Letter from the Council of Presidents

As a profession of predominantly women, women’s history is of critical importance to us to better understand where we’ve been and where we have to go. So as Nov. 2, Election Day, quickly approaches, it’s never been a better time to revisit how women in the United States won the right to vote. We say “won,” because the vote was not given to women. They had to demand it and fight for it—sometimes enduring physical abuse and violence—by marching in the streets, picketing the White House, publishing newspapers, serving jail time, and organizing, organizing, organizing. Women finally won the franchise in 1920, a mere 90 years ago.

Did you know that many nurses were activists in the women’s suffrage movement? Yes, public health nurses such as Lillian Wald and nursing education pioneer Lavinia Dock understood that to improve the larger health of their patients and communities, they needed to change conditions on a societal level by having a say at the ballot box. Their example and wisdom holds as much truth today as it did then.

Today, most people shamefully take their right to vote for granted. In California, they have a female, billionaire candidate for governor who has openly admitted she has not voted for almost her entire adult life. And who among us has not gotten off work in the middle of a shift at 7 p.m., dead tired, and wondered whether we really needed to rush home in order to make it to our polling station by 8? Did you know that many nurses were activists in the women’s suffrage movement? Yes, public health nurses such as Lillian Wald and nursing education pioneer Lavinia Dock understood that to improve the larger health of their patients and communities, they needed to change conditions on a societal level by having a say at the ballot box. Their example and wisdom holds as much truth today as it did then.

Today, most people shamefully take their right to vote for granted. In California, they have a female, billionaire candidate for governor who has openly admitted she has not voted for almost her entire adult life. And who among us has not gotten off work in the middle of a shift at 7 p.m., dead tired, and wondered whether we really needed to rush home in order to make it to our polling station by 8?

But failing to vote would not only disgrace the legacy of nurses and suffragists, it would also hurt us and our patients. How can we complain about understaffing, ED overcrowding, the uninsurance rate, and the hostility toward unions in this country if we can’t even be bothered to vote to change these conditions? As nurses, we need to not only fulfill our civic responsibility by voting, we need to actively champion candidates who represent our interests. The public trusts registered nurses and our opinion for good reason. We vow to be their advocates, and that applies at the ballot box as well as the bedside. Their faith gives us enormous power to influence elections; we must live up to that promise. See inside this issue for NNU’s endorsements of candidates nurses can be proud to support, coverage of this year’s mid-term election races, and our Aug. 26 events honoring women’s suffrage.

In other news, we are delighted to announce that nearly 600 Kansas City RNs at Research Medical Center voted by a landslide to join NNU, growing the numbers of RNs we represent at the giant hospital chain HCA. We look forward to building this RN movement with their help. And Veterans Affairs RNs in August, Ga. are finding their voice to protest chronic understaffing. They staged their first-ever picket in front of their hospital and gave administration a wake-up call louder than any reveille we’re sure it has ever heard.

Also in this issue, you can find the first of an occasional series we plan to run featuring essays by nurses about how and why they became RNs, and what nurses’ values mean to them. As nurses, we need to not only fulfill our civic responsibility by voting, we need to actively champion candidates who represent our interests. The public trusts registered nurses and our opinion for good reason. We vow to be their advocates, and that applies at the ballot box as well as the bedside. Their faith gives us enormous power to influence elections; we must live up to that promise. See inside this issue for NNU’s endorsements of candidates nurses can be proud to support, coverage of this year’s mid-term election races, and our Aug. 26 events honoring women’s suffrage.

Deborah Burger, RN | Karen Higgins, RN | Jean Ross, RN National Nurses United Council of Presidents

Please contact us with your story ideas

They can be about practice or management trends you’ve observed, or simply something new you’ve encountered in the profession. They can be about one nurse, unit, or hospital, or about the wider landscape of healthcare policy from an RN’s perspective. They can be humorous, or a matter of life and death. If you’re a writer and would like to contribute an article, please let us know. You can reach us at nationalnurse@nationalnursesunited.org.

EXECUTIVE EDITOR
Rose Ann DeMoro

EDITOR
Lucia Hwang

GRAPHIC DESIGN
Jonathan Wieder

COMMUNICATIONS DIRECTOR
Charles Idelson

CONTRIBUTORS
Gerard Brogan, RN, Hedy Dumpel, RN, JD, Jan Rabbers, Donna Smith, David Scheldmester, Ann Kettering Sinoox

PHOTOGRAPHY
Jaclyn Higgs, Lauren Reid
Contents

4 News Briefs
Candidates RNs can be proud to vote for in November’s general election 6 | VA nurses in Georgia picket over chronic understaffing 7 | Cambridge Hospital violated law 8 | Filipino RNs charge Sutter hospital with racial discrimination 9 | RNs at Kansas City hospital unionize; CDC weakens H1N1 mask standards 10 | Maine nurses prepare to make staffing centerpiece of bargaining; Ohio RNs work toward hospital transparency; Texas statewide RN leaders meet and prepare for bargaining

11 Not for Sale
This November, cast your ballot for nurses’ values of caring, compassion, and community. Let billionaire politicians know your vote can’t be bought. By Rose Ann DeMoro

12 Common Values
On the 90th anniversary of women’s right to vote, NNU registered nurses learn lessons from the suffragists to apply to patient advocacy today

16 CE Home Study: Nursing, Suffrage, and Social Advocacy
Earn CE credits by learning how the history of women’s suffrage intersected with nursing. Submitted by the Joint Nursing Practice Commission and Hedy Dumpel, RN, JD

24 Nurses’ Values
What made DeAnn McEwen choose nursing? Caring, compassion, and community. By DeAnn McEwen, RN

26 Always Fighting
NNU executive board member Beth Piknick, RN never quits struggling for nurses. By Lucia Hwang
As registered nurses, NNU members vote their values—caring, compassion, and community. But as the election cycle heats up and commercial images bombard and sometimes misinform, it can be challenging to know which candidates hold the same values as nurses and who, once elected, will effectively advocate for bills and positions that protect those values.

You may feel as though voting doesn’t matter as much in this non-presidential election cycle, but nothing could be further from the truth. If nurses are committed to advancing issues that help them be patient advocates and protecting their profession from ill-advised weakening of worker protections and social safety net programs such as Social Security and Medicare, voting for nurse-endorsed candidates means more in 2010 than in perhaps any other time in recent history.

NNU’s nurse leaders have been busy vetting the candidates from coast to coast, have studied their platforms and positions, and are pleased to report on the following endorsed candidates for seats in the U.S. Senate and House of Representatives.

In Massachusetts, MNA and NNU have endorsed incumbent Congressman James McGovern in the 3rd Congressional District. In Pennsylvania, Bryan Lentz gained the RN endorsement in the 6th District, and Joe Sestak is the U.S. Senate candidate that the Pennsylvania Association of Staff Nurses and Allied Professionals and NNU believe should be elected. Nurses at Temple University Hospital in Philadelphia know how critical having elected officials who support nurses’ values can be as they worked their way through to winning their strike last spring.

In Michigan, the Michigan Nurses Association and NNU have chosen several races for attention: Gary McDowell in the 1st District; Fred Johnson in the 2nd; Mark Schauer in the 7th; Gary Peters in the 9th; Henry Yanez in the 10th; Natalie Mosher in the 11th; and John Dingell in the 15th.

The Minnesota Nurses Association and NNU have a special opportunity to not only elect their endorsed candidate Tarryl Clark in the 6th Congressional District but also to defeat her opponent Michele Bachmann, who hails herself as the head of the Tea Party movement and clearly does not support issues critical to working families and RNs.

In California, the California Nurses Association has strongly opposed the campaign of gubernatorial candidate Meg Whitman, former eBay CEO and billionaire who has promised to fire tens of thousands of public employees and who values her corporate friendships and alliances much more than she does the people of California. CNA is supporting Jerry Brown, who has consistently championed the rights of working people and previously as governor implemented ratios in California’s ICUs. Equally troubling as Whitman is the candidacy of Carly Fiorina, another corporate darling, for the U.S. Senate seat currently held by the RNs’ endorsed candidate Sen. Barbara Boxer. Boxer is the chief sponsor of the national safe staffing and patient ratio bill, and she has been protecting nurses’ interests throughout her career.

Also in California, nurses have endorsed candidates for the U.S. House: Dr. Ami Bera in the 3rd District, Bill Hedrick in the 44th, and Steve Pougnet in the 45th.

In Nevada, nurses also have a huge opportunity to support and reelect Senate Majority Leader Harry Reid over his opponent Sharron Angle. NNOC and NNU are also pulling for U.S. House candidate Dina Titus in the 3rd Congressional District of Nevada.

One of the nurses’ favorite candidates is in Ohio’s 14th Congressional District. Pediatric ER nurse Bill O’Neill is making his second bid for a seat in the U.S. Congress. In the 2008 election cycle, nurses from all over the East Coast traveled to O’Neill’s district to lend their support. O’Neill was named one of 2008’s Healthcare Heroes by nurses because his stand on issues was so strongly aligned with RN values.
So, there’s a great crop of strong candidates out there. On ballots and in voting booths, nurses can make a huge difference in this election cycle and well beyond. And take a few moments to share your opinions with friends, family, neighbors, and coworkers. Nurses are trusted for good reason and most voters will appreciate that voting for what nurses value is a good idea for us all.

—Donna Smith

Sinking Rick Scott in Florida Governor’s Race

It would be hard to find another race where the issues are as clear for nurses than the race for Florida’s governor in 2010. The Republican candidate Rick Scott has campaigned using a personal fortune he amassed while working as a healthcare executive over the past few decades. His career background alone pretty much disqualifies him from being able to protect nurses’ rights and nurses’ ability to advocate for patients.

But Scott holds another more dubious distinction nurses need to know. Scott was at the helm of the Columbia-HCA hospital corporation at the time the federal government investigated the company and found it had perpetrated the largest fraud ever against the Medicare program.

In 2001, the company reached a plea agreement to pay $95 million in fines to the federal government to avoid criminal charges against the company, and found it had perpetrated the largest fraud ever against the Medicare program.

Despite this mess orchestrated under Scott’s watch, he walked away with a golden parachute. That’s an epic award and an epic injustice.

Scott is not the person to lead Florida. Alex Sink is his opponent, and nurses in Florida would do well to educate one another and their communities about Scott. Florida RNs should make sure he is not elected the next governor of their great state.

—D.S.
David McNeely, a telemetry RN at Charlie Norwood VA Medical Center in Augusta, Ga., was just finishing up a 12-hour shift last September when a manager approached with some very distressing news: His unit was short staffed, they had zero luck finding replacements, and they were ordering him to work another eight hours. McNeely, a veteran himself and always the soldier, toughed out the extra “tour,” as the VA nurses call it. He said he kept moving on his feet to make sure he stayed awake. He managed to endure the total 20-hour shift without hurting any patients or making any errors, but said he almost fell asleep four times on the hour-long drive home.

