

**Testimony by Deborah Burger, RN
Co-President, National Nurses United
Committee on Oversight and Government Reform
U.S. House of Representatives
October 24, 2014**

Thank you, Mr. Chairman and members of the Committee on Oversight and Government Reform. My name is Deborah Burger, I am co-President of the Nurses United and a registered nurse, representing 190,000 members in the largest organization of nurses in the United States.

Every RN who works in a hospital or healthcare facility could be Nina Pham or Amber Vinson, both of whom contracted Ebola while treating Thomas Eric Duncan at Texas Health Presbyterian Hospital in Dallas, Texas.

One patient diagnosed on U.S. soil, two infected nurses. So far.

In many ways, all nurses work at Texas Health Presbyterian. In a survey done by National Nurses United 85% of RNs say they have not been adequately trained and the level of preparedness for Ebola in our facilities is woefully insufficient. Specifically, the survey done by National Nurses United of over 3,000 nurses from over 1,000 hospitals in every U.S. state, the District of Columbia and the Virgin Islands reveals that:

- 68 percent still say their hospital has not communicated to them any policy regarding potential admission of patients infected by Ebola
- 84 percent say their hospital has not provided education on Ebola with the ability for the nurses to interact and ask questions
- 44 percent say their hospital has insufficient current supplies of eye protection (face shields or side shields with goggles) for daily use on their unit; 46 percent say there are insufficient supplies of fluid resistant/impermeable gowns in their hospital – significantly, these percentages have been rising
- 41 percent say their hospital does not have plans to equip isolation rooms with plastic covered mattresses and pillows and discard all linens after use;

only 8 percent said they were aware their hospital does have such a plan in place

A Texas Health Presbyterian Hospital nurse, Briana Aguirre, told NBC's "Today" show Thursday, October 16, 2014, that nurses did not have mandatory Ebola training, except for an optional seminar that didn't allow them any hands-on practice.

"We never talked about Ebola. We never had a discussion," Briana Aguirre said. Training for Texas Health Presbyterian's nursing staff amounted to "just information," she said. "We were never told what to look for." "All I know for sure is that he (Duncan) was put into an area where there are around seven other patients," she said.

"We took around three hours to make first contact with CDC to let them know what we had of our suspicion. There were no special precautions other than basic contact precautions. No special gear." She said the hospital did not know what to do with one of his lab specimens. A lab technician told Aguirre the specimen was "mishandled," she said. "It was a chaotic scene."

Ms. Aguirre said there was an effort to contact the hospital's infectious disease expert to determine the correct Ebola treatment protocol. Their answer was, 'We don't know. We will have to call you back,' " she said.

On CNN Ms. Aquire said, "And the most outrageous part about it is, is that every time I think about the facts that I'm saying right now, I just know that the nurses that have been infected . . . They were dealing with an Ebola positive patient with copious secretions of diarrhea, vomiting, continuous dialysis, you know, mechanical ventilation, all these dangerous, dangerous medical procedures and they put their life on the line and without the proper equipment. . . .

Anderson Cooper asked her:

"You believe Nurse Pham was wearing that kind of equipment when she was exposed?"

Ms. Aquire’s powerful response was: I know she was because the equipment we needed was still on order.”

These heroic nurses had to interact with Mr. Duncan with whatever minimal and woefully inadequate protective equipment was available, at a time when he was unfortunately most vulnerable with diarrhea and vomiting, and therefore most contagious.

Initially the nurses who interacted with Mr. Duncan wore a non-impermeable gown front and back, three pairs of gloves, with no taping around wrists, surgical masks, with the **option** of N-95s, and face shields. Some supervisors even told the nurses the N-95 masks were not necessary.

This is what happens when guidelines are insufficient and voluntary.

The porous gowns and eventual suits they were given also left their necks exposed, in other words, the part closest to their face and mouth. The nurses had to innovate and use medical tape in a futile attempt to cover their dangerously exposed necks. The medical tape was not impermeable and has permeable seams, but the nurses had no other choice. And as if this weren’t bad enough, in their effort to protect themselves, they also were forced to put the tape on and take it off, all on their own, which is counter-productive and increases the likelihood of spreading contaminants.

