

# CASSANDRA

## radical feminist nurses newsjournal

VOLUME 7:1

JANUARY 1989

- 3 EMMA ON COLLECTIVE BARGINING
- 6 LETTERS FOR CONNECTION
- 8 BOOK REVIEW by KORE
- 9 SUGGESTION by JUSTA
- 11 COLUMBUS WEB REPORT by MUFFY
- 12 FORTHCOMING EVENTS
- 13 RADICAL NURSE EDUCATORS by PEGGY
- 15 THRUMS
- 15 FINANCE REPORT by MAE



It is not that nurses have done so little in spite of institutionalized oppression, what surely must be recognized is that nurses have done a great deal. As we remove the impediments of "men's work/women's work" from job descriptions, and recognize the dehumanizing effects of other stereotyping categories such as age, race, and class, we can create humanistic institutions including health care delivery that will be based on self-respect and love of others. Feminist nurses invite and welcome other health care practitioners to create the kind of world where the power of love exceeds the love of power.

- Wilma Scott Heide

**CASSANDRA: RADICAL FEMINIST  
NURSES NEWSJOURNAL**

A publication of Cassandra: Radical  
Feminist Nurses Network  
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- \* newsjournal contributions

**BACKGROUND**

The name **CASSANDRA** is a tribute to Florence Nightingale who wrote an essay titled *Cassandra* two years before her service in the Crimean War. In it she states; "Why have women passion, intellect, moral activity - these three - and a place in society where no one of the three can be exercised?" Like the mythical Cassandra, Nightingale possessed the gift of prophecy and despaired at not being heard. **CASSANDRA: RADICAL FEMINIST NURSES NEWSJOURNAL** is dedicated to re-creating the Cassandra myth by providing a place where the passion, intellect and moral activity of women who are nurses can be voiced and heard. The Newsjournal is a means for actively preserving and passing on written materials coming from a woman-defined perspective. Our hearing one another is critical to establishing a network among feminist nurses who need to be heard in nursing practice, education, research, administration and health care.

**NEWSJOURNAL PHILOSOPHY**

The Newsjournal is produced by Websters in Buffalo, New York. We are committed to a feminist approach to media, which includes sharing and nurturing of skills, non-hierarchical relationships, and valuing of diversity. There are no editors or review board members; the material for each issue is reviewed, selected and prepared by local Websters whose names appear in the "Thrums" section of each Newsjournal.

We publish original work developed from a feminist perspective. We encourage exploration of issues that radically effect nurses and women. While opinions expressed are those of the author and not necessarily those of **CASSANDRA** as a whole, we do accept responsibility for what we print. We will not intentionally print material that is harmful to women because of color, sexuality, religious or cultural background, physical ability or economic situation. We reserve the right to edit with the intent of remaining true to the author's own message. Insofar as possible, edited material is available to the author before publication.

**MAILING LIST**

**CASSANDRA's** mailing list is confidential and will not be sold or given to any other group. Names and addresses of women who join **CASSANDRA** are provided to contact women in their geographic area; only the names and addresses of Contact Women and Coordinating Crones (women responsible for specific tasks) are published in the Newsjournal. The Newsjournal is distributed to members and friends of **CASSANDRA**, and to institutions or groups that subscribe to the Newsjournal.

**ADVERTISING**

Display ads will be published for businesses offering products that are consistent with **CASSANDRA's** philosophy and purposes. Write to **CASSANDRA** for rates. Judgments about the suitability of ads for the Newsjournal will be made by the Web responsible for producing the Newsjournal.

**CONTRIBUTION GUIDELINES**

We welcome the contribution of articles, information, and letters that are of interest to women who are feminist nurses. Our regular features include nursing history, feminist research, myths influencing women's lives, review of books and journal articles, resources and notes that promote networking.

Articles should be original work that have not been previously published; preference is given to writings by women who are members of **CASSANDRA**. The suggested length of articles and reviews is 2-4 pages, typed double-spaced. Manuscripts of articles and book reviews are reviewed and selected by members of the Web that produces the Newsjournal. Manuscripts are reviewed in relation to consistency with **CASSANDRA's** purposes; and the conciseness, readability, and strength of presentation.

We welcome letters, notes and research information from anyone interested in sharing information with members of **CASSANDRA**. Letters should be no longer than one page in length, typed double spaced. Notes and resource information need to be very brief, approximately 12 double-spaced typewritten lines.

All material must be accompanied by the author's name and address in order to be published. We prefer to publish names and addresses, but we will withhold your name and/or address if requested.

