

Interview

with

JOANNE SANDUSKY

June 19, 2006

By Sarah Thuesen

Transcribed by Emily Baran

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

Transcript on deposit at
The Southern Historical Collection
Louis Round Wilson Library

Citation of this interview should be as follows:
"Southern Oral History Program,
in the Southern Historical Collection Manuscripts Department,
Wilson Library,
The University of North Carolina at Chapel Hill"

Copyright © 2007 The University of North Carolina

TRANSCRIPT—JOANNE SANDUSKY

Interviewee: Joanne Sandusky

Interviewer: Sarah Thuesen

Interview date: June 19, 2006

Location: Louisville, KY

Length: 1 disc; approximately 98 minutes

START OF DISC 1, TRACK 1:

ST: Okay, my name is Sarah Thuesen. This is an interview for the Long Civil Rights Movement project of the Southern Oral History Program. Today is the nineteenth of June, a Monday. I am at Bellarmine University in Louisville, Kentucky with Joanne Sandusky. We are going to be talking today about the nurses' unionization effort here in Louisville. Joanne, I thought first we would just start and talk a little bit about your childhood and a little bit about your background and education. I'm kind of interested to learn a little bit more about that. Where did you grow up?

JS: I grew up in upstate New York on a little farm. My father worked in a factory too, but to take care of feeding us, his hobby was having a little dairy farm. So I went to school in the smallest incorporated village in New York state.

ST: What is that village?

JS: Galway. It may still be the smallest incorporated village, about five miles from our farm. I had twenty-four in my graduating class.

ST: Wow, that is small. What was the nearest large town?

JS: Well, our address was in Ballston Spa, which had maybe about seven thousand people, but there were three cities that were about the same distance from us, thirteen miles; my father worked in Schenectady, then Saratoga. People are familiar with Saratoga race track here in Louisville because of the Derby and all that. Then Amsterdam, which we rarely went to Amsterdam. But anyway, those are the three biggest cities, I think maybe, well I mean Schenectady was the biggest. It probably had ninety thousand people. Then Albany was about forty miles away. That's the capital, which had about two hundred and fifty thousand or something.

ST: What sort of factory did your father work in?

JS: Well, he worked at the American Locomotive Company. Actually, he didn't go in World War II because they needed him to build whatever he was building, trains and tanks and stuff like that. But then they went out of business when he was about in his fifties and he was in good shape, so he was at GE until he retired.

ST: Did you ever know of any labor organizing in your home town?

JS: Well, my father was in a union. I know that because it always seemed around Christmas that well, they were laid off and then they were on strike or something like that, especially at American Locomotive. That's basically what I remember about union.

ST: What union was he in, do you remember?

JS: I don't really remember that.

ST: Do you recall anything he ever said about the union, why he felt it was important to be a member?

JS: No, but I had the feeling, I think, that he thought it was important. It just seemed like around Christmastime, we had a large family, when he was laid off, you know there wasn't really much of a Christmas or they were on strike at that time.

ST: And your mom, did she stay at home or did she work also?

JS: She stayed home until my last—I am a year younger than my oldest brother and there were eight of us, all boys except me. So when my youngest brother went to kindergarten, she went to work at a nursing, sort of the county nursing home. She didn't want to stay home playing cards and stuff after my father retired.

ST: Is that how you got interested in nursing or was that a separate decision?

JS: No, actually I think I was a nurse before then because I'm one of the oldest. I actually, after high school, I was eighteen when I graduated from high school, I'd always been interested in health for some reason and I actually didn't have any money to go to college or anything, so I first thought of phys ed, but of course, I wanted to go to a four-year college. So I actually worked two years in a little bank in Ballston Spa and actually had to take out a loan, too. I went to a three-year, we had three-year programs at that point, a three-year hospital program. Ours was not connected to a college, so we had all of our classes and actually they worked us to death as students; now they can't do that. So I went to a three-year year-round nursing school and that's where I graduated from. But we were always encouraged by our instructors to go on, like the bachelor's degree and everything. So I mean I have a masters now, a bachelors and a masters, but it took me many years.

So I did go to that nursing school and graduated, and then I worked a whole year at a very large pediatric unit in Schenectady, lots of children with brain tumors and all sorts of things, because we had good neurosurgeons. Then I went in the Peace Corps for three years, so

I spent three years in Brazil in the Peace Corps, mostly in community health. So that was a really good education, really.

ST: What year did you start in the Peace Corps?

JS: It was September of '64, so by the time I got there, it was almost '65. I had my training in the Peace Corps, because they had a large Portuguese program at NYU in New York City. But I spent three years in Brazil.

ST: What made you decide to go into the Peace Corps?

JS: I don't know. I just was interested in doing something different, I guess. Since I was the only girl, I don't know if my parents appreciated it. It was the best really education I've had, living and working in another culture.

ST: What did you learn from that experience?

JS: Well, that people are friendly. I mean, Brazilians are great people. They're very cordial and everything. Even if you say something that is not the right word to say, they just think it's sort of funny. But I mean, I had a Brazilian family. I call them my Brazilian family because I boarded in a room in their home for almost two years before I went to the Amazon my last year. I was in the southwest, which is more ranching country that borders on Uruguay, Paraguay, Bolivia. Then my last year, they started an Amazon project. So I was up in the Amazon area in a place that you couldn't get out of, only by DC-3 about twice a week, except in the rainy season and then it was a mud runway up in the territory, so we couldn't leave.

ST: Wow, that was quite an adventure.

JS: But I mean, it was good. Of course, they didn't have—but actually, Brazil had good doctors. Well, I mean they had more doctors than some countries that are developing. Up in the

territory, some doctors come up from the south and just stay for awhile. So we had doctors, that's for sure.

ST: So you got out of the Peace Corps in '67?

JS: '67. I traveled around South America with another Peace Corps volunteer, so I got home maybe November of '67.

ST: So the late 60s, obviously a fairly turbulent time.

JS: Well actually, African-American volunteers in Brazil were coming home because of the civil rights movement and everything. There were several that came home.

ST: Because they wanted to be a part of the movement here?

JS: Right, yeah.

ST: And where did you come back to when you returned to the States? Where were you?

JS: Albany, that's where I worked, actually in the hospital where I graduated from. Then I went to the health department. So when I came to Louisville was January of '70, because I applied at Spalding University. I guess I received information from the National League for Nursing, because you got information on accredited baccalaureate programs. Actually, I'd applied at a midwifery school in Santa Fe first, but I thought, well, unless I go back to South America, midwifery isn't real great, except in Kentucky it was. In southeastern Kentucky was the Frontier Nursing Service, which is still there.

ST: Sort of part of the folk tradition there?

JS: Well no, it was known world over as a nurse midwifery school. But it took awhile to get in there. I was accepted in Santa Fe, but I thought well, I should get my bachelors first maybe and think about that.

ST: So when you came back to Albany, was there considerable civil rights activity there?

JS: Well, I was sort of surprised. Down near the health department actually, that one street was burned, yeah. That whole block or two blocks was burned.

ST: Because of rioting?

