

Testimony of Joyce Klein, Social Work Care Coordinator, Cook County Health

Chairman Hammock and distinguished members of the Cook County Health Board of Directors,

I am here to provide an update on the state of SEIU's contract negotiations with Cook County Health's management team. I have worked for Cook County Health as a Community Based Social Worker for the last three and a half years, and I am on the SEIU local 73 Bargaining Committee. I came into this experience very naive expecting to encounter a management team ready to work with us to make CCH an employer and provider of choice. My colleagues and I are disillusioned and heartbroken by a management team that has failed to negotiate or propose any economic proposals that will help with the recruitment and retention of staff.

Instead, the County in negotiations this week, stated emphatically that subcontracted workers will receive more protections from layoffs than the CCH employees working in the same department, doing the same job.

This statement has shown how little the County values us and our work. We continue to feel undervalued and disrespected. Throughout the pandemic staff have stepped up while management used mandatory overtime, floating, and on-call time to ensure adequate staffing. The problem is these are not appropriate solutions to the staffing shortage at CCH. They are expensive and hurt patient care as they push workers to the brink of exhaustion. And yet, the County shows no willingness to work together to solve the staffing problem. Continually disrespecting us and devaluing our work only pushes CCH further from becoming an employer of choice.

Cook County Health's SEIU members deserve a contract that begins to address the systemic issues, and treats us with dignity and respect.

Testimony of Eugenia Harris, Ward Clerk, Cook County Health

Chairman Hammock and distinguished members of the Cook County Health Board of Directors,

Our union has been in negotiations for more than eight months. During that time, the County has failed to provide any economic proposals that would help recruit and retain much needed staff. This blatant refusal to work with us as a Union and as frontline workers as partners to address the structural staffing crisis across Cook County Health is a serious problem.

The overwhelming feeling I get is that the County is not interested in seeing CCH become an employer of choice. This hurts me, as someone who is part of a team and union that gives their all to the County.

Now, the County is insisting that subcontracted workers will have more protection in a layoff than a direct CCH employee in the same job and department. The County is clearly more interested in protecting its right to overuse subcontracting work to private agencies than work with us to solve staffing issues by making CCH a place where people want to work.

On-call time, mandatory overtime, and floating are not sustainable staffing models. Relying on these tactics provide no long-term solutions, are highly expensive, bad for patient care, and demoralize us as frontline essential healthcare workers.

In the midst of a pandemic that has taken the lives of nearly 600,000 people, we showed up and did what was needed to be done. Now, we want the dignity we heroes deserve. Cook County Health, we want you to come to the table with a mindset of actually working with us, and not against us. Work with us to make CCH an employer and provider of choice. No one has the County's patients' best interests in mind more than us, the workers.

"My name is Martese Chism and I am an RN Case Manager for Cook County Health and an elected member of the Board of CNA/NNOC. I am sure that the board is aware of our current contract negotiations and you are likely aware that we had a historic election with massive turnout where 98.6% of the nurses at Cook County voted to authorize a strike if necessary. The board should not be surprised at this result. Nurses are fed up with the quality of care our patients receive. We are fed up with the fact that hundreds of nursing vacancies go unfilled for months and even years. We are fed up with managements inability to retain those it does hire and that it takes at least 90 days for them to extend an offer letter to an applicant. We are fed up with the abuse, harassment, and inability of management to protect us during the worst pandemic in a century. I have worked at Cook County as an RN since 1992. I believe in the mission of our hospital system that serves everyone. We treat all patients that come through our doors regardless of pay source and immigration status. Our communities rely on the healthcare services our system provides and it is a well known fact that we provide nearly half of the charity care within Cook County. We just went through one of the most difficult years ever to be a nurse and do not expect the nurses who keep Cook County Health running to be complicit in more austerity agendas. Of doing more with less. We demand of Cook County significant and real investment within our communities. We demand bold action to address the long, neglected wounds of systemic racism. To achieve this higher level of patient care, management needs to hire nurses. Lots of them and fast. No one has done more than RNs in this pandemic and the intensity of the work is not sustainable. As the volume of patients increases, our staffing is not keeping pace. Even before the pandemic, our surveys indicated that staffing was our members' greatest concern by a landslide.

