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Leading Health Professional Associations Call for Safeguards Amidst COVID-19 Crisis

We, the undersigned organizations, together represent tens of thousands of physicians, nurses, psychologists, and other health professionals. Over these past weeks, our members have been working tirelessly to support the response to the COVID-19 pandemic. Most are working hours each day to provide direct clinical care. And many are also working closely with their hospitals, health systems, and local and state officials to organize and prioritize limited resources and plan for necessary steps to mobilize the health workforce. We applaud our members and all the others who are working around the clock to respond to this unprecedented crisis. Their collaboration, creativity, and commitment have been remarkable.

At the same time, many of our members are being asked to work under unsafe conditions. The shortage of personal protective equipment (PPE), including surgical masks and N95 respirators, for health workers on the front lines is a crisis being felt in communities all over the world – and the United States is no exception. We, as a nation, are failing to ensure that health facilities are adequately resourced, and many of our members are receiving directives on equipment rationing. This is a clear indication that the United States was – and still remains – ill-prepared to respond to this emergency.

This critical shortage and the difficulty health care organizations have had in sourcing personal protective equipment has motivated some health workers to speak out publicly. And <u>reports</u> have surfaced in the media that some physicians and other health workers are being reprimanded and even fired for speaking out about factually supported unsafe conditions that they and their patients are <u>facing</u>.

In other instances, punitive measures have been taken against health workers who chose to bring in their own masks and to keep them on wherever they are in the hospital to protect themselves and others.

These reports, and others that have not yet become public, are extremely concerning.

Ensuring transparency and protecting those who report threats to health are as essential to the duties of health workers as compassion, meticulousness, and stamina. While we recommend health care providers work within their organizations to address these conditions, we also know that some of their efforts to get their organizations to address their concerns have been dismissed or gone unheeded. Sometimes speaking out is their only recourse. We strongly condemn any retaliation against health workers who seek to expose the truth about unsafe conditions they and their patients encounter when their concerns go unaddressed.

Millions of Americans – especially now -- trust health workers with their lives and the lives of their loved ones. When health workers choose to speak out, we must trust that they have

carefully weighed their responsibility to warn others and keep the public safe; we know that they do it out of a sense of duty and not because they wish to incite fear and panic.

When health workers speak out, it is often after they tried to work within existing internal channels for remedy but failed. When steps are not taken by institutions or individuals to correct errors or ensure safety and quality, health workers may feel compelled to act. And such action may require public reporting if other avenues for remedy have been exhausted. Those who speak up to save lives should not be condemned for doing so.

In many instances, such action should be understood as an ethical obligation. The first duty in all our professions is to "Do No Harm." That edict holds true for ourselves and for the patients we care for.

Accordingly, we call on:

- 1. Health professional institutions and associations to operate under the principle that transparency and regular communication internally and externally regarding shortages and protection measures in the face of the COVID-19 emergency is the best way to build and ensure trust and safety in an environment of severe constraints.
- 2. Hospitals and other health facilities to make extraordinary efforts to listen to and be responsive to creative solutions from frontline staff on personal protection.
- 3. Institutions and associations to ensure that their members know their rights and responsibilities with regard to internal and external communication. Punitive measures against staff who speak out internally or externally regarding their lack of protection or the stresses within their work environments should be avoided at all costs.
- 4. Medical institutions to share channels for filing anonymous OSHA complaints with their staff.
- 5. Medical institutions to share information about health worker rights and protections, including whistleblower protections.

Signatories as of April 6, 2020:

Physicians for Human Rights (PHR) (Convener)
American Medical Students Association (AMSA)
American Medical Women's Association (AMWA)
American Nurses Association (ANA)
American Public Health Association (APHA)
Doctors for America (DFA)
National Medical Association (NMA)
Society of Adolescent Health and Medicine (SAHM)
Society of Behavioral Medicine (SBM)
Society of General Internal Medicine (SIGM)
University of Washington Housestaff Association (UWHA)