



What Happens When a Nurse Stands Up & Gets Loud?

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on our callous healthcare system, how it hurts us and what we can do about it. I'm your host **Brenda Gazzar**. This time on Code WACK! Why has the nursing profession been called an art and how do inequities in health care affect nurses in the field? To find out, we spoke to **Casey Hobbs**, who has spent the last four decades in various nursing and nursing management roles. She's currently the director of nursing for a large healthcare organization in Northern California. In 2009, Casey, along with entertainment producer **Pattie Lockard**, created a national radio and podcast program called **Nurse Talk** which ran for 10 years. She's also a public speaker and a fierce advocate for patients and Medicare for All.

(5-second stinger)

Casey, welcome to Code WACK!, a podcast at the Nurse Talk team helped make possible. We're so grateful for your support.

[\(01:38\)](#):

Hobbs: Well, any site that's dealing with the things that you're dealing with is near and dear to my heart because we can't get this voice out enough times and there just isn't the amplification we need for this kind of conversation. You know, corporate America controls more and more of our airwaves in everything we do and we, especially, we women, with this major assault on us, we got to stand up. We got to get big. We've got to get loud. So thank you for having your show.

[\(02:08\)](#):

Q: *Ah, thank you. It's our pleasure. You're currently the director of nursing at The Sequoias, a retirement community in San Francisco. Tell us more about yourself and your career.*

[\(02:19\)](#):

Hobbs: I am 66, been a nurse for 45 years or in this profession for 45 years, live in Northern California, intensely passionate about my profession and there's so many things I'd like to change about my profession and so many things I'd like for people to know about my profession. I would really like it if people didn't have to meet me when they're so sick and I really wish that people knew more about what was coming. You know, we know this, we know what's coming. I just, for the life of me, I can't figure out why we can't talk about it. We had Kubler Ross in the 80s. We got nothing, you know, Kevorkian got put in jail and we still aren't talking about death and dying and nobody gets away. Nobody, nobody, nobody, nobody and we don't talk about it. It seems really weird. That we don't talk about our bodies seems really weird to me, that people come to me and say something and they think they're the only ones that happen to, you know, listen, I got to tell you, I got to tell you this, this and this. And I say to them Here's to understand. 'Nothing can happen to you that hasn't happened to millions of other people. There is no experience that you can have that hasn't been duplicated a million times. And yet it's so amazing to me that we all think we're the only ones that happened to.'

[\(03:37\)](#):

That's such a good point. I'm so glad you said that – the idea that none of us will escape death.

[\(03:42\)](#):

Hobbs: Right.

(03:43):

Q: *I'm in my 40s but that didn't really dawn on me on a visceral level until a few years ago. It was some far away concept, and that's life changing once you make peace with that.*

(03:55):

Hobbs: Yes. Yes. And once you see, here's the beauty of it. Well, it's much like, you know, I take my car and I don't know about shit about cars and I say, fix it. And they say, oh, there's this and that dad don't don't, don't mess me up with that stuff. I don't want to know it. Now. That's one thing, cuz it's a car I get into. But to not know your body? For the life of me, why do we not have anatomy and physiology in every high school in this country? Why? You walk around in a body, you don't even know how many bones there are and you don't know what organs are and you don't know what they do. What! And you don't know how food interacts? What! And the food pyramid, what! Don't even get me started on that because I had to get cancer to know that meat was a carcinogen.

(04:38):

Nobody told me that – what the F? I had cancer and people are talking to me about sugar as they're eating a burger. It's like, guess what? That meat you're eating. That's far worse than any sugar I could put in my body and on the food pyramid, it's caca. It's made by corporate America. Oh. And get this – doctors. Oooh, do they get any nutrition? Mm. Let me think about that? I think it's an eight-hour course.. An eight-hour course and that's just recently and when you talk about it and you say, well, you know, doc what, what about being a vegetarian? 'Well, that's ridiculous.' Really? Wow. You know president Clinton had a quadruple bypass and became a vegan and no more heart disease.

