

Essential Work, Disposable Workers:

Experiences of
Immigrant and Refugee
Food Processing Workers
During the COVID-19
Pandemic in Rural Washington

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About the author

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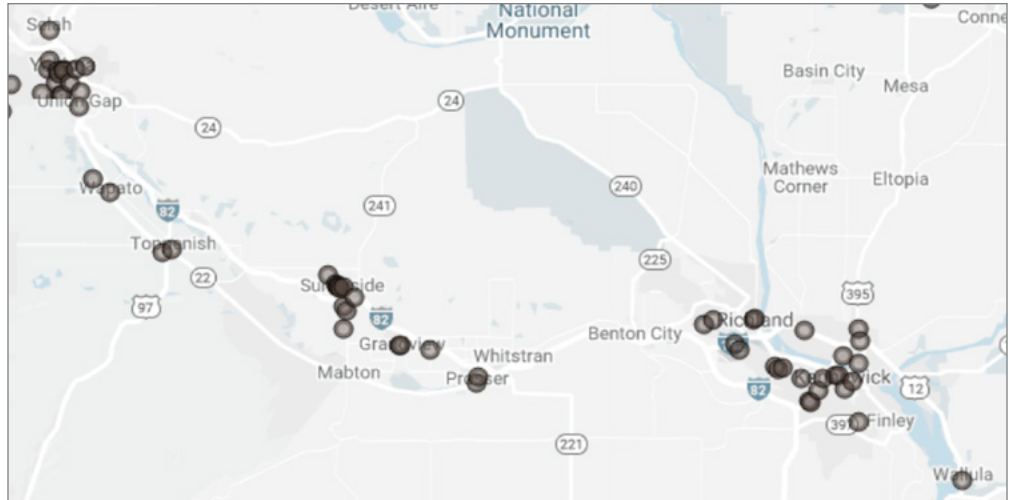


This report was written and produced by proud union members at the University of Oregon

EXECUTIVE SUMMARY

In the past several months, food processing workers have made the headlines of newspapers across the U.S. and the world. Usually invisibilized, these workers came under the spotlight due to their suddenly salient precariousness and importance. They were getting sick at astounding rates while simultaneously fear of food shortages increased. The high incidence of cases of COVID-19 in the industry renewed conversations about the working conditions and the overall sustainability of the U.S. food supply chain.

Food processing is a key industry in Eastern Washington, particularly in counties like Benton, Franklin, and Yakima. Food processors are some of the largest employers in the region. While 1% of the U.S. workforce is employed in food processing, 12% of the populations of Benton and Franklin counties are employed in the sector and 40% of the manufacturing in Yakima county is food processing. Counties and communities with a high concentration of food processing plants have seen a high incidence of COVID-19.



Each dot represents a food processing establishment in Rural Eastern Washington.

Under COVID-19, food processing workers have faced losing their jobs and their income or continuing working despite the risk. Those who got sick found that navigating the systems to access either company-specific relief or public assistance was complex and that the personnel in charge of aiding them also lacked key information to help them properly.

Based on 40 in-depth interviews with immigrant and refugee workers and labor and community organizers living and working in the Yakima, Benton, Franklin, and Walla Walla counties, and analysis of publicly available information from agencies and newsmedia, this brief seeks to illuminate the main challenges faced by these workers to inform future public policy decisions.

MAIN FINDINGS

Workplace Policies and Safety

Workers overwhelmingly shared:

- Difficulties maintaining physical distance at work.
- Limitations of plastic barriers and other changes implemented to protect them.
- Limited access to personal protective equipment (PPE) and insufficient or complete lack of safety training.
- Successful increased sanitation, with the burden placed on workers who received limited or no training and workloads exceeding the hours they were scheduled for.
- Lack of changes in transportation options to reduce ride-share.
- Limited or lack of access to information in the workers' language or interpreters.
- Limited policies to exclude asymptomatic workers, and continuation of policies that create financial in-

- centives to continue working while sick such as presentism bonuses.
- Lack of transparency regarding positive cases in the workplace.

Access to Benefits and Relief

Workers and advocates shared:

- Accessing only limited or inaccurate information regarding their rights and the benefits they were entitled to.
- Significant challenges due to language barriers and available staff to aid workers when filing for benefits such as short-term disability or unemployment, which resulted in many workers not being able to access direct assistance when they were sick or going through a COVID-19 related emergency.
- Having to navigate a fragmented system that left workers unprotected as they struggled to get answers and aid and were referred repeatedly to different agencies or entities.

Addressing Medium and Long-Term Physical and Emotional Impacts

Workers explained:

- They were pressured by employers and agencies to go back to work even if they continued to be symptomatic, showing the inadequacy of current policies to accommodate longer-term impacts of COVID-19.
- They were unable to take time off to care for their close relatives or dependents who were ill due to limitations and exclusions of the family extended leave policies.
- There were no provisions for the longer-term impacts on their well-being, such as not being able to access affordable mental health services in a context in which their coworkers and family members were getting sick and dying.

INTRODUCTION

In the past months, food processing workers – those processing the meat, poultry, veggies, and fruits that most of us consume daily – have made the [headlines of newspapers across the U.S.¹](#) and [the world²](#). Usually invisibilized, these workers came under the spotlight due to their suddenly salient precariousness and importance. They were getting sick at astounding rates while simultaneously [fear of food shortages increased³](#). The high incidence of cases of COVID-19 in the industry [renewed conversations about the working conditions⁴](#) and the overall [sustainability of the U.S. food supply chain⁵](#). But as the [cases of infected workers grew⁶](#), industry and government responded by highlighting the importance of [continuing business⁷](#) as usual, [further deregulating the sector⁸](#) and [failing to mandate any protections⁹](#). COVID-19 exacerbated conditions that had been endemic to this industry: long and physically demanding workdays, unpredictable schedules, low-wages, and the highest accident rate in manufacturing¹⁰.

