

## **Testimony of Dian Palmer, President of SEIU Local 73**

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

I am speaking on behalf of the 2,500 Union members of SEIU Local 73 employed in various elected offices throughout Cook County who have worked throughout the ongoing pandemic.

As we continue to await the arbitrator's decision on our contracts, we continue to see the impact of not having the contracts finalized is having on the Cook County Health and Hospital System.

Short staffing continues to be an issue throughout CCH which negatively impacts the health and safety of the patients our members serve. CEO Rocha has stated previously that they must wait until our contracts are complete in order to raise salaries to levels which will help with recruitment and retention.

Let's be clear, employee salaries at CCH across the board are too low to compete with other area hospitals. To offset this, CCH is spending more than \$60 million on the three largest temporary staffing agencies. These non-bargaining unit hires are often being paid more than represented employees to do the same work. That is a slap in the face to every worker who has put their lives at risk to keep providing vital services to the people of Cook County. And to be clear, this is a 1,800% increase in temporary staffing contracts from 2018 to 2022.

These agency workers are coming from across the country which fails to put economic revenue back into our communities.

Departments like ward clerk, respiratory therapy, lab, environmental services, health advocates have all seen increased agency staff. Do not be fooled by the claim that these agency workers are needed to provide quality services. The reality is this is another effort to weaken our union.

We believe the County is being penny wise and pound foolish. Implementing our contracts and the agreed upon raises prior to arbitration would have cost millions less, lifted morale, and helped these essential employees financially.

This is just another example of teaching our union a lesson.

Last month I called on all of you to pass a resolution that the 80 COVID hours will replenish every fiscal year (December first) retroactive to December 1, 2021 for all Union employees to come out of federal dollars provided to Cook County for COVID purposes.

This resolution is vital for workers who continue to face quarantine due to COVID exposure and risk having to take unpaid leave. This resolution is in the interest of protecting the public as a whole, and would discourage employees from coming to work while sick.

As the elected representatives of the people of Cook County, we are looking to you to stand up for the people and work with us to ensure that the workers who kept our county functioning throughout the pandemic, and continue to keep it working, are not left by the wayside. Our members love their jobs. They love this county. They deserve better.

Thank you.



Dian Palmer

President

### **Testimony of Araceli Rivera**

Hello my name is Araceli Rivera, I'm a dental assistant at the Arlington height clinic. I've been in this field since 2009 and happy to be with Cook County for a little over three years.

We work in a high Hispanic community with 90% of our patients being Spanish speaking only. All three providers are non-Spanish speaking, we recently received help form a travelling assistant but she also is non-Spanish speaking. I've been getting interrupted from my daily work tasks more often to accommodate and be able to communicate with these patients.

Bilingual pay is definitely important due to the patients having little knowledge of homecare and what treatments to be needed. Thank you for your time!

Hola mi nombre es Araceli Rivera, soy una assistente dental en la clinica de Arlington Heights. He estado en esta profesion desde el 2009 y estoy feliz de estar con Cook County Health por un poco mas de 3 anos.

Trabajamos en una comunidad altamente hispana siendo el 90% de nuestros pacientes hispano exclusivamnete hispano hablantes. Contamos con tres proveedores que no hablan Español, recientemente nos asignaron una asistente itinerante q tampoco habla Español. Mis actividades diarias son interrumpidas para tratar de acomodar y de comunicarnos con estos pacientes.

Nos es imperioso el pago bilingue debido a la gran demanda de estos pacientes y al poco conocimiento acerca de los cuidados y de los tratamientos q deberan seguir en casa. Muchas gracias por su tiempo!

Testimony from Tina Montanez

NNOC RNs demand the CCHHS Board of Directors provide retention bonuses, pandemic-related shift differentials and extra shift bonuses, outstanding settlements on pandemic-related nursing assignments that violated the NNOC contract, full implementation of wage and benefit increases without engaging in simultaneous wage theft, accurate reports of permanent nurse staff vacancies and hires, respect, and dignity. County nurse's loyalty to both the profession of nursing and the County's patients demands nothing less. This is not how heroes are meant to be treated.

### **Testimony of Itzeri Ceja**

My name is Itziri Ceja, I am a Registered Medical Assistant in the Oncology department. I've been a County employee since December, 2017. I have personally gone to the HR department due to not receiving bilingual pay, however I was told I do not qualify.

I do help providers interpret for Spanish speaking patients when there are no interpreter services available in the clinic. I have been informed of a medical assistant agency staff getting bilingual pay. Up until today, March 24, 2022, I still have not received bilingual pay for providing translation services for Spanish speaking patients.

