



**U.S. Department of Health and Human Services National Advisory Council on  
Migrant Health (NACMH)  
May 15-16, 2024  
Sacramento, California (In-person and Virtual)  
Meeting Minutes**

**Council Members in Attendance**

Maria del Carmen Huertero, California (Chair), NACMH

Elizabeth Freeman Lambar, MSW, Member, North Carolina NACMH

Georgina Rivera-Singletary, PhD, Member, Florida NACMH

Juan Manual Mota, Jr., Member, California NACMH

Coleen Laeger, Member, Colorado NACMH

Eva Galvez, MD, Member, Oregon NACMH

Karen Watt, Member, New York NACMH

Teng Vang, MS, Member, California NACMH

Mary Jo Dudley, MS, Member, New York NACMH - Virtual

Seth Holmes, PhD, MD, Member, California NACMH -Virtual

Marisol Cervantes, Member, Idaho NACMH - Virtual

**Federal Staff in Attendance**

Agencies:

Strategic Initiatives (SI), Office of Policy and Program Development (OPPD), Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS)

Liz Rhee, Designated Federal Officer, NACMH

Mayra Nicolas, MPH, MBA, Senior Advisor, OPPD, BPHC

Lakesha Broadway, Deputy DFO

Tia- Nicole Leak, Deputy Director, Strategic Initiatives, OPPD, BPHC

Heather Lee, Public Health Analyst, Strategic Initiatives, OPPD, BPHC

**Absent Council Member**

Carolyn Emanuel-McClain, MPH, Member, South Carolina NACMH – Virtual

**Wednesday, May 15, 2024**

**Call to Order**

*Liz Rhee, MA, Designated Federal Officer, NACMH*

Strategic Initiatives, Office of Policy and Program Development (OPPD), Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA)

Ms. Rhee extended a warm welcome on behalf of HRSA to those attending in person and virtually, the Chair, HRSA leaders and federal staff, presenters, the migrant and seasonal agricultural workers across the nation as well as the Health Centers and community-based organizations that tirelessly serve them, and members of the public. The Council was written into statute in 1975 and has been providing health and human services with recommendations on the health and welfare of migrant and seasonal agricultural workers for the past 49 years. The purpose of this meeting is to learn and share expertise to develop recommendations that aim to improve the health and well-being of migrant farmworkers. Public comments for this meeting can be submitted to HRSA through May 24, 2024, at the posted and provided website.<sup>1</sup> Ms. Rhee introduced the leadership of the NACMH.

Ms. Rhee called the meeting to order at 9:04 a.m. following her remarks.

**Welcome and Opening Remarks**

*Carmen Huertero, Chair, NACMH*

Ms. Huertero made initial comment to recent events involving an H-2A worker vehicle accident in Marion County Florida, in which there were eight deaths, eight critical injuries and 30 with additional injuries as they were being transported to work. The accident was a result of a driver under the influence of alcohol. She asked for a moment of silence in respect for those migrant workers killed and injured in the accident yesterday.

Ms. Huertero thanked the speakers and attendees for their work and looked forward to the presentations to come during this meeting. The general topics of discussion include:

- Establish frameworks for improved chronic disease management and health care management for migrant workers
- Expand translation services for diverse language needs
- Address human trafficking concerns
- Develop an action plan to address Avian Flu exposures
- Protecting farmworkers from extreme heat & wildfire smoke

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<sup>1</sup> [HRSABPHCOPPDNACMH@hrsa.gov](mailto:HRSABPHCOPPDNACMH@hrsa.gov)

Ms. Huertero welcomed the two new NACMH members:

Dr. Georgina Rivera-Singletary of Florida, and Dr. Eva Galvez of Oregon. Ms. Huertero requested the Council members introduce themselves to the attendees, briefly cite their roles and responsibilities for each region they represent and state a takeaway point to the other Council members and attendees.

#### NACMH Members and Meeting Takeaways

*Ms. Karen Watt, Member, New York NACMH*

As a representative for both dairy workers and migrant farmworkers, her takeaway is to develop initiatives that will improve transportation services for migrants.

*Teng Vang, MS, Member, California NACMH*

Mr. Vang discussed his affiliations in the community to being an advocate for veterans, as well as representing migrants in order to enhance community services and improvement of health services for the betterment of migrant lives. His takeaway point is to improve migrant worker mental health services and to improve more restrictive uses of pesticides by migrant farm workers.

*Coleen Laeger, Member, Colorado NACMH*

Ms. Laeger briefly addressed the community and migrant health issues experienced in Colorado. Her takeaway point is to work towards a path to improve safe housing and safe transportation for the migrant workers.

*Elizabeth Freeman Lambar, MSW, Member, North Carolina NACMH, Director of North Carolina Migrant Farm Workers*

Ms. Freeman expressed her concerns pertaining to housing and transportation of migrant farm workers. Her takeaway point was to address the effects of climate and environmental factors (heat) on migrant workers, as well as to address Avian Flu and the mental health needs of migrant farm workers.

*Georgina Rivera-Singletary, PhD, New Member, Florida NACMH*

Dr. Rivera-Singletary noted that she is a professor at Catholic University in Florida and is affiliated with health centers who provide services to over 40,000 individuals in the community. The majority of those individuals are migrant farm workers. Her takeaway point is to address heat protection needs for migrant workers.

*Juan Manual Mota, Jr., Member, California NACMH*

Mr. Mota expressed his concerns of *accessibility* and eligibility to health care services for migrant farm workers. His takeaway point is to listen to testimonies of the migrant workers to determine the next path of action.

*Seth Holmes, PhD, MD, Member, California NACMH -Virtual*

Dr. Holmes works as a physician focused on migrant health. The takeaway point is to address healthcare inequities among migrant farm workers and to improve over-all health of migrants through enhanced protection from heat and wildfire smoke.

*Marisol Cervantes, Member, Idaho NACMH - Virtual*

Ms. Cervantes stated her takeaway is to anticipate a good structure and understanding by the Council to ensure the letter of recommendations to the Secretary of HSS flows smoothly without pause.

*Mary Jo Dudley, MS, Member, New York NACMH - Virtual*

Ms. Dudley stated she is associated with Cornell University and is involved in migrant farmworkers' health care needs, which include working on Long-Covid and Avian Flu illnesses within the migrant farmworker population. A takeaway point will involve dissemination of education and informational materials for migrants, accessibility of health care (to include financial), and transportation.

Ms. Huertero requested motion and approval of the November 2023 NACMH Meeting Minutes after the correction to add Ms. Karen Watt, Member, New York, who attended the meeting virtually. A motion was made, seconded, and carried by unanimous voice vote.

Ms. Huertero requested a motion to approve the May 2024 meeting agenda. The motion was made, seconded, and carried by unanimous voice vote.