The situation has only deteriorated further and a good contract with enforceable staffing standards is the way we begin to address the crisis. Nurses will flock to a hospital that puts patient care and safe staffing as its first priority. With a good contract we can recruit and retain the nursing staff we so desperately need. We are demanding a system that serves our patients with the same quality of care as Northwestern, University of Chicago, Rush, or any other hospital within the City of Chicago. Members of the board, you are presented with a historic opportunity. The Federal government is providing unprecedented levels of support to hospital systems like ours. With these resources, we are asking that you use them to implement our proposals that we know will allow us nurses to practice at the top of license and improve patient outcomes."

Good Morning my name is Pauline Ude. Right now, 98 percent of nurses have authorized a strike. It is important the board understands why so that they can help prevent it. At Cermak our largest concern is staffing.

As nurses who care for the inmate population our jobs can be very dangerous. A jail is not a place where you should cheap out on staffing. We expect for management to care more about nurses. And when you look at staffing levels it is apparent that they do not.

RTU4 is a division within Cermak that has 320 inmates housed there and it is split into 8 tiers. One of the nurses I represent, Blessing Onuorah, works on RTU4. She works alone almost every weekend. During the week only two nurses are staffed to work RTU4. One and two nurses for 320 inmates, is completely unacceptable. It is dangerous for the inmates. When you have that many inmates, without enough nurses, medication errors happen more frequently. Mistakes in general are likely to happen when we are understaffed this way.

This is the case in almost all the divisions at Cermak. This is what most nurses are facing here. We have brought our concern to management and our concerns fall on deaf ears.

When you add this to the proposed increased insurance premiums you have recipe for disaster. Nurses at Cermak do not want to strike. I know these nurses. However, at this point Cook County is not leaving us with a choice. And I know Cermak nurses will do whatever it takes to get the contract we deserve. That includes going on strike.

-Pauline Ude, CN1 Cermak

My name is Akilah Muhammad and I am the union rep for public health.

Public health nurses help to keep the public safe in areas of breast and cervical cancer, lead, TB and Adverse Pregnancy Outcomes. Public health nurses are challenged in the following areas:

Staffing shortages

Poor communication to clearly define roles and expectations

Lack of leadership

Nurses' voice and cries for help go unheard and places the public's health at risk.

"My name is Elizabeth Lalasz and I am an RN and steward working in the Medical Surgical department at Stroger Hospital for over ten years. In my tenure at Cook County, I have never seen conditions as bad as this. The conditions in the Medsurg department have deteriorated to the point where my fellow RNs and I have no other option but to strike. We feel unheard and that management does not care about the conditions of our patients.

I don't have enough time to give you every story where we failed to meet our patients needs because of lack of staff and resources, [REDACTED]

[REDACTED] they needed the full attention of staff, but honestly we did not have the resources to provide a safe standard of care.

We were told by management to do more with less instead of being provided with a sitter to be present and watch the patient. We were forced to compromise our patient care standards due to lack of staff. It was so clear to me that management is crafting standards to meet our budget and not our patients' needs. Nearly all of our Medsurg units are dangerously short, needing on average 10 RNs for each unit just to meet our staffing plans and policies.

Management fails to acknowledge how serious these staffing vacancies are when it comes to doing our job of patient care. They have also failed to address the abusive and ineffectual managers who chase away our new hires and even some of our agency nurses. We have had a dangerous staffing hole on 8 South for almost three years because of a problem manager who on one holds to account. We need a plan to bring in more staff and a good contract is the way to do it. Please consider adopting our staffing proposals for the sake of our patients."

