

Report of the Wage Review Committee on the Impact of Raising Wages for Service Workers at Pittsburgh's Anchor Institutions

December 8, 2015

Executive Summary

In October, Pittsburgh City Council approved legislation to establish a Wage Review Committee that investigates the wages paid to service workers in our largest industry. This is part of A City for All Agenda, an initiative to protect, preserve and expand affordability and livability for low and moderate income residents in the city of Pittsburgh. The goal of the Wage Review Committee and of this report is to improve the city's understanding of the impact of current service wages by examining wages at Pittsburgh's largest employers, our hospitals. The Committee was also charged with making recommendations concerning wages and employment practices most conducive to creating a City for All.

On October 22 and 23, Councilman Rev. Ricky Burgess convened two Wage Review Committee hearings to solicit testimony from service workers employed in our city's hospitals and from healthcare and economic experts.

The Wage Review Committee is chaired by Council Member Rev. Burgess and includes:

- Jeff Shook, Associate Professor of Social Work, University of Pittsburgh
- Steve Foreman, Associate Professor of Health Administration and Economics, Robert Morris University
- Majestic Lane, Director of External Relations and Membership Engagement, Pittsburgh Community Reinvestment Group
- Ricardo Williams, Manager of Equity and Inclusion, Bureau of Neighborhood Empowerment, Office of Mayor William Peduto
- Marla Blunt, food service worker and member of SEIU Local 32BJ

The Committee heard oral testimony from hospital service workers, other service workers, economists, area academics, urban development experts, labor leaders and many others. The Committee also received and reviewed various governmental, academic and other studies and reports presenting data and statistics. A majority of the testimony received by the Committee is included in the appendices at the end of this report.

Key Findings

As a hospital worker, I find that it is somewhat possible to live on my income, but calling it living is another matter. Overall, Pittsburgh is a place that you can live, but not a place you can enjoy living in. – Testimony from James D. Murzyn II, UPMC service worker

Higher wages for workers might sound expensive. But it's not nearly as expensive as what we're doing now. – Testimony from Michael Lamb, Controller, City of Pittsburgh

As our largest enterprises, employers and private landowners, Pittsburgh's health care systems are the city's anchor institutions. These institutions are the foundation of our new "eds and meds" economy and play a decisive role in setting employment standards not only in their own facilities but across Pittsburgh's economy. In the city's labor market, these hospitals wield tremendous power and influence. Given the dominant position of the hospital systems in the Pittsburgh economy, there are considerable questions about the wages the industry pays. The Pittsburgh Wage Review Committee was tasked with examining these questions, with a specific emphasis on the effects of these wages on the lives of its employees, its families and their communities. Through its investigation, the Wage Review Committee found that if these institutions do not contribute fully to Pittsburgh's future as a livable, affordable city, then the city will not be as prosperous as we should – and can – be.

More than 170 hospital and service workers appeared before the Committee to describe their work and the impact of that work on their lives. Their stories document hardworking Pittsburghers, many who have worked in their positions for many years and who care deeply about their patients, their families and their communities. Hospital workers uniformly begin their careers at less than Pittsburgh's living wage and see very small increases – increases that do not keep pace with median inflation of rising rents. Many hospital workers report of relying on public assistance; many report being unable to pay their bills despite working full time or in many cases, overtime. The workers who testified spoke with pride in their work and with a determination that is part of Pittsburgh's spirit and ethic, but their testimony also revealed tremendous pain caused by their struggles and inability to achieve economic security or even modest dreams. Workers also talked about their fear of testifying before the Committee, alluding to patterns of retaliation by employers against workers who seek to make improvements on their jobs.

The Committee also heard from area academics, labor and urban development experts and economists on measures of affordability and livability, many of whom testified to the outsized influence of Pittsburgh's hospitals on its labor market. Experts also made recommendations to strengthen our local businesses, create new jobs and address grotesque income inequality that is crippling cities across the country.

As a result of this testimony and our own research, the Wage Review Committee finds that raising wages for thousands of hospital service workers in Pittsburgh would not only impact their families and children by improving their ability to afford food, healthcare and housing, it would have a ripple effect through our city's larger service sector labor markets and thus through our city's communities and neighborhoods. When workers are able to support their families, there is more stability in neighborhoods, more money spent at local businesses and wages for service workers outside of hospitals will no longer be artificially depressed.

Finally, a word about worker organization as a component of creating a City for All: Pittsburgh has a strong tradition as a union town, grounded in the union organizing of manufacturing workers in the middle of the last century. That organizing created a city in which, for the first time, large numbers of working families could achieve a decent if modest way of life and was the basis for creating Pittsburgh's working class neighborhoods. After forty years of declining worker organization and declining standards for working families, it seems clear that ensuring workers' presence at the tables where economic decisions are made is a key component of creating a City for All. Within hospitals, strengthening worker voice has the added benefit of curtailing high turnover and helping to achieve the highest quality patient care.

The Wage Review Committee appreciates the opportunity to help ensure that our city's economic development and success create a Pittsburgh that answers to the aspirations of all of its residents. Those who do Pittsburgh's cooking, cleaning and caring deserve economic security, good health and safe neighborhoods. We believe that this vision can be achieved but not without change in the wages and working conditions of cooks and housekeepers and caregivers. Our findings and recommendations about the impact of raising wages for service workers at our area hospitals are detailed in the following report.

Recommendations

The Wage Review Committee found that wages paid to hospital service workers are insufficient to allow hospital workers to live in even modest comfort in Pittsburgh and that the impact of low wages in our largest industry create downward pressure on service wages throughout Pittsburgh's economy, driving down the standard of living for a large percentage of our population. The adverse effects of low pay for hospital workers, and by extension other workers and our communities, extend to the nutrition, housing, health, nutrition, recreation, safety, and human rights of workers as well as the finances and development of the city.

Widening income inequality, unacceptable disparities in health outcomes and living conditions, and huge power differentials between employers and workers in our labor markets warrant further research and governmental action. The Wage Review Committee is also struck by the degree to which Pittsburgh's hospitals are directly and indirectly subsidized by taxpayers, giving city residents a large stake in the behaviors of these institutions. The Wage Review Committee therefore recommends City Council:

- Endorse hospital workers' call for a minimum industry wage of no less than \$15/hour and consider calling for a higher wage more in keeping with the true living costs in Pittsburgh;
- Call for improving health maintenance for hospital workers and their families by lowering financial barriers to receiving care;
- Actively support workers' right to form a union without interference or intimidation from hospital management;
- Encourage hospital management to engage their dedicated service and technical employees in operational decision-making to reduce turnover and improve care;
- Take steps to expand and improve affordable housing options in the city; and

- Take action to incentivize hospital employers to improve pay and working conditions for hospital service workers, through the exercise of its authority in the areas on budgeting, contracting, zoning and building codes, public health and safety.

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Conditions and Characteristics of Pittsburgh Hospitals

KEY FINDING: Hospitals are Pittsburgh's dominant economic institutions. It therefore matters more what they do and what regulators do about them.

When the steel companies substantially downsized their steelmaking operations in Pittsburgh in the 1980s, the region lost about 100,000 manufacturing jobs¹ and was left with a hollowed-out economy. This new economic reality was devastating to many families and communities in the area, resulting in extreme hardship and uncertainty for many.

Since the decline of Pittsburgh's steel industry, the city has embarked on an ambitious revitalization effort, which has included strengthening and expanding its "eds and meds" economy. Massive public investment in the form of expanding Medicare, Medicaid and Veterans Affairs payments, federal research grants, and tax exemptions, as well as private insurance premiums helped to drive the transformation of Pittsburgh's several small charity hospitals into world-class institutions and our city's largest employers and landowners.

Today, the two largest Pittsburgh-area health care systems are UPMC and Highmark (the parent corporation for Allegheny Health Network). These so called "Integrated Delivery and Financial Networks" have consolidated both vertically and horizontally and expanded geographically to include hospitals, physician practices, insurance providers, nursing homes, homecare agencies and dozens of for-profit subsidiaries focused on commercializing advanced medical technologies as well as healthcare consulting.

These institutions are massive. In 2014, UPMC and Highmark together brought in more than \$28 billion in revenue.² In the last year alone, UPMC brought in record-breaking revenues of more than \$12 billion, making UPMC's budget about 25 times that of the city itself.³ The system's CEO was paid nearly \$6.5 million last year,⁴ more than the CEOs of UPMCs peer institutions Mayo Clinic,⁵ Cleveland Clinic,⁶ and Partners HealthCare System in Boston.⁷ An

¹ Harold D. Miller, "Regional Insights: It's still Steel City, but Pittsburgh has changed," *Pittsburgh Post-Gazette*, September 6, 2009. <http://www.post-gazette.com/business/businessnews/2009/09/06/Regional-Insights-It-s-still-Steel-City-but-Pittsburgh-has-changed/stories/200909060227>

² UPMC had over \$11.4 billion in operating revenue in its fiscal year 2014, according to the system's most recent audited financial statements, p. 3: <http://www.upmc.com/about/finances/Documents/fy2015-audited-consolidated-financial-statements-final.pdf>; meanwhile, Bill Toland of the *Post-Gazette* reported on April 1, 2015, that Highmark had \$16.75 billion in revenue for calendar year 2014, which has an overlap of six months with UPMC's fiscal year 2014: <http://www.post-gazette.com/business/healthcare-business/2015/04/01/Highmark-Challenging-climate-leads-to-2014-operating-loss/stories/201504010170.print>

³ UPMC's audited financial statement for fiscal year 2015 shows over \$12 billion in operating revenue for that year, p. 3: <http://www.upmc.com/about/finances/Documents/fy2015-audited-consolidated-financial-statements-final.pdf>

⁴ IRS Form 990 for UPMC Group for fiscal year 2014, page 200 (page 151 of PDF): <http://www.upmc.com/about/finances/irs-filings/Documents/upmc-fy14-group-media.pdf>

⁵ Mayo Clinic CEO John Noseworthy was paid over \$1.8 million according to IRS Form 990 for Mayo Clinic for calendar year 2013 (which has six months of overlap with UPMC's fiscal year 2014): <http://www.guidestar.org/FinDocuments/2013/411/506/2013-411506440-0b029318-9.pdf> (page 14 of PDF)

additional 31 top UPMC employees were paid over \$1 million each.⁸ The institution has over \$4.3 billion in reserves⁹ and owns 5% of the assessed value of all real estate in the City of Pittsburgh.¹⁰

UPMC employs over 60,000 people,¹¹ of which at least 43,000 work in the Pittsburgh metropolitan region.¹² Highmark (including Allegheny Health Network) employs another 19,000 in the region.¹³ Together, hospital employment accounts for more than 5 percent of the region's workforce.¹⁴ Nearly half of these health system employees – approximately 28,695 full-time equivalent employees – work in hospitals located in the city limits of Pittsburgh.¹⁵ Service workers in the city hospitals account for a higher estimated proportion of the workforce inside the city, at nearly 7.5 percent.¹⁶

⁶ Cleveland Clinic CEO Toby Cosgrove was paid over \$4 million according to IRS Form 990 for The Cleveland Clinic Foundation Group for calendar year 2013 (which has six months of overlap with UPMC's fiscal year 2014): <http://www.guidestar.org/FinDocuments/2013/912/153/2013-912153073-0adb4b37-9.pdf> (page 13 of PDF)

⁷ Partners Health Care System Inc. CEO Gary Gottlieb was paid over \$2.5 million according to IRS Form 990 for Partners HealthCare System Inc for the year ended September 30, 2013 (which has three months of overlap with UPMC's fiscal year 2014): <http://www.guidestar.org/FinDocuments/2013/043/230/2013-043230035-0a9ffeff-9.pdf> (page 13 of PDF).

⁸ IRS Form 990 for UPMC Group for fiscal year 2014, pages 192-201 (pages 143-152 of PDF): <http://www.upmc.com/about/finances/irs-filings/Documents/upmc-fy14-group-media.pdf>; spreadsheet available upon request

⁹ UPMC Unaudited Quarterly Disclosure for the Period Ended September 30, 2015, p. 18 (i.e., the balance sheet on page 20 of PDF, line for "Board-designated, restricted, trustee and other investments,"): <http://www.upmc.com/about/finances/Documents/fy2016-q1-quarterly-disclosure.pdf>

¹⁰ Pittsburgh UNITED, *Hidden in Plain Sight: The Cost of UPMC Tax Exemptions*, April 15, 2012. See page 2 of this study, including its footnote 3.

¹¹ UPMC Facts and Stats, <http://www.upmc.com/about/facts/pages/default.aspx>

¹² *Pittsburgh Business Times Book of Lists, 2014-15*, p. 160.

<http://digital.bizjournals.com/launch.aspx?eid=27e87a3c-4c08-444a-b669-c6185cea9845> -- UPMC is the largest employer of any kind in the Pittsburgh metropolitan area, with 43,000 full-time equivalent employees (FTEs); it is likely that the actual number of employees in the Pittsburgh metropolitan area is an even greater share of the system's 60,000, since part-time workers count only partially toward FTEs.

¹³ *Pittsburgh Business Times Book of Lists, 2014-15*, p. 160.

<http://digital.bizjournals.com/launch.aspx?eid=27e87a3c-4c08-444a-b669-c6185cea9845> -- Highmark is the second-largest employer of any kind in the Pittsburgh metropolitan area, with 19,000 full-time equivalent employees (FTEs).

¹⁴ "May 2014 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates, Pittsburgh, PA," United States Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics. http://www.bls.gov/oes/current/oes_38300.htm#00-0000. This shows 1,129,980 were employed in "all occupations"; 62,000 workers is 5.5% of that total.

¹⁵ Analysis of figures from the Pennsylvania Department of Health, available at http://www.statistics.health.pa.gov/MyHealthStatistics/HealthFacilities/HospitalReports/Documents/Hospital_Report_2013_2014_6.pdf – This includes both directly employed and contracted employees at Allegheny General Hospital and West Penn Hospital in the Highmark/AHN system, and Children's Hospital of Pittsburgh of UPMC, Magee Women's Hospital of UPMC, UPMC Mercy, UPMC Presbyterian Shadyside, and UPMC St Margaret, all of which are located within the city limits of Pittsburgh. For full-time equivalents, as with the *Pittsburgh Business Times* analysis of the largest employers, part-time employees are counted as one-half

¹⁶ Pennsylvania Department of Health, Division of Health Informatics, data from the annual hospital questionnaire for the reporting period July 1, 2013 through June 30, 2014, Report 6.

Pittsburgh's health care systems – our largest employers and landowners – are the city's anchor institutions today. With such a large economic footprint, the community impact of hospitals is unrivaled. These institutions play a decisive role in setting employment standards not only within their own facilities, but also across their industries and the service sector. In Pittsburgh's labor market, hospitals are what economists, including those who testified at the Committee's hearings, call a "wage-maker." Any institution or corporation that pays higher wages than UPMC will not be able to maintain competitive prices. Simply put, it matters more what hospitals do about people and what people – policymakers, regulators and workers – do about hospitals. If UPMC and Highmark do not contribute fully to Pittsburgh's future as a livable, affordable city, then we can never be as prosperous as we should – and can – be.

<http://www.portal.state.pa.us/portal/server.pt?open=18&objID=1482132&mode=2> – This file has information on the numbers of people working in numerous job categories at every hospital in the state. We assume that the hospital service workers are contained in the categories "Unlicensed assistive personnel" and "Other nonhlth profess/nontech." There are 11,600 such workers in the City of Pittsburgh hospitals, including directly employed and contracted workers; if we count part-timers as one-half, then there are 10,918 full-time equivalents. As noted above, the workforce in the Pittsburgh Metropolitan Statistical Area was estimated at 1,129,980 in all occupations as of May 2014. The Pittsburgh MSA (Allegheny, Armstrong, Beaver, Butler, Fayette, Washington, and Westmoreland Counties) had a population of 2,355,948 according to the Census Bureau, with the City of Pittsburgh accounting for 305,412 (<http://quickfacts.census.gov>), or 13% of the total. If the size of the Pittsburgh workforce is proportional (13%) to the regional workforce of 1,129,980, that means that the workforce in the City of Pittsburgh is 146,484. The 10,918 FTEs of service workers in the city hospitals is 7.45% of the total.

Hospital Service Workers and Value of the Work

KEY FINDING: *Hospital workers perform valuable work that is critical to the caring mission of hospitals.*

Hospital service workers, comprising nursing assistants, radiology and laboratory technicians, food service workers, secretaries, environmental service technicians and others, are the single largest group of people working in our city's hospitals. Hospital service workers perform a variety of functions related to patient care, including but not limited to: tending to patients, cleaning, stocking supplies and equipment, cooking, food and drink preparation, processing specimens, completing and managing drug orders, sterilizing surgical instruments, managing patient files and transporting patients, among other critical tasks. The vast majority of hospital service workers work full-time hours, though many testified to the need to work overtime or double shifts in order to sustain their families.

Workers who testified before our Committee described jobs that are physically, emotionally and mentally demanding. Their jobs require workers to juggle simultaneous demands in a high-stress, fast-paced environment. Hospital jobs have an added pressure due to the high stakes work. Workers are well aware that their work affects the well-being of other people and that often lives are literally hanging in the balance. For many workers, this ability to make a difference is part of what attracted them to the field and they are rightly proud of their ability to perform complex tasks and solve problems on-the go as they ensure that patients receive the best care possible.

A medical assistant at Allegheny General Hospital described the demanding work in the hematology and oncology departments, caring for people with cancer every day, while others explained how every job in a hospital is intrinsically linked to the others.

For the past 20 years, I've developed relationships with companies that can get us the drugs we need to save lives. When drugs are on back order, I know the right people to call so that we get the drugs, even when every other hospital in the country is trying to get them. Our doctors can do cutting-edge medicine because we find a way to purchase the drugs. From the inventory room to even the kitchens, we provide huge, huge service. When people work in the cafeteria, they are responsible for getting the food and getting it to the patients. No one really sits and thinks about it, how someone cooked it, how someone brought it your room warm. – Testimony from Fran Nash, drug inventory coordinator, Allegheny General Hospital

I'm 60 years old and I've spent most of my life working in healthcare. I think that most people don't know what we do in Sterile Processing, but we're really at the heart of all surgeries that happen. Every operating room has up to 10 cases and the instruments for every one of those are logged into the caseloads and have to be recovered, sterilized, decontaminated, arranged and repackaged precisely. There is no room for error and I've

become specialized in every kind of sterilization. – Testimony from Jeannie Williams, sterile processing specialists, UPMC Montefiore

Academic and healthcare experts confirmed that hospitals simply cannot function without a trained, high quality, supported workforce at all levels, departments and floors. Hospital workers are dedicated, knowledgeable, skilled and critical to the mission of delivering care.

Wages and Impact on Measures of City Affordability and Livability

KEY FINDING: Hospital workers in the City of Pittsburgh are paid considerably less than what is needed to afford basic expenses in Pittsburgh, and their poverty is spread to other parts of the service sector labor market and is concentrated in areas of our cities where service workers live.

Government data, expert reports and worker testimony lead us to estimate that the average hourly wage for hospital service workers in Pittsburgh is \$12.94/hour, or less than \$27,000/year.¹⁷ Workers who are paid this median rate reported take home pay of about \$350/week after payroll taxes, health insurance contributions and other deductions. The Wage Committee received testimony from workers who started their jobs making as little as \$9.67/hour.

Are workers making \$12.94/hour poor?

Testimony from economists and other academics pointed out that the method for calculating official federal poverty thresholds was first developed more than 50 years ago, and has long since become outdated. Recognizing the limitations of our national system for measuring poverty, economists developed “shopping cart” methods to measure the actual cost of living in cities across the United States and, from there, to determine the local living wage. The Economic Policy Institute (EPI) updates and publishes these figures annually in order to determine “the income families need in order to attain a secure yet modest living standard where they live by estimating community-specific costs of housing, food, child care, transportation, health care, other necessities and taxes.”¹⁸ The Committee notes that the “shopping cart” used to establish EPI’s family budgets do not include savings of any kind, debt maintenance, post-secondary education, “luxuries” like transportation to places other than work, entertainment, or even internet service, meaning that people who live within these budgets are not well-positioned to weather minor financial crisis, let alone develop equity or “get ahead.”

The table below shows the minimum income a family would need in order to afford a basic family budget, updated to 2014. The table also includes the official U.S. poverty threshold for each family type.

¹⁷ United States Department of Labor, Bureau of Labor Statistics, “May 2014 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates, Pittsburgh, PA.” http://www.bls.gov/oes/current/oes_38300.htm#31-0000. A full-time position is 2,080 hours per year; at \$12.94 per hour, this works out to \$26,915.20.

¹⁸ Elise Gould, Tanyell Cooke, and Will Kimball, “EPI’s 2015 Family Budget Calculator,” Economic Policy Institute Issue Brief #403, August 26, 2015, p. 2, <http://www.epi.org/files/2015/epi-family-budget-calculator-2015.pdf>

**Table 1: Basic Family Budgets vs. Poverty Thresholds
for Pittsburgh, PA, Metro Area, 2014¹⁹**

Source: EPI Family Budget Calculator, updated August 2015

Family type	Single adult	2 adults, 2 children	1 adult, 1 child
Basic Budget, Annual (\$)	27,124	64,691	46,175
Basic Budget, Hourly Per Adult (\$)	13.04	15.55	22.20
Poverty Threshold, Annual (\$)	11,670	23,850	15,730

According to the U.S. Census Bureau, approximately 23% of Pittsburgh households lived below the poverty threshold between 2009 and 2013, compared to about 13.3% statewide²⁰. Naturally, the percentage of families whose income do not meet EPI’s family budget standard is much larger.

Given the gap between current hospital service wages and level of income necessary to meet basic needs, it’s unsurprising that many hospital workers reported relying on public benefits (i.e., LIHEAP, SNAP, SCHIP, etc.) to make ends meet. At hospital service workers’ median wage, a family of two working adults and two children or a family of one working adult and one child are eligible for subsidized health care and child care.²¹ And at the start rate of \$11 said to prevail at the city hospitals of UPMC,²² a family with a single parent and one child would also be eligible for food stamps.²³

Workers reported the impact of low pay on their health, well-being and ability to live in and afford a stable living in Pittsburgh. They reported a variety of hardships, including lack of health care, inability to cover bills for basics like electricity, heat, car insurance, medication and

¹⁹ Basic family budgets are derived from the EPI Family Budget Calculator at: <http://www.epi.org/resources/budget>; these were updated in August 2015 and are in 2014 dollars. Poverty guidelines for 2014 are from the US Department of Health and Human Services: <http://aspe.hhs.gov/2014-poverty-guidelines>

²⁰ U.S. Census Quick Facts for Pittsburgh and Pennsylvania at: <http://quickfacts.census.gov/qfd/states/42/4261000.html>

²¹ Pennsylvania’s Compass website at <https://www.compass.state.pa.us/Compass.Web/Screening/DoIQualify#/Results>; calculations assume that no one in the family has disabilities or is a veteran, that the adults in the household are married and are parents of the children, etc.

²² <http://www.post-gazette.com/local/city/2014/02/17/Religious-group-protests-against-UPMC-wages/stories/201402170070>

²³ Compass website, op. cit.

groceries, lack of transportation, inability to provide adequate housing or to afford housing in safe and stable neighborhoods, inadequate or unhealthy food, extreme exhaustion and stress, inability to save for their own or their children's education, inability to afford clothing for their children and dependence on public assistance, among other hardships.

Life on \$12.52 an hour is hell. When I get my paycheck, I pay my rent and I pay my bills. Then I am left with \$30 at the end of two weeks. – Testimony from Justin Sheldon, UPMC Presbyterian

I live in a slum house in a bad neighborhood and my utilities have been turned off. I've lost my lights and water for over a week because I couldn't pay them....My 20 year old [daughter] just delivered a baby and I had no water. – Testimony from Sandra Hines, UPMC Shadyside

We live in a great city with so many things to do, but right now people can't afford to take their families out to eat or do things in the city. A trip to the movies or the Science Center is just way out of reach. – Testimony from Ruth Williams, Allegheny General Hospital

It's hard to feel like a man when I can't buy my grandkids a present for their birthday or Christmas. – Testimony from Ray Fearby, Allegheny General Hospital

No matter how many hours we put in, a job at UPMC isn't enough to show [our sons] that hard work pays. Recently, we were evicted....We had to act fast to put a roof over the kids' heads so our family is scattered throughout the city. – Testimony from Chaney Lewis, UPMC Presbyterian

I struggle to pay my rent. Every payday half of my pay goes to rent. And now rents are rising, but pay is not. – Testimony from John Price, UPMC Western Psychiatric Institute

Concerning economic hardship, Committee Members were also struck by the testimony of:

- Jeannie Williams, a surgical process technician at UPMC Montefiore. She works overtime just to pay her rent. She earns \$14.50 per hour. Her take home pay is \$850 every two weeks. Her gas bill is \$200 to \$300 per month in the winter. She tries not to use heat.
- Joe Kennedy, a grill cook at UPMC Presbyterian. He makes \$12.94 per hour. He is a cancer survivor and still gets support from his parents. He has had his electricity cut off because he was unable to pay the bill. He gets food from the local food pantry. He cannot afford the copayments on his blood pressure drugs.
- Sarina Coates, a patient care tech at St. Margaret. She makes \$12.36 per hour. She likes her job but turnover is high because people cannot live on what UPMC pays.

- Robin Willis, who has been an administrative assistant at UPMC Presbyterian for 26 years and is paid less than \$15 per hour. Robin can't afford to get blood because the copayment is \$196.84.
- Jim Staus, who worked at UPMC Presbyterian for more than seven years before he was fired in 2013. He paid one third of his paycheck for family health benefits. He brought home \$500 each two weeks. His family has been on food stamps. They buy clothes at the thrift store. He cannot afford repairs on his home. He owes back taxes. He is depressed and feels a sense of hopelessness.
- Robert Ross, a housekeeper floor technician at UPMC Magee. He likes his job. He took a job at UPMC for the health benefits but has been unable to afford family coverage for his wife and children because the employee cost of family cover is greater than his paycheck. His children get health insurance through the CHIP program.
- Christoria Hughes, a UPMC cook who makes for \$13.72 per hour. She has to live in subsidized housing. Her paycheck is \$300 per week and her rent after subsidy is \$500. She works overtime to get by and can't afford to retire.
- Justin Sheldon, who earns \$12.52 at UPMC. He stated that trying to raise a family on this is hell. His rent is \$600. Even school lunches for his son at \$20 per week are a tremendous burden.
- Tony Bollinger, who works at UPMC Presbyterian and makes less than \$15 after 25 years. A \$600 bill for medical care for his wife put his family into bankruptcy. Medical expenses cost the family \$600 per month and they don't have it. They make rotating payments to utilities to try to avoid cut offs.
- Rachel Dittmar, a dietary worker at UPMC who makes \$12.50 per hour. She gets \$500 per paycheck. In order to live she needs subsidized housing and food stamps.
- Nila Payton, a receptionist at UPMC. She makes \$13.80 per hour. Her children are on CHIP and the family lives in public housing. Child care expenses are so high that they are not affordable.
- Leslie Poston, a secretary at UPMC making \$13.00 per hour. Her take home is \$700 per month. She has been diagnosed with early stage breast cancer but can't pay her health care bills. She skips appointments because she can't afford the copayments.

Health Care and Health Insurance

Some of the most disturbing testimony that the Committee received concerns workers' poor health and the high cost of health insurance, and care, costs that contribute to financial insecurity and cycles of unending debt.

The health insurance isn't good for the employees. You have to pay so much out of pocket when you go to the doctor's office. Then you get bills. I pay \$190 a month in healthcare to UPMC. For all the prescriptions I need, I pay another \$200 a month....Right now I owe the hospital thousands of dollars. I don't have the money set aside to pay these bills. I don't have much set aside at all. I'm supposed to go to various doctors' appointments for my health issues. In 2013, I had a kidney removed. I skip follow up

appointments because I can't afford the co-pays to see the doctor. I just hope everything is okay until I can afford the next visit. – Testimony from Bernadine Glover, UPMC Presbyterian

I have worked at the hospital for 43 years. I am so in debt to the hospital that I will never get straightened out. – Testimony from Dorothy Fleissner, Allegheny General Hospital

I would love to save for my retirement but right now I can't even afford to take the medication I need every day. I take it every other day to make it last as long as possible. – Testimony from Linda Thomas, Allegheny General Hospital

When I became pregnant in 2013, I realized my wages were so low, I qualified for medical assistance. Now my two sons ages 2 and 16 are both on CHIP because UPMC's insurance plans don't cover enough of the costs of co-pays, doctors visits, and trips to the ER. I've received bills in the mail after going to UPMC doctors, and I can't even pay those bills because my wages don't cover those expenses. I'm currently on a payment plan to pay off the bills I owe. – Testimony from Nila Payton, UPMC Presbyterian

Parents testified to food insecurity and food choices they are forced to make due to the low wages they are paid. Many expressed their concern with relying on food banks for meals, substituting less healthy options to make food and wages last longer and running out of groceries before the next paycheck period. When people run out of money near the end of the month, they stop filling prescriptions and eating right.

We definitely feel the strain. Basics like groceries cost everyone the same whether they make 13 or 23 or 3000 dollars an hour but groceries for my family eats up a whole paycheck. I know that I don't always buy the food that is probably best for my growing kids. But if we eat right, we can't pay our other bills. – Testimony from Jarell Reeves, UPMC Shadyside

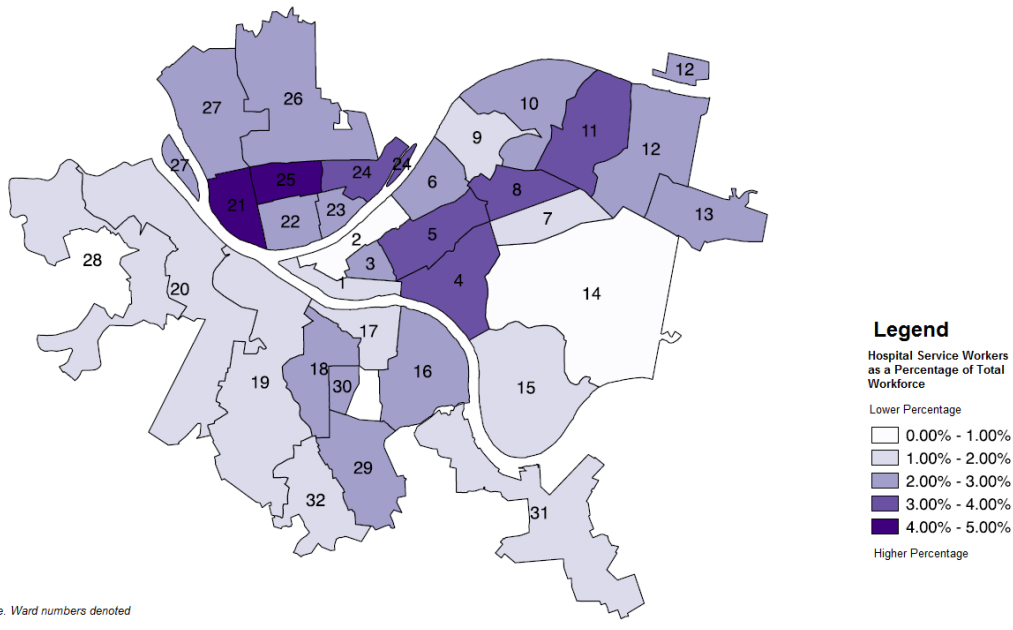
Professor Ray Engel from the University of Pittsburgh School of Social Work cited research by Hilary Seligman which found that in the last four days of the month before the next paycheck, there was a 27% increase in low income individuals' hospital visits for low blood sugar. There was no similar increase among higher income individuals.

Housing and Safe Neighborhoods

The Wage Committee heard and received testimony concerning the high cost of housing and workers' anxiety about the growing gap between hospital service wages and rising rents across the city. Others spoke about their fear of being pushed out of the city due to high cost of housing or their limited ability to move from unstable to attractive neighborhoods where housing is out of their economic reach.

Carl Redwood of Hill District Consensus Group provided insight into Pittsburgh’s affordable housing crisis, which he described as “most severe for families and households who have very low and extremely low incomes.” He further testified that in the past 20 years, Pittsburgh has lost 20,000 black people in the city and gained 35,000 in the suburbs, attributing this population change to rising rents and suppressed wages at the city’s largest employers, including the hospitals.

Hospital Service Workers in City of Pittsburgh Wards as a Percentage of Total Workforce*



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²⁴ There are nearly 11,000 service workers employed at hospitals in the City of Pittsburgh, and thousands of them live within the city limits. Estimates of hospital service workers as a percentage of the total workforce are based on extrapolations from thousands of known hospital service worker addresses (gathered through Wage Committee testimony and other hospital worker activities over the past several months). We assume that the portion of the hospital service workforce for whom we do not have addresses is geographically distributed in the same way as the workers for whom we do have addresses. We further assume that the percentage of adults in the workforce is constant across wards (though unemployment is in fact higher in the lower-income wards that are dense in service workers, so that the percentage of the workforce who are hospital service workers in those wards is actually a likely underestimate). In the wards with the highest concentrations of hospital service workers, these workers make up nearly 5% of the total workforce, meaning that nearly 1 in every 20 working adults is a service worker in a Pittsburgh hospital. In other wards, service workers are relatively fewer and far between, comprising less than 1 percent of all workers. It is also clear that wards with high hospital service worker density are wards with high concentrations of poverty, as can be seen by comparing these geographies to CDBG-eligible areas. Census data also reveals that a high concentration of hospital workers correlates closely with areas of the city where many African American Pittsburghers reside.

One 60-year-old hospital service worker testified that after years of working at an area hospital she can't afford to move out of her daughter's home and rent her own apartment. Others spoke about concerns that as Pittsburgh evolves into a leading city in higher education, healthcare and tech development, low-income families are being pushed out of the city.

I bike to work so I've been overjoyed to see Pittsburgh being more pro-active around the new bike lanes and rentals. The flipside of Pittsburgh's renaissance is that I might be forced out of my neighborhood and then what? I won't be able to afford care if this happens. Should I start looking for a new place now? – Testimony from Josh Malloy, UPMC Mercy

Retirement

Many older workers testified that they have no ability to retire. Some workers have put second mortgages on the homes they struggled to buy to finance their retirements. Many workers testified that while their employers do offer retirement programs, they did not have enough money to take care of their basic needs let alone put money into these programs.

Education

Through the course of its work, the Wage Review Committee investigated the impact of wages on other measures of affordability and livability in our city, including the effects on our public education system.

Nina Esposito-Visgitis, president of the Pittsburgh Federation of Teachers, testified that approximately 71 percent of Pittsburgh students qualify for free or reduced lunch, including those whose parents are working full-time jobs at the city's largest employers. Decades of research and data show that family income is the primary predictor of a child's educational success and underline the far-reaching effects of low wages on a child's development, including the ability to go to museums and other educational trips, afford books, clothes and shoes and eat nutritious food at home.

Indeed, recent studies by the country's top research institutions confirms that children's educational achievement and future success are in many ways determined by family income. A frequently-cited 2012 study by Sean F. Reardon, a Stanford University sociologist, found that the gap in standardized test scores between wealthy and low-income students has grown by approximately 40 percent since the 1960s. Dr. Reardon explained to the *New York Times*: "We have moved from a society in the 1950s and 1960s, in which race was more consequential than family income, to one today in which family income appears more determinative of educational success than race."²⁵

²⁵ http://www.nytimes.com/2012/02/10/education/education-gap-grows-between-rich-and-poor-studies-show.html?_r=0

A landmark study by Columbia University and Children's Hospital Los Angeles²⁶ published earlier this year found that the children's very brain development is linked to family income. The study found that the brains of children in families with incomes of less than \$25,000 a year had smaller cerebral cortex surface areas than those whose family annual incomes were \$150,000 or more.

This research points to the issues and concerns raised by many workers who testified on the effect of low wages not only on their lives but also on the lives of Pittsburgh's younger generations.

I live in East Liberty and have worked at UPMC Presbyterian for 16 years. I started in 1999 as a temp and worked my way up to the GI Lab. Like a lot of people I know I work extra hours to be able to support my family. My average is 106 hours every two weeks. Sometimes our lights have been shut off so I apply to United Way to help with the bills....I want to be able to tell my son and the kids in my neighborhood that they should get a job and work hard. I hate to drive down Frankstown Ave and see them all out there getting into trouble. But they see their parents giving their lives to these hospitals and still barely making it. – CJ Patterson, UPMC Presbyterian

I see my co-workers, who are parents and grandparents, giving 80 hours a week to these hospitals because they can't pay their bills if they don't work overtime...so we have a whole generation of kids growing up with parents working double time just to pay the rent. – Lou Berry, UPMC Montefiore

²⁶ https://www.washingtonpost.com/local/education/new-brain-science-shows-poor-kids-have-smaller-brains-than-affluent-kids/2015/04/15/3b679858-e2bc-11e4-b510-962fcfab310_story.html

Impact of Low Wages on People of Color and Women

KEY FINDING: *The hospital service workforce is disproportionately made up of women and African-American workers. The effects of low wage work amplify and reinforce gendered and racialized patterns of income inequality and unequal outcomes in a variety of important areas, such as education and health.*

Low wages for hospital service workers contribute to significant rates of poverty in Pittsburgh's African-American community. Pittsburgh has the third highest rate of poverty among working-age African-Americans out of all major U.S. metropolitan areas; and average wages for African-Americans in our city are second and seventh lowest in the country for men and women, respectively.²⁷ A dominant factor contributing to these racial disparities is the type of jobs African-American Pittsburghers have.

Pittsburgh has the highest rate of African-Americans working in service occupations of any major urban area in the United States. According to the U.S. Census Bureau:

- Only 23 percent of African-Americans in Pittsburgh work in management, business, science and arts occupations, the second lowest percentage among the top 40 Census regions
- 34 percent of African-Americans in Pittsburgh work in service occupations, the highest percentage among major Census regions²⁸

With so many in Pittsburgh's African-American community living at or near poverty, it is not surprising home ownership among African-Americans in the city is approximately half that of non-Hispanic white residents (33.8% vs. 59.4%).²⁹

Nearly 80 percent white Pittsburgh residents rated their neighborhood as a good, very good or excellent place to live, while only 56 percent of black residents in the same survey rated their neighborhoods highly.³⁰ Issues of limited transportation and poor health outcomes further illustrate the impact of low incomes and depressed communities on people of color in Pittsburgh. For example, U.S. Census data show that more than 35 percent of African-American workers in the City of Pittsburgh rely on public transportation to get to work with 41% of

²⁷ Harold D. Miller, "Racial Insights: Minorities Getting Left Behind Here," *Pittsburgh Post-Gazette*, May 5, 2013, <http://www.post-gazette.com/business/Biz-opinion/2013/05/05/Regional-Insights-Minorities-getting-left-behind-here/stories/201305050154>

²⁸ Harold D. Miller, "Racial Insights: Minorities Getting Left Behind Here," *Pittsburgh Post-Gazette*, May 5, 2013, <http://www.post-gazette.com/business/Biz-opinion/2013/05/05/Regional-Insights-Minorities-getting-left-behind-here/stories/201305050154>

²⁹ *Pittsburgh's Racial Demographics 2015: Differences and Disparities*, University of Pittsburgh Center on Race & Social Problems, 2015, p. 34. <http://www.crsp.pitt.edu/sites/default/files/REPORT.pdf>

³⁰ *Pittsburgh's Racial Demographics 2015: Differences and Disparities*, University of Pittsburgh Center on Race & Social Problems, 2015, p. 4. <http://www.crsp.pitt.edu/sites/default/files/REPORT.pdf>

African-American households in the City reporting no access to any private vehicle.³¹ In Pittsburgh communities, black residents experience substantially higher death rates than white residents and the mortality rate for infants born to African American mothers in Allegheny County was 15.1 per 1000 in 2012, nearly three times the rate for whites and 30 percent higher than the already high national average for African-Americans.

I make just over \$15/hour. It took me 35 years to get there. I live with my father, two siblings and my 21-year-old son in the Lincoln-Lemington area. We are five grown adults in one house and we all have to chip in to make ends meet. But if it wasn't for all of us living together, then I'd really be up the creek without a paddle. – Testimony from Marilyn Roberts, UPMC Shadyside

Two weeks ago I was diagnosed with early stage breast cancer. Honest to God I almost didn't go to the doctor when I found the lump. I just kept thinking about that \$40 specialty copay that I didn't have....Here's what else I found out: I learned that black women have a lower chance of getting breast cancer than white women but white women are significantly more likely to survive. The Susan G Komen Foundation says that is because of low income and access to follow-up healthcare. – Testimony from Leslie Poston, UPMC Presbyterian

The Wage Committee also investigated the impact of low wages on women in Pittsburgh, who, according to the Bureau of Labor Statistics, hold three out of every four hospital jobs.³² The National Partnership for Women and Families found that women with full-time jobs in the city are paid 73 cents for every dollar paid to men.³³ National studies have attributed this gender wage gap to the fact that traditionally female occupations are typically paid less than traditionally male occupations.

Both my father and I work for the two largest healthcare systems in the city. My father works at Allegheny General and I work at UPMC. I went to school to be a medical assistant because like many young women I thought it was the best opportunity to get a good job doing something meaningful and important while also making a decent living. After three years of schooling I am now \$33,000 in debt and I'm only paid \$12.92 an hour. Working in the medical field is a lot different than I had imagined. – Testimony from Latasha Tabb, UPMC Children's

Pittsburgh has approximately 10,000 hospital workers who do the hospitals' cleaning, cooking and caring. Many of these workers are black women who are heads of

³¹ *Pittsburgh's Racial Demographics 2015: Differences and Disparities*, University of Pittsburgh Center on Race & Social Problems, 2015, Appendices 4.8 and 4.9 (pp. 112-113).

<http://www.crsp.pitt.edu/sites/default/files/REPORT.pdf>

³² <http://www.bls.gov/cps/cpsaat18.htm>

³³ "Pittsburgh Women and the Wage Gap," National Partnership for Women and Families," April 2013, <http://www.nationalpartnership.org/research-library/workplace-fairness/fair-pay/pittsburgh-women-and-the-wage-gap.pdf>

households and single parents. A box of diapers is about \$15, so if I make the average \$12.50 an hour, then I would have to work an hour and a half to buy this necessity. The average cost of child care is \$10,319 a year. The average service work makes \$26,000 a year. One of my daughters is a CNA and the other is a supervisor for housekeeping for the largest healthcare system in Pittsburgh, and she only makes \$15.68 an hour. –
Testimony from Carmen Alexander, New Voices Pittsburgh

Wage-Setting Influence of Area Hospitals

KEY FINDING: Wages paid by Pittsburgh's major hospitals depress wages across the region's service economy.

In the labor markets of classical economic textbooks, employers compete for workers and workers compete for good jobs, with the result that market rates are the right rates for the work being done. In the real world, the situation can be quite different. In the first place, economists now generally accept that the labor market for service workers is broken. In an economy where high levels of unemployment are acceptable, any employer willing to accept high rates of turnover experiences little pressure to raise rates of pay in order to attract a workforce.³⁴ In Pittsburgh, the general deterioration of labor markets from the point of view of workers is compounded by the presence of giant employers who have acquired what economists call monopsony power – a buyers ability to fix the price of labor in a market.

Stephen Herzenberg, director of Keystone Research Center, testified before the Committee to the influence hospital wages in Pittsburgh have on other service occupations and on the labor market in surrounding areas. Herzenberg noted, “In Pittsburgh’s labor market, hospitals are what economists call a price-maker – and, in this case, a ‘wage-maker.’” As a result of size and the non-competitive nature of their product market, the biggest hospital employers have monopsony power.

Representatives of the hospitality and steel industries testified to the impact of hospital wages and hospitals’ wage-setting power on workers in their fields. Mackenzie Smith of UNITE HERE bargains contracts for service workers in Pittsburgh’s growing hospitality sector. Her testimony was revealing: “Pittsburgh hotel service workers cannot get the same deal they get with the same hotel companies in other cities because the prevailing conditions for service work in Pittsburgh is so low, due to the wages and conditions in Pittsburgh hospitals. At the bargaining table, we are told the hospitals are peer institutions for the hotels and casinos. They are bringing down the entire labor market.”