“I didn’t raise a big stink,” said McNeely. “I would have felt bad leaving my patients.” But when the hospital tried to avoid paying him overtime for the extra shift he worked, McNeely had had enough. That’s why he was one of more than 100 VA nurses marching the picket lines in front of his facility on Sept. 8 to protest severe, chronic short staffing and the mandatory overtime and unsafe floating that often results.

“Enough is enough. We cannot take any more,” said Linda Carter, formerly an admissions RN but now working in telemetry. “This is flying-by-the-seat-of-your-pants staffing. Some of us barely have time to call home and let family members know not to expect us any time soon.”

VA RNs say that budget cuts, mismanagement, failure to advertise and fill vacancies, and unwise reorganization of divisions have caused the staffing crisis. All too frequently, many units of more than 20 patients will have only two registered nurses on duty. Nurses are being pulled from all corners of the hospital to other corners, even if they are not trained and haven’t shown competency in the specialty positions they’re asked to fill. Managers are spending all their time calling up nurses asking them to work extra shifts. And when that doesn’t work, managers are forcing RNs like McNeely to work dangerous amounts of overtime.

Mandatory overtime is technically prohibited within the VA system and RNs are not supposed to work more than 12 hours at a time or more than 60 hours in a seven-day period. But federal law allows circumvention of these rules in the case of an emergency, such as a natural disaster or act of war. VA supervisors, however, are routinely invoking this clause, called “7422,” as applying to staffing emergencies.

In addition, Carter reported, RNs are being reassigned with essentially no notice to other units and even practice areas in which they have no experience. She herself was reassigned to cardiology, effective immediately, through a letter she received one afternoon in August. Other RNs who specialize in case management of psychiatric patients have been sent back to bedside unit nursing, where they haven’t practiced in more than 20 years. “I liken it to Legos,” said Carter. “We’re all supposed to be like Legos. We fit into whatever hole is vacant.”

The understaffing and chaos is bad for patients and bad for staff, agree the VA nurses. “It’s dangerous,” said McNeely. “You’re so tired. You could wreck going home. You could have a med error. You could miss critical lab values for a patient’s condition. Your reaction time is not as fast.”

Since the picket, the hospital has posted more RN jobs and regional VA administrators have directed local administrators to meet with the union every two weeks to discuss issues and share information.

But the most important lesson from the picket, said Carter, is that nurses realized they can speak up collectively. “I see the change,” said Carter. “Nurses are waking up and realizing they have a voice. They don’t have to be quiet.” —Staff report
In a complete victory for the nurses of Cambridge Hospital in Massachusetts, the Commonwealth Employment Relations Board issued its final ruling Aug. 27, finding that Cambridge Health Alliance (CHA) violated state labor law by bargaining in bad faith and depriving nurses of their union rights following CHA’s decision to prematurely cease negotiations, declaring impasse, and unilaterally slashing nurses’ retiree health benefits. In its ruling, the board flatly rejected the hospital’s claim that it was eligible for an exception in this particular case, due to “externally imposed” and “economic” circumstances beyond its control.

In finding against CHA, the board issued an order calling upon the hospital to post a notice to all employees stating that it broke the law “by unilaterally implementing changes to retiree health insurance contribution rates” without satisfying bargaining obligations under public sector labor law. The board also ordered the hospital to:

- Restore all terms of the retiree health insurance benefit for all Massachusetts Nurses Association bargaining unit members in effect prior to the Alliance’s unilateral change.
- Participate in good faith collective bargaining procedures, including mediation, fact-finding, or arbitration, if applicable, as set forth in Section 9 of the law.
- Make whole employees for economic losses suffered, if any, as a direct result of the Alliance’s actions, plus interest or any sums owed.

“We are thrilled and vindicated by the board’s ruling,” said Betty Kaloustian, a registered nurse at the hospital and chair of the nurses’ local bargaining unit. “The board got it right. Our employer had an obligation to negotiate with us and they chose not to. Unfortunately, the hospital’s actions have had a devastating impact on those nurses who were trying to force to retire, not to mention the impact on all the other nurses who were seeing their benefit slashed. We are appalled at the lack of respect shown to those nurses who have given their heart and soul to this institution.”

“The law couldn’t be clearer on this point, and we are amazed that this public employer tried to claim otherwise,” said Julie Pinkham, RN, executive director of MNA. “While this case is settled, we can only hope those who made these unlawful decisions are held accountable for the financial cost involved in creating this crisis, as well as for the impact these actions will have on the nurses’ trust in the CHA administration going forward.”

The registered nurses of the Cambridge Hospital campus of CHA, who are represented by MNA, filed an unfair labor practice charge with the CERB against the hospital on July 1, 2010 for its refusal to engage in good faith negotiations with the nurses in their effort to reach agreement on a new union contract. A preliminary hearing before the CERB was held on July 8. The CERB issued a complaint against CHA on July 12 and the formal hearing on the complaint was held on Aug. 11.

At the hearing, the MNA argued that this was a simple case involving a blatant violation of nurses’ rights, as the Cambridge Health Alliance declared an impasse after only five sessions and without first participating in the legally required process of mediation and fact finding. Subsequent to the decision, the hospital implemented a 40 percent cut to the nurses’ retiree health benefit and forced the nurses to put in papers for retirement by July 31, 2010 if they wanted to retire with the current benefit. In response, the MNA argued for an expedited decision by the board to prevent implementation of the CHA retirement cuts, as nurses will suffer harm by being forced to retire early.

On Aug. 18 the CERB issued an initial ruling in favor of the union, but scheduled a hearing on Aug. 20 to provide the hospital with an opportunity to prove its claim that they are eligible for an exception in this particular case, due to “externally imposed” and “economic” circumstances beyond their control. In its ruling, the board found no reasonable justification or evidence to support CHA’s actions. —David Schildmeier
The California Nurses Association recently filed a class action grievance against a major California hospital chain, charging it is engaging in systematic discrimination against Filipino nurses at its San Francisco medical centers.

The grievance, filed Aug. 18 against Sutter Health and its San Francisco-based California Pacific Medical Center, accuses hospital management of repeatedly instructing supervisors not to hire Filipino and other foreign-born nurses.

CNA also asked San Francisco’s Human Rights Commission to investigate the statements and the precipitous drop in Filipino new hires at CPMC’s St. Luke’s campus since Sutter took over the hospital’s management in 2007.

“We call on Sutter to immediately cease and desist this unconscionable practice of employment discrimination,” said CNA Co-President Zenei Cortez, RN at a press conference announcing the complaint. Leaders of a variety of local Filipino organizations also attended the press conference and signed a letter protesting the hospital’s policies.

CNA calculations, based on data provided by the hospital system, show that while 66 percent of RNs at St. Luke’s in 2007 were Filipino, Filipino RNs made up only 10 percent of the hospital’s new hires between 2008 and 2010.

Filipinos are the largest group of foreign-born nurses in the United States, due to the similar nursing education systems in both countries, the proficiency of most Filipinos in speaking English, and the historic relationship between the two countries.

“It has been clear for decades that Filipino nurses are an integral part of the medical system here in the United States,” said Lillian Galedo, executive director of Filipino Advocates for Justice, a nonprofit organization. “Healthcare jobs are an important stabilizing factor in the Filipino community.”

But despite their comparable qualifications, Filipino nurses—like other people of color—sometimes face prejudice on the job. Earlier this year, four Filipino emergency room nurses in Maryland filed a complaint with the U.S. Equal Employment Opportunity Commission after their hospital fired them for speaking Tagalog during a break.

In the CPMC case, several former supervisors have signed declarations recounting conversations with the hospital’s vice president of nursing, Diana Karner, in which Karner complained that Filipino and foreign-born nurses have accents and “are always related, or know each other.”

Chris Hanks, a former director of critical care services for CPMC, states that shortly after he was hired, a vacancy opened up in an intensive care unit. “Diana Karner told me that you need to hire someone right away, but you are not to hire any Filipino nurses,” Hanks’ affidavit reads.

The discrimination case is just the latest example of strife between Sutter’s CPMC and the local community, which includes a large concentration of Filipino residents. Three years ago, CPMC announced that it would discontinue acute care at the St. Luke’s campus as part of a larger reorganization plan. The San Francisco Board of...
Registered nurses at Research Medical Center voted 258-148 on Sept. 14 to unionize with NNOC/NNU, making the Kansas City hospital the largest unionized facility in Missouri and adding to NNU's streak of election victories at facilities owned by HCA, the biggest hospital corporation in the world.

“I’m excited about the momentum and the movement we’re building,” said Sarah Mitch, an RN at Research Medical who works in IV therapy. “If we can do this in the conservative Midwest, it just shows that nurses everywhere want [union representation] too.”

Research Medical RNs had many reasons for unionizing, but they cited safe staffing ratios and improving their retirement and wages as among their top priorities.

When Mitch travels around the hospital putting in PICC and other lines, she says two RNs should be present: one to calm and keep sometimes confused patients still, and herself to put in the line. But staffing is stretched so thin on the floors that she usually does her work alone. “Well, here I am trying to put in a line by myself with a 500-pound trach patient,” said Mitch. “I’m really a believer in appropriate nurse-to-patient ratios. I absolutely love what I do, but I would like to do it better.”

Carl Wiseman, an ortho-neuro RN at Research Medical, also would like to improve staffing, particularly during breaks and mealtimes. Currently, he said that managers tell them to use “the buddy system” during breaks, which in essence means one RN covers another RN’s patients. “Well, that means I could have eight patients, my own four plus another RN’s four, and I’m also charge,” said Wiseman. “Forget it. No thanks.” Two years ago, said Wiseman, Research Medical cut almost all of the nursing assistant positions.

Nurses also want to be better able to take care of themselves. RMC currently caps nurses’ salaries, so the most senior and experienced nurses have less incentive to stay. Also, the hospital last year eliminated the HCA retirement plan, replacing it with a 401(k). Wiseman was upset about the change, but without a union, there was no good way to protest. “We didn’t have a voice to say, ‘Hey, I don’t like that,’” said Wiseman, who had belonged to the United Auto Workers union at a previous job. “I knew that with a union, things like that have to be discussed and negotiated before they become fact.”

NNOC/NNU will represent about 600 RNs at Research Medical Center and about 1,000 in the Kansas City area. The unionizing victory is the seventh win at HCA-owned hospitals this year, making the total number of HCA RNs organized about 3,500. “Congratulations to the RNs at Research,” said Malinda Markowitz, an HCA RN from California and national vice president of NNU. “We are thrilled to welcome you into the growing, national movement of HCA nurses. This victory will inspire other Missouri nurses and HCA nurses coast to coast to organize for high-quality care for our patients, and improved standards for nurses.” — Staff report

**RNIs at Kansas City Hospital Unionize**

**Missouri**

 Registered nurses at Research Medical Center voted 258-148 on Sept. 14 to unionize with NNOC/NNU, making the Kansas City hospital the largest unionized facility in Missouri and adding to NNU’s streak of election victories at facilities owned by HCA, the biggest hospital corporation in the world.

