

April X, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
H-232, U.S. Capitol
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, U.S. Capitol
Washington, D.C. 20515

Dear Speaker Pelosi and Minority Leader McCarthy:

The coronavirus pandemic has demonstrated once again how our nation depends upon its selfless healthcare workforce in times of crisis. Recent reports from coronavirus hotspots describe overflowing ICUs; thousands of deaths of patients young and old; frontline workers forced to reuse masks and gowns day after day; refrigerated trucks serving as makeshift morgues; equipment shortages forcing painful moral decisions; and beloved doctors and nurses succumbing to the disease they were so dedicated to treating.^{1,2,3} As I and many other Members of Congress have noted in recent weeks, healthcare workers are making enormous sacrifices every day to defeat this virus and we must never forget their efforts. The horrific realities of the coronavirus also mean that we must ensure these workers have access to the mental health resources they need to endure the taxing months ahead and to recover in the outbreak's aftermath.

Recent data from China reveals deeply troubling rates of psychological stress among doctors and nurses on the front lines of treating coronavirus patients. A study of 1,257 healthcare workers in 34 hospitals with coronavirus patients found 50.4%, 44.6%, 34.0%, and 71.5% reporting symptoms of depression, anxiety, insomnia, and distress, respectively. These symptoms were more severe among workers in Wuhan, the epicenter of the outbreak, than among workers in other parts of Hubei province or outside Hubei, as well as among workers directly engaged in coronavirus patient care.⁴

While the data from China provides insight into what many of our own frontline workers are likely experiencing, other data from the 2003 SARS outbreak suggests emotional trauma could persist for long after the outbreak has ended. A comparison of healthcare workers who treated SARS patients in Toronto with healthcare workers in nearby Hamilton, Ontario, who did not treat SARS patients, revealed higher levels of burnout, distress, and post-traumatic stress among those on the front lines. The Toronto workers were also more likely to report reduced patient contact, reduced work hours, more missed days of work, and destructive coping behaviors in the months after the threat of SARS had disappeared.⁵

However, as important as it is to recognize the unique toll the coronavirus is taking and will continue to take on our healthcare workers, the unfortunate reality is that these workers already suffered from elevated rates of mental health disorders before the pandemic onset. Numerous studies have found doctors and nurses suffering from high rates of depression, burnout, addiction, and even suicide, with severe implications for their own well-being as well as the quality of care delivered to patients.⁶ Data suggests

¹ <https://www.nytimes.com/2020/03/30/nyregion/ny-coronavirus-doctors-sick.html>

² <https://www.politico.com/states/new-york/albany/story/2020/03/30/fema-sends-refrigerated-trucks-to-new-york-city-to-hold-bodies-1269600>

³ <https://www.vox.com/coronavirus-covid19/2020/3/31/21199721/coronavirus-covid-19-hospitals-triage-rationing-italy-new-york>

⁴ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229?resultClick=1>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291360/>

⁶ https://www.healthpolicyohio.org/wp-content/uploads/2020/02/CallToAction_Brief.pdf

male practicing physicians commit suicide at a rate 40 percent higher than other males, while female practicing physicians do so at a rate 130 percent higher than other females.⁷ Something must change.

As Congress continues to consider legislation aimed at the coronavirus pandemic, I implore you to consider funding mental health resources for doctors, nurses, and other healthcare workers. With so many risking their lives for our well-being – so many of whom were already suffering – it is our duty to look out for their well-being in return. I respectfully ask that Congress:

1. Establish a grant program within the Department of Health and Human Services to allow healthcare employers or facilities to confidentially assess and treat the mental health of healthcare workers on the front lines of treating COVID-19 patients. Employer or facility participation in the program would be voluntary, and funds could be used for activities such as confidential surveys, counseling, ethical guidance, and crisis hotlines, as well as to supplement existing assistance programs focused on mental health.
2. Fund a comprehensive study within the Department of Health and Human Services on healthcare worker mental health, with a focus on identifying the organizational, systemic, and occupational factors that contribute to distress and burnout and the barriers to seeking and accessing mental health treatment; the ramifications for the healthcare system and patient outcomes; and the best ways to prevent and address these problems. The study should prioritize finding ways to mitigate the long-term mental health impacts on healthcare workers who treated COVID-19 patients.

Providing these funds is the very least we can do for those who have already given so much. Thank you for your consideration.

Sincerely,

Raja Krishnamoorthi
Member of Congress

⁷ <https://nam.edu/wp-content/uploads/2017/07/Burnout-Among-Health-Care-Professionals-A-Call-to-Explore-and-Address-This-Underrecognized-Threat.pdf>