If employers like UPMC don't increase wages, a ripple effect is felt throughout the whole economy. Steel workers struggled for decades to make steel mill jobs safe, middle class, family sustaining jobs....Now, however, the steel companies have been emboldened by low wages in the service sector. When steelworkers go to bargain contracts with their employers, employers are fighting to push back wages, benefits and protections – the progress of decades is at risk. – Testimony from Kevin Cunningham, Edgar Thompson Works

³⁴ David Cay Johnston, “Flat Wages Show the US Doesn’t Have a Labor Market,” at <http://economistsview.typepad.com/economistsview/2015/10/union-power-and-inequality.html>

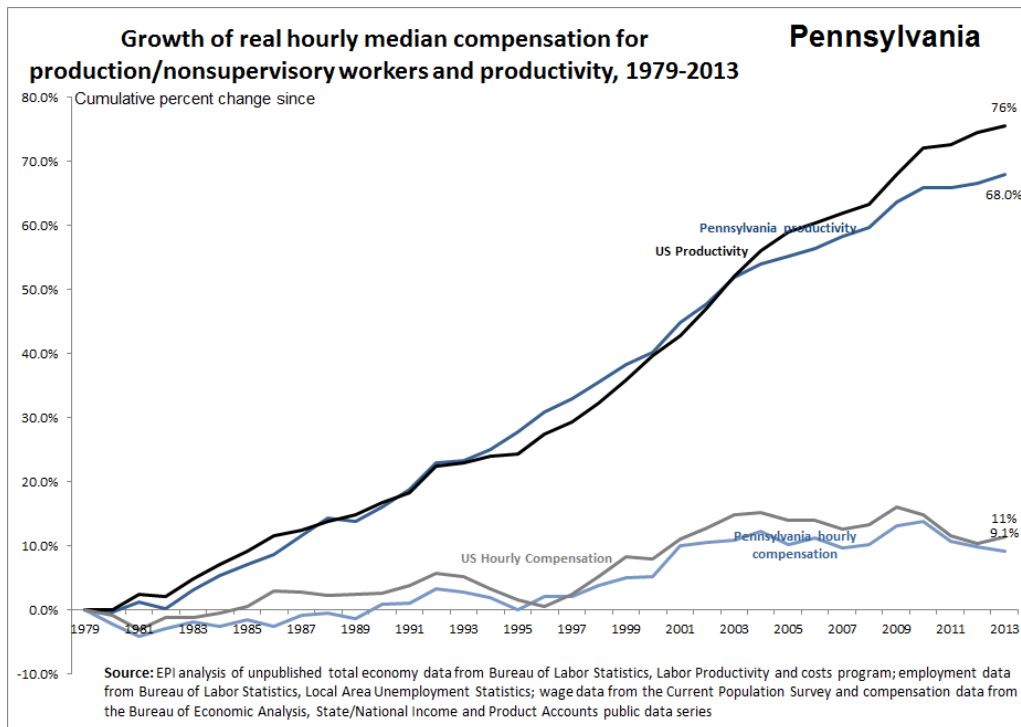
Several hospital technical workers testified that the pay for workers in technical positions is about two-thirds of what it is in similar institutions nationally. What is different in other cities?
A more competitive market for labor.

Economic Equality, Worker Voice and Union Advantages

KEY FINDING: *Economic outcomes for working people are improved in both the short and long term when workers have a seat at the tables where economic decisions are made.*

At its formation, the Wage Review Committee did not anticipate the volume of research and testimony it would receive on the importance of worker organization and unions, to strengthening workers' voice on the job, in the political process and thereby improving outcomes for working families.

Pennsylvania – like every state in the country – is currently experiencing extremely high levels of economic inequality, rooted in the fact that for nearly four decades workers have not shared in the gains in economic productivity. As the chart below details, this gap continues to widen, warranting additional research and investigation into counteracting measures.



Improved working conditions will require a better balance in the labor market that counteracts employer monopsony power. This will not occur in a vacuum. Labor organizing has historically improved working conditions and wages.

In October, the White House Council of Economic Advisors released a new brief³⁵ on growing wage and income inequality and the impact of union membership and worker voice in bolstering the wages of low- and middle-wage workers. The report said:

³⁵ https://www.whitehouse.gov/sites/default/files/page/files/worker_voice_issue_brief_cea.pdf

The correlation between unionization and inequality is clear in the last century of data: in the middle of the 20th century, as union membership rose and remained high, lower-wage workers earned a larger share of total income. However, in recent years this trend has reversed, with union membership falling and the share of income going to the top 10 percent increasing at the expense of lower- and middle-income groups....The correlation between unionization and inequality likely reflects the causal impact of unionization on wages for workers at the bottom of the income distribution.

Workers testified at the Wage Committee hearings to the impact of declining wages and economic equality in this context.

I work as a housekeeper. After five and a half years at UPMC I make just about \$22,000 a year. My hourly wage is \$11.70/hour. I know that at Pitt and downtown, unionized housekeepers make \$16 or \$17 an hour. We do the same work, and we're exposed to infectious diseases, and we're caring for the health of the entire city. My last raise was 6 cents. – Shawn Painter, UPMC Montefiore

Worker testimony and the findings of the Council of Economic Advisors show a change for the worse in Pittsburgh's labor market over the past 50 years. When a previous generation of workers in Pittsburgh joined Pennsylvania's manufacturing unions, they helped transform steel mill jobs that powered the local economy in the last century into family sustaining jobs. In 1968, when the leading private employer in the Pittsburgh region was U.S. Steel, the lowest paid workers at the company were paid \$18.15 an hour in today's dollars.³⁶

In Pittsburgh today, the steel industry is no longer the dominant employer. Instead, hospitals and healthcare systems serve as our anchor institutions. Within these institutions, health care workers have been improving their own conditions, and workers' ability – or inability – to form a union has resulted in considerably different standards for wages, benefits and working conditions in the region's hospitals.

Even within the region's hospital industry, worker organization has a great impact on outcomes. Service and technical workers at Canonsburg Hospital who make more than workers in Pittsburgh's hospitals and shared that their union has been vital to their ability to raise wages. In Washington, PA, approximately 30 miles outside of the city, starting wages for service workers under a union contract at Washington Hospital are \$2 per hour higher than starting wages at Pittsburgh hospitals.³⁷

³⁶ From the contract between United Steelworkers of America and U.S. Steel, in effect as of August 1, 1968, available in the library of the United Steelworkers, Pittsburgh, Pennsylvania. The wage scale in Appendix A-1 (on p. 118) lists the lowest hourly rate as \$2.65 per hour. Using the CPI Inflation Calculator -- <http://data.bls.gov/cgi-bin/cpicalc.pl?cost1=2.65&year1=1968&year2=2015> -- this works out to \$18.15 in 2015 dollars.

³⁷ Agreement by and between The Washington Hospital and SEIU Healthcare Pennsylvania, CTW, CLC, February 1, 2013 – January 31, 2016, Appendix B. The starting rate for the lowest-paid workers (housekeepers and dietary aides in Group 1(a)) is \$13.20.

At Allegheny General Hospital, the employer recently respected service workers' decision to form a union. One worker at Allegheny noted that since forming a union, she and her colleagues have been able to take sick days without fear of penalty.

By contrast, last year, a federal Administrative Law Judge found that UPMC had engaged in widespread and egregious violations of workers' rights at UPMC Presbyterian and Shadyside hospitals and ordered the employer to reinstate four workers, pay them lost wages for the period they were out of work, remove all unlawful disciplinary actions from workers' records and inform all service workers at the hospital of the systematic and egregious violations of workers' rights. These workers testified at the hearing and noted UPMC's current effort to appeal the judge's ruling.

Geoff Webster, an expert in culture transformation within healthcare institutions, testified that "Great organizations have several things in common. They deeply respect their workers, they listen to their workforce, their workforces are professionally safe to call out problems and highlight weaknesses as a basis for learning, and they show their respect by paying a wage that is not the least that the market will bear and indicates that the frontline worker is not expendable but is someone whose experience and development are worth investing in. Unfortunately, the Pittsburgh region, despite tens of thousands of exceptional health care workers striving every day to care for those who need healing, is trapped in a dark wages of leadership and management."

These points were emphasized by service workers and other health care professionals who spoke about how the lack of support and respect on the job leads to burnout, fatigue and high turnover. One nurse testified that approximately 50 percent of the support staff in his department has left in the last three years.

Given the weight of research and testimony on the right to form a union without interference and the need to strengthen worker voice, the Wage Review Committee reviewed additional research on these issues and the impact to city affordability and livability. A recent report by the National Bureau of Economic Research³⁸ found that the offspring of union parents have higher incomes than the offspring of otherwise comparable non-union parents, especially when parents are low-skilled. The report also found that the offspring from communities with higher union density have higher average incomes relative to their parents compared to offspring from communities with lower union density.

Further, Stephen Herzenberg and Ray Engel introduced a recent study by the Center for American Progress³⁹ in their testimony, which found union density to be one of the strongest predictors of an area's mobility even after controlling for variables such as race, types of industries and inequality.

³⁸ <http://www.nber.org/papers/w21638>

³⁹ <https://www.americanprogress.org/issues/economy/report/2015/09/09/120558/bargaining-for-the-american-dream/>

The Wage Review Committee also considered how stronger worker voice directly impacts care and community engagement. Research and testimony confirmed how union membership provides workers with a platform and ability to have a role in improving care and strengthening the quality of service in hospitals and health care systems. Workers in unions are able to ensure that their priorities remain part of the conversation at their places of work. Union workers enjoy significantly better wages and benefits.

Others have testified or shared information on the community benefits. As workers across institutions and specializations come together in their neighborhoods and across the city, they are increasingly motivated and have the resources to contribute to the greater good. Workers in unions are significantly more likely to vote (by about 12 points) than non-union workers.⁴⁰

As the Pittsburgh City Council and others look to our city's future and its long-term livability and affordability this research and the testimony of workers demand a closer look at union membership and its effect on wages and social and economic mobility.

⁴⁰ Richard Freeman, "What Do Unions Do?" at NBER, <http://www.nber.org/papers/w9992>

Financial Ability and Obligation of Healthcare Institutions

As a part of its work, the Wage Review Committee considered the unique nature of healthcare institutions as public entities. Modern hospitals rely on significant public funding, giving taxpayers and the general public a stake in their outcomes and services.

In Pittsburgh, Medicare accounts for 33.4 percent of hospital revenue and Medicaid for another 14.8 percent. Together, these programs accounted for nearly half of the \$4.36 billion in revenue received by Pittsburgh hospitals in 2014.⁴¹

The majority of hospitals in the U.S. and all of the hospitals in Pittsburgh benefit from tax exemptions, including Federal and state corporate income taxes, state and local sales taxes on certain goods, local property taxes and the city payroll preparation tax. Pittsburgh hospitals also pay reduced interest rates when they issue tax-exempt bonds.

These exemptions amount to considerable savings for the city's hospitals. The City Controller Michael Lamb estimates the value of payroll preparation tax for the two major healthcare systems to be approximately \$15 million. A 2012 report by Pittsburgh UNITED also found that in one year the exemptions given to UPMC alone amounted to more than \$200 million in avoided taxes.⁴²

Further, the Wage Review Committee heard dozens of workers testify on their reliance on public assistance programs for food, healthcare and housing due to low wages paid by area hospitals. As of a few years ago, UPMC had the third-highest number of full-time workers on Medicaid of any employer in the state, after Walmart and McDonald's.⁴³

⁴¹ Pennsylvania Health Care Cost Containment Council, *Financial Analysis 2014: An Annual Report on the Financial Health of Pennsylvania Hospitals, Volume One: General Acute Care Hospitals*, May 2015, pp. 12 and 13, http://www.phc4.org/reports/fin/14/docs/fin2014report_volumeone.pdf. The Allegheny Health Network hospitals had switched from a July-June fiscal year to a calendar year for reporting purposes in this year, so the report reflected only six months; here, in calculating the aggregate figure for all hospitals in the city, we have doubled the revenue figures for the AHN hospitals as a rough way of annualizing the figures.

⁴² Pittsburgh UNITED, *Hidden in Plain Sight: The Cost of UPMC Tax Exemptions*, April 15, 2012.

⁴³ Response from Pennsylvania Department of Public Welfare to Right-To-Know Law Request No. 12-RTKL-297, November 5, 2012.

Impact of Wage Increases

KEY FINDING: Raising wages and improving working conditions in Pittsburgh’s hospitals would have beneficial effects for all service workers across all of Pittsburgh’s neighborhoods, but would benefit women and African-Americans in low-income communities and communities of color most.

The working conditions of and wages paid to hospital service workers are of significant interest to the city of Pittsburgh because of the high number of residents employed in the city’s hospitals; the pay and working conditions impact the quality of care in the city’s hospitals; the spending of hospital workers affects local businesses and broader economic activity in the city; the wages and working conditions for workers in other industries in the city are impacted by the conditions of the city’s anchor institutions; and the wages of hospital workers affect city tax revenues and residents’ broader quality of life.

As part of its deliberations on the far-reaching impacts of hospital workers’ wages and working conditions and taking into account the concerns that are often raised around increasing wages, the Wage Review Committee sought to investigate potentially negative impacts in other cities and states.

Our findings conclude that the fear of any negative impact in increasing pay is much stronger than any truly negative impact. For instance, in November 2013, voters in the Seattle suburb of SeaTac approved a citizen-initiated referendum to raise the local minimum wage to \$15 per hour, from Washington’s state minimum wage of \$9.19. The town is where Seattle-Tacoma International Airport is located. Some local business interests opposed the increase, including a local hotelier who said he would have to lay people off. Once the minimum wage increase happened, the same hotel went ahead with an expansion and added jobs.⁴⁴

In Pittsburgh, Mayor Peduto recently issued an executive order⁴⁵ raising city workers’ wages to a minimum of \$15 an hour. The order stated “one remedy for this worsening inequality, and [to] restore the American dream – that if you put in a honest, hard day’s work you can build a better life for you and your family – is to demand wage increases for the lowest paid workers among us. This latest execution action and the overwhelming evidence, testimony and research considered by the Wage Review Committee demands a discussion of the economic impact of lifting wages for service workers at area anchor institutions to a minimum of \$15 an hour. Based on the Wage Review Committee’s investigation into wages and working conditions, we have determined the following impacts of raising hospital service workers’ wages to \$15 per hour for a 40-hour week for 52 weeks per year would:

⁴⁴ Dana Milbank, “Raising the minimum wage without raising havoc,” *The Washington Post*, September 5, 2014. http://www.washingtonpost.com/opinions/dana-milbank-no-calamity-yet-as-seatac-wash-adjusts-to-15-minimum-wage/2014/09/05/d12ba922-3503-11e4-9e92-0899b306bbea_story.html

⁴⁵ <http://pittsburghpa.gov/mayor/release?id=5352>

- Raise the minimum pay for each service worker to \$31,200 per year, adding an estimated \$3 per hour or \$6,240 annually to service workers' pay. This would lift some Pittsburgh families out of poverty and be a strong start towards improving the lives of many in the city and region.
- Reduce child poverty and improve child and family well-being.
- In conjunction with housing and education policies, provide a path for some hospital workers to move into the middle class, particularly those in a two income family.
- Improve the economic well-being of the city, by injecting \$180 million into an economy has noted multiplier effects as families spend the increase at local businesses. If the economic multiplier for a \$15 wage is 2.5, the gain to the Pittsburgh economy would be \$450 million.
- Reduce turnover among hospital service workers which will improve the quality of care.
- Reduce reliance on public assistance programs for healthcare, food, housing and child care.
- Add between 470 and 660 new jobs in Allegheny County, based on a model designed by the Economic Policy Institute.⁴⁶
- Bring in an estimated \$10.7 million in new state and local taxes.⁴⁷

Notably, City Controller Michael Lamb closed his testimony with an analysis of what \$15 an hour would mean to the city's financial viability. He said:

⁴⁶ Figures from the Pennsylvania Department of Health at the City of Pittsburgh hospitals mentioned above showed some 28,695 FTEs in fiscal year 2014:
http://www.statistics.health.pa.gov/MyHealthStatistics/HealthFacilities/HospitalReports/Documents/Hospital_Report_2013_2014_6.pdf – Of these, some 10,918 FTEs were in the categories in the Department of Health reports that include most service workers: “non-professional/non-technical” workers and “unlicensed assistive personnel.” As mentioned above, the start rate for UPMC hospitals in the city is \$11 per hour, with start rates lower at the AHN facilities. Some 20% of service workers at Allegheny General made less than \$11 per hour. The two AHN hospitals, however, employ only around 1,300 of the nearly 11,000 FTEs of hospital service workers in the city. Bringing the hospital minimum wage up to \$15, therefore, should have an *average* cost somewhat less than the cost of raising the wage from \$11; here, then, we assume \$10.50, and that the overall raise will have to be \$4.50. We also assume that all service workers would receive wages accordingly, whether or not they are below \$15 at the moment. This works out to an additional \$102.2 million annually going into the pockets of service workers. According to a study by the Economic Policy Institute (EPI) on the effect of a minimum wage increase, the overall growth in GDP that would be caused by an increase in spending on wages is between 53% and 74% of the total increase in spending. This information may be used to calculate the amount of the economic stimulus to the Pittsburgh region that would result from this proposed wage increase. The EPI study also establishes that every \$115,000 in new economic activity will create one full time equivalent job. See David Cooper and Doug Hall, “EPI Briefing Paper: Raising the Federal Minimum Wage to \$10.10 Would Give Working Families, and the Overall Economy, A Much-Needed Boost,” Briefing Paper #357, Economic Policy Institute, March 13, 2013, <http://www.epi.org/files/2013/IB354-Minimum-wage.pdf>

⁴⁷ The Institute on Taxation and Economic Policy reports that families in the \$20,000-\$60,000 annual income range tend to pay between 10% and 11% of their income in state and local taxes in Pennsylvania. Assuming the workers pay an average 10.5% in state and local taxes on additional income of \$102.2 million, the new tax revenue would be approximately \$10.7 million. See “Who Pays? A 50 state report by the Institute on Taxation and Economic Policy,” <http://itep.org/whopays/states/pennsylvania.php>

If we assume that the lowest-paid hospital worker saw their wages rise to \$15 an hour, and the wages of other service workers rise accordingly, then we would see over \$100 million more in the pockets of hospital service workers, which would be a powerful stimulus to our local economy. It would also mean another \$1 million for our city budget, and another \$2 million for our city schools, just from those 11,000 workers.

But other workers in those hospitals would also receive increases....that's the kind of economic development we want to see in the city of Pittsburgh, a virtuous cycle where frontline workers have more money in their pockets to spend and stimulate our economy, encouraging the formation of new businesses and the creation of new jobs. Higher wages for workers might sound expensive. But it is not nearly as expensive as what we're doing now.

Recommendations and Next Steps

The Wage Review Committee found that wages paid to hospital service workers are insufficient to allow hospital workers to live in even modest comfort in Pittsburgh and that the impact of low wages in our largest industry create downward pressure on service wages throughout Pittsburgh's economy, driving down the standard of living for a large percentage of our population. The adverse effects of low pay for hospital workers, and by extension, other workers and our communities extend to the nutrition, housing, health, nutrition, recreation, safety, and human rights or workers as well as the finances and development of the city.

Widening income inequality, unacceptable disparities in health outcomes and living conditions, and huge power differentials between employers and workers in our labor markets warrant further research and governmental action. The Wage Review Committee is also struck by the degree to which Pittsburgh's hospitals are directly and indirectly subsidized by taxpayers, giving city residents a large stake in the behaviors of these institutions. The Wage Review Committee therefore recommends City Council:

- Endorse hospital workers' call for a minimum industry wage of no less than \$15/hour and consider calling for a higher wage more in keeping with the true living costs in Pittsburgh;
- Call for improving health maintenance for hospital workers and their families by lowering financial barriers to receiving care;
- Actively support workers' right to form a union without interference or intimidation from hospital management;
- Encourage hospital management to engage their dedicated service and technical employees in operational decision-making to reduce turnover and improve care;
- Take steps to expand and improve affordable housing options in the city; and
- Take action to incentivize hospital employers to improve pay and working conditions for hospital service workers, through the exercise of its authority in the areas on budgeting, contracting, zoning and building codes, public health and safety.

Appendix I: Testimony of Pittsburgh Area Hospital and Service Workers

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Testimony of Roy Adams, UPMC Shadyside

We both pay the price. I just know we live pay to pay.

The deductibles are a pain the butt, you know. You gotta make that deductible that 1200 deductible. Then you got copays and all this other stuff they make it kind of tough on you there.

We pay 200 a month and that's not counting my bills and you get all your deductibles but it's. Like I've been in the hospital what, three, two times in the last year and I had like 1200 deductible and another 1200 deductible. And then, you know it gets expensive and they own the insurance company, they can't give their employees a better break, you know.

1200 deductible takes two months of your pay off you. Well I mean 1200 takes the pay off me but, yeah easy one whole month.

I'm sure people do that I can't do that because I have some health issues and I have to be there. So I mean I know there's people that do that there's a lot of people who do that.

Yeah, your specialist is 40 and your doctor says it's 20, you know. I mean what we go that pretty sure they didn't tell you we got pretty good healthcare but you still have to, you know, like I said you still got a lot of copays and you know, it's just you know, it's just what it is. It's better than nothing, but.

The wages definitely should be increased for people that've been there for a little while. the way their starting people out at \$11.50, \$12.00 an hour and they're not doing nothing for the people who started 5, 6, 7 years ago, 8 years ago. They're not like jumping their, giving them a little, you know, like raise or anything they're trying to make themselves look good by hiring new people but give them a good wage, but the other people they hired and \$9 an hour they forgot about them.

As far as I'm concerned there isn't a job in there under at least 15 or 15 dollars an hour. I can understand starting maybe at 12 or 13 and working your way up. But starting like at \$12 an hour when somebody's been there for 5 years and is making 12.50 or 13 that's just not right. And the older people who's been there for 20 some years or more that are making 14 or 15, they're really upset.

I'll be 57 in November so I'm just trying to finish out my, you know. I worked somewhere else you know that had a pension. I'm just trying to finish my time out there and be done.

It was way different at my other job. I was union and that was way different we got, when I started that job it was 65 dollars per year after 5 you were invested. and then it just jumped up to 65, 70 it was 65 went to 75, 80. I think when I left there I think I have like 11 years, 12 years

and I get like 900 a month from just there. So that's you know, that's why they don't want a union in there proly because of stuff like that, but it ain't gonna be nothing like that.

This, this job here a lot of people leave here, they're gonna barely make it.

People struggle all the time. A lot of them has husbands that work, wives that work and make good money, it's not bad. But a lot of them don't have that and they're really struggling.

Testimony of Pamela Banks, UPMC Children's Hospital

Hi my name is Pamela Banks.

I started working at Children's Hospital before it was a UPMC Facility, 15 years ago. Things were good at Children's before UPMC took over. We had PTO, sick and vacation time. We also had different benefit choices other than UPMC. The entire atmosphere was more personable and family like. All that changed when UPMC took over.

I'm a lead Medical Assistant at Children's Hospital for the departments of Diabetes, Endocrinology, Rheumatology, Weight Management, and on Fridays, Neurology. If that sounded like a lot it's because it is. My duties as a Lead MA include making sure all of the rooms are properly stalked, ordering supplies, managing patient loads for all of the MA's, printing and distributing schedules, training new hires, and overall ensuring that all of the MAs have what they need to feel confident and happy at their job. On top of that I have a full patient load of roughly 15 patients. When there is a problem in any of my departments I am generally the first one the MAs, doctors, and nurses come to.

I am very well respected and appreciated as a Lead because I make it a priority to take care of all the hard working Medical Assistants around me. It's upsetting to think that UPMC believes that the work that I do is only worth \$16.62 an hour. I believe that everyone working at UPMC deserves better. We work extremely hard at what we do. My departments are some of the busiest, craziest departments in the hospital. I rarely have a minute to breathe before the next doctor comes running down the hall demanding to see their patients before they have even finished registering. I am constantly challenged to juggle many things to make all of my clinics run smoothly and provide the best care for our patients.

The last 5 years have been the most difficult at UPMC. It feels like the entire hospital is set up to keep patients moving from clinic to clinic. It's important for patients to feel like they are more than just a number but with the way things are set up now it's difficult to really get to know the children we are working with. I want the best for my team and for my patients, which is why I came here today to deliver my testimony and show my continued support for the hospital worker's agenda, of 15 and a union, adequate staffing and affordable healthcare. Thank you Councilman Rev Burgess for calling this wage board.

Testimony of Shaniqua Banks, UPMC Shadyside

I am a dietary worker at UPMC Shadyside, the mother of a beautiful six year old and am engaged to a beautiful woman who is also a hospital worker over at the Aspinwall VA. We both live on the Northside. We have a very supportive relationship and we both want to build a loving home for each other and our daughter. But working at hospitals, we can't always do that. When you work in a hospital setting, doing what I do, you interact with patients who yell at you. You are exposed to sick people and even sometimes to dirty needles when you go into a patient's room to clean up. In addition to the work of preparing and delivering food, we carry this risk home to our loved ones.

Right now, I only make 11.20 an hour which is not enough to support my daughter full time, so I don't actually see my daughter or my fiancé very much. My daughter is asleep when I leave, and then asleep by the time I get home. Currently, I work every day of the week and I get one day off every two weeks which I spend volunteering in my daughter's school. I feel ashamed to see that my daughter walks by in a uniform that is several sizes too big because we don't have the money to keep her properly clothed.

When I look around the hospital, I see all kinds of remodeling of rooms, of kitchens; we just got a brand new Cath Lab as well. But I see so many parents like me and my fiancé who have to choose between our children and our household bills. I don't understand who is making choices about that money. At my hospital, workers talk about wanting to form a union and wanting to be part of these choices, but people are scared because of things that our managers have said and because we've heard about what's happened to workers who spoke out.

I want my daughter to grow up proud of her mothers and who we are. I think that in this country, we have a lot to be proud of, and as a member of a same sex marriage, it feels like a time when so much is possible in our country. I loved watching Mayor Peduto marry the first gay couples in Pittsburgh. But in Pittsburgh, where so many of us are hospital workers, we have to make these jobs better. I want my daughter to know that her mothers were part of doing that.

Testimony of Dorothy Beck, Allegheny General Hospital

I have a hard time making my rent and healthcare. I finally after all these year got Obama Care. I have a hard time meeting the deductibles. I had a stress test and my deductible was \$76. Now to someone making a decent wage, this might not affect them. For me I had to cut back on my groceries for the month. I have no money for emergencies and really have to watch my money.

Please raise our hourly rate so I can afford to pay my rent and healthcare. I would like to have a little money set aside for an emergency.

Testimony of Lou Berry, UPMC Montefiore

My name is Lou Berry. I am a musician, an activist, and a family man and I love this city. I'm a proud native of Braddock – born and raised in the town that built America. Braddock is known as a fighting town, it's where the first steel mill was built. This is part of who I am and why as a worker in Pittsburgh, I fight for better. I have worked in the housekeeping department at UPMC Montefiore for 9 years and I'm paid \$12.75 per hour. Working at UPMC—a multi-billion dollar institution -- means that I can't reach for the American Dream. It's tough to afford gas for the car, let alone fix it when it breaks down. I can't take my beautiful wife on a vacation. And I cannot do really anything extra for my grandchildren.

Back in the 70s, growing up, I looked up to the older guys who worked in the steel mills. A lot of friends' fathers and brothers worked in the Braddock steel mills. My own brother worked there for 38 years. When my brother passed away, my sister inherited a respectable pension and she lives comfortably today. These guys were by no means rich, but they could afford to own their homes. They could afford a car for the family and they could maintain a decent lifestyle. Those steelworkers built unions and they fought for standards that kept workers safe, that gave them a voice on the job. Now instead of steel mills we have hospitals. They're the biggest game in town now. But none of the people I work with can afford to buy their homes. We have 401ks that most of us can't afford to pay into. And if we even own a car, we can't afford to fix it if it breaks down. Instead of pensions, we leave our family members with debt.

I look around and I see my co-workers, who are also parents and grandparents, giving 80 hours a week of their lives to these hospitals because they can't pay their bills if they don't work overtime. That means they can't be at home with their children, can't help with homework, so we have a whole generation of kids growing up with parents who are working double time just to pay the rent. I have no doubt that when neighborhood after neighborhood is living like this it contributes to crime in our city. And we have one health system in particular that sets the standards for how thousands of people in this city live. We see their name all over the city. We all read the paper that they brought in more money last year than ever before. When it comes to their workers, they've told us what they think. Vice President Greg Peaslee said to the New York Times last year that he doesn't think it's realistic that every job supports a family. Over the past three years, I've worked to build the union for UPMC workers.

There are thousands of full-time hospital workers like me who get paid less than \$15 an hour. I'm standing here today for them. Some people don't totally understand the fear that has been grown inside the hospitals. They know that multiple people were fired and they know that they we won in court. But for a lot of the people who I work with, who already are living paycheck to paycheck, you fear that if you lose your job at UPMC, you will basically be blacklisted from any healthcare job in Pittsburgh. But what I want this committee and people across the city to know is that I have no question that we can change this city's behavior. Corporate greed, income inequality and large predatory corporations are eating away at the middle class in America, and it's time to address this.

Just over a week ago, I was invited by the White House to join President Obama, the Secretary of Labor, Vice President Biden and a small group of labor and business leaders from across the country to represent Pittsburgh hospital workers. It was encouraging to see our highest leaders saying very clearly that we absolutely need to rebuild unions in this country. Huge hospital employers like Kaiser Permanente were there to represent the employers who have figured out that working WITH their workers is actually better for everyone. And for those who didn't know, relations between Kaiser and their frontline workers were not always so good. It takes work!

The President of the United States was also very clear on this: Strengthening our economy and giving working people a voice in our largest industries is going to take workers organizing on the ground, crossing barriers of location—like the different hospital workers are starting to do in Pittsburgh. It's going to take coalitions of community support AND elected officials doing what they can do to pave the way. In some ways, you can say that Pittsburgh is ahead of the curve.

But we can't stop here. I don't think it's only workers who are sometimes scared by giants like UPMC. I know that if workers and elected officials and community members here in Pittsburgh move past our fears and do what's right, we will rebuild these jobs. And our children will be growing up talking about getting jobs in the hospitals, just like I used to do.

Testimony of Egypt Bey, UPMC Presbyterian

Coming from childcare, working in the hospital has more rewards, but it is still very difficult to get by with 2 incomes in a single family home. By the time everything comes out of my paycheck, between healthcare and bills, I have nothing left. I get assistance but it doesn't seem to be enough to make up for what I'm getting paid.

When it comes to hopes and dreams to work in a hospital setting as a nurse, and being in one now as an adult and seeing everything it really makes me not want to pursue nursing due to seeing the responsibilities piled on people on the lower end but the compensation only on the higher end.

Testimony of Ryan Blackwell, UPMC Magee

My time at UPMC has been ok but I think that what we are getting paid is unfair for what we do.

Testimony of Carl Blue, UPMC Magee

My name is Carl Blue, I live on Ninth Avenue in Homestead PA. I've been in Pittsburgh all my life. I'm a renter. (I work at) Magee Women's Hospital Environmental Services Aide for 9

years. I was paying child support for 3 children, now I'm paying for one. I pay their health insurance as well. I pay for child support, just basically paying rent and staying afloat.

I'm barely making it. I have to work overtime and another job inside of UPMC. It's just hard trying to stay afloat with the wages they pay us. I haven't gotten more than a 15 cent raise in the 9 years I've worked for UPMC. For a while I was working two jobs within Magee Hospital just to make it.

There was an opening in the Facilities Department. I applied for it and got it. I did it because I was working overtime every weekend and it was more money. So I was making \$13 dollars an hour part time in that department and \$12.48 in my regular Fulltime job in housekeeping. I was doing 16 hours of overtime every pay period, that's 8 hours a week. I was working 9am in the morning until 10:30pm at night. That's 120 hours a pay period. I did that from June 10th until November. I was tired. I'd come home, go right to sleep and do it all over again the next day. It's very stressful on your body, but I had to do what I had to do to make it.

I did this to make it, to survive, to pay my bills, keep my kids, given the money that's needed to get them what they need for school and things. Just for all of us to be able to survive and eat food, that's why I did it.

In terms of my personal well-being, it's very nerve-wracking to know that I have to do that. To tell my kids, this is what you gotta do to make it in Pittsburgh, You go to school or you just gotta work two jobs. I have a daughter in college now, so I'm helping her out. It's not enough.... to eat, to take care of her, make sure she's good. I'm not making enough money. I hear people say that Pittsburgh is the most livable city. That's wrong, that's a lie. You gotta be a professional getting paid, doctor, lawyer, whatever that is, you gotta be up there, for it to be a livable city for you. If you didn't go to school and you're working a regular job, no--it's not good.

Testimony of Anthony Bollinger, UPMC Presbyterian

When I first started at Presbyterian Hospital 25 years ago, things were a lot better. Before UPMC took over, we used to get Cost of Living Raises and merit raises. It came out to about 65 to 70 cents a year.

Now, it's more like 30 cents a year. On your evaluations, they say you "exceed expectations" but you only end up with a 2.4% raise. When I started, it was more like 6% raises. After 25 years, I am STILL NOT at \$15 dollars an hour.

Parking used to be free at the hospital. Then it was \$20 a month. Now it's \$40 a month. Healthcare used to be \$5 co-pays and \$5 for prescriptions. Now co-pays are \$30 a visit. Everything has gone up, except our pay.

I make \$14.71 and my wife Jennine is on disability. When my wife got sick, she had to quit working and we relied on my income and my health insurance.

She needed several medications and needed to see the doctor every week. The co-pays and medicines ended up costing us \$600/month. This was the case for two years, until my wife's disability was approved. Then she got additional medical insurance, while keeping UPMC as her primary insurance.

We couldn't manage on just my income to pay those costs, so we used credit cards. At the same time, we were faced with losing our home due to predatory loans.

The combination of medical costs, losing my wife's income, and increasing mortgage payments led us to declare bankruptcy. At this point, I already had already put 10 years into the hospital. Now my wife has Medicare as well as UPMC insurance. Without that, it would cost us \$160/month for her diabetes medications under UPMC's health plan.

Working at UPMC, I have learned that as hospital employees, we cannot afford to take care of our own family's health needs.

Luckily our house is paid off now, but if we had a mortgage, we couldn't afford to pay it. If I made a few more dollars, we could afford to put new windows in and replace the front steps to the house. We still rely on our son for \$100 a month to get everything covered. I'd like to see a fair wage and Cost of Living increases at the hospitals. I'd like to be able to have money in the bank for emergency expenses that pop up.

In all my years working, I've never been able to take a family vacation. We'd go somewhere for a day, but taking a week off to go to the beach is just something we can't afford. After 25 years, I think I should be making at least \$18/hr. I know the union housekeepers at UPMC's Western Psych make more than us at Presby. If UPMC started us at \$15 an hour, we would be in a much better place to take care of ourselves and our families. There's no path to the middle class anymore. If UPMC stepped up, we could join the middle class.

Testimony of Kim Bonnaure, Canonsburg Hospital

Good afternoon, my name is Kim Bonnaure. Thank you for this important opportunity today.

I work at Canonsburg hospital just south of Pittsburgh. I have been working for this hospital for over 30 years.

In my hospital we are part of a union. And I can tell you that every year we go into negotiations we struggle with getting adequate raises. In our union contract we have worked very hard over the years to make sure that we have livable wages and I am so proud that we have accomplished this. But I can tell you that every time we go into negotiations the struggle for raises is harder and harder.

I have seen the impact of low wages on the staff at our hospital. But it shouldn't have to be this hard, without a union we would be like many of the other hospital workers in our region that barely makes ends meet. Without a union our hospital would have frozen our wages like they did for many of the nonunion employees.

Have the ability to have a voice at work through our union has been vital to our ability to raise wages. I applaud the work of City Council to take on this issue. We need to raise the wages of all hospital workers. Since Hospitals are the largest employers in our area I want to see that they start investing into the employees. In turn this will help us to better care for our patients and the communities we serve.

Thank you very much.

Testimony of Sarah Brooks, Allegheny General Hospital

My name is Sarah Brooks, and I'm a pharmacy technician for Allegheny General Hospital. I help to mix chemotherapy treatments and make sure that patients get the correct prescriptions. I love my job and the role that I play in helping people get well again. I am worth more than the \$11.96 an hour I make at AGH.

Every month my husband and I struggle to pay the rent and our bills. With winter coming up we hope that we are able to keep the heater on as well. I've been working in hospitals and in the healthcare field for a good portion of my life – and have received extra education and training to become a certified pharmacy tech.

Since my husband is currently between jobs at the moment we are trying to live off just my income. That means having to choose between a list of things – and everyone of them is essential. To make sure that we have a roof over our head, and food in our fridge I decided to go without health insurance and just hope that neither one of us gets sick or has an emergency.

If I were to make \$15 an hour it would change our life. We would be able to save for our future, we could eat healthier food and live healthier lives – and we could go on a date, something my husband and I haven't been able to do in a long time.

We work long hard hours, we handle very dangerous substances that can make us sick, it's a dangerous job with a lot of risks. And we deserve to earn a living wage.

Thank you.

Testimony of Burton Brown, Allegheny General Hospital

I'm 67, a grandfather, father, cancer survivor and cancer warrior. When I was diagnosed it was at an advanced stage. I decided to do something radical. When I did that my physician told me I

had to take three months off of work. Prior to that I was working 6 days a week and 12 hours a day. The reason why I was working that much was because I was making less than \$15 an hour. In order for me to support my family and that my kids would continue their education. I have a son who is a military officer, a daughter who is a probation officer. I have another daughter who worked to help you, Rev. Burgess, get elected, and another daughter who is a radiology tech, and my youngest is a sophomore at Edinboro studying journalism.

It was important to me at 67 that I was the same father to the oldest as I was the youngest. So it was important that I maintain a healthy status and a core value. I'm a leader of the family and they need to see that when I have problems that I stand up, have a backbone and do what is needed.

The thing was for me to work 12 hours a day, and because I was off for those 6 weeks, these are the measures I had to take. I had to go back to work before my total recovery. I decided to go back in four weeks. I was given a total clearance. I was only getting 5 days a week – at less than 15 an hour. It had disastrous consequences for me and my family.

My personal CFO, my wife, told me we had to do some alternative thinking. And the only thing we could come up with was for me to get another job or go to another department that paid more. For the last three years I have been working 7 days a week, every single day without a day off. To make sure that my daughters are in school because I promised I would be the same father for the youngest as the oldest. This is the duty as a father, what I'm supposed to do. In Pittsburgh for people who are having catastrophic illnesses it can become something devastating for the family if you make less than 15 an hour. I'm hoping that when you consider assisting us with our fight, that you jump on board and raise your hand and pound your fist. Hell yes I'm on board and I'm gonna fight for the union and fight for everyone in Pittsburgh.

Testimony of Ken Brown, Allegheny General Hospital

Good afternoon, and thank you for your time today. My name is Ken Brown, and I'm a lifelong Pittsburgh resident, and I've worked at Allegheny General Hospital for the past 25 years.

I am the catering coordinator for the hospital, and my department provides all the food for the various educational seminar and executive functions that the hospital does on a daily basis. I love this job, I love creating, and I feel that every day I get to feed people my art. I love seeing people enjoy what I do.

I've worked to get where I'm at, I've gone to school and have a degree in quantity food management, and I spent years as an apprentice to a chef to further my education. I also worked at UPMC in their catering department.

While it might sound like I make a lot of money at \$19.40 an hour - the reality is I'm making less than what my peers in other cities make, and am being paid less than the national market average for my position.

And it isn't just me. Workers in the dietary department who prepare and serve food to patients and our community struggle to get by. Others who have been here for over a decade, are paid less than what it takes to feed their own family.

People are struggling, and they need a decent wage to live off of. We need better opportunities for people - and how do we continue to attract people to come to Pittsburgh when the biggest industry isn't paying the people who do the work enough to live.

The men and women who work in the hospital are people who have dedicated their lives in service to others. They do whatever they are asked to do, and they can't make ends meet.

How can our city continue to grow and thrive when so many are being left behind?

We all need a fair workplace, and a place that people are excited to go to every day. We are all in this together, and we deserve better.

Testimony of Rhonda Byrd, Allegheny Health Network

I am struggling to make ends meet. Currently, I am working two jobs just to keep a roof over me and my children's head. I fear that once I retire from here, I will be forced to continue to work or receive welfare benefits to keep me afloat.

Testimony of Ron Campbell, UPMC Presbyterian

I get help from my church to pay my light bill. I have to get help to pay all my bills.

Testimony of Catherine Chajkowski, UPMC Presbyterian

As a recently married mother of three young children, I have to work overtime to barely scratch by. I pay for five people to have medical insurance along with normal bills and food expenses we barely make it. We do not qualify for food assistance or any help because they say we make too much money. The money we make pays our bills and feeds our kids nothing more. Rent is higher every year and our wages do not increase enough to cover for higher prices of food, gas, and rent.

We struggle to provide for our family, we want the best for our kids. We work hard and it never seems to be enough. I hope you consider raising the wages we all are hard working individuals we deserve to be able to work and provide for our family.

Testimony of Richard Chankersingh, Allegheny General Hospital

I have to work all the time just to get by. No time for family, person, life.

Testimony of Shelby Chermak, Allegheny General Hospital

If I received a raise, it would improve my life greatly. Naturally, things would be more affordable. I've been a switch board operator in healthcare for 15 yrs., and I'm not making over \$13.00, per hr.

The details of the job go far beyond the title, "operator." We have tons of responsibility and do not get paid for our services. We tend to emergency situations. It's much more than transferring calls. Also, I think that if people made more money – overall – there might be less crime. And overall, better living circumstances for everyone. No one should suffer. No should live pay to pay.

Testimony of Sarina Coates, UPMC St. Margaret

My name is Sarina Coates and I am a PCT at St. Margaret hospital. When I was hired I made \$10.40 an hour and two and a half years later I'm making \$12.36, and compared to other UPMC employees that I've talked to, getting close to \$2 in raises in a little over two years is apparently a sign of success at UPMC. There are workers at UPMC who've been there decades and making only a dollar or two more than me.

I came to UPMC after leaving the banking industry. There was no morale there and we were so far engrossed in numbers that the employees themselves become numbers. I felt like I had no soul. So I left and decided to go into the healthcare field where I could be known as Sarina and not as an employee ID.

I started in home healthcare and the pay just wasn't cutting it but I loved doing more meaningful and more intimate work. That's when I went to UPMC, but I ran into the same issues in different forms because the thing is UPMC still thinks of me as a number--the turnover is enough to make your head spin—but the patients I interact with on a day to day basis don't. And the pay still isn't adequate for me to meet the basics. My co-workers are my family so they and the patients motivate me to stay. I'm there because I like my job, not because of the paycheck. But why should I have to make this trade off?

Here's the deal, in order for me to afford to live a common, decent life I deserve to be compensated accordingly. Over the last 10 years I went from making \$32,000 crunching numbers in a cubicle to \$17,400 taking care of our city's most sick and vulnerable. That's over a 50% paycut for doing more important, life sustaining, and high stakes work. But yet financially I'm not moving forward, only back.

I'd like to stay in the healthcare field, maybe as an LPN or an RN, but I would not recommend for someone to begin their career in the healthcare field at UPMC. We're the lowest paid, I often school the nurses at UPMC on how they're paid the lowest amount in the region and the country. No matter what I decide to do I don't want to have my salary start at less than the national average.

I'm fighting for my future because right now I shouldn't have to be thinking about what I have to hold off on, what bills to pay, what choices to make. I'm robbing Peter to pay Paul, and sometimes Paul to pay Peter. Workers are trying to collaborate and have a voice regardless of job position, it doesn't matter. We need better.

Testimony of Shannon Cole, Allegheny General Hospital

There is no extra income to save any for the future.

Testimony of Genna Coleman-Young, UPMC Presbyterian

I have been at UPMC for 12.5 years. I have worked really hard and long. I get up every morning with a smile on my face because I do have a job to go to I was an APCT (advanced patient care tech) and I transported patients on heart monitors daily. But I got hurt on the job transporting patients. I was making \$13.05 an hour as an advanced patient care tech. So then I had to sit at the information desk. I accepted a position as a HUC since I couldn't keep transporting patients with my injury. So then I took a pay cut to \$12.75 an hour.

On what I am making, I have to get cash assistance, LIHEAP.

I cannot make it paycheck to paycheck the way I'm living now. I have to borrow 100 to 200 dollars for my gas to get back and forth to work and to be able to eat lunch.

Sometimes I have to be seen at the ER but I don't go because I can't afford the copay. I know it's going to be \$150 to be seen and then I have to wonder what the bill is going to be afterwards. Right now, I have an infected finger and I cannot afford to have it seen because of the co pay.

I work extra to try and keep my granddaughter in a better school district and be able to keep her with me, and to do this, it means I don't have the extra money or time to go out and do anything recreational or take her around the city or to see the arts.

I just want to feel appreciated after 12.5 years of giving my best to the hospital.

Testimony of Patrice Collins, Sheraton Station Square Hotel

My name is Patrice Collins and I am an Executive Board Member of UNITE HERE Local 57. I have worked at the Sheraton Station Square Hotel for almost 10 years as a barista.

I am also the mother of three boys.

In our Union, we have fought hard to improve jobs in the food service, hotel and casino sectors of the service industry. We've been successful in creating jobs with benefits such as health insurance, pension and paid time off. But wages remain low.

I believe that that is because so many people in the service sector work in health care, where the big hospitals pay poverty wages, and most workers do not have the benefits that we do. My own mother has worked for UPMC for over 30 years. Her blood pressure medication cost her over \$70. I will be helping her pay for that medication with money that would otherwise pay *my* bills.

We are currently in contract negotiations at my hotel. While we demand that our employer pay wages that are in line with unionized downtown "market: is the overall service sector, and it is dominated by low-wage hospital employers.

In both hotels and hospitals, we take care of people, and provide service. Hotel workers and hospital workers share the same neighborhoods and schools. Many of us even come from the same families.

When the work of one group is devalued, it devalues all of our work, and it undercuts our communities.

Testimony of Patrick Cronin, UPMC Magee

I'm making \$13.50 an hour and I can't do stuff with my family because i don't make enough money because of, I just feel like I'm going to work just to pay bills and there's no extra money.

I can't take my daughter to the zoo or to Kennywood or anything like extra I can't do no extra because I don't have no extra money to do things with my family.

Around income tax time that's the only time can do extra things but durring like the middle of the year I can't do nothing, because I'm always broke all the time and that's with no overtime.

I mean the only time I can do stuff with my family is when I work when I do some over time. I might not, we might still not do a lot because it all depends on what I have to pay.

