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Making Pigs Fly

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Making Pigs Fly

Abstract

[Excerpt] "You'll see a union in this hospital when pigs fly." So went the opening statement by the new Vice President of Human Resources at St. Joseph Medical Center in Joliet, Illinois.

Poor staffing ratios, out-dated equipment, lack of respect and nonexistent communications between staff and management compelled the nurses of St. Joe's to bring in the Illinois Nurses Association in February, 1991. Fifteen years earlier, the nurses had tried to organize a union but had lost the election. Ironically, the issues were the same – nothing had changed.

The odds still appeared to be against the nurses. St. Joe's management hired the notorious law firm Seyfarth, Shaw, Fairweather and Geraldson and two anti-union consultants, Modern Management, Inc. and Management Science Associates. They forced the nurses out on strike for 61 days in the dead of winter, and tried to use a Colorado-based scab nursing agency, U.S. Nursing, to bring in replacements. This time, however, the outcome was different. On March 16, 1993, after the longest strike in Illinois nursing history, the St. Joe's Nurses Association/INA signed their first contract with the medical center.

Had it not been for the overwhelming community support, built over the months of organizing and negotiating, there is little chance that we would have won our struggle for a union. We gained support not only because our cause was just, but because we had strong primary and secondary leadership in the union and a communication network which reached every St. Joe's nurse. We took these same strengths and skills and applied them in the public arena. Anti-union management, union-busting lawyers and consultants could not stop us.

Keywords

union, organized labor, Illinois Nurses Association, labor movement, worker rights



Making Pigs Fly

Nurses beat hospital with internal organizing, broad and deep community support

■ *Vedie Albright, Michelle Couturier,
and Kay Jones*

“You’ll see a union in this hospital when pigs fly.” So went the opening statement by the new Vice President of Human Resources at St. Joseph Medical Center in Joliet, Illinois.

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■ *Vedie Albright is a member of the St. Joseph Nurses Association/INA and was on the Community Outreach Committee. Michelle Couturier and Kay Jones are staff members of the INA who organized and led the St. Joe’s struggle.*

Had it not been for the overwhelming community support, built over the months of organizing and negotiating, there is little chance that we would have won our struggle for a union. We gained support not only because our cause was just, but because we had strong primary and secondary leadership in the union and a communication network which reached every St. Joe's nurse. We took these same strengths and skills and applied them in the public arena. Anti-union management, union-busting lawyers and consultants could not stop us.

ORGANIZING OURSELVES

The union was blessed from the beginning with nurses who dedicated their lives to securing a contract. We spent hours on the phones, did home visits, collaborated with other unions and developed relationships with local politicians. We also leafleted grocery stores, malls, and local churches. The nurses printed holy cards with a picture of St. Joseph (the patron saint of workers) on one side and a prayer for the community from nurses of St. Joe's on the back. All of these activities were done before the talk of strike ever began.

After several months of negotiations, it became glaringly apparent that this traditional outreach was not going to be enough. We needed to step up rank-and-file participation and internally organize. In August the leadership made a strategic plan where we identified the absence of second tier leadership as a fundamental weakness in our organization. A list of 20 names was generated from this meeting, and those nurses were invited to become a part of the leadership team.

Fourteen new leaders came to a meeting where the INA staff told them what would be expected of them, how much time would be required (a minimum of eight hours a week) and how they would be rewarded for their efforts. Essentially, if they agreed to work like dogs they would be able to participate in the decision making of the campaign and observe negotiations. We told the new leaders that any level of participation was welcome, but if they could not make the commitment we were requesting, they could not be "an organizer"—the name we gave the new leadership group. Nurses were honored by the invitation to be part of leadership. They also appreciated having a clear job description. In this instance, nurses were asked to assume and consciously chose leadership roles.

Initially, the organizers helped build our phone tree, one of the most crucial components of our internal organizing. Each organizer identified a unit representative aside from themselves, for each of

AN OPEN LETTER TO THE PEOPLE OF JOLIET:

Two years ago this month, nurses, all other employees of St. Joseph Medical Center responded to the devastating tornado.

We did so because we care, we value life, and because we are brother's keepers.

