



Good morning Chair Clyburn and members of this subcommittee. I am Dr Eva Galvez, a family physician at Virginia Garcia Memorial Health Center and I am honored to be here today.

I am the proud daughter of a Mexican immigrant and seasonal farmworker. My experiences, along with the work I do today, have provided me a unique perspective on the challenges faced by Latino immigrants and farm workers. This pandemic has laid bare the essential contributions that Latino immigrants and farmworkers are making to our country.

For the past ten years I have worked on the front lines as a treating physician at Virginia Garcia. We are a federally qualified community health center serving more than 52,000 individuals every year. Over half of our population is Latino, 98% of our patients live below the poverty line and 20% are farmworkers.

Our patients are some of the most vulnerable in the community. Lack of access to appropriate housing and health care, food insecurity and unsafe working environments all contribute to their higher rates of diabetes, respiratory issues, stress and lower life expectancy.

COVID-19 continues to expose the heightened challenges and increased vulnerability our community experiences. While Oregon has seen a decrease in the infection rate, the positive rate among Latinos in the state has increased. In Oregon, Latinos represent approximately 13% of the population¹, yet we are 30% of the positive cases².

1. US Census. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2016/>

2. Center for Disease Control & Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/data-visualization.htm>

I offer you a closer look at the data Virginia Garcia has collected in our testing. As of June 2 we have tested 1,418 individuals. Just over 60% of those tested identify as Latinos and Hispanics, yet they represent 92% of the positive results. Oregon is not alone in this disproportionate rate. Across the nation, Latinos account for 32.7% of the positive testing³ results but only 18.2% of the population⁴.

So what are the factors contributing to this disparity?

Latinos make up a large portion of our essential work force, laboring to keep food on our tables, they work in agriculture, nurseries and food processing plants. These jobs, while intensely physical, take place both indoors and outside and often require work in crews or groups standing side by side in rows or on factory lines. Most often they are without PPE.

A patient came to me in late April asking to be tested. She was asymptomatic but had found out her co-worker had tested positive the day before. She shared with me that up until recently she continued to work elbow to elbow with her co-workers. She had not been wearing PPE during this time and her employer had told her that if she wanted PPE she would need to purchase it herself and they would reimburse her later. It was not until an anonymous report was made to the Occupational Safety and Health Administration that changes in her working environment were made. Even then, her employer expressed frustration over the required changes and she was fearful there would be retaliation.

Adding to this, most Latino immigrants and farm workers do not have access to unemployment benefits, vacation or paid sick leave. If they begin to experience symptoms, they go to work anyway because if they do not work, their family does not eat. Three weeks ago, I tested a farmworker who had been

3. Center for Disease Control & Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/data-visualization.htm>

4. US Census. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2016/>

exposed to COVID-19. He was a single father of two young daughters, with no family in the area.

Although fearful of the prospect of infecting his daughters, even more distressing to him was the loss of income and finding alternative housing if he had to be quarantined.

Complicating matters, crowded living conditions contribute to the spread of this highly contagious virus. Many farm workers that live in labor camps are housed with multiple, unrelated individuals; sleeping and living in one room no bigger than a 10x10 space. In some labor camps, you will find a single washing machine for thirty people and one shower shared by 10 people. For those who live outside of labor camps, their low wages make finding affordable housing a challenge. Often multiple families live in apartments designed for single families. This reality presents a massive barrier to observing social distancing and make it nearly impossible to self-quarantine if someone does fall ill.

All of these things; working conditions, lack of basic benefits and living in close quarters have facilitated the spread of the virus and led to the disproportionate burden of COVID-19 on this already vulnerable population.

I am here today to ask this committee to address three things:

1. workplace protections to promote a safe and healthy work environment
2. expansion of worker benefits such as health care for all, unemployment and sick leave for all workers considered essential.
3. improvement in labor housing for farmworkers in labor camps

I ask you today to join me and other health care advocates in creating solutions that will ensure safe working and living conditions for this vulnerable, essential, population.