

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**Narrator:** Adriene Tillman  
**Date:** May 9<sup>th</sup>, 2011  
**Interviewed by:** Cheryl Coney  
**Place:** Tacoma, WA

**Cheryl Coney:** This is Cheryl Coney, May 9<sup>th</sup>, 3pm and I'm interviewing Adriene Tillman. So could you tell me your name?

**Adriene Tillman:** My name is Adriene L. Tillman.

**CC:** When were you born?

**AT:** Date?

**CC:** Yeah.

**AT:** Okay I was born July 29, 1959.

**CC:** Where were you born?

**AT:** In Kansas City, Missouri.

**CC:** Can you tell me a little bit about your family background?

**AT:** Let's see, I lived with my parents and three sisters. We have four girls in our family and we all grew up together in Metropolitan Kansas City. I am a twin also. Not identical. We're fraternal twins. Two girls.

**CC:** When did you come to Tacoma?

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**AT:** I came to Tacoma in May of '87. That was because my husband relocated. He was in the Air Force and he was stationed here in McCord.

**CC:** Can you tell me a little bit about your early life and education?

**AT:** As far as education, nothing real exciting. I went to Central High School and then after I graduated in 1977, I went to Central Missouri State University, so both of my schooling was at Central. It wasn't planned that way but it was Central Missouri State University and that was in May of '82. I had a small nursing class. It was a state college but it was a small nursing program and predominantly whites. There was only like 2 or 3 African American students in our class. It was located in Morrisburg, Missouri, and that's a real small town about 50 miles southeast of Kansas City, Missouri.

**CC:** What was it like being one of three students?

**AT:** It was challenging. Very challenging. I just felt like I had more pressure to do my best because when you're surrounded by non-black students, everybody else is excelling and you're expected to do the same. I mean sometimes people don't expect African Americans to do very well. So I felt like it was more pressure on me. Our instructors were very strict. And if you didn't get something right then you knew about it. Or there were many nights staying up late doing care plans. Sometimes sleepless nights. And sometimes I would dream about my care plans because it's kind of like, did I get everything? You know it was in my head so I really worked extra hard to just prove myself and let others know I could do it. Plus I was the first one in my family of my intermediate family to go to college. So it was another pressure to try to do my best for that reason. And no one else wanted to do nursing so I had to step up to the plate.

**CC:** What do you think is one of the things you've learned from your family? Something that's kind of stuck with you?

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**AT:** Well, my family really supported education, my grandmother she was like the core of our family because her and my grandfather always supported us. Like if we did good in our grades in high school or elementary school, they always rewarded us with something educational like I developed a stamp collecting habit and I was like oh, you look back and say why did I do that or what made me want to do that. But if you even had an interest in anything, my grandparents supported us because being in a family of 4 girls, my mom was pretty much a stay at home mom, most of the years until we got older, so we didn't have a lot of money with four girls. And my father was a truck driver. So we didn't have a lot of money within us but our grandparents always supported us. So if we needed something financially book wise or anything school and education wise, they supported us. So that was a big help too.

**CC:** Do you remember what your grandparents did?

**AT:** Yeah my grandfather did something with envelopes in the Federal Building. They both worked for the Federal Government. My grandmother worked for the Federal Government but I'm not sure what she did. It wasn't medical. I wanted to be a Candy Stripper, so I was also a Candy Stripper, and that was a big thing. Because you had to wear your red and white striped, it was like an apron and then we had a red and white striped cap. And so because I always wanted to help people so that's how I decided to go into nursing. I thought well nursing will be the best way to help people. I got to work at the, which is kind of historical because there's a hospital there in Kansas City called Martin Luther King hospital, which is no longer there, but it used to be there and they changed it now. So I felt privileged because my grandparents, between my grandparents and my mom and dad, they helped me apply and start working at Martin Luther King Hospital as a Candy Stripper. So Candy Stripper then couldn't do a whole lot but you could go in and push these little carts and go and talk to patients and pass out magazines and candy and just help them feel better. So then I was like oh okay I can do this, I can be in a hospital. And so from there I took it off.

