

Interview

with

KAY TILLOW

June 23, 2006

By Sarah Thuesen

Transcribed by Emily Baran

The Southern Oral History Program
University of North Carolina at Chapel Hill

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TRANSCRIPT—KAY TILLOW

Interviewee: Kay Tillow

Interviewer: Sarah Thuesen

Interview date: June 23, 2006

Location: Tillow's home, Louisville, KY

Length: 1 disc, approximately 2 hours and 4 minutes

ST: My name is Sarah Thuesen and this is an interview with Kay Tillow in Louisville, Kentucky at her home. It's the twenty-third of June. I'm conducting this interview for the Southern Oral History Program, our Long Civil Rights Movement project. Kay, I'd thought we'd start today by just talking a little bit about your background and where you grew up. I want to hear just a little bit about your life before you got involved with the nurses here in Louisville. Just tell me a little bit about where you came from. You were born in Kentucky, but not in Louisville, right?

KT: Right, I was born in Paducah, Kentucky. That's the far west. I grew up in Metropolis, Illinois, which is right across the river from Paducah and that's where my mom still lives. I went to high school in Metropolis, Illinois and then went away to college at the University of Illinois and became involved in the civil rights movement and then spent my junior year abroad in Ghana, in west Africa. I came back at a time when the nation was exploding with civil rights activity and I was very moved by that and I went south to work in the civil rights movement.

ST: Just going back for a minute to growing up in Illinois, what did your parents do?

KT: My mom's a schoolteacher and my dad had a small furniture business.

ST: Did you know anyone growing up who was a member of a union?

KT: Well, I guess some of my friends' mothers may have been members of, there was a glove factory there and I think that that was unionized. But I really wasn't familiar with unionism from my background.

ST: So you were saying you went to college at the University of Illinois. Is that where you first got involved in civil rights activity or was it after college?

KT: Yeah, well I did. Although actually, I think it was still when I was still in high school or just barely out that my minister at the Presbyterian Church gave me a copy of Anne Braden's book, *The Wall Between*. So I read that. That was the first book that I read about civil rights and it was very moving. So I guess it was Anne that got me involved and made me think about what was happening in the country.

ST: Did you at that time, even at that young age, imagine going south then to work on the movement?

KT: Well not right then. I think that was probably pre-sit-ins. That was really early. But it was in my mind, so that as things unfolded, I became involved. I joined the NAACP at the University of Illinois and we sent a delegation to the South during break to picket with people. People were looking for a way to get involved, because it was like the moral conscience of the nation. You had to do something and so people did what they could.

ST: How many other white students were a member of the NAACP at the University of Illinois?

KT: Oh there were quite a few, I think. None in my dormitory. (laughs) I was the only one there, but there were others.

ST: Was it immediately after college that you went into, did you say the Peace Corps?

KT: No, I went on the junior year abroad program and I went to school in Ghana.

ST: And what was that experience like?

KT: Well, that was amazing. Unbeknownst to me, it was a time of great uprising in Africa. And Ghana at that time was the, I think, first country to become independent in the modern era and had a progressive who was Kwame Nkrumah. There was a seven-year plan for development and he spoke of African socialism and he was president when I went there. I didn't even know who he was. And W.E.B. DuBois was at the University working on his *African Encyclopedia*. I went to a ceremony with Dr. W.E.B. DuBois and my African friends had to tell me who he was and I should know because he's an American. Conor Cruise O'Brien, who wrote *To Katanga and Back*, was the chancellor of the University. So it was a time of a lot of things happening and so I learned a lot. I didn't have any understanding of international affairs or what was going on in the world. Of course, there were a lot of people there who were very much into it. One of my friends there was a South African who was active in the ANC and she's currently the ambassador of the South African government to this country.

ST: Who is that?

KT: Her name's Barbara Masekela. She's the sister of Hugh Masekela, who's the musician. So it was an exciting time.

ST: And were you over there for a full year?

KT: Mmm hmm.

ST: What year did you come back to the States?

KT: I came back in '63. As a matter of fact, a friend of mine and I hitchhiked across Africa back to England. Then I took a boat back and while we were on the boat is when W.E.B.

DuBois died. I remember that. The two things that happened were DuBois died and the '63 March on Washington, which was August of '63.

ST: Oh wow. What was going through your mind when you heard reports about the March on Washington?

KT: Well, I didn't know a great deal about it at that point, but it was exciting. So I came back in the midst of the real blossoming of the civil rights movement.

ST: Had you already finished college at that point or did you still have another year or two left?

KT: No, I still had another year. I went back to the University of Illinois and then in the midterm, I went south and worked on projects in the South.

ST: What were you involved in in the South?

KT: Well, SNCC.

ST: And where did you go in the South with SNCC?

KT: Oh man. Well, I was in Hattiesburg for some of those demonstrations where the police marched in these yellow rain slickers in huge-like platoons or something. It was because there was a voter registration drive going on there. So I was in Hattiesburg and Atlanta. I think those were basically the places that I went. Then I ended up working in Hazard, Kentucky on a project for miners, the Appalachian Committee for Full Employment. We put out a newsletter and worked on that.

ST: How long were you involved with that project?

KT: For many months, I don't know exactly how long.

ST: Was that allied with SCEF?

KT: Well, I knew Carl and Anne Braden. I had been to their home. I mean, we talked with them. But it wasn't, I don't think it was directly allied with them. That was later, the McSurelys, when they were there.

ST: Did you know the McSurelys?

KT: Not then. I knew them later. They were there at a later time.

ST: Were you organizing miners? What was that project?

KT: Well, at the time it was the Appalachian Committee for Full Employment, which was an effort to raise the issues of poverty in the area. And at the same time, there had been two cases in which miners who were attempting to keep the mines union had been arrested and charged. We were working on defense cases, raising money for the defense in those two cases, and tried to organize people. You know, we had a group of people that met every Saturday or something and talked about what to do. We put out a newsletter. I did the newsletter.

ST: So you went directly from working with SNCC to this project in Kentucky?

KT: Mmm hmm.

ST: What connections in your mind did you see at the time between the civil rights movement and the labor movement?

KT: Well, I mean people drew them at that time. People were around it and I think it was a pretty general drawing of that conclusion. I think Dr. King drew the conclusion when he organized the Poor People's March when that breaking down of the barriers in public accommodations was just scratching the surface of inequality and injustice in the country, and that buried deep beneath that was economic inequality. Therefore, one of the ways to change that was for working people to organize and to push forward with demands that would change

that situation and end the poverty. I mean, that's really, poverty is the scourge of our country, the degradation of everything we believe in.

ST: What did the folks back home in Illinois think about your organizing?

KT: (laughs) Well, they weren't so pleased. They weren't pleased about it. What can I say?

ST: Did that cause conflict within your family?

KT: Well, yeah, it did. It was a problem. Of course, parents care about their kids, so they were worried about the danger. I guess that's probably true of the parents of all the people that went south and worked on those projects.

ST: Did you have any thoughts of changing course and getting involved in something more conventional?

KT: Never once.

ST: Really?

KT: Never once, no.

ST: So what did you end up doing after your work in Hazard?

KT: Well, there were a group of us who were at some point convinced, the people from around SNCC and my future husband was one of them, that it would make sense to work within the union movement, that if we could build movement there, that could take on the economic injustice. That was a place that we could make a change. I went to work for the UE, a number of us did, the United Electrical Workers.

ST: And where were you based?

KT: Well, we went to New York and then they sent me to Galeton, Pennsylvania.

ST: Is that pretty close to Pittsburgh?

KT: No, it's way up by the New York line, way north where the snow was three feet deep.

ST: Okay. You were in Pittsburgh later, right?

KT: Yeah, later.

ST: So during this time that you're in New York and then later in Pennsylvania, were you keeping in touch with the movement back in Kentucky? Did you see the Bradens at all? I know they came to New York some.

KT: Well, the Bradens were like everywhere. I mean, everybody was in touch with the Bradens during that period of time. So as a matter of fact, when my husband and I would go down to see my parents, we would usually stop there and stay at their house. They were open doors for any traveling people who needed a bed. Their little tiny house on Virginia Avenue, it was open to the whole movement.

ST: What sort of inspiration were they providing you during those years?

