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# The Social Value of SEIU Women

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The Social Value of SEIU Women

Alex Rothfelder

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A Master's Paper

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And accepted on the recommendation of

Ramon Borges-Mendez, Chief Instructor

## ABSTRACT

### The Social Value of SEIU Women

Alex Rothfelder

This paper analyzes women in health care unions by specifically examining the Service Employees International Union (SEIU) as a case study. Moreover, this paper asks: what motivates these health care workers; is it primarily patient care, or are there other significant issues? How do workers think about their product of care, and how does this affect unionism? And how is gender connected to these issues? After interviewing six health care workers in SEIU, this paper found that the motivation of health care workers is partially motivated by patient issues, but that this occurs in a negative sense. Union organizational limitations cause health care workers that are focused on their patients to become disillusioned with the union, despite helping patients being a motivator for the work itself. This paper also concludes that a large motivating factor is positive associations formed with unions at an early age, and the affect this has had on broader socio-political values. This paper concludes that there are necessary changes needed in union organizations such as SEIU. Nevertheless, unions remain vital for women, health care workers and workers more generally, even when unions perpetuate glaring imperfections.

## **DEDICATION**

This paper is inspired and is the spirit of the brothers, sisters, and siblings of the labor movement who have fought for our humanity and improved our society with their sacrifices and wisdom. I would like to especially like to thank those who were interviewed for this project for your stories and insight, and for letting me use your knowledge and experiences for this research.

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## **I.**

### **Introduction**

In 2018, unions have reversed the stagnancy that they have faced perceptually and politically for the last 20 years. Teacher's strikes, hotel workers' strikes, nurse's union activism, strikes over sexual harassment and immigrant strikes are just some of the events that have landed in the news. Yet why did these strikes occur and why do they paint such a contrast with the last 20 to 30 years? Not only have these strikes been successful, but they correlate with a rapid reversal in labor's public image; recently Wisconsin and other right to work endeavors showed that the public was eager to punish labor unions in the great recession. Now, millennials and the public at large have an overwhelmingly positive opinion of unions, even if few Americans are a part of one.

This paper seeks to analyze the relevance that the American public sees in American unions, but also the hidden relevance that they have always had in the United States. Most of the examples noted above center women workers and their experiences, and why this has led to various strikes and other expressions of unionism. Therefore, this paper seeks to utilize a feminist analysis to critique American unionism to ultimately improve it by advocating the benefits of including previously excluded peoples.

The most prominent strike is the so called "red state revolt" and the indisputable wins that the teachers earned in the process of striking. A key intention of these strikes was not only to improve the abysmal pay and benefits for teachers, but also to secure funding and other student necessities. This was key for involving parents of schoolchildren and winning the approval of the broader public. More importantly, however, was that this was the real motivator for teachers to boldly resist not only the legislatures, and school districts, but also their own union leaders.

We seek to bring these conclusions into a sector that has several parallels with education: health care. Not only do women take the lead in what has historically been dominated by women, but it also involves several unions working to create a “public good”. The demographic shifts mean that both union and non-union jobs will continue to increase, causing the sector to be incredibly relevant from a plethora of perspectives. Additionally, one of the most important unions in the modern era is the Service Employees International Union (SEIU), so this paper looks to study them as well. Many scholars say that this union operates as a social justice-oriented union, but others point to evidence that illustrates SEIU as a modern business unionism in the health care industry. Regardless, the union is one of the most prominent unions in the United States and has obtained its prestige partially because of its organizing of various health care workers. Therefore, this paper uses SEIU as a center point to explore these issues of unionism, gender, and its contributions to the broader public.

This paper seeks to understand what truly motivates health care workers into expressions of unionism by analyzing the statements and practices of SEIU in central Massachusetts. I hypothesize that health care workers gravitate towards unions because it has mechanisms to help them advocate for their patients. Yet, this research has sought to learn about other possible motivators and how health care workers perceive of their “product of care”, and how this is affected (or unaffected) by gendered processes.

