



Testimony of

Miguel Antonio Garcia, R.N., BSN

For the

**American Federation of State, County and
Municipal Employees**

Before the

**Committee on Education and Labor,
U.S. House of Representatives**

Hearing on

**“Ensuring Preparedness Against the Flu Virus at
School and Work”**

May 7, 2009

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My name is Miguel Garcia and I am a registered nurse. I want to thank Chairman Miller and members of the Committee for inviting me to testify today. Because I work in the Emergency Department at the Kaiser Permanente Los Angeles Medical Center, I am on the frontline of fighting the current outbreak of 2009 H1N1 influenza, which has been called “swine flu”. I am testifying on behalf of my union, the American Federation of State, County and Municipal Employees, which represents 1.6 million members, including 360,000 health care workers.

In order for nurses to be able to treat and protect our patients, we must be protected first.

My employer, Kaiser, has taken a positive, collaborative approach towards flu preparedness through a strong labor-management partnership. Kaiser is taking an organizational and systemic approach to how we care for our members and workers. For example, at the national level, Kaiser has engaged its union partners to closely monitor the evolving flu situation and its impact on patient and worker needs, rapidly adapt guidance from the Centers for Disease Control and Prevention (CDC), monitor respiratory protection programs and implement an aggressive program of worker and member hand washing – which is vital to reducing flu infection and progression. Stocks of supplies necessary to protect workers from exposure to this airborne virus are being inventoried daily at all levels and their use is closely checked and tracked. It is my understanding that my union, in partnership with Kaiser, is establishing a rapid communication system to keep workers up-to-date on current events.

In addition to these vigilant and positive efforts to prepare our staff to deliver high quality and safe care, my medical center has advanced technological and engineering features that make us better prepared. My medical center has several negative pressure isolation rooms which are designed to reduce the spread of airborne diseases.

Kaiser has also implemented a respiratory protection program for health care workers with potential exposure to airborne infectious agents. As part of that program, my employer provides me with an annual fit-test for an N95 respirator.

An N95 respirator is different than a surgical mask. Surgical masks are designed to prevent the wearer from contaminating the external environment around them with fluids and droplets that the wearer releases when coughing, sneezing or talking. Surgical masks have specific levels of protection from penetration of blood and body fluids – not from airborne particles. Surgical masks are not designed to provide a tight seal on the wearer's face and they leak air around the seal whenever the wearer inhales. Surgical masks do not protect the wearer from breathing in virus particles that are suspended in small droplets in the air.

Respirators, on the other hand, are specifically designed to protect the wearer from inhaling into their lungs the virus particles that are suspended in the air. Respirators, unlike surgical masks, seal tightly on the wearer's face to prevent leakage of air inside the respirator that could then be inhaled by the wearer into their lungs.

In many respects my employer is the exemplar in preparedness. However, many health care employers have not taken the necessary steps to prepare and protect health care workers from a flu pandemic or the current outbreak of the H1N1 flu infection.

A recent survey conducted by my union and other labor unions representing health care workers found that more than one-third of respondents believe their workplace is either not ready or only slightly ready to address the health and safety needs necessary to protect health care workers during an influenza pandemic. The survey also found that, given this lack of readiness, 43 percent of respondents believe that most or some of their fellow workers will stay home.

Currently there is no comprehensive federal standard to require employers to protect health care workers from an airborne virus like H1N1 or tuberculosis. There are OSHA and CDC guidelines, but to date these guidelines have only been voluntary.

Patients who have the H1N1 virus are likely to visit their local hospital's emergency room. To treat and care for these patients, health care workers and first responders need to be protected. Without clear mandatory rules, even the best employer may experience gaps in protecting its workers.

In order to make sure that all employers provide consistent protections to health care workers during a flu pandemic, we need more than guidelines from OSHA. We need to have clear rules of the road for all health care employers to follow. Now is the time to ensure preparedness and protections by establishing clear requirements that are put in place immediately.

We do not know with certainty the path the 2009 H1N1 virus will take, but we know it is a recognized hazard. OSHA should use its existing standards covering respiratory protection and personal protective equipment and use its authority to enforce those standards in health care settings where workers may be exposed to this flu virus.

OSHA has authority to make its current "Pandemic Influenza Guidance for Healthcare Workers and Healthcare Employers" mandatory for health care facilities under its general duty clause. Taking such a step quickly would send a clear signal to the public and health care workers that the government is proactive in protecting the workers who are needed to care for the sick in our communities. Protecting these workers will preserve our surge capacity to treat the infected.

In addition, we need OSHA to move as quickly as possible to develop and issue a mandatory comprehensive standard to protect health care workers from airborne infectious diseases, similar to the existing comprehensive standard on bloodborne diseases.

Thank you for listening. I welcome your questions.