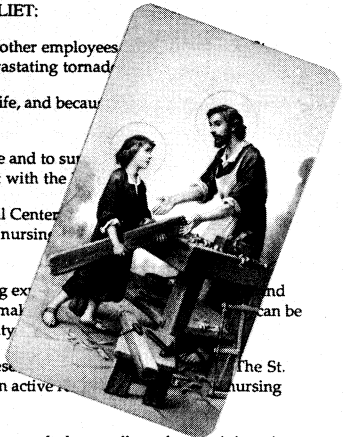
We now ask the people of Joliet to care and to support us as we struggle to reach a reasonable agreement with the management.

The management team for the Medical Center has acted unethically and has insulted and degraded professional nursing practice at the bargaining table.

Many of us (with over 30 years nursing experience) have worked elsewhere. We chose to stay and to make a difference for our families, our friends and our community.

We believe the people of this area deserve better. The St. Joseph nurses, no longer passive, are taking an active role in nursing practice.

Please support our effort through letters and phone calls to the administration and the Board of Directors of St. Joseph Medical Center. (see opposite side) Tell them you expect that the nurses will receive fair treatment.



the 30-plus units in the hospital. Once we had the majority of nurses on a phone tree, we began our weekly message.

There had been debate about how to best reach the members. Even during the strike, several principal leaders argued that it was easier to pass out leaflets on pay day and to do "phone banking" from the office. The majority agreed, however, that even though it was more work, strong internal communication which relied on talking one-on-one with nurses was the best way to accurately assess union support.

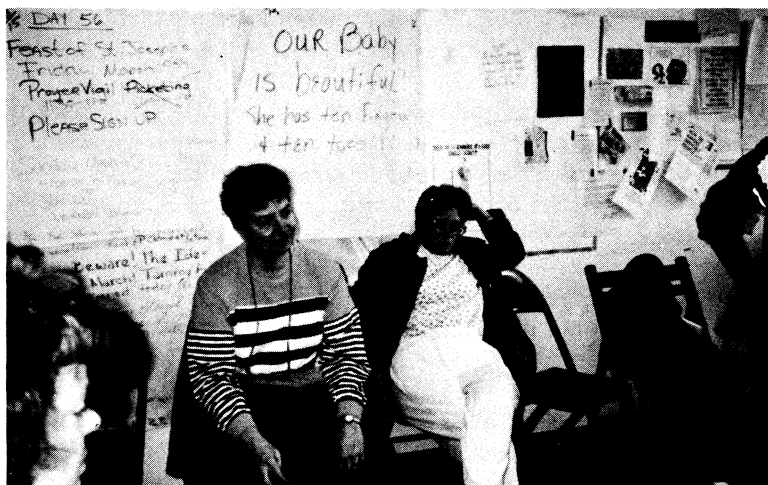
Our two way communication with the rank and file gave us crucial information. The organizers who observed negotiations helped make decisions about what issues we could move on and which were a matter of absolute principle. Having 20 nurses at the table, not just the official negotiating team of seven, sent management a clear message: the nurses were watching everything that went on and were reporting back to the rank and file. This dispelled management's lies about their negotiating in good faith.

Six months into negotiations, we knew we had to up the ante. We decided that it was time to start talking about striking. In early December, we held a mass indoor rally to test our strength and to announce our intention of taking a strike authorization vote. The content of the rally was excellent. We had tremendous com-

munity and union support. Turnout, however, was only marginally respectable. About 200 people came; less than 100 of them were nurses. The numbers fell way short of our expectations—our count was way off. Still, we went ahead with announcing our intention to take a strike vote.

We were on a collision course. After several leadership meetings, we arrived at three basic choices: 1) keep negotiating with management and face the inevitability of a decertification election; 2) accept a substandard contract which guaranteed worse working conditions than currently existed; or 3) risk going on strike with a minority of the nurses in the dead of winter. Faced with these options, the leadership agreed to organize for a strike vote, despite our dismal turnout at the rally.

We organized for a vote to either accept whatever was on the table or authorize a strike. We hoped that posing the question in this manner would force management to come up with a package we could live with. They did not. Forcing the issue did, however, expose management's intentions to break the union by offering nurses less than they had before voting for a union. It also sparked nurses' interest. They wanted to see the contract that management was willing to give them. It was awful. Management's seniority proposal put all nurses at zero seniority at the signing of the contract, with seniority being awarded in alphabetical order. Another clause provided that nurses would serve a period of probation each time she transferred to a new department. During the probationary period, a nurse could be fired for any reason without recourse. They refused our proposals



addressing patient care issues.

