

MAJORITY MEMBERS:

ROBERT C. "BOBBY" SCOTT, VIRGINIA,
Chairman

SUSAN A. DAVIS, CALIFORNIA
RAÚL M. GRIJALVA, ARIZONA
JOE COURTNEY, CONNECTICUT
MARCIA L. FUDGE, OHIO
GREGORIO KILLI CAMACHO SABLÁN,
NORTHERN MARIANA ISLANDS
FREDERICA S. WILSON, FLORIDA
SUZANNE BONAMICI, OREGON
MARK TAKANO, CALIFORNIA
ALMA S. ADAMS, NORTH CAROLINA
MARK DESAULNIER, CALIFORNIA
DONALD NORCROSS, NEW JERSEY
PRAMILA JAYAPAL, WASHINGTON
JOSEPH D. MORELLE, NEW YORK
SUSAN WILD, PENNSYLVANIA
JOSH HARDER, CALIFORNIA
LUCY MCBATH, GEORGIA
KIM SCHRIER, WASHINGTON
LAUREN UNDERWOOD, ILLINOIS
JAHANA HAYES, CONNECTICUT
DONNA E. SHALALA, FLORIDA
ANDY LEVIN, MICHIGAN
ILHAN OMAR, MINNESOTA
DAVID J. TRONE, MARYLAND
HALEY M. STEVENS, MICHIGAN
SUSIE LEE, NEVADA
LORI TRAHAN, MASSACHUSETTS
JOAQUIN CASTRO, TEXAS



COMMITTEE ON
EDUCATION AND LABOR
U.S. HOUSE OF REPRESENTATIVES
2176 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6100

March 9, 2020

MINORITY MEMBERS:

VIRGINIA FOXX, NORTH CAROLINA,
Ranking Member

DAVID P. ROE, TENNESSEE
GLENN THOMPSON, PENNSYLVANIA
TIM WALBERG, MICHIGAN
BRETT GUTHRIE, KENTUCKY
BRADLEY BYRNE, ALABAMA
GLENN GROTHMAN, WISCONSIN
ELISE M. STEFANIK, NEW YORK
RICK W. ALLEN, GEORGIA
LLOYD SMUCKER, PENNSYLVANIA
JIM BANKS, INDIANA
MARK WALKER, NORTH CAROLINA
JAMES COMER, KENTUCKY
BEN CLINE, VIRGINIA
RUSS FULCHER, IDAHO
STEVE WATKINS, KANSAS
RON WRIGHT, TEXAS
DANIEL MEUSER, PENNSYLVANIA
DUSTY JOHNSON, SOUTH DAKOTA
FRED KELLER, PENNSYLVANIA
GREGORY F. MURPHY, NORTH CAROLINA
JEFFERSON VAN DREW, NEW JERSEY

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

It has come to our attention that due to potential shortages of respirators and other protective equipment, the Centers for Disease Control and Prevention (CDC) is preparing to weaken protections for health care workers and emergency responders caring for patients with suspected or confirmed COVID-19. Specifically, we have been informed that the CDC is considering modifying its February 21, 2020, Interim Infection Prevention and Control Recommendations¹ to weaken requirements for airborne precautions. The change would permit health care workers to rely upon surgical masks instead of more protective N95 filtering facepiece respirators when exposed to patients with suspected or confirmed coronavirus. We are writing to make clear our opposition to weakening the protections of health care workers when there are other alternatives available to address this problem.

We recognize that individual facilities may face immediate shortages of certain types of personal protective equipment, including N95 respirators, but there is no evidence that surgical masks are adequate to prevent exposure of health care workers to the virus that causes COVID-19. Shortages of equipment must not result in health care workers being placed at increased risk or being misled into believing that surgical masks will effectively protect them when caring for potentially infected individuals.