This paper will start by giving a synopsis of the literature reviewed for this research. The literature review is broken into four sub-sections. The first sub-section analyzes the historical labor processes of women, and how this has intersected or been shut



out of the prevailing American union structures. Then I go into a brief history of SEIU according to the literature. The literature review continues with how the literature defines the “product of care” and how both care work and women’s labor is undervalued historically and presently. This leads into general analysis of the health care sector and uses bureau of labor statistics to analyze occupational segregation and/or gender pay disparities, first broadly, and then specifically in health care. The next section describes how SEIU has interacted with governmental bodies, how they have lobbied them on behalf of their members, and how these interactions are often vital to their organizing strategies. The last section of the literature review briefly details three readings that have thought about intersectionality and race in historical labor processes because these pieces are meant to conceptually considered throughout the remainder of the paper.

The next section of the paper details the methodology of how the interviews were found, conducted, and put into data. This is followed by the findings section, which is similarly brock into four sub-sections that correspond with the literature review (although ordered differently). The first section details how the workers seem to describe the union structure of the two SEIU locals that came up in this research, and the union presence or lack thereof affects their lives at work. The next section describes how the women interviewed think their work is valued or not valued by their managers and/or union leaders. The third section discusses the cultural indifference and instances of racism within the workplace. The fourth and final sub-section details the interviewees perspectives on broader lobbying and social change, and how their early impressions of unionism relate to their political views and/or views on unions at large.

The following section analyzes what was stated in the findings and compares it to the hypotheses of the paper. The paper ends with a brief conclusion that seeks to bring the wider socio-political context into view.

## **I. Literature Review**

### **1.1 Historical Union Structures, Gender and SEIU**

American labor unions went along with these traditional ideas that left women in a lesser social status. Most trade unions excluded women from joining alongside men for several decades (Craine, 1991). This forced women to form separate unions that were often opposed by the male unions, despite women's unions would usually support the men's labor organizing (Craine, 1991). Additionally, the trade union movement advocated in lockstep with large sections of the suffrage movement that women should receive the support of welfare programs for tending to family affairs (Craine, 1991). The actual provisions were good, but the major caveat was that it used the same value of women being the masters of the domestic realm and should be resigned to the household to tend to child rearing and other domestic labor.

American unionism is rooted in the concept of "business unionism" which has arguably limited the ability of labor, for all gender, to advocate for itself in the workplace and in wider socio-political struggles. It originated itself through groups of male tradesmen who would collectively meet to control the cost of labor, and members of certain trades (Taft, 1963). It began a tradition of governing and deal-making in the economy alongside employers, which was solidified by the AFL President Samuel Gompers and the

prevalence of “Gomperism” (Taft, 1963). While the largest gains in the American movement were made in the 1930’s by militant trade unionists, these unionists were cut out of major American trade unions in the 1950’s as homage to McCarthyism and anticommunism (Turner & Hurd, 2001). Thus, union leaders began to act and seem like business leaders (Schwartz & Hoyman, 1984). Additionally, the American labor movement maintained distance from women (both white and non-white) and black and Hispanic workers. Black and Hispanic workers were long excluded and not allowed to join mainstream building trade movements and other trades (Turner & Hurd, 2001). The business unionists had maintained distance from civil rights struggles and did not adapt to the social change of women joining the labor force (Turner & Hurd, 2001).

This model of unionism is partially attributed to the struggles unions have faced since the 1970’s. This was the same era when women began joining the workplace in masse and began the slow rise in prominence in the economy that the sector has today. Union leaders were slow to respond with new organizing strategies amid social change and neo-liberal policies that specifically targeted unions (Turner & Hurd, 2001). Union density has not stopped declining since this pivotal era (Delp & Quan, 2006).

The labor movement also struggled because job markets are segregated among race and especially by gender; women are excluded and face hostility when joining male trades and were historically forced to form separate unions (Acker, 2006). Since women were often not allowed to enter certain professions, women ended up dominating in roles such as teachers, social workers, nurses and other professions that involve social roles, that require care of other people. All these factors play into why the so called “care economy” is

primarily feminine. By care economy, this paper primarily analyzes the formal healthcare sector, but means to describe it as any productive activity that is inherently social and creates physical, mental, emotional or behavioral health and/or development (England, Budig & Folbre 2002). Some professions include doctors, nurses, homecare workers, and mental health professionals, but also includes childcare workers, teachers, and domestic workers.

Similarly, this paper does not seek to take a gender essentialist view on feminization of the care economy; the correlation between women being predominant in sectors like nursing primarily comes from the social enforcement of patriarchal gender roles that force women into the position of a secondary laborer. A great concern of literature has been written about the limitations or obstacles in traditionally male professions, including blue collar building work, IT work, engineering and science etc. Therefore, women have joined the care economy not because it is “natural” for women to only behave as mothers as our society, but merely because our workplaces and society at large has difficulty imagining them otherwise.