“I’m excited about the momentum and the movement we’re building,” said Sarah Mitch, an RN at Research Medical who works in IV therapy. “If we can do this in the conservative Midwest, it just shows that nurses everywhere want [union representation] too.”

Research Medical RNs had many reasons for unionizing, but they cited safe staffing ratios and improving their retirement and wages as among their top priorities.

When Mitch travels around the hospital putting in PICC and other lines, she says two RNs should be present: one to calm and keep sometimes confused patients still, and herself to put in the line. But staffing is stretched so thin on the floors that she usually does her work alone. “Well, here I am trying to put in a line by myself with a 500-pound trach patient,” said Mitch. “I’m really a believer in appropriate nurse-to-patient ratios. I absolutely love what I do, but I would like to do it better.”

Carl Wiseman, an ortho-neuro RN at Research Medical, also would like to improve staffing, particularly during breaks and mealtimes. Currently, he said that managers tell them to use “the buddy system” during breaks, which in essence means one RN covers another RN’s patients. “Well, that means I could have eight patients, my own four plus another RN’s four, and I’m also charge,” said Wiseman. “Forget it. No thanks.” Two years ago, said Wiseman, Research Medical cut almost all of the nursing assistant positions.

Nurses also want to be better able to take care of themselves. RMC currently caps nurses’ salaries, so the most senior and experienced nurses have less incentive to stay. Also, the hospital last year eliminated the HCA retirement plan, replacing it with a 401(k). Wiseman was upset about the change, but without a union, there was no good way to protest. “We didn’t have a voice to say, ‘Hey, I don’t like that,’” said Wiseman, who had belonged to the United Auto Workers union at a previous job. “I knew that with a union, things like that have to be discussed and negotiated before they become fact.”

NNOC/NNU will represent about 600 RNs at Research Medical Center and about 1,000 in the Kansas City area. The unionizing victory is the seventh win at HCA-owned hospitals this year, making the total number of HCA RNs organized about 3,500. “Congratulations to the RNs at Research,” said Malinda Markowitz, an HCA RN from California and national vice president of NNU. “We are thrilled to welcome you into the growing, national movement of HCA nurses. This victory will inspire other Missouri nurses and HCA nurses coast to coast to organize for high-quality care for our patients, and improved standards for nurses.” — Staff report

**CDC Weakens H1N1 Mask Standards**

**National**

 In a move that puts the health of registered nurses and their patients at risk, the Centers for Disease Control and Prevention (CDC) recently issued new recommendations that substantially weaken current respiratory protection standards for RNs and other healthcare workers who care for patients infected with H1N1 influenza.

Last year, the CDC recommended that healthcare personnel wear fit-tested N-95 respirators when caring for patients suspected or confirmed to have the H1N1 influenza virus. N-95 respirators are specifically designed to effectively filter out airborne diseases, such as H1N1. However, this September, the CDC rescinded its recommendations for N-95 respiratory protection, and instead approved the use of surgical masks which provide healthcare workers little to no protection from airborne diseases.

At the onset of the 2009 H1N1 pandemic, rather than providing N-95s to their employees, many hospitals pushed usage of surgical masks, which are a cheaper alternative. However, knowing that surgical masks would not protect healthcare workers from airborne H1N1, the CDC recommended the use of N-95 respirators. (Continued on page 10)
**WRAP-UP REPORT**

**Maine**

ON SEPT. 27, Maine nurses rallied to protest cuts to patients care and nursing staff that jeopardize safe staffing. “Sometimes I come home at night and I can’t believe that a tragedy hadn’t occurred on my shift because we are so short staffed, and I wonder how I can go to work the next day to face it all over again,” said Lori McPherson, a recovery room RN at The Aroostook Medical Center.

Nurses are committed to consistent safe staffing. Hospitals need to schedule adequate numbers of nurses to be able to provide safe, effective, and therapeutic patient care. Contracts will be expiring soon at Eastern Maine Medical Center, The Aroostook Medical Center, and Maine Coast Memorial Hospital, and there has still been no agreement to guarantee patients safe staffing by the administrations of these facilities.

Instead of investing in their experienced and committed nurses, Maine hospitals are asking nurses to take cuts in benefits and freeze wages. Both Eastern Maine and Maine Coast have posted healthy revenues to the Certificate of Needs Unit at the Department of Health and Human Services in order to qualify for new buildings and renovations. Yet they are telling nurses and patients they have to go without.

**Ohio**

OHIO NNOC MEMBERS have fought hard for eight months to make Ohio hospitals more accountable to the public about their staffing practices, medical errors, hospital-acquired infections, and adverse events. Such data is veiled in secrecy in this state.

While Ohio NNOC RNs continue working toward their ultimate goal of passing a mandatory RN-to-patient ratio law, for the short term they have sought to influence existing disclosure rules by participating in a nurse staffing workgroup of the Ohio Department of Health. NNOC’s three goals were: mandatory reporting of current, actual RN-to-patient ratios on Ohio hospital floors, mandatory reporting of “failure to rescue” rates, and mandatory reporting of adverse events taking place in Ohio hospitals.

NNOC presented abundant research proving the relationship between excess patient deaths and high RN-to-patient ratios, but the hospital industry’s power within the workgroup prevented the reporting of actual staffing numbers, instead requiring hospitals to report RN care hours per patient day.

NNOC’s proposal that hospitals must report “failure to rescue” rates was recommended by the entire workgroup, thus providing the public with important information related to the quality of hospital staffing.

Overall, NNOC believes that reporting on nursing and safety issues by Ohio’s hospitals has been improved through its participation in the workgroup, but much remains to be done in the state of Ohio. NNOC will continue to educate the public and elected officials on the need for accountability and transparency in the operation of hospitals, which is necessary to save the lives of patients who are dying unnecessarily from infections, errors, and understaffing.

**Texas**

THE NEWLY EXPANDED NNOC-TEXAS leadership group, now including union-organized HCA and Tenet Health facilities as well as NNOC metro committees, met for its second monthly meeting in El Paso on Aug. 31. Collective bargaining nurses reported on a wide variety of issues that they are handling in all the facilities. These issues range from unfair discipline and write-ups to call-in and call-off procedures. HCA nurses are also preparing their contract proposals and strengthening their union organizations in anticipation of bargaining. Nurses from the San Antonio, Houston, and Austin metro committees discussed with their colleagues the prior years’ campaigns for ratios and rights, in preparation for the upcoming 2011 legislative campaign.

All five RN negotiating committees met with HCA management in El Paso at one statewide bargaining table on Sept. 22. Future negotiating locations will alternate between west and east Texas. —Staff report

(Continued from page 9)

from around the country fought to ensure that their hospitals adopted the CDC standards so that they would be protected, and hospitals would not become vectors for infection.

Now, the CDC asserts that lowering respiratory standards is acceptable because an effective H1N1 vaccine is widely available, and the overall risk of hospitalization and death caused by H1N1 is substantially lower than previously thought last year. However, last year’s H1N1 vaccine was effective only 62 percent of the time, and, unlike the seasonal flu, H1N1 is disproportionately dangerous and deadly to working-age people like RNs. Further, the CDC continues to acknowledge that H1N1 is airborne transmissible, so suggesting that surgical masks provide proper protection to RNs in close contact with patients who have H1N1 is nonsensical.

Despite strong objections from numerous state and national groups concerned about the safety of RNs and other healthcare workers, the CDC finalized its recommendations and published them on Sept. 17.

Contact the CDC at ICUpubliccomments@cdc.gov and ask it to restore N-95-level respiratory protection standards so that RNs and their patients will be properly protected this upcoming flu season. —Kelly Green
If there is one enduring theme of the 2010 elections it might well be the growing perversion of our political system by unimaginable wealth, best symbolized by two candidates for governor on opposite coasts, Meg Whitman in California and Rick Scott in Florida.

Whitman, as has been well chronicled, had by early October already poured $120 million of her personal wealth into her campaign, surpassing the record for personal spending by one candidate set by another billionaire, New York Mayor Michael Bloomberg.

Scott, the ex-hospital CEO, shelled $50 million out of pocket to win Florida’s Republican primary. As the Christian Science Monitor noted Sept. 3, “he paid for so many 30-second ads that if one station broadcast them end to end it would have taken 25 days to see them all.”

Scott and Whitman are hardly alone. Millionaires and billionaires candidates who were once content to simply finance the campaigns of others who would carry out their agenda can now be found across the map.

This trend is the latest twist in the long fight for democracy in America harkening back to the early days of our republic when only white, male, property owners were allowed to vote. Or as Alexander Keyssar wrote in an excellent 2000 book, The Right to Vote: The Contested History of Democracy in the United States, in most of the colonies men had to “own land of specified acreage” or an equivalent “monetary value” to enjoy the franchise.

Winning the right to vote for all took many decades more — as we recounted in our August celebration in Sacramento of just the 90th anniversary of the enactment of voting rights for women — and even today remains contested for some, such as those who can’t get to the polls for economic reasons, or those in low-income neighborhoods with fewer polling places, or ex-felons who have fulfilled their debt to society.

But while most of us can now vote, fewer people than ever can actually run for office and have a chance to win, especially in the added climate of the U.S. Supreme Court’s Citizens United ruling, which permits unlimited spending by corporations in federal elections.

The combination of enormously rich candidates and unshackled corporate money in elections presents a systemic shift in the nature of our political process with huge, ominous implications.

First, it sharply limits who can run or compete with those who can saturate the airwaves as Whittman and Scott have shown, and bolster their campaign with unlimited spending in other areas, as Whitman has done in mega salaries to campaign consultants, political mail, and other activities.

Second, it escalates the transformation of campaigns away from the retail politics that once characterized our elections, where candidates actually met and talked to voters. The millionaires and corporate-sponsored candidates of today virtually never have to emerge from their charter jets, padded limos, or corporate offices to engage regular voters or even interact with the media.

We’re no longer citizens, we’re just product consumers. The only way we see our elected leaders is in endless ads, our votes treated as just another commodity to be bought and sold in commercials that devalue our ability to interact with the candidates or make informed votes.

Third, it profoundly distorts public policy in the positions taken by the millionaire candidates and their corporate sponsors. The result: candidate after candidate proposing more tax shelters and loopholes for large corporations and wealthy individuals, deeper cuts in social safety net programs that assist the most low income and most vulnerable of our society, and increased vilification of those, such as unions, that resist this class warfare.

