

Interview with Lori Gay
July 14, 2004

Lori Gay is a nurse at the Salt Lake Regional Medical Center in Utah who, along with her fellow employees, has been campaigning to form a union for nearly two years. Interviewing Lori Gay is Rhian O'Rourke, special assistant for domestic policy at the Center for American Progress.

Rhian O'Rourke: The first question I wanted to start with was whether there was a key event that triggered your and your coworkers' desire to form a union – or if it was a chain of events or an atmosphere that was created by management.

Lori Gay: I think it was a chain of events that happened in our hospital setting. It was originally owned by the Sisters of Holy Cross and they were a non-profit organization. So nurses had worked there for 15 to 20 years. I had worked for the Sisters of Holy Cross for about seven years and I always felt that if we wanted to go say something to the CEO or to the nurse administrators that they would listen to us. We felt respect.

The hospital was then sold to a couple of private companies and then IASIS Healthcare bought the company – they are a for-profit hospital. It was night and day – how they treated employees. We just felt like we were not respected anymore. They did not want to hear what we had to say. They came in with their own ideas of how to run a hospital, how to staff and we were looked upon as resistant to change. We were told that we were not cooperative, resistant to change – basically that they knew better how to run a hospital than we do. So it got frustrating – staffing changed, some of our benefits changed, we lost a week of vacation with the sale and buy. It built over about a year. Finally, two nurses in the operating room called me up one day and said, “We contacted this person from the United American Nurses and he is going to come into town. Do you want to come to a meeting?”

I said, “Yes, definitely. Let's do this.” There are not any nursing unions in Utah. The VA hospital here has a union. About a year and a half ago, the nurses formed a union. But many of the hospitals around do not have unions so we knew it would be a lot of work. So we contacted United American Nurses almost two years ago.

Rhian O'Rourke: When it changed to a for-profit facility, how did this alter the atmosphere in the hospital? Was the main shift the feeling of not being respected?

Lori Gay: I think the main shift was – we had worked here for years and all of a sudden this new company comes in. They had only been there for a couple of months and we felt like we weren't being listened to anymore. What we had to say wasn't important. Decisions were being made – supplies and staffing – and we had no input into any of it. Whereas before, we had an input into the decisions that were made. Then of course IASIS formed all these employee groups – you would go in, there were people represented from every department and there was a suggestion box in the hospital. If people we knew wanted to give suggestions we would take them to these meetings. We

had them once a month. It seemed like we never accomplished anything. They wanted to include us, but not really. They wanted us to feel like we had a say but any of the changes or desires, or any suggestions we had that we felt were important, and probably would cost the hospital some money, or something maybe they were not in agreement with – nothing got accomplished.

Rhian O'Rourke: So even though they had a suggestion box and superficial venues for communication, they didn't take action when you suggested things?

Lori Gay: Not on, I felt that on important things, they did not take action. They put some lights in the parking lot – that was biggest thing they did in two years. It was very frustrating – you would go in and complain about the staffing: “Can the labor delivery area have a clerk? Could same-day surgery not have to draw their own blood?” People wrote up reasons why they needed to have an extra phlebotomist and it was just always, “Well, can't do that.”

Then they would move on. They always wanted to plan a party. They wanted to get tickets to lagoon. “We want to talk about things that affect patients and our working conditions. You guys want to talk about all these little things you can do for us to quiet us up so that we don't have any power to make suggestions and change the hospital.” If it didn't fit their budget or fit their outlook for the hospital it never – the same issues every month came up – and never got worked upon.

You basically just get tired of complaining – tired of playing their game to get what you want. Basically, it is for patient safety and patient care, and to improve people's working conditions. I am just convinced that the only way you do that is with a union.

Rhian O'Rourke: You have taken a major leadership role in all your efforts and I was wondering what inspired you to do that.

