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Interview

with

ANN HURST

June 20, 2006

By Sarah Thuesen

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

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TRANSCRIPT—ANN HURST

Interviewee: Ann Hurst

Interviewer: Sarah Thuesen

Interview date: June 20, 2006

Location: Louisville, KY

Length: 1 disc, approximately 80 minutes

START OF TAPE 1, SIDE A

ST: Today is June twentieth, 2006. This is an interview with Ann Hurst. I'm at her home in Louisville, Kentucky. My name is Sarah Thuesen and I'm conducting this interview for the Southern Oral History Program as part of our Long Civil Rights Movement project. Ann, thanks very much for sitting down and talking with me today. I thought I would first just start off with a few general questions about—

[conversation breaks off as phone rings]

ST: So I was just going to ask you where you grew up.

AH: I grew up in Louisville.

ST: Oh okay, so you've been here all your life?

AH: Yep, except for six years when we were in Virginia.

ST: What were you doing in Virginia?

AH: My husband's job was there and we had four little kids and as they got bigger, then we decided we needed to be at home so we came back to be with my parents and his parents.

ST: What did your parents do here in Louisville?

AH: My dad was an engineer and my mom was a schoolteacher.

ST: At what point growing up did you start thinking about becoming a nurse or was that not until later?

AH: When I was five, I wanted to be a nurse.

ST: Oh wow.

AH: So I ended up going to Spalding and getting a four-year degree. I waited until the youngest boy was four and then I went back to work.

ST: What made you think at age five you wanted to be a nurse?

AH: I had an aunt that was in the Army. She was the Army nurse and my mom took her uniforms and made us little uniforms and I was always so proud of what she did that I decided that's what I wanted to do.

ST: Was she in any of the wars?

AH: She was in Europe, but I don't think she saw much. She was right at the end of it.

ST: And you say you went to college here at Spalding University?

AH: Spalding was a very good—the four-year program was the only one in this area. They had a really good program. Now I don't know what it is now, but it was good.

ST: What year did you finish there?

AH: '69.

ST: Oh yeah, so you were in college during the 60s, right?

AH: Yes.

ST: Obviously, that was a fairly turbulent time to be coming of age. What did you notice around here--were there social protests at Spalding or civil rights activity that you recall?

AH: I didn't notice a whole lot there, but there was with the University. I wasn't involved in that, because my brothers were not in Vietnam. My husband's brothers, he had, but they weren't in active duty. So it came close, but it didn't touch us like it did other people.

ST: So you were in Virginia for some years and then moved back to Louisville about what year?

AH: '81.

ST: And is that when you started working at, was it Audubon Hospital you were at most of the time?

AH: As soon as I got back, I started working at Nazareth Home, which is a nursing home next to Our Lady of Peace. I worked there for six months. I worked nights so that I could be with the kids in the daytime and get their lives sort of started. Then in the fall of that year, I started at Audubon because a friend of mine called me and said, "Hey, you might want to do this." I've been there ever since.

ST: What is your specialty within nursing?

AH: When I started out, I was a med/surg nurse for about seventeen years for about seventeen years and then I thought, "I need to do something different." I thought, "Where is my weakness?" My weakness was in hearts and so I went to a cardiology unit and I've been there since 1997.

ST: What do you like most about your work?

AH: Taking care of people. I like the idea of doing things for them and making them feel better because I know they're miserable.

ST: I imagine you see a lot of really acute care patients.

AH: I did in med/surg. I took on the care of a lot of cancer patients and they were very appreciative people. They're very humble people. They know that they're at your mercy really and they don't ask for much. With the heart patients, we're in a unit where the turnover is really high. They come in and go home real fast and they don't have as many needs. They do have needs, but they're a different kind.

ST: When you joined Audubon Hospital in '81, what sort of place was it to work at? Tell me a little bit about it.

AH: Well, from what I remember, I was young and I had other things going on, but it was very busy. When I first came into it, I wasn't used to the speed that you had to move at and I had a lot of patients and I got frustrated real easy. But I liked what I was doing and I only had eight-hour shifts at that time. I would come home and in a few minutes, I could pick up speed for the kids.

ST: Did those conditions change over time?

AH: Those conditions got worse.

ST: Tell me how.

AH: We changed hands, owners of the hospital, and the new owners wanted to go in a new direction of, what do you call it? Downsizing is what they called it. So they cut us back and we were really like a skeleton crew and the nurses were taught how to do things that the lab did and things that respiratory did. So you had a whole lot more to do in the same amount of time. Many, many people left and several of the departments closed down and moved. It was a sad day.

ST: Was this going on at all the hospitals in Louisville or do you think it was particularly severe at Audubon?

AH: The owners of the hospital were in several hospitals and it was all bad, but they made the doctors at Audubon mad and so we lost pediatrics and OB/GYN and orthopedics and neuro; the doctors went elsewhere. Then the next group of owners came in and had to build it all the way from the very beginning and I said, "When I leave, I'm going to lock the doors," but it never got to that.

ST: What was your impression of why Audubon started doing this? Was it simply a cost-saving measure?

AH: The second owner of the hospital was for-profit. They used the materials in the hospital and the machinery until it broke down and it wasn't replaced. They used us until we broke down and they didn't replace us.

ST: Who was the first for-profit owner?

AH: Columbia Health Care.

ST: Okay, that was Columbia—

AH: HCA.

ST: And then after that was when Norton took over?

AH: Norton came in and began to replace our equipment and add nurses and put the units back together and entice the doctors to come back to the hospital, and they have built it up. It's come a long way.

ST: Did the conditions you were working under improve when Norton came in, in terms of your hours?

AH: It was just different. They have improved things, but they changed nurses to twelve-hour shifts instead of eight hours, which has its advantages and its disadvantages. I mean, you get used to it and you have three days off instead of just one or two.

ST: Has the morale improved at all, you think?

