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**Testimony of Irma Westmoreland, RN
On Behalf of National Nurses United**

**Before the
House Committee on Veterans Affairs**

June 11, 2020

Hearing on “Assessing VA's Response to the COVID-19 Pandemic: 90 Days Later”

Thank you, Chairman Takano, Ranking Member Roe, and members of the committee, for giving me the opportunity to submit testimony to you for this hearing.

My name is Irma Westmoreland. I am a registered nurse at the Charlie Norwood VA Medical Center in Augusta, Georgia. I am also the National Nurses United (NNU) Veterans Affairs Chair and Vice President of NNU, the largest union of registered nurses (RNs) in the United States. We represent more than 155,000 nurses, including more than 11,000 at 23 VA hospitals across the country. Over the past four months, our nurses have been on the frontlines of the coronavirus response at the hospital bedside, caring for patients throughout this horrific pandemic. To be clear, my testimony today is on behalf of NNU and in no way do I speak on behalf of the Veterans Administration management.

In my testimony, I will explain what the situation has been like for nurses responding to this pandemic at VA medical centers, identify the main challenges they have faced in their work, and offer NNU's recommendations on the policy interventions that nurses in the VA need immediately.

Registered nurses working at the Veterans Health Administration (VHA) system are proud to help care for and heal sick and injured veterans. But many of these nurses have been forced to put their lives unnecessarily at risk over the past four months to care for patients during the COVID-19 pandemic. VA nurses have been deeply dismayed by Veterans Administration management. Therefore, it is very important that this committee exercise its oversight responsibilities so that VA management understands that it should work with us thoughtfully and effectively to ensure the nation's VA health facilities can safely handle COVID-19 going forward.

VA nurses are always dedicated to taking care of our veteran patients, but we need the optimal staffing, equipment, supplies, testing, communication, education and support to do so safely.

Our goal is to protect our patients and the public, as well as ourselves, our families, and our colleagues. If health care workers are not safe, patients and the public are not safe. Before fully reopening VA medical centers across the country, and to prepare for a possible surge in the number of COVID-19, the Veterans Health Administration must take the following measures:

Provide optimal Personal Protective Equipment to ensure health care worker and patient safety, and to limit the spread of COVID-19. Registered nurses and other health care workers must have optimal personal protective equipment (PPE), including respirators (powered air-purifying respirators, or at a minimum, N-95 respirators), face shields, coveralls or gowns, shoe coverings, eye coverings, and gloves. Registered nurses and health care workers at VA medical centers still do not have adequate PPE. Frontline nurses report that they are provided, at times, with one N-95 mask per day and, at other times, only one mask per week per VA guidelines, and are required to use other PPE multiple times. VA policies on what is considered adequate PPE are constantly changing. Single-use disposable respirators, masks, or other PPE should be disposed of after every patient encounter where there is a chance of contamination. Reusing single-use PPE increases exposures to patients, nurses, and other staff; and is improper infection control that risks spreading the virus and would not have been allowed prior to the pandemic.

We understand that the VA is considering piloting measures related to PPE that may put nurses at risk of exposure, including the use of unproven "decontamination" techniques, and the production of its own PPE. "Decontamination" of respirators has not been shown to be safe or effective, can degrade the respirator so that it no longer offers protection, and some methods use chemicals that are toxic to health care workers who use them. The VA should not attempt to decontaminate respirators. If the VA produces its own PPE to try to be self-sufficient going forward, it should only do so if it can be guaranteed to meet or exceed all regulatory and safety standards to keep nurses, hospital staff, patients and others safe and limit the spread of COVID-19. Registered nurses are concerned that the PPE that the VA is making may not be safe and, so far, our questions to management have gone unanswered in this regard. Only by ensuring all staff have optimal PPE and having proper policies for their use can we stop the spread of COVID-19 and ensure that VA facilities do not become disease vectors.

Take robust measures to test health care workers and limit the exposure of workers and patients. Nurses at the VA report that it has been difficult for nurses to get tested after exposure to coronavirus. Without easy access to testing, nurses are left wondering if they have contracted the virus for weeks on end, potentially putting their other patients, their colleagues and their family members at risk.