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**CC:** That was like your first exposure?

**AT:** Uh huh, to a hospital. It was a nice small hospital so it was real intimate and you saw a lot of African American people and they're always encouraging and glad to see you, so that's like rewarding, in that kind of way.

**CC:** You came to Tacoma in 1987?

**AT:** Yes.

**CC:** What did you notice the difference between Tacoma and Missouri when you first got here? What would you say?

**AT:** Oh a lot of difference. Oh let's see, well of course Tacoma is smaller than Kansas City. It's not the big metropolitan city. The hospitals, there wasn't very many. Kansas City has big large hospitals and I was also a CNA. I was a CNA when I was going to nursing school and that helped support me in nursing school also. Then I advanced to a nurse tech. Before I came here, we moved a few other places so I didn't just come from Kansas City.

From Kansas City I moved to Topeka, Kansas because I got married in the middle of nursing school, my sophomore year. And then I had to do my clinical. Living in Topeka, Kansas, I started at a smaller hospital and I was a CNA and then I was a Nurse Tech there. And that was like a medium small hospital. And then let's see, from Topeka, Kansas, I lived in Tampa, Florida and then I worked, the hospitals there were small too. Because Tampa is a small spread out kind of city. In Tampa, there was a lot of prejudice there. And it was covert. So from there that kind of affected me like how I am now because it was more pressure being a black nurse because it was like people really watched you. And if you made any mistakes, it was escalated or it was brought to people's attention. And so that was kind of like my second, no that was like my first good experience in a hospital in Tampa.

**Tacoma Community History Project**  
FINAL TRANSCRIPT

I did make a few mistakes but nothing life threatening or anything like that. That just made me push harder to be my best as an African American student and just prove that I could be smart and do what everybody else could do. From there, from the hospital, I stopped working there, I went to home health nursing. Home health I really enjoyed it because you got a lot of rewards going to people's houses and I had the Ybor City area of Tampa and that's like a low income all nationalities. White, lots of Cubans, black people, Mexican, all in the area. And a lot of them, low income, a lot of heavy drinkers, they're sitting out in the yard, smoking, drinking 8:00 in the morning. But if they see you with a white lab coat on, you have respect. Oh hi nurse, I need my blood pressure checked, come check my blood pressure, or something. It was kind of funny, but you could kind of relate to them and so they always respected that white lab coat. That was easy and you just got to so you had to plan your day and see eight people a day and then just check on them. It was really interesting because you had a variety of duties. You could plan for early morning diabetics, help them with their insulin shots, check their blood pressure, check their meds, do dressing changes, change catheters. So I got a lot of clinical skills that way. And so I really liked that company.

Then we got relocated, my husband went over seas so I moved to Dallas, Texas. Dallas, Texas was a good nursing experience because they have big metropolitan hospitals. They're all kind of experiences. And then of course you have black, white, you have everybody and it was no big deal being a black nurse. And so if you were a black nurse, you were respected just like all of the other Caucasian and all the other races and nurses. So you just fit right in and get experience. From Dallas, Texas is when I moved here to Tacoma, WA.

Moving to Tacoma, Washington in '87 was a little setback because it was like oh, these hospitals? Everybody just doesn't look at you the same when I first got here. But that was in '87 so things have changed now. But in '87, I had to step up and try to prove myself again because it was kind of like some of the white doctors acted like they didn't know if I knew my stuff. I had to prove to them again. Like okay, I do know what I'm talking about. And I would call them actually, there were a few experiences where I would call them and I would say such and such is not right. And they asked for lab work,

**Tacoma Community History Project**  
FINAL TRANSCRIPT

I gave them lab work and everything and they said are you for real? I mean this one instance I can say that one doctor really learned to respect me after that and he came and checked on his patient and he had done surgery on him but the surgery that he did kind of reversed itself. It didn't really work like it should have. So he had to take that patient back to surgery. I gained his respect from proving that I was able to call him and catch that.