### **Testimony of Dalia Alcantar**

I have been working for the Cook County Health and Hospital System since February, 2018, and I have never received any bilingual pay. I have tried to reach out to HR and was told it came with my position. I feel devalued due to the fact that agency workers are getting paid extra for their bilingual use.

As someone who is fluent in Spanish, I and my Spanish speaking co-workers, are often pulled from our duties to translate, and this takes time away from our responsibilities. I understand that it's easier for doctors to ask us to let patients know information they would feel more comfortable hearing in person and understanding. Sometimes the interpretation machines aren't working or aren't available. But that's no excuse to not compensate me or my coworkers with bilingual pay for providing translations. Thank you for the opportunity to voice my concerns.

This testimony is submitted by Registered Nurse Leaders of the National Nurse's Organizing Committee at Cook County Health and Hospital System. Since June of 2021, Cook County has aggressively dismissed and violated the promises it made to staff nurses throughout the pandemic. It is both embarrassing and frightening that Cook County cannot meet its financial commitments to owed wages. For nearly a year, we nurses have been waiting to receive increases to our compensation that the Cook County Board of Commissioners agreed to and ratified by vote. In this same period of failure to implement the gains owed to us, CCHHS has unilaterally reduced earned benefit and hourly rates multiple times – they are stealing money we nurses have earned. These practices highlight the exact reasons your nursing talent is leaving for other hospital systems and agency employment. You are allowing the nursing shortage created by your long-term inadequate staffing practices to be aggressively amplified by these refusals to pay nurses competently what we are owed. In addition, you all are making it impossible to understand how many permanent nurses still work at CCHHS by refusing to provide accurate reports on hiring and vacancies. NNOC RNs demand better than this. Cook County taxpayers deserve better than this. Cook County Health and Hospital System patients deserve better than this.

We would like to provide meaningful context to the situation your nurses are truly in. There has been talk of the “nursing shortage” for over a decade. The last year has been the worst the nursing profession has ever seen. The hospital has told us that this is due to record levels of nurses retiring, possibly due to Covid-19 and increased levels of violence towards healthcare workers, and not enough teachers to churn out new graduates. But according to the 2017 U.S. Department of Health and Human Services report on supply and demand of the nursing workforce from 2014-2030 there are enough nurses to meet the demand in most states, some with a surplus of which Illinois was included. In fact, Illinois is projected to have a 2.6% surplus of registered nurses in supply by 2030. So, if there is in fact a surplus of nurses, why is CCHHS pushing the rhetoric that there is a nursing shortage and not enough nurses willing to stay in direct care?

Consider our County RN insight further. It is a known hospital practice to understaff RNs on every shift in all units possible. Why? Because nursing service is included in the price of the hospital room. Unlike physicians who can bill separately for their services. If admitted to a general care bed your nurse may have 5 patients or she could have 9 patients, but the room and board bill will be the same for each patient no matter how many patients the nurse has. Therefore, it is more profitable or budget friendly to have fewer nurses taking care of more patients. For this reason, County hospital practices bare bone staffing. When Covid-19 hit and there was a surge in admissions many temporary nurse positions started appearing through temporary staffing agencies because we could not meet the staffing demands for the influx of Covid patients. These temporary RN positions pay 3-4 times what permanent County staff nurses make because demand has been so high. Temporary nurses are somewhat akin to a substitute teacher. They are used as a supplement when hospital staffing is not adequate. They receive little in hospital training (approximately 4 to 8 hours) and are expected to jump in and take patients, and permanent staff are expected to help them acclimate. As you can imagine, County nurses have felt insulted the entire pandemic. Our hospital that we have been loyal to, many of us for decades, is now expecting us to mentor new batches of temporary nurses every 8-12 weeks. On top of carrying our own elevated patient loads, all while these temporary nurses are making 3-4

times our rates. Many County nurses decided to leave their long-time positions for temporary positions. At John H. Stroger Hospital (JSH), we lost upwards of 100 nurses that went to pursue these positions. As a quick fix for this mass exodus, you all started hiring temporary RNs. Many units are currently staffed with 50% to 75% temporary RNs, some days the percentage is higher.

