

I am a Medical ICU nurse and have been the frontline of the designated Covid-19 unit throughout the pandemic. In the Chicago Tribune on May 25, Cook County Board Commissioner Stanley Moore was quoted saying: "I love my job and in order for me to keep it and to concentrate on it, I have to make a decent salary." Commissioner Moore, I can't argue with that sentiment; I feel exactly the same. You felt that it was the right thing to do to increase elected officials' six figure salaries by an impressive 10%. What I want to know is, where is this same energy when it comes to the frontline nurses who have been facing enormous stress and danger throughout this pandemic? We've been coming to you for five months now saying exactly the same thing. We love our jobs, and in order for us to keep them and to concentrate on them, we have to make a decent salary. We're doing work that is highly skilled as well as physically and psychologically demanding. We're dedicated to Cook County, or we would already have left to high-paying agency jobs as so many of our former co-workers did. We love our jobs. But in order for us to keep our jobs and to concentrate on them, we need to make a decent salary. Commissioners of the Board, you've voted to do the right thing for yourselves. Who's going to do the right thing for us?

My name is Barb O'Brien, newly elected NNOC Chair of the Professional Practice Committee (PPC) for Stroger Hospital and CountyCare (Integrated Care). I speak on behalf of all nurses in these affiliates.

We want to offer our congratulations on your most recent vote to increase YOUR compensation by 10% with built-in increases to occur annually. Kudos for also ensuring that your annual increases occur INDEFINITELY. We also want to extend our sympathies for the ways in which you all have suffered during your tenure as commissioners - having to remove your children from private school is EGREGIOUS not to mention the fact that you attend numerous virtual meetings from home. Your sacrifices have not gone unnoticed.

While you are relishing in the victory of the 13-4 vote and the additional 10%, let me remind you of the proposal for retention benefits that has gone unaddressed since January 2022. NNOC nurses have asked for retention pay, incentives to pick up extra shifts to help with the staffing shortage, and the security of knowing that when (not if) they get COVID (again), their employer will provide COVID sick pay. We have been waiting for over five (5) months.

And while we have been waiting....CCHHS leadership has requested millions of dollars to renew agency contracts, there are closed sessions to discuss the incentive package for the CEO, CountyCare continues to enroll thousands of members equating to thousands of dollars, AI firms are hired to the tune of \$18 million dollars while nurses are written out of the budget, a new CNO is hired, and county commissioners compensation increase. What about the nurses?

We are tired. We are burnt-out. And we are urging you to answer and vote on our proposal just like you did for yourselves.

My name is Barbara Kacmar and I have worked at Cook County Hospital for over 21 years and sadly I can see how nursing morale has decreased over time due to lack of appreciation from management for our loyalty and hard work. Over the last few years many CCH nurses left early before their full intended retirement, not only because of Covid but the lack of support from management, and zero appreciation for their years of hard work for our institution which is vital to our community.

When CCH nurses were asking for Covid differential pay, after putting up a long fight we were "awarded" 5\$ /hr for approximately 2 months, while other hospitals were retaining their nurses with bonuses, extra pay for OT and other incentives.

We CCH nurses are shocked that administrators are able to pay Nursing Agencies this huge amount of money, \$10s of millions a month, and not making efforts to hire new ones or retain experienced CCH nurses. Can Cook County Taxpayers afford this?

My name is Consuelo Vargas and I worked in the ER at John Stroger Hospital from 2014-2021. I was also the Chief Nurse Rep of the health system as a member of NNOC. I have always said to those in upper management that a Cook County nurse can go find work anywhere but many of the patients we serve cannot find healthcare anywhere. I worked for other hospitals where I saw what happened to people when they didn't have insurance or the right kind of insurance. I didn't need to look at charts or graphs because I saw what those numbers represent. They represent people. So when I came to County I felt proud to work in a place that didn't treat those seeking care as a burden to their bottom line. What I have seen is how poorly the RNs are treated and it has gotten worse since I left. As RNs left management acted as if it didn't matter. A nurse is a nurse is a nurse was the attitude. The RNs are not seen as valuable so more and more nurses left and more and more will leave. So who will be there to train up and coming RNs. It takes someone who is all in to work at CCHHS with their skills, compassion, and heart. Someone who is willing to take the time to understand and meet a patient's needs based not only on their complaint but the barriers they face because of their socio-economic status, language, and stereotypes placed on them by society. My decision to leave was not an easy one and it lays heavy on my heart to this day. I did not leave to take a high paying agency position. I left because I could not leave work feeling disappointed in hospital leadership every single day. Your nurses are breaking and I can attest that the healing takes a long time if their wounds heal at all. Today you have the opportunity to stop the hemorrhaging of RNs from CCHHS. Nurses have been telling management how to make things right and today the RNs are coming to you. For some you are their last chance, the last opportunity, the last try before they make a decision to stay or leave.