Food processing is a key industry in Eastern Washington, particularly in counties like Benton, Franklin, and Yakima. Food processors are some of the largest employers in the region. While 1% of the U.S. workforce is employed in food processing, 12% of the populations of Benton and Franklin counties are employed in the sector and [40% of the manufacturing in Yakima is food processing¹¹](#). Counties and communities with a high concentration of food processing plants have seen a high incidence of COVID-19. While information is limited, we know that [counties with meatpacking plants report twice the national average rate of COVID-19 infections¹²](#). Yakima County, with a high concentration of fruit and vegetable processing warehouses, [had the second-highest number of infections in the state¹³](#), despite being just the 8th largest Washington state county in population. This has had implications for [local agencies and health care¹⁴](#) facilities, which faced a surge in demand for their services, many times without the adequate resources to properly help the affected population.

However, we lack data on the experiences of the food processing workers, not only regarding their working conditions during the pandemic but also in navigating the new regulatory framework to access public support. We particularly lack substantial data about the experiences of immigrant and refugee workers, who make up a significant part of the workforce in food processing plants¹⁵, and whose limited knowledge of English and migratory status further limited their ability to access relief.

Under COVID-19, food processing workers faced losing their jobs and their income or continuing working despite the risk. Those who got sick found that navigating the systems to access either company-specific relief or public assistance was complex and that the personnel in charge of aiding them also lacked key information to help them properly.



Workers rally outside a processing plant in Pasco, WA. The sign in Spanish reads: 'Are we essential TCF?'

Based on 40 in-depth interviews with immigrant and refugee workers and labor and community organizers living and working in the Yamika, Benton, Franklin, and Walla Walla counties, and analysis of publicly available information for agencies and newsmedia, this brief seeks to illuminate the main challenges faced by these workers to inform future public policy decisions. Workers interviewed were employed in a variety of facilities: meatpacking, vegetable processing, fruit sorting and packing, among others. Workers' ages ranged from 18 to 55 years old, with experience in the industry ranging from 4 months to 21 years. 63% identified as women and the rest as men, over 65% had dependents under their care. Half of the interviewees did not speak English and the rest had varying degrees of fluency, from basic to bilingual. 84% reported making less than \$30,000 annually. Regarding migratory status, 35% of the sample had refugee status, 41.5% had other migratory status and 23.5 % of the interviewees were second-generation. Interviews were conducted between October 2020 and January 2021."

FINDINGS

Workplace Policies and Safety

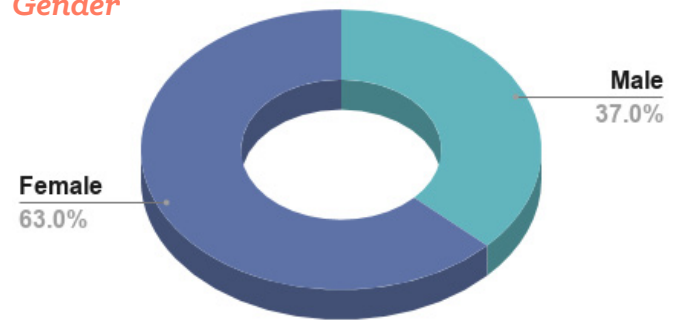
In April 2020, the [Center for Disease Control \(CDC\)](#) published a report¹⁶ discussing the observed structural, operational, sociocultural, and economic challenges faced in food processing facilities to address COVID-19 risks, and recommended changes in facility practices to reduce infection rates.

The CDC observed issues in maintaining physical distance while working, during breaks, and when employees enter and exit the facility; adhering to face-covering recommendations, adhering to heightened cleaning and disinfection guidelines, and excluding asymptomatic workers. It also noted the difficulties of communicating through language and cultural barriers, and the impacts of shared transportation to work. The CDC also highlighted existing economic incentives to work while ill.

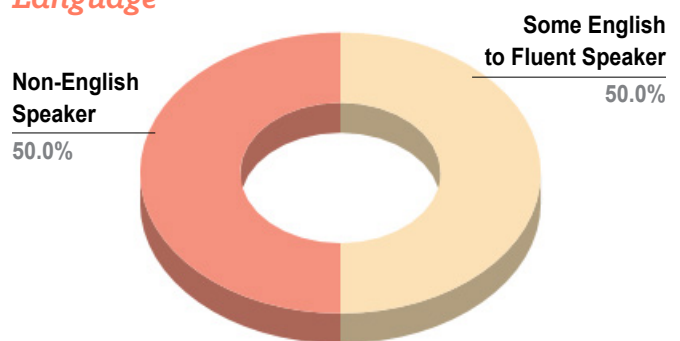
To address all these issues, the CDC recommended: adjusting start and stop times of breaks and shifts, installing physical barriers, reducing the rate of animal processing, requiring face coverings, assigning additional staff to sanitize, providing safety training,

