

Karen Harrington
Clinton
LD 51

Greetings Senator Rafferty, Representative Brennan, and esteemed members of the Education and Cultural Affairs Committee. I respectfully urge you to vote ought to pass on LD 51.

My name is Karen Harrington and I live in Clinton. I am married with four children. I have been a registered nurse for 18 years, with 16 of those years in the hospital setting. I spent much of my career working in a LDRP of a small, rural hospital. I spent most of my career working nights, weekends, and holidays (and many of them due to such a small staff). Due to the nature of the small hospital, with limited staff and resources, and working night shift, I needed to have a vast, wide-ranging skill set. For reference, one of my most memorable nights was when I had a labor patient (who had already birthed five children) present to my unit, ready to deliver, at 28 weeks gestation (preterm) with twins. I was the only OB nurse in the unit (only one in the whole hospital as well). There was no obstetrician in house, no anesthesiologist in house, and no other nurse in house with my skill-set. In the small hospital setting I worked in, all these people are home on call at night, which may be up to 30 minutes from the hospital.

I was a long-term, well-respected healthcare professional. My colleagues and my patients loved me. I was a charge nurse and preceptor. I worked throughout the entirety of the pandemic, many weeks with extra overtime and call shifts. The pandemic really magnified the problems that already existed in healthcare. My job was heavy at times, especially during the pandemic, when women had to choose between the father of the baby (who they may or may not even still be in a relationship with) and their comforting mothers for labor support. But not just during the pandemic. Emergency situations where life or death hangs in the balance, as well as fetal demises... every one of those takes a cumulative toll on a nurse's heart. This kind of high-stress hospital nursing was taking a toll on my health physically and mentally, to a point that I didn't even fully realize until I was done. Despite being burned out in the summer of 2021, I never would have willingly "turned in the towel." I had plans of retiring from that job. I always joked that I would retire from floor nursing, as well as from night shift. I had a passion for caring for the families in my community, a passion for doing whatever I could to improve the very concerning rising infant and maternal mortality/morbidity rate in our country. My coworkers were like family. Some of them I had worked with since 2006. Even though it was a difficult job and one that I was getting burned out in, I never would have willingly left. I would have seen that as abandoning my patients, community, and my unit. But with the removal of religious and philosophical exemptions and the covid vaccine mandate, I didn't have a choice. Disobeying God to keep my job was not an option, not a choice.

As a person of faith, who has dedicated my entire life thus far to ministry with my pastor husband, I will always obey God no matter the cost, even if it is a job or career I love. The amazing thing is that God has provided for our family and rewarded me for my obedience. My nursing income was necessary due to my husband's low ministry compensation. We always say that we're in ministry for the outcome, not the income. When I left my prior job due to the vaccine mandate, I was under the impression that I wouldn't be able to work as a nurse in Maine anymore. But, what I discovered is that there is a vast world of nursing opportunity in Maine that is not affected by the organizations that fall under the Maine Covid Vaccine Mandate. And the new job I just was hired for is paying me more money than what I was making at my old hospital job.

The removal of religious and philosophical exemptions and the covid vaccine mandate pushed a lot of amazing healthcare professionals out of Maine hospitals, which were already severely short-staffed. The unit I (and about 1/3 of my unit colleagues) left still is not fully staffed. They have been relying on travel nurses

since, sometimes three at a time, which is a lot of contract staff for a unit that consists of only about a dozen nurses. Some of my healthcare colleagues found other jobs that did not fall under the mandate, some left the state, some took up travel nursing, and some changed careers altogether. I know someone who went into healthcare tech and is very successful and a few others who joined the real estate sector. Maine cannot afford to lose anymore valuable and experienced healthcare professionals. Maine is critically short-staffed and study after study demonstrates the negative effect this has on patient safety. If I had time, I'd tell you all about the incident my 13 year old daughter had last fall at a MaineGeneral facility where she was exposed to another patient's blood. The state of Maine actually investigated the incident and paid MaineGeneral a visit. Please right this wrong. It would be one step in the right direction for Maine's healthcare industry.