Testimony from Silas Russell to the Pennsylvania Senate Democratic Policy Committee
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Good afternoon. My name is Silas Russell. I am a Vice President for SEIU Healthcare Pennsylvania - our state's largest union of healthcare workers. We bring together over 40,000 hospital, nursing home, homecare and commonwealth healthcare professionals who make up all aspects of our healthcare workforce.

The COVID-19 pandemic has inspired an outpouring of public appreciation for the country's frontline caregivers, from television ads to billboards to essential worker toys.

The healthcare workforce certainly deserves our praise, but the COVID crisis ought to inspire deeper reflection about the relationship between the people who do the work, the employers who hire them, the taxpayers who foot the bills, and the elected leaders who make the rules and who, we believe, need to reclaim their role as the commonwealth's major job creator -- and then act accordingly.

It feels like only yesterday that our entire healthcare system and government agencies were in panic, attempting to deliver adequate PPE to the millions of healthcare workers who never had an option to work from home or take leave while we sheltered in place. Pennsylvania's 17,000 consumer directed homecare workers move daily in and out their clients' homes to provide the care needed to live independently. The COVID outbreak put these workers and their clients at extraordinary risk. Just think about what it was like to be a homecare worker in March of 2020, dropping their kids off with grandma because daycare isn't an affordable option, then moving from the grocery store, to the pharmacy, to their clients' homes - often by bus or other public transit. And the one thing that we knew caregivers needed in this moment to provide a basic level of protection - masks, gloves, and ppe - was nowhere to be found. Imagine doing this day in and day out, knowing that if they contracted COVID, grandma and their clients' lives are at risk. Imagine every time you have to quarantine due to exposure, you have to go without a paycheck. There is no sick time for homecare workers.

Lolita Owens, a homecare worker from Philadelphia lived this nightmare. When the second caregiver for one of her consumers tested positive for COVID, Lolita chose to quarantine inside her consumer's home for an entire week, rather than potentially exposing her family and leaving her consumer without care.

The homecare program is financed entirely by Medicaid and under the control of state government -- yet homecare workers were completely overlooked in the first iteration of Harrisburg's PPE program. Even where caregivers could find their own supply of masks

and gloves at their local pharmacy, they were left on their own to purchase the most basic ppe on the 12 dollar an hour wage they are paid.

Not until our union intervened to figure out supplies and a distribution system for homecare workers did they receive any masks, gloves, or hand sanitizer. There wasn't even a plan to try. How could this happen? Turns out that while DHS carefully tracks Medicaid *recipients* and can tell you not only how many hours of service they receive, but about their skill sets and health outcomes, and has several formal committees and task forces and work groups where consumers are invited and empowered to advocate for themselves, nothing like that exists for workers. In the homecare program, the allocation of these funds to workers in the form of pay, benefits and training -- has been outsourced to a private entity which, so long as it doesn't violate state or federal labor law, can do more or less as it sees fit.

This disconnect isn't unique to our homecare workforce, which has long existed in the shadows of our economy. Government - mostly through Medicaid and Medicare - is the single largest purchaser of healthcare across the nation. In every market in Pennsylvania, across every major health system, taxpayer dollars dwarf any private insurance in the amount of resources that pay for the healthcare consumers receive. Overall, Medicare and Medicaid account for the majority of healthcare spending, and that margin is growing. But, while these programs proscribe many vital protections for how consumers should be treated, they provide almost no regard for the workers who deliver that care.

This division of labor and attention -- government funding the services and protections for consumers, leaving employers and the Department of Labor to worry about workers -- has created the healthcare workforce crisis we face today. It's a crisis of worker turnover and worker shortages, among both service workers and nurses. And as recent work at the University of Pittsburgh demonstrates, it is also a mental health crisis. Thirty percent of healthcare workers screened show symptoms of anxiety, depression and PTSD, and ten percent of them have suicidal ideation. It's also a crisis of wealth and health inequity, where many of the workers we deem essential will live, on average, a full decade less than the managers they work alongside and need a Go Fund Me to be buried.