JS: I guess.

ST: What sort of impression did all of that make on you after having been gone from the States for the three years?

JS: Well, I had sort of missed maybe that part. Now just before I went to Brazil, that's right, John Kennedy got shot, I think.

ST: That would have been '63.

JS: Yeah, just before that. I don't remember when Robert Kennedy—

ST: That was '68.

JS: Oh I was back then, I forgot. Anyway, I remember I was working in the hospital at the time, the pediatric unit, and the kids were jumping up and down laughing or something when they heard it on TV, these little kids that didn't realize what the ramifications were that the president was shot and everything. So yeah, it was sort of, I was taken aback, because I did go work at the health department eventually before I came to Louisville, so there was that one section there.

In Schenectady, they always said there were really good race relations; I remember hearing that a lot of my life, or not a lot of my life, but anyway. See when I went to nursing school, I was from the country and actually, we didn't have TV. That's terrible, I'm old. I mean we didn't until I was a senior in high school, but anyway, my mother called it the idiot box. So

the African-Americans, although my cousins lived in Schenectady and when I went to school with them, maybe visiting them, she had African-American friends, but without TV, you didn't know. The African-Americans that we knew, they were GE engineers that lived up from us or professors that moved out in the country because they wanted to live out sort of in a quiet place, not in the city where they worked. We had a GE engineer and his family that lived up the street; they were African-American. We had a Presbyterian minister that came with his family that was in one of the oldest Presbyterian churches a few miles away and I remember when I was in sixth grade, the little girl in the family was in first grade and she rode our bus. Then they had a little newborn baby and I can't remember how long they stayed. But I just remember, you can tell this was a long time ago, that the children thought she was special because maybe they weren't exposed to that many African-Americans if they lived in the country.

ST: The white children thought this young African-American child was special?

JS: Yeah, I guess. I would say they were mostly white. I don't know if there were many Hispanics at that time. So I mean, she was something special. Then with the family that was up the street, there were really only maybe two African-American children maybe in the school at the time. But I don't know of any problems or anything.

ST: So you'd had very little exposure to African-Americans?

JS: Well, when I was growing up. In nursing school, no. In the hospital, half of our employees were African-Americans.

ST: I see. I was going to ask you then what the transition was like moving to the South, where obviously there is a much larger African-American population. I was wondering what struck you initially first about race relations in the South when you moved to Louisville.

JS: Oh well, let's see. I came here in January of '70. Let's see. When did I marry? We didn't get married until March of '75, but anyway, I met my husband here; he's from here. But his family is from Taylor County, lots of his family.

ST: That's in Kentucky?

JS: Yeah. Some of them are, I think, pretty prejudiced. He was a reporter from the *New Albany Tribune* across the river for thirty years or so. Anyway, so the press would be invited to different things. Well, we were invited to Bardstown, Kentucky because they had some sort of political thing under a tent; it was sort of political, I don't know. But it was at this, it looked like a plantation, and the people, they were all dressed in the costumes from way back when, the period. The people that were cooking and serving were African-Americans and it looked just like, to me, a plantation scene, I'm from the North, anyway, a plantation scene. I said, "Dale, what is going on here?" And apparently, St. Monica's Church in Bardstown has always done that. I mean, there are not all African-Americans that go to that church now. I assume way in the past there were, but I don't know. But anyway, it just looked like a scene out of the old South to me.

ST: That was pretty early after you'd moved here that you went to that dinner?

JS: I think it was even before we married; I'm not sure. It was in the 70s, I think.

ST: You wondered where you had moved to?

JS: Well no, he explained it, but anyway. But at the health department, I mean we have at least fifty percent African-American employees at our health department and our director is African-American now. He has moved from Atlanta recently. He's even in the World Health Organization and everything; he's really done a lot. But there's a lot of health disparities with minorities and he's trying to hopefully remedy that somewhat here. So that's one of his big

goals, because there's a lot of health--. Of course, the prematurity rate is much higher in African-Americans and that might be all over anyway, and a lot of the high blood pressure, so we have a chronic disease prevention program and everything. So there's just a lot going on.

ST: When you first moved here and it was 1970, is that right?

JS: January of '70.

ST: Aside from sort of taking in the race relations of the city, did you observe any labor struggles that were going on in the city at that time?

JS: No, I don't think I realized anything. You know, you would hear things about the auto workers or Ford is here; we have two Ford plants here. But I don't even know if they were ever on strike. I guess maybe I was in college trying to get through or something, so I don't remember anything like that.

ST: So overall, how did Louisville strike you as a place to live?

JS: Oh, it's a very friendly place, very humid in the summer, but very friendly. So I mean, I didn't notice there were—well of course, there's different sections of the city, like the West End supposedly is African-American, but it really isn't all. I go all over the whole county on home visits, so Portland is actually, I guess, predominately Caucasian supposedly, used to be, which is part of the West End. But anyway, so I know the whole area really pretty well.

ST: When you first moved here, you were attending college at Spalding, right?

JS: Spalding, uh huh.

ST: Then you finished there in what year?

JS: I finished in December of '72.

ST: Then what was your first job after college?

JS: Well actually, during college I was working part-time at Children's Hospital, the old Children's Hospital, which is now they built a new Kosair Children's Hospital. So I worked there while I was in college. Then I went to the Children and Youth Project, we call it the C and Y project, through the University of Louisville. It was developed for high-risk-type children, preemies and everything. So if you lived in Jefferson County, people could qualify to go to that clinic. It was really a very good clinic. We did home visits also and they had a dentist, they had audiology and they had social workers, they had WIC, of course nurse practitioners and doctors. So it was a really good clinic. It still exists. I worked there for about two and a quarter years. Then I went to the neonatal ICU at St. Joseph's Hospital, which changed to Audubon. So I worked for those hospitals for almost nineteen and a half years when I got terminated.

ST: When you took the job at St. Joseph, that would have been about '74, '75?

JS: It was March of '75.

ST: Was all your work at that point in the hospital or were you also doing some home visits still too?

JS: No, it was all in the hospital, all in the neonatal ICU was what it was.

ST: How did you like working there initially?

JS: Well, I liked it. It was just that we were overburdened. We were really busy. Dr. Singh, () Singh, he started the first neonatal ICU in east Africa. He wears a turban. Now he's a pediatric cardiologist, but he was the head of that nursery at the time. We were real busy and then we moved to our new hospital, Audubon; it's a new one.

ST: What year would that have been?

JS: That was January of '80. So we had a little bigger place, a lot more equipment and everything. We didn't have too much equipment. Of course, now they have all this stuff, but I

mean it was amazing. We did a good job at St. Joseph's keeping these one-pound little people alive and everything. But they've learned so much about these little preemies throughout the years. Then of course, we got a new group of doctors, I can't remember if they came when we were at Audubon, anyway, pediatric and neonatal specialists. They're still in charge of the nurseries. They aren't at Audubon; they're at Suburban, they moved there. We have a monopoly in Louisville.

ST: On?

JS: A hospital monopoly.