AH: The morale has greatly improved from Columbia, because it was at its lowest, but there are still things that make it very, very stressful for nurses and the older ones are aware of it and they've gotten used to it, but the younger ones coming in will stay a few months and say, "I can't do it," and they leave. And what they do, they hospital hop, and then some of them go into different professions because they can't do it.

ST: Just so my chronology is clear, what years was Columbia in charge of Audubon?

AH: I don't remember when they got there, but '97 is when Norton took over. Galen, it was Humana, and then Galen was a sidekick to Humana. Somehow it was just the way they did it, but the same people were running it. Then they were there, it was in the 90s. I think Columbia had it about five years and then Norton took over.

ST: So at what point did you start hearing discussion among the nurses about the need for a union?

AH: I was a med/surg nurse. It had to have been around 1990. It had to have been right in there. All of a sudden, I hear people talking about a union and it would do this and it would do that. I thought anything would be better than what we're doing right now. So I said, "Hey, I'm willing if this will improve things and give me a voice in what I think is just reasonable."

ST: Had anyone in your family ever been part of a union before or was this a completely new idea to you?

AH: My family were professional people and so I talked to my father. He was an engineer and an attorney. He said, "What is going on?" I said, "Well, listen to this and see what you think." So he said, "Why do you want a union?" I said, "Because I'm not giving the patient care that I want. If conditions were better, then I could give more time to each patient and feel

more comfortable about the job I'm doing. I'm not doing a good job and the patients are not getting the care I want." He said, "If those are your goals, if that's your end reason for doing what you're doing, then it's a good thing and go do it." So I did.

ST: How did other members of your family react?

AH: They all felt that I had good reasons. I also had a brother that was a doctor and he was for me. He said, "There are a lot of things that need to be improved on your level and on the doctor's level. The doctors need a union too." He said, "It's alright with me."

ST: Is he a doctor here in Louisville?

AH: Well, he died two years ago of a heart attack.

ST: Oh, I'm sorry.

AH: He was a very good pediatric orthopedic doctor and I think he was under a lot of stress. That's just the way the profession is. So anyway, he had a heart attack.

ST: What line of work is your husband in?

AH: He's in sales, so he's in and out of town.

ST: Did you have discussions with him about whether to join or not?

AH: He kind of leaves me alone: "If that's what you want to do, it's okay." His father was in management, too. They're from Bardstown, so he was in the distillery out there. I never asked him what he thought about a union; I just did it.

ST: You just joined.

AH: Yeah.

ST: What were your main goals when you first joined the union? It was around 1990, you think?

AH: Yeah. As far as unions were concerned, I was very dumb. I just knew that if we got representation, then we could have maybe more nurses. I didn't want a lot, I just wanted enough nurses so that we would have a patient load that was reasonable. Then we would have time to eat lunch and time for breaks. Money could have improved then, but since then it has, so that hasn't been one of our issues. Other nurses had different things they wanted, but my thing was that I wanted working conditions so that I could go home and continue my life and not be exhausted and know that I had left a good job behind me. Now my goals have changed since then in other ways, like now I would like some retirement since when I retire, there's not going to be anything.

ST: Has the benefits package decreased or gotten worse since you—

AH: With Norton, the benefits have improved. There's a few things that have changed. We have a 403 instead of a 401k. They do add to that, though. My insurance was much better. They had Humana insurance, Norton did, so my insurance got better, but since then the price keeps going up like everybody else's, and your insurance benefits are not quite as great. But there is no retirement. They say they have this little retirement fund, but I'm not sure how far it would go. We all say we could go to McDonalds once a week, but anyway. They've kind of leveled off. They're just like any other hospital with what their benefits are.

ST: So your main concern initially was improving sort of basic conditions in terms of hours and the way the shifts were organized and setting up conditions that would allow you to take care of your patients more effectively?

AH: That's what they were. And now it's been more than ten years and what I'm seeing is young people and some of them not so young. They're coming in new, maybe say from twenty-three to thirty-five, and they go through orientation and they look a little nervous. Then

they're put out on their own and I can see their faces drop and I can see their frustration. Sometimes, you'll see them in the back room crying and I think, "This can't be. This can't be. They have to have a job where they feel like they're doing a good thing." And I'll talk to them and they say, "I can't do this. I'll have to go someplace else." My thing is, "You can go to every hospital in Louisville and elsewhere and it's going to be the same thing. If you go to a med/surg unit, it will be worse. You'll have seven or eight patients and the conditions are the same." Here on my unit, we have three or four patients and it's busy, but there's still so much to do and things can get bad real fast, because the patients are sicker. So I say, "If you'll just wait." For awhile, I was telling the nurses, "Well, why don't you go over to Baptist East? Baptist East has better conditions," and they do and they care more about their employees. I say, "Go over there."

So then I said, "No." When I found this union, I said, "No." If you'll give me eighteen months, stay here for eighteen months, and I will try to improve the situation with trying to get this union in the hospital. What else is there to do? Just find another profession, that's the only thing to tell them. That isn't the answer, because you and I both know we're going to get sick sometime and we're going to need them.

ST: Right. When the union first started to form, did you feel that you could be rather open in your workplace about what you were doing or did you feel the need to keep quiet about it?

AH: I was told up front that hospitals do not want unions, so there are certain places that you can talk about unions and certain places you can't. It was obvious that if you're within earshot of a patient, you do not discuss things like that. That sounded reasonable. And if we were in our breakroom, that was supposed to be a free area to speak. If you're in the bathroom,

you could talk about it, so we would congregate sometimes in the bathroom. But you couldn't talk about it in the halls, you couldn't in the cafeteria. So that made it a little more challenging.

ST: Who advised you about this in terms of where to talk about it?

AH: When we would get together, most of the time it was Kay Tillo saying you can do this or that. But if you talk about it in the nurses' station or someplace where somebody would hear it, you can be fired. So the group has always been very careful.

ST: So did you help recruit some of your fellow nurses for the union?

