

To My Fellow RNs,

My name is Kara Shanafelt and I work for the Vascular Access Team. Prior to coming to Johns Hopkins Hospital in September 2014, I worked as a unionized Labor and Delivery RN in Seattle, WA at Group Health (now Kaiser). During my years at Group Health, I did not realize the benefit and protection our union granted me until I arrived at Hopkins and no longer had any of those protections. In fact, if you asked me four years ago if I was pro-union, I'm not sure how I would respond. If you ask me today, after spending the last three and half years working without a union, I am emphatically in support of us forming a union at Hopkins.

I have been very fortunate to work under great management teams, both at Group Health and here at Hopkins. The union was not a third party that interfered in my relationship with my manager. Instead, it provided clear and transparent guidelines and expectations for both sides. I had multiple meetings with my manager without a union rep being present. And we had a great relationship. In fact, having a solid contract made any questions or issues regarding pay, staffing, or breaks easy to answer. Additionally, my fellow RNs moved from bedside nurses to management and back without conflict or interference from our union contract. Our union contract supported my manager in fighting for the RNs on my unit and addressing our concerns.

Currently, my manager and NC3s at Hopkins work extremely hard to provide our team, and all the bedside RNs at Hopkins, the education and resources we need to eliminate CLABSIs and give outstanding patient care. That said, upper management is constantly asking our staff to do more with less. We carry code pagers and are expected to respond to CORUS messages as soon as possible, which results in us not getting breaks. My managers and NC3s fight for us daily, but are not given more FTEs from the hospital. These working conditions are not shortcomings of my direct managers, but instead, are a result of the institution not listening to our managers. A union would not divide me and my management team; it is not a third party dictating our relationship. Our union would provide the protocols, resources and strength to fight together, for us and for our patients.

Since my very first offer letter at Hopkins, I have been repeatedly told that the hospital will not negotiate my salary. We are told to ask our managers about salary grids, but no one knows where these exist. In my annual review for a merit raise (which took three years!), I asked what percentage pay increase my star rating translated to. I was told that they didn't know until upper management decided the bell curve for all Hopkins RN ratings. More saddening, with inflation at nearly 2.9%, most of us aren't getting a raise at all, as we are not even keeping up with the cost of living. Most importantly, I don't know when I will get my next raise, how much it will be, or what I could do that would influence it, and neither does my manager, because those decisions are made by upper management without our input. Hopkins has made it clear that as an individual RN, I have no power or say in my working conditions and that I am replaceable.

I was paid more at my union job, we had break relief RNs and my health benefits were protected under our contract. These benefits were available not because the hospital I worked for was more benevolent or profitable than Hopkins. Instead, it was because all of us RNs stood together and demanded transparency. I like working at Hopkins and I have fantastic managers and coworkers. Forming a union will simply help us provide the best possible care to our patients and make the changes we envision possible.

Please feel free to contact me with any questions.

In solidarity, Kara Shanafelt

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