But my wife's on my wife's on social security. I don't know if that's, she's getting because she's unable to work. But social security's all screwed up anyhow, because they said she hasn't got a check for a while because they said I make too much. Yeah, social security said I make too much. I mean I'm like where's the money, I don't make too much? They're screwed up anyways, social security. The only reason the only reason why she's getting the social security

because she can't able, I mean, I need some help because I'm not making that much, you know what I'm saying. But she hasn't but she hasn't gotten a check for a while because they say I make too much and she's just hasn't gotten a check for a while, so we're going to have to take a trip over there and see what's going on.

She don't get that much when she does get social security I mean she only gets like a hundred and some dollars, but it's something. Let me put it, I just, I don't make enough proolly to live on my own. I mean my parents, the only reasons I'm making it is because my mom and dad my mom and dad are helping me. If they wouldn't help me if my mom and dad wouldn't help me we, I, I couldn't make it. You know what I'm saying, that's working full, that's working full time. Even with the overtime, even with the overtime it can be tight. You know, so I mean my mom and dad, like and they said as long as they live I mean as long as they be living they be helping us out. I got parents that way that can help me financial, you know. But they shouldn't they ain't be living forever, I mean, you know what I mean. And so, I need to make more money, you know, you know.

The lowest amount of I can live on my own, like proolly, ahh man, proolly like, at least proolly like \$15/hr. And 15 dollars, I mean on 13 dollars I'm struggling with that, with my parents are helping me. To live on my own with no help I need proolly like at least 15, 16 dollars an hour by \$16/hr I can make it on my own, I can make it without my parents help me. They, I live with my parents I live, we live in an apartment building we live we all live in the same building. Like me and my wife, my daughter live on the first floor and my sister, my dad, mom they live, they live, on the second floor.

So I pay, I pay like rent I pay, come up with so much money for rent and they make the difference like my rents like \$620. My rent's \$620 I give them \$540 every month, but with no overtime and with paying them \$540 out of my check every month. Like you know, I don't have that much left. I mean the money I make I don't have that much left over. You know, so umm, yeah, I just need to make more money.

I have another thing is like when my daughter gets, um my daughter's in 11th grade she be in 12th grade next year and she and I mean like for I'm a want to do stuff what my parents do for me and my wife I'm going to wanna do for my daughter when she gets older. Okay, and I can't, I don't have the money to do stuff for my daughter. Like I mean, like she wants a vehicle because she just turned 16 and she's learning how to drive right now and she wants a vehicle. I mean, I don't have money to do that. I'm just trying to survive, if you know what I mean.

I can afford, I can afford health care, like the benefits. I mean I can afford I mean sometimes I mean some of the health benefits are high I mean like going to the like hospital it's like a hundred, emergency room it's like 100, 150 dollars. When my wife or daughter goes it's like a it's a \$150. My wife goes often because she's sick, she's sick most of the time. My daughter goes here and there, but who can afford, I can't afford that. I get buried I mean I get buried in hospital bills. I mean I make payments though. They want me to pay the whole thing off, I'm like I don't have money like that to pay the whole bill, you know.

Testimony of DeAsia Davidson, UPMC Shadyside

My name is DeAsia. I am an EVS worker at Shadyside hospital and I've lived in Pittsburgh my whole life. I am 6 months pregnant, I'm about to start a family and the truth is I have no idea how my boyfriend and I are going to be able to afford everything it takes to provide for a child. We will make it work but it will be difficult. We both live with our parents because we can't afford to pay rent on our own. I live with my mom and grandma in subsidized housing. I take care of my mother who has diabetes, high blood pressure, regularly occurring abscesses, sleep apnea, and obesity. My grandmother lives with us as well to also help take care of my mom.

As I begin to prepare for the arrival of my child I know that it's going to be very important that I budget. I currently bring home \$700.00 every two weeks, which covers the very basics like my bills and food. If I ever have any money left over I try to put it in savings for when I have to go on FMLA. I'll only receive 60% of my normal pay while on FMLA and money is already tight so I have to save everything I can. I have no idea how I am going to afford child care.

Beyond the financial difficulty I face as a housekeeper at Shadyside I would also like to draw attention to some important aspects of being pregnant and at work. I believe that all pregnant women working under UPMC, regardless of what department, nursing, housekeeping, transport, or central services, I believe that every pregnant woman deserves to take it easy. Light duty should be available. I also want you to know that when you are carrying another life inside of you it's important for me to take care of myself. Women working at UPMC are tired, achy, there's so much hard labor that we have to do that is very damaging to our babies. Every pregnant woman needs support. Our body is going through changes, it's swollen, constantly sick, you have pelvic pressure that is out of this world, all the pushing and pulling. that can all damage the baby. Bending too much could make the umbilical cord wrap around the baby's neck. And lastly 6 weeks maternity leave is absolutely ridiculous. Thank you.

Testimony of Geneva Davis, UPMC Children's

Hello my name is Geneva Davis. I live in Homewood with my husband, my daughter, her two daughters and her fiancé. My daughter is currently unemployed and looking for work. My granddaughter used to work for the zoo and now works at a Wendy's. My dear husband recently had a stroke which has made things very difficult over the past few months. I'm also still recovering from a hip replacement.

If you asked anyone at work they will tell you I am a very friendly and loving person. I have worked a number of positions at Children's but I've always been respected and commended for my ability to talk and work with people. I work in Registration in the Radiology department. Now, \$16.40 may sound like a lot of money but the truth is every two weeks I get a paycheck for roughly \$890.00. It costs me \$500.00 alone just to pay for the groceries for the house. And after I pay all of my other bills including the electric, car, insurance, and loans, I am left with a

measly \$80-\$100. Sometimes money is so tight that I have to choose between buying food or paying for my medications.

I have diabetes, high blood pressure, and I'm supposed to take thyroid medication. I work for a world renowned hospital and there are days when I have to choose between buying food or paying for my medications. That does not seem right to me.

I'm not the only one struggling though. Everyone on my street in Homewood struggles to keep up their houses, provide for their families, and take care of their health and well-being. I know that the poverty wages that UPMC pays their workers affects everyone in my community. I want my daughter and granddaughters to have real opportunities to grow and build a life for themselves in the city they grew up in. Thank you for calling this Wage Review Committee and taking the time to hear our stories.

Testimony of Latisha Degounette, UPMC Presbyterian

My paycheck goes completely to my car payment, my house and the bills. And of course I also have to pay to park at the hospital, even though I drive the shuttle for them.. I drive the shuttle so when I drive into work and I park there to drive one of their shuttles I have to pay pretty much, I don't like that. I believe it's, I don't remember, between 40 and 50 dollars a month.

It's hard trying to maintain my house on what I'm making. Trying to keep the house like the roof on so the roof's not leaking. It leaks in the basement with a lot of rain. Sometimes the plumbing acts a little funny. You know, all types of little household things you try to keep up as you try to continue to live in your home. You want it to be comfortable and you don't want to have to be smelling sewage, you don't want have to have your toilets overflowing, having a damp leaking basement and that has a smell it has a moldy smell. You have to keep that type of stuff up and just to have a leak in your roof that's horrible and that costs money to get fixed.

Yeah I had to let the windows go for a while just finally able to get the last windows put in on the third floor. I had windows they were just old they needed to be replaced. I had a, it was really cold upstairs I had to get it insulated and get new windows up there for it to be warm. It's okay now it took me a few years to get that up there.

Well that's what happened a few years ago, you know the gas bill was really high because you know it was freezing but since I finally just got it insulated the beginning of this year now it's not as cold, so but I did have to deal with that, you know, with it the last few years you know trying trying to get that money together to get that done.

Some people, you know they don't live in best housing, you know. You gotta get some crap because you can't afford to live in the nice neighborhoods. Like I live in Highland Park, Highland Park is okay, but I'd rather live in stanton heights. You know, the cops live up there, ambulance workers, all different types of workers in the city of pittsburgh, but you know, I don't know about the UPMC workers but I can't afford to live up there.

I went out of town, I went out of town and I saw plenty of other cities and I've seen other cities that are way more livable than this city here. I would love to get up and go but I can't. I can't just go with what I got right now I can't just get up and just go especially having to live check to check you can't just get up and leave. I can't just transfer jobs. I've always thought about moving to North Carolina. I think there are more opportunities in other places.

Testimony of Casey Delperico, Western Psychiatric Institute and Clinic

A lot of people I work with love the work we do, just struggle financially.

Testimony of Tammeka Dennison, Allegheny General Hospital

Hi, my name is Tammeka Dennison and I'm a part-time Pharmacy Tech at AGH. I'm a 37-year-old Pittsburgh resident and I've lived here my whole life. My five kids are 24, 21, 18, 14, and 10 years old.

I make \$14.64/hour at AGH and bring home \$471 every two weeks. I also work part-time at Alixa Rx, a closed door pharmacy. Overall I bring home roughly \$800 every two weeks. In terms of my finances, I don't mess around and don't have fun-time money. My family doesn't shop or get clothes. We have a roof and a vehicle, and put small amounts in the bank for emergencies. That's how we survive, I'm able to save \$20 or \$30 out of each paycheck in case something unusual comes up and we really need it.

When I ask for help, I get it, because my friends and family know it must be really bad. The wages are too low given the experience I bring. I have 18 years of experience, a diploma and certification in pharmacy, and an associate's degree. It's upsetting, when I think about all the work I've put in, to be offered only \$14 an hour. What is my experience for? What is my certification for? I have to pay to keep my certification updated. Where is the money for that? We're told to go to school and take out all these loans and that it will improve our situation, but evidently that's not true. Do I have to go to school for the rest of my life to make enough to survive?

At least now that we have the union, we can preserve the good things about our jobs and work on fixing the problems. People will come over and ask me what's going on with the union, and I encourage them to come to meetings, because I really believe that if we stand together things can change. The opportunity to say what we want and need is crucial to making improvements.

Low wages are a big problem everywhere in the hospital. Housekeepers work hard and deserve to be paid more. I know some who've worked for 17 years and make \$12.50 an hour. That's ridiculous and sad, because they're dedicated people. The hospital needs them, and if they didn't come to work everything would shut down. If they were paid more money, they would be happier and the hospital would be run much more efficiently. \$15 an hour would make a

huge difference and be a really big improvement for most hospital workers. We all bleed red, and we all deserve more.

Testimony of Janet Dickerson, UPMC Magee

My past experience, I was very pleased with the Washington Hospital. Magee Hospital I don't want to take anything away from them but it's hard because they work those people, I think the women's birth center is probably one of the hardest places that you have to work in the hospital and it's hard work, it's hard steady work all night long. I've never worked so hard in all my years of working as I have at Magee for the money that they pay.

If you are a housekeeper you clean up after a woman who's had birth. You have three different departments in there. You have a triage area, which is when, the actually, the person comes in to see whether you know they're in labor, if they're going to keep them or whether they're going to send them home. You have a big turnover in there, you know, you probably have just as many that you turn away because they're not ready to have a baby as they do to send to the hallway. You know and their next step is to have a baby. You probably have 15 rooms in triage and you may clean all 15 rooms at least twice a night. So that means you're cleaning 30 rooms by yourself. For an example, you know, I had a good night at work last night I probably did about 6, when I was there on Tuesday I did 23 rooms. That's in the course of a night, by yourself. You go in you wash the bed down, you do all the surfaces. you clean the bathroom and you mop that floor and dress that bed and put in the supplies that it needs. You know, to keep it stocked, to stock it, okay. I don't do the OR too much because you have the terminal cleaning and whatever in there. I've had two shoulder operations, rotator cuffs and mine just aren't 100% you know to do that all night long. The hallway is where the women actually have the baby, you clean up behind them. You can go in there and sometime it's a mess. You may have someone who is willing to work with you maybe one is cleaning, you're both cleaning to get the room done faster. Same thing, you dress the room, you clean all surfaces in there, all surfaces, the bed, everything, okay, and you stock that room. So you might be spending, I'd say with two people maybe you spend 35 to 45 minutes in a room, by yourself you're probably, you're going to spend an hour.

Every night. You have certain area it all depends on, you know, if you're hallway one, two, three. You know. You have other duties you have to do you have sides you have to do. which is, you go to certain areas, you have to empty waste baskets, you have to empty waste baskets at a nurse's stations, you have to make sure those floors are mopped in that area, whatever.

Washington Hospital I worked in an operating room I was called a prepaid. I basically knew what I was doing and how much time you needed, you know, to get in and get out. The main OR that I worked in you had rooms that you had to clean you had to go get patients. You cleaned instruments you put instruments together, you know but it was in a timely manner you did the same job maybe on a weekly basis, but it was just it was just it was so much easier. You had a union there, you know. When I was there I maxed out at probably about 13, 14 dollars an hour, but every year with your union you know, like you have a contract for two, three years,

okay, then after that contracts up you back to the drawing board again and maybe for the next two or three years that's when your money comes in. You're gonna get a 3% raises 3.5% raise or whatever. You're just stuck at Magee, you know. You may have to be there, I don't question some of my coworkers that's been there maybe 15, 16 years as to how much they make an hour. I doubt if even they are up to that 18 dollars that you max out at, you know. Do you ever max out there, do you ever max out there, no?

I worked at Washington hospital for 17 years and when I left there in 2011 I was making \$17.08. Okay so that's 4 years later and I know that the people that were in the position that did what I did is making more money than that now.

\$14.93 and let me say this much when I started at Washington Hospital in 1995. I started out, I started out part time. I worked everyday from 4, 4 to 7:30 I did the dinner shift. I made \$10/hr then that was in 1995. There's people that work at Magee probably starting out don't even make \$10. So '95 I was making \$10/hr.

If I had to go through. I don't understand it there because there are people that work there that's been there 15, 20 years, and they're kind of stuck now, you know what I mean. If you're there even 15 years, because you're not going to leave there now and go try and find another job and start from the bottom up, you know. So they're trying to stay there and make the best of what they have. So out of 15 years you have been doing the same thing for 15 years. Didn't you think you ever wanted to better yourself as far as money wise. Or, or even going to another position instead of coming there every night working like you're working, you know. I just I never understood that. Now, there were younger people that came there, just like I said when I first started there I said I was a lead I bet you I trained 5 people during the course I was there none of those 5 people are still there, they went to better jobs. One of the ones was like a 21 year old he went to a job fair, he's downtown working in the steel building down there, working with insurance that would be, you know UPMC insurance he's making \$15/hr. They don't stay. They don't stay.

And I must say I was very very happy at Washington Hospital I mean I learned a lot from Washington Hospital. You don't appreciate something until you don't have it. I wish I could've went back to work at Washington Hospital but I moved to Pittsburgh so that's the reason why I ended up at Magee.

In terms of working at McGee, without a union, I mean I am grateful that I have a job but I have never worked this hard in my life before. And I think people deserve, to make your people want to stay you have to pay them. And I'm almost sure the money is there.

Testimony of Rachel Dittmar, UPMC Shadyside

Hi, my name is Rachel Dittmar. I work in the Dietary Department at UPMC Shadyside and I've lived in Pittsburgh for all of my life. I currently live in the subsidized housing in Oak Hill with my daughter and two grandchildren.

Even though I've worked hard for my whole life, Pittsburgh is not affordable for me and for people who work with me. I make 12.50 after a total of 10 years. After UPMC takes out my health insurance, my Aflac, my dental and my bus pass, so I bring home a little more than 500 dollars every two weeks. I pay my bills with the first check. My second check goes to the rent and food. If we didn't share our food stamps and subsidized housing, I would not be able to afford to live on my own. That makes me feel like they don't respect us. \$15 an hour would help us solve these problems and make Pittsburgh a livable city. That's why we're all here today.

A couple years ago, after I'd been working at UPMC for about 6 years, I got cancer. It was the hardest time of my life and I was so sick from treatment and surgery that I had to be off of work. After six months, while I was lying in my bed with an open wound in my stomach, unable to move, I got a letter from UPMC saying that I need to come back to work or I will lose my job and health insurance. I could not have come back to work with an open hole in my stomach so I lost my job and my health care. The reason I kept getting care is that my in home nurses refused to stop treating me. Once I got better, I had to reapply for my old job. It made me feel so upset that I live right down the street from the hospital. And I worked so hard for them. But they would just drop me when I was my sickest. I could have died.

Every year, the CEO Jeffrey Romoff seems to make more money. Everyone in the city knows that. But what about all of us who do the work? Sometimes it feels like we are slaves working for UPMC. Don't we deserve to be healthy too? With the money that our hospital makes, why can't we do better?

Testimony of Chris Ellis, McDonald's

My name is Chris Ellis. I live on the North Side of Pittsburgh and I work at McDonalds. I have worked in fast food for over ten years, since I was 16 years old. I am a committed activist with the fast food workers movement, Fight for \$15, and Black Lives Matter.

Our story as fast food workers is like the story of hospital workers. In the fast food workers movement, we say that we can't survive on \$7.25. But it's also true that hospital workers can't survive on \$10.25. These hospitals are billion dollar corporations that provide important services to our community. Hospital workers take care of the people of Pittsburgh. Yet those who care for us should not struggle to get by and pay their bills. One lady, a hospital worker, told me that after she pays her bills in December, she won't be able to afford Christmas presents for her family. That touched me and broke me down. A grown woman should be able to afford Christmas.

My mother is Karen Ellis, and she works at Allegheny General Hospital dietary department on the tray line. She struggles with the same situation. Whenever I come home, I talk with my mother about how much she makes and how her schedule works. My mother has to work different shifts and it upsets her. My mother goes to work on time and even stays over just to

make sure that the work gets done. She says, sometimes I have to stay in the evening to make sure that the work is done or things won't be ready for the new day. That kind of dedication is worth a living wage. That is worth \$15 per hour.

I'm so proud that my mother helped organize a union at AGH. To make changes, you need the support of a lot of people going with you. That's how you make sure that management listens to workers. That's what a union is. You have the ability to call for higher wages and schedules that are consistent. I have seen the energy of hospital workers supporting each other, having each other's back. Everybody needs to have the union to make sure that you get what you deserve. The hospital workers understand that the union is the way to get hospitals to respond. I know that UPMC is fighting workers who tried to form the union. UPMC likes to pretend that their employees are happy. But when I sit down with friends who work at UPMC, I have learned that things are not all right. UPMC workers can't afford to pay their bills on low wages. UPMC workers have told me that they want a union just like the AGH workers have. Those workers have kept going for a long time, and management is fighting them. I give them all the credit for staying strong.

I'm here to say to our elected officials, like the City Council members and the Mayor: come out in the community, talk to the hospital workers, and understand what's happening to them. When the hospital workers call for \$15 and a union, when they rally in the streets, that is the City crying and hurting. You need to try and figure out how to help them win. Please be there for the hospital workers and support them.

Testimony of Karen Ellis, Allegheny General Hospital

Good afternoon, my name is Karen Ellis and I am a food service worker at AGH. I've worked in hospitals all over the city and our region, from Heritage Valley, to Kendrick Hospital and now at AGH. I currently make just \$10.00 an hour – which is less than what I was making at Kendrick before it was closed down.

I have two children who share an apartment with me. We all try and pull our resources together, but one of my sons recently lost his job at McDonald's and things are pretty tight around the house. I bring home between \$400 and \$500 every two weeks, it depends on how much overtime I can get. I qualify for food stamps, and that helps with the grocery bill some, and the apartment we live in is subsidized. Even that is a struggle to afford the rent every month and I am looking at an eviction notice because I'm behind on my rent. I don't know what I'll do if I don't have a place for me and my kids to stay.

I walk to work every day, it doesn't matter if its raining, or snowing. It doesn't matter how cold it gets, I just don't have any extra money to be able to afford to take the bus. People look at workers like me different, and we don't get treated the same as anyone else. I was just at the community food bank to try and make our food budget work for this month, and it feels like nobody really cares about people like me and families like mine.

Every time I see my paycheck I cry. I have to work so hard to bring home so little. I want to be able to have something for me, and not have a constant struggle to live every day. Making a living wage would help so much. I would be able to pay my rent on time, I would be able to pay bills every month – instead of trying to do it little bit by little bit. I wouldn't have to shop at a food bank.

We're human too – and we deserve the same respect as everyone else.

Testimony of Anthony Farris, UPMC Presbyterian

Well it's mostly bills. You know you put your bills, your gas your light your water, you know things of that nature. And then you got food and you got to choose if you want cable. You know, really that's almost about it.

I'm mean we gonna give a hard day's work because we're really there to serve the people so for sure you wanna do a hard day's work, you know. But after you do work you wanna have a little extra to go out and enjoy life after you've been there serving people. I would also have to state that it pays slightly more it pays slightly more than you know quite a few other jobs, so you know you're caught in a vibe, in a situation where you can't complain too much because you know a lot of jobs out there is not paying that much. But also in reality you would wanna still live. So it's like you know I heard they state that they, and I guess which is true, that they pay a little bit more than any other job but that's not stating that it's a livable wage. Grateful that they do pay and I'm grateful that they hired me to work there. But the statement is it a liveable wage I would have to say no. You know it's just like I said they just pay a little bit more than the majority, the majority of other jobs out there.

If you do you would need, if you tried to save, you wouldn't be considered a human being living. You understanding what I'm saying because they really got you just working and fall out. You know if you try to save. You might want to stop buying at least pop or something somewhere.

Testimony of Ray Fearby, Allegheny General Hospital

My name is Ray Fearby. I grew up on the Northside of Pittsburgh and for the last 7 years I've worked as a floor tech at Allegheny General Hospital. After 7 years of hard work, I still make less than \$11.00 an hour. There is no living on \$11.00 an hour. I pay my rent, my electricity and my food. Anything else that is left over goes towards my bus pass so I can afford to get to work every day.

I currently live in an apartment that is part of a subsidized housing unit – and currently pay about \$500 a month for my rent. I've got a couple of grandkids, and I'm very proud of them. One of them is getting ready to graduate and I wish that I would be able to treat him to

something special, or take him out for a hamburger to celebrate. It's hard to feel like a man when I can't even buy my grandkids a present for birthday or Christmas. We are worth more than this, and people like me are worthy of a life that is more than just barely getting by.

If we could earn \$15 an hour it would change my life. I could save money, and move to a better neighborhood. I wouldn't have to work as much overtime as I do now so I could afford to spend time with my grandkids. I wouldn't have to choose between feeding myself or affording my prescriptions.

\$15 dollars would mean hope. Hope for a life that is worth living, and hope that my grandkids will have a better life than I did.

I'm so glad that we have our union at AGH now. It helps to know that we have a voice at work. I'm looking forward to bargaining for better healthcare so I can take better care of myself so I can have more time with my grandkids in the future. I work hard every day to make sure this hospital is clean and well taken care of. And its time that I am also able to take care of myself.

Thank you.

Testimony of Anthony Freeman Jr., UPMC Presbyterian

I like working at a hospital. But it's very hard to get ahead. I can't save because I literally live check to check. At the same time, it seems like the cost of everything in the city is going up.

Testimony of Carlos Gasca Yanez, Uber

As an Uber Driver I make about 12 dollars an hour before taxes. After taxes I may make \$10 to \$9. The costs of living have increased and it is difficult to make ends meet. The cost of housing has increased rapidly largely due to the tech boom and health care industry. So, the California or New York outlook inflates prices here. A two bedroom apartment for \$1200 seems cheap to them, but to a Pittsburgh hourly worker it is extremely high. Add the cost of staying plugged into the network another \$1200 a year. Housing, utilities, digital communications, food, car fuel, car insurance consume about 90% of my income. So no I don't have savings, credit or health care.

For me making ends meet means driving longer hours. If an unexpected event happens I will not be able to address the emergency as I do not have reserve funds or access to credit. For example if my car breaks down, I am done.

I can move to the outskirts of the city and find a cheaper place to live but then I will spend more money in transportation, either way I am priced out of the city. I can't afford health care.

Pittsburgh's "affordability" only exists if you are moving here with New York or San Francisco wages.

The City of Pittsburgh could implement a Working Pittsburgh Benefits Program.- The program would be designed to serve hourly wage earners of Pittsburgh's major employers. The program increases access housing, transportation, short-term emergency credit and insurance benefits. Education on budgeting, credit score improvement and life cycle planning is delivered to workers. Workers deposit a modest monthly amount to their account. Employers supplement these funds based on the workers personal finance plan and length of employment. In addition, employers deposit an amount into the fund based on the number of hourly employees. The fund is used to provide security for working capital. Workers can use their fund to purchase or rent house near their place of employment, utilities arrears, transportation needs or other emergencies.

Testimony of Becky Glaser, Allegheny General Hospital

Hi everyone, my name is Becky Glaser. I'm 39 years old and I've lived in Pittsburgh my whole life. I'm not married but I do have a son who is 19 years old, almost 20 now.

I've been at AGH for 14 years. For the last 8 of them I've worked in Distribution, that's the copy center and mail room department. We make copies for people throughout the hospital, sort mail, and ship packages for FedEx. I'm so glad I have a job, because I'm always worrying about what I'll do if something happens to my parents.

Ever since my son was born, I've lived with my parents to save on rent. They're getting older and God forbid something should happen to them, because I'm the eldest sibling and it's hard to imagine how I could take time off to take care of them. I currently get paid \$12.18 an hour, and I honestly believe I should be getting paid more. I'd feel a lot better making \$15 an hour, because I'd have more spending money in case something happens to my parents. Right now it's a big struggle. I'm very limited in what I can spend, and sometimes I don't know what to do.

It's especially hard to live off of what I make since I was bumped from full-time to part-time on May 1st. I'm not too happy about it. They were eliminating positions at in the department and told me I could take the reduction in hours or be laid off. I have a son to support, and I was afraid that I wouldn't be able to afford health insurance. It was the only choice I had. Now it's only one full-timer and me as a back-up. It's a real struggle. I'm constantly having to watch what I spend and make trade-offs between food and other expenses. Can I afford this sandwich or should I set money aside for gas? What if my son needs money for lunch, will I have it for him? He works, but he doesn't make much either.

At least now some changes are happening. I'm very glad we got a union, and I stand behind it 100%. It used to be that if you didn't follow the rules, you were out the door. It was very scary. Now our voice is being heard. We have people who are there for us, and if we have problems or questions, we can work it out and get answers. I feel hopeful that we can get more staffing in our departments and maybe even have our retirement matched again. The thing I'm hoping for

most of all is better wages. We need real raises, not ones that look good on paper but not in our pockets.

Thanks for taking the time to hear my testimony.

Testimony of Kathy Green, Allegheny General Hospital

Hi, my name is Kathy Green. I've lived in Pittsburgh all my life and I've been a dietary worker at AGH for 35 years.

I make \$14/hr and haven't had real raises in my time at AGH. I started out making pretty close to what I make now. It's hard to pay the bills because I'm a single parent and have mortgages, car payments, credit cards and grandkids. Sometimes I have to sacrifice food to make things stretch, or purchase basic things like clothes on a credit card and then pay it back.

I have three children and seven grandkids. They're 19, 16, 15, 14, 13, 12 and 3. Birthdays and Christmases are really disappointing and hard because they call me and want things from their Grandmother, and I just can't do it. I'm sad that I can't provide for them, but if I did I wouldn't have food to eat, be able to pay my bills or put clothes on my back.

It was a good feeling when we got our union at AGH. I was at home and a co-worker called and told me. Now we have a voice to speak up and fight for our rights.

A raise would be wonderful. I could finally relax a bit, and have a little leeway. I could finally get work done on my house, fix the roof and windows. I could treat my grandkids. I want to let everyone here know my struggles. I need this raise, so that I can live a little more comfortably. I can't make it on what I'm making. It's not fair, for the years I've worked at AGH.

Testimony of Kathryn Gregor, Manchester Craftsmen's Guild

I went to an art college before moving back to Pittsburgh in my 20's. While I now work at an arts center in the city, my wage is barely enough to pay my rent, bills and student loan debt. I am unable to apply for a mortgage because I already have so much debt from school and the credit cards I frequently depend on to insure I have food and to pay my copay at the doctor's.

While I furthered my education after high school and got my Bachelor of Fine Arts, my arts career has put me in a financial bind. I could not do my job without my degree, but I also cannot afford to stay at my job. I am unable to pay down my student loans at all; I only pay the minimum monthly. Nearing 30 years old, my parents are still helping me with different aspects; my father is helping to pay one of my student loans while my mother regularly helps me afford food and/or travel costs. I am unable to purchase my own home and prepare for my own family. I would love to own a house in Pittsburgh, but it is not realistic and I am forced to continue renting, which feels like throwing my money away. While well aware I am doing better than a lot of people, I am still crippled by debt that I cannot dig myself out of because of low

wages in the arts sector. It feels like the city champions artists, but only those that are already established and not from our own city. I grew up here and feel abandoned on my chosen career path.

Testimony of Bernadine Glover, UPMC Presbyterian

My name is Bernadine Glover. I've been a cook at UPMC Presby for 38 years.

For a long time we used to get Cost of Living Raises. We haven't had that in 15 years. As a single parent, I've struggled for 38 years to get where I'm at. I make \$17.59/hr. After all this time, I am still not at the max pay for a cook. I keep getting a little quarter or 30 cents raises. I think that's really unfair. I rarely call off and I do my work.

I've been a patient at UPMC hospitals. They give really good care. But the health insurance isn't good for the employees. You have to pay so much out of pocket when you go to the Doctors office. Then you get bills. I pay \$190 a month in healthcare to UPMC. For all the prescriptions I need, I pay another \$200 a month. Here's my prescriptions.

Right now I owe the hospital thousands of dollars. I don't have the money set aside to pay these bills. I don't have much set aside at all. I'm supposed to go to various doctors' appointments for my health issues. In 2013, I had a kidney removed. In 2014, I broke my hip. I skip follow up appointments because I can't afford the co-pays to see the Doctor. I just hope everything is okay until I can afford the next visit.

I don't think Pittsburgh is affordable. My check is \$950 every two weeks. The Housing Authority is raising my rent at Bedford Dwellings from \$623 to \$792. So my first check is going to cover just my rent. With my second check, I buy food, send money to my daughter in college. I pay my cell phone, cable, then there's nothing left. I want to treat my grandkids, but it's hard with the money I make.

I really wish UPMC would do something about the healthcare for employees. People that work in the Hospital should have free healthcare. You own all these hospitals, and we have to pay all this money for co pays, and \$150 if you go to the ER. Their health insurance is better for people who aren't employees than those who are employees.

After 38 years, I should not be in debt to my employer. UPMC is a nice place to work, but they need to improve the healthcare and the pay. We would be a lot happier and healthier as employees.

Testimony of Calvin Glover, Allegheny General Hospital

My name is Calvin Glover. I work in the parking department at AGH and I live in Glen Hazel. As a parking cashier, I am often the first person patients and their families see when they arrive at

the hospital and the last person they see before they leave. Our executives tell us that we are ambassadors for the hospital and to be honest I take that pretty seriously. I think of myself as the face of AGH. The people I interact with every day are going through all kinds of things.

Sometimes the most stressful or painful experiences of their lives. I help get where they need to go, and when I can, I put a smile on their face or lighten their spirits a bit. In my mind, you can't put a dollar amount on enhancing the experience of patients and their families when they come to our hospital.

I am also a single father of two daughters, ages 15 and 17. I'm proud to say I've been part of their lives since the moment they were conceived. Some people will tell you that a man can't raise two young women. Some people have told me that. But when it comes to fatherhood and making a strong family, my advice is pretty simple: be compassionate, giving and affectionate. My daughters and I have learned that from one another.

No one, myself included would ever expect being a parent to be stress-free. But the struggles we deal with on the \$11 an hour I make are a world apart from the stresses we'd face if I made a fair, living wage. Our dream is to own a single family home. I'd like to be saving for my daughters to go to college. But when I worry about making ends meet, I'm not thinking about those things. I'm worry about shoes on my daughters' feet. Food on the table. Pots and pans to cook with. Dishes and silverware to eat with. I'd rather be worrying about where my daughters will go to school, what careers they'll have. But we're not even thinking about Christmas. I'll never forget when my youngest daughter came to me and said she had to start helping to provide for us because we didn't have enough money. Now that's heavy. I'd even rather she came talk to me about boys.

I often hear Pittsburgh being America's most livable city. The question I ask when I hear that is the same question I think a lot of working Pittsburghers ask: livable for whom? Sometimes I think decision-makers oversimplify things when they consider what working people need to live.

Testimony of Heather Guerriero, Allegheny General Hospital

I have to work a lot of OT every week so that I can pay my bills and make it by comfortably for my daughter and I.

Testimony of Amy Hamm, Allegheny Valley Hospital

With the wages we get and the costs we payout we are barely breaking even.

Testimony of Chelsea Hamm, UPMC Montefiore

I have SNAP and the medical assistance. Right now it's for all of us, so me and my kids, that's what we got right now.

Well not well at all being as though my paychecks are about \$700 each time my rent is about \$600 and there's not enough in SNAP benefits to cover groceries for the month so and I have car notes and other types of bills, facilities and so it doesn't really cover too much. I end up having to borrow from my dad almost every month.

I actually did not have any experience with it yet I'm terrified they just opened the enrollment yesterday so I now have to apply I'm terrified because the cheapest one that I saw is about 50 some dollars every two week so they would be taking 50 some dollars out of each paycheck which I'm already not able to afford what I have so it's like. I'm terrified but I haven't experienced it yet so I'm contemplating and trying to see what else I have to do. I was thinking about getting my children into CHIP health insurance and I'm trying to think of what I could do for myself, very overwhelming actually, very overwhelming.

Oh well right now, I actually am in project based housing for HUD. So I'm in subsidized housing because I can't afford not to be. I rent and it's section 8 housing, but it's project based section 8 housing, for lack of a better word it is the projects.

It's really difficult to figure out where to live. I've been looking for the past 8 months for just anything the cheapest I can find is \$800 a month the cheapest apartment that I can find is \$800 a month and I just can't afford that it's more than what I make bi-weekly, you know what I mean. I'm from the east side of Pittsburgh but I looked even as far as Brentwood which is like pretty far from me but it's not really from the city, I work in the city. I live in the city of Pittsburgh now, yeah, but on the east side.

Well, I don't think that it's a really positive impact just for me, my situation if you think about it you know people are bombarded with advertisements of going to school and we go to school and we get into all this debt and we come and and we make \$12/hr and we can't even make ends meet and we have high students loans and you know we're frustrated and it's not a positive impact.

The hospital experience for me as a woman and as a mother is really frustrating because I spend most time here away from my kids and it's just really hard because I can't even make ends meet and I'm not home it's just not really worth it for me. I'm actually in school again to try to do something else now because this is just not working for me. It's just for lack of a better word it's just unfair I just feel like you know, who's protecting these women, we're being bombarded from high school in on out, you know with advertisement to go to school, go to school and we go to school and we're in debt and we come and and we're making the same amount as a cashier at Burlington. It's just not fair it's just really not fair.

We work really hard in my position for crumbs. We work long hours, away from our family, you know what I mean. It's just I feel like I'm kind of being used, honestly it seems like, it's like, it's like being worked as hard as possible for the least amount of money.

In terms of being able to participate in the city, I'm the kind of person who saves whatever I can. I cut out money spending on clothes or going out. I only go to the art museum because there is a discount through SNAP. I can't afford the sporting events or anything. I love my city; I just can't afford to do a lot of things in it.

Testimony of Bonnie Hanby, Allegheny Valley Hospital

Can hardly make ends meet. Nothing extra to save for retirement.

Testimony of Dwon Hatcher, UPMC Presbyterian

It's a good job but we don't get paid enough to do anything that we do. I can't really afford to live in this city on my own if I were going to. I probably can't stay here for long based on what I'm making because it feels like I will always be stuck in the same spot. I am grateful to have a job, I just find it hard to live on what I'm making.

Testimony of Chandra Heard, UPMC Mercy

Well, making what I make right now. I really, I had my own place for a while but I wanted to go back to school and just to make it easier on myself and whatnot I decided to move back in with my dad. Not realizing that we had a lot of bills to pay. So I took on more hours because right now I'm casual. And I work as much as I can, you know between school and my work. So depending on if you know things go right I can make, I think it maybe, trying to remember how much. I could get maybe like part time hours, if I can schedule it. I think it's twenty hours a week, is part time. Yeah, okay it's twenty hours a week. All together it's around 40 hours in a two week span. I can't remember how much that'd be. I don't have my calculator on me.

That's if, that's if it's good. My other priorities I have school and I work another job so. It's kind of hard to get those hours in. I get as much as I can in so I can keep it. You know keep that job so. Yes that's the reason why I took on another job so I could have more money, able to. In that job I make, maybe like a couple of cents more than what I make at UPMC, but I can get more hours though. I'm a home care provider. It's kind of like I work with special needs people and I help get them to be more independent. Meaning I take them out and I work with them in the community, doing different activities and things like that. Or whatever the parent or guardian wants us to work on.

It's really not enough. I mean. It's not, even if even on a casual basis, you know, working a couple days a week it's just not enough. I mean I would like to be able to save money and you know get my own place, or you know buy a house or whatever but it's kind of difficult when you're living paycheck to paycheck. Our gas bill is ridiculous, our water bill is ridiculous and I mean from a month to month basis it's well over \$130 a month. Whereas if you live next door in Wilkinsburg we'd pay like 30, 40 dollars every other month, every three months, for water and then our rent just went up to \$900 a month, \$950?

I think because we're not, okay it doesn't take a rocket scientist to do it. I mean it does because to a certain extent you've gotta have a lot of patience. You've got to have to have a lot of, I'm losing my vocabulary here, hold on. It's a very trying job, you like have to have a heart for it. And I don't think we're respect that much by senior nurses and whatnot. Because they, I guess they remember us from when we didn't do as much. We have a lot more responsibilities now. And they feel like you know it's same old.

Cause I've been beaten up, like twice. Yeah I've been beaten up twice. Not like horribly but you know I've kind of like physically. I've been spat at. I, oh boy. I know some other stuff but it's not coming to me right now but it's not coming to me, so that's about it. It's been interesting.

I really don't think they pay us what we deserve. I mean from the man sweeping and cleaners the toilet to the you know nurses caring for umpteen patients at a time and even the people who are in the middle don't get paid what they are worth. So I think, you know, they need to get on it and from the bottom, because I mean UPMC makes a lot of money. A lot of money. And they're not trickling it down to those who are helping to make this money. So I think they should do what's right and stop hogging all the money for themselves and putting it in their pockets and help us out.

Even from a morale standpoint, it's kind of hard when you go to a job where you don't get paid squat. I mean it's hard to get up and smile and like, "hey I'm going to work." I mean nobody really does that but Jesus Christ.

Testimony of Sharnay Hearn, City of Pittsburgh

Salaries in other cities are higher and more competitive. I enjoyed my position and for someone my age my salary would be appear as good but for an individual who has a Master's degree, often times they are under paid. The housing market is currently making once middle income families to now be faced with low income problems, but because of their salaries there is nowhere for them to receive assistance for help.

When working for the City of Pittsburgh having to live in the city limits is very challenging with the rising rents. It is becoming harder for an individual living off of \$40,000 salary to find a affordable housing or a one bedroom. Many young professionals who want to live in the city can not live on their own and forced to live with roommates, which ultimately causes over crowding.

Testimony of Arlena Hill, Allegheny General Hospital

Good afternoon. My name is Arlena Hill, I am a Pittsburgh resident and I have been a certified nursing assistant for thirty years. For the past three years, I have worked at AGH.

I do this work because I love taking care of people and having a special connection with my patients. I start every day by talking with each patient, and if they have any concerns I can't take care of, I speak to their nurse or doctor to get an answer.

I am an integral part of patient care – from bathing them to emptying bed pans, to being a friendly face when they need one. It's incredibly hard, but I've been at this for thirty years, so I'm obviously not afraid of hard work. I've come to accept the back pain and knee problems I have from lifting patients and being on my feet all day.

What I can't accept is the low wages. I am scheduled for thirty six hours a week, but if I only worked that much, the only thing I would be able to pay is my rent. There wouldn't be anything for bills, gas, food, or even a new pair of shoes that are on sale.

Healthcare workers like me are taking care of people with serious diseases and chronic illnesses - lifting them, emptying catheters, giving them baths. For that, I am only making \$13.32 an hour. Is that really all I am worth?

I put in overtime to make ends meet – this past week I worked over fifty hours. I am fifty four years old and have three decades of experience at my job. I can't understand why I should have to work that many hours just to cover my basic necessities.

People who work full time should be able to pay their bills, period. I hear some complain about families being on welfare, but this is why. Wages cannot sustain families in this area, so you have mothers and fathers putting in long hours at jobs, and for what? They still need to rely on public assistance. Low wage workers are unhappy because no matter how hard they work, it's never enough. It's hard to feel good about yourself when you can't provide for yourself or your family.

If the wage was raised to fifteen dollars an hour, you'd have people running to get jobs here. They would feel appreciated and be happy at their jobs - and their work would reflect that.

At one point I considered quitting my career because I felt like I had enough. But I've decided to hang in there to help bring about the change we need – not only for myself and my coworkers, but for my patients and my entire community.

Testimony of Thelina Hill, UPMC Mercy

I work so hard and feel underpaid for the work that I do. It seems like the work increases every year, but the pay does not. As a life long Pittsburgh resident, who loves the city, I have to work

two jobs to make ends meet. I am not home a lot because I work two jobs to support my children. I would love to do extracurricular activities with them but I would have to choose between paying a bill or treating them out.

I think that me and my family deserve more for all the time we have contributed to making UPMC successful.

Testimony of Sandra Hines, UPMC Presbyterian

I'm Sandra Hines and I've worked at UPMC for 5 years as a PCT in the resource unit. PCT stands for patient care technician. Essentially I do it all including monitoring patients' status, bathing, IV's, Foley's, answering call bells, and assisting with feeding and grooming.

I've lived in Pittsburgh for 44 years. Recently I've had to take an FMLA leave of absence to take care of my ailing father who was diagnosed with esophagus cancer in August 2014. He passed away April 30, 2015. I was always a daddy's girl so this loss hit me extremely hard. I'm still having a hard time dealing and grieving his loss. My mother's health has gone downhill since his passing. And I've been severely depressed and know that I'm not in a condition to care for patients.

Taking a leave of absence was not an easy decision by any means, but it really was the only one I could make. Being without pay and knowing that I would be indebted to UPMC when I returned to work because they covered my health insurance premiums while I was off made me absolutely sick to my stomach. Plus, I had heard stories from my co-workers about returning to work after a leave and they weren't pretty.

Since July, I've been working with UPMC since to find a position that I'm able to perform, maintain, and excel in. It's been a horrifying process, they've tried to give me positions that had nothing to do with my previous position, such as a barista at Starbucks. I want to care for patients, not serve pick me ups to the nurses and doctors, because they're the only ones who can afford Starbucks. It would also mean taking a paycut, and I can't do that because currently I can't make it, and quite honestly why would I give up the raises that I've earned? I make too much to get foodstamps but not enough to survive. My water and electricity were shut off for 1 week so my kids stayed with friends and family. I don't want to live under the threat of being separated from my family. I don't want to be trapped in a vicious cycle of poverty.

So UPMC has put me through the emotional ringer, and it doesn't stop because once I go back to work I will have to repay my insurance premium and receive \$0 paychecks for several months. I live in a slum house in a bad neighborhood and my utilities have been turned off. I've lost my lights and water for over a week because I couldn't pay them. I have 4 daughters here with me today and my 20 year old just delivered a preemie baby and I had no water. I told this to UPMC and I got a generic, "Sorry to hear that" but ultimately it didn't

matter. I felt irrelevant. But I wasn't mad at the woman who said it, I was mad at UPMC because she's just taking orders from the top of the company.

I've been in this space before, the same room (the same hotel) that I was in 4 years ago talking with my co-workers about how things will never be different without the union and \$15 an hour. It's been this long and UPMC has tried to stop at every step along the way and for them to keep the fight up this long is insane, because without us UPMC only has some fancy billboards and flat screen TV's. We're the hospital backbone.

Testimony of Dena Hitchan, Allegheny General Hospital

My name is Dena Hitchan. I'm starting my seventh year as a dental hygienist at AGH. I've lived in Pittsburgh all my life and have two daughters, one is in college and the other is a junior in high school.

My husband and I are separated, but I haven't been able to move out because I still can't afford to live by myself. I still own the same furniture I bought when we got married twenty years ago. I took a pay cut to come to the hospital so that I could get better health insurance, but it's still not that good. The biggest problem I see is that people aren't fairly compensated for their experience. Even though I have a bachelor's degree in hygiene I make little more than some of my newer co-workers, and believe it or not I'm still paying off my student loans from 1995. Plus I'm a professional with a license on the line, but any continuing education we have to pay for ourselves.

It used to be that if you worked at AGH it was a good job with good benefits, but it's not like that anymore. In six years I've barely seen a \$2/hour pay increase and haven't had a single bad review. Everything has gone up in the world, but my pay hasn't increased. I would happily work more hours, but I only get 35 hours a week in my contract, and supposedly that's all that's in the budget. It's hard to pretend in front of patients that everything is good when in fact everyone is struggling to make ends meet. I got involved in the union because our wages and benefits feel unfair and I want to see some changes made. The public thinks that just because we work for hospitals we get good health care, but that's not the case. We need fair wages too, that's just a given. Now that we have a union we'll be able to advocate for better health care and more consistent raises that match the cost of living and our performance.

There are lots of single moms in the Dental Hygiene department, and a lot of them work second jobs, like temping at other offices or working as waitresses or servers, to make ends meet. Everybody is in a tough boat at this point. We all try to do a good job, and we're there because we care, but we're not appreciated and we're not compensated what we deserve.

Testimony of Jamie Hopson, UPMC Montefiore

My experience working for UPMC is working for an employer who doesn't appreciate us and underpays us. The wages are so low, that some employees work 2 jobs just to survive. I work an extra shift each week, for a total of 24 extra hours each pay period. I have to work 96 hours every two weeks just to pay rent and buy food. I feel I shouldn't have to depend on overtime to make ends meet.