ST: I see. Well that raises an interesting question. I know the health care industry had grown tremendously in the past thirty years here. How have you seen it change in the time you've lived here? What have been the biggest changes you've noticed?

JS: Well at St. Joe's, of course it used to be the Sisters of Charity of Nazareth, but that was I think before my time; they actually started Spalding too. That might have been the first hospital in Louisville, I don't know. So Humana, you might have heard of Humana, they owned the hospitals. When we moved to Audubon, Kay would know what years these were, then Columbia HCA bought those hospitals. Humana became more of an insurance-type company, which I think they are now really. Columbia HCA was there when I was terminated.

ST: Okay, so that was the last company you worked for then?

JS: Right. Then Norton Health Care bought those, they bought all the Columbia hospitals, I think. So now they own six hospitals in Louisville out of eight or nine, and part of another one. They help with Jewish-run U of L Hospital, University of Louisville. So it's a monopoly. So if you're fired from one hospital, you can't work in any of those other hospitals of Norton's.

ST: I see, yeah.

JS: I mean, that's sort of the way this labor thing is.

ST: So as these hospital conglomerations are growing larger and larger, how is that affecting your day-to-day work as a nurse?

JS: Well, even maybe before that happened, it seemed like when nurses at Audubon were trying to get a collective bargaining unit in, I know there were some nurses that were let go and tried to get a job even at Jewish, that's what I heard, but see the human resource people talk to each other, so they couldn't get a job in Louisville, because there's a big anti-union, anti-collective bargaining.

ST: Well, let me back up and say what was the earliest point at which you remember discussion of a nurses union being vocalized?

JS: Well actually, at Audubon, we had either one or two votes for the Kentucky Nurses Association collective bargaining unit, but we lost. I don't remember if it was one or two, or if there was another group involved. It seemed like the Machinists, but I don't know if we ever had a vote. I have been a nurse for it will be forty-three years in August. So I never thought about—if I wanted to be in a union, I would want it to be my professional organization. I just thought, well if I was a professional, why would I want somebody like the Machinists or something like that? Anyway, so that's sort of how I felt and I think a lot of nurses did. Why if I do my job would I need a union to help protect me? But then I've learned a lot since then.

ST: So are you saying that initially you thought that unions were only for people somewhat different from yourself?

JS: Well yeah. I think sometimes professionals think that. It seems, "Well, you know I'm doing a good job. Why would I need a union?" Although I know some of the states though,

there a lot of hospitals are unionized, but they just never have been down here, except VA Hospital, Veterans. I think they had a KNA [Kentucky Nurses Association] bargaining unit once and St. Anthony's used to have one. They sold out to Kindred. It used to be Vencor, now it's Kindred, right across from my office. So I don't know, I never thought--. Plus, when this came all about, I was in a nurse specialist position. I wasn't a staff nurse at the bedside anymore. So I was sort of, I didn't quite know maybe. I wasn't a manager, though. I was in a clinical specialist-type position. So I wasn't quite sure where I would be at, where I should be, I guess. I didn't quite understand it. Anyway, but I knew that there was a grassroots organization the NPO started, and I think they might have started, well Kay would know, in '89, something like that.

ST: That's the year I've seen for it.

JS: I started being harassed and even the other votes, before we had our votes, you know you'd get cards and you'd sign the union card and things like for the KNA, and then of course you have your vote from the NLRB. The whole atmosphere changes in the workplace.

ST: How so?

JS: The managers harass you. Then when you're trying to go down to vote, they try to get in the way so you can't get in the room, I mean, that type of stuff. But they're told to do that and some of them don't even like doing it but are told to do it.

ST: You had noticed this behavior on the part of management even before the NPO tried to organize nurses, so even with some of the earlier efforts to unionize?

JS: No, because I think it all occurred after NPO; I think, I'm not sure. I can't remember what year it was. We may have had a vote before that, but I can't remember. But okay, I think I noticed. We had a new head nurse come. The other head nurse, she was very pro- my position;

she even developed the position. I was a family support specialist. I did a lot of parent teaching, some staff teaching, and I was a lactation consultant and a grief counselor in that position and everything. So in about 1992, we got a new head nurse, because I think my head nurse, she moved back to U of L Hospital. I know she came from a big hospital in Detroit, but I have a feeling, we think, she was a union buster. You know, they hire union busters to come in the hospital. All those years, I had gotten good to excellent evaluations every year, but her first evaluation, and this was even before I had an evaluation, it seemed like she was sort of harassing me. I wasn't even very active and I guess maybe she knew I was pro-union. I don't know.

ST: What was she doing that made you feel harassed?

JS: Well, I don't know if I can explain it. I mean, you just have that feeling. It's just not a pleasant work environment. But then, my annual evaluation was failing and I was doing the same thing I'd always done. I was doing the same good job I thought I was doing. That's when, it might have been just even before she gave me that failing evaluation, one of the nurses in the newborn nursery said, "Oh, you need to go down and see Kay at NPO." I think I did maybe go down there. But then I got this failing evaluation and so Kay's the one that helped me file a grievance over it. So I had a grievance hearing and they don't let anybody else in. You can't have anybody in there. But anyway, and I was supposed to have an improvement plan by such-and-such a time. I never even knew there was a grievance procedure. I never thought about a grievance procedure as a professional nurse. You just didn't think of that, that you'd ever need it.

ST: At the time that all this is going on, when you felt this head nurse was harassing you, had you made it known that you were in support of NPO or were you a union supporter at that point?

JS: Well some of the—like there was a charge nurse who, I think she was power hungry anyway, but she actually was the one that got better staffing, I forgot how many years before that, because we signed a petition, “Better staffing in the neonatal ICU.” But then she sort of wanted to move up the ladder, I guess, to management or something. She knew it, but she was—. I think a lot of the nurses in the nurseries knew it, so I’m sure it was around. The charge nurse knew that I was sort of pro- and everything.

ST: How many nurses would you say at that point were supportive of the NPO? Was it a small percentage or were most of them?

JS: A lot of nurses were afraid of losing their jobs. Of course, you’re always afraid of that. Well, I think there were several in newborn nursery and neonatal ICU. I think in some of the hospital units there weren’t many, but I wasn’t a real active recruiter. There were a lot of people, some nurses on units that were.

ST: Oh yeah. At that point, what had made you supportive of the NPO? What did you hope to achieve by supporting the union?

JS: Well, I think a better work environment for nurses and, of course, one of the things was mandatory overtime.

ST: Tell me a little bit about that, how that works.

JS: Well, I mean supposedly they could make you work overtime if there wasn’t enough staffing, even if you might feel that you’re unsafe. You know, you work six to twelve hours. There were a lot of twelve-hour shifts. Some nurses worked three twelve-hours in a week, but I

wasn't really that able to do that; I was too old. In my position, I really didn't have to, but I did sometimes, because there was so much going on in the neonatal ICU. Sixteen hours, you know, your mind isn't—it could be dangerous. That's why in the hospitals, nurses are having to work so much mandatory overtime, you feel unsafe, like the MedSurg and all those. I have some friends that are still working MedSurg and everything. That's what basically I think nurses are fighting for. Of course, California nurses got staffing, but Arnold is trying to delete it. That's one of the things. And who wants to go to the hospital? You know, you think about if I have to go to the hospital, who's going to protect me? There's not enough nurses around, because you hear horror stories from nurses about how bad they feel about not being able to do the job they learned to do at nursing school.