Lori Gay: The two nurses that originated the campaign were fired and it caused a lot of chaos in the whole movement because we had not even come to an election yet. You can imagine it scared people that these two nurses got fired. I was kind of involved in it from day one and I was very interested in what was going on.

There was another woman and myself – this other woman moved – so I just felt like I had to step up to bat because these other two women got fired and I thought, “We cannot let this just go by the wayside now.” I think it could have easily scared people.

I worked part time so I felt like I had the time and the support – my husband is very supportive of what I am doing. He is a physician and he understands what is going on in the hospital.

Rhian O'Rourke: Is he a physician at the same hospital?

Lori Gay: He is not stationed there. He has a family practice that is at the University of Utah. He has been very supportive. Both my kids are in school. They are young, but they are both in school. I felt like I had the time and the opportunity – I did not want to just let all the effort that we had been through so far, to have it just go away. That is exactly what the hospital wants to do – to scare all of us and make us just stop. I just did not want to – the timing was perfect. I felt like I could step up to bat and do it. So I started having meetings at my house. I hooked up with Ron Harlamen and tried to shift it my way.

Rhian O'Rourke: Has this affected your family and home life at all? In a lot of cases anti-union organizers will target the leaders of the movement and it affects their home life.

Lori Gay: It does not affect my home life because I do not let it. It affects me at work – the usual, no one talks to you and then they try to spread rumors around about you. I am a good employee, I have worked there for eighteen years, I have a great record, I love what I do, I feel I am a very good nurse, so I knew they really did not have anything on me. If I had not been a very good employee then I do not think I would have been comfortable taking the position of trying to lead this on. But I just know that they do not have anything on me. So I just do not let it bother me. I do not let it affect my home life.

Rhian O'Rourke: You said in one interview with the United American Nurses, and I quote, “that forming a union has formed a community at your hospital.” I was wondering if you felt that all unions have the potential of building this type of community bond.

Lori Gay: Definitely. I think that just that you are working towards the same goal, in general – I am sure that not everyone agrees with everything that the union settles on in their contract – but I feel like you have a support group. Maybe it is because we have had to fight so hard – so far we have formed a community – but I think that our group has definitely formed a community. We have been through a lot and everybody is tired of complaining. Now, what is frustrating is that it has been prolonged and prolonged; some people are losing interest. Again, what the hospital wants to hear.

Rhian O'Rourke: In your experience, you said that IASIS is a big corporation with no ties to your community. Are these major downsides of having a non-community based corporation and whether that extends to the rest of Utah and the entire U.S.

Lori Gay: I think that it is a big deal. Holy Cross Hospital has been there for a hundred years. They started as a little mining hospital in Park City and I feel that when you have been in a community and you have belonged to that community, you have a responsibility to the people in your city. I do not think IASIS feels that they have any responsibility – just look at their behavior and what they have done with us.

The community, we had a letter signed by the mayor of Salt Lake City, professors at the University of Utah, religious leaders, union leaders, and we have done email campaigns, letter campaigns, and they do not even bother with a response to us. They do not even have any communication with us. I would think that if the mayor of Salt Lake City sent

you a letter asking to withdraw your appeal at least you would respond with “We don’t agree with this, etc.” But they are basically just ignoring us. I think if it were Holy Cross Hospital and we were doing this they would have some feeling of responsibility to the community. Where IASIS, they do not feel any responsibility for our community because they are based out of Franklin, Tennessee. They portray themselves as being a community hospital but I do not feel that they are treating, in this case, they are not respectful of the community and their request for IASIS to withdraw their appeal for the ballots to be opened. That is the feeling I get from them.

Rhian O’Rourke: Do you know if IASIS has dealt with union campaigns like yours?

Lori Gay: I do not think so. They are building their hospitals in fast-growing communities and the areas that they are building in what I believe are Right to Work states, areas where unions are not big. The CEO Chairman of IASIS right in the middle of our campaign said, “Over my dead body will we have a union.” So I think that our trying to form this union really surprised them.