(05:24):

That's a great example.

Hobbs: Yeah.

Q: So it's been said that nurses are key to the patient experience and that nursing is an art. Can you talk about that?

[\(05:33\)](#):

Hobbs: It's art, what I'm doing. Let me give you an example of art. So I have a patient who's 85 years old and he is diagnosed with a cancer of the bones in your groin and so they do a surgery to fix that, to take that out, and now he can't urinate on his own and has to have a tube, which was one of the complications of the surgery and he is overwhelmed and unable to process what's happening and really angry and 'this shouldn't be happening. This isn't fair.' You know, when people talk to me about fair, you know, let's pull back to the 10,000-foot view and that way, all things are fair. So you have to decide is death fair? Absolutely. Is cancer fair? Absolutely. Look, when I had cancer, I was so upset because I thought, 'hey, God dammit, I'm a nurse, I made a deal.

[\(06:33\)](#):

I made this unwritten deal with God' and I, I wonder too, how many millions of nurses are just like me and have this idea that, because you went into this profession, you're not going to get the big deals. You're not going to get cancer, or ALS because you're a nurse, right? They're going to do that to you! So I think about the ALS doctor who died of ALS. So is it fair? When I pull back and look at it for what I needed to know? ... First off, I'm a much better clinician post-cancer than pre-cancer so being on the other side of the patient care divide, it would be great if all nurses and doctors could have to do that before they did what they did, because you know, it's way different on their side of the fence. So the art is when do I have the conversation with him?

[\(07:20\)](#):

When do I talk about, 'okay, let's talk about fair. Let's talk about, you know, the use, the virality for men and the use of their penis and how these two things are hooked together and conflated and they're not the same.' So there's a lot of conversations to have. And the art of nursing is to know when to open your mouth. That's the trick of science meets art. So everything I do is informed by science, but then I need to make the connections and then have the conversation with the patient about what this means to them and about what's happening in their body and then find out from them 'so how do you hold this? What's important?'

[\(08:07\)](#):

Q: Mm, very interesting. I wanted to ask you about Medicare for All. As patient advocates, many healthcare providers, including nurses, are on the front lines when it comes to fixing America's broken healthcare system with a Medicare-for-All type system. Why is this? How do inequities in health care affect nurses?

[\(08:26\)](#):

Hobbs: So Medicare for All is where we want to be, because here's the deal. I always say this. The outcomes we have now are related to how much money they can make. So you see on the TV all the time, I love to say **restless leg syndrome** because they made the medication and then they got the disease <Laugh> and that's how it works. If something can be treated with a high ticket item, we're going to use that... So in order to have health care, we need to take the money out of health care. Because right now, money decides everything. Everything – who gets care, who doesn't don't even get me started on people of color, the Black comedian – I can't think of her name – had a double mastectomy and was sent home with Tylenol. Why is that? Oh, cuz she's Black and we all know Black people are going to abuse opioids.

Editor's note: Restless leg syndrome, or Willis-Ekbom disease, is a recognized movement disorder. While it was [once thought](#) to be a condition fabricated by Pharma, according to [a study](#) updated in March, 2022, there are more than three million cases diagnosed each year in the United States.

[\(09:21\)](#):

Now let's take a look at Ohio. Let's see what's the... they're White! The addicted people are White. They're not Black and yet in health care, that is our overarching belief. People who have sickle-cell anemia, which is some of the most painful episodes you could ever want to have, have to beg to get medication and how many ER nurses and doctors go “drug seeking,” “they're drug seeking.” I sure wish for everybody who said somebody was drug seeking. I could tie 'em in a bed and give them that level of pain and say “drug seeking, just drug seeking.”

[\(09:59\)](#):

That's insane that in this day and age Black people aren't getting the care that they need.