The turnover is high because of the low wages. People are always looking for a better paying job outside of UPMC. That is why people leave- because they don't make enough money. UPMC can't keep qualified staff. Instead, there is constantly new, inexperienced staffing that makes it unsafe for patients. My own floor has 15 new nurses. With staff in a constant state of orientation, the best decisions may not be made for the patients and we can't turn to seasoned nurses and aides for help.

Because people are constantly leaving, we are always short staffed. So they depend on us to pick up overtime to fill the schedule. And we need the money. Recently I was sick and had to take 3 days off. With UPMC's time off policy, I couldn't get paid for the extra shift I pick up each week, even though they rely on me to work that shift. I had to go without the overtime pay I depend on and my paycheck was only \$560.00 for two weeks.

I pay \$109 every month in parking and health insurance, right back to UPMC. My health insurance doesn't fully cover basic things I need, like my asthma inhaler. That costs me \$20 a month. I struggle to put aside some money each check for my retirement, but I know lots of coworkers who can't afford to do that. Saving money is very hard to do on our pay. If I didn't do overtime every week, I couldn't afford my rent, my car payments and basic maintenance. I couldn't survive. Who wants to work 96 to 120 hours every two weeks just to survive? That's not living. And there's thousands of us in this situation.

I'm not able to save for the future. I'm not able to plan. If any emergency comes up, I have no savings to fall back on like every adult wants to have. I've been working for UPMC hospitals and nursing homes for 8 years. I still can't afford to buy a house in Pittsburgh even though I want to.

Working so much, I can't enjoy my life. I would like to be able to read more, go to the gym, volunteer and give back to the community. I shouldn't have to work so much just to get by. Nobody should have to work 2 jobs when we work for an employer as big as UPMC. They should share the wealth- there's enough to go around.

Testimony of Christoria Hughes, UPMC Presbyterian

I make \$13.62 after my last raise. Because of my low wages, I have to live in subsidized, supposedly mixed income housing. After I pay my health insurance, which I get through UPMC, my bus pass through UPMC, trying to pay into my retirement plan, and paying my taxes, (which

I don't mind paying), I bring home less than 300 a week. \$13.62 is considered a pretty good wage to some, but my rent takes up 1 whole paycheck. My rent right now is \$547/month. I can't afford any higher than that.

Where I live is a nice quiet area right now, but so was most of Pittsburgh at one point. If we keep at the current rate of underpayment in our hospitals, what will our communities look like? I have to work overtime to get by (as do many of my coworkers). This means I am tired, stressed, and generally pissed off. The reason I am pissed, is because I cannot think or even conceive of how I can achieve the American Dream which is advertised on television all the time—owning a home, owning a car, sending my grandkids to college. For me, these things are unattainable. And I can't think of a way to move to a better neighborhood or even moving at all.

I'm 58, a single grandmother, and I can't imagine retiring. I'd like to retire, but I'd have to contribute almost my entire paycheck to set something aside for retirement. What about those who are making less than I am? Like I said, \$13.62 sounds pretty good, but what about those making less than 12, 11, 10/hr? My coworkers at UPMC, the young people with kids, what futures do they have?

We're just barely getting by. We're raising our children hoping they can do better, but they can't if they work for companies that pay poverty wages like UPMC. I heard that UPMC is sponsoring free nights at the Carnegie Museums in Oakland this month. While I would love to take my grandkids to the museums, I am too tired at the end of the day and because of my low wages, I can only afford to take 1 day off a week. I couldn't even afford the bus fare to take my grandkids if I wanted to. On my one day off each week, I catch up on all my housework, catch up on rest, and try to spend time with my grandkids. Pittsburgh is supposedly a world-class city, but so many families like mine can't afford to take advantage of everything happening here.

I don't mind paying taxes, but if my taxes are going to give big healthcare companies like UPMC a tax break, who pays for our children's schools? Who pays for the roads and sidewalks that are crumbling?

People can't afford to maintain their homes in my neighborhood. There are abandoned houses all around. Less and less kids are graduating from school. Now instead of graduation parties, there are "coming out of jail parties." Poverty wages dim that hope in our children, families and communities. Too often we tell our families what we can't afford. What we can't afford is another generation working for poverty wages. And what of the American Dream? To quote Langston Hughes: "What happens to a dream deferred? Does it dry up like a raisin in the sun or fester like a sore...or does it explode?"

Testimony of Della Jackson, Allegheny General Hospital

Hello everyone, my name is Della Jackson. I'm a CNC at AGH, and I've been there for five years. I've come here to today to tell you my personal story.

I have been faced with eviction twice in two years. I have been forced to make decisions on either to pay my rent or buy food or pay for utilities. Those months that I do pay my rent I have to come to my job to use my payroll deduction to have food to eat that day or week.

Granted I'm not here to become a rich woman, but I feel that I shouldn't have to struggle to make ends meet. Thank you for listening.

Testimony of Ken Janke, Allegheny General Hospital

I've been a transporter at AGH for seven years, but I wear many hats. Besides moving patients, I am also a part time dispatcher and a mentor to new hires, and students and volunteers who come to our hospital. I show them around, teach them what needs to be done, and help them learn the new job.

I really like my job – I've always been a people person. If my patients have complaints, I always listen and then follow-up with management to let them know what we might think about changing to make our patients happier.

But my real passion is computers. Back in high school – that was the 1980s when computers were a lot different - I was already writing computer programs. I was struggling with math at the time and wrote a program that helped me practice and improve my math skills. Later, when I was in the Air Force I decided to get my Associate's degree in computer science. I worked with that same program again and updated it some more.

But financial troubles sidetracked me. I put computers aside and got the job at AGH to pay the bills. On my application, they asked what I would like for a starting wage, and I wrote "ten dollars an hour." That seemed very reasonable to me for someone working in healthcare, but they laughed. They told me no one started out at ten dollars an hour.

Now seven years later, I only make eleven ninety-two an hour. It's barely enough to get by, and certainly not enough to go back to school. I do some work on the side fixing, repairing, and trouble shooting computers. I'm really good at it, but I've found out that to go into IT as a full-time career, I really need a bachelor's degree. I've been taking classes and working toward that degree, but the cost of college keeps going up and it's hard to do on this low wage.

The way things are going, a bachelor's degree is needed to get ahead at all. But how can you get that degree when you can barely afford to make ends meet. I see a degree as my way to a better life and a secure retirement. I'm 48 years old and I worry how I'm going to get there.

I'm here today because I want to be a part of making a positive change – not just for me, but for everyone in Pittsburgh. If we had a fifteen dollar an hour minimum wage, me and thousands of people just like me could pay our bills and start to get ahead. Too many of us are struggling just to keep up now. We need a path to a better future.

Thank you.

Testimony of Amon Johnson, UPMC Mercy

What I make does not cover my bills, I have to sometimes pay half one check and the rest on another. In addition to the amount that comes out for health care, we then have multiple costs after the fact if we actually use the health care that I cannot afford.

In terms of where I live, I can't do things like buy the furniture or a new mattress because I can't get ahead with bills.

Testimony of Shirley Jones, Allegheny General Hospital

Good afternoon. My name is Shirley Jones. I come from a long line of strong, independent women – and I'm here today to honor my mother.

I have lived all over the country, but I made the Northside of Pittsburgh my home. I got into the medical field during my service to our country by being trained as a medic during the Vietnam War.

When I got my first job here in the healthcare industry here in Pennsylvania, I was shocked at how low the wages are here. When I left from Dallas I was being paid \$15.00 in 1994 – that same year my job at Magee Women's Hospital paid just \$9.74 an hour. I took a huge paycut just to continue doing what I love to do.

I'm currently working in the central processing department at Allegheny General Hospital. I felt like I was getting too old to continue to work in the OR, so now I help sterilize and prep all the instruments that surgeons use during their operations. I have 44 years of experience in the healthcare field and now I make \$18.74 an hour.

I live with my daughter now, and she helps me out, but she isn't very happy here. I also have a son, who is a pilot in the Navy, and I wouldn't want him to come and make Pittsburgh his home either – because I feel like there is no future here because the jobs just don't pay enough.

If we are going to change our community and continue to attract young professionals to the healthcare field here – we have to improve the wages.

I take a lot of inspiration from my mom. She was a fighter for farmers' rights, and I wish I could be an eighth of the woman that she is. I want to be a fighter just like her – and when it feels like it's too hard to keep fighting for what is right I remember her and the hard work she did.

Hospital workers don't feel important anymore. We feel like a number, something to be used and discarded. And this needs to change. We need hospital jobs to be good jobs, and we need to be treated with the dignity and respect that we deserve. Thank you.

Testimony of Darlene Kardell, Allegheny General Hospital

Can't retire because of health care costs and high utility bills.

Testimony of Ryan Keefe, UPMC Shadyside

I would say I just barely make it by. Well, when I was, my partner lives with me now so it is a lot easier with finances, but when I was living alone I would there were, I would have to work, probably ten hours overtime in a two week period to be able to pay everything.

I do now [have money left after expenses] but, not really I didn't before. Thankfully I have family that's supportive so it wasn't that bad, but I would rather not ask my family for money. Of course I would like to be able to live on my own but right now, I don't have that option.

For the amount of work that I do I should be making at least, at least \$16/hr. And also I'd like to add that I'm, I am doing the work of about three people.

The benefits I have are ok but what I pay for them every two weeks takes a lot out of my check. And also the fact that there's a UPMC urgent care and I'm not allowed to go there if I have an emergency and they will not bill me, like I have to have like the \$40, yeah I have to have a \$40 co-pay like right up front or they will deny me any kind of help. I've been turned away from there because I didn't have the \$40 co-pay right up front.

It's very hard to make it.

Testimony of Joe Kennedy, UPMC Presbyterian

Hello My Name is Joe Kennedy, I have worked at UPMC Presby for the past 6 years as a grill cook. My wife and I raised two beautiful children. My son, who is on the high functioning end of the autistic spectrum and lives at home with us, while my daughter currently attends Wilkes University in Wilkes-Barre. My wife, Terry used to be a program manager at FORE Systems/Marconi but due to tech bubble bursting she was laid off. A few months after that she was diagnosed with cancer. She survived the cancer and now serves tirelessly as a Director of the Pittsburgh Public Schools. We have both been active volunteers in the community, from the Pittsburgh Toy Lending Library and Boy Scout Troop 109 to school PTA's and Women of Temple

Sinai. My wife has fully supported me in the long struggle to improve the lives of hospital workers. Since she is no longer working I am the sole breadwinner of the family.

I currently make \$12.94/hr which is not enough to make ends meet. My wife and I are fortunate enough to receive generous financial support from my parents to help pay the mortgage. We apply for LIHEAP annually to help pay our Winter gas bill, and have had our electricity cut off more than once in the Spring when we failed to cobble the money together and pay that bill. We cut the cord on Comcast cable so long ago I'm not sure when that luxury left our lives. We are currently getting internet service from Comcast, but PPS pays the bill since it is necessary for my wife's school board position. I rely on the local food pantry to stretch our food budget. I have no hope of contributing to my UPMC 401 K program for my retirement, which makes it very difficult to be able to plan for my and my family's future.

The Journal of American Medical Association writes that millions of people die preventable deaths. The ADAM Medical Encyclopedia recommends visiting your doctor regularly for check-ups, performing disease screening, and complying with medical care. This is pretty common knowledge. Our financial situation is such that I am unable to responsibly tend to my health. I have high cholesterol and have been told many times by my doctor to take the cholesterol drug Crestor, but the copay cost of that medication is too much for me to be able to afford. I have to put my wife's need for medical supplies and my son's needs first. I have to be in serious discomfort before I choose to use my UPMC insurance and go to a UPMC facility. As many of you know, the best way to tend to your health is through preventative care. It's disheartening to know that even with UPMC PPO insurance, the deductible and copays are more than our family can afford, a bad illness or serious injury would be enough to force us into bankruptcy.

I am tired of being intimidated for speaking out about the need for a union in our hospitals. As UPMC has been cited by the NLRB administrative judge for its unfair labor practices and the illegal firing of employees for union organizing- UPMC must step back and allow workers to organize the way they did at AGH. I believe workers should have a voice at work. I know that this will not happen overnight, but I truly believe that together, as a city, we can transform these hospitals into the thriving centers of jobs and economic growth that they should be.

I would also urge the wage board to pay close attention to the packet of supplemental material I have prepared for you. The spreadsheet and chart clearly show just how long it would take for my wages to reach our \$15/hr goal. Pittsburgh cannot afford to wait that long, while other cities across the country have already signed on to the Fight for \$15 agenda. Hospital workers are rising now! I urge you to support our goals for \$15 and a union. Thank you for allowing me this time to address this board.

Testimony of Debra Knight, UPMC Children's

Food Stamps, LIHEAP barely, I always have late bills because I have to play catchup from other bills. With the deductible it makes it hard to get the care I need for me and for my family. My rent is literally one full paycheck and I still have two children and I'm barely making ends meet. It makes it hard on everyone because we are not only struggling to make money but there are other obstacles due to our gender and race.

Testimony of Marlon Knight, Western Psychiatric Institute and Clinic

The cost of living is very high so it's hard to find affordable housing with these low wages.

Testimony of Danielle Knowles, Allegheny Valley Hospital

If hospital wages are low, it is harder to keep up with bills which cause stress on you and your health making the workplace a hard place to continue going to.

Testimony of Georgeanne Koehler, Retired

I worked in health care for 47 years, for most of my career I worked as a nursing assistant in Psychiatry. I loved my job and I gave my all to my patients.

It was July 20th, 1964 when I was offered a job at St. Francis Hospital. The minimum wage in 1964 was \$1.75 but when I got my first paycheck of \$180 I knew the Sisters gave us a little more than minimum wage. In those days \$180 was an okay wage, as a gallon of milk, a dozen eggs and a loaf of bread were affordable, unlike today.

It was 2002 when St. Francis Hospital closed. My hourly wage at that time was \$11.33. After that, I went to West Penn, then when their psych unit closed, then UPMC Southside and then WPIC when they Southside's psych unit closed. Nine years after St. Francis closed, in 2011, I retired after 47 years in healthcare. Making \$12.50/hr.

You've heard from a lot of people struggling to get by who're wondering how they'll ever be able to retire at their wages. Well, I think I can provide some perspective.

When St. Francis closed in 2002, I was making \$11.33. Adjusted for inflation to buy power in today's economy, I was making the equivalent of \$14.99/hr. So far a big part of my career, I was able to get by. But I also was there as wages really started to stagnate. Over the years I saw healthcare become more and more about the business. Staff were valued less and less, raises rarely happened. When I retired making 12.50/hr, that was the equivalent of 13.22 in today's dollars, 1.77 less than I was making in 2002.

But I retired, and I'm able to get by. My Social Security check is around hundred dollars less than what I got paid for working 160 hours a month and all that means I live frugal. For the past 8 years, my thermostat stays at 50 degrees, even in the cold of winter, because I can't afford a

costly gas bill. That's why I don't have company come over in the winter, because I don't want them to be too cold.

I can do that because I didn't have any children, but I wonder how those with families would be doing in my shoes. And things were better for most of the time I worked than they are today. Imagine what it'll be like when the people testifying before you today are in my shoes if we don't change something.

I live half a block from Children's Hospital and two blocks away from UPMC Canterbury and like pretty much anywhere in Pittsburgh, most households in my neighborhood someone works at the hospital, so I am here not only as a retired healthcare worker but also for my concerns as a friend, a neighbor and a member of the community. The issues people are talking about today do not just affect the people who work at those Hospitals. These issues affect all of us.

The other day, when at our community grocery store, I saw a man in scrubs with a tear running down his cheek, so I asked if he was okay. He said "when I was a kid we were poor but my Mom could buy a big jar of peanut butter and jelly, and if we had nothing else to eat we could at least have peanut butter and jelly sandwiches. Look at the price of this peanut butter and the jar is so small it wouldn't last more than a day in my house." He said "I will never understand how it happened that workers are now so poor we can't afford to feed our kids."

When I sit outside my apartment building, it's not uncommon to hear workers on their phone telling their kids to "please take it easy on the milk because we don't have enough money to buy more until payday."

This spring I saw a woman, wearing a pair of scrubs, with her toddler in a stroller. He was crying and she was trying to comfort him. I noticed her tears. I asked if the baby was and she said "I thought he had a cold but the Dr. thinks he may have asthma. I can afford the medicine but the Dr. told me I need to get a vaporizer and I don't have the money to buy one."

I could tell you about the countless encounters I have like this in my neighborhood all day, but I'm sure you will hear plenty from hospital workers like them. I tell you these stories because I want you to understand the extent to which hospital workers struggling to get by are not just a facet of our community. It defines our community. It is inescapable, on the streets, talking to friends, going shopping it affects every part of our city.

As hospital wages have stagnated and costs of living have gone up, I have seen my neighborhood change. That store on the corner isn't doing as well these days, because like I've told you, people in my neighborhood can't afford peanut butter and jelly anymore, are rationing out their milk, and flat out – the neighborhood doesn't have money to spend.

Whether it's families struggling to put food on the table, hospital workers not being able to afford healthcare for their own kids and themselves, or the sad truth that most hospital

workers are struggling just to get to the next paycheck and almost none could imagine ever being able to afford to retire like I have done.

Our city will never be as great as it can be if we turn a blind eye to the tears of our parents and the hunger of our children.

Testimony of John Kuchar, UPMC Mercy

The things I'd be able to do is maybe pay off some of my debts. Medical bills mainly, I'm having problems paying medical bills. Well I'm still having, I'm still having problems paying my medical bills. Even though it's mostly the insurance covers most of it.

Mainly when I get my pay check, I just come home and maybe watch a couple DVDs on TV and maybe have a little something to eat but that's about it. I really don't have a chance very much to go out or do anything, because I don't have any money to do anything.

I see UPMC spending money on things at work--Like air conditioning units, furniture for the patient rooms. They have remodeled bathrooms, plasma TV sets for the patient rooms, they're really expensive TV sets, marble bathrooms. Just mainly, just material things for the hospital. I wonder why there's not more money for the people who work there.

I think the money should also go to the workers that work there so hard.

Testimony of Kaitlan Kunkel, Allegheny General Hospital

Living on my current wage is extremely difficult. I have to work at least one extra 12 hour shift a week to make ends meet, and a lot of times that isn't enough. I have a four and eight year old. Kids aren't cheap! I'm constantly stressed about money. I would love to work just my normal scheduled 3 nights a week. I would be able to see my kids more and put them to bed at night. If my wage was increased to at least \$15/hr it would make life easier. I wouldn't worry so much. I could get my kids clothes and shoes without killing myself working. Right now I am not getting paid what I am worth!

Testimony of Trina Kyte, UPMC Children's

I've worked there 4 years as a PIC. I do follow up, medical billing, dental appointments. I make \$13.80 and with my take home pay, I'm still eligible for food stamps and subsidized housing. I have a daughter who's in 11th grade. We're hoping that she can go to college but we are going to have to cross that bridge and figure out how when we get there.

When I get my check, it's enough for me to pay my rent, cell phone bill and cable and buy food and I have about \$100 left. My daughter is a teenager so I really try to keep a little money in her pocket but there's not much to go around. If I had more money, I'd love to be able to take the kids to things as a whole family--like Disney on ice. But if I do take my family out, I have to pack snacks and I have to really look for the free days or the dollar days. I'd love to get a house some day and I'm trying to save for that but I am 30,000 dollars in debt because of student loan bills that I got going to get a degree in the medical field.

If I didn't have strong family supports, I don't know what I'd do or how I'd be able to make it. For example, even with a car, I can't afford a car note so my dad lends me his car to use so that I can get home from work and pick my daughter up. Luckily he lives right down the street. That's how it is for a lot of my coworkers is that they are making it by depending on their families, even though I'm a grown adult. A lot of people I work with do get food stamps and live in subsidized housing and I know plenty of others who still live with their parents. I don't understand how it's like that when we work for a multibillion dollar company.

Testimony of Frank Lavelle, UPMC Presbyterian

My name is Frank Lavelle. I was born on Clarissa Street in the Hill District and have lived all of my 48 years in Braddock Hills and Homewood. Pittsburgh owns my entire history and much of my heart. After serving in the Navy, I returned home and began working as a housekeeper at UPMC Presbyterian hospital. 21 years later I'm still there and have gotten barely 5 dollars in raises. I was hired at a \$7.80 wage, and now I'm making \$12.67.

You heard that right. 12 dollars and 67 cents, after 21 years. I'm working around people who've worked there less time making 2, 3, 4 dollars an hour more than me. Or who've walked in the door with no experience making only a dollar less. That's what UPMC thinks I'm worth. How do you think that makes me feel?? Well, let me tell you: it makes me feel like a speck and just another body mopping the floors. It's outrageous. So when my co-workers came to me nearly 4 years ago asking me to form the union it was like an answer to my prayers, that is until UPMC fired me for my union support. I didn't back down though, I pressed charges and won my job back. I thought when I marched back into work my co-workers would be inspired and stand up too, but they're still afraid.

These low wages impact my entire livelihood. Take housing. I've lived with friends or family members my entire adulthood. Just recently, I had to worry about being homeless after the friend I was staying with was priced out of Braddock. Luckily I was able to move into my brother's house in Homewood. My kids don't have their own bedrooms but he cuts me a break on rent to \$500, so I stay.

And that's with working 40 hours of overtime every 2 weeks. If you do the math, I work 120 hours every 2 weeks and I've been doing this 21 years straight. I don't know what it's like to have free time, but I think if I did, I'd watch my son, Daevon play football and basketball and

sing and cook with my daughter, Keonna. They do excellent in school, and I wish I could help them with their homework and generally be there more for them. I dream about what it would be like to take them to Chuck-E-Cheese over the weekend while I'm fueling up on sleep to go to work Saturday. I would take them on a vacation to Virginia Beach, they haven't seen the ocean since they were babies.

This is my whole life. I'm not going forward. But I keep fighting because, I'm hopeful for a better life for my kids. I don't want them to have to work as hard as me and go through the same thing I'm going through. We're just asking UPMC to play it fair: step aside and let your employees make the decision to form the union for ourselves.

Testimony of Geneen Lee, UPMC Children's

I get maybe, about, almost \$700 back from \$900, almost \$1000 check cause I get all the taxes taken out. So I'm not bringing home as much money as people may think. And it's very hard to pay your bills without any assistance with that, with around 1400 a month.

Yeah I do sometimes I mean like I'm able to pay my light bill one month and I'll let it go over until the next month. And it's never actually my light bill is never always like 100% up to date like I don't let it get to the point that it's a shut off notice but I don't make enough money to pay \$190 a month on top of my rent.

It affects us because I have to choose like, like, like, you said it I already said in the other question but I have to choose am I going to pay light am I going to pay gas, could my car insurance get the payment or you know. I have to think about that stuff I can't just pay all my bills that I have in one month with 1400 dollars. Cause I have to pay rent. I have to pay gas. I have to pay light. I have to pay, oh I have to pay cable, but I have cable. I have a car now and I have car insurance, you know things I feel like I need for my daughter and for us to live comfortably but it's not easy. Like I told you before if I didn't have a companion then I don't think that I'd be able to really survive the way I do with just my pay.

You know I think we still do our job at the hospital but a lot of people, they're tired because they have second jobs that make up for the lost wages. When you think of somebody working in healthcare you wouldn't of think they need another job.

Part time jobs like I know a lot of my coworkers, probably half of my coworkers have part time jobs elsewhere because to make up for the difference. Because everyone wants to live comfortable. Everyone you know want to have the necessities. Everyone, not everyone has kids but a majority of the people have kids and kids are expensive you have to buy clothes shoes it's more that's just bills on top of the things that we need. It's bills and the things that we need for ourselves and the things we need for our children, childcare, there's a lot that we have to come out of our pocket book. We're not really getting paid enough for. So a lot of people have second jobs.

Well I don't know if this is on topic but I think I our health care should be brought better for the people who work in the hospital. Like, it's I think it's kind of ridiculous. Even though I know they are gonna make us pay for it one way or another, maybe through a premium but our copays are ridiculous. And the people with low copays they pay a high premium every month throughout their check. So I think that's something that should be brought to the, to the attention because that sucks that we can't have a nice health care system. You know when we get sick you have to worry about a lot besides just getting better. Because it's expensive.

Testimony of Stephany Leicher, Allegheny General Hospital

My name is Stephany Leicher. I live on the Northside with my husband and two kids. I've worked in the healthcare industry most of my life, and for about the last 11 years I've worked as a medical assistant on the cardiology floor at Allegheny General Hospital. I love my job, and I have always wanted to work in the hospitals.

I currently make a little over \$14 an hour, and every month I pay over \$400 for health insurance for me and my family. There isn't a month that goes by that I don't get a shut off notice for one of our utilities – and there is very little left in case of an emergency.

I have 2 kids, 16 and 18 years old. My oldest son is currently in college. I wish there was more that I could to help him out with that, but he currently works a part time job to help make his way through school.

I seems like everyone at the hospital is overworked and underpaid. We are asked to do more and more, and even though the cost of everything keeps going up, our wages aren't growing with it. And it feel like every time we get raise, we get an increase in our health insurance costs, and we just can't get ahead.

I work hard to try and provide for my family, and I love working in the hospital. But we need to earn more, and be able to have lives that we can afford to help our kids with their college education without having to worry about our lights and heat being shut off. Thank you.

Testimony of Carol Lentz, Allegheny General Hospital

My name is Carol Lentz. I'm 62 years old, and I've been a hospital service worker for 36 of them. I've worked in dietary, in the breast center, and now work at the patient information desk. I really love the work I do. I'm a good, dedicated employee. I show up ready to go every day and I do my very best to help our patients. So my job is rewarding in that way.

But after 36 years, I make \$14.40 an hour, and I'd like to share a few things about what that means. It means I live very very frugally. I don't eat out, I don't buy things for myself, my son

lives with me instead of on his own, and even with all the sharing and scrimping, we've had the electricity turned off.

It means living paycheck to paycheck – unless something big happens, and then it means borrowing because there's nothing extra in my paycheck. I leave work at 8:30 and I need a car to get home, but when my fifteen year old car conked out, I had no money to buy a new one. To pay for these kind of things, I have borrowed against my own house in the form of a second mortgage. Half my pension will go to paying that off.

\$14.40/hour means skipping medical care, even though our hospital keeps pushing us to take better care of ourselves. I'm pre-diabetic, but I can't afford the co-pays on the bloodwork or a consultation with the dietician, so I'm kind of making up my own treatment.

I also want to share with you that our medical coverage is getting worse, not better. If we had had the insurance plan we have today when my husband was ill, I would have lost my house then to his medical bills, instead of having it now, even with its second mortgage. My \$14.40 doesn't go as far as it used to, even within the four walls of our hospital.

The last thing I want to say is that it's just not right when a person gives all of their working years to doing a good job, and an important job, and at the end of their career has not much to show for it. I'd like to have some time at this point in my life to enjoy myself. I'd like to have something to pass along to my family. I'd like there to be progress as a result of what I do. Hospital jobs should give security, good health, and a path out of debt and poverty for workers and their families. And right now they don't.

Thank you very much for accepting my testimony.

Testimony of Abby Linton, Allegheny General Hospital

I work as a Registered Nurse in the city, but before I became a nurse I worked as a nurse's aide, so I've been a service worker too.

Caring for patients is teamwork – we need dietary workers and housekeepers and aides and unit secretaries as well as doctors and nurses to get patients on the road to recovery. But in my experience, service workers aren't always looked at as real members of the team whose experience and dedication matter, but the thing is, their job makes my job more manageable. Unfortunately, their wages may say otherwise. Their wages almost say, "You are expendable, we can always get another." And too often that's exactly what we do, because turnover rates for service workers are very high.

I work in the medical oncology unit. This is where I have always wanted to work for as long as I can remember. In the oncology unit we aren't an ICU, so our patients have different levels of acuity, but we take care of 4-5 sometimes even 6 patients at a time. Often our staff gets pulled from our unit to work elsewhere, where there's less flexibility, or a staffing issue more critical

than the one my floor is facing. So if an aide quits in, say, the ICU, then a CNA from our floor may get pulled there, leaving the CNA in our unit to deal with twice the number of patients, or leaving the nurses on my floor without a CNA at all. Patients' basic needs are met every single shift, every single day, but in my experience as a CNA and as a nurse, the days we have adequate staff working together in every department, those are the days I can spend the extra minute with my patients and hold their hand when they are scared, explain a procedure more thoroughly and just all around provide that extra special care that I strive to give my patients every day. This is what it is all about, taking care of our patients, someone's mother, father, friend.

When I was a CNA, the stress of helping so many patients with their toileting and other needs was really upsetting! It's a vicious cycle, because when one person quits, the extra stress makes it more likely the next person will quit. What we hear service workers say over and over again is "If I can make \$12 at Aldi's with way less stress, what is keeping me at this hospital?" And I understand their frustrations.

But of course, Aldi's can't hire everyone. And patients still need care. So there will always be thousands of service workers in our hospitals. So we have a choice. We can stick with paying people too little to get by, create lots of stress and live with the consequences. Or we can do something different.

I'm here to say, "Please, let's figure out something different!" On those days when we have a full complement of staff, and we work together as an experienced team of caregivers, the work is AMAZING, for workers and patients alike. Those are the days when we all say, "This is what we're here to do and we feel fantastic."

I want those amazing days every day, and a big part of how we get there is by making service workers' jobs in living wage jobs. The hospital industry should be an engine of caring both inside and outside our facilities. That means treating service workers with real respect, which starts with paying them a living wage. Thank you so much.

Testimony of Leonard Lis, Allegheny General Hospital

Good afternoon committee members. My name is Leonard Lis. I'm a nuclear medical technologist at AGH. I've been in the healthcare field for over ten years. I'm here to address the financial inequities that are implemented by the healthcare networks here in Pittsburgh. I can tell you they are both equally as far as wages go the same. Neither one of them want to pay. The pay is unfair.

When I left UPMC 10 years ago to come work for AGH I was paid the minimum rate for my job classification. Ten years later they only pay \$1 an hour more at the same wage.

We receive incremental raises at the hospital, no guaranteed system of raises. My co-workers and I did the math, and it goes equal across the board with the minimum wage increases.

I'm paid \$10 less an hour than the national average for my job classification. I'm also paid \$10 less than the PA average for my job.

The cost of living goes up, but our salaries stay stagnant. Our motto seems to be do more with less.

Pittsburgh is a forerunner in medical technology. But they are far behind the times when it comes to paying a fair wage.

Testimony of Donna Luterancik, UPMC Mercy

I started in the hospital as a Nursing Assistant. I took classes to move up to a Patient Care Technician in the Neuro Trauma Unit. I love my job and taking care of people who have suffered strokes, gunshot wounds, and car accidents. The pay isn't great, but it makes me happy to make a difference in the patients' and families' lives. My big concern is the number of patients we have to take care of. Sixteen to eighteen patients for one aide is a lot, especially when patients are unable to move on their own.

In March of 2015, while working as a PCT, there was a patient who needed assistance standing up. I began to assist her, but her legs gave out. She grabbed on to me and fell on me. We both hit the wall and fell down.

This was the beginning of my lower back experiencing ongoing serious pain. Due to my injury, I needed time off. UPMC made me use all of the PTO hours I had accrued. I think that was unfair, because I was injured on the job. Initially I was denied workmans comp. I eventually got short term disability and approval for a 6 month leave of absence.

In early September, I got a letter saying I was approaching the end my leave of absence and that since I was not returning to work, my health benefits were going to be terminated. Around this same time, my long term disability claim was denied.

On September 30th, I lost my health insurance from UPMC. This meant I couldn't go to doctor's appointments, I couldn't afford the \$50 dollar co-pays for my orthopedic doctor, and I couldn't go to Physical Therapy because I had no health insurance. Physically, mentally, and emotionally I was distraught. After 10 years of service to UPMC, I felt like I was tossed aside like a piece of trash. I didn't know what to do.

I've now gone 7 weeks with no income whatsoever. I've had to apply for food stamps and Medicaid to get the care that I need. My family has to help me pay my bills.

I think it's very unfair that someone who has worked in the hospital for 10 years and gets injured on the job, loses their health insurance, despite still being an employee. I'm now finding

out that my benefits through Medicaid are better and more affordable than the health benefits I had as an employee of the largest, wealthiest hospital system in the city.

I was injured on the job. Not at home, not in public. On the job. If someone was injured on my doorstep, I would be totally responsible for them. It makes me feel horrible that UPMC treats us this way and shirks their responsibility when their employees are injured at work.

Testimony of Chaney Lewis, UPMC Presbyterian

My name is Chaney Lewis. I have two young boys and a partner Lucretia that I support. Lucretia and I want to provide a good life for our kids. We want to show them that when you work hard and you do a good job, it pays off.

But no matter how many hours we put in, a job at UPMC just isn't enough to show them that hard work pays. The bills keep piling up, and we have been forced to cut corners on our health just to stay afloat. Most recently we were evicted illegally and without warning from our home in Wilkinsburg. We had to act fast to put a roof over the kids heads so our family is scattered throughout the city. Lucretia stays with her mom in Oakland (?), I stay with my sister in Braddock and see the boys just a few hours a day until we can save enough to put a security deposit down on a new apartment. We're trying to do it quickly, Lucretia and I both fix iPhone screens as a side job.

I have worked at Presbyterian hospital for the past eleven years as a transporter. It's intense making sure patients and equipment are getting from place to place quickly and safely. I bring a lot of skills to the table. I'm a trained dental assistant, completed a two-week specialized training to transport heart patients who are on heart monitors, and know how to do jobs I'm not required to, such as dispatch.

Even with my experience and extra training I'm still only paid \$11.97 an hour. For four out of the nine years I have been at UPMC, I worked through a wage freeze at \$9.76 per hour, a starting wage only \$1 more than what my mother made there 20 years ago when she was a UPMC housekeeper. UPMC says they want to provide opportunities for their employees to move up the ladder and grow, yet every time I've applied for a job outside the department I've been denied, sometimes without so much as a reason why.

Even though I'm at the hospital every day, I avoid going to the doctor. The co-pays are just too high and since we have to carefully budget our healthcare costs, of course we put the boys' needs first, even though I've been hospitalized countless times due to numerous allergies. This makes things tough at home. It means a lot of sacrifice.

We shouldn't have to work multiple jobs to afford to feed our families, but that is the reality thousands of my coworkers live because of the poverty wages UPMC pays us. I feel like the

American dream is slipping away from where you only need one job, go on vacation, buy a car, spend time with family and not have to work overtime.

I believe that an employer that can pay its top executives millions and millions has the ability to start making its frontline workers a priority too. That's why we're fighting the fight: UPMC can do better by Pittsburgh by working with us to create good jobs and pay a living wage, \$15 an hour. Good jobs that we can raise our families on, jobs that allow us to move up into the middle class. Jobs that allow us to live the American dream.

We need UPMC to do better by all of us.

Testimony of Max Lyons, Conflict Kitchen

Good afternoon, my name is Max Lyons. I work as a cook at the Conflict Kitchen, an art project fast food restaurant. We specialize in food from countries which have conflict with the United States, and we use food as a way to spark conversation about international affairs. Conflict Kitchen is directed by a Professor at Carnegie Mellon University, and the restaurant is part of CMU. As Conflict Kitchen workers, we are employees of CMU.

This year, Conflict Kitchen workers organized a union of our own. We were inspired by the example of hospital workers organizing for their rights and for \$15 an hour. Restaurant workers experience the same problems as hospital workers. No one can live on less than \$15 per hour. We end up having to work two or three jobs to make ends meet. Pittsburgh is supposed to be a city with a reasonable cost of living, but in my experience it's not the case.

At Conflict Kitchen, workers talked together about low wages and inadequate benefits. We decided a union was our best opportunity to change our jobs for the better. We have a small staff of about fourteen workers, but we were united. To build our support and show management our strength in numbers, we petitioned the public and held a rally. These public actions are exactly the kind of actions that hospital workers have done.

The management of CMU and Conflict Kitchen did not try to pressure us or intimidate us. No one was written up or fired for supporting the union. Instead, CMU decided to recognize our union, United Food and Commercial Workers Local 23, as our representative. We have now elected a bargaining committee and are moving forward to negotiate our wages and working conditions in a union contract.

Although Conflict Kitchen needs to make big improvements to our wages and benefits, I want to make clear that it is to the credit of CMU administrators that they recognized workers' choice without using pressure tactics. Forming a union is the workers' choice. Management should not have a say in the matter and should never pressure workers not to join a union. That is the fundamental standard of workers' rights all over the industrialized world.

It's a hopeful sign that CMU is not alone in respecting workers' right to organize and bargain. Pitt and on the main CMU campus, service workers have formed unions and bargain contracts. Duquesne University negotiates with service workers and has established a \$15 per hour minimum wage. At Allegheny General Hospital, almost 1500 workers were able to organize without pressure tactics or unfair labor practices from their management.

Of all the big "eds and meds" not for profit companies in Pittsburgh, UPMC really stands out as a bad actor. I know from talking to UPMC hospital workers that UPMC is dead set against allowing them to organize. Many workers are afraid if being fired. That kind of union busting is what is holding back thousands of workers from organizing.

If UPMC refuses to behave fairly, like CMU and AGH and other non profits have decided to do, then we as a community have to hold UPMC accountable. We need the intervention of our elected leaders to help hospital workers win their rights. Everyone should have the fair treatment and rights to represent ourselves that Conflict Kitchen workers have. A giant rogue non profit should not be allowed to hold back Pittsburgh's service workers from raising standards and making a better life for the working class.

Testimony of Josh Malloy, UPMC Mercy

My name is Josh Malloy and working at UPMC Mercy for the past three years has not been without its difficulties and its blessings. I've worked there as a housekeeper for years and the people I have met here whether they are Doctors, nurses, patient care technicians, or other housekeepers have expanded my understanding of different people cultures and ideas. But like anywhere, there are somethings that I have found a large majority of the people staffed at mercy have in common. But today I will only talk about one and that is wages and their impact on working people.

With Pittsburgh renaissance from the city of steel to one of the leading cities in higher education, tech development and healthcare many things have changed. While I have watched this city and its neighborhoods be reborn I can't help but notice who is getting pushed out by the redevelopment. if you haven't guessed its lower wage workers. According to national low income housing coalition Pennsylvanian residents would have to make at least \$17.57 in order to be able to afford a two bedroom apartment in this state. While the cost is a little less in Pittsburgh, UPMC's starting wage for housekeepers is less than three quarters of what we would need to be able to afford housing in the city. Leaving workers with three options. They can either work a ridiculous amount of overtime spending more time away from their families, they can raise their children in dilapidated subsidized housing in neighborhoods that are notoriously dangerous or they can find cheaper housing outside the city where the time and cost of the commute to work would no longer make working at UPMC a valid option. Unfortunately UPMC's low wages don't just affect where we live it also affects how we live, what we choose to pay for and what we choose to go without. In the past six months or so I have experienced several health issues ranging from dental health to mental health, as many of

you may know, but hopefully not, anything related to healthcare comes with a price which is almost always a steep one. Even with insurance the dental work I need done comes out too about eight hundred dollars which while a lot cheaper than without insurance it is still more than I can afford. I can't imagine what it's like for parents who are right now making less than I do and are having to choose between buying school clothes for their children or going to the dentist.

Raising the minimum wage in Pittsburgh isn't just about making sure workers can afford to live here. It's also about making sure the people who make this city and its neighborhoods what they are stay here. It's about people who have lived through the good times and the bad and making sure they continue to have a place here. That's why if this city is to truly thrive again workers in Pittsburgh's anchor industry must make \$15 an hour and a way to sustain that through the being united.

Testimony of Calvin Mason, Allegheny General Hospital

Well, between the car notes, the light, the gas, the mortgage, there is nothing left. I can't pay my cell phone bill, so I try to get me an Obama phone or whatever I can do so I can have a cellphone. I just think that 13.95 an hour is not fair. It's not a fair livable wage and after 27 years you would think that you would be making enough to at least get by and it's definitely not enough to get by by no means whatsoever. I struggle every two weeks just to put food on the table, put gas in my car. And do the basic necessities of life to live it's just it's like just smack in the face that you have to be there so long and then you have other people that come in in different departments making \$15/hr starting and I've been here so long and it's just, it's, it's not good, it's not a good scenario.

Well, we try to afford the bare minimum. No eating out and having pizza and going to the movies and that, things like that. It's just you know you go to work you come home and get some lunch meat or whatever and make a meal. And try to get by and make ends meet.

It's like a smack in the face, you know, you come in and I care a lot about my job I put out extra, they ask me to do extra, I do extra. And you're not being rewarded with a salary with a livable salary. You're still struggling every two week but the workload increases. It's like the beds the beds in the hospital have increased so our work increases. But the pay never increases. When I first started, when I first started here they were giving \$500 bonuses on Christmas, they were giving a ham or a turkey whatever your choice was. That's been eliminated for well over 20 years and we haven't had nothing like that since.

Yes, I would just hope and pray that we can get something worked out to that we can have a livable wage and everybody's happy and the hospital doesn't have to suffer from people coming to work with attitudes because they're not able to make ends meet. If everybody, if they could just make it livable so you know everybody can eat right and live right, and it would be, it would benefit everyone.

Testimony of Clive March, Allegheny General Hospital

Good afternoon, My name is Clive March. I am a surgical technician at Allegheny General Hospital.

Growing up all of us are told that if we work hard in school to get a good education and get a college degree that we will have a good job that we can raise a family on. But we can't do that anymore –the jobs that are out there today just aren't paying enough.

Not everyone makes what I make – a lot of people make a lot less. It's a day to day struggle for folks to not feel under appreciated. There's just not equal appreciation – bottom line is some folks get a degree in doing what we are doing, and we can't even make a living wage in what we went to school for.

None of us are expecting to come to work and be rich – and that isn't what we want. We are here to take care of our patients, but in order to do that to the best of our ability, we need to be able to live and take care of ourselves. We shouldn't be worrying about if we can afford to see a doctor, or if we need to skip a meal so our kids can have lunch. Workers need a voice, and that's why I'm glad that we have our union now. But we need every hospital worker to have a real chance at that – because all of us need to be standing together as hospital workers to make sure that all of us have the opportunity to support our families.

Testimony of Courtney Martin, Allegheny General Hospital

Hello, and thank you for having me here today. My name is Courtney Martin, and I am a lab processor at Allegheny General Hospital. I wanted to speak with you today because I am 23 year old professional with a degree in Agricultural Bio Chemistry – and I make \$10.60 an hour and live with my parents.

I think Pittsburgh can, and should, do better. Despite having a higher education than others in my department, I make about three dollars less an hour. The starting wage in the lab is nearly four dollars less than the average in my field.

I've seen so many young scientists come into the hospital, then leave because they can make more money elsewhere – some leave the science field entirely because it's not worth it. You need to gain experience to move up in this field, but if you can't even afford rent, or health insurance, or are struggling to buy groceries, there is no way to do that, so you go elsewhere.

I decided to go into science because to me, it's all about exploration. It's about problem solving and thinking outside the box – coming up with new solutions to problems that can move the world forward. Pittsburgh should be a place where young minds eager to innovate come and stay. But as it stands, many leave – They leave the area, or even the entire state – because opportunities aren't here.

The population of Pittsburgh is growing older. In my department at the hospital, the entire dayshift will be retired within the next 10 years. Who will replace them? Great discoveries and advancements can't come out of our area if we continue paying poverty wages. If we start at fifteen dollars an hour, we would attract a younger, more qualified workforce. The quality of work would improve, the quality of patient care would improve, and Pittsburgh could foster the development of the next generation of great scientific minds.

Testimony of Chanel Massie, Allegheny General Hospital

My name is Chanel Massie. Thanks for the opportunity to share my story. I want to talk about how difficult it is for hospital workers to invest in their futures on less than \$15 an hour.

I've been working at AGH as a Nurse Aide since January. I came over from working in nursing homes because hospital work has always interested me, but I only make \$12.74/hr and the pay isn't enough. After my paycheck goes toward rent and utilities, food, travel to and from work, and miscellaneous copays that my health insurance doesn't cover, I'm lucky to have \$100-150 leftover each month. As you can imagine, it's impossible to save on what I earn. The truth is, it is really difficult to invest in your future at all on low wages. I'm in school for a degree in public health, and textbooks are a huge chunk of my expenses. I'm lucky to get financial aid, but I still have to pay for books out of pocket, which can run as expensive as \$300 per book. I try to save by renting or purchasing them used. Still, I can't help but think it shouldn't be such a struggle. I'd like to invest in my professional growth and take educational courses relevant to my field, and low wages are holding me back.

A lot of my coworkers at AGH have worked there for a long time and seen more than their fair share of challenges, but since we formed the union at AGH, it's really brought the energy back up. I believe 100% that if you're unionized you have a much better chance of winning improvements, and I've had the pleasure of seeing this firsthand. Since we formed the union, frontline workers are more supported in taking sick days, without fear of getting penalized for it. My coworkers and I are hoping the union will help us get a better staffing ratio, better benefits, vacation time, paid time off, retirement benefits, and better overall job security.

\$15/hour would mean that I can finally save money for a rainy day. As it is, I'm constantly signing up for overtime shifts and I feel like I spend all my time at work. I've never even taken a vacation. A higher wage would mean I could pay my bills and actually afford to pursue my education and take courses that are relevant to work and would help me advance in my field.

Testimony of David McCray, Western Psychiatric Institute and Clinic

It's hard because the cost of living goes up every year. The wage increase if any is not enough to keep up with the cost of living.

