



**Ellen MacInnis, RN  
Steward St. Elizabeth's Medical Center  
Testimony Before HELP Committee  
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Thank you, Senator Sanders and to the other members of this committee for the invitation to testify today.

My name is Ellen MacInnis, a former Steward nurse at St. Elizabeth's Medical Center in Boston, and a member of the Massachusetts Nurses Association Board of Directors. I have the honor and privilege of representing more than 25,000 RNs and health professionals working in facilities across the Commonwealth from Cape Cod to the Berkshires. This includes more than 2,800 RNs and health professionals working in eight of the nine Steward owned hospitals in Massachusetts. In coming here today I hope to provide a unique perspective on the issue, as we are the frontline providers who deliver 90 percent of the clinical care patients receive at these facilities. We also can provide a unique historical perspective as our members have worked at nearly every facility owned or operated by for-profit entities – be they private equity firms, or traditional for-profit providers accountable to shareholders on Wall Street since these firms first entered our state back in the 1990s.

As a nurse who has given decades of service at St. Elizabeth's Medical Center, I had worked at the facility when for years it was a not for profit facility run by the Archdiocese of Boston, and for the last 14 years following the purchase of our hospital by Cerberus Capital Management, and soon to be named Steward Healthcare.

From the perspective of nurses and health professionals on the front lines of the Steward system the impact on our patients and our communities was the same – the corporatization and commodification of health care which is the guiding ethos of Steward and other such providers has left a trail of broken promises made to these communities and the state agencies responsible for the regulation of these providers, and more importantly, to the degradation of patient care leading to an unprecedented level of suffering for the patients and families who depend on us for their health and safety.

The immediate and most debilitating aspect of ownership by Steward for those of us charged with providing care to patients was the chronic lack of staff needed to deliver appropriate timely care to our patients. Having spent 20 years working a busy, urban emergency department, I can tell you we were always struggling to provide life-saving emergency care in a department that was often overwhelmed with patients, with patients boarding in hallways going without care, including critically ill patients waiting to be admitted to our intensive care units, but these patients couldn't be moved to those units due to the lack of needed staff. Every day was a constant struggle to convince Steward to add the staff we needed to meet the needs of patients and every day, little or nothing was done to address our concerns. And it was the patients who suffered the consequences, in delays in receiving needed medications and treatments, in care

left undone, with patient suffering preventable falls and in too many cases, severe harm and even deaths.

The Boston Globe just ran a frontpage expose highlighting some of the tragic consequences of these staffing shortages at Steward Hospitals. This included two patients at Steward owned Holy Family Hospital in Methuen Mass who died in the hospital's emergency department, one a 38 year-old and another 81 year-old male who both died from being undiagnosed and going without proper monitoring in the ED due to the lack of staff on hand to provide that monitoring and assessment.

At Steward Good Samaritan Hospital in Brockton, two other patients died after spending hours in an emergency department significantly understaffed. In one instance, a patient admitted for chemo therapy for pancreatic cancer died alone on a stretcher in a hallway, after spending hours waiting to be seen at a time when the ED was staffed with just 11 nurses caring for 95 patients. No ED nurse should be expected to or can safely care for eight or nine patients at a time, but at this hospital, and other Steward hospitals, this was a regular occurrence.

At another Steward Hospital, a patient experiencing an acute mental health crisis who was placed in restraints, who was supposed to be receiving one to one monitoring to ensure his safety, ended up dying because the hospital was unable to provide that level of monitoring due to the lack of staff.

These were not isolated instances, and I emphasize, all of them were totally preventable.

The other common issue for Steward which severely compromised staff's ability to provide the care our patients deserve was the lack of supplies and equipment needed for the care of patients. This ran from the gambit from the lack of basic necessities to life saving equipment.

During my time in the emergency department, there were many nights when we didn't have baby formula on hand for a mother or clean onesies for an infant who had soiled themselves while coming to us for care. Or often at night, there were no food stuffs to feed a hungry diabetic or patients who were waiting for hours to be seen, forcing us to send one of our colleagues out to purchase these basic necessities.

We had nurses going from floor to floor searching for needed medical supplies, such as IV tubing, bandages, linens, you name it, all of it not available because the vendors who supplied those materials hadn't been paid by Steward for months, and were now placed on vendor hold waiting for that overdue payment.

A more egregious and appalling example at my hospital was the failure of Steward to ensure a supply of bereavement boxes, which are the cases used to carry the remains of deceased newborns to the morgue. Instead, staff were expected to transport these remains in banker's and shipping boxes. To compensate for this indignity it was left to our own nurses to go on line and purchase appropriate containers on Amazon.

The most tragic example, also reported in the Boston Globe, was the tragic and preventable death of a 39 year-old mother simply because the embolism coil that would have saved her life had been repossessed by another unpaid vender.

In addition to the lack of supplies, we watched Steward totally neglect the infrastructure of our facilities, allowing equipment to go unrepaired, and to see once proud institutions deteriorate before our eyes. At one of our facilities, a suicidal patient leaped from to his death from a window that was supposed to be locked shut, but was pried open because of its being in severe disrepair.

At my hospital, several floors went 36 hours without electricity due to faulty wiring and electrical issues, forcing nurses to run long extension chords to be able to run monitors and other equipment needed to monitor and treat patients.

Let us be clear, none of this is acceptable on any level at any time. All of it was preventable. Those responsible for this needless suffering deserve to be held accountable for both their actions, and their inaction, which is why we are here speaking to you today, in the hope that you will find a way to hold Steward and Ralph de la Torre accountable for what they have done to our patients and our communities. And beyond that, we hope you can use this process and your power to prevent such harm from being caused by other providers who choose to place their desire for profit margins over their mission of caring for the most vulnerable among us.

Finally, we think it is important to point out that it is not just Steward, private equity or other types of for-profit providers that need to be held accountable. Our state and federal agencies that are charged with regulating and ensuring the safety of our health care providers and facilities must also be held accountable for doing their part in protecting the public. We want to make clear that our nurses and our association went to great lengths over a period of years to document and report the behavior, practices and outcomes at our facilities to all levels of state and federal government, and it wasn't until the bankruptcy filing was announced that there was any real or meaningful effort to address our concerns about Steward. We would also point out that while Steward is definitely a bad player in the health care market, they are by no means alone.

It is our hope that this crisis can serve as a wake up call to all levels of government and to the public that the danger to our public health from the influence of the profit motive into health care is significant and that we all must do our part to change the system to protect our most valuable resource – the health and well being of all who live in this great nation.