### **Secretary's Initiative on Protecting Farmworkers from Extreme Heat & Wildfire Smoke**

#### **(Co-Virtual Presentation)**

*Arsenio Mataka, J.D., Counselor to the Secretary, Office of the Secretary, U.S. Department of Health and Human Services*

*Jenny Keroack, MPH, Policy Advisor, Office of the Secretary, U.S. Department of Health and Human Services*

As the main adviser on climate/environmental change and the effects of extreme heat on farmworkers, Dr. Mataka represents the civil rights of migrant workers and the health effects on farmworkers from smoke and wildfires. The HHS and its multiple operating divisions, to include the Centers of Disease Control (CDC), National Institutes of Health (NIH), HRSA, Administration for Strategic Preparedness and Response, and Substance Abuse and Mental Health Services Administration, are just a sample of the many governmental departments that encompass one-fourth to one-third of the U.S. budget. Strategic initiatives will be developed requiring the services of these departments to improve migrant healthcare. It is the Secretary's initiative to:

- Use all available HHS levers to safeguard farmworker health and wellbeing in the face of increasingly prevalent and severe extreme heat and wildfire smoke events
- Encourage partnerships across the department to leverage expertise in occupational safety, public health, environmental justice, and language access
- Implement best practices from experts like the National Advisory Council on Migrant Health and National Institute for Occupational Safety and Health (NIOSH) and Centers for Agricultural Safety and Health where feasible.

The initiative is to build on foundational HHS work, to include funding 175 Migrant Health Centers and offering training and technical assistance through Migrant Clinicians Network (MCN) and Farmworker Justice's guide for extreme heat. Collaborate efforts within this initiative can facilitate and improve transportation services for migrant workers.

NIOSH recently sought a Request for Information (RIF) in evaluating and identifying occupational risks concerning environmental health and the Hazard Review, which will provide an overview of the relevant health effects of environmental factors. It will develop evidence-based recommendations to protect vulnerable outdoor workers, including farmworkers, from the adverse health effects of occupational exposure to wildland fire smoke. These foundational steps are anticipated to create National Smoke Standards. The collaboration between the National Weather Service and the CDC created a new mortality Heat Risk that provides a 7-day heat forecast nationwide by inserting a zip code into the website page.

#### Discussion

Expressed concerns from Council questioned how the HSS is inputting recommendations from the NACMH, and that clarification is needed as to how the NACMH members navigate the input from HHS. There remains the need for educational information to be available concerning environmental changes and what forms of information migrant workers have access to, whether on-line, through application programs (Apps), or paper.

Council members state conflict arises when environmental heat warnings are disseminated, and migrant farmworkers have no means of transportation to cooling centers or other protective environments. The presenting subject matter experts divulged IRS tax credit strategies that could be implemented by health centers to acquire electric vehicles used for transportation services of migrants. A Council member recommended that every heat related death be investigated thoroughly to identify risks and preventative measures, and a 2-day pause take place prior to initiating work for H-2A workers, to allow for acclimation to the local temperatures to assist in preventing heat-related illnesses.

A NACMH Council member is initiating a new research project that's called "AGRA Heat" which will investigate how heat and climate change affect migrant workers in various States. Lastly, transportation needs of migrants will need to be developed that address *trust* between the grower/owner, patient (migrant farmworker) and the health care clinic.

#### **Health Center Program**

*Tia-Nicole Leak, PhD, Deputy Director, Strategic Initiatives, OPPD, BPHC, HRSA*

Deputy Division Director, Strategic Initiatives Division, Office of Policy and Program Development (OPPD)

Dr. Leak stated the Health Resources & Services Administration's (HRSA's) Health Center Program Mission is to improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. The Council was thanked for the work and services provided, as well as attendance, and raising issues in bringing information and recommendations to which the Bureau of Primary Health Care (BPHC) can address and respond.

HRSA, through over 90 federal programs, provides healthcare to underserved communities for underserved patients. The goal is to improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services, of which 30 million individuals have received care from a HRSA supported health center to date.

The mission is to:

- Expand Access of care
- Advance Equitable Care Delivery
- Improve Clinical Quality

Migrant Health Centers (MHC) increase access to care and improve health outcomes for migrant and seasonal agricultural workers (MSAWs) and their families. In CY 2022, funded health centers served nearly 1 million MSAWs of which nearly 840,000 were served by migrant-funded health centers. In CY 2023, HRSA awarded more than \$416 million to 176 migrant-funded health centers to support services for MSAWs.

The Strategic Priorities over the next two years of the BPHC are to include exceptional experience every time, and to improve customer experience and engagement, as well as to modernize data collection and analytics, strengthen and streamline Health Center Program oversight, and to maximize the impact of the Health Center Program.

The BPHC relies upon recommendations from the NACMH Council to present to the Secretary to make progress in the future. Recommendations from November 2023 were addressed, which include:

- Recommendation I: Support and encourage the integration of Medical-Legal Partnerships (MLP) at Migrant and Community Health Centers.
- Recommendation II: Strategies to address the unique mental health and substance use needs of MSAW communities,
- Recommendation III: Initiatives to address unequal quality and access to care for MSAW.

The BPHS recommends the Medical-Legal TTA Partnerships at Migrant and Community Health Centers must facilitate the relationship in providing care for the migrant worker as well as developing strategies to address Mental Health & Substance Use Disorders unique to MSAWs. This will also entail the Unequal Quality & Access to Care strategies. The BPHS, along with its partners, is anticipating the development of a webinar, or joint publication, that addresses the unique issues and dynamics that are raised by the NACMH recommendations. The issues raised by Council pertaining to mental health and substance abuse will assist the BPHS to act in expanding these services in targeted service areas. This will require health centers to identify the prevalence of mental health and substance use disorders. The BPHC is currently addressing access to care responses to the mobile healthcare act, which went into effect on January 1, 2024. This will allow health centers that currently receive HRSA funding to use a new access point grant to set up one or more mobile units to include a permanent brick and mortar site in the application.

The FY 2024/25 funding outlook is approximately \$5.345 billion for 15 months (10/1/2023 to 12/31/2024). Funding is for Primary Care HIV Prevention, Early Childhood Development, School-Based Service Expansion, and new investment for Cancer Screening. Dr. Leak ended her presentation stating the FY 2025 President's Budget includes \$8.2 billion for health centers, which is an increase of \$2.4 billion. This extends and increases mandatory funding, serving 37.4 million patients, with increased investments for FY 2025.

### **National Agricultural Worker Survey (NAWS)**

*Daniel Carroll, Employment and Training Administration, U.S. Department of Labor*

Mr. Carroll thanked the NACMH for inviting this presentation to be shared concerning the demographic employment and characteristics of crop workers. These recommendations to the Secretary of HHS are crucial for the improvement of health challenges faced by migrant workers. The benefits of the survey are a tool to identify issues and health concerns. Improved healthcare status can be achieved by enhancing the questions on the NAWS to address the immediate concerns for migrant workers. He stated increased funding, as well as increasing the sample size and frequency of surveys, will need to be accomplished to enhance the benefits of the NAWS.

*Andrew Padovani, PhD, NAWS Project Director, JBS International, Inc.*

Dr. Padovani addressed how the National Agricultural Worker Survey (NAWS) is implemented and how the information is collected through an average of 3,600/year completed surveys, which include information on housing, employment history, current farm job, income, assessment of lifetime health history, access to healthcare and health insurance coverage for migrant farm workers. It is the only means of gathering specific data for this particular working population; however, no information is gathered on H-2A workers in this survey. He stated the results of the NAWS revealed the average characteristics to be Mexican, male, with an average age of 40 y/o, 85% are settled (not migratory housing), 50% have work authorizations, 40% do not have work authorizations, majority of income to be <40K/YR, and 20% are below poverty income.

