



March 26, 2021

Professional Distinction

Personal Dignity

Patient Advocacy

Hello, my name is Ashley Haverland and I have been a registered nurse for 5 years. I work at Perham Health Sanford and live in Perham with my family.

Never in my life, did I imagine I would be working amid a pandemic. With everything we did not yet know about COVID-19, I was shocked to find out that we would be affected even in rural MN. Despite the risks, my fellow nurses and I show up to work anyway because it is our job to care for our awesome community. We pack bags to bring to the hospital so that we can shower and change out of scrubs, wipe down our cellphones, badges, Chapstick -- you name it. We do this before entering our homes because our greatest fear is spreading COVID-19 to our family.

At the start of all of this, there were many kind words and headlines about 2020 being the "Year of the Nurse". However, far too many of us are left in a financial bind in addition to the constant stress of caring for patients while potentially being exposed to this deadly disease. Because we were exempted from Federal Legislation, we were required to use our accrued paid time off when needing to quarantine while waiting the 3-5 days for COVID test results following exposure at the facility. This resulted in many lost hours of our earned paid time off or even going without pay. For a nurse like me who works "12's" missing three days of work, meant using 32 hours of my PTO to cover those missed shifts as I quarantined responsibly.

This lack of support for essential workers like me and my colleagues fuels my advocacy for House File 41 – the Essential Worker Emergency Leave Act.

Nurses are exposed to this virus for 8 to 16 hours per day, caring tirelessly for patients. I work in the Emergency Room – this means that I am exposed to multiple patients per day that could in fact be carriers. I cannot stress enough how stressful it is, fearing the worst while doing our best to follow the safety guidelines. For example, there are many steps I must take to ensure my safety and the safety of my co-workers when intubating a COVID positive patient. But what if the equipment fails? Or what do we do when we find out after the fact that the patient had COVID?

Nurses took the oath of "do no harm". In my perspective, that includes being honest when reporting to work. On multiple occasions, I called our Infectious Control nurse to inform them that I did in fact have

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symptoms of COVID-19. I did this despite knowing that I did not have enough remaining accrued paid time off to cover my missed shifts -- meaning I would have to go without pay.

I have been tested six times. Four of those six times, my COVID tests were sent out and took six days for me to get the results. One of my tests was collected in Perham, sent to Fargo, and then to Sioux Falls, and finally landed at the Mayo Clinic. Nurses are expected to be at the bedside of these patients, exposing themselves and their families to COVID-19, but who will take care of the patients when the nurses are sick? We still have mortgages, student loans, daycare, etc – same bills as anyone. But without Emergency Leave, I have the added dread of not being able to pay my bills because I have had to spend down my accrued time off because I am doing my job.

I have a 17-month-old son who attends daycare. At the start of the pandemic, I was just returning to work from parental leave – without much banked PTO. There have been three occurrences when I have had to miss work due to daycare closure because of a COVID exposure or waiting for a COVID test. How will I provide care for him when I only have 5 hours of banked paid time off? How will I continue to pay my bills? I could not rely on my family at that time as they were busy with their work as well. My husband travels for work and could not respond when daycare closed. What is a mother left to do? I will choose my family every time. Thankfully, I had co-workers who “donated” some shifts to me so that I could continue to draw a paycheck during this time off.

The lack of Emergency Leave has created a financial burden and unnecessary stress for essential workers who are taking care of Minnesotans during this pandemic. Healthcare workers are left to use our own time to cover their mandatory leave – but we’re running out and starting to go without pay. This leaves us to feel that we have been failed by the systems we provide care in. There needs to be a plan in place that supports essential workers, ensuring that we are financially protected from the time we go without pay while on leave -- whether we are waiting on our personal test results or have COVID-19 ourselves, are taking care of a family member with it, or because our children are distance learning because of a COVID-19 outbreak at school.

Healthcare facilities should provide leave for COVID-19 and related illnesses, even if the test result is negative. This is a situation that many nurses have been in -- we have a COVID exposure, we’re then mandated to take time off while waiting for test results, but if the test results as negative we do not qualify for any assistance in missed work hours.

We need more than kind words – we need action from the legislature. House File 41 is needed for so many different situations. Nurses are leaving the bedside because they fear that they will not be able to provide care to their own families. Without having Emergency Leave in place for essential workers, we are left with two options: leave bedside nursing entirely to find a job with less COVID exposure or to present to work with COVID symptoms because you are out of paid time off and you must feed your family. This is not something nurses are willing to do.

We, the beloved frontline workers of Minnesota, demand action. We need the support you promised us at the beginning of this pandemic. We are tired. We are frustrated. We need help to continue to have the ability to provide for our families, so that we can care for you -- our patients.