Please mail your contribution so that it reaches us by following lifeline dates:

- January issue: November 15
- May issue: March 15
- September issue: July 15

**OUR PURPOSES . . .**

**CASSANDRA: RADICAL FEMINIST NURSES NETWORK** is a gathering of women in nursing practice, education, research, and administration. Our primary commitment is to end the oppression of women in all aspects of nursing and health care. We believe that oppression of women is fundamental to all oppressions and affects all women.

Our primary purposes are to:

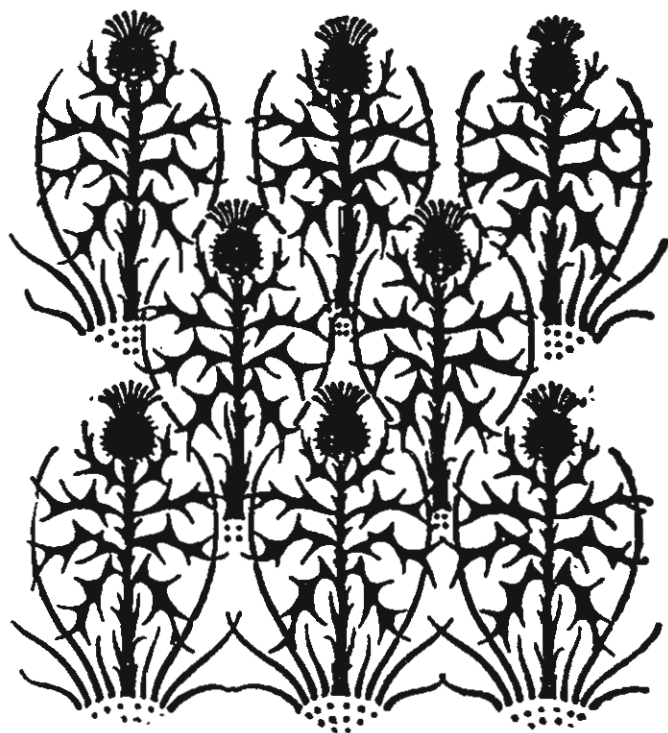
- \* Develop and communicate radical feminist, woman-centered analyses of issue in nursing and health care.
- \* Nurture local, regional, and national networks of women in nursing who are committed to radical-feminist perspectives.
- \* Provide an environment for communication, support and safety among nurses regardless of race, class, creed, ability or sexual preference.
- \* Share and pass on skills of leadership, analysis and communication.
- \* Take strong public actions on nursing and health care issues.
- \* Preserve and publish past and present significant works of nurses.
- \* Publish writings on women's health that are rooted in feminist analysis.
- \* Support nursing research using a feminist approach.
- \* Develop feminist educational material for nursing programs.
- \* Establish a feminist nursing journal.

Hi - A friend of mine gave me a copy of your newsletter when I first started nursing school. Now (1 1/2 years into the program) I feel I can spare the \$ to subscribe. While I'm at it I'm enclosing a paper I wrote for a class "Advanced Nursing Process". I rather think it's a good paper and if you think so too - please publish it. I really want to see the concept of shared governance spread around. I'd be happy to work on it a little to make it more complete (or whatever) to have it suit your paper better. So let me know and please subscribe me to your paper. It'll be the first nursing journal I've subscribed to. It's good to start my nursing career off right.

Thanks,

Emma  
PO Box 3194  
Santa Cruz, CA 95063

PS I'm in an ADN program. I could easily expand on my vision of shared governance, but the teacher only would accept papers that were three pages in length.



#### Collective Bargaining with the threat of strike:

Is this the only solution to nursing's woes?

To be called a profession, a professional, yet not be fully treated as one is something nurses have been experiencing for years. Most professions, such as attorneys and medical doctors, are inherently able to control their work load (by selecting and controlling the number of clients they accept). They have control over their standards and quality of work through such things as ethical review committees and published standards. Most professionals are paid for services performed; they do not use a time clock. They are self-governing and self-

determining. They also have a degree of community respect.

Nursing has considered itself a profession for years - yet it does not have many of these characteristics common to other professions. Fresh college graduate engineers can expect a certain salary at their first jobs; after five years if they move to a new company their wage may double. Wages are commensurate with experience in most professions - they go up, with few limits. If a nurse has worked for ten years on the Surgical Floor in one hospital and then she changes

hospitals she will likely start near the bottom of the new hospital's wage scale. This is a common occurrence in the nursing profession, yet not so in most others. A new graduate nurse reaches the limit on her wage earning potential a few years after graduation. If an attorney takes on too many clients they overwork themselves, but rarely does this place anyone's life in danger. Nurses come on their shift and are assigned "x" number of patients (they have little control of it). Often times the hospitals do not have enough nurses to staff so the nurses are overworked. They are also unable to give the quality of care their professional standards dictate under these conditions. In this situation people's lives are in danger. I recently heard an LVN saying she came to work on the surgical floor and was given fifteen patients - eight with continuous narcotic infusions, two fresh post-operatives, and there was no nurses aide on that shift. This type of staffing not only overworks the nurse and puts her into an ethical dilemma, but it is clearly unsafe.

