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Statement for the Record
by the
American Federation of State, County
and Municipal Employees (AFSCME)
for the Hearing
on the
Update on the U.S. Public Health
Response to the Ebola Outbreak
Before the
Subcommittee on Oversight and
Investigations
Energy and Commerce Committee
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This statement is submitted on behalf of the 1.6 million members of the American Federation of State, County and Municipal Employees (AFSCME). AFSCME represents workers who are on the front lines of America's domestic response to Ebola, from the New York City Emergency Medical Services (EMS) crew that transported Dr. Craig Spencer to Bellevue Hospital, to registered nurses at Children's Hospital of Philadelphia (one of a few pediatric facilities designated for Ebola care) to state and local government public health staff monitoring travelers from West Africa to hospital staff across the nation.

While this hearing is focused on the domestic front, AFSCME agrees with public health experts that we will improve overall global health security by building immediate and long-term capacity in Africa to contain and diminish the epidemic through medical and public health infrastructures. Germs have no national boundaries.

Strong, Stable Public Health Systems are a Critical First Line of Defense

It is a core and inherent government role to protect our nation from the threats of infectious diseases. No matter where they live in our country, all Americans have the right to basic protections. A strong, stable public health system at the national, state and local level is fundamental to the ability of our nation to detect, control and respond rapidly to infectious diseases and prevent epidemics. Public health departments around the country have this unique role and responsibility. Together with our health care system, these workforces are the first line of defense against emerging infectious threats.

The single most important resource for public health departments are people – trained and experienced workers. But efforts to prevent and control infectious diseases are vulnerable because we have let our guard down by cutting staff and reducing capacity. Since 2008, cuts to funding for public health preparedness have meant the loss of 1 in 5 state and local public health jobs. That loss of 51,000 workers has left states, counties and cities less ready and able to respond to the predictable, annual outbreak of influenza, much less emerging infectious disease threats. We call on Congress to provide funds to improve state and local public health departments and laboratories and to increase monitoring of travelers, as well as the purchase of needed equipment to protect workers. Without adequate funding, state and local governments will be unable to fulfill their unique role in protecting the health of our nation.

Protecting Workers on the Front Lines Keeps our Health System Functioning and Protects the Public

To protect the American public we must protect those on the front lines – health care workers, EMS and other workers who are at higher risk of being exposed to the Ebola virus (and other infectious diseases) when they do their job. Protecting workers is the best way to protect the public from exposure. The transmission of the Ebola virus to nurses at Dallas Presbyterian Hospital exposes the cracks in our system of protecting workers. Workers across the nation who are at high risk deserve better. Moreover, Americans will be less alarmed when they know workers are being protected from exposure and less likely to become transmitters of disease.

The experience with Dr. Spencer in New York City shows it is possible to have a well-honed system of worker protections. New York City's Fire Department's Bureau of Emergency Medical Service, in partnership with AFSCME Local 2507, developed protocols for transporting potential Ebola patients to the hospital. Only specially protected and trained EMS workers will treat and transport suspected Ebola virus patients. These procedures reflect a strong commitment to public safety, worker protections and ongoing training. For the protocols to be effective, communication and administrative coordination with 911 operators, the local health department and hospital system is required.

In New York City, a specially trained HAZ TAC team does the transport using a fully encapsulated and fluid resistant suit with a hood and gloves, an additional pair of nitrile gloves, and a powered air purifying respirator (PAPR). Once the transport is completed the workers go through a special procedure to remove their personal protective equipment and then a special separate team conducts the decontamination process. This protocol also includes monitoring EMS workers for an increase in temperature. Because of extensive training and compliance with the protocols, the EMS workers who transported Dr. Spencer did not have a breach in their protective equipment and had no exposure to Ebola. Though a model to be emulated, these protocols are a strain on the City's emergency preparedness resources.

AFSCME supports the Obama administration's emergency funding request to help state and local government agencies and hospitals purchase the needed level of personal protective equipment. As we have seen from the photos of health care workers and the experience in New York City, the protective equipment is elaborate, expensive and necessary.

Along with Federal Emergency Funds We Urge Increased Accountability to Prevent the Risk of Ebola Exposure

The Centers for Disease Control's (CDC) Ebola specific guidelines are important and vital. However, the Occupational Safety and Health Administration (OSHA) is the lead federal agency responsible for protecting workers at high risk of exposure to Ebola through their work. Ensuring that all employers whose workers are at high risk of exposure to Ebola comply with applicable CDC guidelines and OSHA standards will ensure the safety and health security of workers on the front lines and the public.