The VA must promptly adopt policies to actively identify nurse and health care worker exposure to COVID-19 and other infectious diseases. Nurses and other health care workers at the VA must be provided with polymerase chain reaction (PCR) testing when the VA believes that an employee may have been exposed, or on demand by the worker, to be conducted each

time an employee reports that, in their judgment, they have had an exposure that warrants testing. Testing must be readily available to health care workers and adequate precautions must be taken to stop the spread of COVID-19. Unfortunately, the VA is not currently providing sufficient testing. We understand that widespread testing has largely been limited to Community Living Centers (CLC) and Spinal Cord Injury (SCI) veterans and employees. In the guidance memo from Dr. Stone (dated April 14th, see attachments), VA health care facilities were to adopt a plan of regular COVID-19 testing of patients and staff. After the initial surge of testing of CLC and SCI facilities, many facilities have failed to set up this regular routine testing plan at all.

When nurses are exposed to this virus, it is not safe for them to provide patient care for a minimum of 14 days after exposure. To effectively respond to possible spread of the disease, nurses and other health care workers must be placed on paid precautionary leave (called Weather and Safety leave if exposed and asymptomatic) if at risk of infection. Nurses or other health care workers who may have been exposed at a VA medical center or if tested positive for COVID-19, must be presumed eligible for full coverage of their COVID-19-related health care costs. Otherwise, hospitals will continue to be places that spread infection, and nurses and health care workers will continue to get sick, be unable to care for the next wave of patients, and they may die. Registered nurses working at VA medical centers report that management is not quarantining the vast majority of RNs and other health care workers who are exposed or potentially exposed to COVID 19 and are asymptomatic. The VA has not provided clear direction on how and when RNs and other employees should return to work after having symptoms and/or having tested positive.

The VA must work directly with nurses and take effective measures to prepare for future spikes in infection. As the VA plans for the full opening of its medical centers and takes steps to deal with a possible surge, it is vital that nurses and other health care workers be fully included in the process. The only way to successfully tackle this pandemic is to directly seek the input of and work with registered nurses and other frontline health care providers to ensure that the plans, procedures, and protocols implemented in VA health facilities are effective.

The VA must implement plans and protocols in response to COVID-19 based on the precautionary principle, which holds that, lacking scientific consensus that a proposed action, policy, or act is not harmful – particularly if that harm has the potential to be catastrophic – such action, policy, or act should not be implemented and the maximum safeguards should be pursued. The VA must plan for a surge of patients with possible or confirmed COVID-19 following this principle and in partnership with registered nurses, including plans to isolate and cohort patients, and to provide safe staffing.

Unfortunately, VA management thus far has not been cooperative. While the VA released the document, “Charting the Course,” regarding the re-open process (May 7, 2020), it did so

without consultation with the representatives of frontline bedside VA nurses, and it is unclear if the VA is even following its own guidance and meeting criteria for phases of reopening. VA senior executives continue to be unresponsive to our inquiries and efforts at engagement with them, and registered nurses at the bedside continue to experience problems regarding lack of testing, erratic PPE availability, unsafe PPE use guidelines, and inadequate ICU bed surge capacity. VA leadership must promptly and regularly meet with representatives of bedside nurses and other health care professionals and make full consultation and communication a cornerstone of their approach.

The VA must make communication with health care workers a priority and take additional measures to stop the spread of COVID-19. Management must provide immediate and thorough notice to employees at any medical center where a person who has been suspected of having COVID-19 was present. This notice should include, at minimum, information about the time, location, duration, and nature of the possible exposures. Weekly or regular updates on suspected or confirmed COVID-19 cases at worksites, both those of health care workers and patients, must also be provided to employees' unions to enable effective containment, follow-up, and protections for staff and patients. VA management has refused to provide this important data, thereby preventing health care staff from taking measures to protect themselves and their families, veterans and the public.

Additional measures which the VA should take to protect health care workers, patients, and others include: providing engineering controls and work practice controls, such as negative pressure rooms, barriers, and work schedule changes; all individuals present in medical centers should be required to wear masks, at a minimum, to reduce the possible spread of COVID-19 through respiratory droplets, including those not directly involved with patient care; and assign and ensure that all shared / common areas and equipment are sanitized at regular intervals by personnel qualified and trained in disinfection of COVID-19.