And then one instance another doctor was saying, he came into the quad, if you know how St. Joseph is set up round circular, one Caucasian doctor came in, I'll never forget that because he's like who has got my patient today, which nurse? And I said "I have". And he says "well where's the real nurse", or something like that. I was offended, but I didn't show him that. I was like well I am that patient's nurse today and this is what's going on, such and such and such. In the long run, I was able to prove to him too that I knew what I was talking about. So it's kind of like you had to prove yourself, but once you did, then they were okay. As time has gone on, things have been better and it's been easier now.

**CC:** As a nurse practicing, what does a typical day consist of for you?

**AT:** Just during the work day?

**CC:** Uh huh.

**AT:** Well see I work the night shift, so it's a little different now. You come in, day shift has a lot more people walking around. Night shift does not have that many people. So you come in, you are checking your patients, assessing them. Sometimes they may be asleep and you have to judge whether you want to wake them up or wait until a little later to wake them up, scheduled around their medicine time. So then you're assessing them. We have what they call the medication records, which are the MARS, so we have to start all those. During the night, it's our duty to check the medication record so that when a shift comes on, they can look at the medicine record and say oh these medicines are right.

**Tacoma Community History Project**  
FINAL TRANSCRIPT

These are the latest meds they're supposed to be on. We have to do that and of course we check their vitals and all that, do their meds, we admit patients during the night because I work in an ambulatory care unit, but it also feeds off of ER.

ER has admits through the night and then we get them for the most part. And we rule out MI's and pain control issues. Usually during the night, people are waking up in pain so we're trying to medicate them every 3-4 hours and keep them comfortable. Reposition them every 2 hours or so if they need it. You know just mainly medicines. Also, we're updating their history, their nursing care plans, and now it seems like we don't do much but we do during the night. Also we are updating them.

We have our reports on the computer now. So we are filling those up before the shift is over with and it's updating all those. And then usually you have 6 and 7 o'clock meds. And then diabetics, we are checking their blood sugars around 7, before we leave, and we are covering them with small increments of insulin. So that's basically it. We give a report at the end of the shift.

**CC:** This is from 7-7.

**AT:** This is from 11 at night to 7:30 in the morning.

**CC:** So, how did you get involved with the Ebony Nurse's Association of Tacoma?

**AT:** The Ebony Nurse's, let's see, I found out about them maybe about 4 years ago from another nurse and I started coming to some of the meetings, because they meet once a month. I said this is cool. I like stepping out of the box. In Ebony Nurse's, you see other nurses from all different types of nursing fields. I liked that. I just started coming to meetings. Last year I was elected president. So it's like okay.

**CC:** What does the Ebony Nurse's do?

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**AT:** The Ebony Nurse's of Tacoma, we're more actively involved in the community than the Seattle branch. The Seattle branch focuses more on scholarships. We also, that's one of our main goals is to raise money for scholarships so that other ebony nursing students can also have help in their career. We do community events like the one I just showed you. We go and check blood pressures and blood sugars. We do the Ethnicfest. That's one of our big events that we do. We have a booth and we work multi-care. We check blood sugars and give people information on nutrition or watching their salt intake and things that will help lower their blood pressure and then blood sugar also.

Throughout the year we just, we have different activities each month that we can do to help out in the community and then the nurses that are available, participate. It's all on a volunteer basis. It's just good to step out of the box and see what other people do, because we have a variety of nurses. Some that work in the hospital, some that are in administration, some that are nurse practitioners and surgery and so it's just interesting to see all those different nurses and see Ebony nurses. Plus we act as a support group for each other. We can talk about events and things that are happening in our job place and share with others. And then we eat and fellowship and have fun.

**CC:** What's the Seattle branch?

**AT:** The Seattle branch is the Mary Mahoney Group.

**CC:** Okay and why do you think it's important for black nurses to have a fellowship or to have these networks for black women or black health care workers?