Over the course of two 12 hour days, INA staff and leaders conducted marathon educational sessions, talking nurses through each and every one of management's proposals, explaining what life would be like if they accepted such a rotten contract. The nurses who came to vote were furious with management's proposals. They voted overwhelmingly to authorize the team to set a strike date. Still, only 200 nurses came out to vote.

The entire leadership group again met to decide what to do with the strike vote. We assessed that our strength was growing in the wake of the authorization vote. We knew also that our strength was strategic. We could shut down key units in the hospital, such as Labor and Delivery, the IV Team and the Emergency Room, as well as several of the general medicine floors. We knew it was a gamble, but to a person, every nurse in the leadership group agreed that striking was our only option for getting a decent contract and maintaining the union at St. Joe's.

On the eve of the strike, we did our count again. Each nurse-organizer gave her report, unit by unit, on who's striking—who's not. We knew that night that half the nurses would strike. We were right. On Strike Day, January 18, at 6 a.m., approximately 300 nurses, plus union men, clergy and citizens sympathetic to our cause rallied to begin the most controversial strike in Joliet history. Although only half the nurses struck, those who did strike were solid. During the course of the 61 day strike, only 10 nurses went back in, most after the hospital stopped paying for their health insurance six weeks into the strike.

Throughout the strike, the organizers continued to meet with the initial core of leaders. We met every 48 hours to develop our strategy for the next couple of days, create our phone tree message and deal with any crisis. The organizers also served as picket captains, assumed leadership of the strike committees and organized the unit meetings to keep striking nurses solid in support of the strike.

ORGANIZING OUR COMMUNITY

Despite our enormously successful efforts to build and organize our support, the fact remained that only half the nurses had struck. We had only 300 nurses to do all the work to maintain the strike. Strikers ran the office, fielded press calls, kept hot nutritional food available at all times, cleaned up each night, delivered hot chocolate to picketers, put out daily strike bulletins, etc. We could not, however, keep a respectable number of nurses on the picket lines to save our lives. Initially, our plan was for five picketers on each of 10 sites,

18 hours a day. That is 900 picket hours per day—an unrealistic goal. Some nurses were physically unable to picket but were doing their strike work in other ways. Most had children to tend to after school and other family responsibilities. Almost everybody was in church on Sunday morning. Others simply refused to picket. On many days, it was too cold to expect people to stay out for more than an hour at a time.

We had endless discussions on how to coerce people into picketing, whether to limit picketing hours or focus on shift changes or making sure that delivery entrances were covered. We concluded, however, that our strike would not be won on the picket line, but on the basis of winning the Joliet community over to the justice of our demands.

Several factors worked in our favor. Nurses in general are well liked and the issues over which the nurses struck directly affected quality of patient care. We were on strike for a fair and equitable pulling policy that would ensure the nurses' assignments met their qualifications and we wanted a committee of nurses that would meet with management to solve problems relating to patient care. Every leaflet to the community hit home on these two issues. We let people know that they could end up on a cardiac unit being taken care of by a nurse who specializes in psychiatry, or in the emergency room being cared for by an OB nurse. Joliet has only two hospitals, so much of the community relies on St. Joe's for their health care.

About a week into the strike, we embarked on an aggressive community organizing effort. Much of the ground work had been laid over the two years prior to the strike: we already had relationships with local union leaders, politicians, and church leaders. We had repeatedly sought balanced coverage by the local newspaper. We did whatever we could to reach to the public at large. We systematically developed our relationships with each of these constituencies to bring a strong and unified message to the hospital administration: No more stalling and no more lies. St. Joe's needed to negotiate in good faith with the nurses so that we could get back to our business of providing quality patient care to the citizens of Joliet.

Our Brothers' Solidarity

Organized labor is alive and well in Joliet. The Central Trades and Labor Council and the Building Trades groups have a strong organization and yield much political clout. One of the nurse leaders was friends with the president of the Central Trades who, in turn introduced us to the president of the Building Trades. They were supportive from the beginning of organizing drive.



LABOR RECORD

Does it pay to lock out a central trades council president, two state senators, a mayor, and a union officer? Ed Breen, Tom Dunn, Patrick Welch, Arthur Schultz, and Joe Ward wait for an answer while nurses and union supporters continue to rally in the background.

Just one day into the strike, however, deep philosophical and operational differences emerged between the nurses and the established labor leaders. The controversy centered on which tactics would win the strike. They have a long-standing tradition of fighting hard and playing to win. With most of their battles fought on construction sites or at factory gates, their strategy is to shut the place down.

