerns.

Recommendation 3: A statewide model and guidance for counties to have a community vaccine advisory committee/ task force with representation from public health and worker-centered

community based organizations. Formation of a statewide committee dedicated to oversight and model implementation would be ideal. Such committees at a county level should have access to plans of worksite vaccination clinics, education on vaccines, and navigation of resources including workplace safety to occur at least one week in advance. They would ensure language access and all other accommodations and be present at that work site vaccination clinics as well.

We again commend and thank you for your leadership in the protection of essential agricultural workers. Please do not hesitate to contact us if you require any further information. Together with our partners and various coalitions we can continue to help the State of California see this pandemic through.

In Partnership,

A handwritten signature in black ink, appearing to read "Suguet Lopez". The signature is fluid and cursive, with a large initial "S" and "L".

Suguet Lopez
Executive Director
Lideres Campesinas