The Services Employees International Union has historically contrasted from the norm of business unionism because of its commitment to broader issues of social justice, and is therefore more inclusive of women, people of color (including women of color), the LGBTQ community and others often excluded or underrepresented by major unions. This social justice-oriented unionism involves not only a struggle for workers on the basis of economic improvement and decision-making, but also the socio-political values of dignity, respect and anti-oppression. The SEIU originated organizing janitors in the 1920’s (SEIU,

2013) but began launching campaigns in Los Angeles, Pittsburg, Atlanta and across the United States with its *Justice for Janitors* campaign (Hurd & Rouse, 1989). SEIU worked hard to organize immigrants into these campaigns, proving that unions were not just for white men, and that workers with the “dirtiest” work deserved dignity, representation, and visibility (Soni-Sinha & Yates, 2013). More importantly, it has organized a great deal of its workers in the health care sector, which has been dominated by women and people (women) of color. Thus, its growth has been enormous at a type in which almost all other unions were shrinking. Therefore, it represents a modern union that could last years into the future because it succeeded with an updated model in areas where other unions have been slow to adapt.

By considering workplace issues not only related to workers, but to different identifies, SEIU has proven that US unionism succeeds when it includes women and diverse peoples. While labor union density has been quickly in decline, the SEIU has seen an expansion of its membership starting in 1990 and continuing to today (Schramm, 2005). The SEIU’s massive home care worker organizing drives has even led the union to completely stall the decline of union density in 1999 (Boris & Klein, 2006). This organizing approach is highlighted by a difference in strategy when the SEIU pushed other unions to split from the AFL-CIO and form the Change to Win Coalition (Schramm, 2005). The public pronouncements initiating this split were in effect were a subtle critique of the AFL-CIO and the stagnated labor movement.

The history of SEIU would be incomplete without understanding the presence of Local 1199, now affiliated with the SEIU. This union now represents thousands of health

care workers centralized in New York State, and all over the northeast region (Fink & Greenberg, 2009). The union was able to organize originally in 1954 by viewing themselves as part of a broader struggle and focusing on the energy that motivates the rank and file into grassroots union organizing (Fink & Greenberg, 2009). While many of the original leaders of 1199 were white, the union consistently used civil rights rhetoric and organizing ideals to motivate the rank and file, which consisted of black, Hispanic and women workers (Fink & Greenberg, 2009). By supporting Martin Luther King's Selma march, the union developed a relationship with the civil rights leader, seeing him at several strike actions and eventually prompting him to label 1199 as his "favorite union" (Fink & Greenberg, 2009).

The union was able to see this success by advocating simultaneously for better pay and benefits as part of the urban civil rights strikes against racialized and gendered poverty. However, the other aspect of the civil rights unionism came down to promoting dignity of workers experiencing the intertwining oppressions of gender, race and class (Fink & Greenberg, 2009). The union understood that workers wanted the respect that they deserve from their employers (which were more likely to be both white and male). Additionally, women workers in several different trades continued to dominate organizing drives and demonstrated how important of femininity is in healthcare unionism (Fink & Greenberg, 2009).

Yet, this literature review would not be complete if it did not delve into some of the criticisms of SEIU and their style of union organizing. While some locals of the union do appear to adhere to the social justice unionism in the vein of 1199, there are also reports of

SEIU creating a new form of business unionism within the health care sector and other health care fields. Jane McAlevey (2016) discusses the role of Howard Stern in leading SEIU in the direction of “New Labor” (McAlevey, 2016). She describes how the SEIU was indeed concerned about the labor movement’s broader membership growth (or lack thereof) and therefore sought to use various electoral campaign methods in order to track down new constituents (McAlevey, 2016). By targeting various sectors that would be susceptible to union organizing, the SEIU was able to unionize new segments of the economy into the union (McAlevey, 2016).

McAlevey also describes some of the sacrifices that SEIU had to make in order to obtain these successes (McAlevey, 2016). For one, the union negotiated various deals with employers nationally that greatly limited the scope of the workplaces that the union could represent (McAlevey, 2016). This also constrained the contracts in several ways, most notably including “no strike clauses” that did not allow the rank & file to engage in any sort of work stoppages (McAlevey, 2016). Most workers interviewed for this project work in one of these workplaces that has an associated “no strike clause”. Not only does this continue to diminish the power of the union itself, but it also cuts the rank and file out of of the negotiating process of the contract and limits the engagement of the rank and file once the organizing process is completed (McAlevey, 2016). Additionally, McAlevey describes several instances in which the Howard Stern leadership and its successors strengthened the national leadership at the expense of the locals, and the leadership of local unions at the expense of the rank and file (McAlevey, 2016).