ST: Were the hospitals implementing this mandatory overtime in part because they were downsizing their nursing staffs and were trying to stretch the folks they did have?

JS: I don't think so. This had been going on for awhile. Well actually, Norton Health Care, I forgot what year it was, what did they call that? Restructuring the hospital. And actually, nurses were not even supposed to—everybody, no matter who you were, were supposed to be a patient care associate. So the patient wasn't supposed to know if it was a nurse taking care of her. That's supposed to be against the law, I think, in Kentucky now. But yeah, you couldn't even wear at first—I didn't work for Norton—but they weren't supposed to wear their RN. Nobody was supposed to know if there wasn't a nurse and you were really supposed to--.

ST: So that patients couldn't differentiate, was that the idea?

JS: Yeah, that's what the nurses in those hospitals mentioned. Of course, the hospitals, like was it Columbia or maybe Humana at the time, I don't know, they were trying things so

they didn't have to maybe have as much, so it could be more efficient business-wise, but maybe not patient care-wise.

ST: So you were supporting the union at the time to help fight some of these changes that you saw going on in the way they were organizing the staff? Were there any other issues that were of concern to you?

JS: I think those were the main ones.

ST: What came of the struggle between you and this one supervisory nurse that had given you a poor evaluation?

JS: Well actually, let's see. Then they decided, well they would make a full-time lactation consultant position. I was a board-certified lactation consultant and I got all that on my own and grief counseling and stuff like that. So I actually had started the program of mothers in their preemie nursery pumping their milk safely and everything in that hospital, because it wasn't being done. That's why I sort of did that. Our grief support, grief and loss, I took pictures of all the babies and things like that, because it needed to be done. As the family support specialist, I had a little flexibility to sort of develop these things and I had actually a head nurse before this one who was really supportive of it. She's the one that started the family support specialist.

Now a couple of times because of budget crunches, they deleted that position and I was back in the NICU, but not for too long and then they reinstated it. So I don't know, I guess maybe this head nurse was told to get rid of the position. I don't know. Then they decided, well maybe they wouldn't make a lactation consultant position full-time, but I sort of think it was, and I helped them write the criteria and all this stuff, that they wanted to change it so it wasn't

as professional. Then I sort of think they wanted that position made so they could delete it with me in it. That was an excuse, an excuse that they didn't want the position.

ST: And is that eventually what happened?

JS: Yeah, I was actually up on pediatrics, I remember it clearly, because the doctor up there in the critical care unit, pediatric ICU, asked me to do a lactation consult with a baby on the floor. So I was actually up there writing the consult after I finished. Well actually, this one head nurse, they actually transferred her. They readjusted some of the managers or whatever and they actually put her someplace else. I can't remember why, if it was because—I don't know if it was pediatrics or where. So the head nurse at postpartum is the one that sort of became the head nurse in that whole area, I think, the whole nursery area, but I don't know how long. She'd been there for years; I knew her. But anyway, up on peds finishing writing this consult and she calls and says, "Are you going to be eating lunch soon?" or something. I said, "Well, I'm almost finished here," or she said she wanted to see me. So when I came down, she closed her door quickly behind her and apparently she had all these empty boxes for me to pack all my stuff in, because she said, "Oh, we have to go down to human resources."

ST: You'd had no warning that this was coming?

JS: No, uh uh. So anyway, when we went down there, they told me my job was terminated and would I please sign this paper. I said, "No, I won't sign that paper," so I never signed it. I can't remember, they might have given me, had my checks all made out, my checks or whatever it was.

ST: For pay they owed you?

JS: I guess, I don't know if it was vacation or what it was. Anyway, they had some checks made out and they said something about, "Well, you can look on the bulletin board if

you want to see if there's any openings." But they really, I actually had applied for an opening, I think, but they never did, you know, they just said there were openings. They were on the bulletin board, but they wouldn't bring me back in. Then Joanie said, "You have to pack everything up and leave immediately." I had this whole office full of stuff. I was an educator. So I was packing it and they wouldn't let me even say goodbye to any of my colleagues. Then they had the guard escort me out like I was a criminal.

ST: Did they offer any explanation at the time for what they were doing?

JS: No, I don't remember any, I don't remember any.

ST: So what's going through your mind as you're packing?

JS: Well actually, I closed my door. I said, "Oh, I've got to call my husband" and I wouldn't let Joanie in anyway. But it took me awhile to pack. Actually, it took me, I don't know, two hours or something like that. I actually wrenched my back when I was putting it in the car. I mean, I did have a little cart to put the boxes on, but they were heavy and the guard escorted me out like I was a criminal or something. I guess that's what they wanted. They wanted people to think--. They didn't want me to say goodbye to anybody. The newborn nursery was right across from my office. I did end up saying goodbye to some people, but anyway.

ST: When you came home—

JS: And I was the major breadwinner.

ST: In your family at this time?

JS: Uh uh, right. So anyway, it was a little--. I did call Kay.

ST: So you already knew Kay Tillow at this point?

JS: Yeah, because we had filed a grievance. I can't remember if we filed one or two before that time, before all this happened. In fact, I broke my foot for our first grievance hearing. It was wet and I was coming into the hospital from the underground garage and I was supposed to go down and teach a class for the nursing students at U of L. Anyway, I twisted my foot, the floor was wet, and I cut my chin and all this stuff. So they had a health nurse at the time for employees and so she wrapped it in bandage. Actually, it got real swollen and bruised and actually, it had a hairline fracture, but they didn't send me to the doctor or the emergency room at first. It was ten days later when it hadn't gotten better, so they thought, "Well, I guess you'd better call workmen's comp."

ST: So this all happened when you were filing grievances against some of the harassment you were perceiving?

JS: Yeah, I think it was with that first grievance hearing that I broke my foot the day I was supposed to have it. I couldn't be on my foot more than four days a day, the orthopedist said. So actually, I was supposed to be off it about eight weeks, but I could wheel around the nursery on a little chair and do rounds and things like that and see the patients. I just couldn't be on it totally. But he kept saying, "Oh no, you've got a broken foot. No, you'd better stay off it for awhile." The managers kept getting upset, "Why aren't you--."

ST: So this is all going on even before you were terminated?

JS: Yeah.

ST: When you were terminated, then you called Kay Tillow?

JS: Uh huh.

ST: And what did she advise you to do?

JS: Well, let's see. She eventually—what did she call it? You file at the NLRB. I forgot what it's called now. It's not a grievance, I don't think, an unfair labor practice.

ST: A ULP, an unfair labor practice?

