

Statement of
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Hearing on “Caring for the Caregivers: Protecting Health Care and
Social Service Workers from Workplace Violence.”
U.S. House of Representatives
Committee on Education and Labor
Subcommittee on Workforce Protections
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Thank you, Chairwoman Adams, Ranking Member Byrne and members of the subcommittee for the opportunity to testify today. My name is Patt Moon-Updike, and I am a registered nurse and member of the Wisconsin Federation of Nurses and Health Professionals, which is affiliated with the healthcare division of the American Federation of Teachers.

I also want to thank Rep. Courtney for developing legislation to prevent workplace violence against healthcare and social service workers. This hearing gives a voice to those who cannot speak for fear of retribution, and the legislation provides a path to make our working environments safer.

I have wanted to be a nurse since I was 9 years old. I was able to realize my dream when I graduated from nursing school in 2007, following years raising foster children and my own four children. During my career as a nurse, I worked in an intensive care unit, in a mother and baby unit, in correctional health services and as a psychiatric nurse. I got to be what I wanted to be when I grew up!

Then, on June 24, 2015, it all changed. I was working at the Behavioral Health Division of Milwaukee County in the Child and Adolescent Treatment Unit. I had also previously worked at this facility in the Women’s Treatment Unit. I was only three days into my position with the Child and Adolescent Unit, and I was so excited to be working with and hopefully making a difference in the lives of these kids.

It was close to the end of shift, and I was catching up on my charting for the day and orienting a new nurse on the unit. There was a teen boy, quite large for his age, who was getting very aggressive in the hallway. This young man, who was very well known to the staff and management, had a history of breaking large windows and damaging doors in the unit. He was

not assigned to be my patient that day, but my nurse orientee felt that he needed to intervene, and headed down the hallway. The patient's nurse was not yet visible to me, and I did not want our orientee alone in this situation, so I too went to help.

The youth was screaming, posturing and thrashing. Along with his assigned nurse, we worked to de-escalate the situation and get him into the seclusion room. Someone gave the code for security. We nurses believed that four security guards would be coming to help. But only two security guards arrived. This meant that each guard would take one of his limbs, his nurse would take a limb and his head and the orientee would take a limb. I guarded his back as we put him to the floor and walked down the hallway because he was bucking us and screaming. We did get him into the seclusion room and set him on a mattress that was on the floor. Someone yelled "clear" and everyone stepped away from the patient. He then spun around on his back and kicked his leg high into the air striking me in the neck, hitting with such force to my throat that my head snapped backward; I heard this "bang" and "pop," and all the air just rushed out of me.

I grabbed my throat and spun around. I heard someone screaming "Patt's been hit," and then someone grabbed me from behind, led me out of the room and put me in a chair in the hallway. All I remember is sitting in a chair, not being able to breathe, holding on to my trachea for dear life; I just knew if I let go, it would collapse and I would die right there in that hallway. I was praying to stay conscious and focusing on the blood pressure cuff and the oxygen saturation monitor to keep my mind active.

I was taken to a trauma hospital, which luckily was located just across the street. I was scared out of my mind, and reality was fast setting in that I might not even be able to say goodbye to my children. They were afraid for me every day when I went to work, and here I was on a gurney having my scrubs cut off, nurses yelling that they couldn't find a vein to put a line in. I could understand absolutely everything that was going on around me because *I was one of them!*

I was intubated through my nose, while awake, with blood dripping down my face. I was headed to surgery, so they could find out if he had crushed my trachea. I still hadn't removed my hand from my throat; they couldn't even pry it off. I was that terrified. They had to take my hand away from my throat during surgery.

I woke up in ICU with a huge collar around my neck, and I had been taken off intubation. I was very lucky. My trachea was intact. My head did look like Rocky after a fight, but I was breathing on my own. My whole body just hurt, and I was still in shock.

I was released from the hospital two days later. After I went home, the nightmares started. I couldn't sleep. I figured this was normal and it would pass. I was a nurse, I wore a cape. I could

get past this. However, I soon found out that this was a different kind of “feeling” than I had ever experienced before. I have had obstacles in my life, but I would get back up, brush myself off and get movin’ on. This time it was different. As the days passed, I became more “scared” of people, of people being unpredictable, people in crowds being unpredictable, children being unpredictable.

I did seek professional help. Since June 2015, I have been diagnosed with moderate to severe post-traumatic stress disorder, moderate anxiety, insomnia, depressive disorder and social phobia related to this incident. I fought with Milwaukee County Workers Compensation attorneys until August 2018—eventually winning my claim after two court hearings and many months under surveillance, some of it harassing.

I suffer from terrible memory problems. I cannot wear a seat belt properly because it comes too close to my neck; I must wear both belts around my waist. I have not been to a mall, concert or sporting event since the assault because of my fear of crowds.

I always told my kids that if you went to work at something you loved, you never went to work. I LOVED being a nurse. I have a huge problem still calling myself a nurse. I do not know what to call myself now. There is a deep loss when you used to make a difference in the lives of people, in your true calling and with passion. Now, that space is filled with extreme sadness and fear—through no fault of your own.

When I last worked as a registered nurse, I made \$62,000 a year. Now, on Social Security Disability after deductions for Medicare, I bring home \$12,720 a year. I lost my career. The assault that happened to me was not a random or freak event, but a predictable scenario that could have been prevented had there been a clear plan in place and better-trained staff there to assist. The individual who assaulted me should have had a one-to-one assignment to a nurse, given his previous behavior. There should have been four security officers provided as well as a plan in place to provide appropriate security if multiple incidents are occurring at the same time. All staff should have received significant training on subduing an individual. My colleagues and I spoke to management and pressed for improvements, but our voices were not heard. Assault should not be part of the job for healthcare workers.

I know that the requirements in this legislation can help prevent violence by requiring healthcare facilities to conduct better risk assessments and to develop locally relevant policies, training, systems and whistleblower protections for nurses who speak up. Under this bill, the facility I worked in would be required by the Occupational Safety and Health Administration to develop a violence prevention program. This is crucial because there currently is no oversight by OSHA or any state agency.

This glaring gap is not just a problem in Wisconsin. OSHA does not cover state and local public employees in 23 other states. Even if the administration approved a rule on this issue, my former friends and colleagues, along with thousands of nurses across the county, would not be safe while helping patients. This bill will remedy this gap for workplace violence overall and provides specific protections for someone like me—a public employee working in a hospital. Healthcare workers are not alone in needing an entity in place to investigate workplace safety issues. I ask that you also support the Protecting America's Workers Act, introduced earlier this month, which would extend OSHA oversight to public employers in all of the states for all hazards.

Without this bill and the OSHA investigative powers it brings, healthcare and social service workers have no voice, no way to advocate for a safer workplace. They have no protection against retaliation if they do complain. Everyone assumes that violence is part of the job.

But that is not true. Prevention is possible when systems are put into place to reduce the risk of violence. When nurses and healthcare workers are safer, so are our patients. Nurses, healthcare workers and social workers need the equipment, security personnel and training to do our jobs safely. Our patients and their families, our healthcare system, those we care for cannot afford to lose more good nurses and healthcare workers to preventable violence.

Since the assault, I have challenged myself to do things to beat this—to try to still be the person I used to be. I promised my union that when I was ready, I wanted to help other healthcare providers. I hope telling my story will help prevent assaults like this on other healthcare workers.

Thank you, and I respectfully urge you to support the Workplace Violence Prevention for Health Care and Social Service Workers Act.