



**Testimony**

**Of**

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and**

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**The United Steel, Paper and Forestry, Rubber,  
Manufacturing, Energy, Allied Industrial and Service  
Workers International Union (USW)**

**for the**

**U.S. Senate Committee on Health, Education, Labor, &  
Pensions (HELP)**

**Field Hearing on**

**“Overworked and Undervalued: Is the Severe Hospital  
Staffing Crisis Endangering the Well-Being of Patients and  
Nurses?”**

**New Brunswick, NJ**

**October 27, 2023**

Chairman Sanders, my name is Carol Tanzi, and I want to thank you for holding this hearing. I am a proud member of USW Local 4-200 and a registered nurse in the Pediatric Recovery Room at Robert Wood Johnson University Hospital—where I have worked for the past 25 years.

### **Nursing is a Vocation**

During that time, there is one thing that keeps me coming back to work every single day—and that's the patient. Nursing is more than just a job for us: it's a calling. We do this work because we want to see our patients live the fullest, happiest versions of their lives possible. Being in the Pediatric Recovery Room, I care for the kids in the hospital. Kids who just want to go back to school and play with their friends.

And more than just working with the kids, my job as a nurse also involves me regularly attending to the needs of their parents, siblings, and relatives by meeting them on an individual level.

Robert Wood Johnson University Hospital is 1 of 3 Level I Trauma Centers in the state. That means that these kids in my unit—as well as other patients in the hospital—are often the sickest of the sick, suffering from complex health problems.

All of that complexity can be very confusing and scary for both the patient and their loved ones. The only way to administer excellent care is by building a relationship, forged in trust. I have to make a connection with each patient and family to get them to trust that I will take great care of them. This takes time and must not be rushed.

This is why the job of a nurse often takes multiple forms. There is the literal, physical caring for these patients: checking their vitals, giving them medication, helping them move around the hospital, and coordinating all of their care.

But there is also the emotional care we provide. As I said, given the complexity of health issues among our patient population, there are a lot of basic, human-level needs that patients and their families require: understanding the diagnosis they just received, cheering them up after a particularly brutal day of treatment, or dealing with the sadness that can come from having to miss birthdays, holidays, or anniversaries because they're in the hospital. Everyone deserves and expects my full energy and attention. At that moment, their child is the most important thing in the world.

### **The Physical and Emotional Tolls of Understaffing**

All of this care takes a toll on us: being a nurse is physically and mentally exhausting, and it can often be a thankless job since we're dealing with people on

their worst days. However, we know how important the care we provide is, and that is we continue to show up for our community every single day.

I always like to remind people: everyone in this room either has been a patient, will be a patient, or has a loved one who has been a patient at some point in their life. If you have a good experience or a bad experience, it will very likely depend on how many other patients your nurse has to cover at that time.

As nurses, we see members of our own community in this hospital every day: our family, our friends, our kid's elementary school teacher, a member of our church, and so on. It is for this reason that we see ourselves as an integral part of the greater New Brunswick community, and we take that responsibility to our community very seriously.

It is reasonable to expect the highest level of care and attention for your own family member, and we as nurses strive to give the most dedicated, compassionate, and holistic care as possible to all of our patients. All nurses know that the people making decisions are not the people doing the patient care.

And if these hospital executives do have a loved one in the hospital, they will be sure to have one dedicated nurse for them, or a 1:1—not what the rest of the public gets. What we are asking for is really common-sense staffing: enough qualified nurses to care for the very sick patients we serve.

Unfortunately, chronic understaffing significantly limits our ability to provide this level of care. That physical and emotional care we provide takes time. But when you are in charge of 5, 6, or 7 patients at once, you sometimes literally do not have enough time to attend to all of the physical needs—let alone their emotional needs. That is not okay.

### **Caring for Our Community**

Remember: we did not go out on strike for higher wages or better benefits. Rather, we felt we could no longer participate in Robert Wood Johnson's toxic culture of understaffing that prevented us from providing the high level of care that our community deserves. We no longer want to accept the weight of the guilt that comes with unsafe staffing. We morally and ethically know it is wrong.

I also want to highlight another point Judy made: she said the decision to go on strike was painful. It was painful. As I said, the patients in this hospital are a part of our own community.

And while the hospital talks about the importance of "being a family" and "a community", their actions clearly say otherwise. Instead of listening to us and investing in their own, they choose to pay millions of dollars to literally fly in travel replacement nurses from all over the country who probably could not place New

Brunswick on a map before arriving here—let alone feel the personal connections that we do to our patients.

It is literally in their name: travel nurses. They fly in from all over the country, look for a strike, and try to make a profit from it by being paid sometimes double what we were making. That is not a recipe for loyalty and integrity.

Let me be clear: We want to be back in that hospital, taking care of our community in the expert and personal ways that only we know how.

But we cannot do that without robust and enforceable staffing provisions. We need sustainable ratios and real accountability on the part of the hospital.

### **Policy Recommendations**

That is why we need federal legislation to address the issues that nurses like myself and the other 1700 sisters in my local face every day. With that in mind, I want to call attention to two very important pieces of legislation.

First, the *Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act* introduced by Sen. Brown (D-OH) and Rep. Schakowksy (D-IL-09) would, among other things, set minimum nurse-to-patient staffing requirements. With a federal floor for safe staffing, such legislation would free us up from having to bargain—or in our situation, go on strike—over safe staffing, allowing us to focus on what we do best: caring for our patients.

Second is the *Workplace Violence Prevention for Health Care and Social Service Worker Act* that has been spearheaded by Sen. Baldwin (D-WI) and Rep. Courtney (D-CT-02). This bill would provide a path for the Occupational Safety and Health Administration (OSHA) to design regulations so that hospitals ensure safe workplaces for all parties, including their nurses. When hospitals are understaffed, patients and their relatives can become agitated and lash out at nurses. We need the combination of safe staffing legislation with protections around workplace violence in order to fully address the issues facing nurses today.

The United Steelworkers (USW) has strongly supported both of these bills and hopes that today's hearing will renew a national conversation on each of them. Together, these two pieces of legislation would represent a significant step in fight to ensure dignity, safety, and compassion for nurses.

### **Conclusion**

That is why this hearing is so important. It is long overdue for us to have a serious, national conversation about safe staffing in our health care system. Thank you Chairman Sanders for calling this hearing and giving me the chance to provide my testimony.