WORKER DEMOGRAPHICS

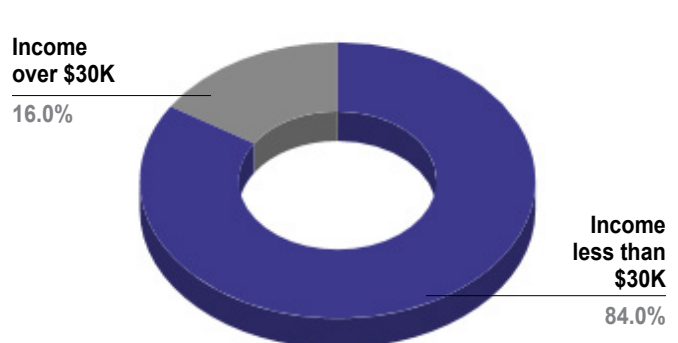
Gender



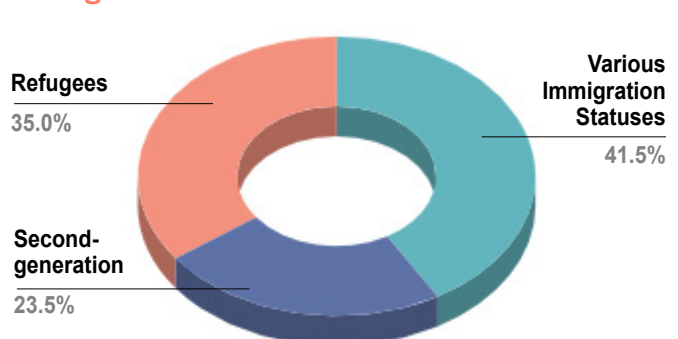
Language



Income



Immigration Status



screening all workers entering the facility, and adding vehicles to shuttle routes. It also recommended implementing personnel policies that provide additional medical leave and disability benefits without loss of seniority or pay, and removing financial incentives to come into work such as attendance or ‘presentism’ bonuses. The brief below examines Eastern Washington food processing workers’ experiences in light of the CDC’s recommendations. Overall, workers expressed that [companies were slow to implement](#)¹⁷ the recommended changes, even as more and more cases of COVID-19 infections amongst food processing workers were reported. According to workers, some recommended measures were never implemented at their workplaces and even as companies partially followed the recommendations, workers discussed the practical limitations encountered and the impacts on their safety. Workers also called attention to dimensions overlooked by the CDC. We devote the second part of the report to these aspects and make recommendations in our conclusion.

Maintaining physical distance

In an industry where workers are usually stationed very close to each other, official recommendations highlighted the importance of changing workplace arrangements to allow for physical distancing. However, workers expressed that most companies had not reduced the number of workers on the production lines, nor they had reduced production speeds. On the contrary, workers said that production lines were running as fast as always, if not faster. As one worker in a fruit processing facility explained:

“The lines run as fast as they can, very full, they never stop the line.”

Indeed, many food processing plants [focused on how to continue raising production](#)¹⁸ to offset ‘COVID-19’ costs and in [April the USDA granted waivers](#)¹⁹ to plants to accelerate the pace of production.

We know that [in plants where line speed-up was approved](#)²⁰, there were more COVID-19 cases. In several companies mandatory overtime increased during the first months of the pandemic, meaning that workers were spending even more hours and more days at the crowded facilities. A refugee worker at a meatpacking plant shared, *“I really don’t like it, I would like to have the day off to rest and be with my family.”*

Instead of slowing the lines and decreasing the number of workers, companies installed physical barriers, usually plexiglass, as recommended by the CDC. Workers, however, explained the limitations of this strategy. The plastic barriers are weak and break often, they get moved around by workers as they try to do their jobs, and overall do not seem to properly safeguard workers, as one worker stated:

“It’s just a small plastic between people, from line to line the space is 6 feet, but two people need to stand there, so they said we were already protected by putting this tiny piece of plastic. But the reality is that we are moving at the same time in the same direction, and as soon as we start working our backs are touching each other. It really doesn’t do anything at all. I do wonder, who said this was enough? Who supervised them putting in this?”

Another worker added: *“we have the plastic divider now but it is not uncommon for workers to try to push it around to have more space, they are also very weak and break often and when they do we usually continue working without them.”*

Even off the line, physical distancing in the plants is challenging. While companies seemed to have started staggering the break times to allow for social distancing, this has meant that workers might find themselves waiting longer to go on breaks or having them cut short to allow for other workers to use the common areas. A worker in a vegetable processing company explained that *“as soon as the break starts you can see a lot of people clustering together, like sheep, just trying to pass through, or even when we are clocking in and out, it always gets clogged and people don’t have space to stay apart.”* Some companies successfully created outdoor eating and resting spaces, but as the winter months started, workers expressed not being able to comfortably use them.

Access to and use of PPE

The majority of the food processing workers interviewed expressed that [companies were slow to provide access to PPE²¹](#) in their workplaces and in some cases only did so after serious outbreaks or instances of worker unrest. Workers said they were not given masks, or only in limited quantities, and that some companies only had cloth masks even as COVID-19 cases at the plant increased. A worker in a fruit processing company explained that as late as early May 2020, the company was not only not providing face coverings but also did not allow workers to use their own face coverings because the shop floor rules required faces to be visible. It was only after the workers organized collectively to ask management that the company started providing disposable masks at the rate of only one mask per week.