Rhian O’Rourke: In your remarks here at our event in D.C., you mentioned that security guards at your hospital were asked to keep an eye on certain union organizers. What impact did that have on your day-to-day work and the relationships that you had with your coworkers?

Lori Gay: The security guards – I know all of them. I have known them for 18 years. So I think that the hospital intimidates people, number one, during our campaign. But I felt like they knew me as a person and maybe they do not agree with unions or maybe they do, but the hospital told them to keep an eye on union organizers per se. They just did what they were supposed to do to keep their job, but then they came to me and said, “Listen, we were told to keep an eye on you.”

Rhian O’Rourke: So did that create tension?

Lori Gay: Maybe it created just in myself a little tension because I was dying to just confront them and say, “Listen, this is illegal. You cannot have someone spy on somebody.” In fact, they refused to let me in the hospital a couple times to hand out union literature. That is a case in itself that is pending the National Labor Relations Board – an unfair practice labor charge – because I am considered a charged nurse so I am a supervisor. Until this whole issue is settled, my case cannot go before the National Labor Relations Board, but that was another thing that is on the back burner also, so I want to bring that up as a charge. But then of course you have got to have the security guards testify to that.

I, number one, do not want to put them in that position because they could possibly lose their jobs. People say, “They can’t lose their jobs because they can’t fire them.” But it happens, it happens all the time and they do not really care because the way that the system is, it takes years. Like the two nurses who were fired from the hospital, it was obvious that they were fired because of their union activity. However, the board saw it as

they resigned. It was a big long case, but they basically lost. I do not want to put them in jeopardy of their jobs. The security guard keeping an eye on people was I thought the lowest thing they could do. This is what frustrates me the most and just goes to show you that they do not have a sense of community. We have worked there for so long and we have a community. We had a community before they even arrived but I think that the whole union business strengthened the community. I think initially people were maybe frustrated that the nurses were trying to get a union but over the last couple of years, people have changed their feelings and have thought to themselves, "I can see why they want a union. Look what they are doing." So I guess maybe it caused a little tension but not that much. I just felt, "Go ahead, you can spy on me all you want. I'm not doing anything wrong."

That is another thing – we have kept everything on the up-and-up. We did not do anything wrong. I think they were just dying to find us out of our legal area. You know how you can only distribute union information on your breaks in non-patient care areas – in a hospital it is a little different because you have to be careful of patient care areas – we did everything on the up-and-up. I think they wanted to spy on us to try to catch us doing something that was not legal.

Rhian O'Rourke: You also said that management "held offensive mandatory meetings." Could you describe more in depth what went on in these meetings and why you would say they were offensive?

Lori Gay: They would have a sign-up sheet and you would sign up. They would hold different meetings during the day. They were usually half-an-hour to an hour. Basically, your boss would come up to you and say, "Which meeting are you going to?" They were "voluntary." But we would call them mandatory-voluntary because the feeling was, "You better go to this meeting!" I think also people were interested to go to the meetings to see what would be there and the big union supporters wanted to go to the meetings, like myself, because I wanted to hear what they were saying so I could intervene, too.

We spoke up at these meetings and they held meetings where they said, "You can't talk. You have to just listen. You can't ask any questions." They would have these meetings, you would show up and of course they would have little snacks or something for you, and then they would usually run a movie or a slide presentation. It was a script. They had all the managers, I am sure, either they did it or they got fired. They had a script in front of them and they read from it. They showed videos from the nurses who were organizing in Oregon, they would show mounted police on horses and then talk about, "Do you want this in your community?" It was so blatant.

Then they started bringing up the financials of the American Nurses Association, claiming that they were in financial disarray and then started slamming the American Nurses Association. I thought, "This is ridiculous." The United American Nurses is a collective bargaining arm of the American Nurses Association. So here they are slamming our nurses association that several nurses belonged to. So that is how I felt they were offensive. I thought the information that they presented was biased, it was not true,

and when you questioned the truth of the information given, or where they got their facts or who prepared them, they would not answer you. They ignored you and told you, “You are here to listen to this; we are not answering questions, just listen and then leave.”