Testimony of Jared McCray, UPMC Mercy

With my paycheck, it is just enough to keep most of my bills paid, but I often find myself behind on debt payments or having trouble affording food. I have began paying child support, which means it is now harder for me to cover my basic expenses.

I am currently living with friends and paying “rent” along with sometimes buying my own food. With my current wage, I am unable to move out on my own.

It is difficult to afford basic necessities making minimum wage, or even a little above. People can only afford inferior housing and food, or rely on public assistance.

Testimony of La-Keisha McGinnis, UPMC Children’s

A majority of [my paycheck] goes to mortgage and food and just caring for my children. That’s mostly it and my car payment. That it’s not, it’s just not enough it doesn’t seem like it’s ever enough. Like soon as I get paid it’s gone, because I just don’t feel like I make enough to be able to afford, like, all of my bills. It doesn't allow me to do too much with [my kids] because I have to have a car to be able to get back to forth from work and to get them to places they need to go. I have to make the car payment. We don’t do as much as I would like to do with them because I don’t have the extra money to do it. So everything is just like almost like I have to pay some bills late in order to pay other ones, it’s just, my paycheck is never enough and working for a place like UPMC I feel like it should be.

I don’t have anything to compare it to, but from my standpoint no because, like I work for the largest hospital in Pittsburgh and I still don’t make enough money to make ends meet.

I just feel that it needs to be a lot more especially being that we’re the ones that are handling all the times and also since they are deciding to add more tasks onto us we do a lot of things that some people are hired specifically to do such as EKGs and things like that where people do an out patient and are charged a lot of money for that, we do that on the floor and they just plan to add more tasks on top of that beginning January 1st 2016. So with that being said there was no talk of a wage increase which probably would make me not going to work there anymore if they’re going to increase my workload but not give me more money.

I just hope that we can do something to improve this situation. I really love working at Children's Hospital I just wish that we could do something to increase the wages so I would like to stay there.

Testimony of Victoria McMillen, Allegheny General Hospital

It affects everyone, you struggle to put food on your table, it affects the economy because I don’t have money to spend, it affects your attitude, you just get tired of struggling.

Testimony of Montario Megget, UPMC Shadyside

Hello. My name is Monty Megget. I'm here today because I believe my city and my community deserve better. I work in the EVS department at Shadyside hospital. My mother, my aunt and my uncle are all service workers at UPMC. My family collectively has contributed a lot of time and service to UPMC. In addition to being an EVS worker I am going to school to become a truck driver so that I can make enough money to actually build a life for myself.

My biggest challenge working at UPMC are the wages. Like many of my coworkers, I have to work an extra 8-10 hours on top of my normal 40 a week to make enough money to cover my bills and help out my family. I live with my mother because I can't afford to live on my own. I also have to be available to give my mom rides to and from work and assist in paying the rent when she needs help. Unfortunately, my situation is not unique, many hospital workers rely on their families to make ends meet.

Anyone who knows me can tell you that I am an extremely hard working person. The work that I do at Shadyside hospital is not easy work. It is back breaking and laborious. Even Though I am young and hard working I should still be fairly compensated for my time, especially working for such a large profitable hospital system like UPMC.

Thank you for your time.

Testimony of Pierre Montakilla, UPMC Montefiore

I am a well respected floor technician at Montefiore, a loving husband and a father. I came to the US in February of 2000. I lived in a refugee camp for 7 months before I came to the US. I was forced to leave the Congo because of the civil war that was and still is destroying my home country. I've seen a lot of terrible things in my life and I've been through a lot. I came to the US to make a better life for myself and to work. I taught myself English so that I was better equipped to work a job that paid and provided for my family. I never wanted any handouts, I wanted to make my own way by working hard and being a good person but the US is not what I thought it would be. Although it is a much richer country than the Congo, I live in poverty and when I look around at my coworkers I realize they too are living in poverty.

I am a floor technician, my badge says Floor technician, which means I clean and maintain the floors in patient rooms, showers, lobbies, bathrooms, ancillary spaces. I was hired to work at UPMC by my director who asked me to leave West Penn Hospital and come over to Montefiore. He offered me \$2.00 more an hour than what I was making at West Penn. I took the invitation as a compliment and didn't ask for more because I wanted to prove myself first, even though I was told I wouldn't receive another raise for at least a year. I was excited to be appreciated for the work I was doing as a floor technician.

After working at UPMC for a few months I saw a poster that one of my coworkers posted about people being allowed to talk about the union. Management took it down immediately and I quickly realized how scared my coworkers were to not only talk about the union but to challenge management in anyway because of what's happened to people who speak out. I'm a very outspoken man, I didn't come all this way to be disrespected and silenced by my boss, we need to be able to talk about the working conditions in these hospitals.

Montefiore has been short 20 people in the EVS department for a while now. Management keeps promising to hire more people but so far they have only hired 2. The amount of cleaning and upkeep that needs done in the hospital doesn't change and yet we are expected to do it all even though we are severely understaffed. I don't know how to get it all done.

When we get a union at UPMC, management will have to respect us, they will have to sit down and hear our concerns, they will have to stop ignoring us and treating us like trash. My coworkers and I do very hard work to ensure that the hospital is safe and clean for the many families who come in and out of the hospital. UPMC represents that that they pay us well, they sent us these payment charts (show the chart they made for him). I am tired of this kind of stuff. My coworkers and I, the people who work hard in this city, deserve better.

A few months ago I had the pleasure of meeting you Councilman Rev. Burgess. You talked about the importance of affordable housing for your district. I am very happy to see that you also take seriously the cause of rebuilding our good jobs. It gives me hope for the city. I fully support your efforts to make this city livable for all and I greatly appreciate you calling this very important and much needed wage board to hear the truth about how our hospitals are letting down the workers and the patients who make UPMC what it is.

Testimony of Danielle Morgan, Allegheny General Hospital

Can not live on base pay check, must work overtime in order to make ends meet.

Testimony of Jonathan Morris, Allegheny General Hospital

Thank you for this important opportunity today. I am a Registered Nurse and have worked as a Registered Nurse in an emergency department for three years. Prior to becoming a nurse I was a paramedic for 11 years. I chose nursing because it afforded me an immediate and substantial increase in my wages and carries with it the possibility of greater professional advancement than was available as a paramedic.

I work at AGH which is a city hospital. During my time as a paramedic I had the opportunity to see firsthand most of the hospitals within our region and this helped me make the choice of which hospital I wished to work in. All staff in an emergency department make a difference and that difference is noticeable by each and every person who walks into the department. Each member of the team has an important role to play in the effort to save lives.

Having the right staff is vital to our ability to care for our patients. Nurses are typically the more visible part of the care delivery team but that does not make us more important than the rest of the team. The emergency department is a dynamic environment. The flow of patients in and out of the department is constant. It takes a team to make this work. Without our environmental services workers, the department would not be adequately cleaned. The risk of hospital acquired infections would rise. Without the distribution team, vital supplies would not make it to be the bedside to perform life-saving work. Without the dietary department, the patients would not have the necessary nutrition to promote healing. Without registration and clerical staff we would be unable to contend with the sheer volume of paperwork that accompanies a visit to the hospital. Within the emergency department, our paramedics are at the bedside working with the nurses to provide emergency medical care. Without them, the nurses would be missing a vital clinical resource.

Unfortunately many of my coworkers that are support staff, for example the paramedics, must work a second job to make ends meet. This leads to burn out and fatigue. I have seen approximately 50% of the support staff leave my department in the last 3 years.

This is an unsustainable model for staffing. I believe that if we pay all healthcare workers a living wage it will allow them to make this a career, one that they can grow in and one that will allow them to provide for their families.

I applaud the city of Pittsburgh for looking into this issue of hospital workers wages. If we truly want better health care for our communities then we have a choice to make. We can invest in the staff, paying them a living wage or we can continue to pay them very little and have to deal with high turnover rates, fatigued workers and ultimately not enough staff to complete the very important work of saving lives, the burden of which we all share. I believe we can and should do things differently. I want to see a living wage for all hospital workers so we can start taking better care of our community! Thank you very much.

Testimony of James D. Murzyn II, UPMC Presbyterian

I found that it can be somewhat possible to live on this income but in reality it being called living is another statement. Overall Pittsburgh is a place that you can live, but not able to enjoy life without a decent wage.

I know for a fact I can find other jobs out of the state that would pay more, but you wouldn't be with your family. So as a family oriented person my well being out of state would be quite depressing.

Testimony of Fran Nash, Allegheny General Hospital

Hi, I'm Fran Nash. I've lived in Pittsburgh all my life, and right now I live in Jefferson Hills. It's a nice neighborhood, but I picked it because I wanted my girls to go to a really good school district when they were growing up.

I'm 53 years old and have been an inventory coordinator at Allegheny General Hospital for the past 20 years. I order all the drugs for the hospital, figuring out how to fill an order when drugs are on back order or getting the doctors the medicine they need as quickly as possible. I like that I'm helping people.

When a doctor calls you saying they need to find this drug and you find it, you know you're helping people. When I started, there were four techs in the inventory area and two buyers. Now, there are two buyers to do all the work. I begin the day by unloading and organizing the morning order, which is usually two pallets, 5 feet tall each. Then you need to get the order for the next day in by 10:30, while tracking down new orders and drugs throughout the day. Like so many other departments, the same work is getting done by fewer and fewer people.

I'm really glad Council Member Rev. Burgess convened this hearing because it is important that hospital workers are taken seriously in this city. We're awesome employees and we're dedicated to going above and beyond. The only reason I'm here is because I want to help people.

But we have to go beyond numbers. Each person who works in a hospital is essential to making it successful. For the past 20 years, I've developed relationships with companies that can get us the drugs we need to save lives. When drugs are on back order, I know the right people to call so that we get the drugs, even when every other hospital in the country is trying to get them. Our doctors can do cutting-edge medicine because we find a way to purchase the drugs.

From the inventory room to even the kitchens, we provide huge, huge service. When people work in the cafeteria, they are responsible for getting the food and getting it to the patients. No one really sits and thinks about it, how someone cooked it, how someone brought it to your room warm.

If we don't pay people better wages, we're going to start losing all these awesome people. We're going to lose the base that everything is built on. These are the base, the core people of our hospitals. And so I decided to represent pharmacy techs in our union because I want to be active, I want to have something to do with improving our wages, our medical benefits.

Someone told me that if you're getting paid \$10 an hour, you're basically working 30 minutes after taxes to buy a gallon of milk. I don't know how someone could do that. That's not a way to live. That's not living. Just paying bills in this city is so hard. I think within the past year my checking account has gone negative seven times because I'm making a choice between

groceries or car insurance. Even if I pay car insurance, my account goes negative because there isn't enough money there. I'm basically paying \$36 dollars to pay a bill.

Twice a year, we get three paydays in one month. And they don't take out your benefits from the third paycheck so you have about \$200 more. That's my big shopping day. I spend that \$200 on meat for the family and it lasts us months. I work at a great hospital with amazing care, but I can't afford to go there. I have a bad back, but I can't afford to go to the doctor. I can't afford the co-pays.

Pittsburgh has a lot to be proud of with our hospitals. But we can't forget the base, the people who do the foundational work. We have awesome people, who are working hard but we need to appreciate what they are doing. It would such a shame to lose all these good people who can't live, who can't get are because of the low wages.

Thank you for taking the time to hear our testimony today.

Testimony of Darlene Nicholson, Allegheny General Hospital

My name is Darlene Nicholson, and I am a Laboratory Processor in the Cytology Lab at Allegheny General Hospital. I've lived and worked in Pittsburgh my entire life.

A lot of folks think because I work in the hospital, in the lab, that I make good money, and that I have great health insurance. The truth is every day I worry about how I'm going to make ends meet. I'm 58 years old, and I don't think that I will ever be able to afford to retire unless things change.

Right now I bring home about \$800 every two weeks, once I pay all of my basic bills there is nothing left. No room for an emergency, and if one does happen I have no idea what I would do. I have no car, no savings, nothing for my retirement, I feel like I'm working just to live and that I will have to work until I die. Hospital workers deserve better than this.

I pay over \$300 a month for my health insurance – and that doesn't include the added costs of co-pays for visits and prescriptions. If I'm sick I avoid going to the doctor because I just can't afford it. Many of my co-workers can't afford the insurance at all, and many of them with children are on CHIP and other forms of assistance.

This is what happens when workers in the biggest industry don't have a voice. Every hospital worker should have a chance to have a voice and a seat at the table – and that's the only way we can make lasting change for ourselves and our city. If we were making a living wage we could change this whole city.

Testimony of Ron Oakes, UPMC Presbyterian

Thank you members of the Pittsburgh wage board for hearing us today. My name is Ron Oakes. I'm a twice illegally fired worker from UPMC. I worked there for over 2 years as a transporter taking patients from point A to point B in Presby and Montefiore hospitals. I came up in Knoxville and after I served in Vietnam through the Navy I couldn't imagine landing any other place than Pittsburgh, my original stomping grounds. Now I'm nearly 60 years old and been in the Steel City ever since.

UPMC is the biggest game in town so when I started working there in 2011, I was hopeful that I'd found a job that I could stay at until I retired, build a little nest egg, travel around the country with my wife, and make some home improvements, the typical way people in their golden years celebrate a lifetime of hard work and building the next generation.

A few months on the job opened my eyes to the real deal happening behind hospital walls. It was like a slap in the face when I learned I'd only be making \$9.18 an hour to start and co-workers told me stories of being on Medicaid and Medicare. I asked myself "Why are people getting healthcare from the government? Isn't this a hospital?" There were times I thought about utilizing the employee food pantry or applying for food stamps because the \$10.63 I ended with didn't keep my head above water.

When my co-workers told me we were forming the union, the choice to be a part was as clear as day to me, yes. I've always been a man of principle and have never backed down from what is right. I fought for the union because we all deserve dignity and respect, two values that UPMC relentlessly promotes. But if UPMC really embraced dignity and respect, why did they fire me twice for exercising what are my rights as an American citizen to organize with my co-workers?

I'll tell you why. It seems like taking a little bit of money from Jeffrey Romoff's near 7 million dollar salary to give back to the employees that make the place run is too much of an undertaking for them. They'll never give up their profits until somebody makes them. Those somebodies are us, the people in this room, and the people a few blocks up the hill. And if we don't we're settling for their crumbs. The hospital big wigs are living the dream, and everyone else wants to live a little bit too.

Testimony of Cathy Olschefsky, Allegheny Health Network

At my rate of pay I could never function on my own. My husband has a good job (for now) but if not for him I would be back to working 2 jobs.

Testimony of Shawn Painter, UPMC Montefiore

My name is Shawn Painter, I work as a Housekeeper at UPMC Montefiore. After 5 1/2 years at UPMC, I make just about \$22,000 a year. My hourly rate is \$11.70, which is just above the \$11/hr starting rate.

My wife and I both work 40 hours a week. Just to make ends meet, we had to get credit cards. We maxed those out buying food and paying bills. So now we have credit card debt. I am wearing busted shoes and am waiting until I can afford the ones I need for my size 14 1/2 feet.

I'm proud to be a homeowner, but the only home my family could afford is in Beltzhoover. We've had our windows smashed in and drunk drivers run their cars into our porch. My biggest threat to my health is the work I do at the hospital. I am exposed to CD if, accidental needle sticks if someone didn't cap a needle, body fluids, hepatitis, HIV, tuberculosis, and MRSA which you can catch just by breathing. There's all kinds of diseases that we can catch in any way. We're not compensated fairly and we have to PAY for our health benefits. Mine cost me about \$275 a month for UPMC's gold plan.

The housekeeping staff are the front line defense when it comes to all these nasty terrible diseases. We're there to fight off all the infectious diseases so no one else has to. If we do our job right, the rooms are sterile for each patient. But when we're short staffed as we currently are, there's no way we can do a 100% good job because we're running from room to room. Right now, we're short about 40 housekeepers between Montefiore and Presby hospitals.

I know at Pitt & downtown the unionized housekeepers make \$16 or \$17 dollars an hour. We do the same work, and we're exposed to infectious diseases and we're caring for the health of an entire city. For all this, we make \$11 or \$12 bucks an hour. UPMC makes billions of dollars, but my last raise was 6 cents. CEO Jeffrey Romoff's last raise was half a million. If they can afford to give the CEO that much, they can afford to give us \$2-3 more. I could buy more food for my family, and make sure my car runs so I can get to work. If we all got paid better, our city could be a lot better.

Testimony of Cleo Parker, UPMC Presbyterian

Hi, my name is Cleo Parker and I have worked in the dietary department of UPMC Presbyterian Hospital for 25 years. I've been here longer than the cafeteria itself.

I like my job and what I do. But for the years I've put in, I'm way behind the times. I don't want to tell anyone how much I make, but people who have been here as long as me don't even make \$15 dollars yet. I have been working a second job as a jitney driver since the day I got here. Every day, I wake up at 4:30am. I work at the hospital until 2:30pm. Then I drive to my second job and work from 3:30pm until 9 or 10pm. That's why I am so tired all the time.

I have to work this way to be able to do simple things like paying rent, insurance, food, my car. There is no money left over to save for the future. I don't even pay for cable. I don't use my credit card much because that's just another bill. And I don't take any assistance even though a lot of people I work with have to.

I think that I deserve to make enough money here to actually live. I wouldn't expect that for working 1 or 2 or 5 years. But people like me have given a lot of our life to this place. We want to feel appreciated. We want to be able to live.

Thank you for the opportunity to tell my story.

Testimony of Charles Patterson, UPMC Presbyterian

Hi. My name is CJ Patterson. I live in East Liberty and I have worked at UPMC Presbyterian for 16 years. I started in '99 as a temp and have worked my way up to the GI Lab. I love working with patients and I appreciate the chance to care for them. But I'm here today because as a life long Pittsburgher, I am concerned about my own future and the future of my community.

When I was coming up, my mother was a crossing guard and she organized a union at her work so that she could make the kind of wages to raise me and my 3 sisters and brother on her own. She now is retired with a nice pension.

Like a lot of people I know, I work for hospitals and I work extra hours at my job to try and be able to support my family. My average is 106 hours every 2 weeks, sometimes I work 120 hours. That's exhausting, but when I bring home my pay check, I still have to choose each month which of my bills I am going to have to put off. Sometimes our lights have been shut off so I apply to United Way for help with bills. My wife and I visit the food bank so that we can have enough for our family to eat. We have figured out how to just barely make it. Last month was my wife and I's wedding anniversary. We could have walked to one of the new restaurants nearby. But I had to tell her that I couldn't afford to take her out to dinner.

The last thing I want to say is that I've also been trying to form a union for the last 3 years so that we can build better jobs, just like my mom did. But over those three years, my co workers have watched me be targeted, illegally written up and seen other people fired for talking about the union. The labor board ruled in my favor, but it doesn't stop UPMC's behavior it doesn't unscare people.

I want to be able to tell my son and the kids in my neighborhood who I see on the streets that they should get a job and work hard, like my mom did and like I did. I hate to drive down Frankstown Ave and see them all out there getting into trouble. But they see their parents giving their lives to these hospitals and still barely making it by.

My mom raised me to stand up for myself and everyone around me. So I'll never stop. But we need the whole city to stand together to fix these jobs. These jobs are the future for my community and for my kids.

Testimony of April Pattison, Allegheny Valley Hospital

We struggle to make ends meet. Some nights we have cereal for dinner.

Testimony of Nila Payton, UPMC Presbyterian

My name is Nila Payton and I've been a UPMC employee for almost 10 years. I work in UPMC Presby's Pathology Department as a receptionist. I really enjoy my work, but I feel the company I work for doesn't pay me for the services I provide.

I'm currently making about \$13.70 an hour. I feel that being an employee at one of the largest insurance companies/hospital systems in Pittsburgh, we should NOT have to pay for our healthcare. When I became pregnant in 2013, I realized my wages were so low, I qualified for medical assistance. Now my two sons ages 2 and 16 are both on CHIP because UPMC's insurance plans don't cover enough of the costs of co-pays, doctors visits, and trips to the ER. I've received bills in the mail after going to UPMC doctors, and I can't even pay those bills because my wages don't cover those expenses. I'm currently on a payment plan to pay off the bills I owe.

I don't find Pittsburgh to be affordable. After taxes are taken from my paycheck, I barely have enough to pay all of my bills, including medical bills, and still live comfortably. If the mortgage on my house was at the rate of a 2 bedroom apartment, I could not afford to live in a home without applying for public housing or housing assistance. I've lived in East Liberty for 35 years, and I can't afford to live in the new condos they are building just down the street from me.

After my second son was born, my partner and I were both working and we were paying for childcare. We paid so much in childcare expenses, but our wages barely covered it. We realized it would be more affordable for him to quit working and stay home with our son, instead of paying for childcare. Working for low wages impacts my wellbeing. It is stressful to make sure all of our bills are paid and to make sure we have enough meals for my family.

If my wages were higher, we could do more things together as a family. Like even just going to the zoo. But paying for a family of four costs \$68 dollars. And I need to hold on to that \$68 dollars for diapers, food and milk. Or god forbid my baby gets sick and we need that money for a co-pay.

I want to feel like I am valued at UPMC. I want to enjoy raising my family in Pittsburgh. I want to see living wages and affordable healthcare. UPMC's slogan is "Life changing medicine,"... but for who?

Testimony of Barb Penn, Allegheny Valley Hospital

I have been working in the hospital for 30+ years starting at \$3.00/hr. I believe we have very important duties that can and sometimes put a patient's life in danger. To work at a minimum and somewhat above minimum wage doesn't seem to fit with the serious work we do.

Testimony of Tracy Pesanski, Allegheny Valley Hospital

I have to choose between food/medicine. Cannot even afford care repairs/service.

Testimony of Elnora Pickett, Allegheny General Hospital

My name is Elnora Pickett, and I have lived in Pittsburgh my entire life. Right now I live on the Northside with my sister, and for the past 25 years I've worked as a food service worker at Allegheny General Hospital.

I'm scared to even tell people how much I make – most folks think that we make a lot of money because we work at the hospital, especially since I've worked here for so long. Even my own daughter thought I was making more – and she was shocked when she found out what I was making.

I've been at AGH for 25 years. And I make less than \$15 an hour. I live with my sister because I can't afford a place on my own. I have to take the bus to work, to get groceries and run any errands that I have to do.

Every month I have to pick and choose which bills will get paid. My sister is a retired postal worker, and she helps me as much as she can, but we have a very limited budget. I don't think I will ever be able to retire. It feels terrible to think that I can never stop working. I have dreamed for a long time about what it would be like to take a cruise and visit Jamaica – but I know that I can never afford to do that.

We need better wages. Wages that allow me to actually live and not feel the constant stress of wondering if I can pay all my bills. I would like to have a little bit of comfort as I get older – but I feel like that will never happen unless things change. Sometimes it's so hard to get up to go to work, and just feel like there is no respect for people like me. Pittsburgh would be a beautiful place to live if all the hospital workers had a living wage.

I'm a hard worker, I'm there to help my patients and my co-workers, and I deserve to have better wages. I've been there for 25 years, and I deserve better than this.

Testimony of Elnora Pickett on Behalf of Lydia Blemahdoo, Allegheny General Hospital

Hi, my name is Elnora Pickett. I'm here with my coworker Lydia Blemahdoo. Her voice is hoarse today, so I'm going to share her testimony.

My name is Lydia Blemahdoo. I am a food service associate at Allegheny General Hospital. Next week will be three years for me at AGH.

I moved here from Ghana in 2009. Before I came here, I imagined that in the U.S. there would be good jobs with decent wages and benefits. I imagined that I would be able to live comfortably in the U.S..

But it was different when I got here. I only made \$10 an hour at AGH, and I can't make ends meet. After I pay my bills, there isn't money left over for much else. I am careful to cut my coat according to my size, but it's very hard.

My family and my husband are still in Ghana, but I can't afford to go see them. I've only been back home once in six years, and I don't know when I will have enough money saved to go again.

To me, earning a better wage is about getting to see my family and not just paying bills. That's why Pittsburgh hospital workers deserve a raise.

Thank you.

Testimony of Nijole Pollock, UPMC Magee Women's Research Institutes

I think like the key to getting better people into those positions is the pay, because part of the reasons why I left my direct care position was because of the money. And by offering better wages you incentivizing people to stay there, and learn and develop and become better workers and provide better care.

It makes it more difficult to afford living here. The cost of living is going up and it's making me rethink, like, whether I should keep working here or if I should find somewhere else to work that pays better.

I mean, it's really incentive, like I said before it's really incentive to stay with UPMC for longer and I mean the longer you stay you learn so much, like, I mean the employee who I was when I first started and the employee who I was a year later is so different I'm so much better at my job after a year of working there. And that translates to better outcomes for the patients for sure.

In my direct care job, I learned a lot from working and gaining experience, delivering noticeable better care. UPMC currently has an institutional pay raise system based on cost of living and merit, but it is not enough for any substantial upward mobility.

I enjoy my job and want to stay in this field, but I also struggle with planning for a future in Pittsburgh. I would like to afford to own a home and pay off student loans, but it seems completely unattainable at my current salary.

Testimony of Leslie Poston, UPMC Presbyterian

My name is Leslie Poston and I'm a Unit Secretary on the Heart and Lung Transplant floor. I'm a mother and a grandmother and I've very proud of the work that I do at Presbyterian hospital.

I've worked for UPMC for 13 years, and I finally make \$13 an hour. I also have a second job as a home healthcare worker. I bring home about 700 dollars a pay. With that, I am able to pay some rent to my mother who owns the house that I live in. I can pay for my electricity, light, and water. I can afford some food and I visit the food bank to fill in what I couldn't buy. There is no money to help my children or grandchildren. If I do have extra money, I pay it to UPMC--- because I have thousands of dollars in healthcare debt. (show bag) This is my bag of just regular healthcare bills.

I hate bringing this bag in here. I'm extremely careful with my book keeping and I feel ashamed to not pay a bill on time. But on what I make, these bills pile up. But it's more than that. Over the years, I have started to skip doctors appointments or cut corners when it comes to doctor's orders because I don't have the \$20 or \$40 dollars that I need for the co pays and I don't want to get more bills that I cannot pay.

Two weeks ago, I was diagnosed with early stage breast cancer. Honest to God I almost didn't go to the doctor when I found the lump. Because I kept thinking about that \$40 specialty pay. And my bills. I almost didn't go. I am strong but I am also terrified.

I will be undergoing chemotherapy, radiation and probably surgery. I'm told that I need to see a dietician and an oncologist and a radiation specialist and my PCP. I am facing the scariest time of my life, and I am sitting here thinking about whether I will be able to afford all of those and which one of those I might have to cut.

Here's what else I found out: When I started learning about breast cancer, I learned that black women have a lower chance of getting breast cancer than white women. But white women have a significantly higher survival rate. The Susan G Koman foundation says some of the reasons include low income and I access to long term follow up care. I have been thinking about this a lot for the last two weeks: Because I dedicated my life to providing care, and

because I work for UPMC, I will have a harder time surviving breast cancer than other people will. That's not right.

There are many many women and women of color like me who work in these hospitals. There are many women I know who don't receive the care that they should in situations like mine. UPMC talks about Life Changing Medicine. So why are the hospitals run by women like me who can't afford their own health care? I think the thing that makes this hurt the most is that UPMC knows that people like me are struggling.

About two years ago, after I spoke up about the fact that people should be paid more, my manager told me that UPMC had started a food bank for employees like me who need help. There have been fliers up in Presby and I hear now that there are advertisements in Mercy hospital: A food bank for UPMC employees---with food donated by other UPMC employees.

This hospital system brings in billions and yet we are told to live off of a food bank. Our hospital system has the very best doctors and yet we cannot afford to go to them. This cannot be the future for thousands of women in this city. I will be going through a struggle over through the foreseeable future with my cancer treatment, but I will continue to work to improve these jobs because so many futures depend on it. I know that if we all work together, we can do better.

Testimony of John Price, Western Psychiatric Institute and Clinic

Our hospital wage impact me, in a major way. Right now I struggle to pay my rent. Every pay day half of my pay goes toward my rent. This is one of the best jobs I have ever had, but I would like to see a decent wage increase. I only want what I think is fair.

Testimony of Rholan D. Pryor, Allegheny General Hospital

I would have extra money that most people have to do certain things that I can't do now. I can't overspend because at the end of the month just barely have enough to pay my bills: gas, light, water.

Testimony of Joe Puccio, UPMC Presbyterian

You never know how much you're going to get for a raise. Some will get like 20 cents, some 25. I mean, we just had a big raise, some got raises and some didn't. And they say they based it on experience, but there's guys that didn't get raises that have a lot of experience in driving and they didn't even get a raise. You know, there's several in my department that didn't even get a raise, you know what I mean. Which they have driving experience, a lot of years. I don't think it's across the board which seems unfair to me.

Now it seems like there are people who are coming in and making way over the people who have already been working there. How does that value someone's time they put in?

And you're bringing in somebody new and they're making more money than somebody that's been here for years who's been a loyal employee and that's unfair practice, you know, wage practice. I just don't get this company, you know I mean, but you know I've been looking, I'll put it that way. I've been looking for a job cause I'm not staying here that I'm not gonna stay here, because if that's how they treat their employees why would I want to stay here. And that's what they figure. That's why they don't care they can get somebody else, somebody else in it doesn't matter to them.

Cost of housing is hard for me, I mean, I don't have I have the veterans hospital so I don't use their medical. I have no kids so, but for me it's cost of housing, you know I mean. The way everything keeps going up and up except for wages. Eventually I'm not going to be able to afford a house, you know. So, and if they just don't want to raise the wages but they want to raise anything else.

Let's put it this way, I mean I don't have a mortgage for one thing I inherited the house. If I had a mortgage, okay or if I was going to buy a home and if I wanted to go into a decent neighborhood you're talking over at least \$180,000. Who can afford to buy a house, that kind of money on the wages that we make. No one can, you know, and you're talking finance, you're talking at least some \$200,000 after finance. I can't afford that. Even if I buy 130,000, 120,000 home that's still on the wages that someone makes you can't afford that. It takes two incomes now, it's not only one. Back then years ago, yeah the guys, the guy worked and the woman stayed at home cause you can do that. Now you can't. Everything is so expensive who can afford to buy a house these days. And if you did, if you could it's in a bad neighborhood and you buy a house for \$40,000 and it's run down.

I mean, let me put it to you this way minimum wage, what's minimum wage, 7.35 who can live on that. Who can really live on 7.35 an hour. You know what I mean. And here the government they don't want to raise it. Then they'll say everything else will go up. But for minimum wage for everything that's so expensive today. Minimum wage should be 12, 14 dollars an hour cause everything is so expensive today. Who can afford to buy brand new car a brand new car sounds like 25, 30 grand. Plus you got a mortgage plus you've got bills, you know. You're paying gas you know everything is going up except minimum wage.

I'd like to make more money. Making more money. Making more than 17, 18 buck an hour. To me really middle class should be like 20 bucks an hour, you know what I mean. But like I say even at that you'd still have to have two incomes. Because everything is still out of and control and prices and vehicles and homes and just anything, clothing. Everything just keeps going up. The food, okay when we had that gas the gas, you know, when gas soared through the ceiling the food prices went up, okay now that the gas has lowered why didn't the food prices lower. I understand they had to compensate for, you know, paying for the gas because of trucking, but okay that was years and years that was like 6, 7 years ago. Okay, why hasn't food prices gone down since the gas prices went down. And it's funny how they said well people ain't buying no more. How can you buy when there, you can't afford to buy, you know?

You know what they should say is you cannot hire somebody that makes, you know, pay them more money than someone who's been working here for years, that's what one of the policies should be. How can you, how can they justify that saying well I've been, say if I've been here 20 years and I'm making 13 and you're telling me that a woman that's cleaning and they bring in somebody new and they're making \$15 how can that be, you know. I mean that's, that's not right, it's not right.

The thing about UPMC is they don't want to be told what to do and that's what a union would be that's what a union would do if they come in here. They would be told what to do and UPMC wants to be god, that's why, you know what mean. Exactly, that's why they don't want to be told what to do. That's why they don't want a union in here, because a union would more or less rule them instead of UPMC ruling you know. And I mean it's sad it's just getting worse.

Testimony of Leronia Pugh, UPMC Presbyterian

I live in a one bedroom by myself, but I'm, I house my daughter and her four children. I'm like a mother's helper, I help my daughter. She has four children. So different times I'm putting out money for this, that and the other.

Okay well, my housing is the housing authority the city of Pittsburgh. It's 30% of my income, so I pay \$423 a month. After that I'm paying cable, which is like a hundred, round it up around 120 a month. And also I'm paying cellphone which is like in the \$250 range because there getting this for my daughter and her daughter, so between 3 phones it's \$250. I ride the bus, so I have a bus pass that is deducted through payroll, for like a \$100 a month. Because I take the bus I won't drive.

I'm glad to have a job, I'm fortunate to work. I'm really happy that I have a job and that helps that I have one, it pieces it together as opposed to not having none or being on welfare. It really does help that I have a job. So that's a positive part of it.

I'm the type of person I'm involved in what I have. And I really, you know I live within my means, and I don't do a lot of outlandish stuff. So I'm kinda like okay. I really don't stretch myself. And like I said I kinda like share and I help my daughter, you know. I always live off of what I have, you know. So, I'm kind of like contented. Because I don't stretch. You know I'm not real extravagant with my needs. I could afford to save more and not be so nickel and dime purchasing, but I'm not real extravagant with money.

I have a huge area. I have a huge area. And a lot of times I wish I could start at one end and someone else could be at the other for it to be done thoroughly to get a thorough job done. Because my area is big, when people substitute for me and I come back they tell me how big it is. It's a very big area. It's a lot of work. It's done by me, it's done by one person. For the four years I've done it it's only been me. Each person who has had it before me has burnt out. It's a

really big area. It's a lot of work. It's very important because people are wounded. There it sticks out, it's very important for it to be done well. And it should be a two person job.

I always live in low rent housing so I guess no I don't find it to be affordable. Because I haven't purchased my own home yet, so no. I'm always in low rent housing. It's not inviting. You know I don't look out and see, I purchased this home. I'm always in low rent home instead of a mortgage. So no. Even when I have looked for, like marketplace went, no. By the time I would've paid my rent then I couldn't have paid my utilities. No it's not affordable and to really get a nice place, no. Yes I have looked for fair market housing, nope. And it looks like it's getting worse. It looks like fair market housing is going through the roof. Yeah no, no it's not affordable.

Well if it's as I do as one person I do a whole bunch of work. I'm not a real thin person but I've lost a lot of weight, a lot of weight, for the five years I've worked this job. It's very labor it's a very physical job. Just to pull the trash in my five areas is a lot, you know, it's a lot of work. That's all I'm saying it's just a huge amount of work. Then having to pull the trash, you do your wiping down, you do your sweeping, mopping, it's a lot of work, people do a whole lot of work. I've had, for the second shift in particular, there was a young lady who worked under me on the second shift. She went to the, at first she went to the ICU. She would go in there and clean, then she would come back over to the same, same day surgery and go make beds and then she would go back to the ICU. I mean, it's a lot of work, mean it is a lot of physical work, yes it is. It's a lot of work. People get pushed and pulled. It's a lot of work. It's a huge amount of work, it's a lot of work. So, just that alone I would take a pay hike for the just work alone, for just the amount of work.

Testimony of Barb Ramsey, Western Psychiatric Institute and Clinic

Due to the low wages we are paid makes it hard to live a comfortable life. It's difficult to pay bills and service just to make ends meet.

Testimony of Latoya Randolph, Allegheny General Hospital

My name is Latoya Randolph, I'm 51 years old and I have lived in Pittsburgh my entire life. I currently share a home with my mom, and do my best to help care for her as well as working full time for the hospital.

I work in the catering department at AGH. I love what I do. But its hard making it to the end of the month.

I owe a lot of money to the hospital. Last year I had to have a biopsy done, and I had to pay \$1000 before they would even perform the surgery. I also just had to have dental surgery and that cost me over \$700 dollars.

I work for a hospital. And yet I'm in debt to them for thousands of dollars. I pay over \$100 every month for my premiums, and as I get older I feel like my bills are just going to keep getting higher and higher. Everything keeps getting more expensive, but our paychecks stay the same. I live paycheck to paycheck and feel like I can never get ahead.

It's been over 9 years since I've taken any kind of vacation. I wonder if I will ever be able to retire, or I if will just have to keep working as long as my body lets me.

All I want is for my hard work to be rewarded, and to be able to have a comfortable life. I would like to afford to take a trip, to be able to shop at a grocery store and not have to worry if I can afford everything in my cart.

Testimony of Alia Rawls, UPMC Children's

My name is Alia Rawls and I've been employed at Children's Hospital for over 3 years. I register patients when they come into the Ambulatory Care Center and my job can be a lot of fun--I love interacting with the kids and making them laugh when it's clear they're nervous to be going to the doctor; sometimes the parents even crack a smile. It's in my personality to be outgoing and it reflects in the quality of my work and relationships with my co-workers.

However, it's sometimes hard to stay upbeat and optimistic when there's frequent turnover and I end up doing the work of 4 people. Since I've been at Children's Hospital, my workload has quadrupled and it hasn't been reflected in my raises. UPMC actually postponed our raises last year, shortly after they had bought their private jet and it became known they had \$4 billion in their rainy day account. I'm 25 years old and I've taken on a lot more responsibility than other people my age. I live at home with my mom, who coincidentally started working at UPMC at the same time I did.

We trained together before she had to quit to take care of my 7 year old twin nieces whose mother had passed away unexpectedly. Since she doesn't have an income, I'm basically the breadwinner for the family. I bring home \$730 every 2 weeks, pay my car note and insurance, give my mom money for the rent which is discounted since we qualify for section 8, phone bill, and food and clothes for the twins, it doesn't give me a lot of extra money to invest in my future. I'm a young woman with a lot of aspiring dreams; I'd like to be a singer, but it seems far off when I'm trying to support a family of 4 at a job that doesn't give the acknowledgement for our hard work that I think we deserve, let alone consistent, living wages. UPMC, we're not the enemy and we're not asking for the world, we just want to contribute to making the hospitals better and take care of our loved ones; if you'd listen that's what you'd hear us say.

Testimony of Katrina Rectenwald, Allegheny General Hospital

Good afternoon, my name is Katrina Rectenwald. I live in Beechview. I'm a Registered Nurse, and I'd like to share with you some of the problems that I see because hospital service workers are paid too little.

Answering call bells, taking vitals, bathing patients, changing sheets and toileting – all of these are the responsibility of aides and each aide is taking care of up to 30 patients. It requires a lot of skill and determination to do the job well. I work on a floor with patients whose illnesses are neurological – people who have had back or neck surgeries, or seizures, or are stepping down from a severe trauma. These patients are especially at risk for falls, which are very dangerous, so an important part of our work falls to our nurse aides, who have to respond to call buttons quickly and efficiently to keep patients from trying to do things for themselves or becoming anxious or uncomfortable. Aides have very responsible jobs and the quality of their work is reflected in our patient satisfaction scores, which in turn determine how the hospital is reimbursed.

But despite having responsibility for health and financial outcomes, the start rate for aides in our city is between 10 and 11 dollars an hour. I'm not an economic expert, but I know that's not a living wage, especially not if you have children. As a result, turnover rates are very high. Since I began work in 2013, only three of the aides on my whole unit are still there. Most have come and gone. In fact just this week we lost two aides. One went to work as a server in a restaurant, thinking maybe she could make more money there. So the aides who are working with our very critical patients don't always have a lot of experience, and the investment we make in training good caregivers goes right out the door when aides don't make it.

When our aides get to work they are already stressed out. They are stressed out about their transportation – I don't know any aides who have cars. They are stressed out about their bills. Recently, one aide on our floor actually asked the nurses for money. You can imagine what that does to a person's dignity and the dynamics of our care team. Hospitals are stressful enough without people having to bring their economic stress with them to their shift, and then take it right back home with them again.

That's why I support living wages for aides and hospital service workers. It's good for them and it's good for our patients.

Thanks you very much.

Testimony of Jarell Reeves, UPMC Shadyside

Good Morning. My name is Jarrell Reeves. I am a housekeeper at UPMC Shadyside and a resident of the West End.

I want to thank Reverend Burgess, Councilman Lavell and the rest of the City Council for raising this agenda. On behalf of my co workers, we appreciate that Council is highlighting something that all of us are committed to figuring out—how to make Pittsburgh liveable for everyone.

Both my wife and I have spent almost 20 years working at UPMC hospitals. We have three beautiful children and we love our city. And while we both are proud to work in the healthcare industry at the heart of our economy, we also face many challenges.

I work night shift at Shadyside, and my wife works days. We work different shifts so that one of us can be home to take care of our children – paid childcare just costs too much. With my nightshift differential and after my years of service, I make \$13.02 an hour. According to economists at MIT who study what it costs to live in different cities, my wife and I would each need to be paid about four dollars an hour more to reach Pittsburgh’s minimum living wage.

We definitely feel the strain. Basics like groceries cost everyone the same whether they make 13 or 23 or 3000 dollars and hour but groceries for my family eats up a whole paycheck. I know that I don’t always buy the food that is probably best for my growing kids. But if we eat right, we can’t pay our other bills.

Another big challenge we have is providing for our children’s health needs. My son has the same medical condition that I do-- Chiari Malformation—which means that his brain doesn’t sit right in his skull, so he often gets extreme migraines and he has to go to a speech therapist so that he can express himself. Because we can’t afford a reliable car, we use the bus, so my son’s hour of therapy takes more like five hours and that means my other kids can’t participate in the activities they want to. If any of my kids get very sick, we have to really pause and judge how bad it is because I know that the ER cost \$100 that I don’t have. The same thing happens when my son or I need to get medication from the pharmacy for our condition. How much will it cost? Are we going to be able to afford it? What needs to be sacrificed?

My wife and I think that working at Pittsburgh hospitals is important work, work that is good for the whole city. But we want to be able to come home and know that our children can be healthy and active and have some security in their futures. The Vice President for HR at UPMC is pretty famous for saying in the New York Times that it’s unrealistic to think our jobs could sustain our family, and that we should have made better choices if we wanted to live well, but we think delivering care and raising a family and living in this city are great choices. We’re very grateful to Council and Reverend Burgess for leading this agenda. I have a lot of faith that together, we can improve our jobs, raise wages to at least \$15 and make our city livable for everyone.

Testimony of Marilyn Roberts, UPMC Shadyside

My name is Marilyn Roberts. I’ve worked at UPMC Shadyside’s Dietary Department for 35 years. I was there before it was a UPMC Hospital. We used to be one happy family.

But not anymore. Back then, when we worked on weekends, we got 50 cents more an hour. They took that away. When we had holidays, each employee would get \$25 dollars. They took that away. For every 5 years of service, we would get a bonus as a way to say thank you. They took that away.

We used to have free health insurance. They took that away too!! I make just over \$15/hr. It took me 35 years to get there. Hospital executives are making big bucks, and we are eating crumbs off the table.

I feel that \$15/hr is not enough for 3 ½ decades of work. As a single parent, I would need at least \$20 to \$21 dollars an hour to pay my bills. I've been living paycheck to paycheck for the last 20 years. We get a raise, but then, they raise the health insurance or the parking. Everything is going up, except our paychecks. We need a Cost of Living Raise.

I live with my father, two siblings, and my 21 year old son in Lincoln-Lemington area. I've lived in Pittsburgh all my life. We are 5 grown adults in one house and we all have to chip in to make ends meet. If it wasn't for all of us coming together, I'd be up the creek without a paddle.

I want to be able to live and enjoy my life. I have a grandson. I want to take him on trips. I hope to retire in 5 years, but I have coworkers that have been there over 40 years and they still can't afford to retire.

I love working at Shadyside Hospital and I love what I do. I feel that we need to get that family love back together like it used to be. It can happen if we get more money, more respect, and that family love will come back. Our families and our futures depend on it.

Testimony of Melinda Roedler, Allegheny General Hospital

Due to the lower wages and higher benefit cost share I am currently in collections with several places. If it comes to paying bills or feeding my family, my family will always come first.

Testimony of Starr Romano, UPMC Altoona

Good afternoon. I'm Starr Romano. I'm a registered nurse in the orthopedic and neurology department at UPMC Altoona. I drove to Pittsburgh today to say how much I appreciate that the Pittsburgh City Council is investigating wage levels in the hospital industry. Since our hospital was recently acquired by UPMC, everyone in Altoona has realized that what happens in Pittsburgh affects us.

My understanding is that hospital workers in Pittsburgh are talking about the need to raise wages, and specifically that the minimum wage in the hospitals ought to be \$15 per hour. I support that goal. However, I am here to tell this committee that while we should raise wages

in the hospitals, you have to understand that this will take a lot of work. It is going to require a powerful challenge to business as usual to make change happen.

Some of my friends think that raises for healthcare workers is an obvious choice that hospital executives should make, a no-brainer. Higher wages mean that hospitals can attract and retain the best employees. Higher wages mean satisfied and happy healthcare workers who are motivated to participate fully in making the hospital run well. Retaining excellent and satisfied workers should in turn mean more productive hospitals providing the highest quality of care. It just makes sense.

My experience, unfortunately, is that most hospital executives do not see the world in this way. Rather than investing in their staff and working with them to improve efficiency and quality, too many executives think they can cut their way to profitability. They imagine that they can make hospitals more efficient care delivery centers by taking things away.

This is what we face at UPMC Altoona. Our hospital used to be a regional medical center. Nurses organized a union to make sure that we had a voice for our patients and our profession. When UPMC took over the hospital, however, their agenda was to make nurses to give back economic benefits and to give up having a say in how we delivered care. The good news is that together, we pushed UPMC to give up its demands for more and more cuts, at least for now.