Similar experiences were shared by others, and some workers even expressed being retaliated against for questioning the safety practices. A worker at a vegetable processing facility discussed how, while the company had shared guidelines from corporate stating that they would receive a mask a day, the local managers were only providing one every two days, and often more days would go by without workers getting a new mask. He started bringing his own cloth masks to be able to wear a clean one every day, but his supervisor said he was not allowed to use them and when the worker pointed out the discrepancy with the stated corporate policy, the worker shared that the manager *“just yelled at me, ‘I’m not afraid of you, you can call corporate and they will tell you the same thing!’”*

Safety training

According to workers, most of the companies started giving short talks to workers about safety procedures. However, many disclosed that the information provided was very limited and safety talks did not happen as frequently as needed in a time where new COVID-19 safety information was being released almost daily.



A vegetable processing worker explained,

“We were told we would have weekly meetings to talk about safety and what procedures we needed to follow, but after the first two weeks the meetings became bi-weekly, and then monthly, and then stopped altogether, but we all felt we would have needed to meet more often.”

Increased sanitation

Workers shared that most companies increased their sanitation practices, many times hiring new workers or assigning workers to those specific tasks. A young worker shared that he was hired to do sanitation at a meatpacking plant in June 2020. He expressed that he received no training on how to properly perform these tasks and that the cleaning expectations did not match the available personnel. While he was hired for 8-hour shifts, he was commonly expected to stay for 10 hours, and if he requested to leave at his scheduled time he would be reprimanded. He explained that he was initially told he would be responsible for cleaning the indoor cafeteria, but when the company also made outside spaces available, he

A sign carried by workers outside a vegetable processing plant demanding increased safety. The sign in Spanish reads “We are people not machines”

was expected to maintain both spaces with no increased help. He said, *“I was suddenly doing 4 or 5 different jobs, not just the one they had hired me for, and I kept telling my supervisor I needed someone else to come help me because I couldn’t simultaneously clean the indoor and the outdoor space, but they never sent anyone.”*

Transportation

The majority of the plants are located in remote areas with no public transportation available making them only accessible by car. Workers continued to carpool to work out of necessity and their employers did not provide any additional transportation options to prevent further infections nor information on how to make their shared rides more safe. A young worker at a fruit processing plant explained that she learned while she was at work that one of the five people who drove with her to work daily had tested positive for COVID-19, but the company did not ask her to go home and quarantine due to this exposure until she started feeling ill herself. A mother of five whose husband has a terminal liver condition, said she carpooled daily with two other workers for over 30 minutes each way. After her coworker tested positive she was never contacted by the health department or her employer or asked to be tested or quarantined. A few days later, she tested positive, as did her husband, who became very ill.

Communicating in the workers’ preferred language

Given the large percentage of workers in food processing who are not proficient in English, access to information in the workers’ language and to interpretation is central to ensure a properly informed workforce. However, workers expressed that this was only done in a limited way. While companies that have large Spanish-speaking populations ensured that information was communicated in Spanish, workers who speak other languages, many of them refugees, expressed that they had not been addressed in their own languages.

Issues with lack of interpretation for those speaking less common languages in the workplace are not new. Existing research shows that companies usually do not have supervisory personnel who are fluent in those languages, and do not have interpretation services available²². For complex communications, companies rely on other workers who, on top of performing their normal tasks and with no additional compensation, also act as interpreters. In the context of the pandemic this strategy further showed its limitations as sectors of the workforce were left uninformed about shifting safety practices. In some plants, as one advocate explained, workers [were afraid](#)²³ of demanding information in their languages or inquiring about their rights. The consequences for workers of the lack of interpretation or information in their own language became particularly salient when workers fell ill and tried to navigate the complex and fragmented benefits systems of both the companies and the state, as we will see below.

Excluding symptomatic workers and eliminating incentives to working while ill

Temperature checks: Many companies implemented temperature checks before workers entered the premises as a safety barrier to prevent ill workers from entering the shopfloor. Workers pointed out that this measure was unevenly implemented. In November 2020, the Office of Health and Safety Administration (OSHA) [fined three companies](#)²⁴ in the Yakima Valley for failing to check workers’ temperatures and failing to enforce the use of masks on the production floor.

Moreover, workers pointed out critical failures in the exclusion of symptomatic workers and the lack of consideration of how to protect workers from infection from both symptomatic and asymptomatic workers who may be carrying the virus.

- 1) **Paid sick leave policies:** Workers reported that most companies did not change their paid [sick leave policies](#)²⁵, or if they did, it was only temporarily. Information about internal policy changes was either unclear or contradictory. A vegetable processing worker who fell ill in mid November 2020 was initially told by

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human resource personnel she would be receiving two weeks of paid leave. However, when she failed to receive her check she called the company only to find out that they had phased out the paid sick leave policy starting on the very day she fell ill and therefore she was not eligible for the payment. While she still felt too weak to return to work, she had no choice but to return since she could not afford to stay home. In many cases workers had to use all their accrued paid leave, including vacation time, and use their savings to survive the remaining time that they were too sick to work. Other [workers continued working even while showing symptoms of a possible infection](#)²⁶ because their companies only offered unpaid time off and they could not afford not to work.

- 2) **Disciplinary rules regarding missing work:** Workers explained that in some cases supervisors and managers were requiring them to call daily to report an absence to avoid disciplinary penalties (many companies use point systems where workers are given different amounts of points when they call out of work depending on the amount of notice with which they call in, etc.), even after testing positive for COVID-19 and being told by health officials to stay home for two weeks. Thinking that each day she was home she was receiving disciplinary points, a refugee worker at a meatpacking plant returned to work only five days after testing positive. As mentioned above, language barriers, particularly for the sectors of the workforce who do not speak English or Spanish, had devastating consequences. Workers many times continued showing up to work even while feeling ill (and being contagious) because of employers’ inability to communicate with their workers properly. As a community organizer and advocate who works closely with the refugee community explained:

“During all this COVID they [refugee workers] were going to work when they were sick because it’s easier to go to work for them than it is to navigate all the sick leave and all that kind of stuff, and even making the phone call to their supervisor it’s hard because he doesn’t speak their language. So they just work through it.”

