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Richard J. Pollack
President and Chief Executive Officer
American Hospital Association
800 10th St. N.W.
Two CityCenter, Suite 400
Washington, DC 20001-4956

Dear Mr. Pollack:

Simply put, there is a staffing crisis in our nation's hospitals. As Lucy King and Jonah Kessel powerfully laid out in their Jan. 19 *New York Times* video editorial titled "We Know the Real Cause of the Crisis in Our Hospitals. It's Greed," our nation's hospitals are responsible for this crisis, which undermines the access to care and the quality of care we all depend on, especially during a pandemic. While the pandemic has strained our nation's healthcare system and its frontline healthcare workers to the breaking point and beyond, this is a crisis that started well before the COVID-19 pandemic. Hospitals were understaffed, in many cases dangerously so, long before the current public health emergency. And now, frontline care givers are burned out, exhausted from the moral injury of being forced to provide inadequate care, and leaving hospital employment in record numbers.

As one of the nation's largest unions of healthcare workers, a week does not go by when we don't hear from frontline workers about dangerously high patient loads; dangerous working conditions; and the mental, physical and emotional toll this crisis has taken on them and their families. The data paints an alarming picture. Since the beginning of the COVID-19 pandemic, 18 percent of healthcare workers (nearly 1 in 5) have quit their jobs. And for healthcare workers who have stayed in their jobs, nearly 1 in 3 (31 percent) has considered leaving.[1] In a survey conducted by Mental Health America in summer 2020, 76 percent of healthcare workers reported exhaustion and burnout.[2] According to a Kaiser Family Foundation/*Washington Post* survey, a majority of frontline healthcare workers (62 percent) say worry or stress related to COVID-19 has had a negative impact on their mental health; and 13 percent of healthcare workers say they have received mental health services or medication specifically due to worry or stress related to COVID-19, with an additional 1 in 5 (18 percent) saying they thought they might need such services, but did not get them.[3] So it

[1] Morning Consult: https://morningconsult.com/2021/10/04/health-care-workers-series-part-2-workforce/
[2] Mental Health America: https://mhanational.org/mental-health-healthcare-workers-covid-19
[3] Kaiser Family Foundation: https://www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/

should come as no surprise that healthcare workers are quitting; they are not just retiring early. Rather, we are hearing increasing reports of mid- and early-career health professionals, some still paying off their student loans, quitting their jobs because they simply cannot take it any longer. They are not necessarily leaving the healthcare field, but they are definitely leaving their hospital jobs.

While the American Hospital Associations tries to dance around the cause of this crisis, there is no denying your own culpability in creating it. The revenue- and profit-driven, often callous, decision-making of hospitals put their economic bottom line ahead of patient care and the safety of their frontline healthcare workers, long before the current pandemic. Quite simply, your members have failed their most basic responsibility: providing a safe place for patients to receive care from healthcare professionals.

Early in the pandemic, hospitals' decisions to save money by not keeping sufficient stockpiles of personal protective equipment needlessly exposed frontline care givers to infections. As a result, 34 percent of healthcare workers employed in either hospitals or nursing homes said in the spring that at some point during the pandemic, their workplace ran out of PPE for its employees.[4] Sadly, 3,600 healthcare workers paid the ultimate price, tragically dying during this pandemic.[5] Yet hospitals opposed the Occupational Safety and Health Administration (OSHA) Healthcare Emergency Temporary Standard, which was enacted far too late, and then following its withdrawal, shamefully removed the limited protections that were put in place. And now an increasing number of hospitals are considering requiring their COVID-19-positive care givers to return to work before they are COVID-19-free, denying them the time to get healthy themselves before they care for others.

But the indifference of our nation's hospitals to the safety of their workforce started long before COVID-19. Hospitals have been one of most dangerous places to work in America. Shockingly, healthcare workers are five times more likely to experience workplace violence than other workers. In fact, in 2018, long before the COVID-19 pandemic, assaults on healthcare workers accounted for 73 percent of all nonfatal workplace violence.[6] And there is every reason to believe that these rates have only gotten worse during the pandemic. Yet, the American Hospital Association continues to oppose reasonable safety legislation such as Rep. Joe Courtney's Workplace Violence Prevention for Health Care and Social Service Workers Act, introduced long before the pandemic.

Patient loads before the pandemic undermined the quality of care. Oppressive patient loads during the pandemic have broken the nation's healthcare workforce. Data tells us that

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[4] Kaiser Family Foundation: https://www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/

[5] Kaiser Health News: https://khn.org/news/as-coronavirus-spreads-widely-millions-of-older-americans-live-in-counties-with-no-icu-beds/

[6] U.S. Bureau of Labor Statistics: https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm

adding just *one additional patient* to a nurse's workload results in an increased risk of urinary tract infections and surgical site infections,[7] a 48 percent increased risk of a child being readmitted to the hospital within 30 days,[8] and a 7 percent increased risk of 30-day in-hospital mortality.[9] This was true before the pandemic and will be true after the pandemic. Yet, the American Hospital Association continues to oppose reasonable legislation to require minimum staffing levels such as Rep. Jan Schakowsky and Sen. Sherrod Brown's Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act. The only logical explanation is that our nation's hospitals simply do not want to spend money to provide high-quality care.

There are myriad strategies to fix this crisis, and we would welcome the opportunity to work with the American Hospital Association on strategies such as improving the pipeline for healthcare workers through expanded funding for training programs as well as student financial aid, and making the compensation more competitive with that provided by staffing agencies. However, hospitals will continue to lose care givers more quickly than they can be trained until hospitals stop treating healthcare workers like disposable parts, and instead treat them like highly trained professionals and provide them an appropriately staffed, safe place to work that puts the quality of care above hospital profits. A good start would be for your member hospitals to voluntarily adopt the safety standards that were part of the now withdrawn OSHA emergency temporary standard; for the American Hospital Association to ends its opposition to the Workplace Violence Prevention for Health Care and Social Service Workers Act, and to support appropriate minimum staffing requirements in our nation's hospitals, such as the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act.

Sincerely,

Randi Weingarten
President

[7] Cimiotti et al., 2012: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3509207/pdf/nihms387953.pdf
[8] Tubbs-Cooley et al., 2013: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3756461/pdf/bmjqs-2012-001610.pdf
[9] Aiken et al., 2014: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035380/pdf/nihms571000.pdf