KT: Well, we learned a lot from the Bradens. Of course, I learned a lot from Anne's book. Anne of course explored the in-depth racism and what it had done to our nation and what it was doing, and Anne always saw it as the core problem. But I think that their experience with that anti-communist hysteria that sent Carl to prison and made them outcasts, they taught people about how terrible anti-communism was. They taught the movement that. I mean, that's what people in the South felt, that anti-communism had been the basis of a million wrong things and of destroying a million movements and that this new movement wasn't buying it. I think Carl and Anne were the center of that kind of moral position that said, "We're not going to be sidetracked by anti-communist hysteria. We're going to work with those who believe in these values and these goals."

ST: Was the new communist movement of the 70s an inspiration for you at all with your organizing?

KT: What's the new communist movement of the 70s? (laughs)

ST: Well, it's sort of an interest in reviving economic justice activism grounded in communist ideals. I didn't know if that had been any inspiration for you.

KT: I'm not familiar with that.

ST: That's fine. I didn't know. Well one other question sort of related to that, I was curious about, were you familiar with the split that was going on in SCEF in the mid-70s?

KT: No, not in detail. I just know in general that something happened that took away the *Southern Patriot* and the assets of the organization and went into the hands of people who did not use them for the benefit of the movement, who just really destroyed it, destroyed the movement. I can't remember exactly who that was. I mean, I wasn't down here, but I remember it. I remember it.

ST: Did you have any conversations with Anne Braden at that time about all that?

KT: I remember talking to Anne and Carl about it at one point, but I didn't know the detail. I mean, it was like crazy folks. It was like an ultra-left thing and they came into the organization and then they destroyed the organization. So I don't remember who it was even, but see that was kind of true everywhere. There was a craziness that would kind of invade wherever people were working. I don't know how to describe it. It was destructive and perhaps government-initiated.

ST: So you saw the same thing going on among circles of activists in New York and Pennsylvania?

KT: Yeah. There were movements that were crazy, that were almost, you couldn't have designed them better to alienate the public because of the rhetoric and the talk of violence and that kind of thing. That wasn't in the core of the movement, but those folks came around the edges of everything and were very destructive.

ST: When did you start working with 1199?

KT: In 1970.

ST: And that was after you had worked for UE for a couple of years?

KT: Yeah, then the UE sent me to Pittsburgh and they sent Walter to Detroit. Then we made a decision to leave the UE and we were involved in activities in Pittsburgh and then I went to work for 1199. We organized a petition among people at a hospital to ask 1199 to come and they did, because at the time, 1199 was just a New York union. They didn't have a national perspective.

ST: Was there anything in particular about organizing health care workers that appealed to you? Why did you choose to go to work for 1199?

KT: I think it was the tradition of the union as being an activist union and a cut above in terms of having a perspective. But it was also organizing African-American workers in the lowest paid jobs, so that was important. And it was a progressive union and was making breakthroughs in that area. So that's why we contacted them and asked them to come to Pennsylvania to help us and we did a petition from hospital workers there.

ST: I know we probably don't have time to go into all of your experiences during those years, but looking back on your time in Pennsylvania, what's your proudest accomplishment from that work?

KT: I don't know. I don't know. We did establish a union there, won some big hospitals. Washington Hospital was, I guess, the first campaign that I really ran all on my own and we organized about five hundred workers and got a contract and that was in '73.

ST: Was that in Pittsburgh?

KT: Well, it's right outside. Washington, Pennsylvania's a smaller town to the south.

ST: Was that a majority African-American union?

KT: No, that was white, mostly white. But that was one of the things that we—you know, in Pennsylvania outside of the cities, most of the workers were white in the other areas. And I guess that was one of the breakthroughs that we made was that 1199 was considered an African-American union and so there were people who said you couldn't organize white workers into this union because of that image. It wasn't true. We were able to break through everywhere. We broke through at Mercy Hospital at Wilkes Barre and organized the registered nurses and the whole hospital, actually, all the bargaining units at time. I think the first hospital we won was Lewistown, which was a smaller hospital in the middle of the state somewhere near Harrisburg. That I'm proud of, that we kind of showed that it was possible that in this nation, it was possible for people to join a union and not to be deterred by the fact that its membership was largely African-American. So that was good. That was an accomplishment, I guess.

ST: Yeah. What was your biggest disappointment from those years?

KT: I don't know. I don't know. I don't regret any of the work that I did. I kind of look at things that every little bit helps, that it kind of all adds up on the balance. So everything that you can do, either you or other people learn from that struggle, or else you actually make improvements. So it all goes to the good.

ST: Jumping ahead a little bit, were you in Pennsylvania right before you came back to Kentucky?

KT: Yeah.

ST: Did you move directly back to Louisville?

KT: No, I went to work on a campaign in Paducah at the hospital where I was born, which was the old Riverside Hospital. It's now Lourdes. It was Lourdes when we did--. I'd heard that there was a campaign going on there and I contacted the Machinists Union and said I'd like to work on it. I thought I could spend some time with my parents. So I went and worked on that campaign in '88, I think it was.

ST: Was that a successful campaign?

KT: Yes, we won. But tragically, when the first contract expired, there was a decertification effort and the union was destroyed.

ST: What do you think explains that?

KT: Well, I would say mainly massive employer resistance, mainly. But also I think there were some errors by the union that made it difficult. That was the Machinists Union. They had a strike vote that was not overwhelming and so then they carried through on the strike, but that made for a difficult situation with some of the people going in. It was very hard. It was very hard. I wasn't there at the time, but they worked on it and they had lots and lots of community support and they just couldn't break through because the hospital had been able to get enough people to cross the line to be able to function. So it was a heartbreaking situation. Well, it's part of the story we see a lot of places about breaking unions and destroying, just destroying them, and so much pressure on people. The workers fought valiantly, but they just didn't have enough. I mean, the same thing is true at the other end of the state in Pikeville. It's

been organized and then the union broken a couple of times. Kentucky, I would say, well many states, but Kentucky's a place where they really battle to keep the hospitals non-union.

ST: Besides having family roots here, were there other reasons that you had an interest in moving back south?

KT: I like it.

ST: What does being in the South mean for a labor organizer? Is it different here?

KT: I don't know. I think one of the things that dates back to the civil rights movement era was that people, we believed that if you could change the South, you could change the country. And of course, that was, if you would look at it politically in terms of the politics of the South and who represented the South before African-Americans could vote, for certain it was the most backward policies that we could find. So the question was, if you could ever crack it in terms of building a movement of black and white and a progressive movement in the South, you could really change the country. I guess that never left me. That was something that everybody always thought during the civil rights movement. Plus I like it. The pace is my style.

ST: When you did move back to Kentucky, where did you see the labor movement at that point in the late 80s? Were you hopeful? How would you describe sort of your expectations at that moment?

KT: Gee, I can't remember exactly what was going on nationally in the late 80s. I can't remember. I don't know. In general, I think that there's-- I can't remember when was it that the steel mills went down and we saw the great deindustrialization. I mean, that was a great weakening of the union movement. Was that the 80s?

ST: Well, I guess somewhat earlier in certain places, but certainly yeah, that process was--. And certainly in Louisville, a lot of the deindustrialization was going on at that time, right?

KT: I don't know, in the 80s?

ST: Right.

KT: I don't know.

ST: I can't remember when International Harvester and some of the big companies—

KT: I don't know. That was gone by the time I was here, but people always talked about it. There was always this thing about the union was so militant there that they left and were losing jobs because of the strong unionization there. There was talk of that, still is.

ST: So you moved from Paducah to Louisville in, would that have been '89?

KT: Mmm hmm.

ST: And the NPO fight is what brought you here?

KT: Right. Well, what happened was I had worked for the Machinists Union during the organizing drive in Paducah and then after we won, I went back to Pittsburgh and then Gemma organized all of those nurses in those huge meetings I'm sure she told you about. They chose the Machinists Union, so the Machinists contacted me and asked me to come back and work on it.

ST: So you hadn't been a part of the process during those initial meetings where the Machinists were chosen?

KT: No.

ST: Okay. When you moved back here, what were your expectations for how difficult the fight would be?

KT: Oh, I knew how difficult fights were. Most of the organizing in Pennsylvania we did was in—in 1970, we got a state law that opened up collective bargaining in Pennsylvania for health care workers and that had not happened for the nation. The National Labor Relations Act was amended in '74, I think it was '74, to include the right to organize for people who worked in the health care sector. So we had done a lot of the organizing between '70 and '74 in those very, very early days and prior to the NLRB taking jurisdiction over health care, and things got harder in the late 70s. I remember my first time that I encountered 3M, Modern Management Methods, which was the union-busting outfit that was out of Chicago. They did a very systematic anti-union campaign. It was like a steamroller or a sledge hammer. It was huge. It was a battering ram. It just beat people up that wanted to have the union. So organizing had become more difficult because of the consultants that were in there now. There were no more little rural hospitals where a little old CEO's trying to run the campaign and sits people down in a classroom and says, "Vote no." I mean, these were professionally-managed campaigns that were just ferocious.

