

TO: Chair Prozanski
Vice Chair Thatcher
Members of the Senate Committee On Judiciary and Ballot Measure 110 Implementation

FR: Kristin Harman, Portland, Oregon

RE: SB 483 Support

March 16, 2021

Chair Prozanski, Vice Chair Thatcher, and members of the committee, my name is Kristin Harman. I am a Registered Nurse at Providence Portland Medical Center (PPMC), where the nurses fortunately have union protections and representation by Oregon Nurses Association. Today I want to tell you my story of undue fear at work caused by my insistence on health and safety on the job. I hope my story, while not being strictly a story of the sort at which the bill takes aim, gives example to the diversity of harms experienced by employees who just want safer workplaces. Workers face tremendous challenges speaking up for themselves and their coworkers on health and safety. Having been through severe difficulty in getting my employer's respect for my — and for general — COVID safety, and, looking out for others who may be making safety complaints, I support the bill, and so does my union and professional association, ONA.

I have worked for PPMC for the vast majority of my career, as a direct care nurse on a respiratory ward. Think serving people with thoracic surgery, pulmonary diseases, pathogenic respiratory illnesses and neuro muscular diseases requiring close respiratory and heart monitoring and/or mechanical ventilation.

Before SARS CoV2 was widely believed to be spreading in the community, I was spending most of my free time reading about this new illness. On March 5, contrary to the CDC recommendations and decision makers at my hospital, I arrived to work with a cheerful cloth face mask I purchased, after a great deal of consumer research, to protect me from air-borne illnesses and pollution. It had Microban, an antimicrobial additive in the fibers to increase protection. I was told by my charge nurse that I was violating policy. I was explaining that I was protecting them (my colleagues) and the people we serve. The CDC was saying that wearing a mask puts one at greater risk of contracting the illness because of improperly touching the mask and mucous membranes. Even some of my coworkers, considering the CDC recommendation at the time, viewed my concern as foreign and alarmist.

I felt isolated, alone, extremely scared, and just maintaining my composure while shaking inside with fear while working with my patients. I offered to use a face mask provided by the hospital system as an alternative. But hospital policy also forbade nurses in my case from using any mask at all.

I reported myself to my boss, trying to paint myself as a thoughtful nurse who would gladly work on creating a decision guide for appropriate self-provided masks for use in the workplace. My offer was politely but condescendingly declined.

My boss asked me to follow policy while at work, meaning maskless close contact with patients. I could only think about the cases of undiagnosed active tuberculosis I have I found out about, the needle stick from an unknown-HIV-status patient, the H1N1 flu I got from the sick patients while filling in for the nurses who succumbed to the illness. The fear of death and lifelong disease and isolation doesn't leave a person just because they are a nurse. All of that I see as system failures and oversight that I have etched in my daily memories as things to avoid. I fortunately survived all of it. I knew this SARS-like disease already took the life of Dr. Li WenLiang. He was 6 year younger than me. I have a rare genetic disorder called Sticklers Syndrome, have history of asthma, allergies and anxiety from adverse childhood experiences. I had a great amount of uncertainty about how my body would respond to this illness.

I told my boss that I insist on wearing a mask, that everyone should wear a mask at minimum and am willing to do my part to make sure it is safe. He said he has to take this to HR. So they made time to hear me, but stated at the end, "The bottom line is you either come to work and follow policy or you don't." I had to get off the line and I couldn't stop crying "What do I do? Lose my health insurance in the middle of the pandemic? Go to work and risk harm to my patients and myself so I can have health insurance, food, home?" Paralyzed, I had no choice. My body was not free to even protect itself. My employer cornered me with two non-choices and forced me to choose. Paralyzed.

"I have to stay safe. I have to keep others safe." "Why am I the bad guy? I am not a bad person. I am not a bad person." I cried. I had to make what I felt was a shameful call to short term disability to initiate a claim for my mental health concerns with my multiple traumas piling up. While I was on disability, as events unfolded, the hospital continued take the virus only as seriously as the minimum levels required by the CDC and OHA, or even at times claiming that the ideal protection recommended by the CDC was not necessary for frontline staff and still insisting that employees use only Providence-provided PPE. This made it virtually impossible for an individual employee of Providence to provide themselves with the CDC-recommended PPE either by their employer or on their own.

As I recounted, my punishment was a "come to work" directive — or "be expelled" — and my self-and-public-protecting reaction was to use disability and back away from a situation that violated my physical and psychological safety and the nursing code of ethics. While not a complaint filed with an agency, my complaints and offers to improve safety with my boss were reflective of what I and others actually must do for the sake of health and safety. My employer should never have put nurses, like me, in this situation.

Upon returning to work from my leave, I noticed that many doctors and nurses were wearing their own masks. I heard from my colleagues that at times they needed a powered air purifying helmet and were having trouble obtaining them at all or in time. So I talked to my boss again about creating a process whereby staff can take personal responsibility for their own safety in the event that employer-provided PPE was, in the employee's judgment, inadequate or unavailable.

I stipulated that the ideal process would protect the employer's interest in preventing liability resulting from use of the equipment and harm to their patients, and empowering individuals to be able to protect themselves. I spoke with infection prevention employees who stated that they would escalate my request. I didn't hear back from them. I followed up to find out the results. The reply was that "PPMC policy states that employees must use employer-provided PPE, and providing your own is a violation of policy. Providence provides adequate PPE to its employees." Then a director of nursing came to my ward to talk to me. She explained that she believes in a face shield and regular mask prevents SARS CoV2 transmission. She offered to sit down with me and HR to talk about my feelings and concerns. I declined. I plainly wanted to collaborate with my superiors around creating a new screening process of personally-sourced PPE. Furthermore, she indirectly explained that she believes my concerns were invalid. After the largest outbreak in a hospital system in Oregon, I contacted her about how the mask and shield policy at Providence appeared to be ineffective at protecting patients and caregivers. She implemented a disciplinary process of meeting with me, my boss, and HR about her concerns that my email had a "disrespectful tone" and that I was not upholding the standards of behavior that the organization expects. Fortunately, I have a union and protections therein such as grievance filing. It's not enough. The vast majority of workers do not and are left in the defensive and backed into a corner by management when they speak out about health and safety in a workplace.

With concerns for others who are sticking their neck out, especially non-union workers, in making health and safety complaints, I value the approach the bills takes. I share to give you example of how essentially insightful frontline workers are in seeing what's at stake — and to show that worker hardship in fear of speaking up can take many forms and is a terrible strain. I ask you to see that workers need more tools to defend themselves in their jobs and to defend their insights in safe vs. unsafe working conditions. I'm pleased to be sharing this with you today and pleased that my organization, Oregon Nurses Association, asks you to support SB 483 as well.