Even if some companies briefly changed their policies, by June 2020, when cases in many counties were surging, they [had reverted to pre-COVID stances](#)²⁷ and policies.

- 3) **Lack of transparency and information about sick workers:** [Lack of information regarding positive cases](#)²⁸ in the plants and the lack of testing of asymptomatic workers prevented workers from protecting themselves and their families. Neither the companies nor the CDC had policies for asymptomatic workers, and in some cases workers who did not feel sick were encouraged to come in even if they had been directly exposed to the virus. As one fruit processing worker explained:

“I told them my husband had tested positive but I didn’t have any symptoms, and they weren’t testing people without symptoms then yet so I didn’t know if I had it, and they told me I had to come in to work.”

In fact, in mid April 2020, the CDC changed its guidelines to say that essential employees [can keep working after potential exposure to Covid-19](#),²⁹ increasing exposure risk for others. The importance of excluding asymptomatic workers who had been exposed to the virus is highlighted by the fact that when one of the plants with outbreaks in the Tri-City area finally



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did large scale testing, they found that [over half of the workers](#)³⁰ that tested positive presented no symptoms. Not until a worker had died and a petition for action with over 3000 signatures was presented did the county decide to shut down the plant to conduct testing.

- 4) Overwhelmingly, workers shared that they were not informed when co-workers had tested positive, which they stressed could have helped inform their decisions and prevent further spreading. In most cases, workers only learned about sick coworkers through other workers, the news, or because they were suspiciously missing for two weeks. A fruit processing worker explained,

“The company wasn’t acknowledging anything, they weren’t saying anything, we only knew because people talk and because of the news...they never said ‘this is what is going on and this is what we are doing about’ nothing.”

and a worker at a meatpacking plant shared,

“They just wanted to keep it a secret but then we saw it all over the news.”

- 5) **Continuation of policies that create financial incentives to come in to work:** While the CDC recommended eliminating practices that incentivize employees to work while ill, some companies did exactly the opposite. To meet the worker demand of providing ‘hazard pay’, some companies started providing a weekly ‘hazard’ bonus, but [workers could only receive it if they did not miss any days](#)³¹.

A worker explains:

“They said they were giving as COVID pay, but to get it we had to not miss a day, and this was when we were doing overtime so you had to be there six days a week to get it, and people wanted to get the bonus.”

The fact that increased pay due to COVID-19 was an elective policy meant that only some companies implemented it, and there was no guideline as to the format the increase had to take, allowing for it to become an incentive to come to work while ill. Some workers shared that their companies only implemented the increased pay for a short period, and because workers were aware of this they did not want to miss work while the extra pay was available.

ACCESS TO BENEFITS AND RELIEF

In addition to the CDC guidelines, other agencies like OSHA, [Washington Labor and Industries](#)³², and the [United States Department of Agriculture](#)³³ (USDA), implemented different temporary rules or guidelines for food processing facilities. At the same time, through the CARES Act and other state legislation, some public benefits were expanded and new benefits were created, and as discussed above, some companies also temporarily changed their own benefits in an effort to adapt to the pandemic.

The majority of the workers expressed that they struggled to access benefits or economic support. In various instances, some workers inquired with their employers, state agencies, or immigrant support nonprofits about the possibility of not coming to work because they were high risk, others because they needed to take care of a dependent, and others because they were sick and unable to work. Workers and advocates described facing contradictory or inaccurate information, a fragmented and overwhelmed bureaucratic system, and language and technology barriers.

Challenges navigating a fragmented system

In most instances workers found that their employers, state agencies, and non-profits provided inaccurate or limited information, usually not in the workers' native languages. Certainly, continuing changes in federal, state, and county safety guidelines and regulations and the addition of new benefits presented challenges for employers and public agencies as well. Workers and advocates described situations in which employers and different agencies and organizations were passing the buck to each other and not giving workers critical information they needed to access aid. As one advocate explained,

“There were many routes workers could go, depending on their situation, but the employer was telling them to go to the insurance company first, the insurance company would tell us they didn’t know how to handle the claim, we would turn to the public agencies and they would refer us to a non-profit who in turn would tell us to go back to the employer. Workers were exhausted and we did not know how to help them navigate this situation.”

Initial choices workers made regarding to whom and which claim to present could later foreclose their chances of accessing a different type of relief, but again, workers in most cases were not made aware of this. A meatpacking worker that was unable to work for almost two months due to COVID-19 explained that their employer *“told me to try to get short-term disability, but I also had a previous workers comp case for an injury I had several years back, so that didn’t work. I tried to apply for unemployment, but because I had started the other claim I couldn’t.”*

The worker did not receive any financial aid and when his savings ran out he had to return to work, even as he was still too weak to perform the physically demanding job he has a bonecutter. Another advocate and former social worker shared, *“There wasn’t a single person that I helped with benefits where it was just like, okay, let’s fill this out and you’re gonna get your check. It just was every situation was weird and different and required a different way of accessing, we have like 60 different potential benefits people could access so it was also just hard to make sense of it all, even for me, more so for the workers.”*

An organizer explained that, given the difficulty accessing benefits, they tried to reach out to elected officials locally and at the state level, but the answers they received were unsatisfactory: *“They kept telling me that workers had to file OSHA complaints, and I kept saying ‘this is a crisis, is an emergency, who cares if OSHA does an investigation six weeks from now when six weeks from now how many more people could be dead,’ you know? And they just insisted that folks try to navigate these broken bureaucratic systems instead of adjusting the system to the emergency we were in.”* In line with this organizer’s experience, recently OSHA

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“They said they were giving us COVID pay, but to get it we had to not miss a day, and this was when we were doing overtime so you had to be there six days a week to get it, and people wanted to get the bonus.”