AH: Oh yeah. Oh yeah. We leafleted the hospital a few times with the other elections and with any kind of an organization, I think you go one-to-one. People want to feel important and they want you to talk to them and answer their questions. So it's an individual thing. And if they understand and they want the same things that you do, if they're really into nursing because they like nursing, then it's hard to say no to something that's going to improve it.

ST: In talking with nurses about the union, what sorts of concerns would nurses express to you about the possibility of joining a union? Or did you hear much in the way of concerns?

AH: At the present time, the younger nurses a lot of times don't get a lunch break. I don't know whether they get breaks in the morning and the afternoon, but they'll say, "It's three o'clock in the afternoon and I haven't had anything to eat." I think, "Well, we've got to work on how that's possible." Or they'll say, "I've worked twelve hours and I'm being mandated four more," or "She put me down for an extra day next week and I don't see how I can do it." There's just things that are more than what should be expected out of that nurse and I've been there long enough to see that. That was my concern, too, as a young nurse, but now I know those things can happen. I'd like to change it for the younger ones.

ST: Did many of the nurses you were talking with have fears about joining the union?

AH: They had a lot of fears. When I remember Columbia was very hard on us. We had a lot of fears. And the ones that were new, were new to the hospital, a lot of times they'd say, "I'm a single mother. I have children. I'm the only supporter. I can't do this. I can't jeopardize my job. I can't afford to strike and I need the money and I can't be a part of it." And you could see the fear in their eyes. So that was a lot before. This time it's different. This time I'm approaching people and I'm saying, "This union from California is wonderful." I said, "They can do this. The nurse-patient ratios are less and they've done it in California. They have a nurse that covers their meals and covers their breaks. It's been done in California. They have a law that says you can't mandate. They have to have the nurses available. These are things that can be done." And they'll say, "Let's do it." I've never gotten so much enthusiasm as I have in the last few weeks.

ST: Interesting.

AH: Yeah, it's really interesting.

ST: Why do you think the sentiment has changed and some of the fears have eroded?

AH: I think the fears will be back. Once the hospital realizes what's going on, then they'll begin to pressure people and tell them all the reasons why you can't have a union. Then I'll begin to see the fear in their eyes again, but right now, it seems like the answer to their problems.

ST: Just to clarify, are you hoping to link up with the California Nurses Association in some way? Explain to me what your goal is right now.

AH: The California Nurses Association said there were so many people calling them, asking them what to do and how they had done it, that they decided to go nationwide. I think it's a wonderful idea. So we met with them in May and I met a lot of nurses from all over the

country, mostly from the South. Now isn't that interesting? So I got their email addresses and I said, "Hey, we've got to communicate."

ST: Was the meeting in California?

AH: Yes, it was in California. I met a lot of southern state nurses. So anyway, they said that they would make their rounds and talk to the nurses in different states. They said they would come here to Louisville. So they did in November and December. And what they have, their constitution, their laws are reasonable and they would be things that I would like. So they said they would represent us, and that's what you have to have. You have to have backing where they can help you and advise you and give you the strength to keep going. And they're coming back. We had a meeting last week telling us how to start organizing. I think their group is ideal because it's nurses backing nurses. It's really good.

ST: So eventually then, would your organization, is the goal for the NPO to be allied with the CNA?

AH: That's what we're going to do. Right now, they're calling it the National Nurses Organizing Committee, but once we get every state involved in it, then it will be the National Nurses Association for bedside nursing and no management is allowed in the union. It's just for staff nurses to represent our needs and help support us. It was wonderful to see all these people, and they had the same problems that we did. Virginia and North Carolina and Georgia, Tennessee, Kentucky, Arkansas, Texas, Missouri, and they all had problems with staffing, not being able to do the job and not having time to eat and getting mandated. I think the basic problem is ratios, less patients per nurse.

ST: I'm intrigued that so many of the nurses you met were from the South. Was there any discussion at this meeting about why it is that there is so much need for such an organization in the South?

AH: No. Maine already has a union and Pennsylvania has a union and Ohio was in trouble and I could tell that their nurses were very upset. Chicago, they already have a union and they're switching. So there were other states, but no, it was just across the land of Dixie. I said, "Hey, we've got to have a coalition," so that's when we all traded email addresses. They're getting started just like we are. Tennessee, Memphis had a different problem. They were dealing with the county and they were having a hard time. The county wasn't going to let them have a union, but they must be progressing.

ST: Tell me just a little bit more about the NPO as an organization. Are most of the members RNs or do you have LPNs as well?

AH: Most of the members are RNs. We do have some LPNs. The problem was that the government said that the LPNs could not vote with us, that they were technicians and we were professional. It makes a really raw situation in the hospital, because LPNs do the same work that we do. They get paid a whole lot less than we do. So California said that their LPNs work alongside the RNs and if they wanted to fill out a membership it was fine. But when it comes down to voting for a union, they will not be able to vote with us.

ST: Is this the NLRB that mandated this?

AH: You'd have to ask Kay those questions, but I asked her, I said, "What is the reason?" She said, "It is the federal government dictated that this be separated."

ST: So has that caused some tension within the nursing staff?

AH: This new group that I'm working with now, they don't know that yet, but one of the nurses has approached me and said, "My daughter is an LPN and do I want to be in a group that excludes them?" I said, "Hey, it's not the union that is excluding anybody. It's the government."

ST: I know that NPO is majority female, as is the nursing profession, but you do have some male members, right?

AH: Yes, we do. There are not too many, but the last time we had an election, there were not that many male nurses working with us and now there are a whole lot more. I have approached a few of them and they said, "Hey, sounds good to me." I think they would help a whole lot. They would stand up and be counted. Men have a way of—they're a little more, I want to say blunt, than women. They just think different and they do contribute a whole lot by getting you right to the point and cutting out the non-essential.

ST: That raises a question I was going to ask you. How much do you think gender has affected the way this struggle has evolved? Do you think this struggle would be any different if nursing were a male-dominated profession?

AH: I definitely think it would be different. When they would come to a meeting and say we need this or that, I think they would be listened to a whole lot more.