OSHA has identified the following types of workers at risk of Ebola exposure: health care workers caring for a sick individual, airline flight crews, service and cargo employees, laboratory workers, mortuary and forensic workers, emergency responders, individuals involved in border protection, customs, and quarantine operations, and workers in other critical sectors who may come into contact with infectious blood and body fluids.

Employers who have workers that may be exposed to the Ebola virus need to comply with a combination of OSHA standards in order to implement a comprehensive worker protection program. Workers must not be discriminated against for raising legitimate safety concerns.

OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) covers exposure to Ebola virus. Ebola is among the subset of contact-transmissible diseases to which the Bloodborne Pathogens standard applies, as it is transmitted by blood or other potentially infectious materials as defined in the standard.

The Centers for Medicare and Medicaid Services (CMS) has an accountability role too. Hospitals not otherwise covered by OSHA rules must comply with OSHA's Bloodborne Pathogen standard as a condition of Medicare reimbursement (42 U.S.C. 1395cc (a) (1) (V)).

In situations where workers may be exposed to bioaerosols containing Ebola virus, such as is possible when an infectious patient or individual is vomiting or experiencing diarrhea, employers must also follow OSHA's Respiratory Protection standard (29 CFR 1910.134).

Other elements of infection control for Ebola, including a number of precautions for contact-transmissible diseases, are covered under OSHA's Personal Protective Equipment (PPE) standard (29 CFR 1910.132) and the General Duty Clause of the Occupational Safety and Health (OSH) Act of 1970, which requires employers to keep the workplace free of recognized hazards that can cause death or serious harm to workers.

Under the PPE standard, an employer must conduct a job hazard assessment to determine whether hazards are present that require the use of PPE. If PPE is required, the employer must provide it at no cost. The employer must train employees who are required to use PPE. Training must cover when and where to use PPE, how to use PPE, the limitations of relying on PPE and how to maintain and dispose of PPE.

Employers may also be required to follow these and other standards to protect their workers from exposure to chemicals used for cleaning and disinfection.

The safety and health of flight crews are under the jurisdiction of the Federal Aviation Administration (FAA) and generally not subject to OSHA requirements. However, under a memorandum of understanding between the FAA and OSHA, they are subject to the following OSHA standards: Bloodborne Pathogens (29 CFR 1910.1030), Occupational Noise Exposure (29 CFR 1910.95), Hazard Communication (29 CFR 1910.1200).

Twenty-five states, Puerto Rico and the Virgin Islands have OSHA-approved state plans and have adopted their own standards and enforcement policies. For the most part, these states

adopt standards that are identical to Federal OSHA. However, some states have adopted different standards applicable to this topic or may have different enforcement policies.

The California Division of Occupational Safety and Health (Cal/OSHA) Aerosol Transmissible Diseases (ATD) standard is aimed at preventing worker illness from infectious diseases that can be transmitted by inhaling air that contains viruses (including Ebola), bacteria or other disease-causing organisms. While the Cal/OSHA ATD standard is only mandatory for certain health care employers in California, it may provide useful guidance for protecting other workers exposed to Ebola virus.

Conclusion

Despite the tragic wake-up call of 9/11, the outbreak of H1N1 and avian flu, our public health system is not ready for the challenge of Ebola or any public health crisis. Insufficient investment, including the sequester and other recent federal funding cuts have harmed our public health infrastructure. Years of cuts have meant losses in experienced and trained public health staff.

AFSCME urges the Congress to support the President's emergency funding request of \$6.18 billion to fight Ebola abroad and respond to it here at home. Protecting the workers who will be on the front line of this fight must be a top priority. Health and safety standards and CDC guidelines must be followed and enforced. Protective equipment must be available and all workers who may be exposed, including doctors and nurses, paramedics, lab technicians and custodians, must be trained to reduce their risk of infection. There remains a need for additional targeted training funds to ensure that hospital workers, first responders and others who are at risk of occupational exposure are trained. We also urge Congress and the Obama administration to support resources for agencies focused on worker health and safety protection to evaluate compliance with these guidelines and required procedures.

With respect to federal Ebola funds that may be granted to hospitals and other entities, we urge that the Congress make receipt of these funds contingent upon compliance with CDC guidelines as well as all appropriate OSHA standards.