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has been [criticized for its limited actions](#)³⁴ to ensure workplace protections for food processing workers. Despite an increased number of workers complaints, [OSHA conducted 44% fewer inspections](#)³⁵ between March and December 2020.

An overwhelming majority of the workers shared not being able to access economic support or benefits they thought they had the right to. Many explained that they were expected to pay their medical bills and get more testing to be able to prove they were sick to the employer and the state, all while receiving no benefits. In a context in which many workers were without income, these requirements proved too onerous and many times forced people back to work even if they were still ill. A worker at a meatpacking plant explained these pressures: ***“So the coronavirus test was like \$300, the doctor \$200, \$300 lab work, I don’t know what else they need? And the company’s insurance is so expensive, so it takes so much money so even if you get any benefits there will be only 100 bucks left, so it was a waste of time so what are you going to do? Go to work even though you were sick.”***

Technological and language barriers

Additionally, many times Internet access and a computer were necessary to start the claims, particularly while phone lines were extremely busy. Many workers had limited or no access to a personal computer, and many of them did not have a personal email. Community organizers and young relatives of workers found themselves having to aid workers in this particular aspect, again with no support either from public agencies or the employers.

The challenges were not eliminated after workers created an email account however, as an organizer explained,

“You might have an email but you have to check it, unless it’s set up to show in your phone, workers are probably not checking their emails all the time just because they are not really used to it, but then when they check it’s usually in language they can’t understand, I mean not just that it’s in English as opposed to another language, it’s more that the terms used are hard to understand, there’s a lot of verbiage that makes it really hard for workers to know what the messages they receive mean.”

Here the organizer also highlights the importance of clear communication not only in multiple languages but in English as well, making sure the terms used are easy to understand for people who are not familiar with the structure of public benefits and health insurance in the United States.

The lack of accessible information extended beyond the workplace and arose as well with public agencies and other organizations providing aid. Community organizers told agencies they were willing to create easy to comprehend materials regarding the virus for people with low literacy levels, but they were not able to get attention from public agencies to print and distribute them. Workers shared that they were not able to find easy to comprehend or translated information on new, expanded benefits under COVID-19 and community organizers explained that they found themselves scrambling to help workers who were sick at home without compensation and struggling financially.

An organizer and the wife of a worker at a meatpacking plant shared that she tried to help workers by communicating with the employer about their health situation and in spite of writing letters and making calls on their behalf, the employer refused to recognize her as a valid interpreter and continued to reach out directly to workers who struggled to comprehend what was being asked. The employer insisted that these workers explain their sit-



In a meatpacking plant where three workers died, an altar was put together by coworkers who demanded to shut down the plant for massive testing, April 2020.

uation directly to human resource personnel who only spoke English. The organizer explained,

“I would send an email to the company and say, ‘Hey this is how I’m assisting this person with their problem. They will not be returning to work at least until this date because of this very legitimate reason, either they have COVID or their child has COVID.’ And then the person would get a letter in the mail from the employer saying that they hadn’t heard from them in two weeks, and if they didn’t return to work that they were gonna get fired. And it was like I literally made a phone call and I sent an email; we have paperwork for it.”

Mismatch between workers’ need and available aid

Both workers and advocates highlighted what they perceived as a mismatch between what employers, public agencies, and other organizations offered in terms of aid and their actual needs. Workers explained that many organizations offered aid in the form of food boxes, something that while important, was not their main concern. Workers still needed financial support to pay for rent and utilities, to pay for their Internet service to sustain their children’s homeschooling, and pay for child care. Workers also expressed they needed alternative transportation as they recognized that shared rides became a likely source of contagion.

Fundamentally, workers shared a common need for help applying for benefits, accessing healthcare services, and communicating with employers, particularly for those with limited English proficiency—rather than the types of limited aid that were provided to them. A worker explained:

“We don’t need a food box. We need interpreters, interpreters when we are on the phone with unemployment, with our supervisor, when we are trying to ask for an extension of our leave because two weeks have gone by but we are still sick.”

Several community advocates addressed this issue as well. One explained: “I started talking to public officials and explained what workers were telling me, what they needed (basically one-on-one help to apply for benefits, information in their language, access to testing and benefits) and officials would say that certain organizations had received funds to provide aid and that they were in charge, but when workers would reach out to these organizations they couldn’t get the right information and then I asked, ‘Well, who is ensuring that these organizations are doing their jobs properly? What accountability is in place?’”

Another advocate expressed a similar sentiment: “We had to come up with detailed explanations of all the available benefits and then we were training the employees of the organizations that had funding to support refugees for example, because they did not know how to help folks because they were not in touch with the community.” These statements highlight both the mismatch between workers’ need and available support, and at the same time, the lack of enforcement and accountability in place to oversee the results and efficacy of the emergency regulatory framework.