The candidate of the future, and the chairs of our governing bodies will increasingly be filled by those like Linda McMahon, the millionaire Senate candidate in Connecticut, who garnered national headlines for suggesting in a press conference reconsideration of the minimum wage and “whether or not we ought to have increases in the minimum wage.”

Or Meg Whitman, whose solution to the job crisis is to slash 40,000 more public service jobs and eliminate the capital gains tax which, as her opponent Jerry Brown noted in their first debate, only helps the richest Californians like Whitman and her biggest donors.

“We run the risk of having a body that looks less and less like America,” said Sheila Krumholz, executive director of the Center for Responsive Politics, told ABC News in August. And a devalued democracy that looks a lot like the monarchy we shed blood to replace.

Rose Ann DeMoro is executive director of National Nurses United.
They came by train. They came by bus. They came by taxi. And they came by plane.

On Aug. 26, more than 2,500 registered nurses journeyed under the banner of National Nurses United to Sacramento, Calif. to commemorate the 90th anniversary of the right of American women to vote, and to draw parallels between the struggle of suffragists with the struggle of today’s nurses to advocate for their patients at the bedside, at the ballot box, and in the streets. To mark the historic occasion, most of the RNs donned Victorian and Edwardian dress and nursing uniforms from those eras. The gathering of that many energetic nurses in period costume was an amazing sight to behold.

Common Values
On the 90th anniversary of the 19th Amendment, nurses learn lessons from the suffragists to apply to patient advocacy today. BY LUCIA HWANG
"I think the suffragist movement is about showing how solidarity can get things done," said Lynn Lucas, a stepdown neurology RN at Doctors Medical Center in Modesto, Calif. Lucas looked regal in a high-necked blouse and long skirt. "It's the same for nurses. What we want is to protect the safety of our patients through ratios."

The event was also an opportunity to highlight how California gubernatorial candidate Meg Whitman dishonored the legacy of women suffragists by failing to vote for most of her life and how her policies did not have the best interests of women at heart. The large signs some of the marchers carried said it best: "Women vote for women who vote."

"I'm here to show unity," said Katya Salguero, a pediatric oncology RN at Kaiser Permanente in Roseville, Calif. "As nurses, we share the same values. Meg Whitman does not represent our core values. She would take us in the opposite direction of where we need to go. There's so much that still needs to be done for patients." Salguero spoke about how ancillary staff on her unit have been cut and that managers are not considering acuity when making patient assignments.

That day, the RNs first learned about the history of the women's suffrage movement and about its overlap with the modern nursing movement. Most were not surprised to find out that RNs such as Lavinia Dock and Lillian Wald, who were pioneers for their profession, for public health, and for numerous labor and social justice causes, also participated extensively in the fight for women's suffrage. NNU nurses then marched in the street toward the Capitol along with allies from unions representing teachers, firefighters, ironworkers, and longshore workers, among others. Together, they finally rallied on the Capitol steps. "Nurses' values were commonly the same as the suffragettes' values: caring, compassion, and community," said Malinda Markowitz, RN and a copresident of CNA/NNU, to the crowd of marchers.
Many RNs interviewed said that they attended the event because they were determined to protect California’s mandatory RN-to-patient safe staffing ratios. They did not trust that Whitman, who has repeatedly said she supported deregulation of business, would uphold nursing ratios. “I’ve been a nurse for 24 years and I remember what it was like before we had ratios,” said Chris Davis, a labor and delivery RN at Ventura County Medical Center. Davis was costumed as a British Red Cross nurse, complete with apron and hat. “Sometimes I used to have 14 moms by myself. I’m here to be an advocate for safe patient staffing ratios and to ensure the safety of my children and my children’s children, and also the next generation of nurses.”

The event was attended by some notables, including California Assemblywoman Loni Hancock, who presented the nurses with a state resolution commending them for their voting rights work, and by Elizabeth Jenkins-Sahlin, the great, great, great granddaughter of Elizabeth Cady Stanton, a prominent early women’s suffragist.

“I’m so happy to be part of this living legacy,” said Jenkins-Sahlin, 25. “I’m so happy that so many have come out to take advantage of their right to free speech and assembly to work for change and progress.”

Many RNs honored earlier generations of nurses and women in their families by incorporating special clothing or pieces of jewelry into their costumes and attire. Deborah Burger, RN and a CNA/NNU copresident, wore a delicate lace collar that her first mother-in-law had hand tatted and antique cufflinks that belonged to her, too. Catherine Noble, a medical-surgical RN in Templetown, Calif. who volunteers for the Red Cross, was decked out in a vintage Red Cross nursing cap and antique pins. Pat Schramm, a retired RN, wore a vintage velvet cloche hat that had been passed down to her from a favorite aunt.

The celebration of women’s and nurses’ political power was particularly moving for Mariana Holiday, a telemetry RN at San Gabriel Valley Medical Center. Holiday immigrated from then-Yugoslavia to the United State in the late 1980s and is proud to have become a nurse and a voter. “Our profession is very powerful,” said Holiday. “I have an obligation to be here to represent all the human race and all women across the world.”

Lucia Hwang is editor of National Nurse.

Senior Nurses Have Long Memories

Retired registered nurse Kay McVay remembers well the days of her early career when she was expected to fetch coffee for doctors, stand up and offer them her seat when they entered the room, and even light their cigarettes. That’s why the sight of more than 2,500 RNs marching in the streets of Sacramento Aug. 26, not only reminding voters of the intense struggle that earlier generations of women activists endured to win the franchise but also of their current political power, made her proud beyond words. “We are actually closer to the time of the suffragists and understand the restrictions that were put on women,” said McVay, president emeritus of the California Nurses Association. “When we came into nursing, we were thought of as the handmaidens.”

McVay was one of a contingent of retiree RNs who still remain nursing activists even after they stop working. The retiree division, as it is called, is committed to participating in NNU events and particularly in nurturing the next generation of nurses by visiting secondary schools to talk about nursing as a career. They also plan to go into nursing schools to talk to students about what nursing used to be like and how far it has come – thanks largely to the efforts of nurse union members who have organized for better wages, working conditions, autonomy, and respect.

“We’re there to show there’s life after working 12 hours a day,” said Pat Schramm, a retired RN from San Jose. “You can still be part of this wonderful union and make a difference. We still stand on picket lines. I’ve been to Las Vegas and Yuba City to support nurses. We’ll go anywhere and do anything to promote what we believe in.”

Retired registered nurse Diana Madoshi had always harbored an interest in the women’s suffrage movement and in women’s history. As a board member of the group California Alliance of Retired Americans, she had marched in suffragist parades before, but never on the scale of the Aug. 26 events. “It was very beautiful,” said Madoshi. “Nurses are primarily women, and for us to be taken seriously as women has been a problem until we stand together. Being a nurse, it’s a natural thing to care about your community and the health of your community. That doesn’t change when you’re retired.”
A Storied History

It’s mindboggling to think now, but women in the United States only secured the right to vote 90 years ago after struggling for more than a century to win the franchise. And it may also surprise registered nurses to know that the past, present, and future of the modern nursing profession is inseparable from the political power and advocacy represented by a woman’s right to vote. Earlier generations of nurses understood this well.

On March 13, 1913, nearly 8,000 women and some men marched in a grand procession down Pennsylvania Avenue from the Capitol to the White House to very publicly demand that women have the right to vote. One section of the parade was organized by various professions, and a significant contingent of nurses, dressed in full uniform with caps and capes, marched solemnly behind a cloth banner reading “American nurses.” Many prominent nurses of that era, including the noted public health nurse Lillian Wald, organized colleagues to march and could be found front and center. The suffragists weren’t allowed to demonstrate in peace, however. Spectators, mostly men who were in Washington, D.C. for the presidential inauguration of Woodrow Wilson the next day, jeered, heckled, and even physically harassed the marchers. The police did little to protect them.

Despite the interference, the Woman Suffrage Parade of 1913 was a spectacular success, completely upstaging the presidential inauguration and providing a much-needed shot in the arm to the women’s suffrage movement. But the event did not happen in isolation. It was the result of thousands of women working collectively and more than 60 years of groundwork by previous generations of suffragists. The first stage of women’s suffrage was led by leaders such as Susan B. Anthony and Elizabeth Cady Stanton in the 19th century. These notable names first popularized the idea of the right of women to vote, and they attempted to win the franchise for women on a state by state level. Though a handful of western states granted women suffrage, the movement had largely stalled at the national level by the turn of the century.

Around this time, younger women reinvigorated the women’s suffrage movement with new energy, new ideas, and new tactics. They marked the second stage of the movement, during which suffragists such as Alice Paul and Lucy Burns pressed for a federal Constitutional amendment for women to have the right to vote. Paul and her colleagues founded the National Woman’s Party in 1916 and began adopting some of the more militant methods used by suffragists in Britain. The women demonstrated, staged parades, picketed the White House around the clock, held mass meetings, and went on hunger strikes. Many women were jailed for their exercise of First Amendment rights and physically abused by law enforcement and prison guards. Paul, who went on a hunger strike while imprisoned to protest conditions, was brutally force fed through tubes down her throat. The authorities even tried to have Paul committed to a psychiatric institution. The 2004 film Iron Jawed Angels depicts the strong wills, intelligence, and suffering of Paul and her generation of suffragists.

By 1918, the pressure on President Wilson by suffragists was too strong and he supported the Suffrage Amendment. In 1920, by a margin of one vote in Tennessee, the 19th Amendment to the Constitution passed.

Not coincidentally, many nurses participated in this stage of the women’s suffrage movement. It was an era in which the effects of industrialization had come full force to the nation’s urban centers. In trying to promote health among their patients and their communities, nurses realized they needed to simultaneously work on broader social issues for working people, such as poor sanitation, disease, overcrowding, poverty, child labor, and lack of educational opportunities. To improve their patients’ lives, nurses understood, they needed to be active in the political arena, not only to elect lawmakers, but to publicly pressure them to act in the interests of the public. To voice their concerns and champion their causes, nurses formed professional associations and then unions—which are another form of collective democratic action.

The same situation exists today for NNU’s registered nurse members. The parallels between the fight for women’s suffrage and the goals many of today’s RNs hold dear, such as safe staffing ratios and the creation of a system guaranteeing quality healthcare to everyone regardless of income, are striking. Nurses are confronting entrenched, monied interests and must organize themselves and the public to apply the political pressure necessary to make elected officials do the right thing. But as we approach this November’s election, at least one piece of the puzzle, the right of women to vote, has already been won. Let’s honor the legacy of the suffragists by using it wisely.
This home study explores the history of women’s suffrage in the United States within the context of a larger social advocacy agenda. Readers will recognize how the development of modern nursing parallels and reflects the feminist movement and the social advocacy movement in the struggle for equal rights and universal access to healthcare with a single standard of excellent care.