In order to maintain the highest protections for health care workers, it is imperative that the current airborne precautions remain in place. Therefore, we recommend that the CDC, simultaneously and in close consultation with the National Institute for Occupational Safety and Health (NIOSH), the Department of Labor's Occupational Safety and Health Administration, health care providers, and labor unions representing health care workers, develop contingency procedures to address the protection of health care workers in the event of shortages of

¹ Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings (updated Feb. 21, 2020).

respirators and other personal protective equipment at individual facilities, without weakening protections that health care workers currently have.

Such procedures have already been developed by NIOSH, which has issued guidance on optimizing the use of N95 respirators.² Also, the State of California, which by law requires airborne precautions for “novel or unknown pathogens,” has issued similar guidance and is already implementing measures to conserve the use of N95s.³ These measures include: triaging patients upon entrance to health care facilities and isolating those with symptoms in order to limit the number of individuals (both patients and health care workers) exposed; using respirators that are beyond their service date; increasing the use of elastomeric respirators and powered air purifying respirators; and judiciously using any stockpiles of respirators that are available.

Further, the Assistant Secretary for Preparedness and Response must work closely with respirator manufacturers to maximize production and, working with state and local health departments, health care facilities, and health care unions, ensure that respirators are distributed where they are most needed.

Recall that the Severe Acute Respiratory Syndrome (SARS) epidemic of 2003-2004 in Canada—which involved a coronavirus—demonstrated what happens if health care workers are placed at risk. Fully 72 percent of people who contracted SARS in Ontario, Canada, were infected in health care settings, and of this group, 45 percent were health workers.⁴ The Canadian SARS commission described how “in many cases nurses sick with undetected SARS brought illness, and in some cases death, home to their families.”⁵ The hospital-spread cases in Ontario were blamed on poor infection control procedures in Toronto hospitals, where health care workers wore surgical masks instead of more protective N95 respirators. Meanwhile, across the country in Vancouver, British Columbia, where health care workers did use N95 respirators and where hospitals had a “robust infection control and worker safety culture,” the disease did not spread to a single other hospital patient or visitor. This tale of two cities is instructive.

The CDC needs to heed the evidence and direct its energies into improving protections for health care workers, not into eroding them. If our nation’s front-line health care workers are quarantined in large numbers, get ill or die, or fear coming to work because they are afraid that they will not be protected adequately, it is not just a personal or workplace problem, it is a national public health disaster.

² “Strategies for Optimizing the Supply of N95 Respirators,” National Institute for Occupational Safety and Health (Feb. 29, 2020), https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html.

³ Cal/OSHA Interim Guidance on Coronavirus for Health Care Facilities: Efficient Use of Respirator Supplies, <https://www.dir.ca.gov/dosh/Use-of-Respirator-Supplies.html>.

⁴ SARS Commission, “SARS Commission Executive Summary: Volume Two –Spring of Fear,” (2006), http://www.archives.gov.on.ca/en/e_records/sars/report/v2.html.

⁵ SARS Commission, “SARS Commission Executive Summary: Volume One –Spring of Fear,” (2006), http://www.archives.gov.on.ca/en/e_records/sars/report/v1.html

The Honorable Alex M. Azar II

March 9, 2020

Page 3

Please provide us information on what your plans are to ensure maximum protection for the nation's front-line health care workers by March 23, 2020. Thank you for your attention to this matter. Contact Jordan Barab with the House Committee on Education and Labor at jordan.barab@mail.house.gov with any questions. Please send all official correspondence relating to this request to tylease.alli@mail.house.gov.

Sincerely,



ROBERT C. "BOBBY" SCOTT

Chairman



ALMA S. ADAMS PH.D.

Chair

Subcommittee on Workforce Protections

cc: Robert R. Redfield Jr., M.D., Director, Centers for Disease Control and Prevention
Robert Kadlec, M.D., MTM&H, M.S., Assistant Secretary for Preparedness and Response
John Howard, MD, MPH, JD, LLM, MBA., Director, National Institute for Occupational Safety and Health