



The National Voice for Direct-Care RNs

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House Select Subcommittee on the Coronavirus Crisis
Chairman James E. Clyburn
2157 Rayburn House Office Building
Washington D.C. 20515

Dear Chairman Clyburn, Ranking Member Scalise, and Members of the Committee,

National Nurses United represents more than 155,000 registered nurses across the country, and we have been closely monitoring the COVID-19 pandemic and urgently working to protect nurses, other health care workers, and the public from COVID-19 infection for more than five months. We write to you today in advance of your hearing on “The Administration’s Efforts to Procure, Stockpile, and Distribute Critical Supplies” planned for Thursday, July 2nd. This letter will provide the committee with information about the continued shortages of personal protective equipment (PPE) in hospitals across the country.

Since the pandemic began, nurses across the country have been risking their lives to care for patients without the optimal PPE to protect against exposure to COVID-19. As a result, more than 100,000 nurses and other health care workers have become sick with COVID-19, and more than 950 have died, including at least 144 registered nurse deaths. Despite widespread advocacy on the urgent need to get health care workers the protections they need, the shortage of PPE has not been fixed, and nurses are still caring for patients without the protections that prevent exposure to this virus.

There is a growing body of scientific research that has underlined the optimal PPE for health care workers who may be exposed to COVID-19, which is an aerosol transmissible disease. Nurses should use respirators, face shields, gloves, coveralls or gowns, shoe and head coverings, and eye protection. N95 filtering facepiece respirators are the minimum protection needed, while other reusable respirators, including Powered Air-Purifying Respirators (PAPRs) or elastomeric respirators, such as the P100, provide higher protection. N95s are single use only respirators and cannot be safely reused. It would be in the nation’s interest to increase the production and distribution of PAPRs and elastomeric respirators, which are reusable and offer a higher level of protection. We know through anecdotal information that there are hospitals in various parts of the country where nurses caring for suspected or confirmed COVID-19 patients are still not being given respirators at all.

NNU has been conducting surveys about hospital preparedness and access to PPE throughout the pandemic. Results from our survey conducted from April 10 through June 24, 2020 show that

85% of nurses are still being asked to reuse single-use PPE, although there is no scientifically proven way to do that safely. Every time PPE is reused, nurses are put at risk of exposure. The survey also showed that 71% of nurses reported having exposed skin or clothing when caring for suspected or confirmed COVID-19 patients, and 27% of nurses providing care to confirmed COVID-19 patients reported having been exposed without the appropriate PPE and having worked within 14 days of exposure, putting their coworkers and their patients in danger.

The reuse of PPE is a result of efforts by hospital administrators to ration PPE. Hospitals are also requiring extended use of PPE, and “decontamination” of PPE for which there is no scientific evidence proving the safety or effectiveness. As of the writing of this letter, many nurses across the country are still being forced to reuse N95s for a full shift, and sometimes for multiple shifts in a row, wearing the same respirator mask between different patients. We provide several examples below.

Each time a nurse puts the mask on or takes it off, they are at risk of exposure. Patients are also at risk of exposure due to the mask being used in the care of other patients. In many hospitals, nurses are then told to give their N95 respirator masks to management to undergo “decontamination” methods, such as the widely used Battelle method. Nurses report that after undergoing “decontamination”, the masks are deformed, with loose elastic bands, and no longer fit securely to provide the proper seal necessary for the mask to be effective. Often, nurses say the masks smell of chemical agents used in the “decontamination” process, and some have experienced symptoms such as headaches and asthma attacks. Many nurses are concerned about being exposed to carcinogenic chemicals when wearing these masks.

At MedStar Washington Hospital Center in Washington D.C., management has become increasingly worried about the supply of N95 respirators and began to ration these respirators at the end of April 2020. The hospital management has cited difficulties in obtaining the needed supply of new N95s. As a result, nurses are being forced to use the same N95 for an entire shift, putting themselves and patients at risk of exposure. After their shift, they must give the respirator to management to undergo the faulty Battelle “decontamination” process. Nurses are using a combination of returned decontaminated masks and new masks, depending on their unit and the patients they are caring for.

In states where COVID-19 infections are surging at dangerous levels, including California, Florida, and Texas, many facilities are requiring nurses to use N95 respirators for an entire shift, if not longer. In Florida and Texas, nurses are reusing gowns, because they do not have the supply of gowns needed. Some hospitals tell us that they have been unable to find PPE to purchase, because of the national shortage in PPE production. Others cite confusion with federal and state distribution methods to get N95s to hospitals that need them.

The HCA hospital system, the largest and wealthiest hospital system in the country, is requiring nurses to reuse N95s for an entire shift. We represent or are organizing nurses at HCA hospitals in California, Florida, Kansas, Missouri, Nevada, North Carolina, and Texas. At all these facilities, nurses are fighting to get the PPE they need to avoid exposure to COVID-19. Despite claiming that they have a robust medical supply chain system that is providing the necessary PPE

to workers, HCA is forcing nurses to reuse their N95s. In non-COVID-19 specific units, nurses are only given surgical masks, and as a result, many of the COVID-19 outbreaks amongst nurses in these hospitals are happening in non-COVID-19 units because they do not have the necessary PPE. Because of widespread asymptomatic and pre-symptomatic transmission, all nurses need optimal PPE.

This pandemic has shown clearly that we do not have a coordinated, transparent, or efficient medical supply chain system. There is clearly not enough stock of respirators and other PPE in the country, and we have not yet increased the domestic production of PPE. We need to increase domestic production of respirators and other PPE immediately. In March, the U.S. Department of Health and Human Services (HHS) estimated that the country would require 3.5 billion N95 respirators to see us through the pandemic. On June 1, the White House expressed pride that it had “delivered” 92.1 million N95 respirators thus far. Even if this number of N95s have been delivered, this number is less than 3% of the required N95s that the Trump Administration’s own HHS said is necessary. Moreover, there is no evidence that any of these N95s have reached the hands of nurses.

Federal and state government efforts to distribute PPE from stockpiles have been ineffective. Frontline workers have often not seen the equipment that was supposedly delivered. Appallingly, there is no accounting of the stock of PPE and necessary medical supplies within facilities, and therefore no way of tracking on a state or federal level where there is an urgent need for these supplies during a pandemic. Not only should federal and state governments be accountable for their stockpiles, but employers should be required to report data on their stock of necessary medical supplies, including PPE.

In addition to reforming the national medical supply chain, it is necessary that Congress take action to mandate a federal OSHA emergency temporary standard on COVID-19, so that health care employers are required to provide the highest levels of protection for workers immediately.

If you have any questions or would like more information about the situation that nurses are experiencing on the frontlines of this pandemic, please contact our Lead Legislative Advocate, Amirah Sequeira, at ASequira@nationalnursesunited.org.

Thank you very much,



Bonnie Castillo, RN
Executive Director, National Nurses United