



THE CENTER FOR  
**NURSING ADVOCACY**  
*Increasing public understanding of nursing*

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May 14, 2007

Lawrence K. Altman  
*The New York Times*  
229 West 43rd Street  
New York, NY 10036-3913

Dear Dr. Altman,

I read with great disappointment your article on Governor Corzine today. With the exception of two minor references, nurses do not appear in your article.

Occasionally the care nurses deliver is mentioned, but not the people who actually deliver it (e.g. "Mr. Corzine received 12 pints of blood"), unlike your description of your colleagues.

Other work that nurses do gets credited to physicians (e.g. "Dr. Michael E. Goldberg, the anesthesiologist who controlled his pain medication,"). Unless this hospital was in some parallel universe where this anesthesiologist was at Mr. Corzine's bedside 24 hours a day for weeks, it was the nurses who were controlling the pain, not the anesthesiologist. The anesthesiologist was undoubtedly just prescribing which medicines to use and the general ranges for its use. Nurses surely monitored the patient for level of consciousness, heart rate, blood pressure, skin color and moisture, grimacing, and other signs of pain on a minute-to-minute basis to titrate the medicine to keep the patient comfortable--and alive.

At one point, transportation workers are given credit for the work that nurses do with this comment: "Hospital aides wheeled Mr. Corzine to the basement for CAT scans looking for evidence of brain damage; tears in the aorta, the body's main artery; or damage to the heart, lungs, spleen, liver and intestines." This suggests that you have little idea how incredibly difficult it is to transfer a critically ill patient to and from CT scan and succeed in keeping him alive during the journey. There are few things as difficult in ICU nursing practice. Nurses kept Mr. Corzine alive during that arduous journey; this was no lazy wheelchair ride around hospital halls and gardens.

Another comment credited Mr. Corzine's survival to anything but nursing care (e.g. "doctors and nurses who treated Mr. Corzine here attributed his amazingly fast recovery to his speedy arrival at a trauma center, his grit in overcoming severe pain to begin rehabilitation, and luck."

Other comments made it appear as if only physicians delivered the care, and only their thoughts on the patient mattered (e.g. "The doctors said Mr. Corzine seemed lucid, coherent and sharp." "The doctors still did not know whether Mr. Corzine was paralyzed." "When he moved both arms and both legs, the doctors became more optimistic." "Mr. Corzine's doctors said they were encouraged that baseball and the Devils' playoff run were among his favorite topics." "Trauma doctors measure recovery in part by what patients want to talk about and do").

The following comment in particular makes it appear as if no nurses at all are involved in caring for Mr. Corzine: "At Cooper, doctors typically take turns caring for trauma patients every day." Yet if you look at the total effort put into keeping Mr. Corzine alive, any fair calculation of the effort involved would reveal that nursing care had far more to do with his recovery than did physician care.

Of course, we strive for a world where nurses are not forced to jump up and down and say, "Hey--I did that! Give me credit for it!" Our ideal vision is one where nurses and physicians can work collaboratively--because research shows that patients get the best care in such environments. But this cannot happen when physicians publicly disrespect nurses and take credit for the work that nurses really do.

One of the largest reasons that we are in the midst of a global nursing shortage with no end in sight is the abysmal media portrayal of nursing. Media from Hollywood to films, radio, billboards, advertisements and yes, especially the New York Times have much to do with the way nursing is perceived by society. Can you imagine a 16-year-old young man reading your article and being inspired to become a nurse? All the work of interest described was credited to physicians. Yet any fair article on the recovery of Mr. Corzine would surely encourage the best and the brightest to become nurses. Because it took nursing heroics--top-quality nursing expertise to keep alive a patient injured so critically. With nurses week just ending the previous day, it seemed with this article as if it was time to go back to business as usual--disrespect nurses and pretend their work doesn't matter.

When depictions like your article continue unabated decade after decade, nursing is undervalued and therefore underrespected. When nursing is underrespected, it is underfunded. For instance, nursing researchers get 0.75% (yes, less than one percent) of the total NIH budget for their work. This starves nursing research and nursing education. The nursing shortage cannot be resolved without adequate funding for our schools, and the pathetic NIH funding is one big reason why our schools are starving and why we can't turn out enough new nurses. US nursing schools turned away 150,000 qualified applicants last year for lack of faculty, facilities and clinical placement opportunities.

Underfunding is precisely why we have a global nursing shortage that is killing people in droves. And lack of respect is the largest underlying factor to the underfunding.

In future articles, I urge you to consult with nurses before writing about their work. Please find out what they do to save lives and improve outcomes before writing about their work in a way that makes people believe that it doesn't happen or doesn't matter. Because lack of accurate information on the nursing profession is lethal, and I hope interest at least in your own mortality would drive you to help us increase public understanding of nursing at this critical time.

I will be happy to answer any questions or help you with your next article. Please call or email me.

Sincerely,

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