



October 16, 2014

The Honorable Fred Upton, Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Henry Waxman, Ranking Member
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Upton, Ranking Member Waxman, and members of the committee:

The American Federation of Teachers represents 1.6 million members, including more than 112,000 healthcare professionals—84,000 of whom are registered nurses. As a representative of nurses and healthcare professionals, we are pleased that the committee is holding today's hearing on the U.S. public health response to the Ebola outbreak.

Preparedness and capacity have been a central focus of our healthcare members and leaders in the wake of the multiple confirmed Ebola cases in the United States. To this end, we urge you to consider the following issues and concerns as the committee undertakes its important oversight responsibilities to ensure that our government is doing everything within its power to limit exposure to Ebola.

Federal funding for public health emergencies must be increased:

The current Ebola outbreak highlights the need for greater investment in the U. S. public health infrastructure, which has eroded significantly in recent years. For instance, funding for the U. S. Hospital Preparedness Program, which helps communities and hospitals prepare for public health emergencies,¹ has been cut by 50 percent since 2003, according to the Congressional Research Service.² In addition, the Centers for Disease Control and Prevention reports that it lost nearly \$1 billion in funding due to sequestration and cuts to the Prevention and Public Health Fund.³ These cuts hamper the agency's ability to keep communities and health professionals safe.

State public health funding has likewise been slashed. According to Trust for America's Health and the Robert Wood Johnson Foundation, "33 states and Washington, D.C. decreased their public health budgets from FY 2011-12 to FY 2012-13."⁴ At a time when additional trained public health professionals are urgently needed in our communities, layoffs and attrition have reduced the number of employees at 91 percent of all state and territorial health agencies, according to the Association of State and Territorial Health Officials.⁵

¹ www.phe.gov/Preparedness/PLANNING/HPP/Pages/default.aspx

² See the Oct. 9, 2014, Congressional Research Service report, "Funding History for Public Health and Hospital Preparedness Grants to States."

³ "Fact Sheet: Impact of Sequestration and Other Budget Changes on the Centers for Disease Control & Prevention," www.cdc.gov/fmo/topic/budget%20information/appropriations_budget_form_pdf/Sequester_Impacts.pdf.

⁴ Trust for America's Health and Robert Wood Johnson Foundation, "Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts," May 2014, <http://healthyamericans.org/assets/files/TFAH2014-InvestInAmericaRpt08.pdf>.

⁵ Ibid.

American Federation
of Teachers, AFL-CIO

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Compounding the cuts in state and federal preparedness funding, hospitals themselves too often make decisions about emergency preparedness based on their bottom lines rather than the safety and well-being of staff, patients and communities.⁶ Hospitals and other institutions must change this status quo and put patients and communities before profits. In turn, federal and state funding for public health emergency preparedness must be made readily available to the institutions and agencies that communities rely on to keep them safe.

A robust and well-supported healthcare workforce is essential to addressing Ebola in the United States:

Nurses and health professionals are the frontlines when it comes to safeguarding the health of the public in the face of the Ebola outbreak. In order to safely care for their patients, nurses and health professionals must not be stretched too thin. Even under nonemergency situations, inadequate staffing levels too often jeopardize staff and patient safety.⁷ As we confront the Ebola outbreak, there is no excuse for inadequate healthcare staffing in our hospitals, home health agencies, nursing homes, schools and other care settings.

The time to increase healthcare staffing is now—before a patient with Ebola enters a healthcare facility. The CDC recommends the use of a “buddy system” when caring for Ebola patients and when putting on and removing personal protective equipment (PPE).⁸ Staffing must be increased for employees to be able to safely use the buddy system without rushing through the removal of PPE to get to their next patient. Immediately increasing staffing at all U. S. health-care facilities would go a long way toward ensuring that our frontline nurses and health professionals can return safely to their homes after caring for an Ebola patient during their shifts—regardless of whether they’d expected to encounter Ebola that day.