It is precisely this type of scenario which leads nurses to collective bargaining and considering the potential of strikes. In 1950 the American Nurses Association (ANA) adopted a "no-strike" policy, believing the hospitals would negotiate nursing problems as they arose from a position of understanding the needs of patients and staff. Under this policy "any attempt on the part of nurse representatives at purposeful negotiations met with indifference or benign neglect." (Colvin, 1987). So in 1968 the ANA withdrew it's no-strike policy. After careful thought many nursing groups chose collective bargaining as a method to confront hospital administrations. Collective bargaining is when employees as a collective group bargain with their management over their issues (ie, contract terms). When collective bargaining fails such techniques as sit-in's, pickets, work

slow-downs and strikes are used to apply pressure on management to reach an agreement. The nurses saw collective bargaining as an attempt to control their profession through negotiating over practice and quality of nursing care. This is a step toward furthering their status as equals in the professional world.

In many instances a collective bargaining effort on the part of the nurses was an effective method of getting their employers to meet their demands. "In addition, differences apparently unresolvable in the past were now settled with dispatch when employers were confronted with the threat of work stoppage and when they were faced with the alternative of instituting compromises at the bargaining table." (Colvin, 1987). Nurses are now in a double bind; they strike for better care of their patients, but their patients do not get the best of care during the strike. Yet nurses realize their commitment to those in critical need. During the recent nursing strike in San Francisco, the Emergency Rooms and Critical Care Units were kept open at all the struck hospitals. In fact, while interviewing some of the striking nurses at St. Mary's hospital I heard nurses trying to find someone to cover a shift in critical care for the next day. I believe one of the reasons nurses strike is out of concern for their patients. Also, nurses need to make it known to management that they are unhappy in order to find a solution to the problem.

Between the battle for quality patient care and status as a full profession nursing has some strong reasons to use the strike as a tactic. By tactic I mean tool or strategy - a method used to achieve an end goal. Collective bargaining is a tool and the strike or work stoppage is a tactic to show strength and add force to your position. Unfortunately, collective bargaining is not an avenue through which all of professional nursing's grievances

can be addressed. "The law does not require employers to bargain for anything except salaries, benefits, and working conditions." (Colvin, 1987). This means that concerns over quality care (related to short staffing) and control of nursing practice are not easily brought to the bargaining table.

So we see that collective bargaining - wielding the threat of strike - can not put an end to all of nursing's concerns. However, it has a way of unifying staff and encouraging people to talk about their profession. I strongly feel that the strike is a valid tool for nurses to use. I also hope that it will become outmoded in my career as a nurse. Given the position nurses are in today with unsafe nurse-patient ratios, frequent requests for double shifts, low pay, and very little control over the quality of care one can deliver, combined with unfriendly to hostile management, nurses are left with no choice but to strike in many instances. Until hospital management fully recognizes the professional potential of nursing by including nurses in a system of shared governance, they will be constantly faced with attempts at collective bargaining - always carrying the potential for strike.

I envision a system of shared governance in hospitals using a working committee system. Including nursing in more policy making activities fulfills the self-governing and self-determining aspect of a profession. This would also give nurses an opportunity to do peer and supervisory review - to enforce professional codes of conduct (another aspect of professionalism). Constance H. Colvin

states that "Shared governance appears to forestall a variety of problems that may arise between staff and management, and addresses many of the needs related to disparate views and unfulfilled expectations." Involving staff in some method of shared governance could completely fill the needs that nurse-professionals are now addressing through collective bargaining. Shared governance could also fill some of nursing's needs that are not able to be directly addressed by collective bargaining. Next time nurses meet with management at the bargaining table, I hope they ask for a shared governance policy.

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Informal interviews with Sheila, Rose, Nancy and Dawn, RN's at St. Mary's Hospital in San Francisco.

Informal interviews with Zoe, Elizabeth, Shari, and Adrianna, RN's at Wattsonville Community Hospital.

Informal interviews with Carol and Pam, RN's at Dominican Santa Cruz Hospital.

## LETTERS FOR CONNECTION

Dear Cassandrans,

I have been sitting on this letter for a very long time. I'm looking back over my newsjournals, and re-reading the memo of June 11, 1988 from Sheila Bunting, (in which I received two first pages and no second, so I don't know how it wound up, before the questionnaire).