Additionally, Ferd Wulken tells a story in which the SEIU leadership refused to compromise with their membership on co-drafting a constitution and refused to compromise control of the union (Wulken, 2006). This led to the point that 2,000 members leaving SEIU (Wulken, 2006). Wulken was employed by SEIU after resigning following this debacle and describes how the leadership undermined their efforts to coordinate between the four workplaces, organize another part of the campus into the local, and to draft a constitution for a union that did not have one. After the leadership of SEIU never followed through on their promises to redraft the constitution, the Local 888 members petitioned to leave SEIU, and ended up being supported in joining the MTA (Wulken, 2006). Yet, nothing within the SEIU's leadership seemed to prevent local President Sedat from having "total control" (Wulken, 2006). These reports also compromise the reputation of SEIU as a "social justice union" that worries about broader objectives than its own political agendas and workplace contracts.

In a preliminary examination, the SEIU national does seem to consider both the role of women and the product of care. The SEIU had a large role in backing the Obama administration's decision to put aside labor law reform to focus on passing the Affordable Care Act, despite both parties receiving considerable flak from other unions (Early, 2010). Similarly, the SEIU website contains blog posts on Women and home care, the "care crisis and the senior care gap", the history of women in the labor movement, and has begun hosting "United States of Women" conferences discussing women's issues (SEIU Communications, 2016). The President of SEIU, Mary Kay Henry, who is the first woman and first lesbian elected as a head of a national union, exemplifies the stress that the



leadership puts on gender equality. When asked in a 2016 interview about whether she had any doubts about SEIU endorsing Hillary Clinton, the union president said: (C-SPAN, 2016).

“She has been so motivational to our members in understanding in her bones the work that women do as needing to be valued for the first time in this country. 56 percent of our members are women. Many of our members do work that has never been valued. Homecare and childcare work are not covered by social security, not covered by the fair labor standards act, and secretary Clinton has looked our members in the eye and said “that’s wrong and when I’m president I’m going to do everything in my power to change that”. That kind of commitment on issues that are deeply connected to people’s lives are the things that are moving our members to the level of activism that we’re experiencing all across this country.”

This explanation does provide us with the impression that the union acknowledges the undervaluing of care work because of its ties to femininity, but links this only to an electoral struggle and not the empowerment of the grassroots movement itself.

## **2.2 Undervaluing of Women’s Work and Care Work**

This section will discuss the product of care and how it affects desires to unionize. This necessitates a very brief overview of the sexual division of labor, and its effect on the labor market, which will naturally lead into why women are a vital part of the “care economy”. This section will end with a discussion of the “product of care”, SEIU’s conception for this product, and how this will connect to our questioning.

Because it easily aligns with the societal characterization of women’s roles, many women do care work in both the formal and informal economy because it aligns with

“mothering” behavior. Williams (2001) discusses the international disparities in care, and how migrant women often leave one family to be able to care for American or European children to send money back to their children in eastern Europe or the global south. Milkman, Reese & Roth (1998) discuss similar themes as white women act as consumers of childcare and are likely to hire racialized and more exploitable immigrant women and women of color to care for their children, thus proliferating a chain of women producing and purchasing care. Additionally, England, Budig & Folbre (2002) shows that many rural American mothers choose to be paid by simply caring for another child, because it is easier to be a mother for an additional child than it is to get another job. Women fit into this role easily because of the expectation put on them by society (Folbre & Nelson, 2000). However, feeding and tending to children or taking care of a sick person is something that does or should exist outside of economic analysis because it is essential to human existence (Folbre & Nelson, 2000). Thus, it needs to be understood outside the realm of conventional economics, and through broader societal understanding (Folbre & Nelson, 2000).