Increased staffing at every healthcare facility is especially critical given the recent consolidation and corporatization of the healthcare industry. Smaller rural hospitals are closing after being acquired by large corporate chains, forcing some rural residents to drive for miles to get care.⁹ *Kaiser Health News* reports that “six percent of the nation’s emergency rooms have closed their doors in recent years,” at the same time that the number of ER visits has increased nationwide by 51 percent.¹⁰ This means that in the event of an Ebola outbreak, hospitals that still have emergency departments must be staffed and equipped to care for an influx of patients who previously would have gone to their own now-closed local emergency department. Thus, an immediate increase in staffing and emergency preparedness is critical for every U. S. hospital.

Every hospital must supply appropriate Personal Protective Equipment and provide high-quality, hands-on, ongoing training on its use:

Every healthcare facility must have an adequate supply of personal protective equipment—including respirators, hazmat suits, double gloves and disposable shoe covers—that meets or exceeds OSHA and CDC standards. All health-care employees should be fitted for their PPE, and should receive high-quality, hands-on, in-person training on how to safely use the equipment. Training must be ongoing, so skills remain fresh and up-to-date, and nurses and health professionals on the frontlines feel confident in their ability to safely care for patients with Ebola.

Any healthcare professional put in precautionary quarantine should be paid at his or her normal rate for the duration of the quarantine:

Employees should be encouraged to candidly report any possible exposure to Ebola. Continuing the paychecks of

⁶ The Congressional Research Service writes, “The economics of the healthcare market push hospitals toward leanness and efficiency, and away from the redundancies and reserve capacity that a health system needs in order to surge for a mass casualty incident” (footnote 12 to the Oct. 9, 2014, CRS report).

⁷ There is a large body of evidence linking safe nurse staffing levels with improved patient outcomes. See, for example: Linda H. Aiken, Douglas M. Sloane, Luk Bruyneel et al. “Nurse Staffing and Education and Hospital Mortality in Nine European Countries: A Retrospective Observational Study,” *The Lancet* 383, issue 9931 (2014), 1824–1830; and Matthew McHugh, Julie Berez, and Dylan S. Small, “Hospitals with Higher Nurse Staffing Had Lower Odds of Readmissions Penalties than Hospitals with Lower Staffing,” *Health Affairs*, 32/10 (2013), 1740–1747.

⁸ CDC, “Detailed Hospital Checklist for Ebola Preparedness,” 3.

⁹ “Rural Hospitals Pressured to Close as Healthcare System Changes,” *Reuters*, Sept. 3, 2014, www.reuters.com/article/2014/09/03/us-healthcare-rural-insight-idUSKBN0GY14620140903.

See also, “Hospitals Continue to Shut Down in Rural America,” *Al Jazeera*, July 12, 2014, <http://america.aljazeera.com/watch/shows/fault-lines/articles/2014/7/12/hospitals-continuetoshutdowninruralamerica.html>.

¹⁰ <http://capsules.kaiserhealthnews.org/index.php/2014/08/study-finds-er-closures-affect-mortality-risks-at-nearby-hospitals/>

healthcare professionals during their quarantine for suspected exposure is the right thing to do, and may save money and lives in the long run.

Nurses and other frontline health professionals must be involved in public health decision-making:

As hospitals, schools and other institutions make decisions about their emergency protocols, nurses and other health professionals must have a seat at the table. One nurse in Connecticut said that he first learned about the training planned at his hospital by reading about it in the newspaper. This is simply unacceptable. Healthcare management must ensure that those who will provide the actual patient care, and potentially be exposed to the virus, are listened to and involved in every step of the planning process.

Protecting healthcare employees and incorporating their experience and expertise in preparedness plans will go a long way toward meeting the public health challenge ahead of us. We stand ready to assist you in this important work.

Sincerely,

A handwritten signature in black ink, appearing to read "Randi Weingarten", with a stylized, flowing script.

Randi Weingarten
President

RW:am opeiu#2 afl-cio