I don't know why the summer '88 continental gathering was cancelled, but if it's anything like most groups, there just wasn't enough response.

I see that I'm way past renewing. I almost felt I wouldn't bother - this has been a financially horrendous year for me. But for some reason, I will do it again.

When I first heard about Cassandra, it felt very exciting to me. Finally there was going to be a group of nurses who would look at and deal with things differently from the mainstream -- very differently.

When you call anything "radical feminist," it brings a very specific picture to mind. To me, it means non-competitive, cooperative, non-patriarchal or non-hierarchical in nature. No wonder it has been so difficult!

The very nature of nursing - the way it has been set up, is under the authority of doctors. The only way to "beat" that is through nurse-practitioner status, which utilizes the very system that keeps nurses "in their place."

The hue and cry for more "professional" status is absolutely useless, because we will never, under the present system, act on our own authority, while we are licensed as we are.

The other thing is that in order to work at all, we have to buy into the "hostile elitist" idea that the more degrees and conventional educational bullshit we have under our belts, the more qualified or "real" we are. When, in fact, we know in our hearts, that the knowledge we glean from caring and living is what enables us to do the healing we do. It just doesn't

look very promising to me.

Another issue is that third-party reimbursement is under total patriarchal control, and I don't see that changing. Therefore, we have to do any healing on our own authority in a way that is outside the system. Perhaps that is just as well. The deep-seated dissatisfaction that healers have, in the nursing profession will not just "go away" as long as the medical profession and the government have a choke-hold on us.

I really think it's necessary for us to join together as care-givers, as healers, and let the "nurse" title encompass a whole lot more than how it is narrowly defined by others. It seems to me that it is necessary to reclaim it, the way witches and crones are doing, and to acknowledge and respect that part of ourselves and others.

I would love to have feedback about this. Also, are there more Arizona Cassandrans? Where are you?

Barbara Sciacca  
Box 4432  
New River Stage II  
Phoenix, AZ 85027

Dear membership Websters,

Thank you so much for the latest issue of CASSANDRA and the essay by Florence Nightingale. I am sorry that the summer gathering had to be cancelled. I do hope it was nothing too drastic.

Yes, you are right in indicating my Web location as Malaysia. I do not mind being the contact woman for this area except for reservations on the fact that I am not a bona fide nurse, as of yet. The irony of it is that I am living in the hostel built by the Nurses' Association of Malaysia (MNA). So I am 'located' in the correct place, I suppose. What do you think?

I have sent in my application for nursing training at a few hospitals in London, but I have yet to hear that they received my application form at all. I am biting my nails with anticipation.

At present, I am sitting in a lab wondering how the hell I am going to start the research that I am supposed to be doing, namely, the detection (using molecular biology techniques) of the Hepatitis B Virus in liver cells. The person coordinating the research is a clinician who is on sabbatical at Pasadena but she comes back in October and I hope that the mud will clear a little then. So far my experience of medical research has done nothing to recommend itself to me. I feel so isolated from the rest of the world. Yuck.

I have just had another thought about the Web location. Is there anyone else in South-East Asia (e.g. Philippines)? I have left my copy of CASSANDRA at home so I cannot immediately look it up, but if there is someone, then maybe I could be put in with them.

I shall end here. Thank the powers that be that CASSANDRA exists. It is such a relief to know that there are nurses who are trying to create images of themselves other than as purely handmaids! May we continue moving forward.

With best wishes,

Yours in sisterhood,

Charlotte T. Samuel,  
Lot 14A,  
Lorong Utara A,  
46200 Petaling Jaya,  
Malaysia

Dear Colleagues & Friends -

My prayers were answered upon reading your announcement in "Women News"!! I am RN, BSN (presently working on my MS in oncology) and currently, am functioning as a radiation nurse oncology clinical specialist. I am also quite active in the hospice movement, having worked at Cabrini Hospice for several years and helped establish the "new" hospice at Beth Israel Hospital (NYC). In my role as a radiation nurse - I am located at Flushing Hospital, an extremely provincial, backward and at times (frequently that is), oppressive institution. I, as both a Lesbian, woman and RN feel daily isolated and unsupported in my attempts to introduce change - "constantly swimming upstream". I have great lesbian and feminist pride but for the first time, in many years feel as though it is necessary to closet myself in fear of certain discrimination. With all the above introduction, I am extremely interested in becoming involved in Cassandra and would greatly appreciate any information you could send to me. If convenient, I would like to make contact with members. Thank you again for enlightening me to other RN's/women who share my philosophical views and feel the need to change the system that we are forced to practice in.