JS: Yeah. So actually they came down from Cincinnati, that's our regional office, and we wrote all this stuff out and everything. The first person that came down actually, well I think she got some of her facts wrong, but anyway, she might have been new. So it was denied, the Cincinnati office denied it. But Kay sent it to Washington and they accepted it. So they were () up in Cincinnati, but that's who we had. Anyway, there was a hearing. There were four of us, actually. I was a separate one, but then there were three. There were two nurses that were denied a promotion to head nurse or charge nurse, so they were in the same unfair labor practice suit. There was another nurse from peds. I can't remember if she was denied charge nurse or why she was—I can't remember. Anyway, I didn't know her as well as the others. But there were four of us in the unfair labor practice hearing.

ST: I see, your cases were filed together.

JS: Yeah, under the same hearing. So we had two women lawyers from the NLRB.

ST: Do you remember their names?

JS: Kay would know. I should remember.

ST: Oh that's okay, I'll ask her.

JS: Then of course, we were trying to be an AFSCME collective bargaining unit, which in the health department we have AFSCME. Of course, since we lost the vote, they don't give us any money anymore. So we don't have really an official office anymore. Anyway, I forgot how many days was the hearing. It took me four months to find a job, so I was supposed to

start—oh, just before, it was the fall of '95, October. It was that whole week, I think, we had a hearing. I can't remember if they came back even () had the judge at U of L law school.

I started working at the health department. Oh no, I didn't work at the health department first. I got a job at VNA, Visiting Nurse Association, doing home visits. It almost killed me, six counties a day practically, starting in December. Anyway, but we had the hearing in the fall, but the decision didn't come down, I think, until March, by Judge West was his name. And of course, we won the decision, but of course, Columbia could appeal it and had to go through Washington. Gosh, I can't remember when we had our-- Well, he ordered all this but they weren't complying, so we had a compliance hearing. I didn't realize that at a compliance hearing if we won, that they could appeal it. So that's where it is. It's in Washington.

See before our first—oh no, we've had two compliance hearings. Before our first compliance hearing—I don't think we've had two; I can't remember. Maybe it's one. Anyway, Columbia HCA gave us an offer, so that we took eighty-five percent of what they owed us or something, fifteen percent less. That was the bulk of really who owed us. See Norton, they took over the hospital so they had to abide by what the judge said also if they took over the hospital. They had to abide by what the judge said.

ST: Even though it was under Columbia at the time it first happened?

JS: Yeah, I don't know how that works. So actually, the Norton one, because they're supposed to owe me money, the clock keeps ticking. But they apparently could appeal even though we won the compliance hearing. They can appeal and it's still in Washington. It's been there for two years, two or three years.

ST: Oh wow.

JS: But there's been a change in administration too.

ST: Right.

JS: So I don't know, but it is there. But actually, Matt, the compliance officer up in Cincinnati, NLRB, he's come down a couple of times to sort of update, because see I wouldn't have to have mileage and wear and tear on my car if I wasn't doing home visits, if I was in a hospital. Actually, I applied at, a position I applied for at Suburban, Suburban had a nursery. That's part of Norton now; it was Columbia. Suburban, it's in the east end. Eventually, the NICU and everything maternal and child all moved to Suburban, but that was after my time. But after I lost my job at Audubon, I did go to Suburban and this came up in the hearing. I did go to Suburban and apply, because they had a nursery there, a newborn; they might have had a level two, I can't remember. I certainly had qualifications and everything. Anyway, so eleven AM on one day, I put my application in at Suburban and I got a letter the very next day saying, "Oh, they were looking for other applicants that might be more appropriate for the position." So how did they get that in the mail and to me the next day? Anyway, that did come up at the hearing.

ST: Do you think it's because the hospitals are all connected?

JS: Yeah, well it was a Columbia Hospital.

ST: So just to clarify the details, you mentioned that at one point you did get offered a settlement that was eighty-five percent of the money that they owed.

JS: Oh yeah, and we did take that. I wasn't sure whether to, but it seemed like the three other nurses wanted to take it. So yeah, at least we got that big lump. Well, my lump sum was bigger than theirs, because they still worked there. See, they worked at the hospital, they still worked.

ST: I see.

JS: One of them maybe didn't, but the rest worked there. Well, Patty has since retired, but Ann still works at Audubon.

ST: This is Ann Hurst?

JS: Uh huh.

ST: And Patty?

JS: Patty Clark, she used to be our NPO president. I think she's retired and went to Savannah or something with her daughter.

ST: And their cases were wrapped in with yours?

JS: Right. That was in that same hearing.

ST: So at this point, what's still pending is—

JS: Back pay. Oh, Norton was supposed to offer me a job. That was part of the judge's decision. And actually, the first time they offered me a medical/surgical nurse position, which I'm not qualified for.

ST: Why did they do that?

JS: Well, because they think that a nurse is a nurse is a nurse. They said, "Well, if you have a couple weeks of orientation--." I have never worked in medical/surgical nursing since I was in nursing school. I mean, I would not be competent. Things change in forty years or however many years, thirty-five years. It wouldn't be safe. I'd lose my license. In the compliance hearing with Norton, that sort of came up and I probably maybe wasn't as outspoken as I should have been, because you think you're supposed to say yes or no to lawyers. Actually, the Norton lawyer tried to say, "Well, aren't you a nurse? Don't you have your license?" Like a nurse is a nurse is a nurse, you don't have any specialties. Well, I

wouldn't go to my OB/GYN if I wanted heart surgery. It's the same. They have not offered me another position, even though Suburban Hospital has a lactation consultant position.

ST: If they were to offer you the exact position you wanted, would you at this stage want to return to a Norton-owned hospital?

JS: Well, it would probably be—well, I've never worked for a Norton hospital. Well, at this point, I'm sixty-six years old and I hopefully will be able to retire next year. I'd like to retire. But if it was a few years earlier, and of course, I do have my state retirement through the health department. We're under metro government and so we're under the state retirement system. So if it was a few years earlier, yeah.

ST: Right.

JS: If it was lactation, but they would never offer me a lactation consultant position, even though I qualify for that. I don't qualify for medical/surgical nursing. You would not want me to take care of you, because you can't say, there's just too much. It's not like the beginning of the century. The philosophy of a nurse is a nurse is a nurse, a doctor is a doctor is a doctor, went out in the beginning of the twentieth century, I think. But they tried to prove that at the hearing.

ST: So you were fighting this case for, it began in '94, '95?

JS: Well, I was terminated in '94, so probably I was fighting the grievances maybe since, I would think it was '92 or '93.

ST: So a very long time.

JS: I probably have copies of them at home, I don't know where.

ST: How has this long fight affected you personally other than having to find a different job?

JS: Well, it's been an education and I think that there are a lot of nurses that are fighting for this. I've met nurses that are really fighting for this and of course, NPO. I mean that's the main organization. And there are actually nurses from different hospitals that belong to NPO and they're interested in having better working conditions, being able to maybe have more say in everything. Of course, it's easy to say you're for it, but nurses, well anybody if you think you're going to be fired and you have a family to support and everything--.