Now that we have delved into the gendered aspects of care work, we need to understand what care is, and what “care work” creates. Folbre (2006) discusses a manner in which we can understand what constitutes the “product of care”. An element that Folbre (2006) adds to our previously discussed definition is the inputs and outputs; the inputs are simply the input of labor and the actions that are taken to create care (Folbre, 2006). The outputs are more complicated; it is partially the mental and emotional aspect of care. People need to be assured of their own well-being, and in situations of death or profound

illness, people need acceptance of their condition and relief of uncomfortable symptom (Folbre, 2006). At its root, this points to connection as a fundamental human need, and the subjectivities of individual happiness.

Another manner of understanding the outputs of care is from a purely economic sense. Economists categorize the outputs of care physical and mental/emotional aspects of care representing positive externalities and public goods (Folbre, 2006). Though it is not measurable because of its wide dispersal of benefits, economies need health and care respectively because it needs a workforce that is healthy and motivated so that it can carry out the labor of the economy (Folbre, 2006). Yet there is another aspect of this being an innately human act; we want to care for people because those who are sick or injured maintain a degree of physical discomfort and unhappiness. Mental health operates as an externality because those with emotional or mental difficulties could have emotional outbursts or behavioral inconsistencies, or mental breakdowns that could affect others in the workplace or in society at large.

Despite economists having trouble reconciling human needs around mental health, happiness, and caring for the disabled and elderly in our society, it is possible that union members do not have similar limitations in understanding care. Health care in the United States technically belongs to the free market, but institutionally needs public funding to survive. Yet health care unionists are motivated by a need to help their patients, as blue-collar workers have traditionally seen unionism as a means of aiding and participating in market processes (Clark & Clark 2006). However, the difference with health care is that there is motivation from workers to care for “customers” who often cannot pay for their

treatment, but that is a sector that is forced to expand. Health care workers often use their union to obtain additional health care funding and this is an act of self-interest. It is based within the altruistic intent of providing a public good used by the entire population. Coming from the informal role of women's care work in the nuclear family, the entire sector remained feminized, despite more men being part of this workforce than ever before.

Most of this paper focuses on how unionization can provide social and material valuation of women's work, specifically in the care economy. Yet we need to examine the devaluation of women's work as a historical and institutional process. Tilly & Tilly (1999) discuss that there the devaluation of women's work is a historical process that has been undervalued by society at large, even by the supposedly impartial governmental census count. At the beginning of the census, women were not considered as partaking in work in agriculture or trade, and despite improvements in the counting of women's labor, formal employment is continually underrepresented, and household labor is not a part of the process (Tilly & Tilly, 1999). This historical example alludes the relegation of women to secondary labor status and having to deal with domestic labor and raising children. But as industrialization reached early and sub-sequential stages, the workplace itself has been designed for a white male breadwinner, and created structures of oppression for women, especially non-white women (Acker, 2006). Thus, women are known to face obstacles in participating in these high-paying, patriarchal professions, or enter feminized job sectors instead. Thus, women's work is devalued in both formal and informal markets, and results in social ostracization and pay disparities.

Chamberlain discusses the existence of the gender pay disparity in a comprehensive report that focuses on the United States, along with 4 other western nations (Chamberlain, 2016). Disparities in human capital such as education and experience have declined since the 1950's, but the most enormous driver of pay disparity remains the occupational segregation of women and men (Chamberlain, 2016). Additionally, many high paying job sectors that require large amounts of education and other training are dominated by men, two examples being law and medicine (Hegewisch et al. 2010). On the contrary, many women's professions, such as librarians, teachers, and nurses require advanced degrees but see lower pay (Hegewisch et al. 2010). Women nowadays receive slightly more education than men but continue to choose college degrees that will land them in feminized and underpaid positions, compared to male college students (Chamberlain &, 2017). While women were making progress gaining access to higher paid male professions from the 1960's to the 1990's, this ceased in the 1990's and jobs remains a stable feature of the American labor market (Hegewisch et al. 2010). Shockingly, occupations that become feminized with the abundance of women's labor have tend to decrease in monetary wages (Blau & Kahn, 2016).

