Dr. Robert R. Redfield, M.D.
Director
Centers for Disease Control and Prevention
1600 Clifton Road
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Dr. Redfield,

We write in response to reports that nurses in our region are being called into work despite having recently tested positive for COVID-19 and potentially still being at risk of transmitting the virus to patients and/or coworkers. The hospital policies under which these nurses are being asked to work are based on guidance received from the CDC--guidance we have previously asked about and which we believe urgently needs to be updated.

Recently, the NY Daily News published a report citing several sources confirming that nurses are being asked to return to work despite still feeling sick with COVID-19. Nurses at Montefiore, Lincoln, and Harlem hospitals all indicated reporting to work in a hospital setting despite very recently testing positive or experiencing symptoms of COVID-19. The same can be said for doctors and other healthcare workers. In a recent NY Times article doctors and other hospital personnel reported facing the same problem of being urged to return to work before they are symptom-free. Hospital administrators and nurses union representatives all pointed to CDC return-to-work guidance as the basis for hospital policies requiring nurses to work in such conditions.

The CDC’s guidance states that healthcare workers should be excluded from work for 7 days after first experiencing symptoms. However, most reports of people experiencing symptoms say that those individuals are experiencing those symptoms for two weeks or more. It’s also worth noting that the CDC guidelines contemplate these healthcare workers wearing additional personal protective equipment (PPE) at a time when such PPE is in short supply--so short in fact that the New York State Nurses Association has filed suit on behalf of nurses who are being asked to work without and with unclean PPE.

Finally, we note that the page of the CDC’s website hosting the return-to-work guidance was just updated with the following language:
CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

We appreciate this additional flexibility, and will obviously be in touch with New York state and city health officials about this situation. However, those state and local health officials look to you for guidance. If your guidance is vague or unclear, it leaves those state and local health officials unsure how to proceed. The current situation in New York is untenable and unacceptable, and your guidance should leave no room for it to continue.

These are challenging times, and we understand they are particularly challenging for you. However, our nurses, doctors, administrators, and other frontline healthcare workers risking their lives to protect us deserve nothing but the strongest protections from our leaders in the federal government. You cannot guarantee their safety, but updating these guidelines to ensure nurses are not required to work when they may endanger themselves or their patients is the least we can do.

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