The NAWS revealed 90% of migrant workers are employed in crops between May, June, and July, throughout the year, with an average of 37 weeks/year working. Migrant Farm Workers' health insurance is provided to 80% of migrants by the federal government.

*Emily Finchum-Mason, PhD, Employment and Training Administration, U.S. Department of Labor*

Ms. Finchum-Mason discussed how the NAWS will change, and additional information will be provided to include questions on foodborne illness transmission, heat-related illness, and precision agriculture, which *will* include H-2A workers. She stated there will be a revision of race and ethnicity questions to align with new OMB guidance. The session concluded with comments that the NAWS Data Finder tool will provide data for each 2-year period for when data began to be collected, since the 1980's, which will launch for public access effective May 15, 2024<sup>2</sup>.

#### Discussion

Council members addressed that data collected in NAWS will need to be compared for H-2A workers vs. non-H-2A workers, as the NAWS began in 1986 and does not reflect current H-2A worker data. It was advised the H-2A workers will be added to NAWS data collection to ensure information is available for non-H2A workers to be compared; however, it is expected that it will take up to five years before the data can be applied and compared between the two working groups. Also, it was asked how the interviews were completed or recruited, and the presenters stated is it voluntary and random, and dependent upon the size of the working farm. It was mentioned that there was a lack of information

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<sup>2</sup> For more information on the NAWS: <https://www.doleta.gov/naws>

provided by female participates in the survey, which may need to be addressed; however, the minority of migrant farm workers are women compared to men.

### **Avian Flu, Centers For Disease Control And Prevention (CDC) Update**

#### **Presented Virtually**

*Nirav D. Shah, MD, JD, Principal Deputy Director, CDC*

Dr. Shah thanked the Council members for the work completed to improve medical care for migrant farm workers. He stated Avian Influenza was primarily in birds, but now expanded to additional animal species, as well as being identified in the dairy industry. There are concerns that surfaced to determine the exposure possibilities of the workers to cows who tested positive for H5N1 Avian Influenza. The CDC has worked with State and Local Health Departments to provide Personal Protective Equipment (PPE) to assist in decreasing exposure. The CDC will work collaboratively with the State and Local agencies, as well as the farms themselves, to assist in testing and providing protection should Avian Influenza be identified. The CDC will provide medication (Tamiflu) to treat exposed individuals. Migrant Health Farm Workers (MHFW) associations were contacted by the CDC to exchange information as to what is needed across the nation. The CDC is committed to providing farm workers with what they need to prevent the spread of Avian Influenza.

#### Discussion

The Council cited a case with a dairy outbreak of Avian Flu that being identified in Colorado. Concerns were presented to protect the privacy of the dairy, as well as the migrant dairy worker, if the dairy was identified as having a positive case of Avian Flu. Comments were presented by members stating there is the need for the CDC to provide highly visual (infographics) education material in the language and educational level of the migrant worker, in order for the educational information to be useful.

### **National Association Of Community Health Centers (NACHC) Update**

#### **Presented Virtually**

*Margaret Davis, MSW, Director of Training and Technical Assistance Implementation and Partnerships, NACHC*

Ms. Davis discussed the NACHC's mission and thanked the Council for their service, which was founded in 1971 to promote efficient, high-quality health care that's accessible and linguistically competent, community-directed, and patient-centered for all who are served. In 2023, health care centers served one in 11 nationwide and potentially have the service capability to provide health care for up to one in three underserved individuals nationwide.

The strategy practiced by the NACHC is through the use of Science, Education, Practice, and Policy. Partnerships supporting migrant and seasonal agricultural workers requires the assistance of approximately 20 agencies to collaborate with HRSA and the NACHC (and its initiatives), such as to increase services for up to 2 million migrant workers in the future. The campaign is focused on understanding and addressing the unique needs of migrant seasonal/agriculture workers, ensuring the health center staff receive the training and technical assistance needed, identifying and disseminating



promising practices, and supporting local collaborations with health centers. Ms. Davis stated there are 22 National Training and Technical Assistant Programs (NTTAPs) that offer support.

Ms. Davis discussed how the CDC and NACHC share Environmental Health and Climate Change concerns. The CDC revealed a new Health Risk Dashboard<sup>3</sup>. Power loss due to environmental factors led to the development of the “CHARGE” (Community Health Access to Resilient Green Energy) initiative, which provides power to health centers to protect medical supplies and medication. The partnership brings turn-key solar, plus storage solutions, to health care centers. The partnership provides education, supports design installation, financing models, and permitting applications on all solar and storage solutions.

NACHC’s Comprehensive Trainings and Resources are available for review by providers in health centers, and includes information and training on:

- Financial Management
- Clinical Care and Quality
- Health Center Operations
- Governing Boards

#### Discussion

The Council members questioned what education services and training is available for healthcare workers in the health centers. Ms. Davis advised that technical assistance, leadership training for clinical directors, care team training, Physician Assistant and registered nurse training is available through the NACHC and their partnership with AT Still University. HRSA is connecting with NTTAP pertaining to heat, wildfire, smoke, and Avian Flu.

### **California Primary Care Association (CPCA) & Golden Valley Health Centers Updates**

#### **Presented Live and Virtual**

*Elizabeth Oseguera, Associate Director of Policy, CPCA – Live presentation*

Ms. Oseguera stated that the mission of the California Primary Care Association (CPCA), is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities. CPCA was founded in 1994 to create a unified, statewide voice for community clinics and health centers. It is estimated that one in five California patients are serviced by Community Health Centers (CHC’s). Barriers in communication exist due to language variances, in which one in five households speak different languages. Language barriers can adversely impact patient care through:

- Difficulty with medication (35% of patients had difficulty)
- Access of healthcare (65% could not access care due to language barriers)
- Adverse health events related to behavioral health

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<sup>3</sup> Use the HeatRisk dashboard to type in zip code and review the day’s heat risk; Scroll down to see the HeatRisk forecast for the whole week. Information on Air Quality is also included.

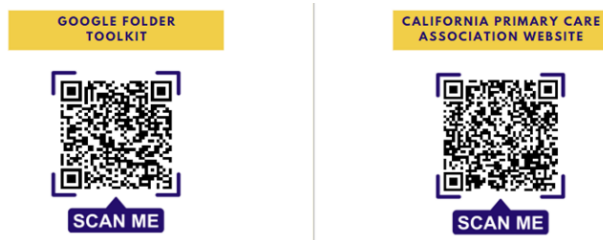
Ms. Oseguera noted the individuals with limited English proficiency (LEP) are more likely to lose Medicaid coverage during this unwinding process even if they remain eligible for Medicaid due to language barriers and ineffective communication. The CPCA always faced challenges in underserved patients having access to medications. The signing of Executive Order (N-01-19) created a single-purchaser system of pharmaceuticals in California that announced a transition from having a pharmacy within the managed care space to a compete for fee-per-service which has aided the health centers. This also has been successful in ensuring continuous glucose monitors are available for those with Type I and Type II Diabetes.