Oh actually, I didn't tell you I was in my fifties, I've lost two jobs. I worked for Visiting Nurse Association, so I was almost finished with orientation and they told me I wasn't doing enough home visits. Well, they were supposed to give me what they wanted me to do, a supervisor. Anyway, so I was let go from that job after five and three-quarter months. I thought, "Oh my goodness, what's going to happen?" So it took me about six months to find another job. Now Audubon did not contest unemployment benefits, because they knew they were wrong. Anyway, so I did get, luckily, unemployment. You know, you never think about unemployment benefits if you've always maybe had a job and you're a professional. Well, of course I had six months of--well, I didn't need six months. I got a job in four months--unemployment benefits.

Now the Visiting Nurse Association did contest it, but I mean, they had no right to contest it. So I did receive six months of unemployment benefits after I lost that job, before I got the job at the health department. It takes awhile, because they had to go through fiscal court and everything. It just seemed like it took a long time to go through. I actually applied at the Children and Youth Project too, because I used to work there, but somebody else wanted that job. So I actually had those two interviews about the same time, but somebody was on maternity leave at U of L, so I didn't get it. But it's been the health department. I've always

liked community health for one thing. It doesn't pay of course like hospitals do. One of the things is I finally did get my health department job and then my husband lost his job after thirty-one years in the same place.

ST: Was this his reporting job for the newspaper?

JS: Yeah. A new company took over. Well, we think it was age discrimination, but you can't prove that very well.

ST: So this must have been a very stressful time.

JS: The last eleven years has been sort of stressful, but it's been a steady job for me. I mean, I've been there a little over ten years now.

ST: With the health department?

JS: Yeah, and see we have a union so they can't fire you unfairly.

ST: What is the union?

JS: It's AFSCME, American Federal—what is it?

ST: State and County Municipal Employees, is that it?

JS: Yeah. They didn't use to have that in the county. I forgot how many years they've had one now. So I guess it helps really. I mean, it does help to have a union.

ST: You mentioned that this process had been an education. What's the most important thing you feel like you've learned from this whole process?

JS: Well, that your job is never safe and corporations can tend to do anything, I think, that they want. I think you become stronger, you know?

ST: How so?

JS: Stronger when you're fighting something like that. I mean, I would never have won anything unless it was for this NPO and Kay and people working together. You can't do it on

your own. Of course, we didn't have to pay anything because it was an unfair labor practice suit, which was good because one of our colleagues, she had another type of suit. Well, she had both kinds of suits, but she's won both of them.

ST: But she had to pay some of the expenses herself?

JS: For the one, they were trying to take her license, yeah. Norton accused her of something, because she was very active in the union at Audubon.

ST: I wanted to ask you a few more general questions about the NPO. It's obviously a majority female organization as is the nursing profession in general.

JS: Yeah, but no we've had male nurses in the NPO.

ST: Do you have idea of what the gender breakdown of the membership of the NPO would be?

JS: No, Kay probably would know that. See, one of my brothers is a nurse () in Vermont. He and his wife are both nurses. I think when he got back from Vietnam he became an orderly, I don't know what they call them now, and then he decided to become a nurse and went to Syracuse University—

ST: Runs in the family.

JS: For his bachelors. I don't know if he ever did.

ST: I was going to ask you how you, if at all, think gender affects this fight? Do you think the struggle would be different if nursing were a male-dominated profession?

JS: Well, that's a good question and I hadn't really thought about that. There are a lot more male nurses now, but of course I don't know what the percentage is. I think I've read it as far as in the profession. I don't know. It's a good question. But you know, there are doctors, like residents, forming unions. I've even heard of HMO doctors forming unions and social

workers. So I don't know if that's--. Although you hear about unions going down as far as auto workers and things like that. But the professional unions, I read, were on the rise.

ST: Certainly you're right, there are plenty of examples of male professionals joining unions as well. I wondered whether as a group, members of the NPO ever felt like being a woman and being a professional, if those two things at times were in conflict or if part of the reason they received some of the treatment they did was because they were women.

JS: Gosh, I don't know, although see nursing used to be—well actually, when I went to my three-year program, it was more of--. Now, you wouldn't see that. We used to have to stand up, we were taught to stand up if a doctor entered the chart room. You were supposed to stand up and give him your chair. Of course, that doesn't happen anymore. Then there was this one famous, well he was supposed to be world-famous, eye surgeon that operated in our hospital. So one of the student nurses was assigned each day to go meet him at the door of his residence and make rounds with him and (). He was an older doctor. So I mean, I don't know that you'd see that now. But yeah, you were supposed to give your chair. The nurses don't give up their chair for doctors now when they come to the chart room.

ST: That's changed.

JS: So that has changed. I think maybe nurses are better educated too now than way back when. They have more of a say. Now you may have more of a say in a university hospital setting related to a college it seems like, like U of L hospital. It depends on the doctor and everything.

ST: Is the NPO made up largely of RNs?

JS: There are some LPNs as well.

ST: The LPNs as well?

JS: Yeah. But actually, the unit, I think, that was being accepted though in the vote was only an RN unit. It seems like the hospital wouldn't put other people in it, I think as far as I know, but Kay would know that.

ST: I was just wondering how much support you felt like there was among other health care workers for the NPO, that is other hospital staff. Did you generally feel like they were supportive of your struggle?

JS: I think so. I think I got the feeling they were. Actually, we wanted to include other staff in one of our votes, I remember one of our votes. But I thought the hospital didn't want that or they wanted an all-RN.

ST: So in general, you felt that there was a good bit of solidarity behind the cause?

JS: Yeah, I think there was. I think I had that feeling.

ST: Why do you think the hospital executives felt so threatened by NPO? What do you think they stood to lose by the NPO organizing?

JS: Well, I have always heard that managers don't like unions. They would have to have staff have more say in what goes on in the hospitals. I mean, that's what I think. But actually, this one head nurse that I call a union buster, she came from a very large Detroit hospital that had a union. She said she liked unions because then she knew what to do.

ST: What did she mean by that?

JS: Well, she thought it was easier to be a manager when there was a union.

ST: I see.

JS: Because you knew what you could do, what you couldn't do, and I don't know. I remember her making that remark once. So I don't know. We just thought she was a union

buster, I mean I got the impression, but maybe that was one of the reasons they hired her. But she came from a union hospital, so I don't know.

ST: So you feel like in general, the thing they most feel threatened by is the potential loss of power or decision-making?

JS: Yeah, maybe decision-making, staff having-- Well, plus of course cost, if they want less staff. Nurses need the staff to be able to take care of the patients correctly. They don't want someone to tell them that you have to have this many staff for this many patients and acuity and all that.

ST: Right. Outside the immediate hospital community, who did you feel like were your biggest supporters and your biggest opponents in this fight? For example, did you feel like the city leadership, the municipal leadership was helpful or hurtful?

JS: I don't know if they ever were. I suppose they heard about. We were in the paper enough, well in the *Courier-Journal*. I went down there for an interview once. Well, we had protests and we would be holding our signs on the street outside of Audubon Hospital and people would toot. Some people from other unions would join us.

ST: What other unions joined in, do you remember?