ST: Was there discussion of gender and women's concerns and issues at any of the NPO meetings?

AH: No, not at all.

ST: Is the nursing profession, among the RNs--what's the racial breakdown like?

AH: Now you're in the upper South and we all work together. Right now in 2000, we have nurses from India, nurses from the Philippines, and these are male and female, and we

have the Afro-American. So there are just a lot. They are hard to understand. I mean, we have so many different groups. We don't have as many Mexicans, but we are seeing some of them, too. So you get used to having a conglomeration of nationalities, which is good, in a sense. Sometimes the patients find them hard to understand, so that doesn't help. When you're sick, you want somebody to know what you're saying or you want to be able to understand your nurse. That can be a problem.

ST: So the union, and the nursing profession in general, is pretty racially and ethnically diverse at this point?

AH: It certainly is and some of my best members are the black nurses, oh yes. When they see something is wrong, they would like to correct it. They would like to have the situation better and no mandating. So we work together fine. They understand what I'm saying and hey, let's do it.

ST: Getting back to the moment when you were first trying to organize, the first time y'all tried to hold an election was '94, maybe, or am I getting the year wrong?

AH: You know, I should know the year but I don't. It was in the early 90s, because the second time was like '96, I think, somewhere around there.

ST: Tell me a little bit about your memories of that occasion.

AH: The first time I was new to everything, so I sort of, I just let everybody else do what they were doing and then they would tell me why and I would follow suit with it. So I got my little unit organized by going one-to-one. I remember the pressure. I remember the hospital giving us so much trouble, and they did let us leaflet at the door of the hospital and that was on their property. I don't remember the first time why they did that.

But the second time, they certainly didn't. We had to stand across the street. I get the different elections mixed up. It was the second one that gave me such a hard time. It was Columbia, the second time we were working, that came into the hospital and put pressure on us all. It was wrong, but maybe their CEOs just wanted to make sure they wiped us out and they should have come sooner if they wanted to wipe us out. We were staunch in what we were doing and it didn't work. It just caused us to be really upset with the hospital.

So they singled me out. I think it was because I was new at it, I was young, and they thought they could break me. I just kept remembering what my dad had said: "If these are your reasons for doing it, it's a good thing." So, it just made me stronger. I thought, "You're wrong." If I thought that the hospital would change things and give us some of the things that we wanted without a union, I wouldn't have gone through with it, but I knew they wouldn't. I've been around long enough. I just knew that wouldn't happen.

ST: Tell me a little bit more about how the hospital put pressure on the nurses and you in particular. What did they do?

AH: Well, you want me to talk about that one situation?

ST: Sure.

AH: Oh, it was a bad situation. I just think that the CEO was not real smart. They sat me in the middle of the nurses' station and put another chair across from me and called me away from the patient. I said, "I can't come. I have somebody up in the room and it was a surgery patient" and I couldn't come. They kept calling me, saying, "Come out to the nurses' station." I finally said, "If you'll send somebody in to take my place in this room, then I will come out. I can't leave this woman alone." So anyway, finally after a few minutes, I went out and all the supervisors were lined up and I thought, "This is impossible." They said they wanted me to

meet the assistant CEO and I said, "Well fine, if that's what it takes." So I did meet him and he said, "Well, sit down and talk with me." There were the two of us, just like you and I, sitting facing each other and the supervisor is standing behind me. I thought, "What are they going to do?" I thought the worst thing they could do would be fire me, but they couldn't, because we were covered by the labor board. You couldn't fire somebody for that reason. So I just sat there and talked to him and he asked me what I thought of unions and I just told him. I told him I thought that it would help my patient care better. Anyway, he listened to me and his--they weren't sky blue, they were sea blue eyes--I can still remember them staring at me. Finally, he just said, "I do not like unions. I will do whatever it takes to get rid of them." I knew then, this interview is over. When he shook hands with me, I thought he was going to break my fingers.

I thought, "Hey, I'm doing the right thing. I know I'm doing the right thing." So that was the end of the interview. But it was wrong. It was in the nurses' station, wide open for a patient or visitor. But anyway, he certainly got his point across and scared a lot of people. That was that day, and they did other things. They made videos and it was about what would happen if nurses would strike or what would happen to a nurse if she even considered that, that she could lose her job, she could lose her benefits, because if the union came in, then they would reduce our benefits, because they would be giving us more money. So by the time they got finished, most of the people that weren't sure were just wilted. You could feel the anxiety and the fear through the whole hospital.

ST: Getting back to that conversation for a minute, had you ever met this supervisor prior to that conversation?

AH: No. I think at that time, they were working out of Nashville, so I didn't see much of him. I didn't see him at all, but the people at the top didn't come around.

ST: And you say he was the vice-CEO?

AH: Yes, he was.

ST: How old a man was he?

AH: He was probably in his early forties.

ST: So fairly young.

AH: Yeah.

ST: How long did this conversation last?

AH: It had to have lasted fifteen minutes, and I never really understood it. I just knew that what I was doing was for a good reason and it had to be. We had to get it in so that we would have more help and if they wouldn't give it to us without the union, then I guess we needed it.

ST: When you went home that day, do you remember talking with your husband about what had happened at work?

AH: Yep, I talked to my dad and my husband and anybody else that would listen. Most people, they didn't understand what was going on at the hospital. My husband said, "You know, if you aren't careful--." I said, "No, I'm not going to get fired. I have to be careful where I talk to people and who's around." But I said, "No, I'm going to be okay. This will be alright," and it was. It turned out okay. We didn't get the union in because of the fear. So many people were afraid to even vote when nobody would have known what their ballot was, but they were too afraid to do that.

ST: So this was happening right before the second election, right?