**AT:** I think it's important because you have that extra support and boost because it does help you when you see other African American nurses functioning in the nursing role and then like I said, we support each other. If you are having difficulty in your job place, your work place, you can share it with someone else and they can say oh well that helped me, because we have a variety of ages. Some are well-seasoned nurses who have been doing nursing for some time. I mean like some nursing instructors like Shirley is a

**Tacoma Community History Project**  
FINAL TRANSCRIPT

nursing instructor and so she's, they have a lot of wisdom and experience so they can help give us advice. And then the younger ones come in alone and we can help say okay support them, encourage them and help them along too. Plus you know the scholarship. We are proud to give scholarship money out to help others. Because we want to help other people too, you know, give back to the community. And that's what a lot of nurses do too in a group. They feel like this is a way of giving back to the community and encouraging other young nursing students to come along or nurses to just carry on.

**CC:** Have you ever experienced racism or sexism as a nurse?

**AT:** I don't think I've experienced sexism, but racism, I have. I was just telling my daughter this because she's 18, about to graduate, and I was just telling her you know, in life, there is going to be different situations that you encounter and one of my experiences I remember, other than that doctor nurse situation, which I thought was racism too, but then this other situation was when I first started at St. Joe's, probably not in '87, but around that time. I floated around to different units and whenever I would float around to this particular medical unit, I encountered this one LPN who was older than me and she was Caucasian and she always gave me a hard time. When I did the assignments, she always protested them or whatever and she just had an attitude that was negative, like she's not going, why is she telling me what to do? I'm older and she's black. That's my impression I got. She gave me a hard time. I felt like that was racism and I had to deal with her. I dreaded going to that unit for that reason, but then I just had to learn. I just had to suck it up, I had to be strong. I can't let her see that she's getting to me and all that, I just kept doing what I had to do.

In the long run, she actually learned to respect me. I had her as a patient later on, and she later apologized to me several years later. But before that happened, she started being nicer and realizing that I wasn't just giving her any old assignment. It just kind of works out in the long run. You just have to be patient and not let it get to you. I couldn't believe, I was going to give her a shot one day because she was my patient and she was like go ahead Adriene, you can shoot me as hard as you want to. She said, "I deserve it".

**Tacoma Community History Project**  
FINAL TRANSCRIPT

I know I wasn't always nice to you. And I was like oh well I'm not going to do that, that was years back, that's bygone. So I didn't and she was like well thank you. I just thought that's really something how she just apologized later on when it happened so long ago.

**CC:** What has your experience been as would you say a black woman in the nursing profession overall?

**AT:** I think it's been positive. It's been a learning experience, a growing experience and now I can practice nursing not really just thinking black/white issues. I can just say I'm a nurse and I got to do what I've got to do and I've got to know my stuff, check my labs, do all this, but I don't just look at it as a black/white world or anything. I can just say I'm a regular nurse.

**CC:** So you've been a nurse for 25 years?

**AT:** Actually I've been a nurse for 29 years.

**CC:** Oh.

**AT:** I graduated in '82 and I've been at St. Joe's 24 years.

**CC:** What would you say in those 29 years you've seen what kind of changes have you seen in the nursing profession? Both positive and negative? I imagine there's been a lot.

**AT:** Oh yes, there has been so many changes in nursing. Well one of the things I was telling my patients one day is we don't have to wear white nursing uniforms anymore or white nursing hats. Because that was so starchy like and then you had to worry about your nursing cap getting stuck on the curtains. Sometimes you go to pull the curtains

**Tacoma Community History Project**  
FINAL TRANSCRIPT

with the patients in the room for privacy and then your hat would get stuck. Then your hat would be all crooked. Then you'd have to look in the mirror and straighten it out. The patients appreciate that too. Because I was talking to one of the patients and she was like oh I'm so glad you guys don't have to wear those white uniforms, because they just seem so starchy and sterile and unfriendly. So the change in our uniforms, changes in we don't have to wear the caps. There's been so many, nursing and medicine just constantly changes. You've just really got to be keeping up on it and taking classes, CEUs, because even the way we deliver medicine has changed because we used to do so many meds injectable. IM medications. And a lot of them are more IV meds and more pills and sublingual and the emphasis has been on getting patients out of bed as soon as possible after surgery whereas before, we let them lay around longer and then they realized that they would develop PE's and pneumonia and more complications versus just getting them out of bed quicker and moving them along. Also the surgical incisions are a lot smaller. They're doing a lot more laproscopic procedures, which they have a quicker turnaround and recovery time. Before they used to do longer, even a gallbladder surgery was pretty long. That's been another change.