We had strong feelings about how we wanted to run our strike. Hospitals are not construction sites or factories. Lives are in the balance and patient well-being had to be our main concern. We understood their position, and agreed in principle with our union brothers. But our tactics had to be different. We had the support of the community and could not risk losing it by having ambulances blocked from entering the hospital or families unable to visit patients. Also, half the nurses and all other hospital personnel were still inside. Once we secured our contract, we would be working side by side with these people again. We insisted to our union brothers that our struggle would not be won on the picket line.

The first two days of the strike were rough. There was a lot of rocking and rolling on the picket line. Two picketers were injured. The hospital sought and won an injunction limiting picketers to five per driveway. This helped decrease the potential for physical confrontation.

The differences between the nurses and other labor unions reached their peak when we learned that they planned a rally designed to block access to the hospital and shut the place down without our knowledge or consent. Heated words were exchanged between our leaders and theirs. They finally agreed to cancel the rally, but in the heat of the moment they were angry and unclear about their continued support of the nurses. The pathos of that day and the anxiety on both sides is hard to relate. As the president of the Building Trades left the room he raised his fists, clenched his teeth, and yelled, "Everything we got, we got by fighting hard." They had a deep investment in the outcome of our strike; what happened to us would reflect on all of labor.

Making amends with the labor leadership was a top priority, although we never lost the support of rank and file members throughout the strike. The Community Outreach committee channeled union support into fundraising, political action, and mobilizing their individual locals into boycotting the hospital. We also organized bi-weekly candle light marches and solidarity parades around the hospital which drew 200-500 nurses and supporters each time. Unions that actively supported the strike included the Operating Engineers, Machinists, SEIU, AFSCME, Police, Firefighters,



Bi-weekly solidarity marches were held around the hospital and through the community by the SJNA/INA and their supporters.

Ironworkers, Steelworkers, ACTWU, AFT, Teamsters, Laborers, and the IBEW.

The top labor leaders gradually came around. They organized their own rally in support of us which included a delegation of labor leaders, two state senators, and the mayor. Initially, the delegation was locked out of the hospital when they sought to meet with the C.E.O. The event marked the return of the labor leaders' active support.

Ultimately, we all learned a great deal from this experience. After a 61 day strike in the dead of winter, we learned to respect the hard fought victories that made their strength, solidarity, and power possible. Our brothers, in turn, learned from our success in building unrivaled community support and securing a just contract.

Religious Community Takes a Stand

“The Catholic Church supports the right of workers to organize.” We found this statement in numerous writings from the Pope and the Council of Bishops throughout modern church literature. Contradictions between the church's teachings and the hospital's actions was our best ammunition against the hospital administration. How could an institution dedicated to caring for the sick and run by nuns spend close to a million dollars to break the back and spirit of the nurses' union? Why were union-busting firms reaping profits that should have been spent upgrading equipment and working conditions that would lead to improving patient care? Leaflets asked the question, “Do you know where your health care dollars are being spent?”

During the strike, the issue grew in scope. The community was alert and interested in what happened at the negotiating table. Administration's PR stressed that it was “business as usual” inside the hospital. In a sense, that was true. Their only concern, as usual, was money and an on-the-surface good image. We had to let the public know they were being misled.

We hoped that the local Bishop would take a firm stand in favor of the nurses. Well before the strike, and almost daily during the strike, nurses who knew the Bishop personally kept him apprised of the hospital actions. Our on-going discussions with the Bishop and other Catholic labor leaders put hospital management in positions where they had to justify their intransigence at the table—even if they had to lie to do it. The Bishop repeatedly sought to bring the sides together. Though we heard reports that he privately chastised the nuns and hospital management for their union-busting behavior, the Bishop would never publicly speak out in support of us.

A few local priests did support us openly. One came to our rallies and agreed to have a solidarity mass during the second week of the strike in his church. The lay minister for Peace and Justice of the Joliet Diocese published a letter that highlighted the Catholic Church's teachings on workers' rights and tried to get the hospital to agree to an open forum where both sides could tell their story. The hospital refused to take part.

The breakthrough in the religious community came from our association with the Joliet Ecumenical Clergy Association (JECA). Our association with this group was initiated by individual nurses who had conversations about the strike with their ministers. These church leaders were invaluable to our cause.