Addressing Medium and Long-term Physical and Emotional Impacts

Workers’ discussed that employers, public agencies, and other organizations seem to not be prepared to accommodate the medium and long-term consequences of

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“So the coronavirus test was like \$300, the doctor \$200, \$300 lab work, I don’t know what else they need? And the company’s insurance is so expensive, so it takes so much money so even if you get any benefits there will be only 100 bucks left, so it was a waste of time so what are you going to do? Go to work even though you were sick.”

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COVID-19. These issues related to longer-term physical impacts of the illness on workers themselves or their dependents, and emotional consequences of the additional anxiety and fear experienced by those who the disease impacted more closely, among other dimensions. Workers explained that, for example, if they continued to feel sick beyond the [two-week average](#)³⁶, the period of time used as a reference for most policy recommendations, employers would demand that they return to work under the threat of dismissal. This meant that many returned to work before they were healthy. Similar issues were experienced by those that have gotten sick since the [emergency regulations have expired](#)³⁷, leaving them without access to extended paid sick leave. Others explained that there was no policy to allow them to care for others, forcing parents to leave their teenage children alone when they were seriously ill. Finally, workers discussed the emotional impacts of losing coworkers to the disease and the lack of acknowledgment of their deaths by the employers.

Insistence on returning to work, inability to allow long-term illness or recovery

The majority of the workers who fell ill shared that their employers expected a quick return to work after the recommended two-week period. However, in many cases the virus had lasting health consequences that required more recovery time than the two weeks touted by the CDC guidelines. When workers needed more time they found that employers insisted on their return to work despite the state of their health and threatened them with termination. A meatpacking worker explained,

“After a month they wanted me to go back and I was like I can’t....I was really weak, so they sent me this letter saying that if I did not return by the end of the week I would be fired.”

Another worker said he started crying when he was told he needed to return to work as soon as possible or he would risk being fired. Once at his job, he was having such a hard time that requested permission to go home, he was then told he could since he was visibly still very ill, but that he would get a punitive point for leaving.

While it has been clear for a while that COVID-19 can impact people differently and take several weeks for some to get well, companies operated under the standard assumption that workers had to be back after two weeks at the most, and had trouble accommodating the long recovery period that some needed. Importantly, workers expressed that once they tested negative employers



Children of refugee workers hold signs to demand for increase protection in their parents workplace.

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“I had to use my sick paid leave last year when I had to quarantine due to a COVID-19 exposure. I just found out last week I tested positive but I have no PTO left and I don’t know what to do.”

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expected them to return to their jobs as if nothing had happened, without accommodating any of the longer-term effects of the disease. A worker who detailed that his job is very physically taxing explained that when he returned to work he was still experiencing shortness of breath and felt very weak and thus asked his supervisor to put him on light duty. His request was denied and the company had no policy in place to accommodate the longer-term impacts of the virus. Workers with limited knowledge of English and of their own rights felt particularly [pressured to go back to work](#)³⁸ under the risk of losing their jobs and their income and they had little recourse.

For workers’ who have gotten sick in 2021, the situation has become even more dire, since extended benefits expired in December 2020 and they have found themselves without access to any additional paid sick leave or paid time off (PTO) from what they might have accrued normally. A worker explains: *“I had to use my sick paid leave last year when I had to quarantine due to a COVID-19 exposure. I just found out last week I tested positive but I have no PTO left and I don’t know what to do.”*

Lack of consistent federal and state regulations guidelines, and the facing out of the provisions that existed during 2020 has translated into increased discretionality on the part of employers on how to accommodate workers’ need when they or their dependents get sick, meaning they could decide if and when to implement any additional supports and in this industry few if any have done so to stay home to care for and protect dependents is long and includes examples such as:

- A refugee mother who decided to stay home to care for her son, a young man who worked in the same plant as her and who was very sick due to COVID-19, was disciplined for staying home and forced to return to work.



In some cases, according to workers, local organizations meant to aid immigrants and refugees failed to properly help them because they lacked knowledge on new, expanded benefits and instructed workers that were seeking to stay home to continue working.

- The parent of a child with asthma who was very afraid of getting their son sick tried to apply for expanded COVID-19 benefits and was told both by the employer and an immigrant aid organization that this benefit did not exist and that they had to return to work or they would be fired. The worker was never able to receive any support and went back to work.
- A single mother applied for COVID unemployment based upon her child's risk factors and difficulty with childcare, but she never received any payments and had to return to work.
- A widow with four school-aged children inquired about COVID expanded unemployment because of the difficulties she was experiencing with childcare, but could not get any assistance applying for benefits and had to return to work.

Long-term well-being consequences

There has been a vacuum in addressing the long-term consequences of the pandemic for food processing workers well-being. Workers shared that they were working under high levels of stress and anxiety due to the risk of contagion, lack of information, and lack of protections. Workers [were not only afraid](#)³⁹ of getting sick, but also of becoming contagion agents and bringing the virus to their homes and their loved ones. If they had relatives or dependents who fell ill, because most companies did not provide paid leave to care for others, they were not able to do so, adding layers of emotional distress.

