



Change
that
Works

Hospital Workers Tell The Story

Healthcare workers know how to fix our broken healthcare system by lowering costs and improving patient care. Every day in hospitals throughout the country, healthcare workers experience firsthand how our current system fails to provide adequate staffing and resources to care for patients in the best, most cost-effective way. Our Congress is making decisions that affect the future of healthcare workers and patients. It's time to tell them your story.

Name _____

Phone number _____

E-mail address _____

Best time to reach you _____

Job _____

Where do you work? _____

- 1. How does the work you do matter to patients? How are patients affected when you can't do your job because of "penny-wise and pound-foolish" budget decisions (e.g., short-staffing, supplies and equipment)?**

- 2. How would the hospital save money if you could always do your job according to your training or best practices?**

- 3. How often are you not able to do your job according to your training or best practices (e.g., every day, often, sometimes, never)?**

- 4. As a healthcare worker, do you have affordable health coverage for yourself and your family? If not, can you share a particular story about how that affects your family's economic or physical health?**

- 5. Does having a union improve your ability to do your job according to your training or best practices? How?**

RELEASE AND VERIFICATION

I _____ hereby consent to the Service Employees International Union, and its locals and affiliates, (the "Union") using and publishing the information I have provided to the Union, including my name, photograph, statement, video and any other information I have given to the Union. I release the Union from all liability and any claims I may have arising out of the use and publication of this material. By my signature below, I confirm that I am at least 18 years of age and that all information in the material that I have provided to the Union is true and accurate, to the best of my knowledge.

Signature: _____ Date: _____