

**Testimony of Mary Turner, RN, President of National Nurses United
On Behalf of National Nurses United
Before the Senate Health, Education, Labor, and Pensions Committee
October 22, 2025
Hearing titled, “Labor Law Reform Part 2: New Solutions for Finding a Pro-Worker Way
Forward”**

Good morning and thank you, Chairman Cassidy, Ranking Member Sanders, and Members of the Committee, for giving me the opportunity to testify here today. My name is Mary Turner, and I am a registered nurse in the Intensive Care Unit at North Memorial Hospital in Robbinsdale, Minnesota. I have been a nurse for over 30 years, and I am the President of National Nurses United.

National Nurses United is the largest union and professional association of registered nurses (RNs) in the United States, representing nearly 225,000 nurses across the country. In my testimony today, I will illustrate how critical our right to bargain collectively and form a union is—for us nurses, for patients, for our communities and for all workers across the United States. Through our union, nurses speak truth to power about what we witness every day in hospitals, calling out the consequences of a for-profit health care system that prioritizes profits over patients, fuels the severe nurse staffing crisis, and undermines safe, quality care.

Nurses are our patients’ advocates first and foremost. We witness every day how hospital executives prioritize profits at the expense of our patients’ well-being. To maximize revenue, hospital employers intentionally understaff our units to cut labor costs, forcing nurses to take on dangerously high patient loads. We have decades of evidence that shows when nurses are required to care for too many patients at one time, patients are at higher risk of preventable medical errors, avoidable complications, falls and injuries,¹ pressure ulcers,² increased length of hospital stay, higher numbers of hospital readmissions, and death.³

Hospital employers’ profit-driven decision to short-staff our units has become standard practice and created the severe nurse staffing crisis that we face today. We don’t have a “nurse shortage,” but a staffing crisis, one driven by hospital corporations’ refusal to create good nursing jobs where RNs are respected, protected, and able to provide the safe, therapeutic care every patient deserves.

Nurses are also the first to ring the alarm bells when health care corporations deploy other profit-seeking tactics. We see large hospital chains buy up community hospitals, make empty promises to improve access and jobs, but instead deliver cuts, closures, and union-busting. Big hospital systems

¹ Kim J, Lee E, Jung Y, Kwon H, Lee S. Patient-level and organizational-level factors influencing in-hospital falls. *J Adv Nurs*. 2022 Nov;78(11):3641-3651. doi: 10.1111/jan.15254. Epub 2022 Apr 20. PMID: 35441709; PMCID: PMC9790490.

² Kim J, Lee JY, Lee E. Risk factors for newly acquired pressure ulcer and the impact of nurse staffing on pressure ulcer incidence. *J Nurs Manag*. 2022 Jul;30(5):01-09. doi: 10.1111/jonm.12928. Epub 2020 Feb 25. PMID: 31811735; PMCID: PMC9545092.

³ Increased LOS, Mortality and Readmission: Dierkes, A. M., Aiken, L. H., Sloane, D. M., Cimiotti, J. P., Riman, K. A., & McHugh, M. D. (2022). Hospital nurse staffing and sepsis protocol compliance and outcomes among patients with sepsis in the USA: a multistate cross-sectional analysis. *BMJ Open*, 12(3), e056802. <https://doi.org/10.1136/bmjopen-2021-056802>.

will reduce services, cut staffing levels, retaliate against nurses who organize, refuse to purchase essential medical supplies and equipment, close departments or units, and even shutter hospitals in rural or underserved communities.

In Minnesota, we've heard those empty promises before. When Essentia Health acquired the non-profit hospital in Fosston—a rural community of about 30,000—it pledged to maintain core services. But in 2022, Essentia shut down the hospital's labor and delivery department, citing workforce shortages and population decline. In truth, it was more profitable to send expectant mothers 65 miles away to Detroit Lakes. The loss devastated the community, forcing mothers to travel for up to two hours while in labor. Union nurses joined residents to demand accountability, and the Fosston City Council ultimately voted to end its contract with Essentia after months of failed negotiations. Essentia refuses to comply, insisting it will continue operating the hospital. The Fosston case demonstrates not only how corporate hospital chains put profits over people, especially in rural areas, but also how union nurses organize alongside their communities to fight back.

Hospital employers understand the power militant union nurses wield when we fight for our patients, and the employers try to disrupt our organizing efforts in every way possible. Across the country, nurses are standing up to union-busting campaigns from hospital giants like HCA and Ascension. They know that when nurses have a collective voice, we expose the truth about the unsafe, profit-driven practices, which they fear.