I can go into detail if you want about what they would do, like at Uniontown Hospital, I remember one day the director of nursing reports to the nurses that someone went into the assistant director of nursing and wrote "bitch" in big red paint across her desk and everything and, "Isn't this terrible? This is what the union is going to do." Well, we didn't know anything about it, but obviously they may have actually done it. We don't know whether they actually did it or whether they just told the story, but that kind of thing would just take over to create this atmosphere that the union was violent. And oh, someone went in and a nurse reported that her car had been dented in the parking lot. So the hospital paid for the dent and said that's the kind of thing that happens with the union around. They were just massive campaigns to isolate

the nurses who were leading the campaign and just terrible literature about the union and creating fantastic fear. It had almost become impossible to organize. So I had been through all that. I knew it wasn't going to be easy, because that greatly slowed the growth of the union during that period of time. I mean, I didn't have any illusions.

What was exciting to me was that there were hundreds of nurses who came out to meetings that were ready to take on Humana and of course, I hated Humana. I knew the stories of profit-making taking over in the health care field. I knew that that was not good. So the fact that the nurses in there were rebelling and ready to stand up and take it on and try to do something was very exciting. It was a good time. So I thought, "Hey, we got something here. We may be able to win with hundreds of people ready to stand up." They had all been on TV already. Gemma called the press. She was always press savvy and she had called the press and they had had microphones and cameras. And the nurses were telling the story about how they didn't want their patients to die and when they understaffed in these intensive care units, they weren't able to give the attention they needed and that they really had to do something about it. So they were doing good stuff. I think they started in January and I came in March.

ST: Had you ever worked in a hospital that was owned by Humana before coming to Louisville?

KT: I never worked in a hospital.

ST: I should say organizing, trying to organize a hospital that was owned by Humana before coming to Louisville.

KT: No.

ST: Okay. You just knew about them generally?

KT: Yes, we all knew.

ST: So initially, you were pretty optimistic given the enthusiasm among the nurses here?

KT: Well, I mean I was hopeful. I knew it would be hard, but I was very hopeful about it, because I think that, well what organizers always believe, if we didn't we wouldn't do it, that it is possible for people to build the kind of unity to overcome all of those obstacles, that there is inherent in humanity great possibilities to change it to make it better and a great desire to do that. So you keep looking for the ways to make that happen and to accelerate that.

ST: Over the next however many months that you were working prior to the election, the election took place in—

KT: There was an election in December of '89 and there was an election in March of '94.

ST: So in the months leading up to that first election, in trying to build a base of nurses who were interested in joining, what sorts of resistance did you find from nurses who were hesitant? How did they explain their reasons for not wanting to join the union?

KT: Well, for some it was fear. For some, I remember at the time we were unable to persuade the nurses who worked in education, which that was a very good thing to have nurse education. They've done away with most of that these days because profit-making hospitals and other hospitals don't see education as important. But there was an education department with maybe six or seven nurses whose job it was to ensure that nurses coming in had the proper orientation, all the proper courses, all the specialized kinds of understanding to work in their units, etcetera. But we were unable to persuade them, I think because the nature of the job, they didn't feel the same pressures that the nurses on the units and the floors did, that frantic understaffing. So I think it gave people a different perspective. It was a little bit higher up on

the scale and less frantic. So often we couldn't persuade those people who didn't experience the problem in the same way.

ST: I came across mention in something I was looking at of an organization called Nurses for Nurses that was opposed to the union. Tell me a little bit about your memories of that organization.

KT: Well, those are always management creations, always and forever. There's never been one in my experience that actually, genuinely came out of--. I mean, there are people who oppose it and who are ready to do it, but they're not people who think about organizing. (laughs) But that's one of the things that consultants do is put that together. They organize this group because there's no credibility from the employer. The employer has no credibility when they say that this is no good, so they use nurses who are opposed to the union and they create an organization and they give it voice and they write the stuff and they mail it to everybody. As a matter of fact, that's one of the things that we proved in our trial at the NLRB was that management illegally assisted in the creation of Nurses for Nurses. We beat them on that. (laughs) Yeah, we got them.

ST: So Humana had brought in professional consultants?

KT: Yeah, they used Adams, Nash, and Haskell, which was a law firm out of, I think it was Cincinnati at the time. But that guy's still around writing union-busting stuff, a guy named Adams. That's another story about how we went to his anti-union seminar and he shut it down rather than let us be in the seminar.

ST: You know, tell me that story.

KT: You want that story?

ST: I do, because Gemma actually told me that story yesterday, but it was before I had the tape recorder turned on and so I would like to hear you tell it.

KT: Well, we knew. It's one of the things the labor movement is concerned about is that this whole industry functions. Basically, it ought to be illegal, because we have the legal right in the nation to organize and this is a whole industry that functions on: "How do we create the fear and intimidation and really use illegal tactics in order to block unionization?" They do seminars for the human resources department. So we saw one advertised and we decided that we would send in our money and try to go. We thought that they would not take it and then we would make a point about how they're scared and they won't allow any sunshine on their project. Well, they were so stupid. We sent it on our union letterhead. They were so stupid, they sent us back our little tickets and our little registration. So we went and outside was a picket line by Jobs With Justice. All of our friends were out there picketing this seminar, raising heck. We went in and signed our names. And we were early and we got on the front row.

So everything was cool. It was going fine. So then they had a book there that was the seminar book. So I'm opening it and looking through it. It was Sue Yost, our current president, and Gemma and me. I'm looking through it and obviously it's just kind of an outline. There's a PowerPoint thing that they do the rest. But it says, "The new union organizer: well-educated, different from the past, etcetera. Some examples--." And you look down there and it says Gemma Ziegler. (laughs) So we were pointing this out to each other that here we were, we were going to be in the seminar.

Eventually someone came who knew, saw the sign-in sheet or something and figured out who we are. The guy from the Chamber of Commerce comes down and he's whispering to Gemma, saying, "You all are going to have to leave. You ladies are going to have to leave."

Gemma says, "No, we're not leaving." They said, "Well, you're union. That's why you have to leave." Gemma says, "Yeah, but we signed up." So it was just a hysterical experience, because what happened was they then announced when we wouldn't leave--. They kept going out and coming back, going out and coming back. Finally by this time, the room is full of these little human resources people from all other places. We didn't even know them. They come in and they finally announce that they're not going to hold this seminar, because there are union people in there. So the other people start raising Cain, "You're going to let the union shut it down? We want to go ahead. Let us take a vote to go ahead and hold this seminar." So they took a vote: how many want to still hold it? We raised our hands. We voted to hold the seminar, but then they came back and they said, "No, the presenters wouldn't present with us in there," so they were going to shut it down.

They came down the aisle and they grabbed Gemma's book, which was in front of her, and Sue's. But by that time, I had mine under my coat and I had it zipped so they couldn't get it. They would have had to tackle me. So everybody was leaving. We thought, well we'd better get out of here. And they're at the door, they're meeting Gemma with the money, they're trying to give her the money back. They're shoving hundred-dollar bills to reimburse her for the cost of the seminar. And Mr. Adams is out there and he is huge. He's like 6'6" or something, and he's screaming. He's standing in front of me screaming that I'm committing a felony, because that book cost him two hundred and fifty thousand dollars and I'm going to pay for this. (laughs) So he's standing in front of me and I'm trying to get around to get out of there, because it's really kind of getting touchy. We finally, we made it out to our car and left. But we shut it down.

ST: And how many people were there you would guess?

KT: Well, I don't know. There were maybe thirty or forty besides us. They were really, really angry. Then there was a whole big to do after that. Adams said they were going to sue us and we would get letters. By that time, he had used AFL-CIO stuff there without permission that was copyrighted, so there was a threat for countersuit.

ST: Were most of the folks in attendance from the various hospitals in Louisville, administrators?

KT: No, they weren't from hospitals that we knew of. They were just human resources people from various companies.

ST: I see. Did you later use the copy of the book that you kept in some of the NLRB cases?

