



Dear Members of the MLAC

My name is Dan Torres and I am a political coordinator with Oregon AFSCME Council 75. Oregon AFSCME represents thousands of workers across the state in local government, state government and non-profit sectors. We are submitting this testimony today in hopes that helps to drive the conversation in our state of protecting workers during this time of COVID and ensuring we are leaving none behind or treating them as expendable.

As workers across the state return to or continue working in these times we must ensure that we have proper protocol and procedures in place to minimize the risks of exposure. Additionally, we need to ensure that those policies and procedures are enforced in the worksite in order to protect all workers and members of the public. Many of our members work daily in capacities that see them interacting closely with members of the public from adults in custody to providing care for people with intellectual and developmental disabilities to people experiencing mental health crises. As a union, AFSCME has been pushing employers to create safe distancing and safe practices in the workplace and despite the best practice we have seen incidents of members becoming infected and in one case passing due to COVID.

As some of you may be aware, we had a member who contracted COVID and passed away who worked at OHSU. Of all the places for that to happen, OHSU. The member wasn't a nurse or a doctor, instead he was a food service worker. Too often ancillary support staff in medical settings are overlooked when it comes to safety protocols. One example is that most communications occur via staff email, there are often a limited number of computers staff can access to check that email when they work in these support positions. Additionally, those common use computers are not monitored to ensure they are being sanitized in the same way other equipment is. That is just a small example of the difference in access between support staff especially those in Food and Nutrition.

Furthermore, almost immediately after modified operations went into effect at OHSU our members started coming forward with concerns in Food and Nutrition relating to overcrowded workspaces, lack of proper social distancing. On March 17th we reached out to HR to share our concerns, which was largely ignored. On March 24th, we raised specific concerns about the risks presented to our members in Food and Nutrition with senior HR management. Shortly after that, two members in the department tested positive for COVID-19 and unfortunately Management at the time did not take proper actions to quell the infection. Our members continued to complain and raise concerns with management at OHSU to no avail. It wasn't until April 2nd, a member shared a comprehensive document with Senior HR including issues around lack of social distancing, lack of clear information around time off protocol and even

more disturbing information from management downplaying the infection ability of covid and the pandemic. Additionally, we filed a formal OSHA violation complaint with the state citing multiple safety violations and lack of response from management, management instructing workers who didn't feel well to come into work anyway, the usage of reusable food trays instead of disposable for COVID patients, food still being displayed in a open grab and go manner, and lack of increased sanitation protocols. That complaint to this date has not been addressed or processed.

OHSU ended up meeting with our members on June 7th where we laid out a plan to tackle the issue. OHSU started working to implement many components to their credit but by this time 8 members had tested positive for contraction of COVID. Weeks later, one member who contracted COVID would pass and now OHSU Food and Nutrition is up to roughly 13 staff members who have contracted COVID, again with no reply from OSHA.

Sometimes even having policies in place are not enough to keep workers safe, we need to figure out a way to ensure that those policies are being enforced. This week we were informed that an employee at a correctional facility called in sick one day and then reported back to work the next because they felt better. DOC has a daily screening process including taking temp and asking exposure related questions. Despite this employee being recently sick and their spouse being diagnosed with COVID they were allowed to access the worksite and report to work. It wasn't until the end of the double shift they were doing that they began to feel sick again. It has since been determined that they tested positive for COVID and now at least 6 other staff members at that location have tested positive for COVID.

Moreover, we have also heard about the people doing the screening for COVID, who are apparently refusing to wear any mask or other protective gear. That's right, the individual whose responsibility it is to assess if someone has COVID refuses to wear proper PPE. That puts everyone at risk and makes it so much harder to contact trace and decrease chances of spreading. Here we see policy not being strictly enforced and in some cases not being clear putting others at risk.

We have had members exposed who work in state run group homes after being in shared spaces. We brought up at our most recent labor management meeting if workers could code time spent at doctors visits and for testing under SAIF and were told that only if it is definitely proven that it was contracted at work could they code it as a SAIF and an 801 filled out. We recently have had an employee who was asymptomatic who ended up continuing to work. The co-workers in that house were all required to get tested and consult their doctor. When asked if the testing and doctor fee could be claimed under workers comp, the director said no since they all came back negative and they would worry that would "skew their data." What we end up with is a system where workers are left in the dark, told to figure it out themselves, or not given the support they need in an attempt to not skew data. One of our members said it best: "knowing we were exposed to COVID at work, to a virus that is causing so much pain and turmoil, is difficult enough. Employees shouldn't then have to figure out how to budget the doctors visit."

These issues are just a glimpse into some of the increasing challenges our members face everyday as they struggle to provide high quality services so many Oregonians rely on. We need to ensure strong uniform and enforced policies that protect all front line workers not just direct care staff. Food service workers, correctional officers, support providers are too often overlooked in the crisis and the lack of enforcement from the state will simply add to the confusion navigating the system should a worker become exposed. We provide this information to MLAC because we believe you need to understand the risks frontline workers, especially those often overlooked like the job classifications we've laid out today and the need for presumption to ensure Oregon's frontline workers have the workers compensation they need.

Dan Torres

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