Our union only represents the RNs. We don't speak for the service workers. Low wages for service workers has created chronic staff turnover that exacerbates short staffing. We as health professionals want to deliver the highest quality of care. That's hard when many of our support staff are leaving to look for work that pays better. Short staffing can result in negative outcomes for patients and increasingly stressful jobs for hospital employees.

UPMC, instead of looking to increase wages for support staff, has cut start rates for its service workers to as low as \$9 per hour. UPMC managers think that they are cutting the fat, getting rid of unnecessary high pay so they can run a lean and efficient hospital. But when they cut wages for staff, making staff turnover and short staffing worse, they're not cutting fat. They're cutting muscle and bone, the critical elements of building a quality care team.

The same UPMC executives that decided to lower wages in Altoona are the executives that run Pennsylvania's biggest employer, the dominant company in Pittsburgh's hospital industry. We can see in Altoona how they think about wages. They want to keep them low, or drive them lower if they can get away with it.

I hope the recent union organizing at Pittsburgh's Allegheny General Hospital is a sign of things to come. We have to see more workers demanding higher wages, and we need to see our community uniting behind them. Altoona working families are counting on Pittsburgh. We have learned the hard way that hospital wages will not improve if we leave it up to the hospital executives.

Testimony of Ann Rosenthal, Osher Lifelong Learning Institute

As an adjunct educator my biggest challenge is that I am not being paid for the amount of time I actually work and I receive no benefits. In 1994 I moved to Pittsburgh to obtain my MFA in Art at Carnegie Mellon University. After graduating, I sought a tenure track position. I obtained a few visiting positions, but they did not lead to a stable, long-term position. Over the last decade, I have taught as an adjunct professor and educator, mostly at the Art Institute of Pittsburgh. However, I have not worked for them over the last year as they have drastically slashed their full-time instructors who they have then hired back as adjuncts. This has become the status quo for academia. The norm is that adjuncts are only paid for in-class hours, despite the fact that there is significant prep time--for class assignments, grading, meeting with students, answering emails, developing supplemental online content (often required), etc. The result is that \$50/hr (average pay) for in-class hours really amounts to minimum wage at best when you figure in the actual amount of hours worked. This is highly exploitative.

I still owe most the principle on my student loans because of this situation. I pay over \$300/month for health insurance. I do not get paid for sick days, holidays, or breaks between semesters. I have no job security. All this, and I have a terminal degree! I feel I contribute significantly to the community. I have initiated many public art projects with youth and my students. And yet, I am largely living month-to-month. This is not right. Pittsburgh is a college town and the City should do better for its educators.

Academia has drastically reduced full-time faculty positions and has increasingly relied on adjunct educators to reduce expenses. Adjuncts, who are some of the most highly educated members of the community, are not being paid for the amount of time they actually work, they receive no benefits, and they have no job security. Though an average of \$50/hr appears to be a livable wage, adjuncts are only paid for their time in the classroom. Thus any prep work, including developing course content, grading, and interacting with students outside the classroom goes unpaid. Figuring in these unpaid hours along with paying for health insurance, sick time, holidays, and semester breaks, adjuncts are at best being paid minimum wage. As a city that is home to several colleges, Pittsburgh can and should do better.

Testimony of Bryan Ross, Allegheny General Hospital

It's just, I mean, it's classic living paycheck to paycheck. All my money goes to our bills. And especially I mean we live in an expensive area, expensive rent. And it's just very hard to get by with the little that I make for as many hours I put in there. And it's just causing a lot of additional stress and problems at home that I shouldn't have to deal with. But when working in the place that we work, that's the way it is.

Well, things are a lot I mean when you have extra money and enough money to pay the bills and still have money left over everything's you know kosher and everybody's happier. When you're pinching pennies and barely getting by paying bill and fighting over who's going to pay this bill and that bill. And it just you know it's very stressful. That's something you should have to deal with working in a hospital. Especially with the care and what you know we're doing and what we do for other people.

I don't I mean I think we have a really good floor and we have you know awesome employees and people who love their job. And it's not that patients aren't receiving good care because I would say on my floor the definitely receive awesome care.

You know that's very stressful and that's a lot, a lot of human being couldn't deal with situations like that. And for me to be on the front lines doing something like that again I mean I could be bagging groceries at Aldi's and making more money than trying to save this 34 year old man's life. Like it's just I mean very, I mean I do love what I do I love caring for the patients and that's why I'm still there, but it's just kind of aggravating. And I wish that other people would, you know see that and see that this is worth a lot more than 10.60.

And like having, you know, it's my responsibility to care for everything I don't, you know, have to worry about somebody else, what are they doing, you know. And I'm in charge of 24 beds, so 24 patients on my one floor I'm responsible for. And like I said I'm fine with that I bust my butt in a 12 hour shift, but, you know, at least compensate me for it. You know make it make me feel a little more appreciated for it, for how hard I'm working there and you know, what I'm doing.

Testimony of Robert Ross, UPMC Magee

My name is Robert Ross. I've worked at UPMC Magee Women's hospital for 5 years as a floor tech. Before I talk about the some of the issues at UPMC, I want to say my job is good and I could almost love it. But there are times I could leave it and never look back, like when they force us to work with toxic chemicals or employees have to go on a scavenger hunt for equipment and supplies stored in unknown pockets and corners of the hospital. It's not only inefficient but dangerous for me, my coworkers, and the patients. Most of my waking hours are spent here so coincidentally I spend a lot of time thinking how things could be restructured in my department.

I use a lot of brain power thinking about the future for my wife and 2 children too. We have a third on the way. He's due next April. But I decided to start working at UPMC when we were pregnant with our first son Kenji so that we would have good and reliable health benefits. It's funny because 5 years later and my kids aren't even on my UPMC healthcare plan. I crunched the numbers. With my pay of \$13.24 along with Tasha's of \$10 per hour at a downtown law firm, combined with UPMC's steep premiums--an increase of \$150 A MONTH for each year since I started, I have the proof here (bring out papers)—adding my kids, well, I might as well

not have a paycheck, so they settle for government funded insurance. It's not fair to taxpayers and it's not fair to me and my family. And they still don't have reliable healthcare. We missed a bill after my oldest broke his arm playing and their coverage was cut off. We weren't made aware so when we took our youngest for a routine checkup and had a \$50 tab, we had to throw that in the drawer of overflowing medical bills. If you have kids you know they're fragile and seem to catch the flu just by looking at another child so it's an incredibly scary feeling as a parent knowing their healthcare, their lifeline, is so precarious.

According to a living wage calculator from the Massachusetts Institute of Technology, we should each be making \$16.95 just to meet the basics. Combined we're \$10.66 short of that, which would be an extra \$44,345 in our household per year. I hope that getting a union will help us have a voice in the hospitals we've built and more happiness in stability in our personal lives.

Thank you.

Testimony of Tenika Ross, Allegheny General Hospital

Good afternoon, my name is Tenika Ross. I live in McKees Rocks with my 2 kids, my boyfriend, and his 2 kids. I've spent the last 16 years working at AGH in the cafeteria.

But because I make just \$13.83 an hour, I have to work a second job just to keep up with our bills. All told I'm working close to 80 hours every week, about 50 at AGH, and another 20-30 as a home health aide. I sacrifice all this time with my kids in the hopes of being able to give them a better life, but at the end of the month I barely have enough money to cover the expenses. I'm trying to help my oldest daughter through college – she is studying hard and wants to own her own business someday.

I've put in a lot of time at the hospital, and the fact that I'm not even making \$14 an hour isn't right. I go above and beyond, and when the managers have a question about something they always come to me for help.

My life would be so much better if I didn't have to work so much. I would be able to spend more time with my kids, help them with their homework and have dinner with them.

My life is hard, and it isn't easy having to face so much stress and worry about if you are going to be able to get enough hours of work this month so I can make sure to cover my daughter's college bill, or if I will have to be late so I can make sure the other kids have food to eat. We are overworked and underpaid, and workers like me deserve better.

Testimony of Dennis Russell, UPMC Magee Women's Hospital

People can survive much better with a high rate of pay. So you need to pay your employees more money to have to survive. I work two jobs just to make things work out for my kids and I.

I don't, I mean I have to work two jobs and that's, that's less time that I spend with my family which I like for you know the management and higher ups they get a chance to go home everyday to their family because they don't have to worry about it. I though, I shouldn't have to work this hard. I know I mean no matter what I do in my life I do the best to my abilities and never had any problems. I just I just think that they need to look at the bigger picture instead of worrying about profits.

Well, my thing is, people look down on environmental service to begin with. You know I look at it everyone is a peon if you're not in upper management, or the higher ups and stuff like that. Everybody, everybody needs to treat people the way, in a respectful way.

What, what makes me laugh though, you know, is they always try to push the dignity and respect and they don't even do it with their own employees. Oh I forgot they don't have employees, but they don't even do that for their workers. But they try to push that on everything else.

I hope you actually really listen to some of the people who are talking. I guess take it, take it with a grain of salt, and listen to, listen to the plea of the people. You know, everybody's tired of you know busting their head. I have to deal with a lot of stuff that most people can't and will not even deal with. There is a lot of stuff that goes through that hospital. I've, I've, dealt with all of that. Just, just actually please pay attention. That's all I'm asking.

Testimony of Lynda Santini, Allegheny General Hospital

I can barely afford my rent and utilities on what I am paid. The healthcare coverage is not feasible for the wage we are paid.

I am single and have been at the hospital for 15 years and started at \$10 an hour and now make \$13.07. That is absolutely ridiculous and poverty wages that I can barely make ends meet, along with countless others. I take pride in my job and don't want to leave, but this is very disheartening.

Aside from the poverty wages given, it is a fact that the organization preaches "Health for All," but I can promise you that people are putting off their health and Dr's visits, tests, medications, etc because they cannot afford it. I am one of those people. How ironic that I work for a hospital, but can't afford to keep up on my health. It's very sad. Thank you.

Testimony of Louisa Shaffer, Allegheny General Hospital

We not only answer calls and page staff, we handle all codes: Blue, Red, OB, Yellow, Amber etc.; Heart Attack Alerts; Emergency Operating Procedures (floods, bomb scares etc.); Stroke Alerts, Rapid Response + ER Away Team; Elevator Emergencies; Sepsis Alerts, OR Stats, etc. – etc. – etc. More responsibilities are added everyday. And yet our wages are WAY BELOW average. Hired at Allegheny General Hospital in September, 2009 as a Telephone Operator with a starting wage of \$12.50 per hour. During this time, I actually qualified for Food Stamps and the Food Bank. Expected regular pay increases did not happen. After more than 6 years, my hourly wage is still only \$13.32 per hour.

In order to save on gas, vehicle wear and tear and parking fees, I have continually applied for positions at Allegheny Valley Hospital which would be ½ mile from my home – to no avail. (I believe my age is a factor.)

When a person works hard, day in and day out, for a reputable establishment, they expect to be treated with appreciation and respect. We are the “Front Lines” and the first impression of this hospital and no one seems to care.

Our pay raises are non-existent. When we did get 28 cents, they told us it was a cost-of-living raise. I personally would like to know what stores they shop at!!!

An increase to \$15 per hour would change my life tremendously. I MIGHT be able to keep up with utility bills, buy healthier foods, make a car payment, go to a movie, visit family, fill up my gas tank, or even get a haircut. My community would be different because I would be able to attend and donate to my church more often. I would be able to do volunteer work without worrying about having enough gas to get to work that night. I would also be able to help my daughter with her upcoming wedding instead of just making cookies.

I also need a new pair of shoes.

Please don't let these comments fall on deaf ears. Thank you for your support.

Testimony of Mary April Scheirer, UPMC Mercy

I can not afford housing and utilities Auto payment, auto insurance gas, lease to park, food and other necessities on my wage. I have to pay high copayment for medical appointments and meds. Which if I need meds they are payroll deducted, that lowers my paycheck more. I can not get ahead at this rate of pay. Pay me what I'm worth if you want me to display dignity and respect to your patients! \$12.24 an hour full time employee who works 10 hrs. a day, work 3 days...off 2 days.....3 days work ...off 2 days every other weekend work. At 5:30...6:00pm after working I sit in traffic that I is horrendous. Leave for work @5:45am arrive home@ 6:45pm. Most of the time I'm so tired I spend my time off resting to come back and do this again.

Depression and fatigue and stress play a large part. Working for what.....UPMC does not care about me or you. Wishing for better outcome than the one I'm seeing. A better living wage for the better of the city. Treat your employee with dignity and respect instead of stepping on us!

Testimony of Thomas Schell, UPMC Shadyside

Thank you city council and members of the wage board for hearing my story today.

My name is Thomas Schell and I've worked at UPMC Shadyside for over 13 years. My first position at UPMC was transporting patients and the pay rate was so pitiful that I decided to apply for a position in Sterile Processing, where I've been for over a decade. For those not familiar with hospital jargon, that means I clean the instruments between surgeries to ensure they're sterile for the next patient. It also means being very meticulous in my work as one slip up could mean the transmission of infectious disease.

If I'm being totally honest, my experience at Shadyside Hospital has been relatively fair. I've been able to smoothly transition between positions, I get along with my, telling me I'm one of the best employees in the department. What I take issue with is the requirements, demands, and pay scale for the work we do.

My merit increases over the past ten years have landed me at \$13.91 an hour, and a portion of that came from when UPMC raised wages system wide just from workers talking about the union, a victory I'm proud of and that still reverberates throughout the hospital. My manager has often told me my work is superior and that he'd give me the maximum raise if he could, but instead I receive less than a quarter year after year. It's nice to know I'm doing good work, but it would be even nicer if I received the wages my boss is saying I earned.

Even though I'm close to \$14 an hour the response I hear most often is, "Wow, that's good money!" And maybe compared to our state's measly minimum wage of \$7.25, it is. But that's not what my wife and I think about when we talk about the future. She's a custodian at CMU, a union job and the main source of income in our household making over \$16 an hour. She occasionally has to take time off for chronic back issues from the strenuous works she performs, and I want to take on more of the financial burden so she can find less back breaking work and focus on managing her pain. I've thought about looking for a job making more money but starting over at my age is intimidating.

My wife and I want to spend the rest of our lives in Pittsburgh, but between healthcare costs, car maintenance, rent, and taking care of our family's new addition Diamond the dog, our budget is taxed and more of the basics become out of reach, let alone a nice night out on the town. I really do believe this city could be affordable for people like us, and raising wages and the union is how we address that.

Testimony of Michelle Schrecengost, Allegheny Valley Hospital

Living on my current wages – I bring home about \$550/2 wks. That money has my health insurance taken out of it so that is all I have left to pay rent, buy food, car payment, car insurance + pay utilities – needless to say – I can't manage to pay all of that on my income. I do not get any welfare help – I am a single mother of 2 boys.

My ex husband carries the boys on his insurance however they are losing it at the end of November due to him being locked out of his job at ATI. I can't afford to put the boy on my insurance because of the cost – it would cost me about \$450/month to put my boys on my insurance through WPAHS. Too expensive for a family of 3.

If my wages were to be increased to \$15+ an hour I may be able to provide a little more for my children and not be in a hole every month. The wages that the system actually puts me in the poverty income. It is a shame that the system pays us such little wages for what we do.

I feel that if our wages increased we would be able to help the community by being able to have a few extra dollars to buy a pizza from the local pizza shop down the street instead of getting \$1.36 frozen pizza from Walmart.

Testimony of Dennis L. Sessoms, Allegheny General Hospital

I'm ready for retirement and would like to make something without overtime before I retire.

Testimony of Justin Sheldon, UPMC Presbyterian

My name is Justin Sheldon, I work as a housekeeper at UPMC Presby for 4 years. I make \$12.52 after my last raise.

Life on \$12.52 an hour is hell. In order to keep up with everything financially, our bills, rent, etc, \$12.50 is not good enough, especially in a family setting where you're raising 2 kids. \$12.50 doesn't cover our basic necessities like food, shelter, car payments, insurance, utilities, student loan payments, gas for our van, and clothing and lunch money for our kids.

When I get my paycheck, I pay \$600 in rent and I pay my bills. Then, I am only left with \$30 at the end of two weeks. My son just started Kindergarten this August. Lunch at the school is \$20 a week. That's an expense that is really hard to cover.

I don't make enough at UPMC Presby, so paying for childcare is out of the question. We can never afford a babysitter to run errands or go to appointments or simply enjoy a night out. In fact, we can't even afford a night out.

For over a year now, I have been picking up an extra shift on one of my days off. Since September 2014, I have been working 6 days a week because I have to. Without that one day of

overtime pay, we probably would have to forego some bills or would reduce the amount of food we buy for our family.

Working 6 days a week is exhausting. I go to bed exhausted, and wake up exhausted. The constant staffing shortages in the Housekeeping department at Presby means more work falls on our shoulders. It would be nice to have a higher wage so I could actually rest for a change. I know my family would like it too. I could be home more to help my girlfriend with our kids and our house.

We're not on any form of assistance because we make just above the poverty line to qualify for food stamps or energy assistance. At the same time, we're living paycheck to paycheck.

I believe that we need a voice as employees. We want a union so we can fight for better wages and better benefits and better working conditions. If we made at least \$15/hr, I could go back to having 2 days off a week. Instead of relying on overtime to buy my son school lunch, I could do overtime only when I want something special.

If UPMC is the largest employer in the region, shouldn't they be the pillar that holds UP the region, instead of reaping millions of dollars in profits and not giving it back to their employees and the community?

Testimony of William Shorter, Western Psychiatric Institute and Clinic

Low wages, I work with a good group of people but pay is low. It makes me look for a better job with higher wages, so I can be able to live.

Testimony of Brani Simic, Allegheny General Hospital

Good afternoon. My name is Brani Simic, and I am an Abstractor at Allegheny General Hospital. I research and do analysis on data around the patients experience and the quality of care they receive.

When people talk about the new jobs in this new economy they are talking about jobs like mine. I work in Health IT and work hard every year to continue my education so I am informed about the rapidly changing world of health IT as well as to keep my certifications for my job.

These are the types of jobs that should be attracting people from all over the country to come to Pittsburgh to work in this new "eds and meds" economy. But the reality is, for myself and many others in my position, we are payed below the national market average for the work we do.

It's hard to stay here in Pittsburgh knowing that I could be making more money elsewhere. But this is my home and I want to fight to change things for the better. If we want Pittsburgh to

continue to grow, and to attract more people to move here, we need to address the issue of wages of jobs like mine.

We can't attract people and keep the best talent, when we aren't being paid at least the market rate. For being the home of two world class healthcare institutions it's a shame that the wages for those of us who do the work of keeping those institutions running aren't being paid what we are worth.

Testimony of Cynthia Simpson, Allegheny General Hospital

My name is Cynthia Simpson. I'm 55 years old and have five children. I've been working at AGH in housekeeping for nine years. I love my job. I provide a clean service that the hospital needs to remain open and make sure patients have a clean bed to stay in while we're sick and recovering. That clean bed is their home away from home.

I make \$11.99 an hour. Even though I work full time, it's more than tight. The belt is on the last notch. Every month is a juggle, and I use the metaphor that it's like robbing Peter to pay Paul to pay all my bills. Recently I had to go to the Dollar Energy Fund for help on my utilities. There are a lot of things I can't buy my budget. I used to be able to do big food shopping, and now I buy little food here and there, and it's a squeeze. My kids help out when they can, that's how I'm still here.

At AGH we came together to form our union and we're able to now talk about things that patients and workers need. But we know that as long as UPMC pays too low wages, it'll be hard to raise wages in our whole industry. If all hospital workers made at least \$15 an hour, we'd be able to loosen our belts from the last notch to the middle notch. It wouldn't be as tight as it is right now.

On an average workday, I clean 18 patient rooms and 15 ancillary rooms. On a busier workday, I clean 46 rooms, which includes all the rooms I normally clean, plus the hallways, the call room, the locker room, the men's room, the visitor's lounge, and the discharges. They get the butter from the duck! We are worked really hard. Thank goodness my kids are grown up, because there's no way a mother with babies could survive on \$11.99 an hour. Without us, the hospital wouldn't be open. Housekeepers are not being paid their worth, and they're definitely not being paid what the job demands.

If we made \$15 an hour, we'd be able to improve the turnover rate. A lot of parents find that they can't make the job work. We're not teenagers, and this isn't a summer job.

Even I get frustrated sometimes, but I can't walk off and start all over again because I have 10 years on my mortgage and need to maintain my car. Now that we have a union, I think we have a chance at increasing wages. I tell all my coworkers who used to be scared that it's time for us to stand up and stand together. This is our opportunity! We have to think about our future, do

we want our grandkids to struggle like we do? This is a movement. If everyone was in a union, we'd be unstoppable.

The most important thing for everyone to hear is that frontline hospital workers deserve sufficient staff and decent wages to take care of the people who come here to be treated, and also to take care of our own families. For all we know, some hospital workers are making do without light and gas in their homes. \$15 and a union would mean a lot to a lot of us. It would make it easier for us to survive.

Testimony of Anthony Shrophire, UPMC Mercy

On what I make, I barely get by. I pay my bills but still have to eat but can barely afford it and my rent keeps going up every year. When people are making what we are making, it makes it hard to take care of our families.

Testimony of Veronica Shields, UPMC Mercy

My name is Veronica Shields. I've worked at UPMC Mercy hospital for 6 years as a Pharmacy Tech and so far what 6 years has earned me on the pay scale is \$13.70. I got into health care due to my interest both in medicine and community care. Medicine is one of the few industries that I feel has meaningful work, which has been the driving force behind much of my education.

After several years at UPMC, however, I've developed concerns about the direction of healthcare. While these concerns extend well beyond the problems of one hospital system, much of the issues I've seen arise in the past couple years are reflective of the unfortunate shift from healthcare as a service of people to a service of economy.

As an individual lacking children, my financial issues are not as pressing or significant as families, but I still occasionally feel the pressure of limited finances. When I returned to school, I wound up picking up another job, despite high turnover that ultimately led me to returning to a roughly 30-hour schedule at UPMC. On average, I work about 40-50 hours a week on top of full time schooling, and between the two, I generally bring home about \$200-300 in extra after finances. The cost of health insurance, utilities, and home care often take large chunks out of my paycheck, and I can only imagine that it far more difficult for larger families.

As a result of the pay grade issues at UPMC, I've witnessed a number of problems arise. Some of that involved coworkers personal financial issues, such as a coworker with a cancer-prone child who is now several thousand in medical debt to UPMC. Another coworker was recently evicted from her home recently after falling behind on bills. Similarly, my workplace has seen significant turnover, resulting in occasional staffing problems that required many of us part-timers to work full time in order to cover up the distance. It's difficult to maintain dedicated, competent people when other facilities are offering better pay – and that's not getting into the impact it has on morale over time.

UPMC does a lot of excellent things in terms of its care and I'm proud of that and my experience is that I think it's a shame that after working there for 6 years the direction I see it going is putting profits first....

While I have the mic I just wanna say that it's lovely that hospital workers from across Pittsburgh are rising up together. To AGH workers, UPMC workers support you 110% while you're bargaining your first contract and we know you got ours while so we can get to the same place you are, sitting at the table with management. Hospital workers are rising up to make the new Pittsburgh a liveable place for us all.

Testimony of Brianna Smith, Allegheny General Hospital

Good evening. My name is Brianna Smith. I live with my two boys in Baldwin, in the South Hills. For almost nine years, I have worked at the Allegheny Health Network. I'm a Medical Assistant in the Hematology / Oncology department of Allegheny General Hospital. We deal with cancer patients every day. That's hard work and stressful work. Yet I like my job. I went to school to become a Medical Assistant so I could be a healthcare worker and so I could get ahead in life. I never imagined that nine years later, I would be working as a Medical Assistant and living on welfare.

At my hospital, I earn \$11.77 per hour, or about \$800 every two weeks. I'm on public assistance because my income is so low. I receive healthcare through the government for me and my children. I get child care assistance. I receive CAP energy assistance for low income families. I use the food bank to keep groceries in the house.

I am a responsible person. I have a budget. I make a monthly menu to make sure we stretch our food budget. I never let my lights get turned off. However, when you make \$11.77 per hour, there is no room for life to happen. If my car needs to be fixed, or if my son breaks his book bag, I have no choice but to pay my bills late. Paying bills late is a choice I make when I want to do something nice for the children. This year, I paid a bill late to get Batman and Scream Halloween costumes for the boys. I bought at the "buy one get one free" price. I will let the cable get shut off or let my phone get shut off in order to give my boys some happiness. The result, of course, is that I end up with bad credit.

I helped organize a union at my hospital and I was elected by my coworkers to serve on our negotiating committee. My boys come with me to the union rallies. I like to have them with me because I want them to learn that you have to work hard and stand up for yourself in this life. Together in our union, we are going to negotiate with our management for higher wages.

I will tell you what we told our management. We want \$15 per hour for all hospital workers. When I get to \$15 per hour, I will go to the grocery store instead of the food bank. We will eat meatloaf instead of hamburger helper. I will eat a little more myself.

Often I feed my boys and then skip my own dinner so I can save it for lunch the next day. I hope that the members of this Wage Committee get to eat three meals a day. Hospital workers want the same thing: money enough to eat three meals a day, every day, and still be able to buy Halloween costumes for our kids, even if we buy those costumes at the “buy one get one free” price.

Imagine if thousands and thousands of workers around Pittsburgh could make \$15 per hour. Moms could provide for kids. Fewer people would be on welfare. More people would be in the shoe store, getting shoes for the kids. You’d see hard working people getting ahead in their lives.

It’s not just about material things, however. If I could make \$15 per hour, it would change how I am viewed in society. Right now, I’m just another statistic on welfare. I am more than that. I want to be viewed with the dignity and respect I deserve.

Testimony of Bridget Smith, Allegheny General Hospital

My name is Bridget Smith, and I work in the Dietary department at Allegheny General Hospital. Come this November it will be 16 years since I started working there.

Even after 16 years, I don’t make \$15 an hour.

I love my job, and I’m a people person, I love to talk to folks and hear about their days. Be an ear for them while they are worried about their loved ones in the hospital. But I’m also over worked – and don’t feel like workers like me are respected all that much.

I have 5 grandkids that I love very much, and I would do anything to be able to spend more time with them, to play games with them, and to treat them to a movie or lunch sometimes. But I just can’t do it on the salary I make.

A lot of people think because of how long that I’ve worked here, and that I work in the hospital that I make good money, and that I must have great insurance. But I don’t earn a whole lot, and a lot of it goes to pay my premiums, and copays every month. I avoid going to the doctor unless I’m very, very sick, and just hope no emergencies pop up every week.

I’m so glad that we have the union at AGH now. I feel like it has given me hope that I will be able to do things with my family that I’ve never been able to before. I can’t wait to be able to take my grandkids to a ballgame, and a nice dinner sometime. Just think – if every hospital worker had a good job with a good wage we would spend all that money here in our city. It would raise everyone up, not just the hospital workers.

Testimony of Will Spruill, Allegheny General Hospital

My name is Wil Spruill, and I am a Cardiac Monitor Technician at Allegheny General Hospital. I transport patients back and forth from the cath lab, monitor them and can help take care of some minor complications that can happen during transport.

It took me a long time to get where I'm at today, and I've worked hard and have seen a lot of changes that have happened at AGH over the past 10 years. And I've stuck by them through all of the ups and downs, and do everything I can every day for my patients.

Every month the hospital takes out over \$400 from my paycheck to cover the cost of my health insurance plan for me and my family. That doesn't include the co-pays and labs, and prescriptions that come from a trip to the E.R. or doctor. It feels like I'm working for the company store, and I don't have an option to shop anywhere else.

I don't have the freedom to choose to see any doctor in Pittsburgh, and just like the thousands of others in our region hospital workers here are also caught in the middle of this ongoing war between UPMC and Highmark.

Those of us who work in healthcare are here to take care of patients, we deserve fair pay, and good benefits, and we shouldn't have to worry about a medical emergency leaving us in debt to the institutions we work for.

Thank you for taking the time to really listen to what we have to say, because lots of times it feels like nobody really cares about people like me. We can work together to make this hospital great, but only if we have a voice that is heard.

Testimony of Jim Staus, UPMC Presbyterian

My name is Jim Staus. I was employed at UPMC Presby for 7 and a half years. I supported the union at the hospital, and UPMC used that to illegally fire me in July of 2013.

When I was an employee, I had to pay a third of my paycheck back to UPMC for my family health benefits. It felt like a company store. UPMC likes to talk about how great the benefits and compensation are, but that's not really true. The reality is, working full time, I brought home LESS THAN \$500 every two weeks in my paycheck.

\$500 every two weeks meant we were below the poverty line. We relied on food stamps and food banks to get by. We shopped at thrift stores for our clothes. I have a teenage daughter who is your typical teenager. She wants things that I can't provide. She wants to travel and I can barely fill up our gas tank.

Last year, we finally paid off our family van. And just this month, it broke down for good. I left my van on the side of the road, and walked home in the rain. I worried about how I was going to get to work the next day, and how much this was going to cost us.

Faced with putting \$2,000 into an old vehicle, we made the difficult decision to get a newer used vehicle. We are a 1-car family, and I depend on our car to get to and from work. We had to beg and borrow from friends and family just to make a down payment, because we didn't qualify for a loan with our own credit.

Once again we have car payments, higher insurance rates and an unexpected expense. My wife and I are homeowners in the City of Pittsburgh for 15 years. But with poverty wages, we can't afford to maintain our home. We owe back taxes. Our roof leaks. Every time it rains we have to vacuum up the water in the basement. Living this way, we all have feelings of depression and hopelessness. I'm employed now, but I'm still not close to making \$15 an hour.

This is exactly why I fought for and I'm still fighting for living wages and a union at UPMC hospitals. Without a union, we have no voice to improve our lives.

UPMC is the largest private employer in the state. They are an international conglomerate. I think they can afford to pay a living wage of AT LEAST \$15/hr. They pay their executives millions, but they pay us poverty wages. UPMC has commercials about how important healthcare is for families. What about our families? They act like we don't even exist. The entire region could benefit from good wages and a union at UPMC.

We could be lifted out of poverty instead of passing it down to the next generation. I respectfully ask the Wage Review Committee to consider what myself and my coworkers are telling you. We have literally nothing to lose by being here. UPMC has made us poor and we refuse to live this way.

Testimony of Sharon Stallworth, UPMC Shadyside

Only thing I can say is we just need more money. I mean we don't make enough for what we do, for [what] a housekeeper would do. I'm just gonna talk about housekeeper because that's what I am. We need more money for what we handle and what we do at our jobs.

Well I still live with my parents so it don't affect me to much because I help my dad out a lot, so I mean it's a little easier for me than it would be for somebody else.

Well I mean, like, people don't think about, you don't really think about low wages when you go to work and make money. Like I said, I'm different than everybody else. I can't really put everybody else in a category. When you got your own place and you doing it by yourself, you, I mean the low wages are hard but you have deal with what you have to deal with. You gotta to

make that money to pay your mortgage, or pay your rent, or to keep your light and gas on. That's how those people look at it. That's how people look at it.

Testimony of Dina Steele, Allegheny General Hospital

Hi, my name is Dina Steele. I am 53 years old, and I've lived in Pittsburgh almost all my life. I have a husband, four children, and a lot of grandkids. After work, church is my number one priority. I spend a lot of time at worship and fellowship, and a lot of time with my family.

I've been working at AGH for 26 years. I was a Nurse's Aide for 18 years, and now I've been a Unit Secretary for 8 years. I interact with patients' families, and answer telephones, order supplies, and put charts together. I'm a people person, so I love that communication and talking to people is a large part of my job.

The biggest problem I face is that although I'm a worker of Highmark, my insurance premium is \$35 more than my mortgage. My mortgage is \$488.02 a month and my insurance premium is \$514.00 a month. That doesn't even include copays and deductibles, which are currently \$300 per person and going up to \$500 per person.

I've invested 26 years of my life in AGH. I started out at \$9.75/hour and now I earn \$16.77/hour, so I have gotten raises over that time. But the thing is, if I get a raise and then have to put it all toward higher insurance costs, am I really getting a raise? It doesn't seem like it. My true testimony is that, without the grace and mercy of the Lord to see me through, I would be lost. It is truly a struggle to survive on what I'm allotted in my job.

On \$15 an hour and more reasonable health care, I could put my money toward providing for my family, and I would be a lot more secure. I would be able to travel with my grandkids, take a honeymoon with my husband, and be able to afford to pay my bills without being so strapped.

Now that we have a union, I've noticed it's helped with morale. From housekeeping to respiratory, people are happier and more optimistic. Everyone is hoping for better benefits, better wages, better healthcare, and most definitely better staffing. At the end of the day, we're here to take care of people's lives. Whether you're President Obama or a man off the street, every patient who comes in gets equal treatment. We provide an important service to the public, and we should get benefits and wages that reflect that.

Testimony of Wanika Steele, UPMC

According to my yearly evaluations, I'm a superior employee. In which would me to say my experience is great. However, that's only on paper. My pay doesn't reflect my evaluation performances.

Pittsburgh isn't affordable. Being a single parent of 3 sons, raising them on such little pay is an everyday struggle. According to the federal poverty guidelines, I am qualified for gov't services. Even with those resources I am barely able to pay rent, utilities, buy food and clothing.

My low wages impact how I'm to split my pay to cover my daily needs. I'm stagnant in my life. My sons are impacted when I have to choose between clothes, food or which utility needs paid first. Child care is paid in installments, trying to never get behind on those.

As huge as this economy is, we should be allowed an affordable pay rate. A base rate of \$15.00 p/h is an acceptable start. I would also speak on the fact of seniority and education should have a higher pay. Everyone coming in the door shouldn't be paid the same as a 5 year+ employee. Thank you!

Testimony of Christie Stephen, Allegheny General Hospital

I don't make enough to support my kids and myself so I'm forced to work overtime when available.

Testimony of Diane Stojhovic, UPMC Montefiore

My Name is Diane Stojhovic. I have been working at Montefiore as a housekeeper for the past 10 years. The only reason why I got to \$14.04 is because I became a lead and got a \$3.00 raise. There was a period in which I was running both Presby and Montefiore when the supervisors were gone.

My biggest challenge to affordability is housing. My husband and I pay \$800/month for a small apartment in Troy Hill. I want to buy a house but I don't make enough. I understand why poor people have to lie about their housing situations in order to get assistance. We are all struggling to be able to pay for our housing.

Before I started working for the hospital I worked for Nabisco and the Clark Candy Company. I was a shop steward for my union at Clark Candy Company. I got into the hospital because I wanted to be around people, and I like that it was fast paced. I took the job. At first I was working 130-135 hours every two weeks because I needed the money. I can't live off of what you make there. I believe things have gotten worse there. The employees don't have enough help, they are giving out incentives to get people to work longer hours and work overtime. This is because they are 30 people short. They used to not want people to work more than 120 per two weeks, you would get reprimanded but now they are saying you can work as much as want. My manager told me "you can work an extra 40 on top of your 40." I just laughed, I thought to myself, Jesus god, I am lucky I can work 40 hours now.

I am so tired, everything that I have to do, I have 24 rooms-all private rooms on 12 North (transplants) and Ortho, when there is just one person in the room, they tend to be a little bit messier. They are really messy in their bathrooms because they all have serious surgery issues. I

am in the bathroom a good bit. And when you do the patient's rooms I had explained to manager that's it's too much, I can't get all of my work done. So if anyone can figure this out, I have 10-15 minutes per room to do 24 private rooms, which equals 6.5 hours and then I have a locker room, the nurses break room, the medicine room, a family lounge, the kitchen, and I have three bathrooms and a dirty utility room, and three offices. This is in a normal 7.5 hours, we get two 15 minute breaks. You don't get a paid lunch.

I take home \$560/2 weeks, that's after they've taken out taxes, health insurance, I pay my own retirement, and wages garnished from one of my loans. I took out a loan out 8 months ago to help pay some of my bills. They are taking 60/every two weeks to pay the 2,000 loan. My husband pays rent. I pay for the food and necessities like toilet paper and gas for the car. I pretty much have nothing left. I have a few little bills for credit cards, Christmas shopping. We really don't go out. I haven't gotten my hair done in forever, I don't go out, I can't afford to. I go to myself, I don't know how people can afford to get this stuff, and I say to myself, "God what did I do wrong? You see this dining room furniture? I got it off the street. The fridge and stove came with the apartment. I have nothing pretty much."

I just wish that they would give us more to take home than nothing. So if I feel like getting dinner somewhere, or if I wanted to buy myself something, I could afford to. We live paycheck to paycheck and I am sick of that.

I am terrified to be fired from there because I have seen what they do. You never hear why people get fired. They just fired a guy, he got fired and we have no idea why, he was a good worker. My coworkers just say, they have been after him for a long time. They have been out for him for a long time. That's what I am worried about. For two weeks I was on light duty, my manager kept trying to get me not to work. She told me there was nothing for me to do if I could only do light duty there's nothing here for you to do, NO light duty?. I got a cortisone shot, but he just gave me a shot, he said I might need surgery. I have taken anti-depression medicine in the past due to stress, I have marks all over my arms and legs-the doctor said they are from anxiety, they were like red pimples and then they would have puss, I would scratch like there were bugs crawling on me. I was stressed because a lot of stuff at work was happening at that point. I mean you ask them anything there, can I come into work 10 minutes late because I have a Doctor appointment and they just look at you like you are crazy. They don't want you there unless you are ready to work the whole thing or not at all. They never ask how you are feeling or how things are going.

I feel like it is a boot camp. We have to clean underneath the mattress, I pick it up with my left hand and I believe that's why I have an elbow problem. My job used to be done by two people, at least that's what I have heard.

I've told them time and again I can't keep doing this without more help, they say they are looking into it. They say, Diane, you can you can do it, you just have to do it a little but quicker, be in the room 10-15 minutes. Well that's 6.5 hours for 24 rooms. When i go in I always tell them is it ok if I don't take a lunch because I need to get out of there. I take two fifteen minutes

and that's it. I've never been so tired in my life. I don't want to do nothing, don't want to go anywhere. I was never like that. I wouldn't be on all these meds for depression if I wasn't there. I don't know anyone in the transplant area anymore. It was really hard to work for UPMC not being a union. I've always worked union.

Testimony of Linda Stull, Allegheny Valley Hospital

I have not received a raise for approximately 10 to 12 years from my employer and I pay the same price for bread as they do.

Testimony of Dwayne Sudor, UPMC Shadyside

Members of the wage board, thank you so much for hearing us today and giving hospital workers in the city a chance to talk about how low wages are impacting us.

My name is Dwayne Sudor and I've worked at UPMC Shadyside hospital for over 16 years in the environmental service department. I clean, do conference center and catering set up, in the Hillman Cancer Center. A lot of good has come from my years at UPMC, I've met some wonderful dedicated people, I've learned to care for others, made a lot of friends, and have felt like I'm a contributing citizen of the city of Pittsburgh. However, I'd like to contribute more. There are many different things I'd like to do, but simply don't have the money for. If you've ever had a dream you know how this feels, except in this case there's a very small chance that your dream will become reality when year after year you only see 2% raises on your paycheck. Actually I take that back, I did get a 4% raise one year when my manager made a hard case to the department director about my strong, solid work performance. To my shock and awe I received a 40 cent raise instead of 19 cents. I'm being lighthearted here, sometimes I have to be otherwise the shame of making poverty wages would cave in on me.

The cost of living is going up and up and its rising faster than our yearly raises, right along with the condos in the East End. I feel increasingly concerned when I look around my neighborhood and surrounding areas and see all these corporations moving in and making it hard for blue collar workers to live close to their jobs. I bike to work so I've been overjoyed to see Pittsburgh being more proactive with the new bike lanes and rentals. The flipside of Pittsburgh's renaissance is that I might be forced out of my neighborhood, meaning I'll have to give up my apartment, my home, and then what? I won't be able to afford a car if this happens. Will I have to look for a job elsewhere? Should I start looking for a new place to live now? These are questions that run through my head and keep me stressed.

I shouldn't have to stay stressed and worried that next year's raise will be as measly as the last. I work for the number 10 hospital in the country and there is a sustainable solution here, and that's following in the footsteps of the Allegheny general Hospital and forming the union to take control of our own lives and have a voice in decision making at UPMC. Thank you.

Testimony of Linda Sypulski, Allegheny Valley Hospital

I am my sole support and with everything rising in price, and no significant increase in pay, it makes life difficult.

Testimony of Latasha Tabb, Children's Hospital

Hello my name is Latasha Tabb, I was born and raised here in Pittsburgh. Both my father and I work for the two largest healthcare systems in the city, my father works at Allegheny General Hospital and I'm a Medical Assistant at Children's Hospital. I went to school to be a medical assistant because, like many young women, I thought it was the best opportunity to get a good job doing something important and meaningful while also making a decent living. After 3 years of schooling I am now \$33,000 in debt and I'm only paid \$12.92 an hour. Working in the medical field is a lot different than I had imagined.

My husband and I both work very hard to provide for our family and make sure that our son, Jodi, has quality childcare and the things he needs to be happy and healthy. In addition to being a very loving mother, I'm a very determined woman, which is why I constantly talk to my coworkers about the importance of forming a union and standing up for better pay and affordable healthcare. This industry is heavily dominated by working mothers, some of them single mothers, all of us doing everything we can to build a good life for ourselves and our families. We are the mothers and the caretakers in the hospitals but it seems like there's no one taking of us or looking out for our wellbeing.

I had Jodi when I was in school but I know the struggle women face when they are preparing to have a child and work at UPMC. Having a baby is very costly. Diapers, food, clothes, doctor appointments, it all adds up very quickly. It's already difficult to make it work on our normal salaries but it especially worrisome to know that once you go on maternity your FMLA won't kick in right away, you must first use PTO time and even after the FMLA starts we are only receiving 60% of our usual wages. The only way we can cover the rest of the cost is by paying for a second insurance through Aflac, an alternative insurance that UPMC advertises. We already pay a lot to be covered by UPMC's insurance, I don't think it is right to have to pay for another insurance to make up for the 40% pay loss during maternity.

I truly love my job but I know that I cannot continue to work the amount that I do for the pay and the limited benefits that I receive. I would like to go back to school as soon as I can but I am worried about going to part-time and having to pay even more for my benefits or worse losing them all together.

While there are many things that need to change in the healthcare industry, I know that things can be better and with your help and support in calling this wage board we are already making a huge step in the right direction. Thank you very much.

Testimony of Lauren Testa Dura, Ola's Herb Shop

Struggling to live well with a disability, accessing services and resources that contribute my quality of life, having a limited work capacity and thus limited income limits my options for liveability such as safety, accessibility of neighborhood, workplace, social venues, access to relevant health care, transit choices, feeling welcome in the neighborhoods where I live and work and do business.

I also want to say how important it is to welcome and include and work toward cultural belonging of people with disabilities in Pittsburgh in the workforce for fair wages and people with disabilities who contribute to the daily life of communities, facilities, organizations, enterprises, families, and etc of Pittsburgh. It is painful that as a person with a disability I am living with a low wage and low income that makes me feel unvalued, but that there does not seem to be a visible or knowable approach by the city's organizations and enterprises and community leaders to value people with disabilities and include them in the creating of the institutional and cultural fabric, not least by hiring them and treating them with respect and amplifying their presence and talents.

I believe that the current approach to determining what is a living wage, and the tendency to consider many Pittsburghers as experiencing high quality of life, does not in any way consider people who live in Pittsburgh and contribute to the experience of Pittsburgh who have disabilities, chronic illnesses, and who are living under hardship and duress of low income due to low wages and the needs of their lifestyle and capacity (which is different and potentially more complex considering the disability).

Testimony of Linda Thomas, Allegheny General Hospital

My name is Linda Thomas, I'm a Nursing Assistant at Allegheny General Hospital, and this December I will have worked there for 25 years. Everyday is a struggle for me and my husband, and we feel like we are in the endless cycle of never being able to get ahead. I would love to be able to save for my retirement – but right now I can't even afford to be able to take the medication I need every day. I take it every other day to make it last as long as possible. I've worked hard for the past 25 years taking care of my patients, and it hurts knowing that I can't even afford to take care of myself and my husband. All we want is to be able to have a decent life – maybe finally afford the honeymoon we never got to take, or to go out for a nice date together.

I don't remember the last time we did that, and now when someone gives us a gift card for a restaurant, we always get to go orders because we don't have the money to leave a good tip for our server.

This is what its like being a hospital worker in Pittsburgh. We work hard, for so little. Barely scraping by, and hoping that no emergencies happen this month. Never having enough to get ahead, to save for a better future.

We need things to change if Pittsburgh is going to be a great city again. We need every hospital job to be a good job that can support families, and allow us to have a secure future. And every hospital worker needs to have a voice at work so they can continue to make sure that the work we do matters.

Testimony of Ruth Thomas, Central Blood Bank

Hi, my name is Ruth Ann Thomas. I'm a customer service rep at the Central Blood Bank. I've been working there for the past 29 years, taking order for blood and blood supplies for all the major hospitals and making sure the hospitals are getting what they need for people's health and lives.

I live in Oakland – basically right on UPMC's campus. I see people walking to and from work each day.

About 15 years ago or so, I helped form our union at Central Blood Bank. We wanted to make sure that everyone was seeing the benefits of a prospering business. We want everyone, and not just those at the top, to be happy and share in the success. Now, I'm paid about \$22 an hour.

It means that I've been able to live in my house for 24 years and that my husband and I have been able to cover all our bills. Our three kids took out loans to pay for their college education and we took out loans too to help them, but all three went to college. Two of them are getting their Master's degrees now.