KT: I don't think we used that. It's just helpful for people to be able to see what the company, what the union-busters are suggesting that they do. It's the normal series of things. Well, you know what they are, I'm sure. You play up the dues and you get the union's constitution and you find these sections in it and you reproduce them and you find any kind of union violence ever anywhere and you reproduce those and blow them up and put them on the bulletin boards and all of those things.

ST: So this was all laid bare in that book?

KT: It was all in the book, yeah.

ST: I guess getting back for a minute to that first election, tell me a little bit about your work with the Machinists during that election. What sort of relationship did the leaders of that group have with your leadership?

KT: That was an uneasy relationship, let me just say. They didn't have any experience in health care at all. There was kind of missing an element that's really crucial to organization,

which is kind of the concept of empowering people and helping people to turn loose their energies. So there was a more controlled vision of it. It was seen more like, "We tell the people what to do and we make the rules," instead of kind of bringing people into their own leadership of their own movement. That was a little bit uneasy, although they did put a lot of resources into trying to make it work--and we almost won it, very very close. I think it was eleven votes.

ST: What do you think explains the fact that you didn't win? Looking back on it now, is there anything you would do differently?

KT: I mean, I wouldn't have gone for the election when we did. I didn't think that we had the base built strongly enough to file. So I think we filed early. That was a Machinists' decision to do that.

ST: And at that point, their thoughts on the matter sort of took priority?

KT: Well, I mean they were financing it and they had a whole bunch of people on staff from their organization in addition to us. So it was a lot of money. I think that they were seeing the campaign as many unions see it that way. You're going to finance this for a short period of time. You see it as, "We're going to put an effort into it and then either it wins or loses, but we don't have intention of," there's no long-term perspective of how you might build a movement that might eventually win. I do think that we filed early.

Then we had another problem. In the Machinists Union, they had a guy that was supposedly their NLRB expert, but of course he had no experience with hospital bargaining units and he was in Cleveland. He didn't know anything about the campaign. So they sent him; he was to make the decisions about the bargaining unit, which absolutely made no sense, because bargaining unit decisions determine whether you win or lose and you have to know how you stand with each department and each worker. That's key knowledge to kind of make

the bargaining unit thing. So that was really strange. He stipulated to an election in which it would be all professionals and they defined respiratory therapists and social workers and lots of other people, I think it was radiology technicians and technologists, so it was a huge--. I mean, that was the company position and the Machinists, in order to avoid the NLRB hearing that would determine the bargaining unit. We could have gotten an all-RN bargaining unit, I think. We could have made that effort, but they stipulated to this other unit. So that was a problem.

And the election was December twenty-one, right before Christmas, which it couldn't be worse, because well, you're a Southerner. You know that in the South for the holidays, particularly women are just occupied with the preparations for the holiday and so it was very difficult to do the things that we needed to do right in front of the election, because people were very busy. So that wasn't ideal. You can't adjust things in retrospect. You can never make the perfect campaign, but we gave it a good shot. I think that we came as close as we could given those problem circumstances.

ST: What was your mood like right after you lost? Were you thinking, "I don't want to try this again?" Were you ready to keep fighting?

KT: No, I wanted to keep fighting. It had come so close that you had to feel that the potential was there, that it was possible if we could sustain the movement. Of course, that's something the union movement hasn't been good at at all, at least in my experience. There's the problem of when an election is lost, the union moves on. So what it leaves in the trail is the activists now subjected to all of the recriminations that come down from the company and no movement, no union, no nothing to be able to fight back. We find that in places where we have waged a struggle, it's almost like we create a situation that's worse for the next struggle, because the aftermath. So the question was whether you could change that by maintaining what

solidarity you could, maintaining an organization, fighting for people, whether you could overcome that and therefore make that struggle experience a stepping stone to actually winning the collective bargaining. That's kind of what we tried to do to maintain the organization. We worked on it for a long time.

ST: During the five years or so that elapsed between the first and second election, you were also working on quite a few grievances on behalf of nurses, right?

KT: We did a lot of things. We did our first staffing bill. We got Danny Meyer in the State Senate, who was a machinist—oh what a lovely guy. He's still around, not in the Senate anymore—to introduce a bill that would set minimum levels of staffing in the hospital. We did some—kind of that idea that we might do legislatively or at least raise understanding and get nurses involved around trying to get some of that legislation. We worked on some of that, never won, but we certainly made a lot of noise. Then there was a point at which we went independent and then Gemma probably told you how we moved into that Clarks Lane office.

ST: That was the tiny little apartment?

KT: Tiny little apartment. Yeah, the ceiling fell in and broke our only computer.

ST: You lost the list of names you had, is that right?

KT: Yeah. Well, we didn't know the password on the program and we couldn't remember it. So we couldn't get into it. I finally found it. I became the group's computer expert, which is kind of laughable since I'm very elementary. But I've done most of the computer work on lists and stuff. We were independent for a period of time and then we set up bylaws and elected officers and all. We were working to sustain the organization. We didn't have any money. I didn't think that we could wage another campaign unless we had the backing of an international union, because we didn't have any resources. How were we going

to do it? People agreed with that and so we began talking to people and we made a decision to affiliate with AFSCME.

ST: What year did y'all affiliate with them?

KT: I think it was '91.

ST: And how long did that affiliation last?

KT: Well, a long time, because then we were AFSCME when we went for the election in '94. Then when we lost the election, AFSCME said there was no more money. That was a period of time when we had salaries. We were actually paid for the work that we were doing. But when we lost the election, AFSCME said no, there wouldn't be any additional money. But we didn't disaffiliate with AFSCME then. We just went on with building the organization. See, after the election in '94, we filed charges, because we had a solid—well, we had a majority the first time—but we had really a solid majority that was destroyed through illegal actions. We went about trying to overturn that election and get a bargaining order. We did that. Well, that was first thrown out by the labor board. The labor board picked up that there were illegal actions and there should be a new election. We said, "No, you can't do this to people and then--. A new election doesn't, after the crushing that they've done--." We appealed that and the labor board in Washington overturned that decision and said that they would go for a bargaining order on this. So that's the case that we went to trial on eventually and we won that. The administrative law judge ruled for us that the unfair labor practices were so great that the only proper remedy was a bargaining order.

ST: What year did that ruling come down, do you remember? That was the case that went through the sixth circuit, is that right?

KT: Well, no. That was a different one. This was a case that was about the election, but then combined with it there were, in the middle of all of that, they restructured. Restructuring in hospitals is a horror. And I guess it is in other industries, but I just don't know about it as much. But within the hospitals, the restructuring was basically a different name for layoff, massive forcing of nursing—not even layoff, worse than layoff, because layoff would mean people get unemployment comp. What they did at, well I can explain it at Audubon, was they said, “We’re going to restructure. We’re going to do all this better.” They have other names for it. They call it patient-focused care. They call it reengineering. They call it patient-centered care, all of those names. But it all means basically that they are seeking to get workers who earn less to do more of the work so that they can save money at the point of health care, where health care is delivered.

This was Columbia and what they did, this was in the middle of our hearing on these cases, they said, “Well, come February, we’re going to go live with this new project and no longer are we going to have registered nurses. They will be patient care leaders. They will be patient care associates. These will be the jobs. There will no longer be registered nurses, charge nurses, etcetera.” Then they posted on the units, “This unit will have two PCLs, seven PCA,” whatever these things were. When people looked at it, they could tell that there were going to be like half as many jobs as before or maybe three-quarters as many, so that most people weren’t going to have a job or many people were not going to have a job. Faced with that, you know, that staring them in the face on the bulletin board, people start looking for work.

So people left. And what actually that meant, we proved it at Audubon, we got the schedules and showed how many nurses were on each unit and then these projected restructured things. They were going to lose two hundred and forty-two registered nurses out of

six hundred and eighty-six nurses there. So it was like huge and that was happening in the middle of the hearing. We asked that the labor board go after a 10J injunction to block that, because they were going to decimate the bargaining unit. We finally convinced the board to do that. Then the judge didn't agree. He said there was nothing there that couldn't be remedied later on and therefore, there was no need for an injunction. But we were the only place in the country, I think, that ever got the board to go for an injunction on that basis of the restructuring.

I've forgotten what I was talking about, but the restructuring was just a horror. So in the course of the restructuring, our people didn't get any of those charge nurse positions. They were denied them on the basis that they were in the union and that the union's position was against the restructuring. We took that to the labor board as well, as discrimination for union activity. Those cases are still pending. Ann Hurst is one.