Both sectors and occupations that are dominated are women are undervalued in our society, in terms of material payment and funding, and in how women's labor is socially valued (Blau & Kahn, 2016). Health care is one of the two industries with the worst equitable valuation of women's pay (Chamberlain, 2016). The other top offender is the insurance industry, followed by mining & metals, transportation & logistics, media, and then arts entertainment & recreation (Chamberlain, 2016). In terms of concentration of

gender, certain sectors have more women present, or at least breakaway from the male-dominated norm (Bureau of Labor Statistics, 2017a). The one sector dominated by women is education and health services which is 74.5% women, but other sectors with an abundance of women in certain professions are financial activities (52.4%), other services (51.7% made up of personal and laundry services, membership associations and organizations, private households, and repair and maintenance organizations) and lastly leisure and hospitality (51.0%) (Bureau of Labor Statistics, 2017a). Although education and health services genuinely have a lot of women in the field, the “other services” section has beauty salons, which is 90.5%, and nail salons and other personal care services has 73.9% women employed. However, other industries such as retail trade have masculine trades like automotive parts, accessories and tire stores with 17.3% women, or electronic stores with 27.9% women, with other occupations such as retail florists having 73.8 % women, or clothing stores with 73.2% women (Bureau of Labor Statistics, 2017a). Similarly, the positions that are most dominated by women by at least 90% of the industry are speech-language pathologists, preschool and kindergarten teachers, dental hygienists, secretaries and administrative assistants, childcare workers, nurse practitioners, dental assistants, medical assistants, beauty care workers, medical record/information technicians, payroll and timekeeping clerks, reception and information clerks, licensed practical and licensed vocational nurses, and registered nurses (Fox, 2017). Many of these occupations are in the healthcare industry, and most of them involve subservience to higher, masculine positions.

Despite the progress that has been made, it still seems as though men benefit from a patriarchal job market and/or health care sector. Chamberlain & Jayaraman (2017) discusses how the selection of various college majors being the occupational typing that lead to lower paying jobs for women. Women with a degree in healthcare administration are likely to land jobs such as administrative assistant, customer care support, and intern while men land higher paying and more prestigious jobs such as implementation consultant, quality specialist and data consultant (Chamberlain & Jayaraman, 2017).

Additionally, care occupations are underpaid even when men are working in care professions because of its link to feminine values (England, Budig & Folbre 2002). England, Budig & Folbre (2002) explore this underfunding of care in an article, explaining that this is indeed heavily attributed to patriarchal values in our economy that simultaneously idealize, and degrade women's professions. Not only is the healthcare industry underfunded and its workers underpaid because it is made of women, but also because it is associated with feminine values; even when controlling for gender, statistical analysis shows that men are penalized for working in a feminine profession (England, Budig & Folbre 2002). Another aspect of this explored is explored by Folbre & Nelson (2000), who discuss that people undervalue professions of care because it involves productive activities that are motivated by natural human altruism. This enjoyment of the labor is understood by a portion of society to deduct from the compensation that is owed to these caregivers (Folbre & Nelson, 2000).

Now that we have analyzed the general phenomena of occupational gender segregation, we will turn to the occupational segregation of the healthcare industry

specifically. The 2017 Department of labor statistics show that all but one of the occupations have 70% or more women employed by each field (DOL 2017). Nevertheless, when looking at a category such as “offices of physicians” being 76% employed by women, one must consider what roles the women in these occupations have. The profession of physician was considered male-dominated in 1983, but this changed to be mixed by 2002 (Queneau, 2006). Despite more women becoming doctors than any other traditional male jobs, there are indications that it is still a patriarchal field (Boulis & Jacobs, 2008). Women had an overall 61.93 % rate of segregation in 1932, but in 2002 had a lessened 47.52% rate of segregation (Queneau, 2006). From the 52.41% rate of segregation in 1993, it seems that the level of gender integration had gone slower than the previous decade (Queneau, 2006). The change was reported to be only a 18.2% change in the structure of the occupations, as compared to the 81.8 percent of it being due to gender composition (Queneau, 2006). Dentists are the only profession dominated by men in 2002, but this is one of the highest paid positions.

Analysis of the Bureau of Labor statistics by detailed occupation and sex is informative for understanding the gender pay disparity, and thusly the undervaluing of women’s work (Bureau of Labor Statistics, 2017b). Figure 1 shows some of the top healthcare professions, the largest of which is registered nurses which have 2.5 million workers, with the majority being women, along with home health aides (nursing & psychiatric included) making up another 1.3 million workers, again with most of these workers being women (Bureau of Labor Statistics, 2017b). Unfortunately, every prominent healthcare profession featured in the figure 1 demonstrates women being paid less than