It was basically just to intimidate people and to discredit the United American Nurses. They brought in their finances and skewed it to look like, “See, they can’t even take care of themselves financially.” It was all a bunch of lies. It was pretty entertaining.

But a few people listened to that and are affected by that and cannot say to themselves, “Okay, wait a minute, let me step back and question this.” First, we were not allowed to present anything. We were not allowed to counter what they were presenting to us. So we had to do it outside the hospital, on our own time, in meetings and we got some people to come to meetings, but you do not get everyone to go to a meeting. So that is where their advantage was – we cannot promote the union, we cannot even counter if they were saying lies in the meeting.

Rhian O’Rourke: On that note, have other employees or nurses in the hospital opposed your efforts? If so, were they basically restating what management was telling them or did they have other reasons why they were not joining your efforts?

Lori Gay: I would say I really only had a couple of nurses that said to me, “I belonged to a union before – it was nothing but trouble.” One nurse said to me, “I got laid off, because the union didn’t represent me.” I thought to myself, “Well, you probably were a bad employee anyway.”

When you get down to the gist of it, people say, “I got fired and the union didn’t do anything for me,” they are probably a bad employee. That is why they got fired. But overall, people have been really supportive.

Management who are nurses were just reiterating what the administration told them to say. They did not have any good arguments as to why we should not have a union. They kept saying things like, “We don’t want a third party. We don’t want anyone to mingle in our business. Give us another chance.”

“You have had so many chances, and you haven’t done anything.”

Rhian O’Rourke: You said that on the other hand, the physicians and the other hospital personal have been supportive of your efforts?

Lori Gay: Overall, the physicians, surprisingly, have been very supportive. They know the repercussions of staffing. If they are not staffed well, if nurses do not have supplies, if their working areas are not organized in a way to make smooth working conditions, their patients do not get good care. Physicians are tied into this because they feel like the nurses have more of a say in how hospitals are run and how staffing is done so that their patients would get better nursing care. I think that is where their frustration is – I have had physicians complain that they call and nobody answers the phone. There is nobody to

answer the phone. Their patients have been sitting here, they have their light on, they are complaining that no one came to answer the light. Physicians are backing us because they want better care for their patients.

Rhian O'Rourke: What was your reaction when you first discovered that the National Labor Relations Board had impounded the ballots of your May 2002 vote, especially because according to the NLRB statistics the backlog is over 500 cases?

Lori Gay: It was very, of course, depressing because we had gotten this ruling that the election would continue and we would open the ballots. Then several days before the election, the ruling came that they had appealed to the National Labor Relations Board in Washington and that the ballots would be impounded. You felt defeated but we thought, "Just keep going."

We had the election, we worked this hard and we will eventually open up those ballots. It has been amazing how long, it is ridiculous. My frustration has been not only with IASIS appealing – and of course they appealed knowing that it would be years – but with the National Labor Relations Board. I do not know what they do all day. There are several cases that have been backlogged for years.

Rhian O'Rourke: Has the validity of your votes been raised as an issue since it has already been two years since you originally cast the votes?

Lori Gay: Yes. By the hospital, they put out a teaser/flier about, "Will the votes even be valid once you open them up since it has been so long and there has been a change in employees in and out?" It is true. A lot of the employees that were there and voted are not there. Legally, it does stick. The ballots will be counted and whatever the vote is, it is legal and binding.

Rhian O'Rourke: Have those employees left because of management or just for personal reasons?

Lori Gay: I think a combination. Some people moved or some people definitely management. Some nurses went up to the VA Hospital – they do have a union up there with better benefits and their working conditions are better so they have gone up to the VA.

Rhian O'Rourke: Can you estimate about how many people have chosen to do that?

