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February 28, 2014

David Michaels, PhD, MPH
Assistant Secretary of Labor for OSHA
U.S. Department of Labor
Occupational Safety and Health Administration (OSHA)
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Dr. Michaels,

I am forwarding to you the concerns regarding Legionella at the Hines Veterans Affairs Hospital (VA) that have been reported to the American Federation of Government Employees (AFGE). Apparently there have been findings, but efforts to request confirmation as to the strain of Legionella have been unsuccessful. As you may know, some Legionella may be benign, while others have been shown to cause potentially life threatening illness. We are also aware that some of your regional staff have recently been onsite, which is much appreciated.

Since staff and patients can be placed at risk, the need for constant testing in health care settings, such as the VA, where patients with immunity challenges are treated is vital. Our hope is that your office can both inspect the reports, but also insure that a process exists for regular testing, and that appropriate actions for remediation take place. As outlined in the Inspector General (IG) report of August 1, 2013, many VA facilities were found to have Legionella when tested. The strain is vital in determining if eradication is necessary. Can your office determine under which circumstances the VA is failing to contract for appropriate testing and/or disclosure for this?

The IG report noted above, on Pages 8-9, indicate that the use of hyper-chlorination and super heating of the water supply is not sustainable:

While copper-silver ionization and chlorine dioxide can be used for ongoing mitigation, the effects of thermal eradication and hyperchlorination cannot be indefinitely maintained; *Legionella* may reappear within weeks or months of these temporary treatments.

AFGE members have also raised concerns about long term exposure to water, which has been treated in such a fashion. Are there possible health concerns from ingesting such hyperchlorinated water long term, for employees or patients, in long term facilities? Will the

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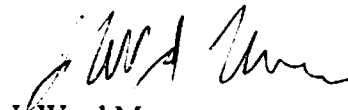
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February 28, 2014
Page 2

pipes or other infrastructure be eroded? Will sufficient funds be made available for such constant repair? What are the risks of super heating the water, especially possible scalding, from burst pipes that may be eroded? How often will re-inspections take place now that we know of the exposure and likelihood of re-occurrence?

For many years, AFGE activists were aware of the copper-silver ionization process working rather well at a sustainable cost. Some appropriate monitoring by trained staffers does appear necessary, and when done in the past, it appears to have worked well. Our members have expressed concern that the VA may be looking at a new initiative nationwide. While they want proper testing and proper eradication, the test results at Hines appear inadequate to determine the strain of Legionella, and it is unclear if the VA is considering the eradication efforts its own IG has indicated is unsustainable and possibly having other side effects? Perhaps your office could consult with some outside experts in special pathogens that might be able to recommend appropriate testing and eradication methods.

If our staff at AFGE, or our members, can be of any assistance in this matter, we look forward to helping in any way possible. We know that you share our concerns for a healthy workplace, and also for patient safety of our veterans. After the Legionella outbreak at the Pittsburgh VA, and what appears to be a very mismanaged reaction, I am sure you can understand why having an independent body such as yours actively involved is desired. Worst of all would be a mismanaged approach, allocating millions of dollars for a nation-wide testing and eradication process at the VA, that fails to properly test for the proper strains of Legionella, and knowingly fails to properly eradicate the problem.

Very truly yours,



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Enclosures: OSHA Complaint 1075192
VA IG Report August 1, 2013