Sincerely,

Carolyn Kates  
427 15th Street - Apt 1A  
Brooklyn, NY 11215



Dear Cassandra,

Help! Please send information on how to renew my membership [sent]. I was a member "years ago", possibly in '83 or so. Since then I've moved several times. Took time off from nursing and urban life, living for 2 1/2 years in the bush in Alaska, 10 miles from the closest road, learning how to live with and respect Mother Nature in all her glory. Well, I've returned to civilization and nursing and need my feminist connections. I also realized "I really am a nurse after 10 years" and have returned to school to become a real nurse. Upgrading my degree from ADN to BSN. After 7 weeks of full time school I can honestly say I have learned maybe 5 hours of new material. I feel I am wasting valuable time and energy that could be much better spent elsewhere but I will put in my time

and money for those three little initials - BSN. After taking my first set of exams in my classes I can see where the interpretation of BSN (Bull Shit in Nursing) comes from. Oh well. Hopefully I will be finished in May but now "they" don't want to accept my prerequisites so I may have to take them over at the end. Will someone explain that one to me? Yes, it is a horrible system that we must play their game. I am a nurse and am proud to be a nurse and will play their game in order to function as a nurse to my fullest.

Thank you for being there.

Beverly McClendon  
PO Box 84397  
Fairbanks, AK 99708

#### BOOK REVIEW by Koré Archer

ALIVE & WELL: A LESBIAN HEALTH GUIDE by Cuca Hepburn, PhD with Bonnie Gutierrez, RN, CPNA; illustrations by Mary Phelan. Crossing Press, 1988, 243 pages, \$10.95 paperback.

- \* A lesbian is rushed to the hospital with acute abdominal pain. Emergency room staff waste time trying to determine whether she's got appendicitis or a ruptured ectopic pregnancy.
- \* A doctor, assuming his lesbian patient is heterosexual, advises "no sex," and she wonders whether what he's ruling out really applies to her.
- \* A lesbian, seeking shelter from the woman who battered her, encounters more idle curiosity than assistance.

Horror stories, and all too commonplace. Obviously, the assumption that any "normal-looking" woman is heterosexual endangers lesbian patients. On the other hand, the patient who comes out as a lesbian risks receiving inferior care: derogatory comments, neglect, rough handling, voyeuristic questions, breach of confidentiality.

This wise, well-researched manual affirms that every patient has a right to expect the care she is paying for, and suggests that lesbians "fire" those health professionals whose ignorance interferes with their well-being. Special features of this personal, comprehensive guide include a 16-page bibliography, a list of recommended topics for further research, and extraordinary illustrations by Mary Phelan. A must for anyone interested in health care and self-empowerment.



## HELLO! My name is

Justa Sassi Wildwomoon  
Dept of Nursing  
Healing Institute  
Planet Earth



### SUGGESTION by Justa Sassi Wildwomoon

We Cassandrans have a problem: we are having a difficult time getting together for gatherings. I have a suggestion: we could cease trying.

This suggestion does not mean that we would never again have a gathering as we have known it in the past. The notion of ceasing to try to gather arises from an idea that is consistent with our name - *Network*. As a network, we do not really need to gather in the traditional sense. What we do as a network needs to be reconceptualized, perhaps, by first letting go of the ideas that go along with gathering and that we borrow from the traditional ways of "organizing".

Denise Connors found a definition of the term "network" that was published in the first newsjournal (and is in "Re-membering OUR Heritage): "Network is symbolic of a complex relationship beyond a mere time-space sequence, unlimited relationship; a structure formed of the visible and invisible; it is also unity ..." (from An Illustrated Encyclopedia of Traditional Symbols by J.C. Cooper). If we use this definition as a guide, several possibilities emerge that we might consider.

First, we could move beyond a mere time-

space sequence. We can have visible gatherings as they are possible, but they may not be planned and "orchestrated" in a specific time-space. We can focus on visible and invisible connections that give us a sense of unity, of forming a new reality within nursing and within our Selves as women and as nurses. We can learn to find and create connections as we go, wherever we find ourselves.

One way these possibilities can happen is to simply gather in places and at times that we find ourselves together. We can begin to create certain traditions (not like the usual traditions) that make this possible. For example, whenever any of us go to a conference or a meeting, or a convention, we could establish the traditions of drawing on our name tags the Cassandra symbol (see my rudimentary drawing at the title of this piece), remaining physically present in an area near the registration desk for the first few hours of the first evening of registration, and looking for other women who have drawn the Cassandra symbol on their name tag. Once we find one another, we can make plans for having a meal together, or spending time during a break together, or attending sessions together.