Workers were also expected to navigate complex and fragmented bureaucracies to access economic relief, which many were not able to do successfully and thus they had the added burden of stress resulting from economic insecurity, with many workers failing to pay their rent or their mortgages and struggling to put food on their tables. In a critical situation, many workers used all their paid time off, meaning that after being sick their ability to accommodate any other health problem, or issue in their lives, or even to take time off to rest was foreclosed. Since most companies did not provide space for grieving, many workers who had close ones (including coworkers) who were seriously ill or even who had passed away were expected to continue performing their work as usual. A worker explained,

“When our coworker died, no one from the company came and said something like ‘Hey folks, if anyone would like to attend the wake please do,’ or ‘This day they will put him to rest if you want to go please do.’ Nothing, they did nothing, zero, like if just a glass had broken, and we were supposed to continue like nothing had happened.”

This unfortunately [has seemed to also be true](#)⁴⁰ in other plants nationally. *None of the interviewees had been offered any form of mental health support by their employers nor had they been given information about how to access those resources elsewhere.*

Finally, we need to think about the expansive emotional impacts of workers being unprotected. Many community organizers shared that young relatives of food processing workers, especially bilingual teenagers, who in many cases were helping their parents reach out to their employers and to different agencies, were extremely worried and overwhelmed by the situation, and no resources were directed towards supporting them.

A community organizer that works closely with the refugee community shared,

“Kids could tell that their family was scared and they would call us to let us know, to see if we could help, and you know they are picking up on those emotions in their homes and that is affecting them so much that they reach out because they do not know what to do or what is going on.”

DISCUSSION AND CONCLUSION

This research has found that immigrant and refugee food processing workers experienced several challenges during the past months: access to limited protection in the workplace, which increased their risk of exposure, the continuation of workplace practices that incentivized attendance over health, limited ability to care for themselves and others while sick, and difficulty accessing a fragmented benefit system where employers and public agencies were ill-equipped to aid them when they needed it the most. Lack of information, language barriers and lack of access to technology played a role in increasing workers' vulnerability. Workers expressed feeling scared of contracting the virus or becoming contagion agents, frustrated with the lack of response by public agencies and organizations that were responsible for providing help, and constrained in their choices for the lack of financial support and economic need they experienced.

The present situation needs to be contextualized within the pre-COVID regulatory framework, both regarding workplace safety and access to healthcare and other benefits. The COVID-19 pandemic has exacerbated already existing issues that were particularly prevalent in the industry and beyond, such as the regular violation of workplace regulations and the lack of enforcement. As researchers have noted, a model of inspection and enforcement of workplace regulations based on workers' complaints puts the burden on those who are more vulnerable and have less tools to speak up⁴¹. At the same time, workers' lack of access to affordable and quality health care, and limited or lack of paid sick leave resulted in increased employer discretion, creating vastly different situations for workers depending on their employer's will.

Workers' experiences highlight how workplace conditions have serious impacts on workers' and their close ones' immediate and longer-term health and safety. At the same time, their experiences and those of the advocates interviewed reveal some of the gaps that persist in the access to benefits and healthcare. Our findings are consistent with a [recent large-scale survey in the state](#)⁴² with immigrant workers that highlights how the lack of eligibility for certain benefits, the high cost of medical care, coupled with increased exposure due to the

Workers rally to demand protection outside processing plant.



nature of their employment and lack of workplace protections exacerbates health and well-being disparities. Importantly, workers' experiences point to the persistence of workplace challenges and the emergence of new issues as emergency regulations expire while workers and their close ones continue getting sick. Many workers expressed that they have not yet recuperated from the financial instability that being ill or out of work due to an exposure to COVID-19 caused them.

RECOMMENDATIONS

The data collected and discussed here shows the need for increased workplace protections, access to paid sick leave and affordable healthcare, and the extension of benefits to include longer-term consequences and caring for dependents. The following recommendations for changes to state and company policy and practices impacting food processing workers were conveyed by workers and different stakeholders:

Workplace safety

- ☐ Standardized responses to outbreaks in food processing facilities that ensure facility closure after a significant amount of cases have been detected, even if no complaints have been filed
- ☐ Mandatory safety provisions that include workers' input in their design, and effective social distancing measures that can not be circumvented
- ☐ Additional resources for agencies in charge of enforcement of workplace safety violations
- ☐ Effective elimination of financial attendance incentives that compel workers' to continue working while sick and implementation of hazard pay for all workers
- ☐ Mandatory training in workers' own languages regarding at work and at home safety procedures
- ☐ Additional avenues for workers safely to learn about their workplace rights and to report violations
- ☐ Offer regular free COVID-19 testing for employees and their families
- ☐ Offer alternative transportation to work in order to reduce ride-share

Paid leave policies

- ☐ Expanded paid sick leave for workers and expanded extended leave that allows for caring for close relatives (regardless of whether they are adults or children) and that covers all employers and not only those with fewer than 500 workers
- ☐ Provide isolation and quarantine facilities for impacted workers

Healthcare access

- ☐ Increase health coverage by employers and the state
- ☐ Provide access to information and interpretation in workers' own languages

Additional policies

- ☐ Increase access to mental health resources by providing affordable services in workers' own languages to impacted communities
- ☐ Partner with immigrant led organizations to ensure funding is used for immigrant workers' actual needs
- ☐ Offer child care access or subsidies for essential workers

The Need for Additional Research

Due to both limited access to the impacted population⁴³ and the importance of presenting the data collected as soon as possible, we draw on 40 in-depth interviews and analysis of publicly available data. Our main goal was to capture immigrant and refugee workers' and workers advocates' experiences. Future studies should expand the sample to include workers in other parts of the state, and other workplaces, while retaining a focus on immigrant and refugee workers' experiences.



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