ST: Patty Clark.

KT: Patty Clark, right. Here we are, what, thirteen years later that we've won that in compliance and they still haven't complied with it. By that time, Joanne Sandusky's case was a part of it later. She was fired after the election.

ST: That was eventually wrapped in with the others?

KT: That was wrapped in, right, with the others. So all of that was together in the election. One of the funny things that happened, the trial went on forever, but we had to prove to get the bargaining order that we had majority of cards and that they were signed without people saying, "This doesn't really mean you're for the union. This is just to get an election." They had to show that. We had to show all of that, so the company subpoenaed all the nurses who signed cards.

ST: Oh wow.

KT: That was a problem in terms of intimidation of people, but also one of the interesting things was there were many people who we couldn't get to come forward to tell about the illegal things and the threats. But once they were on the stand, I knew what they were, so we could ask. There was this whole process during the hearing of they would bring someone up and question them about the card. Then we would say, "Did anyone ever ask you to join Nurses for Nurses?" "Why, yes." "Who asked you?" "My supervisor." (laughs) So all of the things that we couldn't get out came out, so then the labor board would stand up and say, "We'd like to amend the complaint to include--." So we had all these amendments going on during the trial. It was amazing. At one point, they brought in [David] Vandewater. Do you know who that is?

ST: He was a CEO or vice-CEO?

KT: Or close to that. I don't know of the exact title.

ST: At Audubon, right?

KT: No, of Columbia. They put him on the stand. He's the one who had gone through the hospital and squeezed the nurse's hand.

ST: Oh yes, that was Ann Hurst he did that to.

KT: He did that to Ann. He did it to Stacy Doyon, to a number of people. But he singled out our organizers and confronted them on their nursing units and told them that he would never negotiate, that they would go on strike and they would be fired and they would never have their jobs if they voted for the union. Then he would end it with this handshake. So we got all of that testimony into the hearing. They brought him on and I think they thought that that could change the judge, because this was a man of power. But we had a good judge, Judge

Amchan [note: Tillow later corrected this and noted that it was Judge John H. West, not Amchan], and he was not impressed with Vandewater.

ST: What was the judge's name again?

KT: Arthur Amchan [Tillow later corrected; this should be Judge John H. West]. You can find those cases on the internet.

ST: Yeah. Getting back to the bargaining order, was it Norton at that point or no, it was still Columbia when that came through?

KT: Well, let's see. You know, there would be years in between these appeals. At the time of the election, it was Columbia HCA. Then when the bargaining order came down, what was it? I think it was still Columbia HCA and then it was purchased by Alliant, which then changed its name to Norton. That purchase was, I think, in '97. No, '98 maybe. '97 or '98.

ST: What eventually came of that order?

KT: The bargaining order was appealed to the full board in Washington, the labor board. The labor board overturned the bargaining order and basically, the reasoning they said was they didn't think it would be upheld in the sixth circuit court. Then they set out other remedies and another election as a substitute. Well, that hasn't happened yet, because then they fired Jane Gentry and we had to battle on that case. And oh, we did wage a battle on it and finally, finally, finally won it. But that was their effort to say, "Not only will we fire you, we will take your license away. You will never practice as a nurse." That was a huge threat to just silence everyone and to just create a blanket of fear so no one would ever speak out on behalf of the patients again. That was a threat and it was amazing that we did win that case, because when we first filed the charge, the labor board in Cincinnati threw it out: insufficient evidence. We said, "Oh no, this can't be."

So we took a carload of nurses to Cincinnati and we said, "Look, let us explain to you. This is one of the key people who has spoken out greatly and this is no accident that she's fired. This is such a minor accusation over a cc of normal saline, which nurses use everyday. There's no harm to the patient. What is this all about?" They said at the time, what's his name? Ahearn, who was the board's director at the time in Cincinnati, said we hadn't shown animus, which is one of those things. So we said, "Oh yeah, we will show animus. We will go back and we will prepare a document." We put together a paper that outlined, had fifty-seven instances documented by newspaper clips and leaflets and letters and stuff, all of the things that we could come up with that showed complete and total hatred of the union on the part of the company. So we said, "It can be animus."

He still threw it out and we appealed it to Washington. They threw it out. So it was looking pretty grim, because the first thing we had tried to do was get other nurses to stand with her and we had buttons made that said, "Where's Jane?" We were trying, because of course, we believe as organizers that the best way that you overcome this is getting people to stand together and oppose it. Of course, we've done that on many occasions. We put Sandy Sutherland [Tillow later notes that she meant to refer to Sandy Sheffield here] back to work with a picket line at Columbia. So we have done it. We put two nurses at University Hospital back to work with efforts. So we've reversed a lot of things along the way. Well, we weren't able to get anybody to speak out for Jane, because people were petrified that they had reported her to the Board of Nursing. That's like the worst thing you could do to a nurse. So we had to win this battle. We just kept at it and they kept throwing it out and we appealed to Washington. They threw it out again.

ST: Why was the NLRB so resistant, do you think, to this case?

KT: Well, I think that one, that's kind of their norm. In other words, you have to present pretty much overwhelming evidence to get them to take a case. Their norm is not to do it. I would say that that's true always. On this particular one, I don't know. I think that well, by this time probably, the director didn't like us, because we were not agreeing that this was okay. And everybody at the board knew us. See, all of those board agents had dealt with our cases and we'd been through trials with them and everything. So we had a credibility there and people knew that if we said it was true, it was true. If we say we had majority of cards, we could list them. We kept accurate records and we were good. He was probably by this time a little bit irked with us and they really have the ability to just throw it out. I mean, they just say there's insufficient evidence. See, you can find an NLRB case that says everything. There's some case somewhere that says it, so you can find the basis for it. So we appealed to Washington, but in the meantime, we had to fight the case at the Board of Nursing over her license. That went to trial.

ST: Was that a state Board of Nursing?

KT: Board of Nursing, yeah. Well, one of the ugly things is that in Kentucky, if you get reported to the Board of Nursing, they immediately put an alert on your license so that that's reported to any potential employer, so that before there's been innocence or guilt, you've got an alert on your license that says there's been charges filed against it. It becomes very hard to get a job even before you've gone through this thing. But we worked on it and actually, there were two things that were key to it. One was that we found a case where a judge had ruled that the Board had insufficient evidence to take action against a nurse's license and thereby had thrown it out. It was the Ward case and we went down and got it. I got the brief that the lawyer had written on it, because the lawyer that Jane got for her Board of Nursing didn't know anything

about it and basically told her she couldn't win, there was no basis for overturning it except for procedural. We said, "That's not true. We got this case." So we really did all the legal work on it. I mean, we got the case. We forced the attorney to fight it on this basis. The other key was Gemma. Gemma got Vince to call the doctor that was on duty the night that the incident occurred. Do you know the story about the incident?

ST: Well, tell me again. The details of it are a little fuzzy in my mind.

KT: Jane was working on the open heart unit. She was a cardiac care nurse, which is not the surgical patients but the heart attack patients, the stent patients, etcetera. She was taking care of a patient who was like eighty or ninety pounds and had had a catheterization and a stent placed. It was a very nervous patient, so when she would wake up, she would be crying. Jane would comfort her. She was very experienced with these kinds of patients, held hand pressure when she removed the, oh I can't think of the name, but the tubing that goes into the groin for it. The woman would cry every time she woke up and would say she was in terrible pain. So at one point, Jane was flushing the line, because aggrastat was going through the line at a very short pace, so you had to flush it to be able to see if it was dripping at all. The patient expressed relief when Jane flushed the line, so Jane, as a part of her assessment to the physician, she reported that the patient is expressing pain. She says, "There is no indication that it's cardiac-related. And when I flushed the line, she expressed relief." She says, "I think that anxiety is the cause of it." And the doctor went in and evidently, he confirmed that, because he wrote out a prescription for Xanax, which is an anxiety drug. But it's that thing, the flushing of the line and the saying that the patient expressed relief, which was really a part of her nursing assessment, that became the basis for what they did to her.

When the patient went to sleep, Jane went off the floor and left her in the charge of an agency nurse, inexperienced. When Jane came back from her lunch, the agency nurse says, "Oh, it was terrible. As soon as you left, she woke up. She was in pain. I didn't know what to do. So I ask another nurse and she said give her morphine and so I gave her morphine." So Jane says, "You gave my patient morphine? There was no order for morphine. She's only ninety pounds. That's very dangerous. There's no order for that. Why?" So Jane went looking for the order, because the nurse said, "I don't know. Becky said she'd get the order, she would write the order." So Jane finds it and it has been written above where Jane had signed off. In charting terms, this other nurse has made it appear that a doctor's order was there when Jane signed it off that wasn't.