This overview highlights selected nurse activists and militant suffragists who generated a progressive wave of agitation that resulted in passage of the 19th Amendment, which extended the right to vote to women. Many of these pioneers were harassed, threatened, jailed, and abused, yet they endured, persisted, and continued to organize because of their sense of social responsibility for the health, welfare, and safety of others.

Upon completion of this study, nurses will have a deeper appreciation for the amazing grassroots campaign that is part of our shared history. It will serve as a reminder of the barriers to nursing practice and patient protection advocacy that continues to this day. Nurses will be able to articulate the importance of organizing their peers and neighbors and encouraging them to exercise their right to vote, in order to change adverse healthcare related social conditions, as circumstances require, and influence healthy public policy on behalf of their patients, their communities, and their profession.
Introduction

On Election Day in 1920, millions of American women exercised their right to vote for the first time. It took activists and reformers nearly 100 years to win that right, and the campaign was not easy; disagreements over strategy threatened to cripple the movement more than once. But on August 26, 1920, the 19th Amendment to the Constitution was finally ratified, enfranchising all American women and declaring for the first time that they, like men, deserve all the rights and responsibilities of citizenship. Referred to as the Susan B. Anthony Amendment, it states, “The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of sex.”

The passage of the 19th Amendment had its formal beginnings on July 19, 1848 at the first Women’s Rights Convention, held in Seneca Falls, New York. Although the issues of women’s rights had been raised at public meetings and in the press, often in connection with other reforms, the two-day Seneca Falls conference was the first time people came together to work specifically for women’s rights.

Movement Building

Women entered into public life more and more in the years after the Seneca Falls convention. In part this was linked with the expansion of educational opportunities at the time. Women’s colleges sprouted up all over the country, enrolling young, mainly white middle-class women. By 1870 there were 11,000 female students at these institutions of higher education. A decade later, there were 40,000. These women received a progressive education and, in their college experiences, found an inspiration to put their knowledge to good use.

The Wave of Agitation

Democracy during the first 150 years of American history excluded half of the population. Women were forced to fight for their rights...
against entrenched opposition with virtually no financial, legal, or political power, despite the lofty words of the Constitution. Without firing a shot, throwing a rock, or issuing a personal threat, women won for themselves rights that men have launched violent rebellions to achieve. Women won the vote; they won it as painstakingly and deliberately as any political campaign is ultimately won or lost, often by the slimmest of margins.

For example, the successful California referendum on suffrage in 1911 was won by a margin of one vote per precinct. In the House, suffrage passed the first time by exactly the number needed, with supporters coming in from hospitals to cast their ballots. In the Senate, it passed by two votes. Ratification in Tennessee, the last state, passed the legislature in 1920 by a single vote, at the very last minute, during a recount.

**Suffrage Leaders**

The selected list of suffrage leaders and supporters that follows is by no means comprehensive. It’s intended to give a flavor of the remarkable depth and variety, which marked the nationwide suffrage movement, and to encourage further interest. The most well known of the suffragists include Susan B. Anthony, Elizabeth Cady Stanton, Lucretia Mott, Alice Paul, Carry Chapman Catt, Sojourner Truth, Alva Belmont, Mary Church Terrell, and Frederick Douglass.

**The Silent Sentinels**

Within their own ranks, suffragists mourned the death of a promising and popular young leader, Inez Milholland Boissevain. How long, they asked, would women have to sacrifice their time, their resources, and their very lives to win what was rightfully theirs?

As a tribute to Boissevain, the Congressional Union organized a beautiful memorial service on December 25, 1916 under the dome of the national Capitol; the first time a woman had been so honored. Purple, white, and gold banners draped the great hall. Amid hymns and stately pageantry, suffragists, trade unionists, prison reformers, and peace activists paid tribute to Boissevain’s short, remarkable life.

On January 9, 1917 a delegation of 300 suffragists called on President Woodrow Wilson to insist that he support woman suffrage, but he only restated his opposition on states’ rights grounds. He told them he wanted no more of their delegations. What Alice Paul called a “perpetual delegation” began the very next day.

Suffragists began an ongoing picket demonstration in front of the White House, and the Congressional Union creatively organized special days featuring women from different states and professions. Of note, there were 168 “Silent Sentinels” arrested in 1917; pioneering nurse activist, educator, and patient advocate Lavinia L. Dock was among the first!

The protests lasted until June of 1919, when the 19th Amendment to the United States Constitution passed both the House of Representatives and the Senate. During those 18 months, more than 1,000 different women picketed every day and night except Sunday.

**Women’s Voices for a Vote: Arrested, Jailed, Abused, and Undeterred**

Members of the National Woman’s Party (NWP) took some of the most militant actions in the struggle for suffrage in the early 20th century. NWP members who had been imprisoned in the Occoquan Workhouse went on a hunger strike to draw international attention to their cause. Beginning in early 1917, it’s been widely reported that there were approximately 500 women arrested on trumped-up charges in connection with non-violent suffrage demonstrations; of those 500, 168 served jail time. Police often failed to protect the peaceful suffragists from the physical assaults of reactionary passersby, and prison authorities verbally harassed, berated, dragged, shoved, isolated, chained, and brutally force-fed many of the women detainees.

In 1917 Lavinia Dock, Katherine Morey, Annie Arneil, Mabel Vernon, Maud Jamison, and Virginia Arnold were arrested while peacefully exercising their First Amendment rights during a picket for suffrage. A bogus charge of “obstruction of traffic” was listed on the arrest warrant. The judge found them guilty and ordered them to pay a $25 dollar fine. Rather than pay the fine, they chose to spend the night in jail. They protested, saying, “Not a dollar of your fine will we pay. To pay a fine would be an admission of guilt. We are innocent.”

**The Nurse Leaders**

“The nurses are naturally interested in public health, sanitation, prevention of disease, care of children... What class of citizens would be most useful in helping these causes – having equal powers to take them up? Surely women and mothers, if their status was equal to the status of men.” Lavinia Dock

Since the mid-nineteenth century, the movement of women into the public and political spheres had been gaining in momentum and popularity. Unique contributions that helped shape the informed outrage and passion for women’s rights and civil rights were made by nurse activists who were also deeply engaged in the struggle for improvements in nursing education and the establishment of professional associations to control standards of practice. They expanded the role of nurses to include an understanding of caring beyond a warm interaction between the nurse and individuals in need of care to embracing a social responsibility for their holistic welfare.

**Lillian D. Wald (1867-1940)**

“Reform can be accomplished only when attitudes are changed.” Lillian Wald

After completing her nursing studies and post-graduate training in New York City, Wald moved to the College Settlement House, which was run by a group of women professionals inspired by England’s Toynbee Hall. Wald found herself surrounded by reformers and feminists and she came to envision settlement work as a place where women could demonstrate their ability to enlarge their sphere of activity into the life of the surrounding community. Henry Street Settlement was the result of that vision and it became a center for nursing services, lectures, and classes on New York’s Lower East Side.

Primarily concerned for the welfare of women and girls, she recruited and attracted social workers, allies of female trade unionists, and active suffragists. Together, the “Wald Circle” as they came to be called, became the catalysts for protective legislation for children at the national level. Wald’s leadership and participation in labor strikes, worker reform, immigrant rights, and other social movements made her the target of attacks by Henry Street’s wealthy conservative donors. While applauding her idealism, they often scorned her methods.

The close relationship among Henry Street’s residents and friends was a common feature of the emotional bonding among
women in this era, who often expressed intimate and personal feelings in their correspondence. This mutually nurturing support system was an essential element in uniting Wald’s circle into a dedicated group prepared to do battle for her social causes. The significance of their successes emerged when they attempted to break the pattern of class-consciousness that often led “professionals” to separate themselves from other working-class women. Wald and her settlement house colleagues felt obligated to help women organize themselves, because they believed women of all classes were a disadvantaged social group.

Lillian Wald believed that working women needed the vote to gain protective laws, and she defended foreign-born women who, she said, knew from bitter experience about unsafe working conditions. Wald and her nurses worked to educate women in the mechanics of government in order to make their city safer and better for all. She claimed she was a suffragist because she especially wanted to dignify mothers in the home; mothers would vote, to preserve that which was “valuable and important to them.” Most notably, they worked for passage of laws to end child labor; and, Wald conceived the idea and was the driving force for the establishment of the United States Children’s Bureau by Congress in 1912.

Wald coined the phrase “public health nursing.” She was instrumental in transforming the work of visiting nurses into the community health movements that expanded the domain of modern nursing practice. At the time, she created a system whereby patients had direct access to nurses and nurses had direct access to patients. She insisted that nurses should be at the call of those who needed them, without the intervention of a “medical man.” When warranted, patients were referred to a physician at one of the free dispensaries, but no distinction was made between those who could pay and those who could not. Healthcare services were available to all who sought them without regard to race or creed or ethnic origin.

In 1899 she assisted with the development of lectures on public health nursing at Columbia University, and in 1902 she initiated public school nursing in America. By 1913, Wald and Mary Adelaide Nutting had established an educational program in public health nursing, in which nurses could receive theoretical coursework at Teachers’ College and practice experience at the Henry Street Settlement.

Throughout her lifetime she opposed political and social corruption, and she supported measures that improved the health, safety, and well-being of humanity. She became a model of what women could do in public life.

In her book, The House on Henry Street, Wald stated, “I cannot say that even today the ardent advocates of woman suffrage come in great numbers from among the male members of the settlement clubs, but, on the whole, the tendency is to accept women in politics as a necessary phase of this transitional period and the readjustment of the old relations. When the suffrage parade marched down Fifth Avenue in 1913, back of the settlement banner, with its symbol of universal brotherhood, there walked a goodly company carrying flags with the suffrage demand in ten languages.”

Lavinia Dock (1858–1956)

“...the nurse should be more than a nurse. The nursing organization should see beyond the interests and needs of its own group. With a wider vision of both national and international citizenship, organized nurses will make their influence count increasingly in all forms of constructive health and social service and in the broader field of international relations.”

Lavinia Dock’s strong sense of social responsibility for the holistic welfare of others and her experiences as a settlement worker led her to the conviction that social reforms would occur only when women gained access to suffrage. Dock believed that charitable activities patronize the poor and only mask the crude reality of poverty and misery and she argued that charity provided no equitable, comprehensive, and long-lasting solutions to social problems.

Dock was ahead of her time when she urged nurses to be involved in women’s issues and social issues and it’s said that she deplored the conservatism of some nurses. In an article published in the 1907 edition of the American Journal of Nursing, she affirmed that the political enfranchisement of women had a direct bearing on the profession of nursing and on the lives of nurses as women. She wrote, “I am ardently convinced that our national association will fail of its highest opportunities and fall short of its best mission if it restricts itself to the narrow path of purely professional questions and withholds its interest and sympathy and its moral support from the great, urgent, throbbing, pressing social claims of our day and generation.”