That's what every parent wants, but sadly our city isn't as competitive as it could be. My youngest son graduated in May but he's looking for jobs in other cities. Our city just isn't on the map in the same way as other places in a large part because of the low wages at the largest employers.

I'm here today because I'm concerned about the monopoly UPMC has on our whole healthcare system, on the lives of so many people in neighborhoods and communities in Pittsburgh and the surrounding areas.

They have the say-so over so much as far as people working in Pittsburgh. UPMC has the monopoly on care here and on jobs here. And so they feel no need to raise wages because they know they are the biggest employer and that the competition can't do much unless they do first.

If all hospital workers were paid at least \$15 an hour, we'd be as competitive as the next city. It would raise standards for wanting to stay in Pittsburgh. It would make young people like my son see Pittsburgh differently.

I know several people who work at UPMC and I know they make the choice between food, paying for medication and paying the gas bill. They can't pay all the bills, so they have to make a choice.

I want to thank this Wage Committee for hearing the testimonies this week and I hope you really listen with your hearts. We all know that the rich get richer, but when does anyone really look back and try to pull the little man forward, even if it's just a couple of steps? I think with this Wage Committee, we're starting to do that.

Testimony of James Threatt, UPMC Shadyside

Hello. My name is James Threatt. I've been caring for patients at Shadyside Hospital for 33 years. I am a PCT in the oncology department. My job is extremely exhausting. I work night shifts and on any given night I am responsible for taking care of up to 10 patients at a time. Many of these patients need help eating, going to the bathroom and I am often pressed to be able to get to my patients in a timely manner. I am one person and cannot be at more than one place at a time. If my patients get restless and can't wait for me then they will try to get themselves to the bathroom and potentially fall. I love my job and I love my patients and the people I work with but it should not take 30 years to get to \$15.00 an hour. We are worth more than that.

After 30+ years I feel I have a lot of experience and understanding of how the hospital does and could operate to improve quality care for the patients and the workers making the hospital run. We do not have a voice at work. I would like to see us be able to give our input so that we can provide better care for our patients. We need better equipment and appropriate staffing. Sometimes it gets so bad that I have to come in on my days off to help out, but even then that isn't always enough. It would also be great if we were actually appreciated for the work that we do. UPMC has fired workers for trying to voice their opinion about wages and the union. I believe that UPMC does not respect their workers if they are willing to fire good, hard workers for exercising their legal right to form a union

The overall morale at the hospital is very poor due to the constant strain of be overworked and disrespected. People are constantly quitting, even the nurses. It's very difficult to feel any sense of teamwork or stability. I don't believe it has to be this way. I have been fighting for the union for a long time and I will continue to stand up for myself and my co workers for better pay, adequate staffing, and the right to have a union.

Testimony of Anthony Troff, UPMC Presbyterian

I just feel like there should be more input from the medical staff regarding decisions made within the hospital like the decisions to cut jobs from the resource unit, or the phlebotomy unit or any unit in particular any unit that is comprised of the health care workers anything that

affects the patients or is going to affect the patients. I believe there should be, those decisions should be made with input from those units from the people who work in those units, but it doesn't seem like that happens. It seems like those decisions are just made and imposed on the employees. I think that one of the biggest benefits from the workers organizing in the hospital would be that they would have the ability to have a voice in those decisions that affect workers and the healthcare work that we provide.

Right now I have to work part time because I'm a student, I'm going to CCAC I'm in nursing school there, I'm finishing in December. Before I started taking classes I was working a lot of over time and I see a lot of other employees working a lot of over time too and it's another issue where I feel like workers should be compensated more for the tasks that they do especially in the hospital especially jobs like nursing, job like PCTs where every unit differs from the level of skill and experience you need to work on that unit. I feel like you should get paid, employees should get paid more depending on the unit they work on instead of like a blanket wage, but aside from the actual medical employees I mean the employees who work in dietary and housekeeping they still provide a vital service for the hospital I mean they're still doing a job that the hospital could not sustain itself without. I don't think that it's fair for them to get paid way, way less just because the jobs they're performing are unskilled. I think you that would get the best results in terms of patient care by compensating all of your employees and making sure the staffing was adequate as well. I mean it doesn't seem like it would be that hard of a thing to do in terms of paying these people, I mean the resources are definitely there.

Yeah, I mean it's I can understand if they would say, you know, you don't want to, they don't want to bring people on off the street and give them \$15/hr something like that it's like, okay I can understand that, but I mean people who've been there for countless year, people have been there for decades and are barely making \$15/hr and yeah I don't think that's right I think there should be something in place to compensate people or give them something they can work towards give them wage increases that are actually, that actually make a difference that actually allow them to elevate their standard of living I, I don't think that it's good for people to have to work that much over time especially whenever the company that's employing them has so much money and also whenever the job is important as it is in terms of sustaining the hospital.

I mean a lot of the jobs, the unskilled job they don't pay enough money for a person to sustain themselves without working overtime and that's just the facts, unless you have a degree you're working 60 hours a week whether you're living by yourself or you have a family I mean there's no way around it you're going to have to work over time. And again I don't think that that's necessarily the best way to go about things in terms of helping the city thrive or helping society thrive, it would be better to have more people living a more decent life in terms of having enough money to get care of themselves and take care of their family, not worrying about where it's coming from, not having to run themselves so thin that's all they do is work.

You don't have time to do anything whenever you have to work like that, you know when you're working 60 hours a week it's just hard to do anything and I understand they have the

tuition reimbursement program and they, you know people do go to school and educate themselves, I mean that's what I'm doing, but I feel like that's a cop out. You know, I think that I mean they should be able, those jobs should be paying well enough to, to allow people to live decently without having to go back to college. I mean I don't see anything wrong with that. I mean whenever the steel mills were around none of those guys went to college, you know, and if those steel mills weren't there you know what would you do, yell at all those people and call them lazy because they didn't go to college? No, people would never think of doing that.

I did not see, I do not see anything wrong with that I mean I really I don't think, I think it's a myth that it's gonna take away people's motivation to work hard, I think that's the myth surrounded by that rob all these people of their ambition or something along those lines I don't think that's necessarily true. I think it will help people out a lot because they won't be so stressed out over the money that they'll be able to take care of their families better, you know. They won't have to divert so much attention to just surviving they'll actually be able to, be able to live their lives. And again, you know, it's a hospital that has, makes a ton of money, they should be paying their people more.

I'd just like to see, I'd just like to see things operate a little more fairly that's all, you know. I mean, I'm open to hearing everybody's side of the argument. That's, you know, I don't want to sit down and say, like this is what needs to be done, you know. I'm open to hearing both sides of the argument, you know, but at the end of the day I want to see what's best, do what's best for everybody involved, the patients, the workers, everybody. I mean there's got to be a solution to be a solution that, you know, allows everybody to survive.

Testimony of Berdean Tucker, UPMC Shadyside

Hello, my name is Berdean Tucker. I'm a proud housekeeper at Shadyside Hospital and a devoted grandmother. I moved to Pittsburgh a few years ago to be closer to my daughter and to help her care for her newborn until he was old enough to go into daycare. I moved in with my daughter to take care of my grandson but now that's he's grown up a bit I would like to rent my own apartment but after looking for apartments I've realized I don't make enough to be able to support myself.

I've been working for UPMC for one and half years now. I currently make 12.60 an hour to do what I believe is very important work. During my 8 hour shifts at work I am expected to clean and detail 30 rooms, 7 bathrooms, 3 kitchens, 3 lounges, and varying amounts of offices. , I was pulled three times last week to clean discharge beds in addition to my normal assignments.

I'm now 60 years old and still can't afford to live on my own. The wages I receive from UPMC to do backbreaking work do not cover all of my costs of living, which is why I have to continue living with my daughter. I've recently picked up a second job because the one just isn't enough. As you can imagine, my body aches and I am worried that I will not be able to continue doing this work with the wages and the workload being what they are.

If hospital workers were paid \$15 an hour, my life would be so different. I would be able to live independently and could make a plan for the days when I am no longer able to work. And have something to leave behind to my family. I think we all deserve that.

Testimony by Bennie Turner on Behalf of Al Turner, UPMC

Good afternoon everyone. My name is Bennie Turner and I am the wife of former UPMC shuttle bus driver, Albert Turner. He worked for there for two and a half years before he was illegally fired for failing to punch out after his shift ended.

He believes in forming a union so that workers can have a voice in how they are treated and enable everyone to earn a living wage. It was not an easy decision for him to get involved in the union organization because he knew that because of UPMC's position against union organizing, he knew he would become a target. He talked to me about it and I told him that it would have to be his decision and that he should pray about it. At church he felt that his answer came from our pastor's sermon about faith and belief. On the second day of passing out cards to get others involved in the union Al was called into his manager's office for soliciting and told he could not solicit on company property. On separate occasions he was told that he could not wear a union button on his jacket because it was not a part of his uniform. He was also told that he could not speak with other employees about the union even in their homes. He was given two written warnings, and on seven different occasions was told that he did not punch out after a shift, amounting to what UPMC calls 9 occurrences. It seemed as though his occurrences escalated with his union involvement.

In his 20's and 30's he worked at Lonestar Cement company. He was there 14 years until another company took over and made them all reapply for their jobs. They chose not to rehire him even though he was good at his job. They didn't stay in business long after that. It was the beginning of the end of Pittsburgh's industrial era. Unfortunately, this was a reliable job that he could have seen himself retiring from. I believe we would have been in a different position today if he would have been able to keep it. I know because I worked at Verizon for 34 years and we had a good strong union and because of that I'm able to be a contributing member of the community and do more with my church and give back. I look around and see how people are sectionalized in certain areas where there's less resources, meaning less bus lines, overburdened teachers in the classroom, and a next generation that's not being brought up in the environment they deserve. That's why Al fights for this and he knows workers will succeed because those who are fighting so hard for this union have stepped up and have lost what they feared most; their jobs and their livelihoods. But they will continue to fight because they have nothing else to lose and can't let their hard work be in vain.

The bible says if we have as much faith as a tiny mustard seed then we can move mountains. Let's move UPMC and rebuild Pittsburgh!

Testimony of Stevie Veneck, UPMC Magee

As a Patient Care Tech, I perform all ADLs for patients all activities of daily living, like, I bathe them I help them get up in the morning I take them for walks, we have a lot of post-op patients, I have to make sure they all ambulate, I draw blood, so I draw blood on everyone the nurses don't do that I do. We do pretty much anything the nurses ask us like if we have to do repeat blood pressures you know, all the vital signs are our responsibility, transporting patients if there's no transport there and just like all the little odd jobs that there are.

I'm not finding it affordable at the time because I'm only working part time and I can't afford everything that I need to. I'm in nursing school.

But even when I was working full time, as a Patient Care Tech, I definitely wasn't making enough to pay all of my bills, such as like rent, utilities, plus other bills that I had, like I had a car at the time I had a car at the time which I don't anymore. So I had a car payment and car maintenance and those type of things so that made it hard. And from what I was making I couldn't afford to do any of it. At the time, well when I was working full time well I had, I lived with my boyfriend and he would have to make up the difference. He was an IT consultant at Verizon.

Yeah, I mean I remember a time that I like wrecked, well I didn't wreck my car but I had like a little, like a minor accident and I had to fix my car and I couldn't afford to fix it and there was just a lot of other incidents where I just couldn't come up with the money to do emergency situations like that.

When I started working as a nursing assistant, when I first started working as a nursing assistant I was making, I think \$10.25/hr that was with zero experience. It gradually went up from there, but that's where I started.

For what I'm doing now. I would say just what I heard from other people and from what I've experience, like I would say at least like \$16/hr would be fair.

If I wanted to do this for the rest of my life I don't think I financial could because there's no way on this salary that I could afford to live by myself, to support a family at least in my opinion. But they do help me as far as like going to school and the only reasons I'm taking advantage of that. I want to go back to school and I want to better myself to make more money in order to do those things.

I mean I would just say that I know a lot of people that have worked for UPMC for a long time and they still don't make what they should make, but yet they're still there and I personally don't know how they can do that I don't know how they can survive off of those wages. And I understand that UPMC is a big health system and they can pretty much attract whoever they want in there like as far as nurses are concerned, nurses are paid so little with UPMC but because they have so many nursing school and access to so many new nurses, like if they don't

want that pay then they can find somebody who does. I think that's where they're low wages, their low paying status comes from. But I just think that they need to recognize the work that we do. I absolutely do I think they can afford it I just you know I think that they know that they don't have to.

Testimony of Larry Ward, UPMC Presbyterian

Hi my name is Larry Ward. I have been a Floor Tech at UPMC Presby Hospital for 26 years. After my last raise of 34 cents, I now make \$15.48 an hour. I don't think it should take 25 years working at the hospital to get to \$15 dollars an hour. I think I should be making at least \$18 dollars an hour by now.

When UPMC took over Presby in 1997, they got rid of our Cost of Living raises. Our merit raises are only 2.5% which means 25 or 30 cents. One coworker who's been there 35 years, recently got a zero percent raise.

For 18 months, we had a pay freeze, meanwhile UPMC executives get million dollar salaries. I make just over \$15 now, only because there was a fight to unionize at UPMC. In 2012, I got a \$1 dollar raise. Since then, it's back to 20 or 30 cent raises.

Last year, I went to the eye doctor. They said I have Glaucoma. The eye drops I need cost \$40 dollars for a tiny bottle. I am supposed to use a bottle each week. That would be \$160 dollars a month. Every visit to the doctor, I had a \$40 co-payment and got bills as well.

I could barely pay the medical bills to UPMC, so I stopped going to the doctor. I can't afford the co-pays and the medicines. And I can't afford the laser eye surgery they recommended. My salary is too low to afford the healthcare I need. I'm taking my chances right now with my health. UPMC doesn't pay me enough or offer good health benefits to make sure I don't lose my vision.

I've been living in Homewood since 1978. I think the low wages at our hospitals affect my community because many hospital employees live in Homewood. People can't afford to fix up their homes and fix up their neighborhood. We're struggling.

If the starting wage was raised to \$15/hr, it would benefit everyone. I would make at least 17 or \$18/hr because I've been there for 26 years. If we had affordable healthcare, I could get my eyes taken care of and not leave it to chance.

I hope that the Wage Board listens to these testimonies and seriously considers raising up Pittsburgh's minimum wage to at least \$15/hr for every worker in the City of Pittsburgh.

Testimony of Leslie Warner, Allegheny General Hospital

Good afternoon, my name is Leslie Warner and for the past 34 years I've worked as a unit secretary at Allegheny General Hospital.

I love my job, and the work that I do, and I'm very proud of the 34 years that I've spent at the hospital. Since my husband is retired now we are living on a very fixed income. By the time I pay our mortgage and other bills we don't have a lot left at the end of the month – and very little to save away for my own retirement.

I plan on retiring when I turn 62, that would mean 47 years of work for this hospital. It probably means that my husband and I will have to live off of peanut butter and hot dogs, but after a lifetime of working I deserve to have some quality time with my husband of 30 years.

One of the biggest bills we have every month is for our health care. I pay almost \$500 a month for insurance, and that doesn't include the costs of co-pays, lab work, or prescriptions. Lots of places give you a discount at the place you work – we don't get that at AGH.

Hospital workers like me deserve to have an opportunity to have a better life – and should have more for their retirement than just hot dogs and peanut butter. My husband and I have always lived a simple and frugal life – but it would be nice to be able to buy some new furniture for our house.

It isn't too much to ask for a decent retirement after a lifetime of service to others. Hospital workers deserve better than what we have.

Testimony of Elizabeth Weingartner, Allegheny Health Network

Do you want yourself or your family to be taken care of by the working poor or respected, confident, health care worker?

Testimony of Ryan Wetzel, Allegheny General Hospital

Most employees make less than me and I can barely get by.

Testimony of Erin Wheler, Allegheny General Hospital

Good afternoon, and thank you for having me here today.

I'm Erin Wheler and I am a physical therapy assistant at AGH. I've worked there for almost seven years. I have been in the Pittsburgh area for several years now - In fact, my husband and I like it here so much we decided to build a home in Baden in 2013.

Being a homeowner is a dream come true in some ways, but it also comes with a great deal of stress. There are a lot of projects we would love to do, but bills keep going up, so we simply

can't afford it. Our garbage bill just went up due to landfill costs, and our taxes are higher because it's a new build.

With the cost of everything increasing, the small raises workers get from time to time are just being used to cover whichever bills have gone up. It feels like we are all constantly playing catch-up but never getting there, let alone getting ahead. That makes it really hard to think about the future.

My husband and I have been married since 2007 and we really want to start a family. In fact, we've been thinking about having a baby for nearly 4 years. We want to be able to provide our children with a home and everything they need. We want them to be well taken care of, just like any parents would.

Testimony of Jeannie Williams, UPMC Montefiore

Hi, my name is Jeannie Williams and I've worked in the Surgical Instrument Processing Department at UPMC Montefiore for 14 years. I've lived all my life in Homestead and I consider myself a proud Pittsburgher. I remember being a little girl and seeing the graphite everywhere on the streets from the mills. My grandmother and my grandfather worked there. I thought the ground was covered with diamonds. Over time, Pittsburgh and Homestead have changed. Everything has gone up. Most of the people I know can only afford to pay their rent or mortgage because they've had it for so long. Like me—I always worked overtime to pay my rent, but when I work overtime, I make too much to get into subsidized housing. I'd love to live in the city but there's no way I can afford it.

I'm 60 years old now, and I've spent most of my life working in healthcare. I think that most people don't know what we do in Sterile Processing, but really we're at the heart of all the surgeries that happen. Every OR has up to 10 cases and the instruments for every one of those are logged into the caseloads and have to be recovered, sterilized, decontaminated, arranged and repackaged precisely. There is no room for error in my work and over the years, I've become specialized in every kind of sterilization.

When I started, 14 years ago, we had about 13 people all working in our department. Now we have 9 but only 4 who can do all the specialized parts of the job like me. Somehow at the same time, we have more cases than we used to. So I just do more.

Up until my recent health challenges, I worked about 96 hours every two weeks. I make \$14.50 an hour, after 14 years. So my take home pay, after UPMC health insurance, extra Aflac health insurance and UPMC shuttle fee ends up being about \$850 every two weeks. I use my first check to pay my car lease, my sewage, water bill and lights and gas. I can pay my medicine out of that one. I use my second check to pay my rent. I don't have anything left. The winter gets very hard. Sometimes I get shut off notices on my gas. I try not to use the heat if I can help

it. There's no way that I can afford extras for my grandchildren. Heck, it took me multiple paychecks to be able to get frames for my glasses.

A couple years ago, I was one of the ones who started organizing the union. UPMC started threatening us, telling us we couldn't talk about it at work. One guy in our department who was hanging up fliers in our department got fired. My coworkers and I were made to take our union pins off. We heard about the people in other departments who were also fired. Soon people who had started the whole thing were too scared to walk down the hill to go to meetings.

This last year UPMC grew their operating revenue to 12 billion! They make so much money off of their surgeries. But the people like me who make the surgeries possible get turn off notices and we get the little bit that we have threatened when we try to do better by organizing. That makes me so mad.

I'm incredibly excited to see the AGH workers get to organize their union, and see that there are hospital workers across the city now who are speaking out. But here's the reality of my life: I'm 60 years old and I don't know what I'm going to do with the part of my life that I have left. UPMC has a retirement plan but like a lot of people, I just can't afford to contribute to it. That's kind of crazy when you think about it. I'm seriously thinking about moving to Ohio and getting a job at the Mayo Clinic where I can afford to live, even though it would break my heart to leave Pittsburgh.

I thank everyone for being here today to talk about this industry because it really is about the future of our region and about thousands of people just like me.

Testimony of LaTeacha Williams, Allegheny General Hospital

My name is LaTeacha. I work at AGH hospital, in the pharmacy. I've been in this system working for Allegheny Health Network for nine years. Almost ten, in December. And I only make a little over ten dollars. So it seems that I work for less than a dollar a year. I'm a worker – I'm great at what I do. I deserve more than this pay, whatever department I work in. Started in dietary at West Penn hospital in 2006 – when I was the tray line worker. I was one of the only employees who could do every position. Then I moved to hosting floors. Then I moved to the café, because I got an extra 50 cents. I was the fastest cashier there was with my drawer never being short. where I also did banquets for doctors, whoever was having an event at the time wanted me to set their event up.

Then there was the downsize. I was the last person in my department, so I got cut. My director at the time knew my capabilities and the person I was, so he got me a job at AGH on the grill, where I was for two and a half years. I knew the customers, what they wanted – there barely was a line. Then I had the opportunity to get into the pharmacy, where I am now. I am the apothecary. Like I said, I am the apothecary. No matter who you get, it won't get done like I do. I just need more pay for what I do. Me and my family just need a little more. I'm a single parent

of three. I have to work two jobs to make my ends meet. I can't even afford to pay my children's healthcare, and I work for this big old company. So my kids are on CHIP – and I work for one of the biggest companies in the city. What I'd do with fifteen dollars an hour is catch up with my bills and my debt. My children deserve a home that's ours. I want to take my children on a trip to Disney one day, like the VP, management, and our high paid coworkers do. I put in the work. I deserve the pay, so that for once me and my children can live comfortably. Not paycheck to paycheck – that's not living.

Testimony of Mary Anne Williams, UPMC Presbyterian

My name is Mary Ann Williams and I work at UPMC as a Medical Coder for Critical Care Medicine , Physician Services. I am a widow and own my own home and I have a hard time paying my city, school and county taxes. I am so afraid that I will lose my home that my husband and I worked so very hard for.

I have a degree in coding and make less than \$15 an hour after 5 years, which means my take home pay every two weeks is around \$760.00. My monthly bills are a little more than \$2,000 a month. The math just doesn't work.

At UPMC, even when we get merit raises they raise the cost of health insurance that we have to pay a percentage of. So I end up effectively not getting a raise.

On a monthly basis, \$72.60 for health insurance, \$16.62 for dental, \$40 for savings plan, \$42.52 for PTO buy, and \$117 for parking is taken out of my pay. And then the co pays go up on top of that.

I became ill back in June and my last day of work was July 15th. Because of the severe pain and nausea that I experience, I am taking heavy doses of pain medication that make me very sleepy and make it hard to concentrate. I have a hard time walking any distance because of it.

I have no pay coming in and I applied for short term disability and was denied. Most UPMC workers have heard how difficult it is to actually qualify for short term disability even when you need it like I do. Now I am going through the appeals process which could take up to 3 months. I have had to borrow money from my friends so that I can get my medication. Bills for doctors, testing and procedures keep mounting up. If I need an operation, I will have to come up with 10% of the cost of the operation up front. If I don't have it and do not qualify for a payment plan, then the operation will not take place.

If the minimum wage were brought up to \$15 an hour along with the merit increases, maybe my co-workers and I would not have to worry about bills, supporting our families and having extra money to actually save. If I had any extra money, I would have put it in a savings account for when emergencies like this arise. Then, instead of having to apply for short term disability

and other supplemental services from the government, we would be contributing to the economy.

We are hard workers and we are proud of the work that we do, but we need at least \$15 an hour to live and thrive in Pittsburgh. Thank you for your time.

Testimony of Ruth Williams, Allegheny General Hospital

Hello, thank you for giving me the opportunity to speak with you today. My name is Ruth Williams, and I've been a unit secretary at AGH for thirty two years.

I work in the Neuro Intensive Care Unit. Our patients require daily CT scans, some have numerous MRIs and Angio procedures done while they are in the unit. It requires a great deal of work to care for these patients and get them where they need to be.

Unfortunately, because of low wages, we have a hard time retaining staff. We went from having eight aides a few years ago down to four. We lost one aide who had been with us for sixteen years because she went somewhere else with better pay. When we get in new people, they need to learn the job from scratch - Often times they are really good workers, but because it's so much work and so little pay, they go somewhere else.

A few years ago a young woman came in to our department as a CNA. She wanted to pursue a career in nursing. Unfortunately, she only lasted three months because she could make more money bartending. She commented that she couldn't even afford to move out of her parents' house on the wages she made at the hospital. I think it's really sad that young people are opting out of a career in healthcare because they can't even afford the basics to start out.

Another big issue for low wage workers is affordable healthcare. I was injured two weeks ago and had to go to the ER. That visit cost me \$200 on top of what I already pay in healthcare premiums. I'm supposed to go see a specialist now, but that will be another copay.

If I had a dependent, I don't know what I'd do. I have a coworker who is working just to pay for health insurance for her children – her family coverage is more than her mortgage. Others coworkers are putting off visiting the doctor because they cannot afford it. That is outrageous to me.

When you work full time but can't even take care of yourself, it doesn't make you feel very good or very appreciated. A \$15 an hour starting wage would not only give an immediate raise to 62% of the workers in our hospital, but those of us making over \$15 an hour would get a raise too. And that money would go into our economy and make things better for everyone. We live in a great city with so many things to do. Right now people can't even afford to take their families out to eat, or do things in the city. A trip to the movies or the Carnegie Science

Center is way out of reach for too many people who call this area home, so they never get to do it. They never get to experience all Pittsburgh has to offer.

When you can care for your family and take part in events and activities in your community, that fills you with a lot of pride. Raising the wage would return that pride to a lot of hardworking people.

Thank you.

Testimony of Robin Willis, UPMC Presbyterian

My name is Robin Willis. I've worked at UPMC Presbyterian Hospital for 26 years as an Administrative Assistant. And after all that time, I still have not broken \$15 dollars an hour. And since about 10 years ago, I have also worked a second job working with kids with special needs. I am very committed to these kids, but I got a second job for the money. I think there may be people who think that as long as you're not making minimum wage, you're doing fine. But I can tell you that even with incomes from both of my jobs, I make difficult choices as a parent and with my own healthcare because of what I make.

As a parent, I want to expose my children to all of the different educational activities around the city. We have so many gems in Pittsburgh---from the Benedum to the Science Center---but I can't afford to take my children to those activities. Heck, even to go to the Pirates I have to wait until dollar days! I feel like if we live in a city full of opportunities, everyone's children should be able to participate in them. And it hurts to know that if you work for a hospital, your children may not be able to have the same life experiences as other peoples' children. Sometimes I wonder if the time working two jobs, spent away from my kids is worth it but I have to pay the bills.

The other big challenge of course is my own healthcare. If you work for UPMC like me, you know that come next year, you're going to get a letter in the mail telling you that the cost of your benefits went up.

Testimony of Kristina Winning, Allegheny General Hospital

I am unable to move out of my parents' house due to low wages. I paid to go to college and have loan payments and have not enough income.

Testimony of Jordan Woodruff, Allegheny General Hospital

Thank you for the opportunity to testify. My name is Jordan Woodruff. I am 24 years old and am a single mother with a two-year-old son. I've been a Transporter at AGH for four years now. I transport patients from their rooms to testing sites and back again. There's something new to learn every day, and I enjoy it. But I only make \$10.24/hour, and since I'm a single mother I

really need to earn a higher wage and have more job security in my career. I've started to look around for other options, and am working part-time in order to keep my schedule as open as possible so that I can go back to school soon for a nursing program.

When I started four years ago, I only made \$8.10 an hour. I worked lots of hours and thought it was fine, but since I was younger and had fewer responsibilities I wasn't able to put it in perspective the same way that I can now. Even the most recent raise, which I got around the time I had my son, only goes so far in helping make ends meet.

Anything less than \$15 an hour would cut me off at the feet right now, because I use government benefits that I wouldn't qualify for on \$12 or \$13 an hour. I rely on low rent in Section 8 housing, currently \$144/month but it goes up as my paycheck increases. I also rely on food stamps, which were decreased to \$220/month after my most recent raise. Since Highmark insurance bills are expensive, both my son and I are on welfare health insurance. I also use on government-supported child care payments, which go to my son's grandmother for taking care of him while I'm at work.

I'm making it work and live within my means, but don't want to be in this predicament in the future. As my son gets older, I'll naturally need to spend more on feeding and clothing him. My car is a 1994 Honda Accord, almost as old as I am! Its days are numbered and eventually I'll need to replace it. My son's father will come through in a jam, but he's trying to improve his situation and so it's not consistent or reliable. For all these reasons, \$15 an hour is really the minimum for a decent living.

Even though I'm planning on going back to school, I've been learning a lot about the union and think it's very important for my coworkers who will continue working as Transporters and don't plan on switching tracks. Absolutely everyone deserves a livable wage.

The most important thing for Councilmember Rev. Burgess and the Wage Committee to hear is that what we make right now is not okay. It's absolutely not okay. The fact that we've prepared all this testimony and even have to be here at all today should tell the whole story. We wouldn't be here if everything was fine.

Testimony of Lisa Young, UPMC Shadyside

It seems like the rent in the city goes up every year and honestly I may have to leave. I worked hard to continue to improve at my job. It's a lot of work but I'm proud to work at the hospital. I don't make enough money to make it on just full time hours. I have to live for the overtime and still I struggle to get by. Then new people are hired making the same amount that I'm making even though I've been here for so long. How is that fair?

Testimony of Alex Zatolochenko, Allegheny General Hospital

Working for AGH is great. I work with a lot of good people and the problem I have is we don't make enough money to take vacation and buy things that I would like.

Testimony of Walt Zatolochenko, Allegheny General Hospital

Good afternoon. My name is Walt Zatolochenko and for the past floor technician at AGH. I've worked at the hospital for nearly 13 years, and I still don't make \$15 an hour. I currently live in an apartment with my brother, and we do what we can to make sure we have enough to keep the roof over our head and the lights on. I work as much overtime as I can to earn some extra money, but the work I do is hard on my body and now that I'm getting older I can't put in the hours that I used to when I was younger.

I have 5 grandkids that I love very much. I'm like a father to them and it breaks my heart to tell them that I can't afford to take them to the museum or a Pirates game. I dream of the day that I might be able to take them on a vacation with me. But when I have to choose between eating food or keeping my heat on, I feel like that dream will never come true.

I wish that folks could spend a day in my shoes, to see how hard my job is and how hard I work every day. It's hard to get up each and every day to get yourself up for work just to feel like you don't matter. Sometimes you just want to give up but my grandkids get me through because I'm doing it for them.

I've been dedicated to this hospital for years – and I'm hanging in there. We recently won our union and for the first time in years I feel like I have hope. We have a voice now, and now they have to listen to us. But not everyone in Pittsburgh has this hope – and every one should have it. If all the hospital workers had good jobs this city would be great again.

Thank you for your time.

Additional Testimony Submitted By

- Deborah Cunic, Allegheny General Hospital
- Mel Dunmire Jr., Allegheny Valley Hospital
- Dorothy J. Fleissner, Allegheny General Hospital
- Terri France, Patient Hostess, Allegheny Valley Hospital
- Judy Gorni, Surgical Instrument, UPMC Presbyterian
- Shirley Hughes, Patient Transport, Allegheny Valley Hospital
- Mary Jo Jenkins, Cook, Allegheny Valley Hospital
- Elizabeth Kuchta, Dietary, Allegheny Valley Hospital
- Ashley McDonald, HIM Technician, Allegheny Health Network
- Shane McGregor, Host, Allegheny Valley Hospital

- Ranata Ptomey, UPMC Children's
- Juanita Sharp, Central Sterile Processing, UPMC Children's
- Diana Sukustis, Patient Transport, Allegheny Valley Hospital
- Dan Tassotti, EVS, Allegheny Valley Hospital

Appendix II: Testimony of Economic, Labor and Community Development Experts

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Testimony of Carmen Alexander, New Voices Pittsburgh

My name is Carmen Alexander. I am a Community Organizer for New Voices Pittsburgh. We are a Black Women and Girls Reproductive Justice Organization.

I am here to place an emphasis for the need to increase the wages of hospital workers in the City of Pittsburgh. The median income for healthcare service workers is 26,000 per year. That's an average of \$12.50 per hour. Pittsburgh has approximately 10,000 hospital workers who do service type jobs like cleaning, cooking, and providing care on some level. Many of these workers are black women who are heads of households and they are single mothers.

Single women's share of the low-wage workforce (43 percent) is nearly double their share of the overall workforce (23 percent). And it is no secret that Black Women make less than white women.

These statistics are alarming. And when I think of a single mother who is trying to maintain a household, it makes me cringe.

Reproductive Justice is a when a woman has full access and ability to control her body. This includes when and how she can have children and how she raises them. I can't say that we have Reproductive Justice if I can't pay my rent, buy food, pay for childcare and a host of other needs like transportation and healthcare.

A box of diapers is about \$15 a box, so if I make \$12.50 an hour then I would have to work an hour and a half to pay for a basic need like diapers.

The average cost of childcare in Pennsylvania is \$10,319, and, as I stated earlier, the average healthcare service worker makes \$26,000 per year. That's almost half of their wages going to child care.

It's interesting to me that one of the Largest Healthcare Systems in Pittsburgh gave \$346 million in charity care to help the poor (UPMC.com), but yet they don't see the need to increase wages for their service workers.

I have been blessed to have two daughters who are the mothers of my two grandsons. One of my daughters is a CNA and my other daughter is a supervisor for housekeeping for the largest healthcare system in Pittsburgh. She has my grandson, Elijah, who requires 24 hour medical attention. My daughter has worked for her employer for eight years. She started as an escort making \$9.25 per hour and today she is a supervisor in housekeeping. She only makes \$15.68 per hour. My question is: "Why?"

So, I ask you to please consider a living wage for healthcare service workers. Black women in Pittsburgh deserve the chance to contribute to this city. Black Women have helped to nurse this city; we help to clean this city and we have cared for many in our community and therefore we

deserve the right to make a living wage that will allow us to be viable citizens in a city that many call the most Livable City. It can't be the most livable city if we don't have the ability to enjoy the wonderful things that this city offers. Please consider giving healthcare service workers a living wage.

Testimony of Kevin Cunningham, USW Local 1219

My name is Kevin Cunningham and I am Vice President of United Steelworkers Local 1219 at the Edgar Thompson Works in Braddock, Pennsylvania. I have worked at the Edgar Thompson Works for 22 years and I currently work as a strand operator in the caster.

Seventy-five years ago, workers at my mill and dozens of others in the greater Pittsburgh area lived in poverty. They worked long hours in hot and dangerous mills and earned home poverty wages. These jobs were low wage jobs just like fast food restaurants and hospitals like UPMC are today.

But in 1937 the Steelworkers Organizing Committee signed our first contract with US Steel. Over the next seventy years we would continuously make improvements and by the 1970's jobs in the steel industry were good, safe, family-sustaining jobs. Wages from these jobs built Pittsburgh. They built our churches and our schools and our hospitals. And as Mayor Bill Peduto reminded us at a rally at our headquarters on September 1st, these jobs built a strong middle class in Pittsburgh.

Today US Steel isn't the biggest employer in Pittsburgh--UPMC is. Today UPMC and McDonalds are paying the same type of poverty wages that Steelworkers earned 75 years ago. Those poverty wages are not just undercutting thousands of hospital workers and fast food workers; they're putting Pittsburgh's entire middle class at risk.

Allowing major employers like UPMC to get away with paying poverty wages pushes down wages and working conditions across the economy. Right now our union is bargaining new contracts with US Steel and more than 2,200 Steelworkers are locked out at ATI. These companies are emboldened by the fact that UPMC and the fast food industry are able to pay these poverty wages and, at the bargaining table, they're attempting to erase the decades of progress we've made at our mills and roll back our benefits and job security.

Just as the low wages at UPMC and in the fast food industry are pushing down our working conditions, we know that a substantial wage increase for these low wage workers would push wages and working conditions up across the economy. When wages go up for the lowest paid workers that economic impact ripples through the entire economy and all wage-earners see an increase.

If employers like UPMC and McDonalds are allowed to continue paying poverty wages that will ripple through the economy too, and we'll continue to see companies like US Steel and ATI

attempting to roll back the progress we've made over the past 70 years and we'll continue to see our middle class erode.

A substantial increase in the minimum wage isn't just good for low wage workers, a substantial increase in the minimum wage is good for Pittsburgh.

Testimony of Ray Engel, University of Pittsburgh School of Social Work

My name is Ray Engel and I am an Associate Professor at the University of Pittsburgh School of Social Work; my comments represent my own views and interpretations and do not reflect the views or opinions of the SSW or the University of Pittsburgh. I want to thank you for providing me with a few minutes to speak with you about this terribly important issue for our community. And yet what I say pales in comparison to the testimony and stories that you have heard and will hear from other speakers.

We are fortunate to have in our community an internationally recognized health care system. It's a system that provides new cures, new treatments, new diagnostic techniques. It's a system that provides new avenues for keeping all healthy. It has brought honor and prestige to our community. What an opportunity for our health care system to assert national leadership by taking the lead in raising wages of its lowest paid workers! What an opportunity to be a model for the rest of the country!

The overriding question for our community is DO WE HAVE A MORAL OBLIGATION TO ENSURE that workers and their families can meet their basic needs? We need to ask ourselves that if someone is playing by the rules of our society, should they have sufficient income to be able to find adequate housing in safe neighborhoods? Should they have adequate child care while they are at work? Have an income to purchase not only a sufficient quantity of food but to purchase the food necessary for a healthy diet? Should they have the ability to travel to and from work? Have sufficient income so that their children can enjoy the cultural institutions of our city.

First let's agree that the Official Poverty Line is not a measure of the income needed to meet basic needs. Most folks agree with that premise – remember it was based on the amount of income necessary to purchase the caloric intake of the Department of Agriculture's economy food plan – the cheapest plan that was meant for emergency use or TEMPORARY USE. [The cost of that basket is then multiplied by three – a value that was based on consumption patterns identified fifty plus years ago patterns no longer relevant to today.] In no way is the OPL a measure of sufficiency.

So how much income is necessary to meet one's basic needs? What should be a living wage? According to the Economic Policy Institute a single resident of metropolitan Pittsburgh must earn \$27,124 a year in 2014 dollars or 13.56 an hour for a 2000 hour work year (low wage workers should have some vacation). What if this person has a family? How about a 1 parent and 1 child household? That household needs \$46,175 – a wage of \$23. A family of two adults

and two children require \$64,692 a year – that’s 32.35 per hour if one works or 16.17 per hour if both adults are working. [see: <http://www.epi.org/resources/budget/>]

\$15 an hour gets us moving in the right direction. What are the consequences of low income on individuals? We know that low income is associated with poorer health, more chronic conditions, obesity, smoking, lack of access to health services. Low income is associated with higher rates of school drop-out and poorer math and reading scores. It is associated with increased incidences of mental health. We know that life expectancy declines for low income individuals.

Take a study by Hilary Seligman and her colleagues – they looked at when folks went to the hospital for hypoglycemia (low blood sugar). They argued that low income people who struggle to make ends meet would run out of money near the end of the month and therefore have to cut back on food resulting in increased problems with their blood sugar. And that is exactly what happened, among low income individuals, in the last four days of the month there was a 27% increase in going to the hospital for low blood sugar but no increase among higher income folks. Given that health care promotes prevention, raising wages might serve to reduce the consequences of at least one risk factor. It makes sense.

Raising wages is good for business and good for our local economy. Robert Reich points out that prosperity generates prosperity. His contention is quite simple. Increased wages mean that workers buy more and we know that low income workers will spend most of their earnings as necessary to meet their needs [Johnson, Parker & Soueles, 2004]. If workers buy more, companies hire more people to produce the goods and tax revenues increases as more people are working AND spending (imagine a simple impact of added local spending on the money available to RAD). [With additional tax revenue government can invest in more education and the children of workers are better educated and can compete for better jobs and the economy grows, productivity grows and wages can increase. [studies predicting spending and effect on economy tend to address smaller wage increases in the minimum wage – Aaronson & French, 2013; Cooper, 2013]. Thus raising wages makes sense.

Finally, all of us are collectively subsidizing these low wages through our social welfare programs. In other words, our taxes are used to help to pay these hospital workers through various public assistance programs. A group of researchers have found that 60% of spending on food stamps and 47% spending on TANF is provided to members of working families (see Allegretto, Doussard, Graham-Squire et al., 2013). There is evidence that increasing wages reduces reliance on public assistance programs and puts less strain on these programs as well as reducing the costs of the programs.

We are all proud of our health system. We are fortunate to have a system that has become a national leader in addressing diseases, illnesses, and treatment and attracts people from around the country and world. We are a region that is becoming a model for sustainable energy. Our institutions are making technological discoveries that attract people from around

the world. Raising wages offers another opportunity for our community to be a national leader!

Testimony of Nina Esposito-Visgitis, Pittsburgh Federation of Teachers

Good afternoon. My name is Nina Esposito-Visgitis. I am the president of the Pittsburgh Federation of Teachers. The PFT represents about 3,000 teachers and support staff working in the Pittsburgh Public School District. On behalf of our members, I would like to thank the Committee for inviting me to testify. As a teacher, I am proud to be here in solidarity with our brothers and sisters fighting for family supporting jobs. That means \$15 an hour and a union.

Today, I want to explain PFT's perspective on how low wages in Pittsburgh affect our students and I want to do what teachers do best – teach.

As educators we have committed our entire careers to doing whatever we can to prepare our students to succeed. We educate more than 25,000 children in 58 schools across our city – children of well to do families and children of poor families – because we know that when children have access to quality public education they have a better chance at entering the workforce, giving back to their community and helping our economy grow.

As educators, we also know that the research and data show that family income is the #1 predictor of a child's educational success. The #1 predictor. It is not fair, but it is true. And it is not because rich children are smarter or harder working or better in any way. It is because having parents who have the time and money to go to museums and go on other educational trips matters. It is because having books at home matters. Having clothes and shoes matters. Having plenty of nutritious food at home matters.

Teachers do everything we can to make up the difference. We spend our own money to buy supplies for kids in our classrooms. But, we know that when a child comes to school not having eaten breakfast because their family is on a tight budget, it is exponentially more challenging for that child to learn math or science or comprehend a reading assignment.

We know that when large corporations, making enormous profits, pay the hard working parents of our students low wages, they are forced to work multiple jobs. These parents have less time to help their children with homework after school or get them involved in extracurricular activities that build character and leadership skills. It also means that our students, as they come of age, have to work after school.

We know that in Pittsburgh, these living conditions affect our teaching conditions and our city's learning conditions. Our student population is 53 percent African-American, 34 percent white and 13 percent other races. Approximately 71 percent of our students qualify for free or reduced lunch.ⁱ Pittsburgh has long had achievement gaps along the lines of both race and socioeconomic status and that is not right.

We are living in the wealthiest country in the world. The entire world. And yet, corporations and politicians are pushing economic policies that de-stabilize communities and only benefit the very wealthy.

Educators will do everything we can and more for our children, but the truth is that no school and no teacher can overcome poverty alone. For more of Pittsburgh's children to succeed, we need the wages of their parents to rise.

That is why I was so excited to join AGH workers when they celebrated organizing their union this year, and that's why PFT members have supported UPMC workers every step of the way as they have struggled to form a union against aggressive and coercive union busting by their management. Hospitals employ more Pittsburgh working parents than any other sector of our economy. For the future of our children and our city, we all need hospital workers to get ahead.

We can improve our schools, and we can improve public health and housing. We can and we should do those things. But there is no short cut to lifting up families and children. Workers and their families in our largest economic sector need higher wages.

The fight for \$15 is not just a fight for higher wages. It is a fight for our children, for their parents, for our schools, for our city, and for our future. That is why the Pittsburgh Federation of Teachers will continue to fight with and for any worker for \$15 an hour and a union.

Testimony of Lauren Finkel, Fight Back Pittsburgh

Working in the food service industry isn't easy. The hours are long, the work is physically demanding, and the customers are not always the kindest. Being a full-time student, it was incredibly hard for me to find restaurants willing or able to work around my class schedule. On top of that, balancing class, homework, internships, and any semblance of a social life while trying to make ends meet feels like an impossible task.

And despite all of this, I consider myself one of the lucky ones. My family is able to help me with certain expenses. Aside from my cat, I only have myself to feed and clothe. The fact that I am even able to get a higher education is in and of itself a form of privilege. My boss is more than happy to adjust my hours from semester to semester. And this is what makes the fact that I face a constant financial stress all the more poignant.

As a woman in food service, I am so grateful that I've found a safe place to work. My boss is kind and cares about his employees. We are a small group and we look out for one another. I know that if a customer were to touch me without my permission or make any comments that made me feel unsafe or uncomfortable, the management would have no hesitation to kick them out. This kind of protection is incredibly rare in my industry.

And this is why I choose to work where I do, despite the fact that i could make significantly more money elsewhere. As a waitress at an upscale restaurant or server in the Southside, I'm sure I'd be more financially sound. But this stability comes at a steep price. At past jobs, there were no repercussions if coworkers or customers sexually harassed me. Not only would I have to deal with it alone, I would have to do so with a smile. So this is the choice I face: better pay or any semblance of respect and safety. Women are forced to choose protection over paychecks. And too many of them don't actually have a choice as I do.

My struggle is not unique, and it is so much worse for so many. A raise in the minimum wage would not just mean that I could balance my academic and economic situations with significantly more ease. It would mean that workplace safety does not come at a very literal cost. Granted, the fight for safe workplaces for women is not purely economic, as the Women's Caucus of Fight Back Pittsburgh knows. We are currently campaigning against street and workplace harassment, getting restaurants and bars to make the pledge to end harassment within their own establishments. This is a multifaceted struggle, but it's one that a raised minimum wage would drastically affect.

This is not just a matter of improved economic policy - it's a matter of safety and equality for those who need it most.

Testimony of Shawn Foyle, IATSE Local 3 and Carolyn Speranza, PGH4ART

As a staunch supporter of all workers I am delighted to see the City of Pittsburgh reviewing the matter.