My name is Falguni Dave, I am a nurse working in the COVID medical ICU at Stroger Hospital. I want to say that working during a pandemic is nothing short of a real-life nightmare. The pandemic itself has crippled the healthcare field. We are losing nurses due to the long-term effects of COVID, burnout, and most importantly due to the lack of respect for the profession of nursing and being devalued as staff by our employers.

This current surge has made staffing critically short. On top of working drastically short during this pandemic we are being told by Stroger Hospital and its leadership that if we get sick with COVID we will have to use our own earned sick time and vacation time to cover our loss in pay while we recover. If a nurse does not have any time left in these two banks, then they will consider evaluating our individual case and see if we qualify for any additional time. So, if I am the only one who is earning a paycheck for my family, and I fall sick due to COVID while I was taking care of your loved one then my family will suffer because I do not have any time in my PTO bank to cover my loss in pay. So that means I may miss my rent/mortgage payment, I may not be able to provide food and/or any medicine for my family. This is all because Stroger Hospital and its leadership do not think I and my fellow staff nurses at the hospital need the separate COVID time off they are obligated by OSHA to provide to their employees. Which is needed to give nurses peace of mind knowing that if we get sick while caring for your family, we are in turn covered, regardless of having any Paid Time Off in our bank and that we will be able to take care of our families as well.

This failure to meet our basic needs as frontline patient caregivers in a pandemic underscore how devalued nurses are right now. Where's the outrage? For the nurses who haven't caught covid yet and are still able to work, we don't have enough staff on a regular basis to meet the needs of a covid patient. The highest levels of nursing administration are being pulled to the floor to meet the needs of very sick covid-positive patients who require proning. A lifesaving technique that requires a full team of healthcare staff to complete. Patients are coding, nurses are leaving their staff jobs and participating in the growing churn of bouncing from one understaffed, disrespectfully run hospital system to another. Leaving a wake of underpaid staff nurses behind them, who trained them during their short stay while making thousands of dollars less.

We need to bring dignity back to the profession of nursing as a career, not a contract. We do that by telling our fellow RNs, join or form a union. By telling our allies, support our demands locally by writing your elected officials and following public health guidance to keep our hospital admissions maintainable. And, by reminding all that safe nurse to patient ratios saves lives. It is staff nurses who demand and in real time enforce safe staffing and patient advocacy at the bedside. Support us.

Why do the County Commissioners and the board think that you all deserve a 10% raise with a built in 3% annual across the board increase every year until someone has the brains to appeal it and give it back to the nurses. Let me get this straight, the work and sacrifice of County nurses throughout this devastating global health crisis has gone unseen and unheard. The fact is, we were and still are the ones contracting Covid at work, many nurses have become disabled, many nurses have lost their lives, and many many more brought Covid-19 home with them infecting their loved ones with no ability to stop the constant exposure BECAUSE WE ARE COUNTY NURSES. While this was happening to us,

