

State Department has not provided information to us that we have requested—about how to gain a waiver, what is the process, and what is the yes/no here.

I think I know why. It is because there isn't one, as countless examples and stories have shown.

We have got to continue to shine a spotlight on the millions of Americans whose lives have been thrown into chaos due to the President's reckless and ill thought-through process. I, as an American, am going to continue to fight on their behalf.

VIOLENCE AGAINST HEALTHCARE WORKERS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Connecticut (Mr. COURTNEY) for 5 minutes.

Mr. COURTNEY. Mr. Speaker, on June 11 of this month, the House Education and Labor Committee reported out legislation, H.R. 1309, the Workplace Violence Prevention for Healthcare and Social Service Workers Act. Mr. Speaker, this is a culmination and a milestone of a 7-year process that began in 2013.

Like many Members of Congress, I have been hearing about stories of rising violence in emergency rooms, ambulances, and treatment facilities to nurses, doctors, and nurses aides that showed a disturbing trend.

One such case was Helene Andrews, a registered nurse from Danbury, Connecticut, who was assaulted multiple times during her career. Shortly before she retired, while she was dispensing medication to a patient, she was thrown to the floor and her pelvis was shattered.

In 2013, former Congressman George Miller of California and I requested a report from the Government Accountability Office to dig deeper to determine how pervasive this violence is and what strategies are at our disposal to reverse this trend. The report, which was completed in 2016, found that workers in healthcare facilities experienced substantially higher rates of nonfatal injuries due to violence in the workplace compared to workers overall.

Between 2006 and 2016, there was a 70 percent increase in violent incidents that occurred in healthcare and social service workplaces that resulted in employees being away from work. According to the Bureau of Labor Statistics, healthcare and social service workers are nearly five times more likely to suffer a serious injury from workplace violence than workers in other settings.

Up to 30 percent of hospital workers report being assaulted at work. For employees in psych hospitals, that number is drastically higher. Nearly 50 percent of emergency room physicians have been physically assaulted at work, and 80 percent report that this violence affects patient care.

Despite these alarming statistics, we know that violence against this workforce is, in fact, grossly underreported. Many medical professionals are discouraged from reporting incidents, fear further stigmatizing patients, or are just told: "Move on. Shake it off. It is part of the job."

Mr. Speaker, during the course of work on this legislation, we actually heard from the Cleveland Clinic in northeast Ohio, which is one of the largest healthcare networks in America. The CEO of Cleveland Clinic, Tom Mihaljevic, gave his 2019 state of the clinic address, where he described that there is a national epidemic of violence against healthcare workers, especially in emergency room departments. Last year alone, nearly 30,000 weapons were confiscated from patients and visitors in that healthcare network. At the time we did the markup, one of the members of our committee actually expressed disbelief that, in fact, that statistic was accurate.

Mr. Speaker, I include in the RECORD a letter I supplied to Congresswoman Foxx at the end of last week citing Mr. Mihaljevic's report, which was a YouTube that is easily found, as well as an article from Modern Healthcare, which quoted this amazing and astonishing statistic.

CONGRESS OF THE UNITED STATES,
2nd District, CT, June 21, 2019.
Rep. VIRGINIA FOXX,
Ranking Member, Committee on Education
and Labor, Washington, DC.

DEAR RANKING MEMBER FOXX: During our June 11th mark up of H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act you questioned the veracity of a statement I made regarding the high number of weapons confiscated from patients and visitors at the Cleveland Clinic in 2018. The number I cited, 30,000, is indeed alarming. It is also accurate, and further evidence that health care and social service workers require enforceable protections to limit potential violence against them at their place of work.

During the mark up, you asked publicly that I verify this statistic, so I would like to share with you two resources which confirm that 30,000 weapons were confiscated from the Cleveland Clinic's Northeast Ohio facilities in 2018.

In Cleveland Clinic CEO Dr. Tom Mihaljevic's 2019 "State of The Clinic" address from February 27, 2019, he states: "there is a national epidemic of violence against health care workers, especially in emergency departments . . . last year alone, nearly 30,000 weapons were confiscated from patients and visitors." You can view the address here: <https://www.youtube.com/watch?v=pOr2Uq1NzuY>

Additionally, a March 11, 2019 Modern Healthcare article entitled "Healthcare workers face violence 'epidemic'" cites Dr. Mihaljevic's address and reports that "In 2018, the clinic confiscated a staggering 30,000 weapons from patients and visitors in its system in the Northeast Ohio region." The article can be read here: <https://tinyurl.com/y5thhm4r>

Given your understandable alarm upon hearing that the tens of thousands of employees working at these facilities face daily exposure to violence, I would welcome your support of H.R. 1309. As you know, violence against this workforce is on the rise. Both

Democratic and Republican OSHA Secretaries believe an enforceable standard is the best way to reverse this trend, and this legislation will ensure that happens in a timely manner.

Thank you,

JOE COURTNEY.

Mr. COURTNEY. Mr. Speaker, it is obviously not limited just to the State of Ohio. We know these incidents are preventable.

Since 1996, OSHA has published voluntary guidelines that recommend commonsense preventative measures that employers can take to reduce the risk and severity of violent incidents, and that is what our bill does. It basically requires, through OSHA, that there be a violence prevention plan in healthcare settings.

It is not one size fits all. It recognizes that some facilities are different from others. But, in fact, there has to be a way to train staff to understand patient risk, to understand ways to de-escalate violence, and a way to design workforces to reduce the incidence of violence.

In addition, it requires that there be a reporting mechanism to OSHA when these incidents occur. Today, in a hospital, if there is a slip and fall, it must be reported; if there is a chemical leak, it must be reported; but if a nurse is punched, kicked, or spit at, that is not required to be reported, and that is what our bill will do.

The legislation was reported out with a favorable report. We have 187 cosponsors of the legislation. It is bipartisan, and it will be brought up this summer for final action.

We have waited far too long to protect the caregivers, the people in the caring professions which every American relies on and depends on to be healed, consoled, and cared for. Yet it is clear from the GAO report that they are being subjected to incidents of violence which, again, are totally unacceptable and which hinder their ability to do their mission. It is time to pass H.R. 1309.

Again, I applaud the support from the emergency room physicians, the emergency room nurses, and the American Nurses Association, as well as a host of other groups that are affiliated with our healthcare delivery system.

Let's protect the caregivers. Let's pass H.R. 1309.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 20 minutes p.m.), the House stood in recess.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. PRICE of North Carolina) at 2 p.m.