Pertaining to Pittsburgh Art and outside staged entertainment in Pittsburgh I am providing the following information:

The Pittsburgh Cultural Trust, at the request of the City of Pittsburgh has assumed the role as sole presenter for downtown Pittsburgh staged events and festivals for the Three Rivers Arts Festival and First Night. The Cultural Trust has entered into an event management service contract with Flyspace Productions. Flyspace hires employees who perform skilled services for these festivals, as well as a number of other downtown staged festivals that have enormous economic impact for our city, including Pittsburgh Pride. On 3 separate instances I spoke with two individuals who indicated to me verbally that the contractor paid \$10.00/hour with no benefits. The dates of my discussions were Friday, May 10, 2013, Sunday, June 14, 2015 and Tuesday, July 28, 2015.

It is my understanding the same contractor utilized (Flyspace Productions) for downtown

staged events is also the contractor for the Market Square Public Art Project for the City of Pittsburgh in collaboration with the Pittsburgh Downtown Partnership and the Greater Pittsburgh Art Council's Office of Public Art. PGH4ART has found that this public-private partnership is without contract and thus cannot be audited by the City Controller for prevailing wages. We believe that when the City provides its support for culture and entertainment that these public-private partnerships should be contractual for this reason.

PROPOSAL:

As a possible solution to underpaid wages within the Pittsburgh Arts. I offer a proposal for thought that would include a new city ordinance titled "City of Pittsburgh Regional Asset Prevailing Wage Act". The primary purpose for the proposed ordinance would be to prevent any organization or facilities who receive RAD funds from undermining the prevailing wages of artists, cultural workers, and other skilled labor in the City of Pittsburgh and thereby injure the economic well-being of these citizens of Pittsburgh and the overall economy of the City. By definition, covered facilities and organizations would be any facility/organization within the City of Pittsburgh who receives at least \$100,000 (this figure by example) in RAD funds. Prevailing wage and benefits shall mean the wages and benefits as established by listing a number of venues, facilities, and organizations within the City of Pittsburgh. Some other criteria by definition would have to be addressed as well as establishing language what the duty of the employer is and enforcement of the act.

I believe a "City of Pittsburgh Regional Asset Prevailing Wage Act" would address Artists, cultural workers, and skilled labor for both permanent and transient public art, visual art displays and exhibits, those working in galleries, museums and outdoor performance spaces. In closing, if an organization, facility or venue in Pittsburgh is willing to accept the citizenry's RAD tax dollars for any purpose excluding capital improvements, then one should willingly be able to back up their mission statement by paying prevailing wages. Thank you.

Testimony of Mackenzie Smith, UNITE HERE Local 57

Good afternoon. My name is Mackenzie Smith, Lead Negotiator and Executive Board for UNITE HERE Local 57, the union representing hotel, food service and casino workers.

Hospital workers first came to meet with our union three years ago. They told us about the problems of hard work for low pay, and all the problems of poverty that come with trying to raise a family on low wages. Many of us were particularly upset to hear that people working full time at UPMC still had to rely on local food pantries to provide for their families. Also outrageous was the reality that the people actually providing health care cannot afford the cost of health insurance for their own families. The member of my union immediately felt common cause with hospital workers because in so many ways workers in the hospitality sector face the same problems.

Workers at non-union hotels and restaurants and at the Rivers Casino, for example, have low wages too. Those non-union workplaces directly compete with our Union employers.

That means low wages across the service sector also hold back union members and our families. When we go to bargain collectively with union hotels, casinos and food service companies, we encounter corporate managerial teams who compete daily with non-union companies that pay lower wages and do not offer quality affordable health insurance, pensions and paid time off as our employers do. Even when we are negotiating with large, global companies that have reached contracts with our Union in other cities that include much higher wages, more generous benefits, and lighter workloads, they are unwilling to even entertain such a package in Pittsburgh – for the SAME work, same companies, same Union – because the service sector labor market is so much lower in Pittsburgh, and the competition is local. The biggest low wage employers in Pittsburgh are the hospitals. A hotel may employ hundreds of workers, but a hospital employs thousands, and many of those workers are in low paid service positions. Their low pay dominates the local labor market, and effectively keeps down the standards for the rest of us in the service sector.

That's why our union has supported and helped hospital workers trying to form their own union. We rally and protest and testify to draw attention to unfair conditions. We raise money for workers illegally fired for their union activity and we celebrated when AGH workers took a historic step forward and organized a union. We know that our economic future and the economic future of hospital workers is tied together. Just as an organized, eventually middle class steel industry lifted many industry jobs in this region up, an organized, well-paying hospital sector will lift the service industry.

AGH workers tried to organize a union years before but were intimidated, afraid of being fired. This year they succeeded, in part because of their own bravery, but also because AGH executives, to their credit, did not fire and discipline pro-union workers or hold mandatory pressure meetings. I know the executives at AGH preferred that there was no union and they said so, but fundamentally they respected workers' right to choose for themselves. That respect and restraint should be the standard for management behavior when other workers are considering whether to organize. Our Union is currently organizing, and fighting Rivers Casino, which has engaged in the sort of anti-union pressure tactics used most egregiously by UPMC. As the largest employer in the region, UPMC's hostility to unionization, coupled with the low employment standard they have set, is a major impediment to the development of good jobs and a stable middle class in Pittsburgh.

Testimony of Stephen Herzenberg, Keystone Research Center

My name is Stephen Herzenberg. I have a PhD in economics from MIT and am the executive director of the Keystone Research Center, an independent, non-partisan Pennsylvania research center.

The so-called “eds and meds” economy is at the heart of Pittsburgh’s economy in the way that the steel industry was once central. Today, over one out of every seven private sector workers in the region is employed by a hospital, a nursing home, a physician’s office, or other health services business.⁴⁸

Within this now-dominant industry, no employers are as significant as Pittsburgh’s hospitals, which employ 55,000 people in the Metro Pittsburgh area alone. In fact, by itself, UPMC with its 60,000 employees is the largest private employer in ALL of Pennsylvania and overwhelmingly so in the Pittsburgh area.⁴⁹

With such a large economic footprint, the community impact of hospitals is unrivaled. It just matters more what hospitals do and what people – policymakers, regulators, and workers – do about hospitals. For our purposes today, it’s important to understand that dominant firms play a decisive role in setting employment standards not only within their own facilities, but in their industries more broadly, and indeed across the entire service sector. In Pittsburgh’s labor market, hospitals are what economists call a price-maker—and, in this case, a “wage-maker.” Though neither of Pittsburgh’s large hospital systems are transparent about the wages they pay, from BLS data and occasional public statements by hospital executives we estimate that the median wage for service workers in Pittsburgh hospitals is about \$13.00/hour, or \$27,000/year.⁵⁰

To put this wage in economic context, the Economic Policy Institute calculates that a single childless adult in the Pittsburgh metro area needs just a bit *above* \$13.04/hour to live a no-frills existence (no savings, no education, no travel outside of to and from work, all meals cooked at home and so on) without recourse to public assistance. This means that half of all hospital service workers in Pittsburgh do not bring home enough to meet this basic childless, never-get-ahead standard. At this wage, a family of two working adults and two children or a family of one working adult and one child are eligible for subsidized health care and child care.⁵¹ And at the start rate of \$11 said to prevail at the city hospitals of UPMC,⁵² a family with a single parent and one child would also be eligible for food stamps.⁵³ If they have larger families, low-wage workers in Pittsburgh hospitals are in even greater need of public assistance.

⁴⁸ Employment in health services in the Pittsburgh metropolitan area in August 2015 was 163,700; total private sector employment was 1,075,800. See

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1987969&mode=2>.

⁴⁹ <http://www.upmc.com/about/facts/pages/default.aspx>

⁵⁰ The average wage for “healthcare support” worker in the Pittsburgh metro area is \$13.55 per hour (http://www.bls.gov/regions/mid-atlantic/news-release/occupationalemploymentandwages_pittsburgh.htm).

⁵¹ Pennsylvania’s Compass website at

<https://www.compass.state.pa.us/Compass.Web/Screening/DoIQualify#/Results>; calculations assume that no one in the family has disabilities or is a veteran, that the adults in the household are married and are parents of the children, etc.

⁵² <http://www.post-gazette.com/local/city/2014/02/17/Religious-group-protests-against-UPMC-wages/stories/201402170070>

⁵³ Compass website, op. cit.

Family type	Single adult	2 adults, 2 children	1 adult, 1 child
Basic Budget, Annual (\$)	27,120	64,692	46,176
Basic Budget, Hourly Per Adult (\$)	13.04	15.55	22.20

Source. See footnote 7

The fact that hospital service workers, many of whom have quite responsible positions and post-secondary education, earn so little underscores the fact that Pittsburgh’s labor markets are not truly competitive and that hospitals have some control over the wages they set. Pittsburgh’s hospitals, in other words, use their size and dominant market position to hold workers back. When they do, they depress service sector wages across-the-board. They also contribute to unemployment because they undercut the purchasing power of worker families in the region.

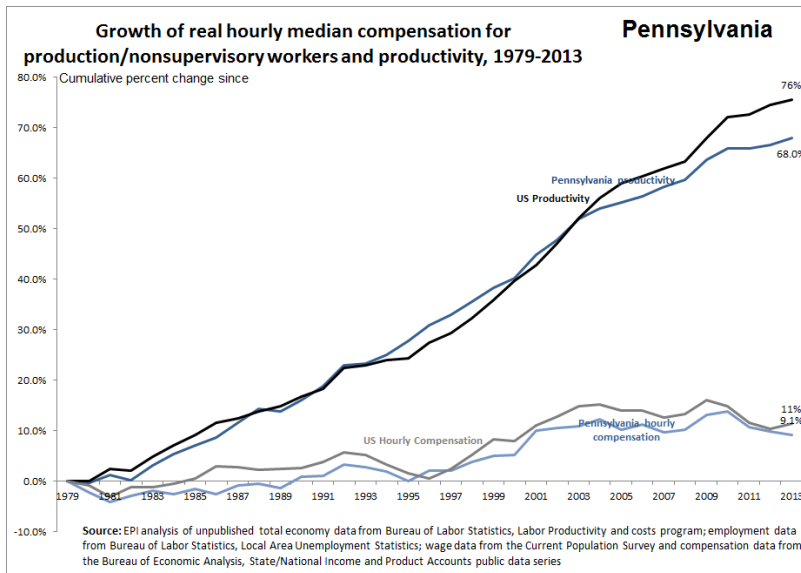
Since it’s often taken for granted that wages are set by “the market” it is worth pausing to fully digest the contemporary economic reality that, in fact, firms with market power have significant autonomy over the wages they set. In economics, when a buyer of something is the only game in town, we speak of a monopsony. Like a monopolist (a single seller), a monopsonist has enough market power to not simply accept as given a “market wage.” Twenty-five years ago, many mainstream economists (although not institutional economists and industrial relations scholars) took for granted that labor markets were competitive. Since then, there has been a sea change within the profession, prompted in part by what is called “the new economics of the minimum wage.” It is now generally accepted that employers in low-wage labor markets have a degree of monopsony power. As a result of their size and the non-competitive (i.e., oligopolistic) nature of their own product market, the biggest hospital employers likely have the most monopsony power.⁵⁵ And these hospital employers use it to hold down wages to the detriment of the health of the region and its working families. Many service workers who are employed by large, powerful hospitals in concentrated markets have few practical options if they wish to improve their wages and working conditions. A small number may be able to leave the industry and find a position that pays more. A few others may be able to move up from “starter jobs” to significantly higher-paid jobs, although the educational barriers to advancement, for example, to LPN or RN positions, are substantial. But for many service workers, their “starter job” may be their “finisher job” or close to it, with limited wage progression possible along any kind of career ladder.

Another option – and the only practical option for vast numbers of service workers – is to

⁵⁴ Basic family budgets are derived from the EPI Family Budget Calculator at <http://www.epi.org/resources/budget/budget-factsheets/#/462>; these were updated in August 2015 and are in 2014 dollars. Poverty guidelines for 2014 are from the US Department of Health and Human Services: <http://aspe.hhs.gov/2014-poverty-guidelines>

⁵⁵ One of the early classic discussions that recognized the fact that low-wage employers might have significant monopsony power is David Card and Alan B. Krueger, *Myth and Measurement: the New Economics of the Minimum Wage* (Princeton University Press: Princeton, New Jersey, 1995), see especially pp. 369-386.

improve working conditions through policies and institutions that create a better balance in the labor market and counteract employer’s monopsony power. Policy and institutional changes, of course, are precisely what a previous generation of workers in Pittsburgh achieved when they joined Pennsylvania’s manufacturing unions and by doing so, built Pittsburgh’s middle class. The good jobs in the highly concentrated steel mills that powered Pittsburgh’s economy in the last century didn’t start out as good jobs. On the contrary, they were low-paying, dangerous jobs that generated outsized profits for owners and levels of inequality at the end of the 1920s greater than at any other time in American history – until now. That gaping inequality disappeared because workers – the grandfathers and grandmothers of many people in this room – stood up and organized, because the community supported them, and because elected officials promoted policies to reduce poverty and income inequality. In today’s dollars, the start rate for the lowest-paid steelworker who entered the mill right off the street in 1970 was \$17.00 per hour – a third more than the current hospital start rate. As the Keystone Research Center documents in a recent national report, just about every state in the nation, including Pennsylvania, is experiencing extremely high levels of economic inequality – levels rivaling the inequality of the gilded age.⁵⁶ This inequality results from 35 years of policies that shift the balance of power in the job market to employers (e.g., a lower minimum wage, the declining influence of unions, economic deregulation and free trade agreements, immigrant policies that depress low-end wages). These policies have resulted in workers sharing in almost none of the gains in productivity growth in our economy – as the chart below shows.



A wage board – or wage committee – process that considers, as did the New York fast food wage board, what sector or occupation-specific wage minimum best serves the public interest of Pennsylvania, or in today’s case, Pittsburgh, makes a vital contribution to the region’s

⁵⁶Estelle Sommeiller and Mark Price, *The Increasingly Unequal States of America*, Economic Analysis Research Network, online at <http://www.epi.org/publication/income-inequality-by-state-1917-to-2012/>. For a Pennsylvania-specific brief, see Mark Price, *Increasingly Unequal in Pennsylvania: Income Inequality 1917 to 2011*, Keystone Research Center, online at <http://keystoneresearch.org/publications/research/UnequalStates>.

discussion about more people can be included in Pittsburgh's new prosperity. In our view, a minimum wage of at least \$15 per hour for health care workers would have multiple benefits: it would reduce child poverty and lift more workers in health care into the middle class; it would set a standard for other sectors that achieves additional progress on reducing inequality; it would strengthen the economic recovery by putting more money in the pocket of working families. In addition, implemented intelligently such an increase could improve quality of care by reducing turnover among lower-wage health care employees and creating a context in which all workers can be incorporated into team efforts to improve the quality of care. Last, there is no reason to expect that such an increase would necessarily increase costs, including to taxpayers. Fewer workers would need to receive means-tested public benefits (e.g., Medicaid, food stamps/SNAP, subsidized child care). Within the health care sector, workers paid less than \$15 per hour are a small fraction of total costs, vastly outweighed by the cost of higher paid professionals, technology, and prescription drugs. Lastly, quality pays (or saves) – across industries but certainly in health care. Based on all these considerations, we recommend that City Council strongly endorse an increase in the minimum health care wage to \$15 per hour and call on health care employers to provide plans to implement this goal.

Over the past decade, and with increased intensity in recent years, Pittsburgh's healthcare providers have engaged in ferocious vertical and horizontal integration to maximize their leverage in the market. The result for workers is a labor market that leaves service workers undervalued and underpaid, with no reason to expect that market forces will rescue them. Without lifting the wage floor in the region's dominant employer in its dominant service industry, Pittsburgh cannot rebuild its middle class. Thus the key question facing Pittsburgh and our nation today is whether workers, communities, and elected officials once again have the creativity and the conviction to build a new – in this case, 21st century – American middle class.

Testimony of Darrin Kelly on Behalf of Jack Shea, Allegheny County Labor Council

Good afternoon. On behalf of the hard working men and women of the Allegheny County Labor Council, AFL-CIO, and all of our affiliated unions, I commend Councilman Ricky Burgess for his leadership in convening this Wage Committee. It's a welcome sign of the support of our elected leaders for working families that our City Council has voted to create this special Wage Committee to examine compensation for workers in the hospital sector of our economy. I'm here today to say thank you, but also to urge you to keep leading on this issue. Leadership and action of wages for hospital workers what we need.

Hospitals are now the biggest employers in Pittsburgh. Together with the universities, hospitals comprise the new "eds and meds" economy. It's good news for our region that knowledge based, environmentally clean industries are growing and creating wealth. But when the biggest employers hold down wages for thousands of workers, we have a problem. That's not only a problem for thousands of hospital workers. Low wages at our biggest employers serve to hold down wages across the economy, especially in the service sector. That hurts union members

and non-union workers alike. Low wages mean working families consume less of the goods and services created in the region, which in turn hurts our businesses and merchants.

Big hospital systems like UPMC and the Allegheny Health Network are not only our largest employers. They are purely public charities. We the taxpayers of the region subsidize them. We forego millions in revenue for local government, emergency services, and schools, and other public goods. In return, it's right that we should expect a lot from these institutions. We should expect that hospitals act like charities. We expect them to create jobs that are family supporting, middle class jobs.

In Pennsylvania, we know that Wage Committee like this one cannot set wages. We can see that in Pittsburgh, with two giant corporations dominating the hospital sector, executives left to their own devices can set wages low. We are left with one tried and tested process to lift up wages and create middle class jobs. That process is workers organizing unions and bargaining collectively with their employers.

Former Treasury Secretary and National Economic Council Director Lawrence Summers makes the case that without worker forming unions, America is out of balance. Without the uplift of workers bargaining for improvements, corporations don't deliver the wage gains that in turn drive growth and opportunity across the economy.

Here in Pittsburgh, we know from our own history Secretary Summers is right and that there is a better way forward. When workers in steel and manufacturing and other sectors organized and bargained collectively, they created an economy that worked for everyone. But the steel industry, for example, would never have been organized without community action and the leadership of elected officials. J&L Steel fought hard against workers forming a union. It was only in 1937, when communities rallied to the side of the workers, and Governor George Earle demanded that the company stop threatening its employees, that conditions were created for a free and fair union representation election.

As Mayor Bill Peduto has pointed out, hospitals are the new steel mills, the giant employers of our economy. It's so encouraging that hospital workers are rising up and calling for \$15 per hour as a living wage. This summer, the Allegheny County Labor Council celebrated the victory of almost fifteen hundred AGH hospital workers who organized a union. We commend AGH and AHN leaders who, although they did not particularly want a union, respected their employees enough to let them make up their own minds about organizing. I wish I could say the same for UPMC executives. But UPMC's aggressive union busting, resulting in hundreds of alleged Unfair Labor Practices, and their promotion of the anti-union National Right To Work organization, shows the lengths that they'll go to keep workers down and wages low. It's going to take a united effort of hospital workers with the support of labor movement, community leaders, and our elected leaders to win fairness and living wages. The future of working families in our region depends on it.

In closing, I would like to make clear that the care we all receive in our health care facilities is the best in the country. But while some institutions treat their workers fairly, others, like UPMC, just can't seem to get that part of being a large corporation right. It's time they start being a better employer to their workers.

Testimony of Erin Kramer, One Pittsburgh

Good afternoon, my name is Erin Kramer. I am the Executive Director of One Pittsburgh, an organization of neighbors, community advocates, people of faith, and workers' rights activists. Together, we are fighting for a city where everyone has the opportunity to work in a good job – one that respects their human dignity by paying a family-sustaining wage, providing health insurance, and recognizing workers' rights by allowing them to form a Union.

A city that works for all of us also requires great public schools, excellent public transit, a healthy environment, and affordable housing for all.

We know that there's more than enough money in Pittsburgh for everyone to have a good job, decent wages and to build that city that we aspire to. That's why we campaign for corporations and the 1% to pay their fair share and for a strong voice for working class and low income people in politics and government. A One Pittsburgh activist summed up our mission this way: we follow the money, confront the power, and make the change.

Good jobs, great public schools, excellent public transit, a healthy environment, and affordable housing for all. The path to a Pittsburgh with those things leads through the hospital industry. Hospital systems are the biggest employers and the biggest landowners. We have heard from so many people offering testimony that left to their own devices, hospital executives will not invest in our community and create thousands of family supporting jobs. In fact we have seen hospital executives jealously defend their non profit "purely public charity" status that shields them from paying taxes.

At the same time they are shielded from both governance of public authorities AND any direct accountability to shareholders. Hospital executives are effectively unaccountable, and they have used that unchecked authority to hold down service worker wages across this city.

The profound social inequality and poverty we see in so many neighborhoods of our city is a product of this low wage service economy hospitals have shaped. Quite simply, there is no way to make Pittsburgh a livable city for all without transforming this injustice and lack of accountability at the heart of our economy.

As Executive Director of One Pittsburgh, I'm part of the leadership network of the Center for Popular Democracy, a nationwide coalition of community based organizing groups that build power for a pro-worker, pro-immigrant, racial justice agenda.

The national experience of our partners in CPD confirm for me that the hospital workers movement for \$15 and a union is part of something that goes far beyond our city. In New York City, I witnessed fast food workers going on strike to demand living wages. Busloads of activists from Pittsburgh travelled to Detroit when service sector workers followed the lead of New Yorkers and joined in a wave of protests and strikes. From there, the Fight for \$15 movement has spread all across the country, with community organizations like One Pittsburgh and our partners collaborating closely with workers who don't yet have the protections of a union but insist on raising their voices for a better life.

What's remarkable is that this movement has in turn inspired a wave of reform through local and state government. In Seattle and Los Angeles, city governments adopted \$15 as a minimum wage. The Governor of New York adopted a wage board report on setting a timetable to get to \$15 as a minimum wage and is now enforcing it from Buffalo to Long Island. Since then, we've seen President Obama convening low wage workers from across the country to affirm their demand that America needs a raise.

That's how progress happens. When workers and community advocates come together and elected leaders respond, we can lift families out of poverty. Of course, corporate executives object and claim \$15 is unaffordable and unrealistic. The question is whether we as a community have the will to hold corporations to account and to make change happen that creates an economy that works for everyone. We're here today, yes, we can.

Testimony of Michael Lamb, City of Pittsburgh

Good afternoon. My name is Michael Lamb and I am the Controller of the City of Pittsburgh.

I am here today to speak about what I believe is an important yet misunderstood economic reality here in the City of Pittsburgh. As you know, we have come a long way as a city over the past 10 years as we have climbed our way out of a potential bankruptcy. We can at least see the light at the end of that tunnel. Revenues are growing. Property values are on the rise. There are more jobs in Pittsburgh today than there were at the height of the basic manufacturing boom and the median income of our residents continues increase.

But that does not tell the whole story. Our economy today is much different than it was 30 or 40 years ago. Today, the possibility of poverty is far more prevalent. I think of it in terms of a young man or woman who, for whatever reason, has not pursued higher education, armed with a high school diploma (or maybe not) entering the Pittsburgh workforce for the first time. In the past, there were entry level jobs in, or supported by, basic manufacturing for workers at this skill level. Today, those opportunities mostly exist in the service industry.

UPMC and Highmark are the two largest employers in the Pittsburgh region, and at their hospitals in the City of Pittsburgh, they employ nearly 30,000 people.

Nearly 11,000 of these workers are in the lowest-paid category of service workers. UPMC's own advertised start rates are \$11 an hour in the city; at that rate, working full-time, a single parent with one child would still be eligible for food stamps. We know that some start rates are even lower than that, some under \$10 an hour.

The median hourly pay for healthcare support occupations in the Pittsburgh region is \$12.94. That means that half of those workers make less than that.

The overall quality of life in our city is made worse when we have our two largest employers setting the tone for workers' wages in this way. If you look at the Steelworkers' contract from 1968, back when U.S. Steel was the leading employer in our region, and if you adjust the starting rate for inflation, you will find that the *lowest*-paid workers at U.S. Steel started at \$18.15 an hour in today's dollars.

That's just a different world from what we have now. It meant people had more money to spend, which meant more thriving businesses in our neighborhoods. If you look back at our economic development policies in the city over the last 20 years, we've had political disputes in Pittsburgh about whether we were putting too much emphasis on Downtown at the expense of the neighborhoods, or that some neighborhoods were getting more attention while others were neglected. But the more fundamental story is that too many people are just not getting paid enough to live a self-sufficient life and sustain a healthy economy for our city.

It's especially bad that these low wages are being paid by our two largest employers, because both of these organizations are also large non-profits that own many tax-exempt properties. Let's leave aside for a moment the tax exemptions they get from Federal and state income taxes, from the sales tax, and the lower interest rates on their tax-exempt bonds. The tax breaks they get just from our local governments are enormous.

I have talked about this problem in the past: with our declining population over the decades, our tax base has shrunk, even though we still have to have city services that cover the entire territory of the city, and even though our city is much bigger during base problem is compounded by the fact that so much of our most valuable land in the city is tax-exempt, whether owned by non-profits or government at various levels. That includes our two largest employers. Contrast that, too, with the large employers of two generations ago: those manufacturing companies not only paid better wages, they also paid property taxes.

UPMC and Highmark receive some \$14 million annually in property tax exemptions from the City of Pittsburgh, and over \$18 million annually from the Pittsburgh Public Schools.

The City of Pittsburgh also has a payroll preparation tax that is paid by employers, but nonprofit employers are also exempt from that tax. My office estimates that UPMC and Highmark receive another \$15 million in tax exemptions from that tax.

While their nonprofit employers are exempt from the payroll preparation tax, the workers themselves do still pay the City of Pittsburgh wage tax of 1% and the wage tax of 2% for the Pittsburgh Public Schools. If Pittsburgh's hospitals raised the minimum wage for their workers to \$15 an hour, it would be a tremendous boon for the quality of life in our city in its own right. It would also mean more money for the coffers of both the city and the Pittsburgh Public Schools, as workers would pay more in wage taxes.

If we assume that the lowest-paid hospital service workers see their wages rise to \$15 an hour, and the wages of other service workers rise accordingly, then we would see over \$100 million more in the pockets of hospital service workers, which would be a powerful stimulus to our local economy. It would also mean another \$1 million for our city budget, and another \$2 million for our public schools, just from those 11,000 workers. But other workers in those hospitals would also receive wage increases. And perhaps most significantly, we are talking about the city's two largest employers here: The result of an across-the-board wage increase at these two large employers would mean that other lower-wage employers would have to raise their own wages as well in order to hold on to their employees.

That's the kind of economic development we want in the City of Pittsburgh: a virtuous cycle where the frontline workers (that young man or woman with a high school diploma (or not)) have more money in their pockets to spend and stimulate our economy, encouraging the formation of new businesses and the creation of new jobs that also will pay better wages, and so on. All of this would also mean more money in the city's coffers to fund our city services, as well, but the best part of all might be that actually would need less of those public services: when everyone in Pittsburgh has a good economic futures, we are bound to have less crime, less drug use, less homelessness, better health and healthier populations, better schools, and just generally fewer problems to deal with. Higher wages for workers might sound expensive. But it's not nearly as expensive as what we're doing now.

Testimony of Reverend Rodney Lyde, Baptist Temple Church

Good afternoon. I'm Reverend Rodney Lyde, Pastor of Baptist Temple Church, and as well the Chair of the Spiritual Leaders Caucus of PIIN. I also chair the Low Wage Worker Taskforce of PIIN. As a pastor, I had the opportunity to minister in hospitals all across this city. I work alongside the very many hospital care workers that, like me, offer care and are called to the same work. I've gained a great deal of respect for the work that they do.

The reality is, as we consider the topic of today, that the work that they do is being, I think, undervalued. We live right now in a city of Pittsburgh when, in the truest sense, this industry is a big business, so big that we have executives making millions. But at the same time the bigness of this industry is not reflected in the compensation of its workers. Business that's so big that its revenues are measured in the billions, not millions, but at the same time the compensation is measured, so to speak, in pennies.

In my opinion, if we want to indeed say as well as indeed do care for the workers of this city, then indeed we will make every step possible to raise the floor of the minimum wage of hospital workers. I think the reality is for pastors like me who live off of the generosity and largesse of people who use their disposable incomes to do ministry understand that congregations are able to do more in our communities when the members of our congregations have more to put in the offering plate. In that way, I would simply say to you that we have to correct this economic system whereby we are all clear that there are many people doing very well, increasingly so, but at the same time there is a huge and growing population that's rubbing two nickels together trying to make a dollar out of ten cents.

And so I say in closing that as I consider not just the matter of this wage floor of \$15 that the fact is I think that's only a beginning, because the fact is there is indeed power in being able to afford to live in this city, but what I'm mostly advocating for is the power in the ability of people to determine their future and the lives of their own families and not have it be predetermined by people who are more concerned with profits than people. Thank you very much.

Testimony of Rachel Martin Golman, Sierra Club

My name is Rachel Martin Golman. I am the Pennsylvania Organizing Manager for the Sierra Club, the oldest and largest grassroots environmental group in the country. Thank you very much for allowing me to testify about the effects of low wages for healthcare workers on the communities where they live.

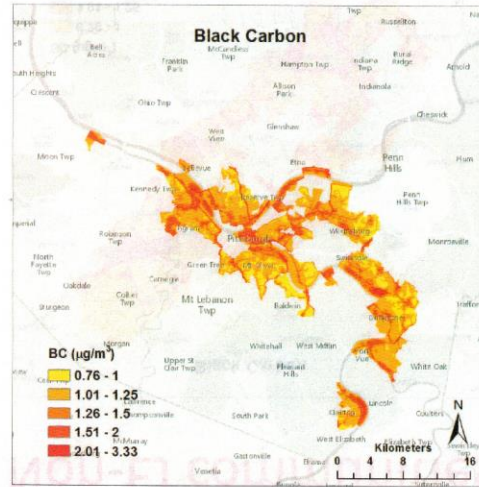
You may be wondering why an environmental organization is speaking about the issue of low wages.

Sierra Club is part of a huge fight now for the future of our planet. We need the voices of all citizens speaking up to move our economy away from the current one, fueled by fossil fuels, that is heating up our world. What we have found time and time again is that when low wage workers are faced with the daily concerns of providing for their families' basic needs, it leaves very little room for addressing other issues facing their families and their communities, even issues as large as climate change. Increasing wages of hospital workers would not only put money in the pockets of people who need it most, reducing people's need to rely on food stamps and other forms of assistance, it would increase the ability of people in areas that suffer disproportionately from pollution and environmental degradation to fight for environmentally healthier communities.

I have a map of our Pittsburgh area that highlights how serious a problem this is for our low income communities. It was prepared by Albert Presto of Carnegie Mellon and he was mapped where the highest levels of pollution are in our region. They are the ones shaded the darkest. As you can see from the second picture, most of that pollution is located in our region's Environmental Justice (EJ) communities. EJ communities are ones that have either a low average income or a high percentage of minority residents. One of the best ways to repair this

inequity is give those communities the resources to fight for clear air, in the form of higher wages for workers.

Environmental justice communities



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While the Sierra Club is fighting to reduce climate pollution in order to protect our communities from the worst effects of climate change, it is clear that we are already seeing the results of a changing climate. We will all be affected as sea levels rise and storms become more damaging - what happened a few weeks ago in South Carolina will become the norm. Communities where low wage workers are concentrated are the least able to be resilient in the face of these changes in our climate. Workers need living wages to be able to survive climate catastrophes. As our national Director Michael Brune said at a recent Fight for \$15 rally in LA:

When fossil fuels disrupt our climate, causing killer heat waves, wildfires, and deadly floods, who suffers the most? It's the people who can't afford air-conditioning, the people who can't afford to buy gas to flee from fires and floods, and the people who must raise their kids next door to coal plants, fracking sites, and oil refineries. Because no matter how hard those people work, they can't earn enough money to save their own lives. That's why they call it a living wage!

The system that produces low wage jobs that can't support families is the same system that produces pollution in our neighborhoods and climate change. We support higher wages for hospital workers because it is the right thing to do. It's the fair thing. If there is going to be a transition to this fairer economy, we need to create millions of good paying jobs in health care,

education and clean energy. Otherwise, people will be stuck in the false choice that is so familiar to Pittsburghers - good jobs or clean environment. We know we can have and that we will all benefit from good, family sustaining jobs and a healthy environment, and in fact, the two support together. We just need the political will to make it happen. Thank you very much for your attention.

Testimony of Gabriel McMorland, Thomas Merton Center

I'm on staff at the Thomas Merton Center, a peace and justice center working in Pittsburgh since 1972. Our members have consistently come out to actions supporting local hospital workers and service workers because of the moral crisis we face as a city. This is not a math problem, it's a power struggle. Our members know that all residents benefit when service workers have \$15 an hour and a union. The board and executives of our largest employers can choose to provide living wages for their workers, but instead they choose to keep our neighbors in poverty. It is this willful choice by the employers allows us to see our neighbors' poverty as an act of violence. Our members are also deeply concerned about the ongoing oppressions of racism and gender discrimination in our society. In Pittsburgh, low wage employers play a central role in institutionalized racism and gender discrimination. The majority of hospital workers are women and low-wage service workers are disproportionately people of color. Finally, we know region faces an affordable housing crisis and that our public transit, which already has some of the highest fares in the country, does not reach many low income people.

The choice to keep wages low accelerates these problems.

We're grateful to the City Council for holding these hearings and to the workers fighting for their right to a life of dignity and safety.

Testimony of Barney Oursler, Pittsburgh United

My name is Barney Oursler. I am the Executive Director of Pittsburgh UNITED, a coalition of faith, labor, environmental and community organizations advocating for equitable economic development and family-sustaining jobs.

Councilman Burgess, I want to recognize your leadership for workers in our city and region by getting city council to establish this Wage Committee and convening this hearing. Our city looks forward to you and your panels' recommendations. And it's important that this Wage Committee focus on hospital workers, the biggest part of our new economy labor force. For several years now, the Pittsburgh UNITED coalition has been raising the alarm that the growing "eds and meds" economy, promising as it is, has been leaving too many of our people behind. This includes hospital service workers at the two companies that run most of our hospitals, UPMC and Highmark AHN. These corporations are the region's two largest employers, and they also receive multi-million dollar subsidies from taxpayers, directly and thru

the publically funded services like food stamps and energy assistance needed by their low wage workers.

Our August 2013 report, “Unhealthy Choices,” and our February 2014 update of that report, “A Call For Change,” showed that a typical service worker at UPMC was paid anywhere from 8% to 30% below a basic family sustaining wage in the Pittsburgh region, with many making 31% to 59% below a family sustaining wage.

The bottom line is that there are thousands of hospital service workers in the city, and they work for employers who are so large that their pay rates set the standard for the rest of the city. Our reports have also pointed out how much working families have had to reduce their expectations since the days when I was a lot younger and working in the steel mill. Low wages mean less economic opportunity for workers and their families and less economic development for our neighborhoods. That is what is called the “cycle of poverty,” and our reports have also shown that it is especially bad in Pittsburgh’s African-American community, where we see black workers disproportionately employed in the service sector. Our study shows that wages in Pittsburgh’s black community are some of the lowest and poverty rates some of the highest of any region in the country.

Pittsburgh’s hospital corporations, as the two largest employers in the region, will need to pay family sustaining wages to all of their workers if we want to improve the economic future of our city and the region.

As the taxpaying public, we are within our rights to demand this standard, because we give enormous tax gifts to these two giant so-called nonprofits. Our April 2012 report “Hidden in Plain Sight” demonstrated that Federal and local tax breaks for UPMC in one year amounted to over \$200 million. The tax subsidies we give these large “eds and meds” institutions are, when you think about it, the largest and most expensive economic development subsidies that our local governments give. If we want to get the value for the money we give them, then our local hospital corporations must take the lead in putting an end to the low-wage, low-road model of economic development in our city.

It’s time that the “eds and meds” economy benefited everyone.

Testimony of Carl Redwood, Hill District Consensus Group

Hi. I’m Carl Redwood. I’m from the Hill District. I’m the chair of the Hill District Consensus Group, and I want to talk about housing. In Pittsburgh there’s an affordable housing crisis. This crisis is most severe for families and households who have very low and extremely low incomes. Black families in households are being forced out of the city in large numbers because of the lack of affordable housing for lower income families.

In Pittsburgh, over the last four decades, politicians have promised an economically and racially diverse city, but one mayoral administration after another has accelerated existing class race

based inequities. Public housing complexes have been demolished. Project-based Section 8 units are at risk. Unemployment continues to skyrocket.

Some call Pittsburgh the most livable city, but it's also the place where black people rank second from the bottom in economic opportunity. The current policy of the City of Pittsburgh is to force migration of black people from Pittsburgh to the suburbs. In 1980, there were 100,000 black people in Pittsburgh. By 2010, there were 80,000 black people in Pittsburgh. During this same time period, the black population in Allegheny County not including the City of Pittsburgh went from 80,000 in 1980 to 114,000 in 2010. We lost 20,000 black people in Pittsburgh and gave 35,000 black people in the "suburbs".

Why is this? Because the rents are too damn high. Households that are forced to spend 30 percent or more of their income on housing are considered housing cost burdened. When we look at median incomes for Allegheny County as a whole, the median income is about \$66,000. That's the middle household income. For the city of Pittsburgh the middle household income is \$44,000. For black Pittsburgh the middle income is \$22,000. And for my neighborhood in the Hill District the middle income is \$18,000.

Rising rents are a big problem, but the other side is housing prices, is low wages particularly in the hospital industry. In 2011, the average African American man with a full time job earned \$39,000 in the Pittsburgh region. That's the second lowest average wage for African Americans among the top forty regions reported in the census, and it's more than 40 percent lower than the \$65,000 the average white man with a full time job makes in the Pittsburgh region. African American women with full time jobs earn slightly less than African American men, an average of \$37,000 and their wages are the seventh lowest when compared to African American women in other parts of the country.

Low wages for hospital workers contribute to debilitating rates of poverty in Pittsburgh's African American community. Pittsburgh has the third highest rate of poverty among working age African Americans of major U.S. metropolitan areas, and average wages for African Americans in Pittsburgh are second and seventh lowest in the country for men and women respectively. A huge factor contributing to these disparities is the types of jobs that African American Pittsburghers have. The city has the highest rate of African Americans working in service occupations of any major urban area in the country, and many service jobs at hospitals, our largest service sector employers, do not come with family sustaining wages. We need to do everything we can to fight for our better wages and a union for hospital workers here in Pittsburgh. Thank you.

Testimony of Cassi Steenblok, Clean Water Action

Hello, my name is Cassi Steenblok. I'm from Lawrenceville. I'm here today as Program Organizer for Clean Water Action and our 5,000 members in the City of Pittsburgh. Clean Water Action

works with diverse people and groups to protect our environment, health, economic well-being and community quality of life as well as make democracy work. That's exactly what this Wage Committee and all the people coming to testify are doing.

At Clean Water Action, we see poverty level wages in major employers like hospitals as part of the public health and environmental challenge of this region. Low wages interact with the problems of poverty and pollution, requiring a comprehensive analysis and a sophisticated policy and regulatory response. We call this environmental justice.

I work every day with people in Pittsburgh and surrounding towns struggling with problems related to pollution and public health. Air pollution, for example, results in chronic conditions like asthma, cancer, and heart disease that impact the standard of living and increase mortality rates in affected communities. These people rely on hospital workers to manage their conditions and fight for them.

Thousands of hospital workers make poverty level wages. Low wages for hospital workers means a lower quality of life for those workers and their families, which impacts the health of care givers. The very people asthma, cancer, and heart disease patients need for their health care are themselves placed in jeopardy of poor health because they are poor.

Low wage workers like hospital workers, who are also disproportionately people of color, increasingly find themselves because priced out of their neighborhoods through gentrification and unaffordable housing. Ultimately many of them move to cheaper housing in the suburbs and exurbs, which in many cases around Pittsburgh means living in towns in close proximity to pollution sources.

In Clairton, for example, the population is significantly made up of low income people and has a high proportion of families of color. Practically everyone I talk to in Clairton has asthma, cancer, or heart disease in their family or among their friends and neighbors. Low wages in hospitals and the service economy make a place like Clairton seem like a good value option for housing. But it's also, unfortunately, a good place to get sick.

\$15 an hour is more than a monetary figure. It is about a way of life that seeks to address the environmental justice issue that plagues many low wage workers. It is also about taking care of those fellow residents most impacted by the poor air quality that affects our region by ensuring we attract and retain quality people to help manage and run our medical facilities. When we take care of workers in our largest industry we also take a critical step forward in improving health outcomes and empowering hospital workers to have more and better options in their lives. We look to our elected leaders to help make that progress a reality.

Testimony of Casy Stelitano, Pittsburghers for Public Transit

Hello, my name is Casy Stelitano. I'm the Program Coordinator for Pittsburghers for Public Transit (PPT), a grassroots organization of transit riders, transit workers, and residents who

work to defend and expand public transit. We're the activists who mobilized Pittsburghers in the successful fight to secure state funding for mass transit and re-establish bus lines for riders around the region, We're pushing to hold down fares for transit riders so that everyone can afford to use mass transit. We're making the case that transportation is a public good for everyone and that's key to Pittsburgh becoming truly livable and environmentally sustainable for everyone.

Public transit is good for everyone, even those of us who usually drive cars, because buses and trains cut down on traffic jams and reduce air pollution. For low wage workers and their families, however, public transit is a lifeline. If you can't afford to buy and maintain a car, or if you need to limit how much you use your car, then the bus is the way you get to work and go to the store and visit your doctor. At countless meetings and discussions with riders on the bus, PPT activists have come face to face with the reality of low wages in our biggest industry. Many hospital workers are dependent on the bus. When fares go up, or when bus lines are cut, hospital workers are disproportionately affected among the thousands of other low income people in the region. Hospital workers end up with less money in their pockets, lengthy waits at the bus stop on cold mornings, and even two mile long walks in the rain and snow just to get to a bus stop or transit hub.

The state funding bill secured enough funding to prevent more cuts in the near futures, but to have the affordable transit system that meets the needs of our communities, we need more transit funding. Right now, a giant institution like UPMC, which is considered a "charity," is not paying taxes toward the public services that support it, including Port Authority. Without our transit system, how could the workers and patients get to the hospitals?

UPMC is the biggest private employer in Pennsylvania and the biggest landowner in Pittsburgh. Thousands of people work for them making wages that are so low that they have to use mass transit. But UPMC does not contribute to the bus system that its workers use every day. The taxpayers and fare payers have to make up this shortfall in revenue. In effect, we are all paying to provide for the transit system that helps subsidize UPMC to be a poverty wage employer.

It's great to see that hospital workers are fighting back. Because 1500 workers at Allegheny General Hospital organized a union, they'll be able to have a voice in the compensation and hopefully push up their wages. We know that UPMC workers want to join them. Everyone in Pittsburgh, and especially our elected leaders, should help these hospital workers succeed. Let's support their fight. Just like creating a fully funded, equitable, and accessible transit system is critical, establishing living wages in our largest employers is vital.

Testimony of Geoff Webster, Value Capture

Thank you for the opportunity to share ideas today to create a better healthcare market in Southwestern Pennsylvania.

My name is Geoff Webster. For almost 20 years I've been intensely involved in our region's healthcare market in a wide array of capacities. Helping my two parents navigate the system through their aging process. Experiencing it as a patient through two failed ACL surgeries. As the Director of the Pittsburgh Regional Healthcare Initiative and Executive Director of the Consumer Health Coalition. And, currently, with Value Capture an advisor to hospitals, insurers and policymakers on the root causes of problems in our current system while teaching the operational principles to pursue excellence every day.

None of this experience gives me expertise regarding exactly what health care workers should be paid.

However, what I can factually offer is a direct correlation between the engagement and empowerment of front line workers in health care and the safety, quality and cost effectiveness of care in a health care institution.

In virtually every industry – airlines, manufacturing, metals, nuclear power, grocery, healthcare and others – there are a handful of institutions with great leadership who recognize that their front line workers are the engine for producing value. These organizations – Toyota, Southwest Airlines, ThedaCare, Virginia Mason, Alcoa, among others – continually produce better safety and quality records than others doing the same things, meet their customer needs faster, and frequently outperform their rivals financially due to the value they create for their customers. None of these companies are perfect, but all are better than their peers.

These great organizations have several things in common:

- They deeply respect their workers and enable them to change their own work by establishing systems of continuous improvement.
- They listen to their workforce and want to advance transparency and learning from things that go well, but more importantly from things gone wrong.
- Their workforces are professionally safe to call out problems and highlight weaknesses as a basis for learning.
- They show their respect by paying a wage that is not the least that the market will bear and indicates that the frontline worker is not expendable but is someone whose experience and development are worth investing in.

Without underlying respect for every worker and tangible evidence of this respect in the dealings between management and the workforce, it is not possible to be excellent. In the case of health care, being mediocre or worse means dead patients (300-400K per year in the US at last count), harmed patients (2.5 million per year in the US at last count), injured workers (healthcare has the worst workplace safety record in the US), high workforce turnover and absurdly high healthcare costs.

Unfortunately the Pittsburgh region, despite tens of thousands of exceptional health care workers striving every day to care for those who need healing, is trapped in a “dark ages” of leadership and management among many of our health system leaders who haven’t applied these basic, values-driven principles to the leadership of the institutions they are responsible for. We have seen the results in hundreds of needless deaths, many more cases of preventable harm, billions in wasted cost, and an undervalued healthcare workforce. It is my sincere hope that City Council will use the means at its disposal to help even the playing field between the remarkable healthcare workforce and the leaders who allow our regional potential to be compromised every day of their tenure.