The new national standards for best practices<sup>4</sup> in health clinics are as follows:

- Translation, includes a translation check by a second translator and coming to agreement on the final translated document
- Plain language adaptation
- Cultural adaptation
- Back translation
- User test with members of the intended audience
- Modify and finalize the material based on user test feedback
- Include the intended audience in distributing and applying the material

Ms. Oseguera further presented the Pharmacy Transition and Medi-Cal Rx program, which involved transitioning to a Fee For Service (FFS) program. This did not pass due to the combined advocacy of the CPACA & CHC.

The following QR code was created as a resource for immigrants to acquire toolkit information or Medi-Cal enrollment to receive medication:



*Yamilet Valladolid, MPH, Director of Government and Community Affairs, Golden Valley Health Centers Central Valley PACE – Virtual presentation*

Ms. Valladolid provided information concerning the mission of the Golden Valley Health Center in Central Valley, CA. There are 46 health centers in the Golden Valley system that offer medical, dental, and mental health services. Golden Valley addresses language barriers by using language lines for 300 different languages, costing 50K/month. A Digital Health Literacy barrier was addressed to include updated features for education and training of health workers to also train patients on the use of digital educational materials. Golden Valley Health Center was involved in a Food Pharmacy, which involves food banks and food access, in which over 14,200 individuals were served over the past 12 months.

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<sup>4</sup> Language Equity Guide Created by The Next Door: <https://www.pnwhealthequity.com>

Ms. Valladolid stated that community partnerships were required to make the system sustainable and to address the Workforce Shortage. Support was given to the programs for healthcare *providers*, for them to be recruited to the communities of most need, secondary to the significant staff provider shortages.

#### Discussion

The Council members requested clarification of the name of the EPIC electronic health record (EHR) used in the Golden Valley system, which is “MyChart”. This EHS has the capacity to translate from Spanish to English. It was further clarified that a 50K/monthly investment for language lines was necessary and accurate to address the language and communication deficits. The language line is used in three (3) counties served by Golden Valley Health Center and requires a continuous monthly fee.

#### **Farmworker Testimonials Session**

The Council heard testimonies from six (6) female and three (3) migrant farm workers, who work in the Sacramento, California farming community. The migrants were asked to share their experiences and concerns related Chronic Disease Management & Care, Language Access and translation services to include indigenous language needs, Human Trafficking, exposure to extreme heat and wildfire smoke, Avian Flu, and other miscellaneous topics.

The Chair, Ms. Huertero, provided the introduction, testimonial methodology, and an appreciation for their participation to the migrant participants. Throughout the testimonial process, Council members had the opportunity for interaction by responding directly to the migrant panel to seek clarification and to expand on comments made during the testimonials.

The following responses were received pertaining to the key topics:

#### **GROUP ONE TESTIMONIALS: Three (3) Females**

##### *Chronic Disease Management & Care*

- When the migrant workers were asked about awareness, individual or with any co-workers, of any medical symptoms or illnesses that have resulted in not being able to go to the restroom or have a lack of water, one testifier stated that she feared infection from not using the restroom and the restroom is not properly sanitized.
- Work constraints interferes with eating lunch, and we often miss lunch which affects our health. The same testifier noted that she is not aware or witnessed migrant farm workers with kidney issues.

##### *Language Access and translation services to include indigenous language needs*

No information was provided by this group.

##### *Human Trafficking*

No information was provided by this group.

##### *Exposure to extreme heat and wildfire smoke*

- One testifier stated she had meetings with her employer concerning heat exposure and the employer did not respect her concerns or take action. She was told to get water and go back to

work after a 5-minute break. This testifier stated that the water is not at the location where work is done and there is limited time to drink water.

- One testifier stated heat is a problem and the water sources are not in the areas where work is being performed. The testifier stated there is not enough time to go to the water source. Some water is provided but not enough time to drink the water because we have to return to work. The bosses do not provide adequate break times. Water has to be supplied by the farm worker.

#### *Avian Flu*

No information was provided by this group.

#### *Other Miscellaneous Issues*

- One testifier expressed concerns that work was being unfair, and the employers don't value her work, and stated that she is easily replaced. She explained that her supervisor reminds her that they are easily replaceable and when one worker leaves, two more arrive.
- One testifier stated when she reports for a job, she is advised there is no work today. She cannot plan for childcare and work time frames are not guaranteed. She felt discriminated against because work was offered to others, but she was not provided with a reason when she was told no work was available.
- As a female, one testifier has had issues with using the restroom, especially during her personal menstrual cycle issues and the employer states she is taking too long. If her child is ill, she will have to miss work for more than a day and she will lose work time, but stated her child is more important.
- Going to the bathroom is an issue for one female testifier. They cannot complain to the employer because they will be let go and easily replaced. Not having defined work hours has led to additional or late work hours that go into the evening. She does not have food because she did not prepare to work late. They do not pay overtime.
- One testifier stated government inspectors should not announce they are coming for an inspection. The inspectors need to randomly show up to see what conditions they are exposed to in the fields.
- When asked about information provided by OSHA, one testifier stated no consistent information is provided but she was given a brochure about working in the fields with pesticides.
- One male testifier stated he was instructed on how to apply the pesticides, but he was not provided with information on the effects of the pesticides for those exposed.
- After being asked if a health clinic has offered support, one testifier stated that they do not have any services.
- One testifier stated she is aware of the location of a clinic, which is 30 minutes away, and stated it is affordable; however, the clinic does not help individuals under 20 y/o because they cannot apply for health insurance. We do not have health insurance, one testifier stated, and it is based on income, and it was too expensive to qualify. We were supposed to receive assistance but we did not and so we withdrew the insurance application. The application was submitted at the health clinic location.

#### **GROUP TWO TESTIMONIALS: Two (2) Males and One (1) Female**

##### *Chronic Disease Management & Care*

No information was provided by this group.

*Language Access and translation services to include indigenous language needs*

- A Council member asked if the migrants received information at the health centers concerning patient rights, and if the migrants had information addressing language barriers. One male testifier responded that there is too much power among the bosses and they are discriminating against the workers. The male testifier stated he does have language services provided at the health clinics.
- The migrant panel was asked if informational education was being provided by health centers in languages other than English or Spanish, and if there were other languages being used. The testifiers stated there are other workers with multiple languages, and we cannot communicate with them.

*Human Trafficking*

No information was provided by this group.

*Exposure to extreme heat and wildfire smoke*

No information was provided by this group.

*Avian Flu*

No information was provided by this group.

