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April 14, 2021

U.S. House of Representatives
Washington, D.C. 20515

Dear Representative:

On behalf of the 1.4 million members of the American Federation of State, County, and Municipal Employees (AFSCME), I urge you to vote for the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195). It requires the Occupational Safety and Health Administration (OSHA) to issue a standard on workplace violence prevention in health care and social service assistance settings. In the 116th Congress, the [House passed](#) this bill with significant bi-partisan support. H.R. 1195 incorporates amendments adopted during debate in the last Congress.

Enactment of H.R. 1195 is needed because:

The current OSHA guidance is voluntary. Employers are not required to focus on the high risk of violence on the job for health care workers and social service workers. Some 70% of all nonfatal workplace assaults typically occur in these two sectors and has increased over the years. H.R. 1195 is needed because in the past four years OSHA has failed to take the steps needed to issue a standard.

Employers can reduce the risk of workplace violence with customized plans. The required employer prevention plans would not be one-size-fits-all but developed to deal with patient-specific risk factors and particular hazards identified for each work area.

Workplace violence has clear patterns and identifiable risks. Even with a degree of uncertainty, workplace violence has clear patterns and detectable risk factors in health care and social service settings. Research has found that evidence-based practices, when implemented consistently, can significantly reduce incidents of workplace violence.

Preventing Workplace Violence Improves Patient Care. The primary purpose of OSHA standards is not aimed towards addressing patient care or quality; however, we believe that a workplace violence prevention standard will improve the safety and quality of patient care, particularly in mental health settings. We hear from our members how understaffing in a mental health setting increases the risk of violence for both patients and staff. It also jeopardizes patient-centered care due to longer wait times and workers working alone with individuals that would be better served by a team to help de-escalate situations with respect and compassion.

American Federation of State, County and Municipal Employees, AFL-CIO

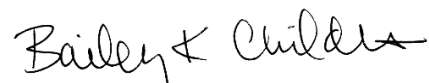
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Front-line health care workers are being attacked during the COVID-19 pandemic:

- Fifty-two paramedics and emergency medical technicians in New York City have been attacked from January to mid-March of this year. At this pace, more than 200 EMTs and paramedics will experience violence on the job this year — a 43% surge from the [140 assaulted in 2020](#).
- In December 2020, an individual at a group home in Illinois stabbed an AFSCME Council 31 member in the hand.
- In January 2021, a client with disabilities broke the wrist of an AFSCME Council 31 member.
- In February 2021, a New Mexico patient threw a nurse and member of AFSCME District 1199NM against a wall, smashing her head. The patient then attacked another staff member. Thanks to the intervention of a worker in housekeeping, the patient was kept in check until security arrived.
- In early March 2021, a teen being helped onto a stretcher bit the face of an FDNY EMS Paramedic and AFSCME Local 2507 member who has extensive injuries and possibly permanent facial scars and disfigurement.

Congress must stand with workers against workplace violence. Passing H.R. 1195 will send a clear message that Congress will not ignore the harm and suffering caused to health care, behavioral health, social assistance, and EMS workers by workplace violence.

Sincerely,



Bailey K. Childers
Director of Federal Government Affairs

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