These outcomes make very little sense when you stop to consider, first, that one in every five dollars in our economy passes through the healthcare system, second, that most healthcare is financed by the public, giving policy makers real leverage over what happens and finally, that most of the money we allocate to for healthcare spending is actually spent to employ workers. Though we don't generally think of Medicare and

Medicaid as immense jobs programs, that's exactly what they are. And it's really time to start thinking of them that way.

If we treated our healthcare dollars as workforce investment funds as well as health investment funds, here are some of the changes that we might see:

First, we'd see frontline workers (not just their employers) represented at every governmental and quasi-governmental body that allocates public health funding.

Second, we'd see real attention to caregivers' health and well-being, and to their opinions and metrics around quality care. We have studies of the health outcomes for Medicaid consumers; and Medicare ranks facilities according to a number of consumer-oriented metrics. We should add worker satisfaction to Press-Gainey surveys and let people know what workers are paid, what staffing is like, what turnover is, and how caregivers feel about things as part of assessing quality.

But most importantly, healthcare spending would come with accountability for the health and wellbeing of the caregiving workforce.

Harrisburg has often figured out how to leverage the role and economic power of government to see that taxpayers not only get the government services they demand and pay for but also dividends by seeing that those services provide residual societal and economic benefits through their execution.

Taxpayer funded construction projects - at the state and federal levels - are strictly held to Prevailing Wage laws, which prevent a race to the bottom in the construction trades and support tens of thousands of blue collar middle class jobs.

Some of our most outspoken and upstanding leaders on our state pension funds are driving serious talks about how responsibly and ethically our pension dollars are invested.

Yet, our state government spends over 30 billion dollars annually on healthcare with almost no regard to the impact providing those services have on the healthcare workers delivering the care on the frontline.

At the Federal level, President Biden's American Jobs Plan includes an historic investment in homecare workers that also ties state funding to ensure that federal money is creating good, union caregiving careers rather than poverty level gigs. Our own Senior Senator from Pennsylvania, Bob Casey, recently introduced the Better Care

Better Jobs Act, which would not only provide an historic investment in our homecare workforce, but also incentivize states to expand and protect those workers' right and ability to join and form unions.

This complete understanding of the government's role in our healthcare system - of both a funder of services and a funder of jobs - is exactly what it will take to bring equity and stability to our healthcare workforce. Policy makers and politicians have to remember: we get what we pay for - and right now, government is paying for a healthcare system that overworks, underpays, and abuses the basic rights of its workforce.

Hospitals and nursing home executives will tell you that they need flexibility and that a so-called "onesie fits all approach" to regulation won't provide the right balance of care and cost containment. And we wouldn't entirely disagree. We are not calling on government to regulate every aspect of our healthcare system to the nth degree. We are calling on government to utilize it's huge influence as a purchaser of care to set guide rails for workers the same way we do for consumers and then to share the reins of our care system with our caregivers by protecting their right to have a union. Decisions about care should be able to be made at the bedside, not the board room. And caregivers should have the opportunity to deliver care the way they are trained.

Study after study has shown that when caregivers have a voice in the care they provide through unionization, the conditions and outcomes for both the worker and the consumer improve. A recent study of nursing homes in New York State found that unionized facilities had a 30% lower rate of mortality due to COVID-19 and better use of PPE over non-union facilities.[1] Another study found that hospitals where nurses succeeded in forming their unions outperformed hospitals where union-busting occured in 12 of 13 nurse-sensitive patient outcomes.[2]

Conclusion: The COVID-19 pandemic rightly put healthcare workers in the spotlight and in some instances, lawmakers even responded with extraordinary measures -- executive orders and hazard pay -- to ensure that their contributions were recognized and their lives respected. But what's important is to see those interventions as the legitimate business of elected leaders each and every day, and that those protections and rewards need to be expanded. We need safe staffing, We need fair funding that gets to the bedside. And we need strong unions so that caregivers can have a voice in the care they provide.

Citations:

[1]https://www.healthcaredive.com/news/health-affairs-nursing-homes-unions-mortality-rates/585108/

[2]https://journals.sagepub.com/doi/abs/10.1177/0019793916644251?journalCode=ilra