*Other Miscellaneous Issues*

- One male migrant stated he shares the same experiences concerning the abuse of power: the disposition of the bosses and the late evening work hours, with few breaks. Concerns that they work with chemicals/pesticides but do not receive information as to how the chemicals will affect them. The bosses do not address concerns until symptoms of exposure occur.
- Another male commented on issues with water; transportation issues; and comments from farm supervisors that they are easily replaced. "We live paycheck to paycheck".
- One female migrant testified they are not receiving information as to the long-term effects of the chemical exposure once application of pesticides are completed; there is a concern of long hours and working in unfair conditions; we are being controlled by the employers. The bathrooms are not close to the work locations but need to be close to where the work is located. The company/owner does not provide water and we have to bring our own.
- Testimonies revealed bathrooms are unsanitary and the migrants cannot miss work if they are sick because of termination concerns.
- One female testifier stated she is not aware of many workers coming to work sick and spreading infection.
- A Council member asked if there were working migrants who were breast feeding and had any issues with this, or if women stop working because they are breastfeeding, and the female testifier responded in the negative.
- When asked if there were problems securing appointments in the community health center and two (2) testifiers responded in the negative.

- A Council member inquired if the testifiers received physicals or health assessments to determine if they were allergic to chemicals or provided protective equipment/clothing when applying chemicals and the male testifier responded that he applied pesticides, and no, they never had physicals and do not have problems “yet”. He stated that they do provide goggles and clothing, such as gloves and overalls, but they are not in good condition, and we keep the same ones all year. We can exchange gloves but wear the same pants and overalls all day.
- The migrant testifiers were questioned if training workshops, or employer provided training, was given when migrants worked with chemicals and would you participate in the workshops if offered. The testifiers unanimously responded in the negative that training was not provided and unanimously agreed that they would participate in training workshops if offered, further stating there are no workshops to help with information because the farms are too large, but we would participate if they were offered.
- The subject of discrimination and legal support was proposed, and the testifiers were asked if they would use low cost/free legal advice and support if it was offered, and the three testifiers agreed they would use the service if it was not too expensive.

### **GROUP THREE TESTIMONIALS: Two (2) Females One (1) Male**

#### *Chronic Disease Management & Care*

- One male testifier stated we need mobile physicians to be available to address medical concerns at the work site. The fields are large and there is no time to leave for medical care.
- One female testifier stated we want an RN to accompany the health center employee so the RN with a monthly mobile clinic can come to the field. The farm owner does not allow the mobile unit. She stated she would use the service to receive a physical and female healthcare needs. The mobile unit could address female healthcare needs on site.
- A Council member asked about mental health issues and how have these difficulties affected your mental health and how do you seek help. The testifiers agreed that the working conditions do affect mental health, especially when the supervisors speak disrespectfully to us. Physical fatigue affects our mental health.
- One female testifier stated she has a relative with diabetes and has a hard time working. She does not have the money nor insurance to address chronic illnesses or to obtain supplies to manage her diabetes.

#### *Language Access and translation services to include indigenous language needs*

- One female testifier stated she experienced discrimination due to language barriers.
- One female testifier explained she and other workers signed a form releasing liability or work-related injuries for any action from the farm. They did not want to sign the form because they did not understand the form but signed it reluctantly for fear of termination.

#### *Human Trafficking*

No information was provided by this group.

#### *Exposure to extreme heat and wildfire smoke*

- One female testifier stated they work in environmental weather hazards, such as heat, dust and smoke.

#### *Avian Flu*

No information was provided by this group.

#### *Other Issues*

- One female testifier stated the majority of her family work in the fields. There are many challenges faced with women, and “we go to work ill or have to deal with sick children, or we don’t go to work. Bosses don’t care if you are sick. All bosses need to treat farm workers equally”.
- We cannot use the bathroom and are often told to hurry and get back to work. Our work is not valued.
- One male addressed mistreatment and the lack of knowledge of the farm or machines because of a lack of orientation with machinery, or the machines mal-function and they are accused of the damage. This testifier stated he has applied chemicals without the availability of protective clothing. My rights are not being respected.
- The testifiers were asked if crew members knew about your rights as a worker and would you use services if they were provided on site. The testifiers agreed they would use the services if they were provided on site.
- One testifier stated the services do not have to come all the time and maybe only monthly.
- Two testifiers stated that should OSHA or other government inspectors plan to perform inspections on the fields or with the migrate workers, they need to come unannounced. The farm bosses know when inspectors are coming, and they do not see what it is like every day.
- Lack of sick leave and only one day off on the weekends.
- Sick time off is company-dependent but is offered; however, can lead to termination if the company believes there’s abuse of the program
- One testifier stated she works in a low employee volume location and there is not enough employees to offer benefits.

#### **Farmworker Testimonials Session Summation**

Through open remarks and group discussions amongst the testifiers, the following is the summation of faced challenges expressed by the MSAWs to which they are currently experiencing:

1. Dynamics of threats from employers
2. Exposure to heat and lack of protection from heat
3. Lack of access to basic needs, bathroom facilities, water, shade
4. Lack of information on available health centers
5. A lack of nearby health centers and a need for mobile healthcare services
6. Affordability issues of clinics
7. Receiving services from health centers in linguistically appropriate language
8. Expressed interest in workshops for chemical/pesticide applications and OSHA safety recommendations and information on chemical exposures
9. Lack of affordable clinics

10. Lack of protective equipment from using pesticides and workshops providing training and education
11. Discrimination of farmworkers due to language barriers
12. Lack of legal services and affordable legal services
13. Negative effects on fertility issues that may arise in the future due to chemical exposures
14. Non-compliance of farm owners to OSHA guidelines
15. Impact of exposure to wildfire smoke
16. Lupus, Asthma, and other chronic illnesses being on the rise due to environmental changes and smoke exposure
17. Unaffordable Health Insurance
18. Effects on mental health caused by discrimination
19. Challenges in prioritizing health needs and family care needs over the fear of losing employment
20. OSHA inspections need to be unannounced
21. Increased illness due to cost of diabetic care and blood sugar monitoring being unaffordable
22. Need for national policies pertaining to sick leave and unemployment insurance for migrant workers
23. The need for the California Outreach Program
24. Shelter and services for victims/survivors of domestic violence
25. Include farmworkers *into* the Farm Bill
26. Address human trafficking concerns

#### **Líderes Campesinas Advocacy (Post-Testimonial)**

*Ms. Irene De Barraicua, Director of Policy and Communications, Líderes Campesinas*

Ms. De Barraicua addressed the Council members and presented the initiatives of Líderes Campesinas, which include:

- Working on policy to improve care, medical clinic access, legal support access, worker’s rights, and funding issues, to include the California Workplace Outreach Program (CWOP) that provided funding initially as the Covid-19 Outreach Project
- Taking action with introduced California State-wide Bills to enhance MSAW services
- Active implementation for Mobile Unit Medical providers to address undiagnosed chronic illnesses, to include Valley Fever

The advocacy leader clarified that limited resources are available for MSAWs and State Bill SB257 has provided support concerning climate change; however, migrants are excluded from the unemployment benefits including uncompensated sick time. State Bill 1030 (California Outreach Work Program for Domestic Violence) will decrease funds by 44% to shelters in which females would not have access. The advocacy representative discussed the National Farm Bill (NFB - issued once every 5 years), in which she seeks assistance to advocate at the national level for more inclusion of farm *workers* in the language of the Bill.

