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Testimony in Support of UI for Striking Workers (SB 916)

To the Senate Committee on Labor and Business:

Prior to making the change to the ICU, I worked on a medical surgical unit where our nurse to patient ratio was 1:4. I would drive home from nearly every shift feeling terrible, because it felt like the expectations that were put on me were impossible given the limited tools and resources. We never had help. I felt like I was drowning. If 1 or 2 of your patients were more acute, it would dramatically take away from the time you had to spend on your other patients. The needs were still there, though. I remember many shifts fighting to get my patients to a higher level of care (the ICU) because these patients were far too sick, (and too time and labor consuming) for us, given our staffing.

For example: in one shift you could have one patient actively dying with comfort care orders, one patient in active alcohol withdrawals, one patient post op from a BKA meeting SIRS criteria, and another in DKA on an insulin drip requiring hourly blood sugars and insulin drip titrations. You can only be in one place at a time, and if any one of these patients decompensated, you still have three other patients. Although I am now on a unit with much better nurse to patient ratios (1:1 or 1:2) I will never forget feeling like the worst nurse after every shift because it was impossible to give my patients the time and care they deserved if we weren't staffed based on their acuity.

This is why I am striking. I am striking so that someone can be there to hold the hand of the actively dying patient on comfort care. I am striking so that the person going through withdrawals can be taken care of with the upmost dignity and care. I am striking so the patient meeting SIRS criteria is quickly recognized, and their life is saved because sepsis has such high mortality rates. I am striking for the patient who came in with DKA with a first time diabetes diagnosis, so they can get the education and support they need in order to care for their diabetes at home.

As nurses, we aren't afraid to stand up for our patients and advocate for them so that they get the care they deserve. That's what we are doing on the strike line. We are going up against corporations that don't have the patient at the forefront. But now, I am worried about how I'm going to keep the lights on. I think we should be able to get unemployment benefits while on the strike line, because ultimately we are trying to give to our community in the most vulnerable spaces. I am scared of what the future will hold without an income and actively on strike... but I am more afraid of what would happen to my aging parents, or sick kids in the hospital with burnt out, overworked, underpaid, unhappy, healthcare workers with too many complex sick patients.

Unemployment benefits would help keep the lights on and keep us warm.