**CC:** How about technology?

**AT:** In technology, yes. St. Joe's is a little behind with the computers. Some of the other hospitals have computerized things. We're starting to put more on the computer now too. Eventually they want to get to computerized charting. They're working their way toward technology. All the lab work goes on the computer. A lot goes on the computer and we can check labs on the computer without having to call down to the lab. Plus we can do patient instruction. We can print off information for discharge teaching. You can print that off on the computer now. There's just so much more you can do, but we just haven't advanced to the part where we can do computerized chart. We're getting there. In stages.

**CC:** Takes time.

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**AT:** Yes it does.

**CC:** So you've been at St. Joe's for 24 years?

**AT:** Uh huh.

**CC:** What brought you to St. Joe's?

**AT:** Why did I choose that one you mean, rather than other hospitals?

**CC:** Uh huh.

**AT:** Let's see, why did I choose St. Joe's? First of all, I like the design of St. Joe's. You've seen St. Joe's, right?

**CC:** Online. I plan to go out there though.

**AT:** Oh yeah. St. Joe's I really like the way, maybe from living in Texas and Florida, I don't know but I like the structural design first of all, because it sits on a hill and in the rooms, if you go in the tower part, the rooms are in a semi circle, like a C shape. So the nurse's desk is like right there in the middle and the rooms are like right in a C shape around the nurse's desk. So if you're at that nurse's desk, you can look in each room and see how the patients are doing or if they're just laying there or what they're doing. I like that structure design because most of the other hospitals had long hallways and you walk down those hallways and you've got to get the stuff and it just didn't seem as comforting and it just seemed more sterile. I liked that structural design. St. Joe's is also a teaching hospital. That was big because I wanted to be able to still learn and you could get paid for learning at least 50%, they would pay for 50% of your educational CEUs and all that kind of thing. That was important. I think they were just hiring more and they seemed

**Tacoma Community History Project**  
FINAL TRANSCRIPT

friendlier than the other hospitals. I did try the military hospital. They only hire so many civilians. My husband was military and I wasn't. And plus the old Madigan was not as appealing to work in.

**CC:** The old Madigan?

**AT:** Yeah, they made a new Madigan hospital the last 7 or 10 years now. It's so much more appealing. The old one was very old fashion. It was like a ward. I mean they had a ward of like maybe 10 people in it and they had the old fans. When it was hot in there, you had to pull the cord for the fans and they had long hallways and I don't want to work at a place like this, this is kind of stepping back in time. But the new Madigan is very nice. They have floors just like regular hospitals and they're really technical. Computerized charting and all that.

**CC:** What was it like when you first began working at St. Joe's?

**AT:** What was it like?

**CC:** Uh huh.

**AT:** As far as relations with people?

**CC:** Uh huh.

**AT:** Well it was okay. They have remodeled St. Joe's a lot too. Some people were friendly and some were not. That was when there was a little bit more racial tension there. Where you had to prove yourself. Most of the black people weren't expected to be in higher positions like RN's and a lot of blacks in housekeeping and environmental services or in the kitchen. But not a lot nurses. So that's change.

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**CC:** Do you remember about how many nurses there were when you first began at St. Joe's.

**AT:** No I don't. I do not remember because I floated around to different floors so when I floated on different floors, there was at least 1 or 2. And that could have been per shift. Night shift and day shift. I don't remember right off, but I know there wasn't very many.

**CC:** There wasn't very many black nurses?

**AT:** No there wasn't very many black RN's. There were some black LPNs but not very many RN's.

**CC:** And how would you say things have changed since you've been there over the years?

**AT:** Oh yeah, it's gotten better. A lot more African American people and a lot more black RN's. There was even some black doctors, there was a surgeon and there was a male black doctor that is very good, Dr. Andre Joseph, but he is very good, very thorough surgeon. There were some black PA's, physicians assistants, and they seem very good too. Some were on the trauma team and there has been some nurse practitioners coming around and yeah, I even did an interview a few years back for I think it was black history month. I didn't see a lot of things for black people and African American people, so I did an interview and I was like I want to see how many black doctors are there in town? I interviewed the black surgeon, that's when I talked to him, and I even put a poster in the hallway, because we have this atrium when you come into St. Joe's and these doctors and contributions to other people in the community and I put that up and put something about the black doctors. It was just like one of those A board or something you can stand up and honoring them for the month.

