Eaton takes congressional committee on an RN’s view of health care changes

The following testimony was presented by Sandy Eaton at a recent congressional hearing at Faneuil Hall in Boston that was part of a country-wide series called by Congressman John Conyers (D-MI) and the single-payer caucus.

The aim of the series was to receive testimony on the state of health care in the country and to build support for HR.676—the Medicare for All Bill—in preparation for the 2006 congressional elections.

There were three panels of testifiers, one each on access, cost and quality. This testimony was given as part of the panel on quality.

My name is Sandy Eaton. I reside in Quincy, Mass., and I work as a staff nurse in critical care at the Quincy Medical Center. I’ve been a registered nurse since 1981, and I’ve worked at the bedside in one capacity or another for over 40 years. I’ve seen it all, at least in the acute care sector here in Massachusetts.

I also happen to be the secretary of the Massachusetts Nurses Association; the chair of this mighty battle is any- thing but “ad hoc.”

I remember when good care was the norm; when you were expected to spend time with the patient and do a thorough, careful assess- ment; when you had the time to get to know your patients and their families; when you had time to teach them about their disease processes, tests, treatments, medications; and when you had time to tell them what to expect and what to do at home.

In 2003, however, the Institute of Medicine reported to Congress and the public that 98,000 people die each year of medical errors, patient falls, complica- tions and complaints by Massachusetts hospital patients, with the majority of com- plaints related to the quality of nursing care.

Today you take your life in your hands if you have time to tell them what to do, or teach them about their disease and when you had time to tell them what to expect and what to do at home.

In the fall of 1993, the motion to adopt a single-payer universal healthcare system lost by two votes at convention, amid calls to unite around the Clinton fiasco. In the fall of 1994, the motion to support single-payer won almost by acclamation. The Massachusetts Nurses Association has supplied cadre and cash to MASS-CARE ever since.

When, in 1997, many physicians finally felt enough pressure to reengineer unlic- ensed care bureaucracies which rendered them unable to follow their best clinical judgment in caring for their patients, their rebellion took the form of a reenactment of the Boston Tea Party with the jettisoning of insurance forms into Boston Harbor; the publishing in the Journal of the American Medical Association of the “Call to Action: For Our Patients, Not for Profit;” and a stirring teach-in on the evils of market medicine right here in Faneuil Hall.

Nurses were with them right from the start at this birth of the Ad Hoc Commit- tee of Independents, with one nurse in all disciplines and our patients needed to be involved in any winning movement for change.

This impetus continued into the 2000 General Election, with the placement on the ballot of Question 5, which aimed to establish a bill of rights for patients and providers, to set a date certain by which the legislature must establish an all-disciplinary universal health care in the commonwealth (that date being July 1, 2002), and to set a moratorium on any fur- ther conversions of health care entities into for-profits until the universal system was established.

Organized nursing in Massachusetts stayed the course with Question 5, which came within four percentage points of win- ning, being outspent 50-to-one, even after the coalition split over the legislature’s partial enactment of its demands.

The Ad Hoc Committee and MNA were the first two groups to endorse the campaign to amend the Massachusetts Constitution in order to make health care a right for all resi- dents. We see a universal system of health care as the best matrix in which to eliminate disparities in care and in which to win the fight for a safe patient environment. But we realize that we cannot wait for that universal system in order to fight for equality of access and for patient safety.

MNA and over 90 other patient advocacy groups are vigorously pushing for the passage of H.2663, which will create a flexible system of enforceable, minimum RN-to-patient ratios in all acute-care hospital settings, with a stan- dard acuity system for improving staffing as patient conditions warrant, without reducing vital support staff, without mandatory over- time, and without floating into unfamiliar territory.

And we vigorously support S.755, An Act to Establish the Massachusetts Health Care Trust, as the way to realize the right to quality health care for all who reside here.

Although the frontline nurses of Massa- chusetts have been reengineered, laid off, sped up, deregulated, privatized, merged and managed, we remain unbowed and committed to the fundamental change we all cry out for.