Published reports, weblinks addressing the studies and community health workers “Doctors to the Field”, will be available to the NACMH through the Líderes Campesinas website.<sup>5</sup>

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<sup>5</sup> [www.liderescampesinas.org](http://www.liderescampesinas.org)



## Discussion

Council invoked discussion to expand upon chronic illness management, such as hypertension and diabetes, and the impacts of human trafficking. The advocacy representative addressed the increasing chronic illnesses of asthma, pesticide exposure, lupus, and poor diabetes control among the migrate farmer population and reports that migrants are being held “hostage” due to language barriers. Migrants are not coming forward to be identified as being trafficked.

Council members requested more specific policy recommendations that could be helpful to recommend to the Secretary of HHS in a broader level. It was discussed that SB257, SB227, and SB1030 will require language to aid migrant workers for worker compensation issues, unemployment, protections from heat and wildfire smoke exposure, and protections for individuals’ rights at work. Recommendations to address and develop best practices to identify processes of environmental changes and wildfires releasing spores in soils to increase exposure to Vally Fever was addressed as an urgency.

The Council Chair thanked the migrants for their testimonies and time off of work to come and speak with the members. It is hopeful that plans, policies and programs will be developed and implemented to address these concerns brought forward by the migrant farm workers.

## Wrap Up and Adjourn

*Carmen Huertero, Chair, NACMH*

The Chair requested each Council member of the regions they represent, create three to five priorities to share with the fellow members. This will be performed in a group activity setting with the use of a “vision sticky board” to identify the top three or four priorities that will need to be addressed to the Secretary following this conference. Virtual attending members are encouraged to participate and to submit their priorities as well.

A group activity was held to share the top three priorities of each region. Volunteers approached the “sticky wall”, posting the priorities as follows:

*Seth Holmes/Maryjo Dudley - Virtual Members*

1. Protection from the health effects of environmental wildfires
2. Support policies that allow for health care for farm workers as well as non-medical complaints (those that pertain to housing, water, etc.)
3. Increase enforcement of existing policies for migrant farmworkers

*Karen Watt – New York, presented priorities of:*

1. Building Relationships and dialogs between the farmers/growers and the workers.
2. Investment into partnership development between all governmental agencies (local, State and National), the farmers and the workers.
3. Have a collaboration between all government agencies/programs.

*Marisol Cervantes – Virtual*

1. Avian-Flu educational materials are to be readily accessible as reported by the CDC. PEP and equipment for application of pesticides; increase in community healthcare workers

2. Chronic Illness undermines fiscal responsibility
3. Human Trafficking requires additional support from other agencies as a best practice

*Elizabeth Freeman Lambar/Georgina Rivera-Singletary*

1. Avian Flu as an urgent matter to be addressed as well as Valley Fever (associated with heat/climate change affects).
2. Educating and informing Community Health care workers in addition to the farmers and the farmworkers (creating a partnership). Medical-Legal partnership and the HRSA level.
3. Human Trafficking (Best Practices need to be defined). It was noted that Human Trafficking is not self-reported, but it is reported by others not involved in the trafficking.

The Council members held discussions into the need for more collaboration in the enforcement of current policies down to the levels of a county. Agency to agency communication and recommendations are to be cohesive to ensure enforcement of violations of any recommendations.

Tia-Nicole Leak recommend grouping the primary four (4) topics into the following categories as future recommendations are created and submitted:

1. Education
2. Health Policy
3. Health Intervention/Access
4. Patient Advocacy/Partnerships

The members discussed four (4) topics and how they could contain all of the proposed priorities presented from each of the regional representatives. The categories are considered to be themes that were addressed in the members' priorities generated by the migrant workers' testimonials.

The recommendations in past meetings were categorized into the topics of:

1. Funding
2. Training and Technical Assistance
3. Policy
4. Work Force
5. Specialized Topics

The Chair summarized that the new categories are not redundant from prior categorized priorities. She recommended reflection on these topics/themes/categories be reviewed today and to be discussed and collectively voted upon or removed during the meeting on May 16, 2024. The Chair thanked the members for working on these topics and for putting efforts into this project.

A motion to adjourn the meeting was made at 4:50 p.m., and the motion was seconded, and carried by unanimous voice vote.

**Thursday, May 16, 2024**

*Carmen Huertero, Chair, NACMH*

At 9:00 a.m. the Chair, Ms. Huertero, called today's meeting to order. She welcomed the members to today's meeting. An introduction was made for Ms. Mary Jo Dudley to provide a recap of the previous day's meeting.

*Mary Jo Dudley, Member, NACMH*

Ms. Dudley provided a detailed review of the topics presented on May 15, 2024, to include the initiatives addressed by the Chair, as well as highlighting the topics of each presenter. Ms. Dudley tabled the importance of collating the information presented by the Council members as well as the subject matter experts who provided presentations live and virtually, as well as to establish best practices from the information gathered to present recommendations to the Secretary of HSS.

Ms. Dudley reviewed the day's agenda as well as providing a detailed synopsis of the of the migrant farmer workers' testimonies.

The chair thanked Ms. Dudley for her detailed recap of the events from May 15, 2024.

### **HEAL Trafficking**

*Nani Cuadrado, MSPAS, PA-C, Director of Education, HEAL Trafficking*

Ms. Cuadrado stated healthcare is at the center of trafficking prevention. There are over 4,000 survivors in trafficking and the purpose of HEAL Trafficking is to actually look at human trafficking from a public health perspective and develop mechanisms to prevent some of those risk factors, in which the health centers have a great impact. In the past, it was considered to be a law enforcement concern; however, medical care is most often the first point of contact in which health care providers can identify individuals being victims of trafficking. Health centers must have trauma enforced approaches to identify labor trafficking, according to current data. Collaborative effort between agencies is necessary to provide legal advice as well as clinical care to migrant workers.

Human trafficking is defined as a process, with a means and an end. The process of harboring, recruiting, and transporting migrants are examples, with the means to force, commit fraud or coerce the migrant, with the end resulting in involuntary servitude, debt bondage and slavery.

Trafficking is not higher in H2 migrant workers but most often occurs in undocumented workers (non-H2). Barriers of receiving health care for individuals involved in trafficking were identified as prohibitive costs, shortage of healthcare services, lack of culturally and linguistically appropriate services, lack of information about healthcare coverage options, confusing eligibility requirements, inability to get sick leave, concern of losing paid work time, social isolation and lack of eligibility for healthcare coverage and fear of deportation (for undocumented workers). Health center education on these barriers will foster an improved approach for health care workers to identify victims of trafficking. Non-compliance to treatment or medication is often recorded by health care workers; however, further questioning or investigation may determine the migrant worker may have not been provided transportation to receive a medication or follow-up with the recommended medical testing, or the farm owner refused to allow the worker time to obtain the required medical treatment. These recorded instances of "non-compliance" could be a direct result of a trafficking event.

H-2 workers have Visas that contain personal information and addresses which facilitates hesitancy in offering to reveal the Visa. H-2 workers report to health centers for other reasons than trafficking as

information is shared after the encounter. The health provider will be presented with reports of housing discrepancies or medication unavailability when the reason may be trafficking.