Then, throughout the time we are there, our drawing on our name tags will provide the invitation for others who may not yet have found us, who can then join us. We can include women who are not-yet familiar with Cassandra but who might want to join us in the times we spend together, to begin to expand our network.

We could begin correspondence networks with one another. We may only have one or two other women in Cassandra with whom we correspond, but we could revive the ancient tradition of letter-writing / journal-writing as a means of providing support and encouragement for one another. I have been doing this recently with a couple of women who I have "met" invisibly through Cassandra. Our letters are long and much like the letters I write to my sister - in essence they are also letters to my Self. With some women our correspondence has dropped by the wayside for one reason or another, but we know we are there, available to connect when the time is right. I have had the good fortune to meet these women in far-away places, and this has enriched our correspondence. But our meeting has not been essential to the connection we have through our letters.

Finally, if we shift to a new way of thinking about our connections, we will also create new ways to think about

decision-making and leadership. Our "formal" structure of "croneship" provides a beginning from which to work. This network of crones can use various means of communicating with one another (with letters at the core) to nurture passing along of ideas, information, hashing out of problems, etc., that can eventually be conveyed in the Newsjournal for all women to read and think about. Perhaps some women will respond, but the response need not even be viewed as a priority.

What do other women think? Don't send me your response! Respond to your Self. If you think some of this is a good idea, begin to practice it. If some of us begin to practice some of it, the response will speak for itself, and it will become visible. Right now, I don't know what meeting I might go to in the next few months. None are on my agenda. But I think that I will try the idea of the Cassandra symbol on my name tag. I will look for you, and you look for me lurking around the registration desk!

P.S. We could still have a gathering as we have before at some time and place. When we have the resources, the energy, the whatever-else-it-takes. When we cease to push. When we are ready.





## COLUMBUS WEB REPORT

by Muffy Eastman

The Columbus, Ohio Web organized a statewide Cassandra Gathering which was held at the YWCA in Columbus on November 5, 1988. Those attending were: Kirste Carlson, Joyce Foster, Ruth Frankenfield, Susan Evans, Pat Sullivan, Rebecca Hawkins, Muffy Eastman and Judith Carr. There were five topics on the loom which included: 1) Report & discussion of COAR activities; 2) Discussion about Continental Gathering and Membership issues; 3) Nursing and feminist scholarship; 4) Nursing shortage, respect, "how to interest 'excellent' women in nursing", & elitism in nursing; and 5) social justice & the plight of the homeless and PWA's. Although small in number, all agreed that the day was well worth the effort. This article will briefly summarize our discussions.

I had attended a recent Ohio Nurses' Association membership meeting dealing with ANA's Commission on Organizational Assessment and Renewal consensus building process. I described frustration regarding the magnitude of this task while so many pressing issues exist. Much of our energy in nursing continues to be directed inward, rather than towards working with others towards problem-solving. Ohio's

COAR Task Force has made a well-organized effort to present all the issues and options being considered. Still the task seems overwhelming. Cassandrans present expressed support for the "inclusive" future membership option for SNA's.

After a delicious potluck lunch, the discussion shifted to thoughts about our Continental Gathering and concerns about Cassandra membership. Although there are approximately thirteen Websters listed in the Columbus area, only five or six attend regular monthly gatherings. How might we bolster membership? Kirste noted that the Cleveland Web had to go through a long process and deal with a number of issues. These included: 1) fears of lesbian Cassandrans who wonder if gatherings are a "safe space"; 2) fears of straight women with questions about fitting in; and 3) issues related to confidentiality. Perhaps these factors play a part in Columbus as well. Several recent examples of homophobia were cited as evidence of how prevalent this is in both nursing and community settings in Ohio. What does this mean for Cassandra? Are we identified as a lesbian organization? Must those of us who are straight "come out" and make this explicit? "The lesbian issue is much like

the Associate Nurse and Professional Nurse issue. Until we can really accept our diversity, we aren't going anywhere as a profession." "It's important to let our community know that we support women. Lesbian women have to be comfortable supporting straight women and vice versa." "Another group painfully absent is women of color." "How many A.D. nurses are in Cassandra? We are elitist on a number of issues, including education and color."

Where are we with Cassandra and membership? "We operate in a fashion that promotes a closet -- keeps it private and closed." Should we promote Cassandra more? In Cleveland, advertising and promoting local gatherings resulted in larger groups. However there was a need for frequent explanations and some became "resentful of our inability to connect on feminist issues." Many nurses don't understand what feminism is. "Perhaps Cassandra's role is dual -- both to tutor and educate about feminism and to create support for each other."

