

Good afternoon, my name is Veronica Turner and I'm the Downstate Health Systems Sr. Executive Vice President for 1199SEIU United Healthcare Workers East, leading our work with over 100,000 hospital members in metro New York and Long Island. I appreciate the opportunity to speak to you all today.

1199 hospital members do everything from advanced clinical care to keeping facilities clean. They include nurses, dietary aides, environmental service workers, medical assistants and laboratory technicians as well as a whole host of other roles that provide compassionate care and keep patients safe. And they were the front line of this pandemic.

In early March we started getting reports from members with concerns about how hospitals were responding to the virus and within weeks we were in full blown crisis mode. Today we continue to deal with fallout and are preparing for future waves.

And though the peak of the surge has passed, the effects are still there. Our members were sick and some still are. They faced tremendous fear and anxiety and had experiences that left lasting trauma. Many suffered financial hardship as they spent their own money to stay in hotels and take cabs to work to keep their families safe. Some members and members of their families passed away, including a number of our union delegate leaders. And as you probably know, just as in the general population, workers of color were disproportionately affected by the pandemic.

Yes, these essential workers are heroes and the routine nature of their work exposes them to illness and disease but we should never again tolerate workers entering a hospital without the tools to keep patients and themselves safe. As we begin to reflect on what happened and how we prepare for the future, we need to lift up where hospitals responded positively and call out where they fell short.

First I want to outline some general observations about where some hospitals fell short in their response to the pandemic so we can prevent this in the future.

We've heard the stories about PPE shortages and the shifting guidances which undermined worker safety. But there are other parts to this story. Within hospitals, there was often a hierarchy of access to PPE, particularly with N95 masks. Bedside clinicians were the priority while ancillary staff who also had patient contact often did not receive N95s. Among hospitals, there was also a hierarchy of access with Manhattan hospitals having better access to PPE compared to the outer boroughs.

Though some hospitals rose to the occasion, many hospitals fell short in how they treated their workers during the crisis. Despite workers risking their health every day, many hospitals fiercely resisted recognizing workers' sacrifices by paying them more. As mentioned, hospital workers acknowledge they work in environments with infectious pathogens, but employers need to acknowledge these workers took extraordinary risk and one way is to provide hazard pay. It was very discouraging the extent that workers had to fight some employers on this issue.

Staffing also became an acute problem as more and more workers became infected and quarantined. This was a real challenge for providers and the Union stepped up our own efforts to locate available workers. Initially, some employers also resisted providing sick pay for a full quarantine period, pressuring workers to return to work while they were still recovering from illness.

Finally, many hospitals fell short in their efforts to keep staff informed about the pandemic and to establish collaborative responses. The lack of effective communication contributed to the already high anxiety in time of shifting guidance and protocols.

These are just some of the challenges members faced during the pandemic, but we must also recognize how hospitals and hospital systems collaborated with and supported their workforces during such a challenging crisis. As our union is reflecting on what happened we've begun to capture the Covid 19 best practices. Fortunately, it is a long list and they fall into a couple of broad categories that include:

- Early identification and communication about patients and staff who may be exposed;
- Accessing, stockpiling, and training all staff with PPE
- Collaboration and communication with labor partners at all levels and focus on problem solving, including daily reporting.
- Attention to the full range of supports that workers needed to do their jobs in an unprecedented environment of school closures, questions about the safety of mass transit and the real potential of bringing a deadly infection home from work.

New York Presbyterian network undertook many of these best practices. Not only did Presby succeed with PPE and communication with union members, the system provided tremendous supports including hazard pay, meals, additional time off, a hardship fund, housing, and many other resources. This is how an employer should respond to a crisis.

So let's use this experience and be better prepared. Our priorities should be:

- Collecting qualitative and quantitative data to codify best practices to keep patients and workers safe in the face of an airborne infectious disease such as COVID.
- Coordinated purchasing, distribution, guidance and training on PPE that maintains the highest standard for worker safety
- Access to guaranteed quarantine and sick pay for workers
- Pandemic pay for front-line workers
- Ensuring access to support services for front-line workers to address the aftereffects of their traumatic experiences. We commend the legislature for creating the frontline workers Trauma Informed Care Advisory Council and look forward to its recommendations.

All of these of course require sufficient resources, and we have been advocating fiercely at the Federal level to ensure that Washington recognizes and funds these needs so that the State and providers are not forced to make incredibly difficult choices.

This pandemic severely tested our hospital and state's ability to respond to an emergency of this breadth and scale. Rank and file hospital workers, among others, responded to the challenge heroically and at great personal sacrifice. We must honor their dedication by learning the hard-earned lessons from this experience and dedicating the resources needed to enact changes.