So Jane went to confront that nurse and "Why did write above my name? You can't do that. If you get an order from a doctor, you write a new space down below. You don't make it look like it was done by somebody else. It was an order taken by somebody else." So Jane was furious about that and confronted that nurse and that nurse had not even signed her name on it. So Jane says, "Well, who did you talk to?" She says well, she didn't know who she talked to, but she had gotten the order. Jane never believed that she had talked to a doctor. She believed that she had simply written it in and given the morphine and gone on. That was what, Jane reported that whole thing that we couldn't have a situation where nurses wrote above your name and put in orders without talking to a doctor and this was a terrible thing and this shouldn't be. No one paid any attention to it. She tried to report it to the charge nurse. The charge nurse said he was too busy to write it up and send it to the supervisor. So Jane did that. She wrote it up and sent it to the supervisor. I mean, there was no to do over this, nothing.

A week later, she was called in supposedly on an investigation of this and they had turned Jane saying that the patient expressed relief when she flushed the line into Jane had given a placebo rather than morphine, which she should have given to save the person's life, which didn't make any sense. But that was the basis of the charge, that Jane had illegally given a placebo without a doctor's order. The hospital tried to make it that she should have taken the action to call a doctor and get a morphine order, which we eventually proved that that was garbage. But that was what the hospital was accusing. They were saying that Jane had improperly responded to the woman's pain.

ST: What was really behind the hospital wanting to fire Jane Gentry?

KT: Jane had written a lot in our newsletter, the *Vent*, and she wrote a lot about job descriptions and how dangerous it was to bring people into a unit where they had no experience, to stretch people into areas where they had no expertise, that it was important to keep nurses in the position of making these positions and not to push more and more of the work onto nursing assistants or people who didn't have a background to make the nursing judgments that had to be made. She was outspoken on that and of course, you can see by what she did. I mean, she wasn't going to just let it go, that when something happened that was dangerous, actually dangerous to the patient and in total violation of the rules of charting that are done for safety, well, she wasn't going to let it go. They didn't like that. They kind of like things to slide and all. She was an officer in the union and she was outspoken and she had distributed things for our CEUs and other things there at the hospital. So they were out to get her and everybody knew why it was. We had to fight. We had to go after them for that.

Our big triumph was we finally found the doctor that Becky said she had talked to and he testified at the Board of Nursing. He said that if he had gotten a call in the middle of the

night that asked for a morphine order, he would never have given that order without going up to see the patient and seeing the EKG. So he said, while he didn't remember such an incident, which of course he wouldn't if he was not called, he said he would not have behaved in that way, that that was not his practice at all, and that he would have gone to see the EKG and to see the patient before giving a morphine order, which is just logical. It was a very dangerous thing that had been done. So with that testimony that basically, this didn't happen, that the other nurse had done something really, really bad and she wasn't disciplined and reported to the Board on all of those things, it was that, I think, that convinced the hearing panel at the Board of Nursing and they found Jane not guilty.

Then we used that with the testimony of the doctor to send to the labor board in Washington with a motion to reopen, a motion to reconsider this case. That's when we did it. At the time, Leonard Page, who was the former UAW general counsel, he was, I guess, the acting head of the board at that time, I can't remember the details, but I think it was Page was there. We finally, they sent back a letter that said that they thought that this case should go to trial, which basically they reversed the regional director after all of that to do. So now we had the case ready to go. Well then after that, then there was always a new battle. See, we thought we had this won, because the Board of Nursing sets up a little trial panel to hear the case and make a recommendation and the full Board of Nursing votes on it. But that's normally a formality, because the purpose of that is to have a panel to look closely at it and give us a recommendation. Well, the full Board of Nursing overturned that little panel decision, which was unprecedented. It's never happened.

ST: Why do you think they did that?

KT: Hospital pressure, I believe. Yeah, I mean clearly it is hospital pressure on the Board of Nursing. Well, one of the things that I think is pretty clear is that one of the people on the Board of Nursing was the director of the School of the Nursing at Bellarmine College and Norton had just given big money to that School of Nursing. When a professor had invited us to speak on the campus, she had insisted that we could not speak to the nursing classes or she would lose the School of Nursing. So you know, I mean you can tell that she was barring NPO talk from her school. I believe that that was one big influence, but I think that the corporation has a deciding voice over the Board of Nursing. They sent it back to their hearing panel, which were their members, to look at it again and they again ruled that Jane was not guilty and sent that ruling back to the full Board and the full Board again overturned it.

So then we appealed it in court, but now by that time, we had laid a case that was possible to take into court and we had laid the case for. So actually, it turned out, it's so funny, because if they hadn't gone after her license, I don't think we could have overturned the NLRB decision, because it was the evidence from that hearing in the Board of Nursing that we used to get that. And that's almost unprecedented. We have overturned the regional director of the labor board more than any other union ever. That's just never happened. We've done it over and over again. We did it in Sandusky's case. We did it on the bargaining order. We did it on the raise. We did it on Jane's. We did it on Wilma's case. We have a record of just fighting and of course, it's more than just filing an appeal. We would work with people to present the evidence. It was kind of an activist approach to the NLRB, not "you just file a paper and see what the law says," but you work to build your case by getting people involved and getting witnesses and making it a fight. So anyway, we're proud of it, that we went through all of that and were able to finally overturn it. It took forever.

ST: In her settlement that just came down a few months ago, it was over four hundred thousand?

KT: It was four hundred thousand, right.

ST: And that was for back pay?

KT: That was back pay and well, they made an offer for her to not take reinstatement in addition, so that was the total. Jane made a decision not to go back to the hospital.

ST: I see. What was she doing during all these years fighting the case, because she couldn't practice as a nurse, right?

KT: Well, she could.

ST: Oh she could?

KT: Oh yeah. That's one of the funny things is that if she had, when she was reported to the Board of Nursing, she could have just signed a paper saying, "I'll take education courses and be on probation for a year," or whatever. They never actually took the license. But it was like that principle, you see, because then you have that on your license and then that would have been evidence in the--. Because you have to sign saying, "I violated the Nurse Practice Act." Well, we couldn't have won the NLRB case—

ST: If she had signed that.

KT: If she had signed that. But she didn't want to. She was always determined that she was innocent, she had not done anything to endanger the patient, in fact, others had and were not disciplined, and that she was standing up for what was right and she wasn't going to--. We finally, finally, finally overturned that. I've looked back and I think, "How in the world did we do it?," because it's just unprecedented. Nobody has ever, ever, I don't know of anybody else, because it had been thrown out in Washington and then we had a motion to reconsider, found

that in the rules and regulations. We didn't even know if there was a way to overturn it. We had to look all of that up and find that out and figure out what we could do.

ST: It was a lot of legal detective work.

KT: Well, we did that. We did that. At some point in all of this, Gemma went to some paralegal school to try to learn about all of this stuff.

ST: There was one other particular--I know there are multiple cases we could discuss. One that Gemma briefly brought up that I wanted to ask you about was Sandy Sheffield. You mentioned another Sandy a minute ago.

KT: Oh no, that was Sheffield. I got that wrong.

ST: Her case sounded intriguing to me. Could you tell me a little bit about that?

KT: Well, that was a fun one as a matter of fact. Sandy worked at Southwest in the TCU, Transitional Care Unit. Of course, it was at a time when we were raising Cain about the staffing and we had lots of nurses speaking to the newspaper about the understaffing and speaking out against it. We were reporting the hospitals to the state licensure and in some cases, we were getting inspections that said that they weren't up to standard. So there was a lot of stuff in the paper and that was influencing other nurses to speak out. Sandy was one of those and she came forward. She came to us and she wrote a letter to the hospital saying how her unit was understaffed and she couldn't sleep at night for fear that she couldn't really care for her patients. I know one of the problems was that the monitor technician had to work as a unit clerk. Now if you know, the monitor technician is supposed to be watching the heart. If you work as a unit clerk, you had to answer the phones and take off the orders. You can't watch the monitor while you're--. So that was one of the problems is basically these patients were unmonitored. I mean, they're monitored, but there's no one watching the monitor, and

inadequate nurse staff. So she wrote a letter about that and sent it to the hospital. Then she sent it to the press as well. They suspended her with pay.