Dock walked the picket lines during the 1909 strike against the Triangle Shirtwaist Factory as a member of the New York Women’s Trade Union League and she urged nurses to boycott the products being manufactured in sweatshops. She educated her fellow nurses about the unconscionable reality of sweatshops and the health hazards they created for workers and the public because of the unsanitary conditions under which the garments were manufactured.

Lavinia Dock’s social activism on behalf of women’s suffrage was compelling; she was willing to go to jail for the cause! She was first arrested for engaging in an act of civil disobedience, when she attempted to vote in the 1896 New York City elections. Although Dock refused to pay the fines that were levied, the police commissioner, Theodore Roosevelt, refused to jail her and she was released. She was one of five women who made a 13-day suffrage hike from New York City to Albany in 1912. For the suffrage parade of 1913 she organized the Henry Street Settlement (HSS) house and other Lower East Side residents into a contingent that carried banners in 10 languages.

Dock’s activities shifted to Washington, “to work for a great cause and in a manner deemed wholly proper,” when Alice Paul’s militant campaigns for a federal suffrage amendment began. She was a tireless worker for the National Women’s Party (NWP) and she became a member of Paul’s advisory council. Dock was one of the few elders in this group of mostly younger women. She led the first group of women who marched from the NWP headquarters to picket the White House, where she was arrested and jailed. Between 1917 and 1918 she was arrested three times and served two jail terms.

The police’s treatment of suffragists (and pacifists) had become increasingly harsh during the movement. At age 59, Dock suffered a severe leg injury during a confrontation with guards, and her final incarceration came in 1918 after her 60th birthday. As feisty as ever, she used her fame as one of the nation’s most celebrated nurses to speak out for the movement. In all, she served 43 days in prison for participating in pro-women’s suffrage demonstrations outside the White House.

Imprisonment and police brutality against the demonstrators served to energize their sense of social activism and defiance. Dock’s
civil disobedience was motivated by a sense of urgency in securing social reforms for the underprivileged immigrants and impoverished residents of the Henry Street Settlement house. Dock believed that poverty was not a moral failure, and she was adamant that the government was responsible for securing the well-being of all who lived in America.

**Clara Barton (1821-1912)**

“An institution or reform movement that is not selfish, must originate in the recognition of some evil that is adding to the sum of human suffering, or diminishing the sum of happiness.”

Clara Barton became known as “The Angel of the Battlefield” during the Civil War, so named by the soldiers themselves, in gratitude for her tireless nursing of the fallen, even in the midst of battle. In 1862 despite initial opposition from the government’s War Department and many field surgeons, she began to distribute first aid supplies to soldier encampments and battlefields. By the summer of 1864 she became the superintendent of Union nurses. At the close of the war she undertook the world’s first systematic accounting of missing soldiers and she helped to identify and mark the graves of approximately 13,000 dead soldiers who were buried in Civil War battlefields.

Barton’s work as a nurse during the war helped overturn the prevailing notion that women were incapable of managerial responsibility. As women had done for centuries, Barton and other suffragists put aside their own interests for those of others. Most were abolitionists whose time had finally come, but as leaders, they understood that winning the war and ending slavery was a huge challenge. They knew that they would be criticized if they diverted time and energy elsewhere, so they accepted a suspension of suffragist activity during the war, and there were no more women’s rights conventions until it ended.

Clara Barton later devoted herself to building and establishing the American Association of the Red Cross. In addition to her work as a teacher, U.S. Patent Office clerk, and humanitarian, she was a passionate supporter of women’s suffrage. Barton was a friend of Susan B. Anthony, and she spoke at many suffrage conventions, including the first national women’s suffrage convention held in Washington, D.C. in 1869, and the National American Women Suffrage Association (NAWSA) Conventions of 1893, 1902, 1904, and 1906. In the years when she was unable to attend the conventions, she often sent letters of support that were read to the audience. She also wrote many books, including *The History of the Red Cross* (1882) and *The Red Cross in Peace and War* (1899).

**Mary E. Mahoney (1845-1926)**

Mary Mahoney worked at the New England Hospital for Women and Children (now the Dimock Community Health Center) for 15 years before being accepted into its nursing school. She completed the 16-month training program on August 1, 1879 and is considered to be America’s first black professional nurse (the first to graduate from a diploma school of nursing). The training was rigorous. Of the 18 who entered her class, only four actually graduated. At that time, nursing students were still expected to do the laundry, washing, scrubbing, and ironing of hospital linens.

In 1908, she cofounded the National Association of Colored Graduate Nurses (NACGN) with Adah B. Thoms. After gaining her nursing diploma in 1905, Mahoney worked for many years as a private care nurse, earning a distinguished reputation. From 1911 to 1912 she served as director of the Howard Orphan Asylum for black

---

**References**


children in Kings Park, Long Island, New York. Throughout her life she was concerned with racial and gender equality. She strived for and encouraged the acceptance of blacks in nursing. Mahoney was a strong supporter of women's suffrage and in 1921, at age 76, she was one of the first women in Boston to register to vote after the ratification of the 19th Amendment.

Adah B. Thoms (1870-1943)

“Mrs. Thoms’ leadership is significant not only for her own race but for those socially minded persons of every race who cherish high purposes and unselfish accomplishments that bring promise of better relationships between people.” —Lillian Wald, 1929

Adah Belle Thoms was born and educated in Richmond, Virginia. She championed equal opportunity for African-American women, first as a teacher in Virginia and later during her professional nursing career. Lavinia Dock collaborated with Adah Thoms to help organize black nurses into national associations. She used the more powerful voice of these associations to push for needed social reforms. Through these organizations they crusaded to establish minimum professional standards for nursing practice to secure patient safety, pursue equal pay for male and female nurses, and support the nurses’ rights to set their own salaries.

As president of the Lincoln Hospital Alumnae Association, she hosted the organizational meeting of the National Association of Colored Graduate Nurses in New York City. Thoms campaigned for the enrollment of black nurses by the American Red Cross during World War I and was influential in increasing the number of African-American nurses in public health nursing positions.

Margaret Sanger (1879-1976)

“Woman must not accept; she must challenge. She must not be awed by that which has been built up around her; she must reverence that woman in her which struggles for expression.” —Margaret Sanger

Margaret Sanger was a nurse most closely associated with public health education regarding birth control and women’s reproductive rights. Sanger was an avid defender of free speech who was persecuted and arrested at least eight times for expressing her views in a time when speaking publicly in favor of birth control was illegal. She attributed the censorship of her message about sexuality and contraceptives by the civil and religious authorities as an effort by men to keep women in submission.

Sanger worked among settlement houses on the Lower East Side of New York with poor women who were suffering due to frequent childbirth and illness or death from self-induced abortions. She began to speak out for the need of women to become knowledgeable about birth control, and she believed that the poor should have the same access to health information and care as the wealthy. Lavinia Dock praised Sanger in a 1921 American Journal of Nursing article “for teaching to poor working women what all well-to-do women may learn from reliable authority, if they wish it.”

Women’s rights activist and fellow suffragist Sylvia Thyepegson described the synergistic nature of their social advocacy roles: “We followed Margaret Sanger. We advocated and we circulated the birth control contrivance she had invented. We worked very strictly with her, of course, because she was organizing the movement that went all over the country. I mean we worked – we were working at the same time on both movements. We were working constantly for the suffrage movement as well as the birth control movement. They were part of our lives. The Woman’s Welfare League which was identified with suffrage couldn’t be identified with the birth control movement because that was illegal. But the women who belonged to the Welfare League and were officers in it all supported the Birth Control League. So we were closely identified not as an organization, but the people were closely identified with the movement.”

The Birth Control League maintained that it is a woman’s right, regardless of all other considerations, to determine whether she shall bear children or not, and how many children she shall bear if she chooses to become a mother. In her book, A Short History of Nursing, Lavinia Dock declared: “It may be that, in time, the nursing profession may take pride in knowing that the pioneer agitator on this subject in our own country was a trained nurse, Margaret Sanger.”

The Problem: Then and Now

In her book A Short History of Nursing, nurse-historian and ardent suffragist, Lavinia L. Dock, recorded the following excerpts from an address given to a group of nursing students by fellow scholar, collaborator, and nurse educator, Adelaide Nutting:

“Perhaps we may eventually come to realize that the hospitals in which we work are in a real sense battlefields where men and women and children are fighting for their lives. In their struggle and their dire need of help they have come to us, trusting us to throw our strength and skill in upon their side, to fight with them the unseen enemy.

The hospital of the past was the outcome of humane and ennobling ideals of service to one’s fellows, and in spite of all the vicissitudes of history which have made it now the engine of the church, the plaything of politics, or the path to fame of the ambitious, or have even abased it to clear commercial uses...

We may have great and imposing buildings, the last word in hygienic and sanitary appliances, dazzling operation rooms and laboratories, but that stricken human being lying there has many needs that none of these can satisfy.”

Ironically many nurses still struggle in their practice settings with issues of voice, authority, and power. Nurses may feel conflicted between their obligation to act as advocates, in the exclusive interest of their patients, and the policies of their employers. Moreover, many nurses and other healthcare professionals have experienced feelings of frustration and burnout due to the restructuring, downsizing and elimination of many healthcare services, and the growing control and interference with access to care by the insurance industry.

These changes have lead to inadequate staffing, outright elimination of nursing positions, extensive use of insufficiently trained and unlicensed healthcare technicians, mandatory overtime, cost-containment policies which result in a limited availability of medications and medical supplies, an increased level of patient acuity, early patient discharge, and other problems which have negatively impacted the quality of care and patient outcomes.

The Challenge

“The fact is that modern industrial society is creating a set of conditions which can only be met and properly handled by legally giving women the same place in public affairs which has been her traditional place at home.” —Lavinia Lloyd Dock
Lavinia Dock positioned nursing as political and she commissioned nurses to extend their traditional values of caring to include a social responsibility for society to secure the overall bio-psycho-social well-being of individuals, society, and the world. However, nurses cannot assume the sole responsibility to bring about this ideal of a social democracy; the endeavor requires participation of all individuals in society.

Dock’s quest, as those of many other progressive women, provides valuable insight on how some late 19th and early 20th century women, and nurses in particular, grappled with issues of subordination to patriarchal domination and effected social reforms to improve democracy and society. Indeed, patriarchal conceptions of society have traditionally dominated nursing’s philosophy of education and practice in the United States and many other countries. The late 19th and early 20th centuries can be regarded as the “golden years” for the discipline of nursing, because many nurses challenged and subverted patriarchal social constructs which oppressed them and curtailed their role in society.

Dock perceived that women and their traditional “housekeeping” values of rearing, nurturing, caring, collaboration, and their appreciation of communal virtues were better positioned to achieve changes in society. This endeavor required the enfranchisement of women, which would provide them with the power to effect compelling social reforms. Dock was active in several venues to crusade for social reforms, such as settlement work, writing, teaching, union work, and membership in many civic and professional organizations both at national and international levels. Her ideas of holistic caring and social responsibility are most relevant in light of today’s healthcare reality, which fragments the medical treatment of individuals and limits access to quality healthcare to many members of society.