This discussion ended with the plan to have an "open meeting" in the Spring of 1989 for discussion of feminism in nursing and sharing information with Ohio nurses about Cassandra. After a break for cheese cake (yum!) we planned the details of this gathering. Our own needs to increase local involvement in Cassandra took priority over thoughts about what to do about Continental Gatherings.

The open forum titled "Radical Feminist Nurses: Contradiction or Connection?" will be held on Saturday, April 15, 1989 from 10:30 am to 4:30 pm at the YWCA in Columbus, Ohio. For more details, contact Pat Sullivan, 2140 Balmoral St., Columbus, Ohio 43229 or Joyce Foster, 4515 Glenmawr Ave., Columbus, Ohio 43224.

Soon it was time for Crit/Self-Crit. We felt energized and appreciated each other's sharing. We missed all of you who weren't there and hope you'll join us soon. We didn't finish with our items on the loom. There is much left for next time.

#### FORTHCOMING EVENTS

Parallels and Intersections: A Conference on Racism and Other Forms of Oppression, April 6-9, 1989, Iowa City, Iowa. Write to Women Against Racism, The University of Iowa, Women's Resource and Action Center, 130 N. Madison St., Iowa City, Iowa 52242.

\* \* \* \* \*

"The Caring Imperative in Education" 11th National/International Caring Conference, April 30, May 1-2, 1989, Denver, Colorado. Sponsored by The International Association of Human Caring and The Center for Human Caring, School of Nursing, University of Colorado Health Sciences Center, 4200 East 9th Avenue C288, Denver, Colorado 80262.

\* \* \* \* \*



## Radical Nurse Educators:

Report of the NLN-Sponsored  
Nurse Educator Conference

by Peggy L. Chinn

From December 4-7, 1988 in Chicago, over 400 individuals who are committed to change in nursing education gathered in Chicago for a conference sponsored by the National League for Nursing on the Curriculum Revolution in Nursing. The Revolutionary theme began during the conference the year before, resulting in a book that the League has published titled "Curriculum Revolution". This year, the conference continued that theme and people came to it not only anticipating more of the same energy and excitement, but now very serious about making it happen.

Every session that I attended got my juices flowing! The speakers were all well prepared, they offered thoughtful criticisms of what we have been doing in nursing education, and they offered substantial and thought-provoking ideas as to new directions to take. There were no magic prescriptions, but there were ideas about how to begin to think anew, what to begin to think of as our goals, and some steps we need to take to move in new directions. There were themes around which people seemed to be moving, with human caring and nursing at the center.

One of the most radical changes that I witnessed is that feminist ideas are now

taken seriously. Nurses as women, women as nurses, women's experiences, ethics based on women's perspective of the world, and valuing of women and nurses were consistent undercurrents in every discussion. The currents were often implicit, but often they were very explicit. I heard speakers speak about ending the divisiveness between us - divisiveness based on educational level, or where we work, or who we are. I heard women calling for ending the focus on differences among us. I heard educators speaking of findings ways to cooperate, to work together, to identify our common language, our common goals, our common values. I heard women speak of the most radical questions: Who benefits from what we do? What is the nature of this system in which we work? Who created it? What kind of system would we create? How can we begin to create it, together? What about the human beings who are our neighbors? In what ways do we continue our complicity with wrongs within the system? How can we build bridges with other women in the health care system - other nurses, aides, housekeepers, physicians - women. Do we need to wage a war against the system? How can we create peace within ourselves?

Who is our real enemy? Who are our friends? How can we become friends as women, as nurses?

As important as the questions were, there were also possibilities that opened the way toward answers. There were radical ideas: We need to create new relationships between ourselves as faculty, with our students, with nurses in the community. We need to become allies, friends. There are ways to do these things. We can do these things. We can form our own ideas about the kind of care that we offer. We can begin to provide this kind of care. We do not need to be complicit with a system that is not whole. We can value who we are as nurses, as women, and act with those values at the center of what we do.

I did not hear as themes: Don't say that, it is too radical. Be nice. What about the men? What about the physicians? They will not approve. We might be seen as feminists. We might be seen as lesbians. What if we are not acceptable?

I did hear realistic and cautionary words around these types of concerns. Some speakers were concerned that we need to remain effective within the system as a group, but without sacrificing our integrity. Some speakers felt urgent about keeping in touch with the demands of the system we do work within, but without coopting to it. The issues, for a change, were how to balance these issues, these concerns.