Why does this matter? Temporary nurses are also trained RNs are they not? As long as nurse to patient ratios remain decent patients should still receive proper care correct? The answer is not that simple. County RNs are evidence-based researchers and medical professionals. We know that the evidence around temporary staffing of RNs is mixed. Some studies found increased patient falls and decreased quality of care, while others found no differences. Which means there is probably another confounding factor. We believe it isn't that temporary RNs are bad nurses, but that the percentage of temporary workers per unit is far too high. Temporary RNs are less familiar with unit layout, policy, and procedures, which is not a hindrance if you have a decent number of permanent staff, say 75% or more because then the temporary RNs have resources they can rely upon to point them in the right direction. When permanent County nurses are scarce, temporary workers have to just do the best they can with no one to guide them which can lead to increased patient complaints, decreased patient satisfaction, and more drug errors. A study by Senek et al. (2020) found that an increase in the proportion of temporary staff significantly increased the amount of care left undone. It also concluded that fully staffed shifts with a large amount of temporary RN staff had the same amount of care left undone as a severely understaffed shift with no temporary workers. Care left undone has been associated with poor patient outcomes and increased mortality. We found another study showing high levels of temporary RN staff resulted in a substantial increase for hazard of death while temporary staffing at low levels had no increase.

In spite of these facts, County's solution to our nurse staffing issues is to hire MORE temporary staff and to refuse to offer retention benefits to current permanent staff, hence more permanent staff will be leaving. Surrounding hospitals have offered their current staff retention benefits such as wage increases, bonuses for extra shifts, and lump sum retention bonuses, but County has done nothing.

The County system is the safety net hospital for all of Cook County, meaning we nurses take care of everyone regardless of their insurance status and their ability to pay. This means that the taxpayers support the hospital. A study conducted right here in Illinois by Laster et al. (2021), found that if medical/surgical units staffed with a 4:1 patient to nurse ratio (it can be as high as 7 or 8:1 at Stroger) during the 1-year study period, more than **1,595 deaths** would have been avoided and hospitals would have collectively **saved over \$117 million**. Spending MORE money on permanent nursing staff actually saves money in the long run. County investing in its current nurses through retention benefits and increasing wages to make positions more desirable in hiring will be more beneficial to the hospital than padding staffing with temporary RNs because it will improve patient outcomes, which has been shown to save money. Additionally, even offering retention benefits and raising wages somewhat would be less expensive than hiring temporary workers at 3-4 x the rate of permanent staff. CCHHS's behavior toward its nurses indicates a complete devaluation of the permanent staff that have remained loyal and believe in our mission of quality care regardless of insurance status. It also indicates that your hospital board does not really care about improving patient outcomes. There is not a nursing shortage,

just a shortage of nurses willing to work in hospitals that force nurses to risk their licenses by working in unsafe conditions for substandard pay.

NNOC RNs demand the CCHHS Board of Directors provide retention bonuses, pandemic-related differentials and bonuses, outstanding settlements on pandemic-related nursing assignments that violated the NNOC contract, full implementation of wage and benefit increases without engaging in simultaneous wage theft, accurate reports of permanent nurse staff vacancies and hires, respect, and dignity. County nurse's loyalty to both the profession of nursing and the County's patients demands nothing less. This is not how heroes are meant to be treated.

Well, here we are AGAIN writing ANOTHER testimony to the BOARD OF DIRECTORS about the HEROES they treat with ZEROES.

Since June of 2021, CCHHS has aggressively dismissed and violated the promises it made to staff nurses throughout the pandemic. It is both embarrassing and disrespectful that Cook County cannot meet its financial commitments to owed wages. For nearly a year, nurses have been waiting to receive increases to their compensation that the Cook County Board of Commissioners agreed to and ratified by vote. In this same period of failure to implement the gains owed to nurses, CCHHS has illegally reduced earned benefit and hourly rates multiple times - this is wage theft. These continued practices highlight the exact reasons your nursing talent continue to leave for better compensation elsewhere in other hospital systems and some even come back to CCHHS as AGENCY STAFF. You are allowing the nursing shortage created by your long-term inadequate staffing practices to be aggressively amplified by these refusals to pay nurses competently what they are owed.

In addition, you all are making it impossible to understand how many permanent nurses still work at CCHHS by refusing to provide accurate reports on hiring and vacancies.

NNOC RNs demand better than this. We have been dedicated before this pandemic and will be after this pandemic. CCHHS needs to respect that all staff are valuable, just as valuable as the \$64.2 million dollar increase to the agency budget to maintain staffing within CCHHS. Cook County taxpayers deserve better than this. Cook County Health and Hospital System patients deserve better than this.

*Thank-You,*  
**Tasha Mosley-Brown BSN, RN**  
**NNOC Union Steward**