-Elizabeth Lalasz, CNI

The Perioperative division at Stroger Hospital has been pushed to the point where we believe we may have to strike for our patients. We have suffered from an extremely **high** turnover rate, losing more than 15+ nurses over the last three years, resulting in extreme staff shortages. The Lack of leadership in our department has led to these vacancies going unfilled with predictable results. Due to staff shortages, RNs have been asked to abandon ongoing cases to attend to more emergent trauma cases. We also unable to run our division without overtime requiring nurses to work an incredible number of overtime hours to finish our daily caseloads. RNs are burning out because the staff to be relieved for lunch break to the last hour of their shift, requiring us to work 6 + hours without a rest period. The division is also forced to cancel cases on a regular basis, because we have no staff available. This is unacceptable and undermining the very viability of the entire system. We demand that management listen to our proposals and support us in our fight for a good contract with enforceable staffing standards.”

-Tasha Mosley-Brown CN1

-Kecia Johnson CN1

-Rafael Medrano CN1

"Care Coordination Nurses are outraged with leadership's failure to ensure a healthy and safe work environment as we return from remote work. Since we have had to report to the office, we have 5 COVID positive cases. All we have asked for is that the nurses who were exposed to temporarily continue working from home while they quarantine and protect fellow staff from infection. Instead we are forced to report back to the office and expose our colleagues to a deadly virus.

We are field based employees who infrequently report to the office and it is very easy to accommodate us to work remotely. By some metrics our productivity increased while the staff worked remotely and our audit results improved. It's clear to our team that management's pride is of greater importance than our health and safety. This has lead to the overwhelming majority of our staff voting to authorize a strike of necessary. We are demanding that the board seriously consider our health and safety proposals given the clear failure of management's current practices."

-Angela Walker Integrated Care

-Barb O'brien RN Integrated

Racheal Earl RN Integrated Care

Good morning my name is Consuelo Vargas and I work in the Emergency Department at Stroger Hospital. As the chief nurse rep I wanted to bring to your attention two problems related to staffing - retention and recruitment. The failure of administration to recruit and retain staff can be observed throughout the system. Because of the inability to recognize and resolve these issues administration gets a grade of F.

We have an influx of agency RNs that came when the number of COVID patients was on a downward trajectory. While we welcome the help, it is still not enough especially when some of them have little to no experience or utilize their time here to do their homework. We do not have time to train them. These nurses do not understand the culture of the health system or our patients. They are temporary and not here for the long term. They are a bandaid on an amputated limb. Where were the agency nurses at the start of the pandemic?

Systemwide, nurses had to bear the brunt of the past year and are exhausted. To add a grain of salt to our shoulders would feel like a mountain and we can no longer sustain the current conditions. If the situation does not improve more nurses will leave departments where the acuity is higher like ER/Critical Care or leave the system completely. Recently my department lost over a century's worth of nursing experience in an approximate time span of six weeks. A nurse is not just a nurse. It takes years to hone skills in any area of nursing.

Our patients are sicker because they have not gotten care during the pandemic. In the ER there are many days when stations are closed because there is not enough staff. A co-worker reported to me that patients had a wait time of 15 hours earlier this week. The floors are just as busy with very sick patients and not enough staff to properly care for them.

There are steps management can take to remedy retention and recruitment. We should be recognized for our knowledge and expertise in the field of nursing. The strategy for the future of the health system has to be patient focused and the value that nurses bring to the system has to be recognized. We need to be appropriately compensated for the work we do. We are not interested in treats or healthcare hero banners of any sort. We need the hiring of nurses that reflects our patient population. Consider allowing nursing schools to do their final semester clinicals in an area the student is interested in throughout the system. This should include nursing students in both Associate's Degree and Bachelor's Degree programs. As nurses COVID taught us that when we lean on each other we can get through anything and are united like never before to ensure the future of the Cook County Health and Hospital System that so many lives depend on.