We note that the new CDC guideline that any protective equipment leave ‘no skin exposed,’ is a “direct testament to the courage of Briana Aguirre. Briana first spoke to National Nurses United with several others of her Texas Health Presbyterian colleagues whose joint statement we released publicly a day before Briana’s appearance on NBC.

A hospital in the Bay Area last week provided nurses with a so-called “Ebola tool kit” that contained a gown similar to what was used at Texas Health Presbyterian, with no neck or full head covering. In southern California, a patient claiming Ebola infection presented at an ER where there had been no prior Ebola training and no appropriate Personal Protective Equipment. At a Florida hospital where the RNs had not been provided with any Ebola information or preparedness training, an understandably concerned nurse called the CDC. And how was her initiative and

concern for her patients met by the hospital at which she worked? Her hospital management suspended her without pay.

I offer these examples to illustrate the importance of the federal government mandating utilization of the highest, uniform optimal level of Personal Protective Equipment and the highest optimal uniform level of interactive hands on education and training for nurses and other caregivers.

We have called upon President Obama to invoke his executive authority, and have urged Congress legislatively to mandate uniform optimal national standards. That should include:

- Optimal personal protective equipment for Ebola that meets the highest standards used by the University of Nebraska Medical Center, including:
- Full-body hazmat suits that meet the American Society for Testing and Materials (ASTM) F1670 standard for blood penetration, the ASTM F1671 standard for viral penetration, and that leave no skin exposed or unprotected and National Institute for Occupational Safety and Health-approved powered air purifying respirators with an assigned protection factor of at least 50 — or a higher standard as appropriate.
- At least two direct care registered nurses dedicated to caring for each Ebola patient, with no additional patient care assignments. Additional RNs shall be assigned as needed based on the direct care RN's professional judgment.
- Continuous on-site interactive training with the RNs who are exposed to patients along with updates responsive to the changing nature of disease.
- If any Employer has a program with standards that exceed those used by the University of Nebraska Medical Center, the higher standard should be used. The "Precautionary Principle" must be utilized and adhered to when determining and developing public health policy designed to protect patients, the public, nurses and all healthcare workers who are directly interfacing with potential infectious patients.

Simply put – not one more nurse, not one more hospital worker, not one more patient should become infected with Ebola. Not one more community should

have fear of Ebola being spread in their neighborhoods. The only effective way to stop the spread of fear is to ensure full preparedness in every U.S. hospital.

And our long experience with U.S. hospitals is that they will not act on their own to secure the highest standards of protection without a specific directive from our federal authorities in the form of an Act of Congress or an executive order from the White House.

The response to Ebola from US hospitals and governmental agencies has so far been dangerously inconsistent and woefully inadequate. The lack of mandates in favor of shifting guidelines from multiple agencies, and reliance on voluntary compliance, has left nurses and other caregivers uncertain, severely unprepared and vulnerable to infection.

Regarding the new guidelines issued by the CDC, these represent progress particularly in the area of improved standards for training – as our members and organization have been demanding for two months.

But serious questions remain. Perhaps most important, the CDC guidelines remain unclear on the most effective protective equipment, and, significantly, have their own gaping hole in the option offered to hospitals to select which protective equipment to use “based on availability” and other factors.

The CDC identifies diarrhea, vomiting, and unexplained hemorrhage as signs and symptoms of Ebola.¹ Moreover, although the CDC refers in its guidance to the possibility of “an unexpected aerosol generating procedure” it does not acknowledge the very real possibility of unexpected diarrhea, vomiting and hemorrhage, as well as coughing or sneezing, that can generate aerosols which contain Ebola. So:

- Why do the updated guidelines issued this week by the CDC allow “fluid-resistant” gowns and aprons rather than specifying a full-body hazmat coverall impermeable to all body fluid, blood, and viral agents to ensure optimal protection of healthcare workers?
- Why didn’t the CDC specify an assigned protection factor (APF) for respirators?

¹ <http://www.cdc.gov/vhf/ebola/symptoms/index.html>,

- Finally, given that the CDC leaves open the possibility that hospitals will not provide the same level of PPE to all nurses, when does the CDC recommend that healthcare workers immediately begin donning PPE when caring for patients identified as potentially exposed to Ebola? If not, at precisely what point does the CDC recommend the use of PPE for healthcare workers?