**Organizing for Solutions**

“…As the modern nursing movement is emphatically an outcome of the general woman movement and as nurses are no longer a dull, uneducated class, but an intelligent army of workers, capable of continuous progress, and titled to comprehend the idea of social responsibility, it would be a pity for them to allow one of the most remarkable movements of the day to go on under their eyes without comprehending it...What is to be our attitude toward full citizenship? Shall we be an intelligent, enlightened body of citizens, or an inert mass of indifference?”

Dock and Wald envisioned nursing and caring as a social responsibility and recognized the implications of this conceptualization for democracy, as an expression of citizenship based on social responsibility for the welfare of others. Their ideal of democracy embraced women’s values and ways of being in the world: shunning individualism and competitiveness, privileging communal values, collaboration, inclusion, and diversity. They envisioned the world as a global democracy beyond national boundaries and other differences which often separate individuals.

In particular, Lavinia Dock believed that her ideal of a social democracy would not be achieved under the patriarchal conditions that ruled society. Indeed, we recognize that some of these same conditions exist today and they continue to have an impact on our ability to organize and advocate in the exclusive interests of the patients we serve. She blamed the patriarchal discourse for privileging values of individualism, competition, and detachment that set the stage for the widespread social injustices at the turn of the 20th century. (Some of these “social evils” included poverty, child labor, malnutrition, pandemics, prostitution, slavery, overcrowded living conditions, and lack of equal access to education and a lack of social regulations to protect women, children, and the underprivileged).

Dock became a relentless, militant social activist and devoted suffragist because she believed the enfranchisement of women would provide them with the power to effect compelling social reforms. She stated:

“When you get into a tight place and everything goes against you till it seems you could not hold on a minute longer, never give up then, for that is just the place and time that the tide will turn.” —Harriet Beecher Stowe (1811-1896)

Lavinia Dock and Lillian Wald are significant historical role models for our profession. They were American nurses, educators, settlement workers, feminists, suffragists, pacifists, social activists, writers, and historians. As settlement workers they believed that the dignity of a job was pivotal to rescue individuals from poverty. Hence, their efforts centered on keeping the destitute healthy, educating them, and providing them with skills training. Dock believed that poverty was not a moral failure, and she was adamant that the government was responsible for enacting social reforms to secure the well-being of all its citizens.

Conclusion

“When you get into a tight place and everything goes against you till it seems you could not hold on a minute longer, never give up then, for that is just the place and time that the tide will turn.” —Harriet Beecher Stowe (1811-1896)

Lavinia Dock and Lillian Wald are significant historical role models for our profession. They were American nurses, educators, settlement workers, feminists, suffragists, pacifists, social activists, writers, and historians. As settlement workers they believed that the dignity of a job was pivotal to rescue individuals from poverty.

Dock and Wald envisioned nursing and caring as a social responsibility and recognized the implications of this conceptualization for democracy, as an expression of citizenship based on social responsibility for the welfare of others. Their ideal of democracy embraced women’s values and ways of being in the world: shunning individualism and competitiveness, privileging communal values, collaboration, inclusion, and diversity. They envisioned the world as a global democracy beyond national boundaries and other differences which often separate individuals.

In particular, Lavinia Dock believed that her ideal of a social democracy would not be achieved under the patriarchal conditions that ruled society. Indeed, we recognize that some of these same conditions exist today and they continue to have an impact on our ability to organize and advocate in the exclusive interests of the patients we serve. She blamed the patriarchal discourse for privileging values of individualism, competition, and detachment that set the stage for the widespread social injustices at the turn of the 20th century. (Some of these “social evils” included poverty, child labor, malnutrition, pandemics, prostitution, slavery, overcrowded living conditions, and lack of equal access to education and a lack of social regulations to protect women, children, and the underprivileged).

Dock became a relentless, militant social activist and devoted suffragist because she believed the enfranchisement of women would provide them with the power to effect compelling social reforms. She stated:

“As the modern nursing movement is emphatically an outcome of the general woman movement and as nurses are no longer a dull, uneducated class, but an intelligent army of workers, capable of continuous progress, and titled to comprehend the idea of social responsibility, it would be a pity for them to allow one of the most remarkable movements of the day to go on under their eyes without comprehending it...What is to be our attitude toward full citizenship? Shall we be an intelligent, enlightened body of citizens, or an inert mass of indifference?”

...
Nursing, Suffrage, and Social Advocacy

For continuing education credit of 2.0 hours, please complete the following test, including the registration form at the bottom, and return it to: CNA/NNU Nursing Practice, 2000 Franklin Street, Oakland, CA 94612. We must receive the completed home study no later than November 30, 2010 in order for you to receive your continuing education credit.

1. The 19th Amendment to the Constitution is also referred to as “The Susan B. Anthony Amendment.” It states: “The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of sex.”
   ❑ True ❑ False

2. Lavinia Dock vehemently opposed woman suffrage, claiming that wives and mothers could depend on their men folk to vote on legislation that would be in their best interests.
   ❑ True ❑ False

3. Lillian Wald believed that a woman’s place was in the home and that nurses’ interests would be best served by allowing physicians to determine their role in the community.
   ❑ True ❑ False

4. Many suffragists were verbally and physically assaulted while on the picket lines by anti-suffrage mobs while police looked on, failing to intervene and protect them. Suffragists who were arrested and incarcerated were subject to physical abuse by the police and their jailers, including being pushed, dragged, chained, isolated in solitary confinement, and violent force feedings.
   ❑ True ❑ False

5. Nurse Margaret Sanger was persecuted and arrested several times for providing information and education regarding birth control methods to women of all social classes at a time when speaking publicly in favor of birth control was illegal.
   ❑ True ❑ False

6. On January 9th, 1917, President Wilson reaffirmed his opposition to woman suffrage during a meeting with 300 suffragists led by Alice Paul. He told the women he wanted no more of their delegations. The next day, Paul began a “perpetual delegation” of suffragists, the “Silent Sentinels” who picketed the White House night and day for 18 months, until the 19th Amendment was passed by Congress.
   ❑ True ❑ False

7. Since the beginning of modern nursing, Lillian Wald and Lavinia Dock were among those who envisioned nursing as a social responsibility. Their ideal of a participatory democracy embraced professional and community values, collaboration, inclusion, and diversity. They believed the enfranchisement of women would provide them with the power to effect social reforms to improve the health of their patients.
   ❑ True ❑ False

8. Lavinia Dock was arrested in 1896 for engaging in an act of civil disobedience when she attempted to vote at her local polling place during New York City’s elections in that year.
   ❑ True ❑ False

9. The First Amendment to the Constitution protects the right to freedom of religion and freedom of expression (freedom of expression consists of the rights to freedom of speech, press, assembly, and to petition the government for a redress of grievances, and the implied rights of association and belief) from government interference. However, beginning in 1917, there were nearly 500 recorded arrests of members of the National Women’s Party and 168 women served jail time in connection with non-violent suffrage demonstrations.
   ❑ True ❑ False

10. Consistent with the historical model and tradition of social advocacy pioneered by nurses Lillian Wald, Lavinia Dock, Clara Barton, Margaret Sanger, Mary Mahoney, and Adah B. Thoms, professional nurses have the legal right and duty to engage in peaceful demonstrations to protest unsafe patient care and working conditions, as circumstances require, and seek enactment of legislation to improve the health of the public to ensure equal access for all to healthcare services.
    ❑ True ❑ False

Name: ____________________________________________________________

Address: ___________________________________________________________________________________________________________

City: __________________________ State: _______ Zip: __________________________

Day phone with message machine: ______________________________ Email: ______________________________

RN license #: ______________________________ Job Classification: ______________________________
Why am I a nurse?

My widowed grandmother was most influential in my decision to become a nurse. I looked up to her, respected her, and spent a great deal of time with her. I treasure her memory and I miss her to this day.

Grandma Goodman was an elementary school teacher. She went to Fresno Normal School to receive her college education at a time when most women did not pursue higher education. Her family was poor and she worked her way through doing odd jobs such as tutoring, mending, cooking, and cleaning.

My mother was the eldest of her four daughters, who each dropped out of high school in the 1950s to begin their families. They were “so done” with school. I know she was disappointed that none of her daughters chose to continue their education.

She was widowed when her youngest daughter was 4 and my mother was 12. My grandfather was her one and only true love and she never remarried or even considered the possibility. She had to temporarily place the girls in a boarding school while she resumed her teaching career and until she saved enough money to establish a new home for them.

I grew up knowing that I was loved and that she had high expectations for me. I knew from an early age that I wanted to go to college in Fresno, as she had done, and to become a teacher, like her. Her classroom was my playground after class, and it was filled with books, art supplies, an incubator with a year-round supply of chicken eggs and hatchlings and an occasional rabbit, tortoise, and a hapless lizard or two.

During her summers off, she supplemented her income by working as a caregiver and “practical nurse.” She eventually moved from the San Joaquin Valley to Southern California after she retired from teaching, and she began taking part-time and full-time jobs as a live-in caregiver for elderly widows, widowers, and special-needs adults to supplement her retirement income.

She charmed me with stories about her “old people.” She was patient, had a great sense of humor, yet was very matter of fact and down to earth about the frailties of the human condition. Above all she was compassionate and affirming; she treated everyone with respect and preserved their dignity when her patients felt they had occasion to be embarrassed when their memories or bodies began to fail them.

I met many of them and helped her when I could during the many summer vacations that I spent with her. Her last residence was a small home she purchased so she could be near her older sister in La Verne. It was across the street from a nursing home, so the summer before I went to college, she helped me get a job there as a nurse’s aide so I could earn money for school to supplement my scholarships and loans.

At that time there were no formal programs for training to be a nurse’s aide; it was on the job. The residents needed frequent bathing, cleaning up, changing, and feeding. There were so few of us. I loved my patients and felt appreciated just for doing the simplest of things for them.

The nursing home took both elderly residents and “overflow” patients from Patton State Hospital, who were mostly disabled young adults who couldn’t be cared for at home. Most of these patients were socially isolated and had no regular visitors, friends, or family members! The staff became the family for many and we were their only contact with the outside world. We sat with them when they were dying.

I was very shy and socially awkward as a young teen. I enjoyed the patients’ easy conversations, their summative stories, and the lessons they’d learned about life. I think their existence and humanity was validated by sharing their stories and memories. By passing something on to the future generation, by helping someone, it affirmed their existence. That quality about people still means a lot to me and it’s what keeps me engaged in nursing. I loved helping them back and I knew at some level, even then, that that was all any of us had to give that would be of lasting value.