**Tacoma Community History Project**  
FINAL TRANSCRIPT

I learned a lot more about the black doctors in town and GYN that's been here for several years and that was a black guy and there was a couple female internal medicine doctors. And so that's another thing. You don't see a lot of them now in the hospital because now they have the inpatient team. The doctors. Now you don't see the regular doctors here in the community coming into the hospital because once you're in the hospital the inpatient team takes them over. So that's kind of a limit too.

**CC:** So the nurses at St. Joe's are unionized, correct?

**AT:** Yes.

**CC:** And who are you guys represented by?

**AT:** We're with the Washington State Nurse's Association. And that's WSNA for short.

**CC:** Can you tell me do you have any experiences or has your union helped to improve the conditions for nurses at the hospital at St. Joe's?

**AT:** Yeah, I would say they have. They've been around for a while. They even got this newsletter. It's really like a book, catalog. WSNA, this is for '09. I wanted to get the new one. They have made a difference. It took us a little while to trust them a little more because there were some issues that they did try to resolve and they didn't get resolved. Not the way we were thinking they should have been resolved. But yeah, we've trusted them more now. They've been around for some time and they've helped, like if there's a grievance, like even between you and another coworker or mainly you and your charge nurse or a coworker that you can take it to them and you can fill out a form called grievance and they look into it and they can see what's going on and see if they can help out or what needs to be done. Yeah they've been a big help. They've

**Tacoma Community History Project**  
FINAL TRANSCRIPT

helped negotiate our contracts. So we have 3-year contracts at St. Joe's. And a couple times we almost went on strike.

**CC:** Really? What were the big concerns or issues?

**AT:** Part of it was the pay because they were going down on the pay and every three years we were supposed to get incremental pay, a little more every year, and they only wanted to give us very little and then maybe the first two years and not the third year. And so it's like wait a minute, something is not right. Then the Washington State Nurses would come to us and we would have certain meeting times we could come and talk to them and they'd say well what do you guys want? We would tell them and they would go back and negotiate to St. Joe's, with the people over at St. Joe's. They'd say this is what they want and they don't want to back down on this. There was something with patient care and then working over time hours, rest between shifts. There's been several different issues over the years but the strike was mainly the pay and there were some bigger issues, I can't think of what it was. I think that was two contracts ago.

**CC:** So 6 years ago?

**AT:** Yeah about 6 years. And then the last contract we negotiated, we did an informational picket where we just stood along 19<sup>th</sup> street by the ER side and just held signs up. But it wasn't like we were going on strike, it was just like this is the case, this is what's going on. We just wanted to be heard. Because sometimes you don't feel like the hospital is listening to you. They're looking more on their point because they want to make money. They'll put out certain things to the community and it's like that's not the case. Nurses need to be taken care of too. You know, we want the nurses that have been there for a while to get taken care of and not just the new nurses coming in being taken care of.

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**CC:** Can you think of maybe one or a couple of the things you guys were able to achieve through your union?

**AT:** Okay. So let's see, we did get the salary negotiated because they compared it to the other hospitals to what they were getting paid and we had to set the standard because they were going to be next. Tacoma General was going to be doing their contract negotiation next. We were able to negotiate that. Plus it was our steps because it's the steps like when you're, the longer you've been there, you have certain steps you go up. You can go up to like 30 steps on your pay and as far as whether, like when you hit a certain level, they were saying you couldn't get any further raises. Like if you'd been there 30 years, you've already reached up such and such, so you're at your max. So you can't get any further raises or anything like that and it was like wait a minute, that's not fair because nurses have been there and they're experienced and they're going to be helping the younger people so it's like why would you cut us off right there? So that was another thing.

