HONORING 30 YEARS OF DISTINGUISHED SERVICE

HON. LINCOLN DAVIS
OF TENNESSEE
IN THE HOUSE OF REPRESENTATIVES
Thursday, February 10, 2005

Mr. DAVIS of Tennessee. Mr. Speaker, after 30 years of dedicated and distinguished federal service, Betty Loy will be retiring from the Centers for Disease Control and Prevention. During that time she supported six CDC Directors and seven Deputy Directors.

Beginning her career in the federal government with the Atomic Energy Commission in Oak Ridge, Tennessee, Loy later came to CDC’s Office of Director as a part-time employee. Following the resignation of Director Dr. Bill Foege (1977–1983), Loy was asked to work in the Director’s office till a new Director was designated and staff were selected. Having enjoyed her part-time position in the Director’s office Betty applied for the full-time position, and was subsequently selected.

In June 2002, after nearly two decades of service as the Special Assistant to the Director, Betty left to become a Management and Program Analyst working as the liaison with partner organizations and visitors.

It is safe to say Loy has been the voice and face of CDC to a who’s who of public health leaders, Atlanta community leaders, Congressional dignitaries, distinguished visitors and even TV and movie stars. She is virtually a walking, talking history book of CDC.

Betty has said of her job, “I’ve been privileged to work for some of the best people ever.” Well, Betty, the same could be said about you. Former CDC Director, James Mason, MPH, MD, said the feeling is mutual, “Betty Loy, rightfully referred to as CDC’s Ultimate Ambassador will leave a lonely gap at CDC. Her skills, competence, in-depth, knowledge, perspective and warm pleasant personality made her a valuable partner to me and a series of other CDC Directors and Deputies.”

In retirement, Betty plans to travel, spend time with friends, family, her children and grandchildren, and work on family genealogy. We wish Betty all the best in her future endeavors and thank her for years of service to our Nation.

TRIBUTE TO LEGION POST COMMANDER, KEN WOLTERS

HON. IKE SKELTON
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Thursday, February 10, 2005

Mr. SKELTON. Mr. Speaker, one doesn’t have to look very far from home to find an excellent example of patriotism. Ken Wolters, of Jefferson City, Missouri, is the commander of American Legion Post 5. In late January, he left home for up to 18 months of active duty in Iraq with the Missouri National Guard’s 103rd Maintenance Company.

Wolters has been a National Guardsman for 39 years and a Legion member for 34 years. A sergeant first class, Wolters is an automotive technician with the unit. He also has worked full-time as an armament inspector at the Missouri National Guard headquarters, and has been activated for state power outages and the Missouri River flood in 1993, but this is his first federal duty. The unknowns don’t bother Wolters because years of training and a reliable unit give him confidence, he said.

As Ken Wolters begins his active duty in Iraq, he will continue to serve our country with great distinction. Mr. Speaker, I know the Members of the House will join me in thanking Ken for his dedicated service and in wishing him all the best in the days ahead.

THE SAFE NURSING AND PATIENT CARE ACT

HON. FORTNEY PETE STARK
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Thursday, February 10, 2005

Mr. STARK. Mr. Speaker, I rise to introduce the Safe Nursing and Patient Act with Rep. STEVEN LATOURRETTE (R-OH). Assuring quality medical care and addressing our nursing shortage should not divide us on partisan lines. That’s why I’m especially pleased to be working across the aisle with my friend from Ohio, Mr. LATOURRETTE, in this important endeavor. Senator KENNEDY is introducing the companion legislation in the Senate.

There are some 500,000 trained nurses in this country who are not practicing in their profession. Of course, their reasons for leaving nursing are many. But nurses consistently cite their concerns about the quality of care they feel that they are able to provide in many health care settings today. Nurses are also greatly concerned about being forced to work mandatory overtime.

Listen to these words of a nurse in the state of Washington:

I have been a nurse for six years and most of the time I have worked in the hospital environment. It is difficult to tell you how terrible it is to “work scared” all the time. A mistake that I might make could easily cost someone their life. Every night at work we routinely “face the clock.” All of us do without lunch and breaks and work overtime, often without pay, to ensure continuity of care for patients. Yet, we are constantly asked to do more. It has become the norm for us to have patient assignments two and a half times greater than the staffing guidelines established by the hospital itself. I cannot continue to participate in this unsafe and irresponsible practice. So I am leaving, not because I don’t love being a nurse, but because the work is unsafe and the patient is in safe places: not for patients and not for nurses.

While stories like this are telling, we also have a growing body of research to back up the anecdotes. Premier among these studies is a comprehensive report issued by the Institute of Medicine in November 2003 entitled, “Keeping Patients Safe, Transforming the Work Environment of Nurses.” Highlighting their concern with regard to this issue, the IOM headline for their release of the report was, “Substantial Changes Required in Nurses’ Work Environment to Protect Patients from Health Care Errors.” Within the report, they concluded that “limiting the number of hours worked per day and consecutive days of work by nursing staff, as is done in other safety-sensitive industries, is a fundamental safety principle.” The report went on to specifically recommend that “working more than 12 hours in any 24-hour period and more than 60 hours in any 7-day period be prevented except in case of an emergency, such as a natural disaster.”

Another study published in the July/August 2004 Health Affairs Journal, “The Working Hours of Hospital Staff Nurses and Patient Safety,” found that nurses who worked shifts of twelve and a half hours or more were three times more likely to commit an error than nurses who worked eight hours (a standard shift) or less. The study also found that working overtime increased the odds of making at least one error, regardless of how long the shift was originally scheduled. Finally, this article illustrates how nurses are being forced to work more and more overtime. The majority of nurses surveyed reported working overtime ten or more times in a twenty-eight day period and one-sixth reported working sixteen or more consecutive hours at least once during the period. Nurses reported being mandated to work overtime on 360 shifts and on an average 143 shifts they described being “coerced” into working voluntary overtime.

As these studies show, the widespread practice of requiring nurses to work extended