JS: Well, Kay would know more about that than I would exactly. I mean, she knows all these unions. We even went to some big union hall once and spoke. But yeah, people would seem to be—we actually had a candlelight vigil in the park across from Audubon. They've been doing even downtown, I don't know lately, in front of Norton they were doing something once years ago. We had a march from, there was a program, the California nurses came, they were trying to organize, and we marched through downtown and in front of the medical center,

all the hospital listings and everything. The TV was there and everything. I never thought I'd be doing something like that.

ST: This was just recently?

JS: When was it, October? There was a seminar and the California nurses came.

ST: So there was media coverage of that?

JS: Yeah, that protest or march or whatever it was.

ST: How in general would you describe the media coverage of this fight, both newspaper and TV? Do you feel like it's been supportive?

JS: Well, there's someone at the paper that always wrote, what's his name, Joe Ward. I don't know if he's still there. Kay would call him and he'd come or put something in. I don't know that he's still there, but someone's still doing a lot on that. But there was, I remember when I won, what was it? I can't remember. Even after I started at the health department, we would have—oh, we went to fiscal court, that's right; we did. So they must have known. We don't have a fiscal court anymore. We're a merged city-county, but that was the county. Actually, I spoke at fiscal court, oh yeah, because one of our commissioners, anyway, she supported us. We had a, what do you call it, a motion or something to—oh, Kay would know what the motion was. Anyway, it was supporting nurses.

ST: A resolution of support?

JS: A resolution or something.

ST: And this was at the county—

JS: Yeah, the fiscal court, the county commissioners. Yeah, we got up and spoke. I told my story and all this and there were all these people there. I have to have it all written down. I'm not good at that.

ST: Do you remember which commissioner it was that was supportive?

JS: Well, Delores Delahanty, I think that was her name. I think her son was a Peace Corps volunteer someplace, she said. I think Delores Delahanty was her name. She was the one that brought that resolution up. But actually, Russ Maple, who has since been killed in a car accident unfortunately--. Actually yeah, Kay was getting them supporting as far as better health care in the city as far as nurses and stuff. So I think Darryl Owens, he might be one of our reps now, I think he was pretty supportive and Russ Maple. It depended on if they were supposed to be reelected or not, though I shouldn't say that.

ST: I see.

JS: I don't know that Rebecca Jackson, she was actually the executive judge, executive or something like that. I can't remember if she was. Anyway, but Kay, sometimes I forget everything that's going on and stuff, but she just is an expert at it.

ST: Right, well your memory seems pretty good too. Despite these different supporters that you're describing the organization won, what do you think was the biggest stumbling block to winning the elections and getting some of the cases through? Why do you think Norton was able to wield as much power as it does?

JS: Threats, well threatening nurses that they'll lose their job, really. As far as for the vote, you always think you have so many pro- that you'll win the vote. But it seems like, I can't even remember how many days before, but they have all the managers and head nurses coming around before the vote giving you freebie things. I don't know. It just seemed like—

ST: What sort of freebie things?

JS: I can't remember, but I just remember they were all around the nurseries. Then they actually were blocking the hallways, some of these managers, so you couldn't get to vote at the

last minute. They were harassing. Oh, I think the head of Columbia came up, I don't know who, and he actually practically broke this nurse's hand shaking her hand, nice or something, trying to get her on his side or something. It's just I don't know, the atmosphere is just terrible when you're going to undergo a union vote; it really is. It's just very harassing. So it's a threatening-type atmosphere. It really is a threatening-type atmosphere.

ST: What do you think is necessary to change that?

JS: Well, I think the more the nurses hear that we have won cases, I think that gives them some impetus that yeah, we do have some power to win and everything, because we have actually. Gosh, it's been a long fight. NPO has been fighting a long time for different people. There are nurses in all the hospitals that are supportive of collective bargaining, but I don't know that there's a majority in each hospital as far as to be able to win a vote. I mean, you have to get so many cards signed so that you have so many signed, and then the NLRB will call the vote. But it's just probably the atmosphere around that time, to me, I think nurses get afraid.

ST: If the NPO were to win an election, what would that victory mean to you?

JS: Oh gosh, it would be great, I think, for nurses in the city to know that that can happen and they can have more say. That would be a first. They would hopefully have part to write up the contract or whatever it's called in the hospital. See, some hospitals are all-union, like up north. One nurse, a male nurse actually I knew from Minnesota or Wisconsin, the hospitals there were unionized up there. You had to belong to a union to even get a job in a hospital as nurses. It seemed like they ran smoothly.

ST: If the NPO won here, do you think that would have an effect more broadly in Louisville in terms of the labor environment?

JS: Oh I think so, yeah.

ST: What sort of effect do you think it might have?

JS: Well, I think mainly the health care environment; I don't know about the others. But all the unions were for us. I mean, they were always supporting us and came out to various things that we had and brought their children. Well, I think anytime you win really, especially that first time, that it's going to make an impact on the union situation, the labor situation. But there might be maybe still a lot of nurses that feel, "Why do I need a union?," if they haven't had any type of job problems. Although, most of the nurses that work, especially on the medical/surgical floors or even critical care, that I talk to, you know it's just they're frustrated a lot, because they're so tired out and they can't give the care, because they have too many patients, the care they need to give, they know they should give to that patient, I mean, a lot of the ones I talk to.

ST: What would you say to a nurse that maybe had not had any particular job-related troubles and maybe was basically satisfied with their current situation? What would you say to them in answer to the question, "Why do we need a union?"

JS: Well, I probably would say, "Well, I didn't think so either." I would probably tell my story of how I used to think that, unless it was the Kentucky Nurses Association or something like that. But I've sort of learned a lot since. Actually, AFSCME, I guess I felt bad about—oh, I think the Teamsters tried to get in once too, but the Machinists and Teamsters, they didn't have a health care connection. AFSCME actually did, because they had a section that was called, they even had a conference in Washington, Nurses of America or something. Part of AFSCME was that, I don't know if it still is.

ST: Was this the UNA, United Nurses of America?

JS: Yeah.

ST: Okay.

JS: So that was sort of part of it. That sort of made me say, "Well okay, maybe they know about health care and what our needs are."

ST: At this stage in your career, do you consider yourself to be an activist?

JS: Well, I haven't had much time to do a lot actually, but I might possibly volunteer with NPO to do a few things. You want to just sort of go forward with something that has really helped and help others. Actually, I have a neighbor who just became a nurse last year. She went through the accelerated program here at Bellarmine. She is working in CVU at Audubon, actually, and she hasn't been working that long and she said she wants to become a nurse practitioner now, because she said, "You just can't take care of the patients like you're supposed to on the floors." Well, it's a CVU floor, but there just aren't enough nurses. You can't do everything you're supposed to be doing, like taking vital signs at certain times when they come back from cath lab. And she hasn't been a nurse very long. She said, "Well, I'm planning on becoming a nurse practitioner. Do you think I need a union?"

ST: What'd you say?

JS: I said, "Well, it would depend." I mean, if you're a manager you probably wouldn't need a union, but yeah, it depends on where you're working and what type of situation. So actually, I think Ann Hurst, she said, took her to a conference recently and everything, so ().