The most meaningful result for me, as a nurse educator, that happened at this conference was the new connection that I formed with my own colleagues where I teach. After one of the presentations, for reasons I am not clearly sure of, I felt compelled to find the other three faculty who were attending the conference from my school. As soon as I found them, I realized that they were looking for me. We immediately knew our mutual agenda - we must plan to get together and begin to do

something together. None of us were sure at the time exactly what that something was, but we had a determination to make it happen. The four of us, who rarely had ever been in the same place at one time in Buffalo, made sure that we had some time together in Chicago, and made a commitment to begin our regular connection when we returned home.

Within a week of returning home, we connected long enough to make a date for lunch. Within 2 weeks, we had our first lunch meeting. At that meeting we planned what we will do together to begin. Our work will begin by reading Patricia Benner's new book *The Primacy of Caring*. From there, we will work to create dramatic, and, yes, radical changes in every dimension of what we do and how we do it as nurse educators. We will create a time and place where we can begin, in a sophomore course we teach together, the realities we imagine.

At the end of the conference, Patricia Moccia challenged everyone there to consider what kind of revolution we were engaging in. She asked: "Is this a revolution that we package up and sell for a profit?" Her own answer to the question was no - the real revolution will not be televised! It will happen in the thoughts and words that as yet we dare not speak out loud.

For me, it is beginning to happen in the promise that women with whom I work from day to day are becoming my sisters, my friends. We are joining together to begin to dream dreams, and to create a reality based on those dreams. We are taking actions based on what we imagine could be. We are taking actions based on what we dare not speak out loud, yet. In part, we are not yet sure about what is possible. We are nurses, and women, who are creating a space and a reality that has never before existed except in our dreams.

## Thruns

*This Newsjournal was produced by:*

The Buffalo Web. The Newsjournal Staff Nurses who were responsible for production of this issue were Charlene Eldridge Wheeler and Peggy L. Chinn.

### *Illustrations:*

Unless otherwise specified, the graphic/clip are illustrations are from:

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*Treasury of Art Nouveau Design and Ornament*

by Carol Belanger Grafton (1980), and *Art Nouveau* by E.V. Gillon (1969).

### *Quote:*

The quote on the front cover of this issue is from the Introduction to: *Hospitals, Paternalism, and the Role of the Nurse*. Jo Anne Ashley. Teachers College Press, Teachers College, Columbia University, New York, New York. 1976

### *Appreciation:*

To all the Websters and Friends who contributed material, thoughts, energy, and guidance toward the ongoing efforts to keep the Network and Newsjournal breathing.

### Annual Budget Report

October 1, 1987 - September 30, 1988

Draft Account. Available for Operations

Wilma Scott Heide Research Fund

Not Available for Operations

Balance Fwd: **\$4357.88**

### INCOME

#### Membership:

Websters: New \$1685.00

Websters: ReNew \$4115.00

Friends: New \$125.00

Friends: ReNew -0-

Subscribers: New \$50.00

Subscribers: ReNew \$175.00

Newsjournal Sales \$14.50

Interest Income Checking Acct. \$298.42

Total \$6462.92 \$6462.92

**Total Income** **\$10820.80**

### EXPENSES

Transfer Wilma Scott Heide Fund \$791.70

Membership \$2198.61

Newsjournal \$2094.20

Finance \$48.00

Coordination \$165.00

Check Charges \$10

CAN -0-

Gatherings \$98.34

Public Relations -0-

Total \$5405.85 **-\$5405.85**

**CLOSING BALANCE** **\$5414.95**

Balance Fwd: **\$4758.85**

13% Webster Dues: \$791.70

Interest Dividends \$325.08

\$1116.78 **\$1116.78**

Closing Balance: **\$5875.63**

### NOTICE TO ALL WEBSTERS

The Williamsville Post Master has notified us that the ZIP code for the branch servicing Cassandra's incoming mail has been changed. Please make a note of the new information when sending mail to **CASSANDRA**.

Previous ZIP: 14221

New ZIP: 14231-0341



Now I ask you, where else  
can a woman who is a  
nurse find such a breath  
of fresh air? It's  
rather remarkable that  
such a thing exists, to  
my way of thinking. I'm  
renewing with CASSANDRA  
today!



Contribution Information

WEBSTER - women in nursing who participate in CASSANDRA's decision making and receive all publications: \$35-\$50. (Nursing students, retired, unemployed, or differently-abled nurses: \$15.)

FRIEND - women who are not nurses and who support CASSANDRA and receive the Newsjournal: \$25.

INSTITUTION SUBSCRIPTION - groups who receive the newsjournal: \$35.

IF YOUR MAILING LABEL HAS THE RENEWAL  
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BEFORE THE MAILING OF THE NEXT NEWSJOURNAL