ST: Which hospital did you say she was at?

KT: Southwest. It was Columbia at that time, yeah it was Columbia. So they suspended her with pay. We had a lot going on at the time, so we decided we would go down to Columbia. We would do a demonstration. We would get everybody that we could and go down early in the morning and try to get TV and everything. And we did. We got a nice little picket line on a cold morning down at Columbia HCA headquarters with lots of other union folks in town with us. And Sandy spoke out and she was so good. She was from Hazard, I think. She's from east Kentucky, so she has an east Kentucky kind of way about her, which was interesting and attractive, I think. She spoke sincerely about her patients and her concern for them. So the city was in uproar about this. Then at the same time, see Columbia was trying to expand into Rhode Island and Australia, everywhere. They were buying up hospitals. They were the big giant corporation going everywhere. So we contacted Patrick Kennedy's office in Rhode Island and they said, well, they wanted Sandy to come there. So Sandy and I made a trip to Rhode Island to appear with him at the press conference about how they didn't want Columbia buying up their, I think it was Roger Williams Hospital in Providence, because of the concern about how they would staff, etcetera. We did a radio show up there. Then we came back and Australian TV wanted to talk to us, because Columbia was trying to buy up hospitals there. So we did the interviews there. By the time we had done all of this, I think that they decided that it would be better to put Sandy back in the hospital.

ST: Put her to work.

KT: To get her to shut up or at least wouldn't be so free to be squelching their campaigns all over the world. So they put Sandy back to work. That was one of our big victories, because the newspaper followed it and the TV. She got her job back and in a few weeks. That's of course the way to do it, to get community and nurse action to reverse the injustice and make it happen. And it's much quicker than the NLRB. But when you can't make that happen, well, you've got to fight with whatever way you can find to overturn it. But that was good and of course, that gain, NPO had a lot of credibility, because we were doing things that it normally took a collective bargaining contract to reverse a firing and we were doing it on a number of occasions. We did it with Debbie Watson. That was the Dr. Rich case. I'm sure Gemma told you about that.

ST: I'm not sure she did. I don't think so.

KT: You want that one too?

ST: Sure.

KT: Debbie also worked at Southwest, but it was an earlier period, and worked in Labor and Delivery and was fired and accused of not having called the doctor in a critical case of the birth of a child. Debbie said it wasn't true, that she had called the doctor and he wouldn't come. So we took up the case. We were like trying to organize around it, so we helped Debbie to write up a grievance and wrote down what had happened and sent it through the grievance procedure. While we were doing that, Debbie says, "Well you know, he's just really an awful doctor and he never comes when we call. We're delivering the babies. So when we hit a--. We're just left on our own for the most part. He's just totally irresponsible as a physician." She says, "We've even heard that he was about to lose his license in Kansas."

So okay, so we write to the Kansas Board of Healing Arts: "Do you know anything about a Dr. Joseph Rich?" "Oh yes." They said, "We were going to take his license for a number of malpractice incidents in the state and he then moved to Kentucky, so we didn't do it." They hadn't taken formal action. We said, "Well, could you send those records here?" So we got the records on Dr. Rich. I think it was like twenty-one instances of unnecessary corpus luteum [NOTE: Tillow later corrected this; it should be salpingo oophorectomy], that's removal of the ovary and fallopian tubes, and of babies where the baby was injured or damaged, really horrible things. He was a horrible doctor. He shouldn't have had a license anywhere. We said, "Well, how did he get licensed in Kentucky?" They said, "Well, does Humana have a lot of influence there with the Board?" See, because they put him at Southwest, which is the not the wealth area of the city, and he was delivering babies that were covered under Medicaid. They wanted to fill the hospital, so they got this doctor and put him in there. So we went after that.

We attached the report from the Kansas Board of Healing Arts to Debbie's grievance and we sent her down for the last step of the grievance with David Jones, the head of Humana, and she handed it in. He still didn't reverse his decision on her firing, so Debbie came back. We said, "That should have done it. What are we going to do now?" So we said, "Well, we're going to have to go to the fifth step of the grievance procedure," and we went in the fax room and we faxed the report from Kansas to the *Courier-Journal*. The next Sunday, front page of the *Courier-Journal*: Dr. Joseph Rich. So after all of that, that was exposed what they had done. I mean, that's what they do. That's really what they do. See, it's hard to get physicians to handle Medicaid patients, because the payment on them is so low. It's much lower than what they get for other patients. So people claim, and it may be true, that it's very difficult to

maintain a practice, that you can have more expenses in your practice than you can get out of it, that you can't do it. They managed to fill the hospital, because they had a doctor who would take all these Medicaid patients out there and look what kind of doctor. That shows the inequality in health care and that Humana would do that. I mean, it's just incredible. How can anymore hold up their head after they have done such terrible things? We exposed it and Debbie got her job back.

ST: Is she still out there?

KT: No, she went to work at University Hospital, which was another Columbia hospital, and she's not now. She's on disability, I think, now. But she did get to go back to work and it was great, because Debbie had adopted a child as a single mom and she was struggling to work after the firing and all. Well, we've had some good times. Those are some of the good stories where we could just use the talent of nurses and just try to find a way, try to find a way to fight. How do you do it? Well, we don't know. We've got to come up with something here. So we've had quite a few successes on it and I think it's built an image of the organization as a fighting organization that can win. We just haven't yet on the big collective bargaining thing. But we've shown that you can take on employers, you can take on the big guys and whip them. They're dishonest and you can cut through that and find a way to win. So hopefully, there'll be a future.

ST: I'm going to pause this just for a second.

[break in conversation]

ST: I believe where we left off, you were talking about Jane Gentry's case and some of the other cases that you've had success with, positive moments in this whole experience. I was going to ask you to reflect on what your biggest disappointment in this fight has been thus far.

KT: I don't know that it's one thing. It's just that we've never been able to actually establish the union as a collective bargaining unit, which for me, I think that that would be a huge step forward in terms of making organization permanent and making it possible to make real advances to change the conditions in the hospitals. Nurses are leaving in droves from the hospital work because of the conditions, that they cannot practice with the professionalism that they want to and that's because the employers set those terms and conditions and they're dangerous with the understaffing. It's dangerous to pull nurses to units they're not familiar with, all of those things. We need some permanent power for nurses to be able to change that and for all working people to get some control over.

ST: One disappointment that Gemma brought up was the effort to get the vote at the city commissioners to force Norton to recognize the union if they were going to get the bond money. What year, that would have been '90—

KT: I think it was '98.

ST: Yeah, that sounds right.

KT: I'm not absolutely certain, but I think that it was '98. Well, that was a fairly creative thing that we had come up with, which was we had a bargaining order at that time. So they had been ordered to sit down and bargain with us and they had appealed it and were refusing to do so. In the meantime, they were going to sell the hospital and that was because of all that exposure of Columbia. Their world was crashing. From the *New York Times* series that came out, they were really exposed for the profiteers on the backs of misery that they are. They were getting out of this market and they were changing the Columbia name, so they were selling it and to sell it, they had to get the county political body, the county commissioners, to approve the bond. So we thought that could be a vehicle, that a public body has to approve it. If

this is supposed to do something good and keep these hospitals here, it ought to do something good and say that a part of it is that they should abide by the law and obey the current outstanding order of the board to bargain with the union and to reinstate the nurses that had been fired, etcetera.

So we made that an effort to attach that as an amendment or as a part of the vote on the bonds to purchase the hospitals. We fell a vote short. We did a good campaign. We filled that room with people who supported us and we got people from all over the city to be a part of that. We got lots of people to testify about how they should do something that's good to make it possible to enforce the law here. But it didn't happen.

ST: Why do you think those who didn't support you in that cause, the commissioners who didn't, why do you think they did not?

KT: Oh my goodness. We had the whole Chamber of Commerce and everybody in town, the whole business community lobbying against it. It was huge. I mean, that was even in the paper, the Chamber of Commerce was working hard on it. So it was going to be a difficult vote for people to do. People in public office, that's always the question: "Are you going to side with the company or are you going to side with the workers? Are you going to let the company pollute or are you going to side with the people who don't want to breathe that air?" It's always corporate power exerts itself politically.

ST: What would you say to the argument: Louisville's lost a lot of industry in recent years. It needs some sort of monetary base. The health care industry has become a crucial part of that base and if the health care companies don't want unions, then we should just go along with that. How would you respond to that?