A call to action involves the use of medical interpreters, providing linguistically appropriate social service support, to maintain policies/protocol in place for human trafficking and for health centers to be educated and trained. Recommendations are to know local resources, post human trafficking hotline phone numbers, and to ensure health workers review past medical histories of the migrant patient and to not focus on one current isolated incident. Centers should provide linguistically appropriate social service support, have policies/protocol in place for human trafficking.

Future Federal Policy recommendations will require:

- Training for Federally Qualified Health Center (FQHC) staff on labor and sex trafficking
- Developing policies/protocols in all FQHCs
- Require assessments for child and adult labor trafficking as part of pediatric visit
- Posting and providing information concerning worker rights in FQHCs
- Federal funding for implementation of science research
- Required investment in prevention

The following bar code was created by the HEAL Trafficking Speakers' Bureau for feedback reference:



Health centers offer the ability for the migrant workers to be heard. Information is revealed through the encounter at the health clinic that was not actually the presenting chief complaint. Health workers are encouraged to “ask” the question. Staff will need additional training on labor and sex trafficking to build protocols and screening tools for medical assessments of migrant workers. Resources for health care works include the National Human Trafficking Hotline<sup>6</sup>, the PEARR Tool for Assessment<sup>7</sup>, and the RADT Trafficking Screening at RAFT Trafficking Screening<sup>8</sup>.

#### Discussion

It was addressed by a Council member to remain cognizant of labor trafficking in particular for many H2 workers who are concerned about their invitation to return for care, but there's an intermediary which actually is the crew leader who often is the one who is abusing power. Council members need to be aware of those hierarchies of power between the farm crew leaders and the migrant workers when developing recommendations to the Secretary. A best practice offered by the presenter was to have

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<sup>6</sup> National Trafficking Hotline Number: 1-888-373-7888 or text 233733

<sup>7</sup> <https://healtrafficking.org/resources/pearr-tool>

<sup>8</sup> <https://healtrafficking.org/2020/01/building-raft-trafficking-screening-tool-derivation-and-validation-methods/>

education needs placed in the following Fiscal Year budgets, whereas resources will be available for clinical staff to “train the trainer”, which amplifies the education provided to more individuals over time.

### **Alianza Nacional De Campesinas**

*Mily Trevino-Sauceda, Executive Director/Co-Founder*

*Amy Tamayo, J.D., National Policy and Advocacy Director*

Ms. Trevino-Sauceda thanked the Council for including Alianza in the conference agenda, and defined Alianza as the first national women farmworkers’ organization in the U. S. created by current and former women farmworkers to advocate for, and with, farmworkers and their families in the areas of workers’ rights, environmental justice, immigration, and ending violence against women. The organization engages with migrant workers in priority areas through KYR outreach, food distribution, the USDA FFWR program, and in past COVID-19 health and protection outreach.

Ms. Trevino-Sauceda described the process of human trafficking and how migrant farmworkers fall victim through recruitment, exploitative labor, challenges in reporting, and fears of long-term impacts affecting the migrant’s future work or housing status.

Ms. Tamayo provided clarifications on the H2A, non-H2A, H2B, J1 and TN Visas and the differences of each, and how migrate workers are adversely affected and manipulated by trafficking abuse. The differences between the discrimination of each type of worker is also reflected in the gender differences for employment opportunities, for example, jobs in housekeeping, maids, domestic care are offered to females while the higher paying jobs of farming or machinery work is offered to males. They lack the ability to report violations and discrimination of labor laws. Legal opportunities are not readily available for these workers to seek assistance. Farmworkers or agricultural workers are excluded from basic labor laws as reported by the Alianza Nacional De Campesinas.

Migrant workers develop chronic diseases due to pesticide exposure, and include ovarian and uterine cancer, hormone irregularities, Asthma, Parkinsons, Alzheimer’s and other neurological issues, skin allergy/hives and Melanomas, and STDs. Common illnesses among children include Asthma and other respiratory conditions, ADHD & ADD, Autism and developmental conditions, as well as hair and vision impairment. These child illnesses are being recognized in children who do not work in the fields but are housed in close proximity to fields that use pesticides.

Other health issues include workplace safety risks, heat stress, unsafe conditions, sexual harassment and violence, and nutritional needs. Females develop pregnancy risks due to demanding work, fear of discrimination and limited pre-natal services. Instances of sexual abuse for documented cases reflects only a small amount of the reality faced by migrant woman and even minors. Migrant homes are noted to be crowded with unsafe conditions with exposure to pesticide airborne drift. Migrants suffer from mental health issues such as depression, stress, anxiety, stigma of getting help, as well as a lack of dental care services.

Ms. Trevino-Sauceda presented mechanisms for health care providers to understand, in order to practice prevention techniques that involve education and informing workers of risks, informing health providers of risks, safe practices and protection. *Prioritizing prevention* will begin with:

- Training healthcare providers

- Understanding cultural context
- Language inclusivity
- Building trust between the health care provider and the migrant patient

The treatment modalities for these identified illnesses are limited due to the migrant's inaccessibility or lack of means to obtain health care (lack of health insurance coverage, resources, specialty care, demanding work hours, and transportation). These diseases are not detected early and there is no confirmed method to treat general pesticide exposure once it occurs. Access to mobile health clinics is limited due to hours of operation (evening hours or weekends). Adversities occur when the migrant worker, for example, is suspected of having an allergic reaction to pesticides, and is referred to specialist outside of the covered insurance plan, results in no further care being sought by the migrant worker based upon costs and referral expenses beyond plan coverage.

#### Discussion

The presentation was concluded with the discussion of policy recommendations, which include developing a National Heat Stress Standard, Amend the Federal Labor/Employment Laws and Create a Pathway to permanent status. It is recommended that State and Local Advocacy Engagements be developed to include the HSS and ensure there is collaboration within governmental agencies. Lastly, it is recommended to revise and fund WPS training to include MHC and additional health risk information.

A Council member cited that farmworkers may be excluded from the National Labor Relations Act; however, there are ten states that amended their labor laws that provides protection for farmworkers. A National Labor Law change is highly unlikely, but there are options for State amendments to their labor laws, such as in Arizona, California, Idaho, Kansas, Louisiana, Massachusetts, Nebraska, and Maine which address labor protections and a State pathway for farmworkers. Council member's concerns also lay with acknowledging the isolation of migrant worker woman, and a means of communicating with these women through digital connections. The presenter advised that mechanisms of Zoom meetings, on-line applications (Apps), Facebook connections, etc., are strategies that have been utilized in the past. Person-to-person connections appear to have been the most advantageous means of communication.

Inquiry into the quantifiable examples, or quantifiable data, that has shown success in these communication efforts that could be combined with recommendations from the Council to be presented to the Secretary of HSS was provided and include strategies of how the National Policy and Advocacy office reached out to thousands of worked to help the receipt of monetary Covid relief for workers. Also, making monthly calls to identify most relevant issues experienced by workers was accomplished. Focus groups were created to obtain information from direct conversations with workers which resulted in text being added to the draft Farm Bill *addressing* farmworkers.