AH: I don't remember. I don't remember. I think that was the first election and then the second one wasn't as strong. The first election we were sure we had won and we would have

won it, but they threw the pharmacy in and made the pharmacy vote with the nurses, because they were the professionals, too. Then they cut the LPNs so that they couldn't vote with us and then they threw in people that we didn't even know were in the hospital to vote. So I think we lost by a couple of votes. The second time was very difficult to get the nurses' enthusiasm up to where it was the first time. Then they knew what we were doing by the second vote and they had the union busters. They were there in the beginning, and you knew who they were. So the morale was not what it was with the first one.

ST: Were the union busters hospital employees who were recruited?

AH: They hired them. They hired these big guys. Some of them, it was like the bouncers in a bar. They were big guys and they would come around and give you information or bring the video letting you know, "Hey, this is what's going to happen to you." Okay. But now these nurses have never been in a situation like that. That's why I can anticipate what's going to happen and tell them at this time, "This is what they probably will do. This is the way they're going to approach you." It won't take away their anxieties, but if you forewarn them, at least they'll know it's coming and it won't be a surprise like it was the first time.

ST: Were you aware of the case of Joanne Sandusky when she was terminated?

AH: I didn't know right away that they had terminated her. When I knew that, then I knew that she was trying, of course trying to look for another job. There were so many things going on and they hush hush everything. They say, "Oh, you're not to talk about this or that." So things actually happened maybe a week before we would even pick up as to what was going on. They had a hard time with the pediatrics, the whole unit, and the whole unit crumbled and some of the nurses, I think, were fired and other ones, it ended up that they just closed it down. The doctors got disgusted with what was going on and everybody was upset with everybody, so

they just closed it down and went to Children's. So some of those nurses lost their jobs, as well as Joanne. Then intensive care nursery and labor and delivery went at the same time, and that was because the doctors couldn't work with the administrators, so they left. So she was in the middle of a pinch in a lot of ways.

ST: Were you directly involved in any cases where the hospital was writing you up or citing you?

AH: Oh yeah. This is silly, but I felt very much like one of Perry Mason's defendants. We went to U of L[ouisville]'s court. I thought, "Oh my gosh." I was scared to death, but I thought, "Hey, this is really neat." The judge is sitting way up there and the attorneys were down farther. It was a little courtroom. They have real cases, but their school, the guys that are learning to be lawyers anyway, they can use it.

ST: At the U of L[ouisville] law school?

AH: Yeah, so that's where we had all our cases. Before we gave our report in the morning, we had this breakroom and the nurses on the night shift would give the day shift a report and then you do the same thing for the next shift. So you might have eight people in the room at the same time. So when you go in, you're waiting around for somebody to get started and it's not a quarter of seven, it's maybe twenty-five of seven. You have ten, five minutes to talk. So it's, "Well, what's going on with your family and what are your kids doing and where are you going tomorrow?" So then we would give a pitch for the union. As soon as work started, then you would go to work. They told us that we couldn't talk in that room, that we couldn't talk anything about the union. We said, "Well, we can talk about anything else."

So yeah, we filed a grievance. Then on the same unit, my associate, we had pins on, "Vote yes for the union," and so that particular head nurse, she got in a lot of trouble because

then she wanted to know why you were wearing the pins: "Why are you doing this?" So then they got a grievance filed against them for harassing us. Then they would also stop us in the hall and say things to us, but we couldn't stop them and say anything to them. So anyway, there were a few things that they got in trouble for and those things are still pending. Norton was supposed to follow up on that and they never did do it. So that still has never been solved.

ST: I see. So the NLRB representatives came down and you went and testified and presented your case?

AH: Yes and we won. We won those cases and the hospital was supposed to give us back pay. Part of that was in '96, somewhere around there, they were downsizing the hospital and in my particular incident, I had been the assistant charge nurse. Whenever the charge nurse for some reason wasn't there, it was her weekend off or her couple of days off, then I was the charge nurse. So I did it quite a bit and then when they downsized, there were less jobs. So they interviewed us for the different jobs, and I interviewed for the charge nurse position. When they came out, I didn't get it. It was this young nurse that had only been there a little over a year. She still had a lot to learn. But anyway, I didn't get the job.

But the sad part was that there were other nurses that had more seniority than me, so they got the other jobs and they said, "Well, there isn't any job for you. You can't be the charge nurse, but you can't be the staff nurse." So I said, "Well, what does that mean?" They said, "Well, we don't have a job for you. You just don't have a job." I said, "How can that be?" I had been there, I think, fifteen years at the time. I was really upset and I called human resources and they had no answer for me. I got along with people on my floor, so after about eight hours, the nurse manager came to me and she said, "What we're going to do is we're going to take three part-time jobs and put them together and give you a job. We'll combine the part-time jobs and

make a job for you." Well, that was fine with me, because I needed a job. So anyway, we filed a grievance because I didn't get the job over this young nurse and that went to court and I won. There was another nurse that the same thing happened to and both of us won that. So then they had to give us back pay and Columbia did give us the back pay, but Norton was supposed to follow suit and they never would come to terms with it.

ST: So that's still pending?

AH: Yeah, that's still pending.

ST: I see. Who's the other nurse who was in the same boat?

AH: Patty Clark, and Patty Clark in the meantime retired.

ST: But if the case is ever resolved, she would still get some compensation for lost pay?

AH: Yes, she would.

ST: What was the experience like testifying at these hearings?

AH: Well, I was certainly numb. I was very frightened, because it certainly was intimidating and they did it like I guess they do any other court case. The attorney tells you, "This is what I'm going to ask and this is what they will probably ask you," so that you know ahead of time and get an idea of what you're going to respond. When I got up there, got thoroughly intimidated. I gave them the answers. They went through my file and you know, when you're a staff nurse, you don't think about the things that people can do. But they got my file out and went all through it to see if they could find something to use against me. This is silly, but the only thing that they tried to use against me was when I was the charge nurse, they would call you over the intercom over and over and over. So finally, when I would be real busy and I wanted them to slow down and I wanted them to know, "Hey, you need to think about what you're doing before you call me." And they would say, "Ann, put your light on." So when

I did, they'd say, "Can I help you?" And I'd say, "This is Rebecca" or "This is Audrey" and then you could feel the tension on the floor. It was a med/surg floor, really really busy, so that when I would say something crazy, then everybody would laugh. You could feel people relax and I knew what they wanted with me and they knew where I was at.