KT: If they don't want unions, we should go along with it? Well, I don't think ever that should be the case, ever. That's too much the norm of what happens. One of the things about health care that is different is that they really can't move the hospitals out of the community. They can't say, "We're moving to Mexico." So it's an industry that has to relate to its base, the patients. So we have some advantages over auto and other kinds of industries. Well, corporations shouldn't make the law. In a democracy, people should make the laws and people ought to be able to make those freely for the good of the people in the community and not in the interests of corporations who take billions and billions from the people's money for their coffers. That's my opinion.

ST: On a slightly different issue, you've touched on this theme, but I wanted to ask you about it more directly. What role do you think gender has played in this whole fight? In other words, do you think that things would have played out any differently if nursing were a male-dominated profession?

KT: Oh, I don't know. I have to operate from my gender, so it's probably not something that I'm conscious of. I don't know. I have seen studies that say women are more likely to vote union than men, as well as African-Americans are more likely to vote union than white workers. We've had mostly women involved, but that may be just because there were mostly women in the profession. There are a few men, male nurses, but they're so few. I guess that's growing. I think it is growing now, but I don't know to what extent. Certainly, every profession that is majority women suffers discrimination. We see that from all the pay equity studies show that whole areas of work where it's female-dominated are paid less than what the skills and less than what comparable worth in other areas--. There have been some fighting women. They have been really good at standing up at various times. People have done courageous things here

that's kind of amazing, but I don't know to what extent it's because they're women. Maybe there's a little bit of collectivity among women, kind of a camaraderie that helps.

ST: Do you view this struggle as a civil rights battle?

KT: Well, I don't know. How would you define civil rights?

ST: I guess there are lots of ways of defining it. I was just wondering if you had ever thought of it in that way as sort of an extension of some of your earlier civil rights activism.

KT: It's a human rights battle. I mean, it certainly is that. I think one of the most profound truths in our society is that employer control trumps rights that we have under the law so that the constitution may say we have a right to freedom of speech, but if your employer says if you talk about the union, you'll be fired, that control trumps and makes unworkable the rights that we should have as free citizens, as people who have a right to determine their destiny in a democracy. I think that's true in every area of our society, is that corporate control is overcoming and stamping out democratic control by people. We see it in the cases now, Abramoff and all, where the lobbying money has determined votes rather than the grassroots support for those things. So we see it everywhere. We saw it in that Medicare Part D, where what the pharmaceutical companies wanted became the law rather than what we needed, which was drugs for our seniors at a cost they could afford. So I don't know where, I've forgotten the question.

ST: I was just asking how it's related to civil rights struggles.

KT: It's a part of what I think is true about our society and so therefore, if we can strengthen unions, community organizations, grassroots ability to exert influence over our government, to the extent that we can do that, it's to the good. Of course, right now what I'm working on as well as NPO is health care reform and universal single-payer health care,

HR676. We have a little group here, Kentuckians for Single-Payer Health Care, and then I'm working to win the labor movement to support of that single-payer legislation, which I think is a key component of making it happen in the nation. That's going very well. We've gotten a hundred and fifty-two local unions and central labor councils to endorse that legislation. So we're working on building that.

ST: How is that fight related to the NPO fight?

KT: Well, it is. One of the reasons why conditions are so bad for nurses and other health care workers is because of the way health care is funded and the tremendous amount of money that goes to the insurance companies, and the insurance companies making the decisions about what happens in health care rather than medical professionals, and that whole distortion of what should be for care and for people being turned into, "How do we make money from it?" We could change that with a single-payer legislation, which has been introduced by Congressman John Conyers.

One of the good things about it, one of the things that I think makes that the next movement on the horizon is it's not just poor people or people on Medicaid or people in lower wage groups that are now confronted with problems. That problem of having health insurance and the risk of going bankrupt because of an illness reaches throughout the society now. For every union that negotiates health care, they're asked to give up wages and everything else if they're going to keep their health care. The deductibles are becoming so high that people don't really have coverage anyway; your deductible is seven thousand or ten thousand or whatever. Something like four hundred billion goes to administrative costs every year from our health care system, more than enough to cover everybody who's uninsured and to expand health care that we have to cover everybody with high quality dental, everything. So it's the next

movement and it has the possibility of uniting us. Of course, African-Americans suffer more, but they would all be covered. So that part of the community is active around this and we should be able to get a solid majority of people to push forward on it. If we could get the labor movement to take a clear-cut single-payer position and to build a movement around it, that's a movement whose time has come.

ST: Up to this point, have you found that the larger activist and civil rights community in Louisville has been supportive of the NPO's fight?

KT: Oh yeah, they have been. Yeah, Anne Braden spoke before the county commissioners during our little bonds fight.

ST: Oh really?

KT: Yeah. That's in the paper. There's a picture of Anne speaking.

ST: Oh, I'll have to look that up.

KT: Of course, they might have run that because they thought that would be so controversial. We were proud to have her with us, but they probably put that in there because they thought about that. But yeah, it's all connected. Of course, I knew Anne from years ago. The Kentucky Alliance has been very supportive and all of the civil rights groups here in the city and in general, the progressive community, the liberal community, and the unions. The unions have been very, very supportive of us. We get along well with all the union folks around town.

ST: I was going to ask you to think back broadly across all the years you've been a labor organizer. I was just wondering whether you thought that today in 2006, workers in America are overall better off than they were in the 60s when you first got into this type of work, or are they worse off.

KT: I can't quote the figures, the economics and wages and what's happened. I think in general, with the loss of membership and power in the union movement, there's a decline. With the outsourcing of many of the jobs that were made good-paying jobs by the union movement, that we've got a hard battle ahead. I think there's economic deprivation and insecurity throughout the country. If you look at what's happening to pensions, they're disappearing. People have worked all their lives and then the health care that was promised or the pension is gone. We have huge, huge problems and we need to build a union movement that's the match for taking that on, the problem of that insecurity, the problem of winning health care for everyone, the problem of assuring that everyone has a right to meaningful work and that we're not under a constant threat of jobs disappearing. We need massive investment in infrastructure. We have enough things that need to be done that there shouldn't be anyone without work. We need all the nurses, but they leave the hospitals because the conditions are so bad. And they would come back to the hospitals if we win, we create the conditions that make them feel good about their work again.

ST: I was wondering if you wanted to take a shot at predicting the future. At this point, I know there's a lot of excitement about cooperating with the California Nurses Association. What do you think the future holds over the next ten years or so for the NPO struggle?

KT: Well, it will be exciting to see. I think that it will continue. Certainly, the CNA has done the things that we never had the power to do. They passed safe staffing legislation and they had the clout to do that. It's a marvel. It just simply reverses what the industry has been doing to nurses and to patients. And they're pro-single-payer legislation and all. They're working to build a national movement on that as well. So I think that they're really good and they're dedicated to kind of a nurse control of the organization, kind of with an understanding

of building the power of people to have their own organization and to have the power to deal with the employers. So it's hopeful. I'm always hopeful, right?

I think that the union movement could be changed by, if we could get the union movement to fight for the health care battle, it would change the public's image of the union movement, because it would be a fight for everybody. When unions do that, when they fight for social justice for everyone beyond their own battles, they gain a prestige and a following and it makes for a time when unions have the ability to make more progress when they're in the middle of that swirl of a bigger battle and a vision beyond the next grievance. And I think that health care could be that battle now, partly because unions are hit with the crisis and so is everybody else in this society. So that political clout and that organizing ability to lead that fight could change the situation.

ST: How has this fight over the past fifteen or so years changed you personally?

KT: I don't know. I don't know. I guess maybe it's made me tougher. Certainly, you learn from everything you do, right?

ST: Any other thoughts on whether it's changed your overall approach or thinking?

KT: I don't know. I guess your thinking is kind of an evolution of your experiences and so I'm sure it's had an impact. It's certainly been fun. It's an enjoyable thing to engage in, to try to change the world.

ST: What would you most like future generations to remember about this?

KT: About this battle?

ST: This struggle.

KT: That ordinary people can have a huge impact on what happens and on events, and that we the people make the history. That's what I think is true.

ST: Are there any things that you had wanted to bring up that I haven't asked you about?

KT: Not that I can think of.

ST: I really appreciate you taking a big chunk out of your day to talk with me.

KT: You're welcome. It's been fun.

ST: Well, thanks very much.

END OF INTERVIEW

Transcribed by Emily Baran. July 2006.