#### **Discussion – Updates from Health Centers**

##### *Council Members, NACMH*

Ms. Huertero initiated the session by asking the members to gather the information that was presented yesterday concerning the regional priorities of each Council member within the regions they represent, and ensure the topics remain pertinent. As received from the members, additional priorities that can be

considered best practices to improve overall health clinic services and outcomes to the categories presented on May 15, 2024, include:

- Enhance technology-based solutions such as Zoom. This adds a level of acceptance and comfort to the provider/patient encounter.
- Provider Training – Cultural context is important for health care workers to possess.
- Multi-generational approach to care involves education and training, which is pertinent to prevention.
- Access to health care – travel limitations; need additional hours of operation to allow evening and weekend hours.
- Need to have health centers viewed as a safe haven to enhance the trust between provider and worker. Lessening the fear of workers required to provide identifying information that they might not possess
- Offered additional services such as mental health, dental, pharmacy services medical specialty care.
- Digital connection needs to be maintained to prevent isolation, including WhatsApp.
- Maintain a mindset that the clinics work “together” with migrant patients and the clinical provider.
- Avian Flu concerns are important, and additional emergent medical topics will need to be addressed to prepare for illnesses that are *not* Avian Flu. The information for these potential future outbreaks needs to remain in the language and educational level of the migrant.
- Access and engagement of farmworkers, such as investing in mobile medical units, expansion of hours and having outreach workers go out into the community
- Focus on heat and climate change and wildfires
- Focus on labor protections that surfaced from testimonials of migrants to include
- Dissemination of education and infographics that are linguistically or culturally appropriate for the farmworker population

Members will meet during the afternoon session to consider the additional priorities and to either add, combine or remove the priorities as developed the day prior. The key to develop a streamlined recommendation is to prioritize each idea to formulate those most important categories to present to the Secretary.

### **Travel Reimbursement Processing**

*Elaine Garrison, BPHC, HRSA*

Ms. Garrison reviewed the process for reimbursement of travel expenses and noted that the deadline for submitting the travel voucher and non-meal receipts was May 24, 2024. She encouraged Council members to contact her via email or phone if there are any questions or encountered problems and noted that the travel process of reimbursement requires receipts, and the tip maximum reimbursement is 15%. Once documentation is received, a travel voucher will be created in ConcurGov, and an email will be sent to members concerning the steps that need to be taken for reimbursement.

### **Facilitated Discussion on Possible Recommendations**

*NACHM Members (Group Activity)*

A review of the priorities and categories listed on the “sticky board” were reviewed to collate and consolidate the recommendations into a streamlined recommendation to the Secretary. The Council members developed a Google shared document to ensure the members had reference to the priorities for sharing and discussion.

Council members identified a range of issues that emerged through the presentations and group activities during the meeting:

- Policy: Protection from the health effects of climate change to include heat and wildfire smoke exposure; unsafe drinking water; enforcement of current policies; labor protections; eligibility challenges due to outdated guidelines which results in loss of healthcare coverage; increased enforcement of current policy
- Education: Valley Fever, Avian flu, and pesticide exposure. Must determine the organization that will be responsible for disseminating the information in a linguistically appropriate manner. Educate migrant workers of their rights as human beings. Digital equity and inclusion.
- Access to Healthcare: Mobility issues
- Advocacy: Establish best practices
- Preparedness for Emergent Health issues for farmworkers: Supply PPE for farmworkers for potential future outbreaks of diseases as discussed with will include education dissemination.
- Mobile clinics and language translations: Language access and accessibility of care will be categorized into other categories
- Funding: Allows for housing, workplace regulations

The detailed final collation and consolidation of the recommendations was outlined by Council members for presentation of these recommendations to the Secretary of HHS. A decision was made to limit the NACHC recommendations into three (3) categories, and collate the appropriate priorities into the following categories:

- Access & Engagement
- Education
- Policy

Through a shared Google document, the members entered into three (3) individual workgroups to have each group formulate the recommendation that will apply to one of the three categories listed above. The first draft response by each group is due by June 30, 2024, with a finalized product by July 31, 2024.

### **Formulation of Recommendations**

#### *Council Member Subgroup Reporting Activity*

The Council members reconvened after group workshops to present a streamlined approach for the tasks assigned to each subgroup and provided a brief synopsis of the implementation of the priorities to prepare for the recommendations letter to the Secretary as follows:

#### **Access and Engagement:**

- Pairing down ideas and priorities and determining the objective is to increase access to healthcare for migrate workers through language access, mobile units, digital literacy,



increasing collaboration, community based spiritual and clinical support, insurance eligibility, support the local work force centers, training of clinical staff to provide education in trafficking, chronic illness management, mental health care, alcohol and substance abuse disorders.

**Education:**

- To develop a unified “Education Playbook” for workers in health centers to provide information and education on safety topics (OSHA), best practices, chemical exposures, Avian flu, environmental factors and exposures, increased awareness in human trafficking, and pesticide exposure in linguistically and culturally appropriate formats.

**Policy:**

- Address the Secretary’s questions, such as increased enforcement of existing policy and protections involving other government departments such as OSHA, EPA, DOL, and DOA; expand partnerships to include cross-agency communication and engagement for improved enforcement; among government agencies; address heat, pesticides and wildfire smoke exposure; and to encourage the Secretary to have a policy on emergency preparedness for Avian flu, or other infectious diseases that may surface, such as for Covid.

**Formulation - Letter of Recommendations to the Secretary of Health and Human Services**

Maria del Carmen Huertero, California (Chair), NACMH

Liz Rhee, Designated Federal Officer, NACMH

Ms. Rhee commented that Open Public Comment would be received through the posted link<sup>9</sup> through May 24, 2024, and the Council members would have access to the public comments. Members were advised to consider the comments when formulating the recommendation.

Ms. Huertero announced that the recommendations should be finalized by July 2024 and as emergent issues or topics arise, to consider adding additional priorities.

The next NACMC meeting will be held October 22-23, 2024, in Rockville, MD. Council members are to secure dates to attend the meeting.

The date of June 30, 2024, is the deadline for submitting the recommendations in draft form. Comments will be returned to Council members by July 10, 2024, and July 22, 2024, will be the deadline for the Chair to receive recommendations in order for the finalized recommendations to be submitted to the Secretary by July 31, 2024. All recommendations will be forwarded to the editing contractor and members will receive the drafts in a language that is cohesive by July 10, 2024.

**Meeting Wrap Up and Adjourn**

*Carmen Huertero, California (Chair), NACMH*

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<sup>9</sup> [HRSABPHCOPPDNACMH@hrsa.gov](mailto:HRSABPHCOPPDNACMH@hrsa.gov)

Ms. Huertero thanked the staff who assisted and coordinated this meeting and provided meeting supplies, lunches, audio and visual support. A thank you to the presenters and their level of expertise on topics happening at the national level, and a heart-felt thank you to the Council members for volunteering their time and experiences to this program, and for the r representative from the Secretary's office to be present to assist in health improvement and quality of life for farmworkers. Appreciation was given for the flexibility of the Council members to provide support to the Chair.

A motion to adjourn the meeting was made at 4:17 p.m., and the motion was seconded, and carried by unanimous voice vote.