In so-called “right-to-work” states, nurses are organizing fearlessly despite laws designed to silence us. At HCA Florida Fort Walton-Destin Hospital, nurses voted decisively to join National Nurses Organizing Committee/National Nurses United (NNOC/NNU), proving that even under anti-worker laws, nurses will not back down. In New Orleans, nurses at University Medical Center voted to form a union with us in 2023, yet two years later they continue to fight to secure a first contract while enduring persistent management retaliation. LCMC Health has repeatedly disciplined and targeted pro-union nurses for speaking out about unsafe staffing and patient care concerns. These nurses have held return-to-work marches, staged multi-day strikes, and organized community support, all to push back against management violations of labor law and ensure their voices are heard. Their courage demonstrates that even in hostile legal environments, nurses will stand up for their patients, their profession, and their fellow workers.

For all these reasons, nurses across the country have been taking collective action through their unions, both at the bargaining table and in the halls of Congress, to improve our workplaces and ensure we can provide the high-quality care our patients deserve.

But we know that our ability to advocate for patients and communities is stronger with labor laws that protect our right to organize. Right now, those laws are broken and not just in states with “right-to-work” laws. Employers routinely violate workers' rights with little to no consequence. The National Labor Relations Act (NLRA), once intended to protect working people, has become toothless. According to the Economic Policy Institute, employers illegally fire or retaliate against tens of thousands of workers each year who try to form unions, costing workers billions in lost wages. Nurses have seen this firsthand, when hospital executives threaten, intimidate, or even terminate nurses for speaking out about unsafe staffing or dangerous patient conditions. These illegal acts don't just silence nurses; they endanger the patients and communities who rely on us. All workers deserve a stronger NLRA that truly defends the right to organize and bargain collectively without fear.

Chairman Cassidy, we agree with your call to map a pro-worker way forward, and we believe this can start with two immediate actions.

First, Congress must end the government shutdown by passing legislation to fund the government, make whole our federal workers impacted by the shutdown, and ensure millions of Americans get the health care they need. Nurses are deeply concerned about the current government shutdown and the Republican-passed H.R. 1, which will slash nearly \$1 trillion from Medicaid and Medicare and strip coverage from more than 16 million people. Many of these cuts will begin as early as the end of this year, alongside the expiration of the Affordable Care Act's enhanced premium tax credits. If allowed to move forward, these cuts will force patients to ration medications, delay or forgo care, and rely on already-overwhelmed emergency rooms for care, or in the worst cases, patients will die unnecessarily. In fact, experts predict more than 50,000 people will die each year because of these cuts.⁴ Even before the passage of H.R. 1, nurses were witness to how our profit-driven health care system is a death sentence for our patients who cannot afford to pay.

The loss of Medicaid funding will also devastate hospital budgets, leading to layoffs, unsafe staffing, service reductions, and even closures, particularly in rural areas. Hospitals nationwide, including in Minnesota, are already announcing closures and service reductions. Reopening the government and reversing these cuts is not just about protecting federal workers; it is about protecting patients, communities, and the stability of our health care system. Nurses across the country are urging Congress to negotiate a funding bill that fully funds essential programs, restores the livelihoods of federal workers, and ensures our patients receive the care they deserve.

Second, once the government is open, Congress must finally commit to passing the Richard L. Trumka Protecting the Right to Organize (PRO) Act. Nurses and other workers cannot be expected to advocate for patients, speak out against unsafe practices, or collectively bargain for better workplaces if our labor laws offer little real protection. The PRO Act would restore workers' rights, strengthen collective bargaining, and provide real consequences for employers who violate the law, giving nurses and all workers the legal tools to organize safely and effectively. Strong labor protections are not only a matter of justice for workers; they are essential for a health care system that prioritizes patient safety over corporate profits.

On behalf of the nearly 225,000 registered nurses represented by National Nurses United, we look forward to working with your committee to improve working conditions for nurses, strengthen our right to collectively bargain, and ensure our patients receive the health care they deserve.

⁴ Werner, R., et.al. (2025). Projected Mortality Impacts of the Budget Reconciliation Bill, *Letter: Response to Request for Technical Assistance*. The Leonard Davis Institute of Health Economics. The University of Pennsylvania. <https://ldi.upenn.edu/our-work/research-updates/research-memo-projected-mortality-impacts-of-the-budget-reconciliation-bill/>

ATTACHMENTS

1. National Nurses United Letter Urging Congress to Pass H.R.5450/ S.2882, Continuing Appropriations and Extensions and Other Matters Act of 2026, September 29, 2025. Available at: <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:a2185e8e-6607-4267-be1b-0d7a92a7d623>
2. National Nurses United Letter Urging Congress to Oppose H.R.1, The One Big Beautiful Bill Act, June 2, 2025. Available at: <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:8498fefb-807c-4551-9b4a-6a1fa56259d0>
3. National Nurses United Letter Urging Congress to Support H.R.3415/S.1709, the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act, May 8, 2025. Available at: <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:315727d4-83de-4e38-95ec-efca1aea0b14>