

February 1, 2022

The Honorable Janelle Bynum, Chair  
House Committee on Judiciary

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Chair Bynum, members of the Committee:

I am writing in support of HB 4142. Shortly after I started working as a CNA at Salem Health, I was kicked in the face by a patient. It hurt enough for long enough that I got it checked by a doctor and received a whiplash diagnosis. In my 20+ year career, that was the exception, that I filled out paperwork and saw a doctor. For the many, many other punches, slaps, pinches, and so on I experienced during the course of fulfilling my job's duties, I did not. In that, I was not an exception. My coworkers were just like me. The norm, expectation, culture, practice, whatever we want to call it – throughout the bulk of my CNA career, we have largely believed that being attacked by our patients “is just part of the job.” It has been so unremarkable as to be practically invisible.

In the last few years, I have seen shifts in our clinical staff culture. I picked up a back injury from a 1:1 patient assignment that was later described as “brutal.” Somebody noticed. Somebody named it. Other cracks in the wall of silence appeared. We started seeing and commenting on and documenting some of the misbehaviors directed at us. Staff and charge nurses and management and security began to develop and implement strategies to help keep everyone safer. Assault charges have been filed in particularly egregious cases. We look out for each other.

There is still room for improvement. I recently left bedside care. Years of what were essentially assaults take a toll, and not only a physical one. The time I got kicked? It has probably been 20 years since that happened. My whiplash healed, but I vividly remember the shock of impact, the spreading pain, the anger of the patient, and the expression they wore. They meant to hurt me. That knowledge made it hard to go back to work and into patients' room. Every time something else would happen, I'd flinch, take a deep breath, and accumulate a little more mental scar tissue. It absolutely contributed to my eventual burnout and exit. Not only I ultimately leave, it also meant I have not been able to recommend RN or CNA work to others. Why would I tell my sister or my friend or anybody I cared about at all to work bedside? At the very least, I would explain in detail exactly what it is like so they could make an informed choice.

While it has improved internally, I believe there is only so much that can be done without outside help. This legislation offers an opportunity for us all to remember that there are outside consequences, and that harming others is unacceptable no matter where we may be. It will provide another tool to help ensure healthcare workers have safe workplaces. It shows community support and solidarity. It is a chance for us all to look out for each other.

Rebekah Bonnesen

cc: Representative Boshart Davis  
Representative Schouten