They offered emotional support to nurses, use of their churches and halls, and, most important, mediation services. They too suggested an open forum between the union and administration, but they offered their invitation publicly, making it impossible for the hospital to decline without incurring great public scorn. The forum was well attended and was shown on local cable channels. It was a golden opportunity to reach the public.

Another ally in the religious community was the Chicago-based Interfaith Committee on Worker Issues. They supported the striking nurses by highlighting the churches' teachings on workers' rights and supported local clergy in their activities around the strike.

The involvement of local religious leaders placed the whole strike issue in an ethical framework. The dialogue with the Bishop, the active support of the JECA, the wide distribution of tracts on the rights of workers to organize, prayer for resolution of the strike incorporated into Sunday church services—all lent legitimacy to the righteous demands of the nurses.

St. Joseph Nurses Assoc./Illinois Nurses Assoc.

The nurses, who have been on strike for 49 days want the community to know our position on the remaining issues.

Proposal to Settle Strike & Return Nurses to Work Presented to St. Joseph Medical Center (SJMC) Feb. 26, 1993

1. A nurse will know the normal length of her shift. If a manager needs to change it, volunteers will be sought first.
2. Nurses who work an 8 hour shift will earn overtime over 8 hours in a day and 80 hours in a pay period.
Nurses who work a 10 or 12 hour shift will earn overtime over 40 hours in a week.
3. Typically, a nurse who works PM or night shifts (the off shifts) will not have to rotate to the other off shift.
4. Nurses' health insurance benefits will not change for 3 years or the SJMC will provide equivalent coverage.
5. There will be an 8 step salary schedule, starting with \$13.77 with 5% between each step. Current nurses will be placed in a step at or above their current salary (an average of 3.5% increase, according to management) and move from step to step after one year. New nurses will be hired in at the step corresponding to their years of experience and move annually to the next step. March, 1994 add Step 9. March, 1995 add Step 10.
6. SJMC will not discriminate against a nurse on the basis of union activity.
7. SJMC will provide for voluntary payroll deduction of INA dues retaining five cents for administrative costs.
8. Come When You're Needed Nurses (CWYN)
Will be in the bargaining unit if work 100 hours in a 6 month period to be determined every 6 months.
Will be expected to work at least one out of five times called unless have met the work requirements for CWYNs.
9. Nurses will be pulled (temporarily assigned) only within their own service area subject to SJMC's determination of a nurses' ability, skills and qualifications. If a nurse disagrees with the assignment, she/he may file a grievance. If it is not settled at Step 3, it may be appealed to the Professional Development Committee.
10. No Strike - No Lockout: INA accepts SJMC's proposal.
11. Management Rights: INA accepts the SJMC's proposal.
12. 3 year agreement: INA accepts the SJMC's proposal.

Binding Arbitration Offered

SJNA/INA also offered to return to work and accept SJMC's proposal #10, #11, #12 if they accept INA's proposals #6, #7, #9 and the remaining six issues are sent to binding arbitration.

St. Joseph Medical Center Has Refused To Accept SJNA/INA's Offer.

Independent Press Breaks Media Log Jam

Media attention during the strike was very important. Joliet's proxi-

mity to Chicago really hurt us—it is close enough to Chicago to not have major media of its own, but far enough away that most reporters did not want to travel an hour to cover us. There were some notable exceptions, but we mostly had to rely on the local newspapers. The mainstream paper, the Joliet *Herald News*, is so virulently anti-union that the unions in town had started their own newspaper, the *Labor Record*. For the two years leading up to the strike, the *Herald News* simply refused to cover our activities. They even refused paid ads from our members in support of SJNA. We found out that the Seyfarth Shaw attorney representing hospital management was also the chief negotiator for the *Herald News* management in their labor negotiations.

The *Herald News* was both a vehicle for and a target of our organizing. When the *Herald* did start covering us just before the strike, the coverage was extremely biased in favor of the hospital. We organized delegations of nurses to meet with the editorial board and demand equal coverage. When the paper reported that only a handful of nurses were on strike, we published the names of all the striking nurses who were willing to put their names in a paid ad. The first ad (half a page) appeared with close to 300 names, outlining our demands and thanking the community for their support. The ad dispelled the “handful of nurses” myth and it also gave nurses a morale boost to see so many nurses’ names in the paper. We did this again toward the end of the strike, to again demonstrate that we had support. Both times, it proved to be an excellent organizing tool.