Lori Gay: There has been at least 20 to 25 nurses who were supportive of our movement have left for one reason or another.

Rhian O'Rourke: Have you been tempted personally to do that?

Lori Gay: No. Are you kidding? I am not going anywhere. I got to see this through.

Rhian O'Rourke: About your efforts to oppose IASIS, I know that you have done informational picketing and some people have been asking if you had done any strikes. Have you used that as an option?

Lori Gay: We have not. We have just done the informational picketing and e-mailing and letters. I really do not think striking – there is not a buy-in for that because we do not even have a union. We do not have anything to settle other than opening up the ballots. I think that is really risky to do that and I think management would jump on that in a heartbeat and people would get fired for something. They would find some reason to fire people. It is just not worth it.

Rhian O'Rourke: When you hopefully form your union, how are you hoping that it will economically affect you and the rest of nurses? What type of concrete changes are you looking for or hoping to bring about?

Lori Gay: This is not just about economic changes – we are looking for quality patient care changes. We are looking for having some say in staffing even though the hospital says, “You can't have any say in staffing.”

We want some language in our contract about the kind of staffing and the type of nurses that take care of patients. Nowadays they use a lot of aides and LPNs. We want to have a say in staffing, we want to have a say in supplies, we want to have a say in the equipment that we use.

A perfect example – they just brought brand new all-monitoring equipment for the ICU. They say we had a say in it. They had all these companies come in and we looked at the monitoring system and the one we chose, they chose another one. It is so ridiculous. Why are you wasting your time? The system we have now, no one likes it. It is frustrating. We want to have a say in the type of equipment we have and staffing. We want our vacation back – that is one of the economic issues. I have worked there 18 years and I get the same amount of vacation time as someone who has worked there five years. It does not go anywhere.

We want some education. Some hospitals have written into their contracts that nurses can have so much time off and they will be given so much money for continuing education. Job security is another thing. Like I said, it is a Right to Work state and I think we need a little protection.

Rhian O'Rourke: Why do you think that the average American who has maybe not thought about this issue should be concerned about the formation of unions?

Lori Gay: I just feel that big corporations do not have the employees' best interest at heart. I have felt it. I have seen it. They can say all they want, but basically it comes down to bottom dollar these days. I think employees need to take care of themselves and need to have a say in what happens with them. They are the workers. They are the ones who are right there in the midst of things. America's business today – number one, we are

going overseas to find employees, we are sending work overseas, and we do not have a say in our working conditions anymore. I think it is important to keep those values. They are trying to get rid of overtime, take away vacation and weekends, and the 40-hour work week. Those are all the basics of unions – that is what unions brought.

Rhian O’Rourke: My last question would be, how confident are you that you will succeed in forming a union?

Lori Gay: We have to one day open the ballots. They cannot go on and on for infinity. I am confident that we won. Where I am not confident is them dragging this out for so long – we are going to have to start over with getting a core group together, getting people to want to sign up to be an officer, to get involved. A union is what you make it, it is your employees. So we are going to have to start over again. Again, it is exactly what management wants – they want people to kind of forget about it and lose the momentum. We had such great momentum leading all the way up to the election and then boom, the door was just shut in our face and we are still waiting. People lose interest and the hospital has all this time to make all these negative comments, “Why would we need a union? What has a union done for you?” We cannot do anything because we really do not have a union. I am confident that we will get to the point, I just hope that the momentum will arise again.

I am hoping that other hospitals – they are watching what is happening. I have people from other hospitals contact me and say, “We will just wait and see what happens for you guys.” I think there is plenty of opportunity for unions to form in hospitals here.

Rhian O’Rourke: And you are the role model at the moment?

Lori Gay: I believe that everybody is watching to see what else is going to happen.

Rhian O’Rourke: On behalf of the Center for American Progress, thank you so much for your time.

Lori Gay: Thank you very much.