**CC:** What would you say are the good things about your union and maybe some of the bad?

**AT:** Well they have listened to us. That's the good thing is that they've heard us these last few years, because at first we didn't really feel like they were really hearing us because we would say things and then they weren't, it wasn't a good communication system. Getting in touch with all the nurses. There are a lot of nurses at St. Joe's. Different shifts and all that. They had to figure out a way that they could communicate with us. So they did emails, then they had these informational meetings and people could come different increment slots, whatever worked for them. Once they figured that out and got a better communication system, that helped a lot.

With the Washington Nurses, we also have this legislative thing, which I think is a very good thing that Washington Nurses have done where you go down to Olympia for a day and they call it Nurse Legislative and the Washington state nurses are always really

**Tacoma Community History Project**  
FINAL TRANSCRIPT

good about filling us in on what's the legislative changes, what's going on in legislature that will impact nursing. They prepare it ahead of time, they give us handouts, they encourage us to talk to our representative and congress people and address them with the issues. That way we're more informed and we get further along. So that's another positive thing they've done for us.

**CC:** Is there anything you can think of that could help improve that you would do in your union?

**AT:** With the Washington State Nurses?

**CC:** Uh huh.

**AT:** Not at this time. Maybe just to keep us posted ahead of time. Because we're in between, we're not worrying about a contract right now. We got that resolved. Nurse legislative has been over, so just to continue to offer education hours, because they do that also. And just kind of keep us informed in between. Keep that communication.

**CC:** And I know you told me about some of the hospitals you worked in in Tampa and Dallas. Have you worked in any other hospitals in Tacoma?

**AT:** You know, I have not. I've been in them but I have not worked. Because I've been pretty satisfied at St. Joe's.

**CC:** And I don't know if you remember but the hospitals that you worked out in Dallas or Tampa and Kansas City, were they union?

**AT:** Methodist Hospital in Dallas, you know I don't know. I don't think they are. They could be now and if they were then they didn't make it known much and I probably was not aware of it or even thinking about it then, so I'm not even sure.

**Tacoma Community History Project**  
FINAL TRANSCRIPT

**CC:** How do you feel about the other nurses union in the state? Are you familiar?

**AT:** I'm familiar with the one for the LPNs and it sounds like the LPNs and the housekeeping and all are under the same union. And it's a number. I can't think of the name of it.

**CC:** 1199.

**AT:** Yeah. And they just seem so unsatisfied and I don't understand why the LPNs would be under a different union. I think they should still be under with us. The Washington State Nurses Union. Because they're nurses too. I don't understand why they're with another local union and they don't seem very happy. They're always complaining and it sounds like they've been having some things taken away from them. So that's the only other union I've heard of. But I hear more negative with them than I do positive.

**CC:** And what do you think, do you think there should be any changes made in the nursing profession that can help improve or make things run a little smoother for nurses in general?

**AT:** If I were in a union or no?

**CC:** Just in general for the nursing profession.

**AT:** The main thing I would say with nursing would just be we would like to be listened to more as far as things that can be developed. Even just patient care. There are some things, like right now I work in an ambulatory care unit and when they developed that floor, of course that can't be done now but there were some things that if they would have consulted with nursing, we could have helped them better because even the design,

**Tacoma Community History Project**  
FINAL TRANSCRIPT

where the bathrooms are, there's just unsafe things. Even like putting outside of that would have been more appropriate. Better hand washing and things like that.