Congress and the Trump Administration must prioritize full staffing of the VA to fight COVID-19 and to ensure quality care. The VA provides a world class, integrated healthcare system that is uniquely designed to address the needs of our nation's veterans. Unfortunately, the VHA currently has over 40,000 vacancies, including among nurse and other health care worker positions, which leaves many medical centers dangerously understaffed and puts veteran patients at risk. For example, during the height of the pandemic, ICU RNs in New York City had to care for 4 to 5 patients each. This is extremely unsafe. The VA must promptly and effectively work to fully staff medical centers and ensure safe nurse-to-patient ratios in all departments, so that our veterans can receive the quality care they deserve. Failure to fully staff VA medical centers puts veteran lives at risk, particularly during the pandemic, and is a clear dereliction of the duty our country owes them for their service.

In conclusion, it is vital that in the face of this pandemic we stand together for smart, effective policies that will enable the Veterans Health Administration to fulfill its duty to the veterans

who put their lives and health on the line for our country. Registered nurses working at VA medical centers are proud of the role they play in making it possible for our highly regarded healthcare system to provide quality care and to cope with national emergencies. During this crisis, we urge you to take action to ensure that VA leadership works with nurses and their union to do so.

The COVID-19 pandemic is far from over, and with states beginning to re-open, we could see a second wave of infections. It is critical that the Committee ensure that the VA takes these measures to protect nurses and other frontline workers and our patients.

Employers and policymakers have been calling us heroes for sacrificing our lives and potentially our families’ lives as we work on the frontlines of the pandemic. But, at the same time, they have failed to provide nurses with the equipment and policy measures that would protect us, our families, and our patients. On behalf of every registered nurse in the VA, we urge you to stand with us by taking these steps to reduce the risk of exposure to COVID-19.

Taking the long view, we must work to improve the VA and, more broadly, build a fair and just health care system that, in the next pandemic, will prevent the unnecessary infections and deaths that we have witnessed during the COVID-19 pandemic.

Attachments:

1. VA Memo Dated March 15, 2020 and Subject “Coronavirus (COVID-19) Personal Protective Equipment (PPE) Use”
2. VA Memo Dated April 4, 2020 and Subject “Update: Coronavirus (COVID-19) Facemask and N95 Respirator Use”
3. VA Memo Dated April 7, 2020 and Subject “Updated: Coronavirus (COVID-19) Facemask and N95 Respirator Use”
4. Email Message from Dr. Stone to All Employees Dated April 15, 2020 and Subject “COVID-19: An Update on Personal Protective Equipment (PPE)”
5. VA Memo Dated May 1, 2020, and Subject “Update: Coronavirus (COVID-19) Mask Use in Veterans Health Administration (VHA) Facilities”
6. Email Message from Dr. Stone to All Employees Dated May 7, 2020 and Subject “EIC Daily Video: Innovation in 3D Printing”
7. VA PowerPoint: “PPE & N95 Management: Key Questions/Considerations” acknowledging PPE shortages, and PPE Re-use
8. VA Memo, Dated April 14, 2020 and Titled “Coronavirus (COVID-19) Community Living Center (CLC) and Spinal Cord Injury and Disorder”

9. VA Memo dated May 20, 2020; Subject: “COVID-19: Updated Guidance for Return-to-Work Recommendations for Healthcare” and NNU National Grievance Dated May 6, 2020 on Weather and Safety Leave for VA failure to quarantine RNs for 14 days when exposed to COVID-19 and who are asymptomatic
10. NNU National Grievance Dated June 2, 2020 on VA refusal to meet with Union on any issues related to COVID
11. NNU National Grievance Dated March 23, 2020 on Health and Safety Work Environment
12. Information requests on COVID-19 from NNU (Feb. 2, 2020) made to VACO and 7 (Bronx, DC, Atlanta, Denver, Jessie Brown, Dayton and Cincinnati) out of 23 facilities were not responded to