



Testimony on Health Care Workforce and COVID 19 Impacts

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House Committee on Health Care

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Good morning Chair Salinas, Vice Chairs Hayden and Prusak, and members of the committee. My name is Sarah Laslett. I am the Executive Director of the Oregon Nurses Association (ONA), Oregon's largest union and professional association for nurses.

It is my honor to be speaking to you today on behalf of ONA's almost 15,000 members on the critical issues of Personal Protective Equipment, supporting Oregon's world-class healthcare workforce, and our re-open in the midst of the COVID-19 pandemic.

The situation with PPE has improved, but not enough. What is meant by an "adequate supply" of PPE? Does this include re-use? Does this standard only apply to the treatment of COVID patients, or all patients? Does the supply include complying with pre-COVID standards of use, or does "adequate" include using the same N95 mask for a whole shift or multiple shifts? Everyone agreed on how to measure "adequate" until the CDC and OHA changed what was "safe enough." I'm here to tell you that "safe enough" isn't good enough.

What we hear from the frontline's is a lack of clarity about how much PPE any specific facility has, and concerns about rationing. Frontline healthcare workers need to see evidence that any re-use of PPE is a last resort and not becoming a "new normal" for cost containment. Transparency about PPE availability remains elusive despite ongoing calls for direct data sharing at the healthcare worksites. The "big data" as compiled at the statewide level doesn't meet the need. We need consistency of expectations, nuanced by patient care contexts - from large, urban hospitals to smaller, rural facilities. Significant variances in standards continue across the state.

On the question of our healthcare workforce, I'm sorry to report that we see increasing risk of fracture and instability. When elective procedures and other out-patient health care services were curtailed at the beginning of the outbreak here in Oregon, we saw some creative and thoughtful re-assignment processes, extension of personal leave banks, and a real effort to keep RNs economically whole, even while Oregon's Nurse Staffing law was suspended and workplace conditions shifted rapidly. We were able to negotiate some successful Memorandums of Understanding to extend job protections for our members. But then the problem of daily low census became more pervasive - RNs sent home because there wasn't work for them. Now we're beginning to see increased furloughing and lay-offs. Wage replacement and flexibility around re-assignments that were offered in March are expiring and not being extended. Some of our smaller hospitals are talking about closing their doors altogether. Meanwhile, millions of dollars in tax revenue flow into the healthcare industry. What are those bailout dollars for if not to maintain the integrity of this essential workforce? Without the nurses to provide the direct care,



the experience of the public with Oregon's hospitals and clinics will decline and the healthcare inequities that have been a characteristic of this system, most notably racial disparities, will get worse.

In this context, the idea that healthcare employers would be granted broad liability-waiver from workers compensation claims based on COVID exposure is going in the wrong direction. We support the exact opposite approach – presumptive causation for any essential worker contracting COVID-19 who files a workers' compensation claim. Now is not the time to create loopholes for sickened workers to fall through.

I'd like to close by sharing a few words from one of our members, currently in quarantine in a hotel room after being exposed to this deadly virus while on the job at OHSU just recently.

Sitting here in my hotel room alone I have so much time to think. Waiting for my test results to find out if I am positive or not, taking my temperature every few hours, watching for each new symptom.

I have listened to the arguments back and forth on the news, at work, on social media about COVID, the economic impact, the risks, and the disease; listening to all of that does not make it any less terrifying. The logical part of me knows that the mortality rate is miniscule. I can tell you that being a health care provider doesn't make it feel miniscule.

It doesn't help that I am MAD. I am furious at a system that doesn't provide the protection required. I am furious that we are not all wearing face shields ALL of the time with ALL patients. I am furious that elected leaders and healthcare employers try to claim that testing and PPE are not a problem, that there is an abundance. I say, "Say that from the front-lines!" I dare you to go into a patient's room to provide essential care without the proper protection and then decide if there has been enough done - enough PPE distributed; enough precautions taken. Our testing is not reliable enough, not widespread enough, not fast enough.

It is almost better to work on a designated COVID unit because then you do have all of the proper PPE, all of the time. The rest of us only get the option to wear the appropriate PPE with a positive patient. Oh, but wait, if the patient you are treating tests negative and you provide care without that additional PPE, and then their follow-up test is positive, what do you do then?

Is the lack of PPE a political issue? It shouldn't be. The issues that the system is facing are so much bigger than one politician, one administration, one manager or one hospital. I hope this shines a light on PPE and big-picture public health challenges. I hope that it changes the face of health care entirely, and that having enough PPE will never again be an issue faced by healthcare workers.



So, what does Oregon's healthcare workforce need?

1. Funding specifically directed at keeping this workforce whole as the healthcare system recovers and re-sets.
2. A PPE supply at all facilities measured by non-crisis care standards for use, and assuming maximum care capacity.
3. Full transparency about PPE on-hand and other re-open standards at the facility level.
4. Presumptive causation for all claims by essential workers.

Now is not the time to back down. We need our elected officials to step up, to lean in, to take on these challenges, just like our members do every day in Oregon's hospitals.

Thank you.