So anyway, when it went to court, the attorneys tried to prove that there was a little something wrong with me mentally. But when I told them the reason why this was done was to cut the tension, to make people laugh, and then to let them know that I was busy and they were calling me too often, it worked. But anyway, the attorney didn't get by with saying that I was mentally incompetent.

ST: You just had a good sense of humor.

AH: Yeah, they lost.

ST: Was Kay Tillow advising you throughout this whole process?

AH: Yes. And then the attorney that Kay had, the whole thing—I always say that if you have somebody that has a lot of common sense and is bright, then they in turn will have people working for them that are of the same, and she did. That was very good. It worked very well.

ST: You had really good attorneys working for you?

AH: Yes, and Kay ought to be an attorney. She would beat them. She's been doing it all along. If the hospital has their attorney out trying to do something, hey, she'll beat them, she'll beat them every time. She's really smart.

ST: Besides Kay and your other fellow organizers within the NPO, who have been your biggest supporters in this fight, thinking broadly in terms of folks even within the hospital or outside the city?

AH: I don't know what you want. Besides Kay, we had Gemma Ziegler and Gemma's husband, that was Dr. Ziegler. Through the first election, he was right there and he was working with his associates. He would get other doctors to support us. He would go in different units and talk to the nurses and say, "Well, why aren't you doing this?" Gemma is wonderful. She was like a little mother and she would keep us together and keep us focused. That was really good. Then the nurses had been around and the ones in the units were more sure, I feel like they were more sure of themselves and they wouldn't take anything off anybody. If management tried to bother them, they would just come back right away. There were probably other people, but I don't remember.

ST: Besides Dr. Ziegler, how many other doctors did you sense were supportive of your case and cause?

AH: There might have been more doctors supporting us, but some of them didn't want to be recognized by the hospital as such. But maybe there was a fourth or could have been a third of the doctors. They were going through things themselves and they knew where we were at. So some of them would come right out and say, "Keep up the good work." And others would not be detrimental. They would just smile or speak to you so that you knew that they cared, but they wouldn't say anything to you. So no, we didn't get a lot of friction. There were some doctors that were very outspoken against the union, they didn't want any part of it, but you just sort of avoided them, so they couldn't say anything.

ST: What about other unions in Louisville? How much support did you get from other unions?

AH: Kay had contact with the different unions and that was their job. We didn't have time to do that. So she had different unions supporting them that she would talk to and it would

go in the newspaper. My daughter's father-in-law was one of the heads of the union. I'm not even sure what company it was, but he'd call me on the phone and say, "How's it going? You have our support anytime you want it. If you have a need, you call me and I will help you." There were others that did that for other nurses: "Hey, we're here." So they were very supportive. They understood what we were trying to do.

ST: Do you see your struggle as having things in common with other labor struggles in Louisville?

AH: I think one of the ways that they could understand it was that they had the insurance that went to that hospital, as far as health insurance. And some of them knew what the conditions were in the hospital. They would ask us, "Why are you doing this? For what end?" They knew that would benefit them also. But the things that they would go after in their unions, maybe some of it was the same and maybe some of it was very different, but it was for the benefit of the workers and that's where the connection was. It also benefited them if we got it in and improved the conditions, so that when they got sick they would get better care.

ST: Besides hospital management, have you noticed other vocal opponents to your cause in the city?

AH: I haven't from where I am. Now I don't know what you'll find that Kay and Gemma could tell you, because they were dealing with the public while we were dealing with the employees. So I don't know. I think that most people know that there are problems in the hospitals and that if the conditions were better, the nurses wouldn't run away. I think that's a known fact.

ST: What would you say to someone who said, "Well, you know, if the nurses unionize, then maybe some of these large health companies will pull out of Louisville and Louisville is very dependant on health care as an industrial source for the economy?"

AH: I have not heard that. I have not heard that from anybody. I think that would be something they would use. I think that more important is the other issue that's alongside of that, the one where they want the single-payer insurance. It would be like Medicare where the government would cover the expense of the doctor. Now that is going to cause a lot of commotion, because that is going to cut out the guy that's getting all the money and the insurance companies are out of balance. We don't deal with that. Maybe the nurses that are in case management deal with that. But they have separated us so that the case managers take care of how long the patient can stay and what will be covered and what won't be covered and they took that out of our hands. All we do is deal with the patient and their medicines and what's being done. I do know it's an issue, because they'll say, "This patient's been there so many days. Can they go home? Can they go home? Can they go home?" I thought, "That's not my responsibility. You need to talk to the doctor about it."

ST: If NPO is eventually successful in winning an election, what will that victory mean to you?

AH: I know from doing this in the past that it is a lot of work and I won't keep that from any new person getting into it, that it's going to be a lot of work and a lot of stress and don't you think it comes easy. It does not come easy. But if we do get it in, it's still going to be a lot of work. It is not an easy thing. Then you have to get the hospital to sit down and go over all the issues and it doesn't mean that you're going to get what you want. You're going to listen to the hospital's issues and then they're going to listen to your issues and you're going to try to

come to reasonable terms. You have to have a balance. I've been in employment long enough to understand that.

All we want is to be able to let these young people get their feet on the ground, work with a load that they can handle, be able to eat lunch when they want to eat lunch, take a break and know that their patients are not going to be in a bad condition when they get finished. Right now what we do on our floor, not every floor does it, we have each other cover. If a nurse goes to lunch, then somebody will watch her patient. But if you're having a bad day, you've got four or five patients of your own and then you pick up four more to cover while they're eating, which can add a lot more stress; it doesn't have to.