The biggest thing now is the isolation situation. When patients come in with a history of mersa, we're putting everybody in isolation now. Contact isolation, which means we have to gown up and glove and we would like to see something done where the state reviews it and not everybody that has a history of mersa, because it could be like 15-20 years ago that you had a history of mersa. Just because you had a history doesn't mean you have to automatically go into isolation. But if you have, they're starting to do a positive PRC your test from your nasal, if it's active, of course you're active mersa. But it seems like we're spending so much money on putting everybody in isolation regardless of how many years they've had mersa, the history. I can't see a person who has had it 20 years ago needing to be in isolation when they're in a community and they're around people, going to the bathroom, whatever, and I would think it would be more dormant if they had it 20 years ago. But if it's been more recent, maybe say 2-5 years put them in isolation. But I feel like we could be saving money because we're using all these gowns, gloves, more isolation carts and more isolation gowns and gloves and all those kinds of things. Where I feel like we could be saving money if we just limited and made standards and say okay, only so many people who have mersa history, these criteria are the ones who need to be in isolation. Not everybody who has had a history of mersa, because that could be the whole world soon. And everybody will be coming in a hospital having to be in isolation. That would be one thing and the other thing is just nursing just those who have been in nursing get a little bit more rewards. I mean not just pay but just in general. You know maybe get a little more education hours, something because we are also educating the new ones and helping mentor them when they are coming in. They are going to be the ones our future taking over when we step out. So we just want to have some things that the older nurses who have been there longer can have as a way of taking care of them. Even longer vacation hours, something along that line. And then of course always education. Because that's been cut back now. They used to pay 50% now they don't hardly pay for anything. That was one of my incentives for coming, like I said, to St. Joe's is that they at least pay for 50%. If you

**Tacoma Community History Project**  
FINAL TRANSCRIPT

want to go take a CEU that sounds interesting to you, you could go and you get the day off and then you get paid for 50% of your class. And those classes aren't cheap. They can be anywhere from \$100 to \$300. So that could be another thing.

**CC:** And you were talking about LPNs, RNs. What's the difference between an LPN and an RN?

**AT:** Oh okay. The RN is a registered nurse, usually 2-4 years of college. LPNs usually have one year. So they get all their clinical and all their training in one year and they're limited to what they can do in hospitals. LPNs can give meds, there are certain IV medications they can't give because an RN has to monitor the patient more, like certain IV cardiac meds and things like that, and hanging blood. They can check blood but they can't actually hang blood. There's just limited things an LPN can do because they are licensed practical nurse and the registered nurse has to be clinical and rationale and all that to go with it. Whereas LPN is all crammed into one year, so they get more clinical experience verses the RN. So the RN is supposed to be more responsible. They call RNs responsible nurses. LPNs are too but that's just a joke.

**CC:** Have you been active in your union?

**AT:** Oh yes. The last few years, well at first, the beginning, I wasn't. Then I started hearing about Washington State Nurses, what do they do? What can they do for us? Like I said, I like to be out of the box now. At first when you get into nursing, you're kind of like oh I'm so excited, I just want to do my job and come to the hospital, you don't care about nothing else, plus you're trying to raise your family and all that. And as time goes on, you see some issues that need to be dealt with and so Washington State Nurses, yeah, I've been active.

Each floor has a designated contact person for the union. I've been one of those contact people in the past. I would be the one to inform everybody else, WSNA has a meeting and these are the times we can get together and you've got to make sure you go

**Tacoma Community History Project**  
FINAL TRANSCRIPT

vote on your contract and things like that. But for the ladder part of the years I haven't done that so much but I supported other people because I've started taking on other things. So it's like I'm not going to be involved in WSNA so much. And like I said, I did the Pierce County Nurses too. That's all the nurses together. Well, in the pierce county area. WSNA is all the nurses in Washington State. They also have conventions once a year. That involves nurses in Yakima and just the whole Washington State coming together.

Pierce County nurses are only the nurses in Pierce County. I was involved with them for a while and then I made it as nurse of the year, that was in '92. I helped out with them and then I kind of went to WSNA and just kind of stuck with that because I had to let some things go too. But yeah, I have been, just not as much lately in the WSNA, but one of the nurses from our floor is a contact nurse and she has some nurse law experience. We've been supporting her because she knows some legal things. So it's like okay, we'll support you, we'll help you get the word out or whatever. That's how it evolved.

**CC:** Is there anything else you want to add?

**AT:** No, as far as mainly with nursing? No, we just encourage other students, encourage other people to still be in nursing and if you know of any African American nurses, people who want to be nurses, let us know or send them our way to the Ebony Nurses and we can help point them in different directions and make sure they get scholarship money and whatever.