

Senate Democratic Policy Committee Hearing on Workplace Issues | July 21, 2021

Testimony by Katrina Rectenwald

In recent years, gender bias in healthcare has become more apparent, both to researchers, and to those of us who work in healthcare. We've always known it existed and was a problem, but studies are now showing how increasingly damaging it is to overall health outcomes.

According to an article in the journal *Critical Care Nurse*, the definition of gender bias is "prejudice in action or treatment against a person on the basis of their sex." In healthcare, it refers to situations where patients are assessed, diagnosed, and treated at a lower quality level because of their gender than others with the same complaints.

But the same definition can also be applied to workers.

All across the country, we are recognizing that immense disparities in wealth and well-being are opening up between those at the top of the economy and everyday workers.

The biggest and fastest growing part of the workforce is healthcare workers. I want to say that because the next time you're in a conversation about creating jobs or preserving jobs or improving jobs, I want you to picture me, not a man in a hard hat.

When we talk about the crisis in the healthcare workforce, we aren't talking about a little niche profession. We are talking about the biggest part of our economy and the largest employers in Pennsylvania. There are as many Registered Nurses and Personal Care Aides in Pennsylvania alone as there are gas and mining sector employees NATIONWIDE.*

Healthcare jobs are hard jobs. Healthcare workers experience the same or greater exposure to chemical and biological workplace hazards as any other workers. We experience the violence and workplace injury. Healthcare jobs are not jobs for delicate ladies. Though the great majority of healthcare workers are women.

I often think about the role that gender and sexism play in healthcare. There's a lot of history here. Much of so-called women's work -- cooking, cleaning, serving, caring -- was excluded from the Wagner Act that helped so many men workers form their unions. Women were told all kinds of things at that time. We were told that providing for the family was a man's role and that women should not attempt to usurp it. We were told that we should not expect pay or benefits or even respect because, after all, we were only doing household chores that we normally did for free and with little respect. Healthcare workers had to strike for the right to unionise and did not win the right to form unions in private sector hospitals until 1974 and there are still healthcare workers, like homecare workers, who do not have this right under either federal private sector or state public sector law.

It is probably impossible to calculate the economic impact of these exclusions on women's economic well-being. While the steel and auto industries and their unions were actively discriminating against women, the jobs open to women were not union-eligible. To this day, most of the healthcare industry is non-union and there is absolutely no penalty paid by healthcare employers who systematically union-bust.

Why?

Well, I think many of the things we know about gender bias in the treatment of patients also applies to gender bias in the treatment of healthcare workers. We know, for instance, that there is a lot of bias in how women are expected to manage pain. Women's pain is discounted or misinterpreted, and this often leads not only to unnecessary suffering but also to misdiagnosis and death. Why? Because women are expected to suffer in silence and to postpone their urgent needs for the good of the whole. And when women insist that they know what they are talking about or complain too loudly, doctors sometimes suspect mental illness or offer a treatment other than treatment for the pain.

In today's healthcare, forcing frontline workers to do more with less is a basic strategy for maintaining profit levels. For some of us, this shows up as poor pay and benefits. For almost all of us this shows up as understaffing. Healthcare workers have been protesting short staffing for decades. We produce study upon study, survey upon survey, rally upon rally, all to convince managers and CEOs and lawmakers, how this is damaging to caregivers and patients alike. It is at the root of deadly errors and nurse burnout alike. We share chart after chart showing that the caregiver shortage is in the millions nationwide and in the tens of thousands in Pennsylvania.

Yet managers and CEOs and lawmakers, who are perfectly able to understand CEO and lobbyist salaries in the millions, cannot understand why 4:1 ratios in the ICU are completely unacceptable. Staffing ratios? Living wages? How could we possibly pay for that?

Rather than act on the glaring inequalities, obscene profits, and poor health outcomes that are generated year after year by the system we have, we prefer to talk women out of thinking that their pain is real.

The COVID crisis should motivate lawmakers of today in the same way that the Depression motivated them in the 30s. Just like elected leaders hear the needs of struggling workers, then, it's time to hear caregivers and to act on our demands. We want our safe staffing bill at the top of the list of legislative priorities in Harrisburg. We want the hospital regulations to include a caregivers' bill of rights to match the patient bill of rights. We want the women's health agenda to include the need for unions in the healthcare industry.

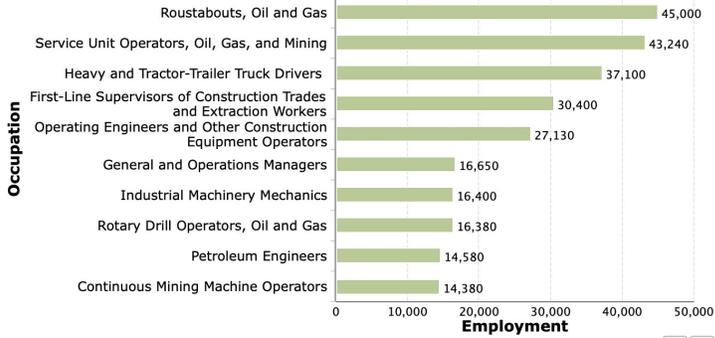
*See graphs:

Charts of the largest occupations in each industry, May 2018

Sector:

Industry:

Largest Occupations in Sector 21 - Mining, Quarrying, and Oil and Gas Extraction, May 2018



Source: Bureau of Labor Statistics



State:

Area:

Largest occupations in Pennsylvania, May 2018



Source: Bureau of Labor Statistics