Each day the letters to the editor page raged in the debate about the strike, from nurses, both striking and scab, nurses’ families, clergy, patients and management. When the *Herald News* was honored at a gala event congratulating it for its fine journalism, a handful of nurses were out with picket signs and leaflets, blasting the newspaper for its biased coverage. On day 40 of the strike, there was full, front page coverage of the strike, with a big article outlining the positions of the two sides. Of course, the coverage was not balanced, but we were still very much in the public eye. With many strikes, no one can remember why the workers went on strike or even if they’re still on strike, after the first few days. We were able to keep the strike foremost in the mind of the community.

Two independent sources of news in the Joliet community stepped in to tell citizens what was really going on in our struggle with St. Joe’s. The coverage by both the labor paper and Catholic newspaper played decisive roles in the strike.

The *Labor Record* provided us with consistent, glowing coverage, gave us free advertising and printed full page ads from their other unions calling for a boycott of the hospital by all union members

in Joliet. Each week, they featured a front page story on the strike, applauding the heroic nurses; they did this despite their sharp political disagreements with us over strike strategy. Also, the Chicago based video group, *Labor Beat*, was there at every event, documenting our struggle. Portions were aired on the local cable station, which also helped garner community support.

Another strong, but unanticipated, media ally during the strike was the *New Catholic Explorer*, published by the Joliet Catholic Diocese. Much to the fury of the hospital management, the *Explorer* covered the strike sympathetically. They accurately reported the strike issues, and expressed dismay at the anti-union activities of a Catholic hospital. Editorials pointed out the contradiction between the hospital's actions and the long-standing teachings of the church in support of the right to organize. The angry response from the hospital only fueled the flames of dissent within the Catholic community. Why was Catholic leadership allowing the sisters to act in such an unchristian manner? Why wasn't the Bishop intervening? The controversy was discussed publicly in the pages of the *New Catholic Explorer*.

Politicians Step In

Despite the assistance of FMCS, negotiations were stalled. The hospital put out daily misinformation and lied to the press after each session. We needed an outside third party to witness what was really happening, and take their observations back to the community. The JECA leaders pressured administration to agree to a neutral third party and offered their services. The hospital refused, but we continued to enlist help from every segment of the community to push for the neutral observers.

We had been working with several politicians since we began organizing. Months before the strike nurses volunteered to work on state and national campaigns for local candidates. The mayor, the State Representative, the state Senator, and the county executive all wrote letters of support and came out to our picket lines and rallies. Each of these individuals agreed that neutral observers were necessary and also pressured hospital administration. The County Executive actually sat in on two negotiating sessions, despite the hospital team's objections to his presence. He issued a press statement stating that he too agreed—third party observers were necessary to resolve our differences.

Our pressure campaign extended to the national level also. We learned that Senator Paul Simon was making an appearance at a dinner in Joliet where the hospital administrator would be present. We issued a phone blitz by the nurses to the Senator's office, and

he agreed to meet with the striking nurses at the Machinist's Hall before the dinner. We know that he spoke directly to the CEO upon arriving at the dinner, and offered whatever assistance he could give to settle the strike.

Congressman George Sangmeister also spent great time and effort. He met with each side separately to talk over the remaining issues and then issued a document outlining how he thought the two sides could reach agreement.

We sent telegrams and letters to Senator Carol Mosely Braun, Governor Jim Edgar, Hillary Rodham Clinton, and even the Pope. All responded to us except the Pope.

CONCLUSION

When you're in a struggle for your very survival you fight with whatever you have. Community organizing was the only viable means we had to fight the hospital. The preparation work done from day-one paid off when we pulled it all together by calling for the third-party neutral observers. The hospital never agreed, but the truth was out there. In essence, the entire community acted as the third party: they were knowledgeable about the issues, thought our demands were reasonable, and called for resolution.

Strikes are difficult to win, particularly today. But sometimes they are the only viable option for a union. The nurses of St. Joe's found that with unity, perseverance, and lots of noise in the community, victory is possible.

Finally, a word to union-busters everywhere: be careful what you claim, because pigs really *do* fly. ■

RESOURCES

The Joliet Nurses Story ("**Support the Nurses**" + "**A Moral Issue**") produced by Labor Beat is available for \$25 postpaid from Labor Beat, 37 S. Ashland, Chicago, IL 60607.