At the time, my grandmother began preparing me to face her death. She was sensitive to my feelings, yet direct and matter of fact. I didn’t know it then, but little more than a year later (after I’d completed my first year of college at Fresno State with a declared major of English and a minor in Spanish to prepare me as an ESL teacher), she was found dead in her home. My whole world turned upside down.
It was during that time when Reagan was governor in California that there was a so-called declared “glut” of teachers and I began wondering how I would pay off my loans and whether or not I could get a job as a teacher. There were resident assistants in the dorms who had earned their credentials and couldn’t find work, so my fears seemed well founded.

I had done well in high school and liked literature and the life sciences equally well. Although I’d never considered being a professional nurse, I made a decision to switch my major and try nursing. There was a known need for nurses and I knew there would be a job waiting for me wherever I wanted to work. Money and chemistry almost kept me from it, but somehow, I was able to qualify for another loan and I came up with enough algebra skills to get me through organic chemistry.

I wasn’t raised in a religious home, but my grandmother would take me to a local church from time to time. I went to church with friends on occasion, and we had a family doctor and his RN wife who invited us to the vacation bible school hosted by his church during the summer. I’ve explored and studied a lot of religious philosophies and I only mention this because I believe that my work and practice as a nurse as a participant in a healthcare and social justice advocacy movement encompasses the best part of any religion that I know. It gives hope in times of despair, and provides community and companionship in times of sorrow and uncertainty.

I believe that social justice and social service is doing what’s best for a person or group of people, based on their needs. It’s worthy work and I feel blessed that I’m able to make a living doing what I enjoy. What would seem like stressful or hard work to others gives me plenty of opportunity to be creative and use my education and experience. The most stress has come from hospital industry restructuring and the commodification of healthcare and the devaluing of human life by an imposed industrial-manufacturing model of care. I live now to fight it, to deal with it, and to overcome it.

I’d have left the profession long ago except for the need, the tremendous need, that keeps calling me back. It’s there – the need for the human touch, the healing presence at our most vulnerable time. No one should be alone in their time of need, and nurses know there’s so little time left to waste on the minutia and barriers that would rob us of our spirit (if we let it) at the hour of that need.

Without the collective of nurses who fight with me with an almost-religious zeal to protect that which is so precious to us, this life wouldn’t be survivable. Others have endured and fought these battles and have succeeded in passing the baton. Far be it for us to drop it. Our mission, our responsibility, and our duty becomes one of paying it forward to preserve our profession for ourselves and others who will need compassionate care and service in the future.

I believe in a fundamental principle that human beings have inalienable rights. If an RN believes in the premise that all persons have the right to access basic healthcare, and to be treated with respect and dignity, then his or her behavior will be more likely to be congruent with this belief.

DeAnn McEwen is an ICU RN at Long Beach Memorial Medical Center, a member of the CNA/NNU Council of Presidents, and chair of CNA’s Joint Nursing Practice Commission.
Always Fighting

Through bad ratios, hospital restructuring, and a debilitating back injury, RN Beth Piknick keeps on keeping for nurses.

By Lucia Hwang

BETH PINKICK IS A FIGHTER. As an intensive care unit RN, she challenged supervisors and the chief of medicine over short staffing. As a nurse activist with the Massachusetts Nurses Association back in the 1980s, she struggled against elitism to create a real union for bedside staff nurses. When she hurt her back so badly in 1992 that she had to stop working and undergo back surgery, Piknick fought to get back to nursing and hands-on patient care. And when the opportunity arose last year to create a national movement of registered nurses, Piknick helped fellow nurse leaders overcome naysayers to make National Nurses United a reality.

“I’m excited to finally be a part of a national group of 155,000 nurses that want to do the same thing as I do: protect our patients, take care of patients, and take care of the future of our profession,” said Piknick, a member of the NNU Executive Council and the immediate past president of the Massachusetts Nurses Association.

“I’m also excited that the hospital industry fears us. And they should fear us, because people respect us more than them.”

There’s no one life-changing moment that made Piknick want to be a registered nurse. There were no nurses in her family, no ill relatives requiring care. “I just remember always wanting to do it,” said Piknick.

After graduating from nursing school, Piknick quickly found a home for herself in the intensive care unit of Cape Cod Hospital in Hyannis, Mass., where she has worked since 1972. She first got
involved with the Massachusetts Nurses Association when she appealed to the union for help in returning to her ICU position after the birth of her second child. From there, she started bargaining her hospital’s contract as part of the negotiating team. Piknick said she learned a lot sitting at the negotiating table.

“I thought, Ah, this is how you advocate for patients and for the profession,” she said. Even as a young nurse, she said she “saw that nursing was getting a raw deal.”

“The hospital industry fears us. And they should fear us, because people respect us more than them.”

From there, her nurse activism just continued to grow and Piknick began taking on more leadership positions. Like other professional nursing associations and unions around the country in the 1980s, MNA members were locked in an age-old debate over whether it was “professional” for registered nurses to act as a labor union. This struggle often pitted nursing administrators and educators against bedside, staff nurses. In 1986, the MNA created a branch of the organization called the Cabinet of Labor Relations to deal with all collective bargaining issues, and Piknick became the first chair.

Piknick knew where she stood. She had witnessed first hand how the nurses who shunned the union label were the ones who under mined real efforts to improve the working conditions of bedside nurses. “They interfered in a lot of what we did on staffing, on patient classification systems, on limiting unlicensed personnel,” she remembered. “We were ignored and trivialized and could never ever get anywhere.”

When the staff nurses realized that people without current bedside experience were the ones drafting staffing ratios legislation, said Piknick, they started seriously considering following the lead taken by the California Nurses Association in 1995 when it disaffiliated from the American Nurses Association to concentrate on rebuilding as an honest-to-god union of and for working, bedside nurses.

After two tries, one in 1999 and the second in 2000, MNA became the second state nursing association to detach itself from the ANA. Piknick mainly worked with her own bargaining unit to support the strategic move. Immediately after the disaffiliation, she was appointed to the MNA board and threw herself into achieving Massachusetts’ nurses’ top goal: winning safe RN-to-patient staffing ratios. “We finally had the freedom to write safe staffing legislation the way we wanted to,” said Piknick. “It is my personal holy grail. I’d like to see it passed before I die.” As MNA president from 2005 to 2009, Piknick often traveled around the country speaking to other nursing groups about their efforts to win safe staffing, and educating legislators and the media.

MNA has continually pressed for a staffing ratio bill. In addition to ratios, it has also prioritized protections for RNs against workplace violence (a law was signed this year), and lift teams and equipment for safe patient handling.

The last priority, safe lifting, hits close to home for Piknick because she suffered a debilitating back injury in 1992. On Feb. 17 of that year, she was helping another RN return a patient to his bed when she felt her back just give out. Piknick, who stands at 5 feet 11 inches, was often called upon by other nurses to help move patients. This time was the proverbial straw on her back. Piknick’s spine had degenerated to the point where there was no longer any cushioning between her disks, and she was in chronic pain.

In June 1993, she had spinal fusion surgery. She was finally pain free, but could no longer handle the heavy lifting required in the ICU. After being away from the bedside for two and a half years, she went back to work in the hospital’s occupational health department for a while. During her time there, she persuaded Cape Cod to buy a few pieces of lift equipment. She was eventually able to find a nursing position in endoscopy which allowed her to return to patient care, but her days as an ICU RN are over. She misses it to this day and is deeply sad that her back injury keeps away from the kind of nursing she loves best. “I miss how it’s fast paced,” said Piknick. “I miss taking care of the patients’ families, and working with the critical care meds and the thinking.” Her first-hand experience with back injury makes her passionate about winning safe lifting legislation in Massachusetts and nationally. Sen. Al Franken is sponsoring NNU’s federal safe lifting bill, S 1788, which would require hospitals to invest in the kind of equipment that would prevent nurses like Piknick from sustaining career-ending injuries.

Looking forward, Piknick believes that the biggest challenge for NNU is winning the fight against the hospital industry to achieve safe staffing ratios in every state. “The hospital industry is at war with us,” she said. “We have to keep organizing everybody.”

Lucia Hwang is editor of National Nurse.
NNU Endorsements November 2010

This is not a comprehensive list. For complete endorsements, check the NNU website at www.nationalnursesunited.org and our affiliate organizations’ websites.

Arizona
Raul Grijalva—CD 7
Proposition 106—Prevents Healthcare for All—OPPOSE

California
Jerry Brown—Governor
Barbara Boxer—U.S. Senate
Ami Bera—CD 3
Tim Allison—CD 4
Karen Bass—CD 33
Bill Hedrick—CD 44
Steve Pougnet—CD 45
Beth Krom—CD 48

Proposition 20—Redistricting of Congressional Districts—OPPOSE
Proposition 21—$18 Annual Vehicle License Surcharge to Help Fund State Parks and Wildlife Programs—SUPPORT
Proposition 22—Prohibits the State from Taking Funds Used for Transportation or Local Government Projects and Services—OPPOSE
Proposition 23—Suspends Air Pollution Control Laws—OPPOSE
Proposition 24—Repeal Corporate Tax Loopholes—SUPPORT
Proposition 25—Allows Budget to be Passed by a Majority Vote—SUPPORT

Proposition 26—Increases Legislative Vote Requirement to Two-Thirds for State Levies and Charges—OPPOSE
Proposition 27—California Financial Accountability in Redistricting Act—SUPPORT

Florida
OPPOSE Rick Scott in governor race

Illinois
Jan Schakowsky—CD 9

Massachusetts
John Olver—CD 1
James McGovern—CD 3
Barney Frank—CD 4
John Tierney—CD 6
Steve Lynch—CD 9
William Keating—CD 10

Question 3—Cutting the State Sales Tax—OPPOSE

Michigan
Virg Bernero—Governor
Gary McDowell—CD 1
Fred Johnson—CD 2
Mark Schauer—CD 7
Gary Peters—CD 9
Henry Yanez—CD 10
Natalie Mosher—CD 11
John Dingell—CD 15

Minnesota
Mark Dayton—Governor
Tim Walz—CD 1
Jim Meffert—CD 3
Keith Ellison—CD 5
Tarryl Clark—CD 6
Jim Oberstar—CD 8

Nevada
Rory Reid—Governor
Harry Reid—U.S. Senate
Dina Titus—CD 3

Ohio
Bill O’Neill, RN—CD 14

Pennsylvania
Dan Onorato—Governor
Joe Sestak—U.S. Senate
Manan Trivedi—CD 6
Bryan Lentz—CD 7
Patrick Murphy—CD 8

Texas
Al Green—CD 9
Ruben Hinojosa—CD 15
Silvestre Reyes—CD 16
Shelia Jackson—CD 18
Ciro Rodriguez—CD 23
Soloman Ortiz—CD 27
Gene Green—CD 29

Washington, D.C.
Vincent Gray—Mayor