(10:04):

Hobbs: Black people, Mexican, anybody of color, Asian. We, the medical profession, have a story about every ethnicity and what comes with it and unfortunately, I have nurses who will come to me and say, 'you know, I think that person's drug seeking.' And I said, 'you know what? I don't give a shit if someone is drug seeking, if they have pain, they have pain. Pain is completely and totally subjective.' If you can take a Swami guru who can put a needle through his arm and not experience any pain, okay. Then to me, everybody's drug seeking. What the hell? You know? So if you're having pain, it's my duty to treat it. Period. It's not my duty to vote about whether you have the pain or not but unfortunately in our profession, people vote.

(10:53):

Q: Nursing continues to be one of the most trusted professions in America. What can we do to better support nurses?

(11:00):

Hobbs: The biggest thing is to integrate nursing into our political discourse. Nurses need a voice at the table, at the Medicare-for-All table. You don't have any nurses, dammit. You have doctor, doctor, doctor, doctor, doctor. Let's see anybody who's been in the hospital will tell you who cares for you? It's the nurse. The doctor breezes in and out. You may see the doctor every other day at most. AT most you're going to see him for 10 minutes. Mm. The nurse, 12 hours minimum, on doing everything. Okay. So if you want to be informed about what's happening, do you go to the doctor or do you go to the nurse? So I would like to see nurses embedded in every state house, in the Senate and Congress of every statehouse, of every small community. They're going to close your hospital in your community. That's not the time now to say, 'Hey, let's talk to nurses.'

(11:59):

No, dammit. If we were on the boards of all of these things, if we were in legislation, please listen to me when you're talking about legislation. Listen to me when you're talking about life and death for people. You know that whole deal about we're still spending our most Medicare dollars in the last six months of life. It's a huge ka-ching. Still in this country. Most people are dying in an institution. That is verboten. As someone who's witnessed hundreds of deaths, a death in a home versus a death in a facility – night and day difference – people. What are we doing

wrong that we can't have people die in their own home is an abomination. So when you're talking Medicare for All, what you're really talking (about) is do we want health care? So if you look at our outcomes against every other industrialized country, we are dismal, dismal – our birth rates.

(12:56):

It's off the charts. Look and yet what we pay is gazillions more, but we're not getting care. So when I say to seniors, whenever I do a conversation, I say, understand a hospital is a business. It isn't about getting you better, baby. It is a business. It is a dollars-and-cents I need to make a profit for my stockholders and you are nothing but fodder. Don't think it's about getting better, cuz it isn't. It's about taking as much money as they can and getting you out, period. When you go to a hospital, please bring somebody with you. You need an advocate. You need an advocate who has a pencil and paper or a pen and paper or a phone with a recording device and for every person who comes into your room, what are you here for? Here's the other thing. When you get admitted to the hospital, ask them, are you admitted or are you on observation?

(13:52):

Because here's the other thing you need a three-night qualifying stay to get skilled nursing. Okay? So the hospitals have a way to get around that. They say to you, 'hi Mr. Smith. We're going to take you up to your room. You're admitted. No you're on observation and you're going to be on observation for two days.' And on the third day, they're going to fully admit you. So you only have one day, so you can't get skilled nursing. That's number one. Number two, if you're on observation. Oh, guess what? You don't count in the staffing ratios for the nurses. Oh yeah. Oh, that's great. Let's put three people on observation and they don't count in the staffing ratios that the nurses fought very hard for in their union.

Healthcare is a business. It isn't about healing and don't get me started on for-profit hospices. You want to make money off the back of people dying? You should all, you should all have to suffer your own treatment.

(14:46):

Wow. I didn't even know there was for-profit hospices.

(14:51):

Hobbs: Unfortunately there are for-profit everything and hospitals are just profit making, you know? And, and I feel for them because that's what they're slated to do and then they have this bullshit about being health care. Oh, and hospitals will complain. You talk to any CEO of a hospital and they're going to complain about nurses' salaries. You know what? Your product is, the nurse, okay? You don't have a nurse? Close the facility. You don't have a business. Stop telling me that my salaries are reprehensible. What I do every day can kill somebody. How much do you think that's worth?

(5-second stinger)

(15:29):

Thank you, Casey Hobbs.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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