



## **Executive Summary: Limitations of CDC/DOL's Guidance on COVID-19 For Workers and Employers in Agriculture**

The guidance from the Centers for Disease Control (CDC) and the U.S. Department of Labor (DOL), for agricultural employers and farmworkers, dated 1 June 2020, incorporates a fair amount of useful advice and insights, but fails to provide advice that actually improves employer and worker behavior/practices in combatting COVID-19.

We identify a number of serious deficiencies that can lead to serious consequences for those who are infected, and for those wishing to keep their businesses open and their workforce safe. We then go on to suggest additional steps necessary to assure that CDC's advice would actually have a meaningful impact on the trajectory of the pandemic.

The paper draws on insights from the epidemiological and clinical research to date on the coronavirus, tracking of outbreaks in farmworker communities around the U.S., and discussions with a range of stakeholders engaged in efforts to combat the spread of COVID-19. It recommends that CDC broaden and update its conceptualization of the "basic" information that employers and workers need to make well-informed decisions and develop effective strategies to reduce transmission.

We analyze how CDC's guidance document is inadequate in terms of communication style and organization, as well as in presentation and discussion of information that will be practically relevant to both worker and employer decisions and actions:

1. CDC's failure to recognize the demographic and socioeconomic realities of U.S. farmworker life and labor-intensive agricultural production seriously constrain its ability to recommend viable strategies to control COVID-19 transmission in the workplace. The paper discusses the implications of average age of the farm labor force, gender ratio, prevailing educational level of workers, farm labor contractors, and field supervisors, crowded housing, lack of relationships with primary health care providers, lack of health insurance, and diverse legal statuses in the workforce, as crucial elements in developing effective strategies.
2. CDC's reliance on technical jargon, cross-references to other government documents, and lack of specific examples of "best practices" constrain the document's utility. We recommend attention to the challenges of "translating" abstract principles into practical advice for employers, workplace supervisors, mayordomos, or workers can actually apply the guidance. The document tacitly presumes that employers will be the intermediaries in communicating guidance to workers but provides no insights to help in developing effective training for workers.
3. The paper highlights the problematic nature of CDC's general messaging emphasizing that COVID-19 is usually mild for a working-age population 16-64 seriously undercutting the crucial objective of persuading workers and employers to be diligent in taking measures to reduce transmission (social distancing and face masks). CDC's minimization of the risks of COVID-19 contribute significantly to the serious and growing problem of non-compliance with advice to self-isolate or self-quarantine, and inattention to social-distancing and use of masks.



4. CDC's attempt to suggest ways to mitigate COVID-19 transmission in crowded, congregate housing is irresponsible. The guidance presented conveys the mistaken impression that these measures will have a fair measure of success although the epidemiological evidence indicates that crowded housing leads to extensive transmission—in nursing homes, prisons, cruise ship quarters and, for farmworkers, in barracks-style housing for H-2A workers. The paper recommends that CDC should advise employers to develop alternative housing arrangements.

5. CDC's guidance to employers that sick employees should be sent home to self-isolate is irresponsible. Available data suggest that it is not viable for individuals to self-isolate in crowded housing (>1 persons/room). COVID-19+ employees sent home to crowded housing almost inevitably infect most of their family members. The paper explains that CDC guidance needs to emphasize the need to provide free, alternative housing and support for self-isolation and quarantine.

6. CDC provides a detailed discussion of temperature-screening—but fails to explain that a high proportion of COVID-19 infected individuals are genuinely asymptomatic, that other are pre-symptomatic, and that others may have mild symptoms and may not run a fever. The over-selling of temperature screening detracts from the attention that should be given to additional measures to decrease transmission, given that temperature screening is useful but unreliable in assuring that infected workers don't go to work. The paper notes that an important additional step in screening should be to query workers if a member of their household has COVID-liked symptoms or has been diagnosed (since living together inevitably involves close contacts of more than 15 minutes).

IF CDC fails to provide adequate information about the actual risk of COVID-19 transmission and the probability of serious consequences for those who are infected, it cannot expect to secure an adequate level of compliance with social distancing, self-isolation, and self- quarantining.

Finally, in order to have a real impact, it will be necessary for CDC to provide strongly-worded guidance about the necessity for all stakeholders in local communities in labor-intensive agricultural areas to collaborate to reduce COVID-19 transmission and improve access to diagnostic testing, medical advice, and treatment. Some local communities are already pioneering cross-sector networks to secure and share scarce resources, better coordinate messaging, and improve farmworker access to service.

Although CDC may be reluctant to advise employers about their responsibilities beyond the physical workplace; and employers may, themselves, wish to adopt a narrow visualization of their responsibility - the practical reality is that in typical farmworker communities, there is extensive 2-way transmission of COVID-19 and the workplace, even when community-level social distancing is mandated.

The dictum of “We're all in this together!” is quite literally true with respect to the COVID-19 pandemic. Employers who are indifferent to community context do so at their own peril. If CDC does not provide adequate information to allow employers, workers, their family members, neighbors, and local institutions to accurately assess the distinctive risks they encounter, discuss them, and seek solutions is enabling the virus spread. CDC must now move beyond presenting minimal capsules of basic information to facilitate sharing of “best practices” and nurturing local collaboration.