March 3, 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, 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 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 in efforts, including but not limited to coalitions, campaigns, advocacy, and research studies such as the COFS (Covid19 Farmworker Study), focus groups, and extensive participation in worldwide media coverage in order to address both the long-standing issues brought to the fore by the pandemic and those that have been affected by it. Our members and staff have been on the frontlines organizing food distribution, testing, and mobile health clinics, education, and distribution of personal protective equipment to 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 UC Merced, 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, 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 rampant --immigrant workers who lack legal status, unemployment insurance, other benefits and fear retaliation. In these settings, there are employers who have the power to fire employees at will, and workers who cannot afford to lose a job. We have stressed time and time again the crucial role employers play by the mere advantage of having a captive audience of both workers/community members who we knew were at much higher risk of being impacted by Covid19.
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 increase numbers in testing, contact tracing and utilization of quarantine and wrap around services and decrease overall fears.

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 it is being done with little guidance, oversight and collaboration with community based organizations. For the most part these workers are being denied or neglected prior education and are being blindly led into situations they are not 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. 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 work. There is rarely any education or conversation on the side-effects of the second dose and whether sick time will be offered to them if they do not feel well enough to work the next day. Many are coming with very little information and oftentimes even being told that it is mandatory. In order to advocate fairly and continue to be the trusted messengers that us community based organizations are made up of we need to ensure we are included and regarded in all planning. We also want to avoid situations such as the case when a group of workers feared approaching the line because they did not want to show identification. They did not feel comfortable as there was not someone they can trust present there to tend to their concerns. 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 their employees--apart from the vaccine is "safe."

A failure to exercise guidance, standards, oversight and regulation risks further inflaming unequal power relations between employers and workers, and placing those 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. But 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 the workplace.

We implore the state to provide guidance, standards, oversight and regulation to ensure that workplace vaccination clinics have transparency and accountability; 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.

Concern 1. Community based organizations and local clinics such as FQHC’s are not always present in the planning and implementation of worksite vaccination clinics. For this reason many people are not receiving adequate information, the turn out from a specific site may be low due to
hesitation and the neglect to tend to it, hence many losing an opportunity they may later regret
due to something avoidable such as lack of access to information.

**Recommendation 1.** We ask that CBOs be part of the vaccine coordination efforts regarding
workers and workplace vaccination clinics. In order to avoid these missed opportunities and take
on a culturally sensitive approach that includes interpretation and navigation of resources. We
ask that local clinics (federally, state or otherwise funded) and community based organizations
who tend to underserved communities especially in rural areas be a part of this process and plan
together as a coordinated effort.

**Concern 2.** Considering the power dynamics we know well exist in the agricultural industry
where a majority of workers are possibly undocumented, living pay check to pay check and
without healthcare, in addition to a majority being non-english speakers and many also speaking
other indigenous languages, we are finding these factors are putting people in uncomfortale
situations. The lack of statewide guidelines and set standards for employers wanting to get
their employees vaccinated shows a lack of regard and we risk failing to treat them as the
“essential workers and human beings that they are.

**Recommendation 2.** That a statewide model and guidelines be implemented with proper
guidance that entails intentional worker centered education at least a week in advance with
representation from public health, or healthcare providers together with trusted messengers/
liaisons from community based organizations. In order to do so each county health department
should have, if not already implemented a community vaccine advisory committee/ task force.
Growers/employers or a designated local entity such as the ag commissioner's office or farm
bureau can be provided a list of community based organizations to facilitate the process and
clinics and in return this committee that includes community based organizations/clinics will
have access to the list of upcoming worksite clinics.

**Concern 3.**
We know agricultultural workers are essential and the state has been responding to many issues
raised throughout the pandemic and often turning to the community in order to do so.
This response acknowledges that we are all in this together and we need each other just as we
need our essential workers to feed us and our economy. Some highly funded efforts to protect
farmworkers have gone under utilized. We saw this same thing happen in regards to testing,
contact tracing, quarantine housing and other services, let’s learn from these trials and errors and
not allow the same thing with vaccines.

**Recommendation 3.**
These experiences and accounts of failed approaches have cost so many lives and have led to
more innovative approaches which include community based organizations who also have been
on the frontlines day in and day out. 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 some examples. These are here to ensure we all tend to
the people, not just to ensure equity in the number of inoculations received but equity in the
standard and quality of care when and before receiving them.