

**Senate Democratic Policy Committee Hearing on Workplace Issues | July 21, 2021**  
***Testimony by Erin Williams, Respiratory Therapist***

---

I'm a respiratory therapist at Allegheny General Hospital. I spent the first half of my career at various UPMC facilities before coming to AGH four years ago. I had a few reasons for making the switch.

First, I was looking for more opportunities for career advancement, and with the way AGH was set up, I could get more experience working in all the different units. The other big difference was pay. As soon as I switched to Allegheny General I got a raise, and just 4 years later, I'm making 150% what I was at UPMC.

The reason is the union. We've negotiated contracts to increase pay scales. We have a voice, we have the ability to hold management accountable, and we can make suggestions based on what we know we need. Workers need to be at the bargaining tables to negotiate their own wages, benefits, and working conditions.

Not long after I started, we negotiated our second contract. I learned a lot through that. And it was exciting because I knew that no matter who my bosses were or how well we got along that I'd have more of a say in making sure we had what we needed to provide the highest quality of care to our patients.

This time around I got more involved in the negotiation process, and submitted many suggestions to address staffing and recruiting issues. And it's times like these that I'm most grateful for my union. We -- the people who do the work, the people who help patients every day - have to have power.

But I also want to be clear that we need power not just in the workplace but also in policy, in the rules that get set for healthcare. Some of the problems we face go beyond one facility and require lawmakers like you to set standards. For instance, we're facing the same staffing crisis as nurses in other hospitals, which increases burnout and impacts our ability to provide the highest quality care to our patients. It's my hope that we'll be able to work with management to achieve that goal of giving the best care we can.

In my department we are operating at a ratio that's nearly twice what's recommended by our accrediting agency, but the state hospital regulations, which have not been revised in thirty years, are weak or silent about what makes good care. They were written before hospital systems gobbled each other up, before CEOs made millions, before our so-called charities started acting more like for-profits.

We workers are doing our part, but if you want to see more of our healthcare dollars invested in bedside care, then you need to do your part as well.