you all sat in front of a screen, and you are still sitting in front of a screen, in the comfort of your own homes or offices to perform your jobs. Somehow, you all believe that you deserve a raise and salary comparable to those that work in similar jobs to you in government relations. You believe this while Cook County Health nurses make the lowest wages by comparison to other hospitals – including two directly across the street from Stroger. We have been offered no retention bonuses, extra shift incentives, or any form of compensation that would lead to a nurse, the most important part of keeping our healthcare system and patients alive, feeling respected and valued in a pandemic. County nurses did not receive any substantial amount of money for Covid, ever. Even when the federal government gave out so much money to the states and Cook County received a large sum of the state's federal money for Covid response. You spent it all on grossly overpaying temporary, short term agency nurse contracts and we County nurses had to train those nurses in a never ending cycle that threatened our patient's quality of care every day and STILL DOES. You keep approving more and more money for agency contracts each month. \$35 million last month. That is disgusting when you won't even consider continuing to provide covid relief pay when we contract the virus over and over at work. You make us use our sick time until we run out and then you discipline us like we can help being nurses in a pandemic. You all fill your pockets with taxpayer money and give none to your nurses who have worked themselves to death during the pandemic. We deserve more, and we deserve answers to our concerns and transparency on how and where all the covid relief money went that was meant for the true FRONT LINE HEALTHCARE WORKERS. NNOC RNs demand retention compensation before any member of this government dare approve their own ballooning bank account from their comfy office chair.

To Whom it may concern,

My name is Tasha Mosley-Brown, newly elected NNOC Chief Nurse Representative for Cook County Health and Hospital System. I speak on behalf of all nurses within the system when I say that we are appalled to learn that as of 05/24/2022, the commissioners voted 13 -4 to increase your compensation for elected officials by 10%, starting with the new term beginning this December with increases of up to 3% "scheduled" annually after that. Yet, our proposal for retention benefits remains on the desk, unanswered collecting dust since January 2022. In addition, leadership has requested millions of dollars to continue onboarding agency staff to supplement staffing within our system. During the month of May, CCHHS celebrated "nurses" month. Nurses are not interested in being gifted back packs, ice cream socials, paper certificates for "our services" , and zooms that teach us "wellness" tips. Submitting testimonies is getting old and nurses are fed up, over worked and just tired. Nurses want to feel appreciated by having our proposal answered, voted on, and passed by a UNANIMOUS vote just like the commissioners passed for themselves on 05/24/2022. My hope is that this is the last testimony written on this subject matter.

NNOC RN statement. The leadership of Cook County government approved automatic annual increases for themselves this week in May of 2022. In the Chicago Tribune on May 24<sup>th</sup>, reporter Alice Yin wrote that the 17 Cook County Commissioners and Board President Preckwinkle approved a “significant and indefinite” gain to their salaries.

County Board President Preckwinkle has shamefully told registered nurses working at Cook County Health that having approved the operating budget for the fiscal year, there is no money available to compensate their healthcare staff. The County has told nurses that they can’t provide them retention compensation after surviving the Covid-19 pandemic because they would have to give it to “everyone else.” It is strange, that in the circumstances facing our communities, the operating budget can indefinitely sustain the burden of elected officials bloated salaries, but it cannot also be fixed on the retention of its registered nurses. What care has a County Commissioner provided to a patient of our community? In fact, what decision has a County Commissioner made that didn’t jeopardize patient care?

Commissioner Stanley Moore, D-Chicago, who recently paid a disruptive visit to our County Hospital, told the Tribune that “It’s unfair to people who want to do this job and commit full-time efforts to their community.” How do the County Commissioners, the County Board President, the sheriff, the assessor, the clerk, treasurer, circuit court clerk, and three members of the Board of Review commit more of their efforts to the community than registered nurses, social workers, surgical technicians, food service workers, therapists, chaplains, transporters, sterile processors, community health workers, sanitations service workers, environmental service workers, teachers, state’s attorneys and chief judges? How do County elected officials justify giving perpetual wage increases to themselves and employees operating strictly within the revenue generation and collection arms of government more than the employees who actually provide the services to the communities that you all allegedly represent. How is a phone call to a commissioner more useful to Cook County Health patients than a phone call to a registered nurse? It isn’t is the answer. What will happen when the only people left to call are politicians, because the nurses left after years of abuse and neglect. The most common infraction in labor at Cook County is the allegation of negligence in the performance of duties. Today, we allege this with evidence against the Cook County government and this board meant to hold them accountable on behalf of its healthcare workers. County RNs demand retention bonuses and other forms of compensation that will make working for our hospital competitive enough to not shut its doors or kill its patients due to your further negligence.

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.