ST: So you would like to work with maybe more younger nurses, is that why you brought her up?

JS: Oh yeah, well I think some things that have happened—see I take nurses out. Well actually, the sociology professor here at Bellarmine asked us to speak in his class a couple years ago, I think it was two or three years ago. He wanted to invite the whole school, like the

nursing school especially, and he invited KNA to come and they didn't come. But the College of Nursing, they don't want students to learn about collective bargaining.

ST: Why is that?

JS: Well I don't know if it's because see, they have a new building here that Norton spent a million dollars on, the Norton Science Center or something. That was just being built. I think it was finished last year or the year before. Actually, the dean of the School of Nursing was on the Kentucky Board of Nursing too. Anyway, so they said no, they wouldn't. I don't know if they threatened his job or what, I don't know, but they don't want the student nurses to know about it. I took a Spalding University student out, because we take students out from the College of Nursing on home visits, and they got in trouble. There were some interested seniors that were interested in—I don't know how they got interested—collective bargaining. They did a poster session at one of the research conferences or something they had, and the instructors told them not to talk about their poster with anyone because it was on collective bargaining. But still some of them were interested. I think some of them at Spalding did join NPO. That was a few years ago. We don't have an office now, but hopefully we'll get another office.

ST: So it sounds like there's plenty of work to be done among the younger generation of nurses coming through.

JS: Yeah, really.

ST: What would you most like younger generations to remember about your fight?

JS: Oh gosh. Well, that it might be a long fight, but hopefully it won't be a long fight for them if we win. I mean that will be an impetus for nurses in this city to have collective bargaining rights, that it would be worth it really, because you never know. Hospitals want to restructure and decrease staffing and it's not safe for patients. Nurses at the bedside should be

the ones that have the say in how much staff you need to properly, safely take care of the patients and do what we were taught in nursing school, give the care that you're taught in nursing school. There's so much technology; you have to keep up with all of that now (). Every few months you have to learn something new with all these new machines and things like that.

ST: So there are more and more demands every day?

JS: Right. And the patients, see they don't just admit patients to the hospital like they used to. I mean, you'd stay a few days for minor things. These major cases go home in a couple days, like the heart cabbages they call them; I'm not sure what that means. Of course, you have a lot more home health nurses, but there's more acute patients in the hospital with less staff. So you feel frustrated with that. I mean, that's what I hear from hospital nurses all the time.

ST: Was there anything that you had wanted to talk about that I haven't asked you?

JS: I don't know that I can think of anything. Let me see if I wrote anything down. I think that was mainly, I had written a few things down, but I think I had covered everything, just to try to remember things. But hopefully it's the future, especially for staff nurses at the bedside. They need to have a say in patient care, like supposedly the California nurses have won.

ST: So you hope the California nurses are going to pave the way for the rest of the country?

JS: I think they want to, but see they broke away from the ANA, the American Nurses Association. I belong to the ANA and the Kentucky Nurses Association. See in New York state, a lot of nurses join the New York State Nurses Association or in some states, Illinois, Minnesota. But in Kentucky, I think nurses have not joined the Kentucky Nurses Association,

which is part of ANA, because mostly managers and educators are in KNA and they're not union. I mean, they are not for union, although they tried to get a staff nurse thing at one of their conventions. Actually, they have tried to squash NPO, I think.

ST: The Kentucky Nurses Association has?

JS: Yeah, with some of the staffing things and everything, because they go more with the hospital association. They try to (), so I haven't been to any meetings lately. But I support the ANA because they're our professional organization supposedly, now that the California (). I have for many years, because they're the ones that got nursing up to the professional. It's been, gosh, how many years? It was seventy-five years, but that was a few years ago, so we must be almost hitting a hundred or ninety years, the ANA.

ST: Why is it that the state and national professional organization hasn't been more supportive of these union efforts?

JS: Well, ANA does have a collective bargaining offshoot and KNA used to, but I don't know. I don't know if it's because it's mainly managers in it, but still they're supposed to have actually—they've won some votes in the state and I know St. Anthony's used to be in KNA, but they don't exist anymore. And Appalachian Regional Hospitals were in KNA and VA was at one time; I don't think they are now. They used to have, I think, some real good people in collective bargaining in the KNA, because I talked to one of them when I was at the Children and Youth Project, because I was thinking about being, I don't know, the manager or something, but she's since deceased, I think. I don't know that they have any real good people right now in the collective bargaining, but they're supposed to be separate. It's supposed to be a separate arm of the Nursing Association, as far as I understand. But see, I think California

nurses or a lot of them decided that they weren't for staff nurses. See, they won staffing ratios in California, so there that's really a win, to win the staffing ratios.

ST: So they get to set how many nurses per patient?

JS: Yeah, depending on acuity, I guess. I'm not sure how it works.

ST: I see. As far as you know, is that the only state where nurses have won that right?

JS: I think so statewide. I know they're trying in some of the hospitals in Cook County in Chicago. I'm not sure. They're actually trying all over. They're going to have another seminar. I got a brochure. When is it? October something. No, August. I can't remember. I just got the brochure yesterday. Cleveland, Louisville, Memphis, Nashville. So I mean, they're trying to win nurses over and plus, the health care situation as far as, well Kay is working a lot on single-payer health. We've got forty-five million people without health insurance in this country and I forgot how many in Kentucky, a lot.

ST: It's a huge number, yeah.

JS: But see, mostly I work with, well I would say a majority of the clients I see in the HANDS [Health Access Nurturing Development Services] program are on Medicaid for their pregnancy. I mean, Kentucky doesn't let people go without prenatal care, so they can qualify for Medicaid for their pregnancy at least. Teenagers, I think, can get it until they're twenty or twenty-one and of course, their baby qualifies for a year, but maybe longer.

ST: Do you think this fight for single-payer health insurance and the union fight are connected in any way?

JS: I'm not quite sure. I'll have to ask Kay; I know she's into that. But I'm not quite sure. They could be. I mean if nurses are fighting for quality patient care for everyone, we don't turn people away for immunizations at the health department if they can't pay. We might bill

them, but I don't know if we ever get the money. Most of my dads don't have any health insurance that I visit, and the moms. Of course, I visit mostly pregnant moms and after they have their baby and they qualify for that because they need prenatal care. But there's so many, unless you work for a big company, I mean there's just a lot of men especially and women that work, they don't have any health insurance. Of course, it's too expensive too, depending on what kind of a job they have.

ST: Well, that's certainly an issue we could probably spend the rest of the night talking about. You've already been very generous with your time, especially on a stormy evening like it was tonight.

JS: Hopefully it's nicer out now.

ST: Were there any other things that you wanted to bring up?

JS: I can't think of any, so hopefully I've given you some information about it.

ST: Definitely.

JS: I mean I'm not an expert at it.

ST: Well, I've certainly learned a lot and I really appreciate your taking the time to talk with me.

JS: Okay, you're welcome. Thank you.

END OF INTERVIEW

Transcribed by Emily Baran. July 2006.