But one young nurse said, "I was watching somebody else's patients and they had chest pains," and she said, "I've never had a patient have chest pain." Now that's our floor, that's what we do. She said, "I didn't know what to do." I thought, "Oh gee." I said, "Well then, what did you do?" I said, "Did you take their blood pressure?" She said, "Yes." So that was right there. I said, "Did you get an EKG?" She said, "No." I said, "Well, the next time that's what you do." I said, "Did you give them something to get rid of their chest pain?" And she said, "Yes." I said, "Then you did the right things for the patient. Did it relieve their chest pain?" And she said, "Yeah, it gradually did." I said, "Then you did the right thing." But I said, "The next time, you have to do--." She should never have been in that situation. And you think, "Oh my gosh, oh my gosh."

But anyway, these are the things that I think are so reasonable. Right now, because we have a lot of people that are new employees, they told us that they would only give us three patients apiece so we would have more time with them. Well, we shouldn't have more than three anyway, but okay, that's a good deal. But the other day, I had three and I was doing very

well with this young woman that was walking around with me. Then they gave me a transfer and the transfer was very ill, so they were there two hours and they were transferred to surgery. As soon as they were gone, they gave me an admission. So actually, I had five patients and not three. So what sounds like an ideal situation is not necessarily ideal.

So, if in anyway we could be guaranteed that you won't be working the Sunday before Christmas and somebody will come up and tell you you have to work four more hours, and you knew that you had just done that. So here you are, you had plans to do something after work and now you're working four more hours. A couple of times, the young ones ended up staying sixteen hours. It's hard enough for them. You know, these to me are not reasonable things. In an emergency, yes, but if it isn't an emergency, it shouldn't happen. I know it's going to be difficult and I know getting a contract is going to be difficult, but there are basic things that need to be changed.

ST: At some point in this struggle, did you start to see yourself as an activist?

AH: No, I've never seen myself as an activist.

ST: Why not?

AH: I'm an ordinary staff nurse. That's what I like to do. I like to take care of patients. All I want is what's reasonable, good for me and good for the patient and good for the hospital. It would give the hospital a much better name. No, I'm not doing anything unusual and I'm not doing anything--. I'm just trying to get what's fair. What is it, the Charlie Brown—"Just the fair thing, just the reasonable thing, not anything unusual." If somebody doesn't speak up, nobody will speak up. It's that way with a lot of things. If you don't voice it, if it isn't known, how's it going to be fixed? If it steps on a few toes, then I'll try to do that carefully.

ST: Right.

AH: So no, I'm not trying to be outspoken unless it's going to improve things. I'm too old now. I don't want to leave this profession and have these young people scurrying because they can't do the job. I want to leave a profession that takes care of the patients and the nurses are able to feel good about themselves. I also have two daughters that are nurses.

ST: Oh really?

AH: The third daughter said she didn't want to be a nurse. I said, "That's fine." But I have one that worked in specialty units and liked it. She's very good at what she does. She said, "This is very hard," so she tried to get into nursing research and teaching. I said, "I don't think you're going to like the research," and she didn't. So now she's got one more year and she'll be a nurse practitioner, because she can make more money and she is taking herself out of the realm of hassle. They work very hard, but it's different and they're respected in a different way. I also have another nurse that's at Baptist East and she works in a similar unit to mine. She has more surgeries than I do and her nurse-patient ratio is one to three.

ST: This is your other daughter?

AH: Yeah, this is the oldest girl. But the patients are much sicker and things can happen quicker. They can go downhill a lot quicker. So she still has stresses and she's still learning a lot, but both of them, I can see them running from the mass, running from the med/surg, running from anything where they can't do a good job while they're there. You end up, you run until there's no place else to go. Then of course, I'm telling them about the California Nurses Association and saying, "You've got to do this and you've got to do it now." My oldest daughter is new at Baptist East, she was at Jewish, and she's been at Baptist East less than a year. I said, "This is what you've got to do." She says, "Mom, I can't do that. I can't. I don't want to lose my job." I said, "Okay, here's that signal again. Here's that younger person with a

family working only because she has to and 'I'm afraid that I'll lose my job.'" That's what I'm going to hear as we go down the road at the hospital: "I've got kids. I don't want to lose my job."

ST: What do you tell your daughter when she expresses her fear?

AH: Well, I tell her where she can't talk and where she can. I said, "Now if you could just pick out a few people that you think would be interested, I'll call them. I'd be glad to do that." I said, "Don't put your neck out if you think that something might happen, but just look around and watch and take things in." I don't want anybody to run scared, even the younger ones with me. I'll do the heavy work. I know what to do and what not to do. I will help you, but no, I don't want you getting in trouble and I don't want you being upset over it. So I'll take care of the front work and they can just stand behind me.

ST: You can lead the way.

AH: Yeah, because I'm over sixty-two now. I need the health insurance, because there is no retirement, there is no health insurance. So I've got to make it until I'm sixty-five. But it's different. I've got my feet on the ground and I know what I can do and what I can't do. So yeah, I'll stand in front of these young people and be the blocker.

ST: Is it accurate to describe this struggle as a civil rights struggle? Do you see it as a civil rights struggle?

AH: It could be, it certainly could be. We as a group need representation of some kind, because we're not asking anything unreasonable. It is a community thing, it certainly is a community thing. People understand that as soon as they go in a hospital. I had one woman call the other day. She said, "This is wrong and this is wrong and this is wrong and I will not come back to this hospital." It was the way she saw it. We could have improved our communication

and the doctor probably left it up the nurse and the nurse couldn't call her at that time. Anyway, it was a situation of communication and it could have been done better, but what she was seeing as so horrible wasn't so horrible. Everything was being done. It was a weekend and there wasn't anything else we could do. Everything was being done the way it should. They just didn't communicate with her. So I don't know how that--. But I said, "Well, we'll have to get with the people that should have called her." Anyway, she had a horrible vision of the hospital, which was not reasonable, but to her it was because it was hurting them. They didn't know when to be at the hospital for their tests. So yes, it definitely involves a community. It definitely touches everybody that is ever sick or has a relative that's sick, yes.