Granted, there is new information, and conditions can change. This is all the more reason however, to mandate measures based on the precautionary principle. Any lack of certainty does not justify inaction, but rather, points toward an approach that calls for taking the highest level of precautions.

The Ebola pandemic and the exposure of health care workers to the virus in Texas and the real threat that it could occur elsewhere in the US, represent a clear and present danger to public health.

We know that unless uniform optimal standards are universally required for all health care facilities, we are putting registered nurses, physicians and other healthcare workers at extreme and unnecessary risk.

And lest we forget, the risk of exposure to the population at large merely starts with frontline caregivers like registered nurses, physicians and other healthcare workers – it does not end there. As we’ve seen with school closures in Ohio, and quarantining of airline passengers, improper protection and inadequate protocols in hospitals can lead to public exposure outside of healthcare facilities.

Indeed, a critical lesson we should have learned from the horrifying Ebola outbreak in West Africa is what the World Health Organization has called an “unprecedented” infection rate of nurses, physicians and other frontline healthcare workers – and a record death rate for them. In Liberia, our sister union informed us this disease is not even called Ebola, it is called the “nurse killer disease.”

If we cannot protect our nurses and other healthcare workers, we can not protect anyone.

We are your first line of defense. No leader would ever contemplate sending soldiers into the battlefield without armor and weapons. Why would we send

nurses into the battle with Ebola and other infectious diseases without the protection, training, and treatment protocols necessary to defeat this enemy?

You should not expect RNs to treat any highly infectious disease without optimal preparation and protection. Give us the tools, we will contain Ebola.

All we ask from President Obama and this Congress is: Not one more infected nurse.



Deborah Burger, RN

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National Nurses United

Deborah Burger is a registered nurse and member of the California Nurses Association/ National Nurses Organizing Committee's Council of Presidents. She is also Co-President of National Nurses United, the largest union and professional organization of registered nurses in United States history, with over 185,000 members nationwide.

Burger grew up in Sacramento, California, in a time when career options for young women were limited to teacher, secretary, or nurse. She chose nursing, and was soon a graduate of City College of San Francisco's ADN program. Since then, her career as an RN has spanned over forty years and covered such units and fields as Medical-Surgical, post-partum, labor, and delivery, neonatal intensive care, pediatric, otolaryngology head and neck surgery, and diabetes care management. Today she works in gastroenterology center at Kaiser Permanente Medical Group in Santa Rosa, California.

In 2001 she was elected as Chair of CNA/NNOC's Joint Area Bargaining Council, Kaiser Division.

Under her leadership the last round of negotiations with Kaiser Permanente led to the best wages, benefits, and working conditions for registered nurses in the entire United States.

Burger was crucial in pursuing the passage and implementation of California's Safe Staffing bill, which provided the country's first mandated RN-to-patient ratios. Her participation has aided CNA/NNOC's Government Relations program in successfully advocating for landmark nursing legislation, including whistle-blower protections, nurse title protection, and medical advice standards.

As President from 2003 to 2007, and a member of the Council of Presidents with three other outstanding nurse leaders since 2007, Burger has helped CNA usher in a new era of national nurse solidarity. She was instrumental in the creation of CNA's national organizing arm, the National Nurses Organizing Committee, and its fusion with the Massachusetts Nurses Association and United American Nurses to form National Nurses United in 2009 .

National Nurses United is the country's largest union and professional organization of registered nurses, with over 185,000 members nationwide.



www.NationalNursesUnited.org

Committee on Oversight and Government Reform
Witness Disclosure Requirement – “Truth in Testimony”
Required by House Rule XI, Clause 2(g)(5)

Name: Deborah Burger

1. Please list any federal grants or contracts (including subgrants or subcontracts) you have received since October 1, 2011. Include the source and amount of each grant or contract.

None

2. Please list any entity you are testifying on behalf of and briefly describe your relationship with these entities.

National Nurses United President

3. Please list any federal grants or contracts (including subgrants or subcontracts) received since October 1, 2010, by the entity(ies) you listed above. Include the source and amount of each grant or contract.

None

I certify that the above information is true and correct.

Signature:

Deborah Burger

Date:

10/21/14