ST: What would you most like your children and grandchildren to remember about your work with the NPO?

AH: That I was, in getting NPO, trying to make the situation for patients--when they come into the hospital--better, that they could have a better time because it's a traumatic time for them. It will never be ideal. We're working with human beings and everybody brings to work their own problems and their own joys, their own stresses, and different personalities. You're never going to have a complete ideal, but what you can change you need to change to make it better. It's just a process. It's going to happen. It might not happen while I'm there, but I have worked to try to make conditions better and that's why I did it. But as far as my grandkids, I would just like to be their grandmother.

ST: Well, were there any things you had wanted to share with me that I haven't brought up?

AH: I just feel really good about my position, that I am able in some way to advance the situation that will improve patient care and keep the nurses in the hospital. In California, that's

what it did. They said that there were too few nurses, that this would never work because they didn't have the nurses. They said if you form a union, it will come. If we can get into the hospitals, it will come, it will happen, and it did. When I went to the meeting, I met this nurse from California and I said, "Well hello, I'm so and so, and I'm from Kentucky." I said, "What kind of a nurse are you? Do you work in a unit?" She said, "Oh, I relieve people for meals and breaks." I said, "You do what? Excuse me?" I said, "You really do that?" She said, "Oh yeah." So I came back to Kentucky and I said, "You won't believe this, but this nurse relieves people so that they can have their meal for thirty minutes."

Somebody else told me the reason for this is in the hospitals in California, one of the things that they negotiated was that the nurses be guaranteed two breaks, you know every four hours you get fifteen minutes, and a lunch. If at the end of the day they don't get it, then they're to write down: "No break" or "No lunch." So they get paid for that time, they get paid for an extra hour, and the hospital gets fined. So every time a nurse puts down "No lunch" or something, then the hospital gets fined so much money, so they hired another nurse to cover it and make sure that the nurses got their meals and breaks, which just thrilled me to no end.

Anyway, these are the things that I can bring back and these are the things that are going to happen in the future and I'm going to be a part of it. I'm thrilled, I'm just thrilled that the whole idea, before it was the Machinists and the AFL-CIO backing us, and they didn't know a whole lot about nursing, if any, and now it's nurses. It's like teachers, like a union that knows what we need and is going to back us. Maybe it will be a national association where staff nurses will be represented by people that know exactly what's going on. It actually will benefit the hospitals; they don't know it, but it will.

ST: You mentioned the Machinists were originally—

AH: Backing us with the first election.

ST: You say they didn't quite understand some of the issues involved. Tell me a little bit more about what you mean there.

AH: Well, the thing that I remember the most about that was that we weren't quite ready to go to an election. We wanted a few more people on our side just to be comfortable about it. And they said that this had gone on long enough. They wanted an election and they wanted it now. We scurried around and got it going and then we hadn't—we could have maybe dealt more with the pharmacy, maybe found out some of the nurses that were voting didn't even have a right to vote in the election. So there were things that maybe would have, since it was only a matter of eleven votes or less than eleven, it would have changed that. They just didn't understand where we were coming from.

ST: Why do you think they didn't listen more closely to what you wanted to do?

AH: They had put out money. Every time you do anything at all, it takes money to do it and we didn't have the money. So they had put out money for our paperwork, money for our computers, money to--anything, stamps for letters. I think they had reached a point where they couldn't wait any longer. Maybe they had people that were saying, "Hey, this isn't a good thing." I don't know, but yeah, that caused a lot of frustration all the way around.

ST: Will the California Nurses Association give you financial backing while you're—

AH: Yes, they have to. Every time we have a meeting, now I had one meeting here at the house, so that didn't cost us anything, but the meetings we're having downtown, we have to pay for the rooms. They have to have all the paperwork, the cards to fill out, the brochures for the CEUs, the telephone calls, the mailings to all the nurses, all of that is costing. They have a magazine that comes out quarterly and you pay for the membership and that's part of it. So

every nurse that's interested pays a certain amount, so that's helping to pay the expenses. Then the organizers, their airplane flights back and forth and back and forth, all of that's costing. But they're trying to cover it in ways that they're not taking money out of the general fund. But when they brought us to California, they paid for that. That came out of their funds. I certainly appreciated every bit of it.

ST: Well, it will certainly be interesting to see that fight evolve.

AH: It's going to be a long one and there's other things that could enter in. They have a bill trying to get the federal government to agree to certain ratios in a hospital and they're trying to get the state governments. Now we've tried that, Kay did that before trying to get ratios here and there was a lot of lobbying on both sides and they didn't get it. But we're still trying. So yeah, these are things that have to be and it will be easier on the individual hospitals if it comes from the government. I'm not a government person. We have enough laws. But if that's what it takes to have rules to [have] nurse-patient ratio, hey let's do it.

Then with the insurance, that will stop a lot of the things that we need by having that single-payer type of insurance. Everybody will be treated the same and don't think everybody is treated the same. It can't be, because a lot of the doctors can't afford to take patients that don't have the money. The hospitals do charity work, a lot more charity work than anybody knows at all, because I see a little bit of it. But if everybody had insurance, it would solve that. I think it would make problems too, but it would solve a lot of problems and it would take away some of these issues. So that remains to be seen. It's changing. What I call it is a wave coming across the country, but in my little realm as an RN, this wave is coming from California and it's going to change a lot of things. Even if it isn't in my lifetime, the change is coming, it's coming.

ST: Well, anything else you'd like to add?

AH: No, not necessarily, but I think that the nurses in the South, maybe we're more laidback and slower than the ones in the North, but hey, it's coming. They're right here and I appreciated everybody I met and Memphis is trying so hard; they're very frustrated. And Austin, Texas; Houston, Texas, they're trying really hard to get something going. So hey, we're just as strong as the North, but we might be a little more laidback. But we're coming.

ST: Well thank you so much for taking the time to talk with me. I enjoyed talking with you.

AH: Good.

END OF INTERVIEW

Transcribed by Emily Baran. July 2006.