men in every profession except for medical assistants (Bureau of Labor Statistics, 2017b). Women dominate the nursing profession with 2,253,00 workers but make a median of \$1,143 while male nurses make \$1,260, despite there only being 283,000 of them (Bureau of Labor Statistics, 2017b). Home health aides similarly are dominated by women with only 164,000 male workers and 1,223,000 women workers, but women make a meager \$493 a week, while men make more with \$583 a week (Bureau of Labor Statistics, 2017b). The wage disparity is particularly strong with physicians & surgeons. Although it is a relatively mixed field with 352,000 women and 463,000 men, women only make \$1,759 a week, while men have a much higher median income of \$2,277 (Bureau of Labor Statistics, 2017b). The pay advantage that men receive in feminine fields, and the widening of this disparity in the one patriarchal field may be why women are more likely to support strike votes and union efforts than men, especially in the segregated healthcare field. This may be exacerbated by other occupational indicators of lack of control; despite women making up the bulk of the healthcare workforce, only 43 percent of women are executives of health care organizations, and only 65 percent are directors, which is not proportional to the women that work in these organizations (Diamond, 2014).

**Figure 1 -2017 Healthcare Occupational Earnings by Occupation**

<b>Occupation</b>	<b>Total Workers</b>	<b>Median weekly earnings</b>	<b>Men Workers</b>	<b>Men's Earnings</b>	<b>Women Workers</b>	<b>Women's Earnings</b>
<b>All Healthcare</b>	6,970,000	\$1,124	1,724,000	\$1,341	5,246,000	\$1,068
<b>Physicians &amp; Surgeons</b>	815,000	\$1,918	463,000	\$2,277	352,000	\$1,759
<b>Registered Nurses</b>	2,536,000	\$1,150	283,000	\$1,260	2,253,000	\$1,143
<b>L. practical &amp; L. vocational nurses</b>	501,000	\$815	62,000	\$817	438,000	\$814
<b>Nursing, psych. &amp; home health aides</b>	1,387,000	\$500	164,000	\$583	1,223,000	\$493
<b>Medical Assistants</b>	457,000	\$594	39,000	N/A	418,000	\$597

Valuation involves both a social and a material component for women workers. The two largest healthcare occupations, nurses and nursing assistants, see high levels of turnover, which leads one to the conclusion that there is considerable stress in some of these positions. Nursing is one of the top grossing majors right out of college, and benefits from being a profession that you only need an associate degree to access (Chamberlain & Jayaraman, 2017). Nevertheless, nurses face other issues being in the workforce. Nurses may have to go back to school in order to advance their careers and deal with mandatory overtime, and long, unorthodox hours (Clark & Clark, 2006). Nurses are relatively likely to receive bullying in the workplace, either from other nurses, or from doctors and other managers that have authority (Johnson & Rea, 2009). Other nurses are said to engage in

this sort of behavior to relieve the stress that is put on them by the other workplace conditions (Johnson & Rea, 2009). These factors have led to the nursing shortage in hospitals, which exacerbates the stress of issues of having to cover multiple patients and being pressured into overtime and fatigue (Johnson & Rea, 2009).

Nursing assistants face a similarly harsh workplace environment. There is high turnover in nursing homes; work tasks are stressful, and the expectation of job satisfaction is low (Decker, Harris-Kojetin & Bercovitz, 2009). There are numerous difficulties for assistants including corporate reorganizations, the expansion of patients, Medicaid reimbursement, and workplace harassment (Decker, Harris-Kojetin & Bercovitz, 2009). All of these phenomena are factors that create impediments and/or distractions for workers in providing quality care (Decker, Harris-Kojetin & Bercovitz, 2009). Homecare health care workers are another profession in the healthcare industry that see notable hardships that underscores the devaluation of feminine work. About 86% of the profession is women, but women workers are estimated to take home less than \$500 a week (Bureau of Labor Statistics, 2017b). This is despite working incredibly long hours in an isolated environment in a semi-skilled manner (Stacey, 2005). Workers are not always adequately trained, and although the day to day activities involve caring for and helping disabled and elderly people, care workers need to be able to respond to medical emergencies and issues (Stacey, 2005). Care workers are also likely to be women of color and or undocumented immigrants, facing potential language and cultural barriers (Bourgeault et al. 2010). This underscores the glaring issue of undertraining, but homecare workers also work in isolated environments without other co-workers to provide assistance (Bourgeault et al. 2010). This

can be highlighted by the tendency of home care workers to receive sexist or racial harassment from patients, without anyone else around to witness, aid or comfort workers from this behavior (Bourgeault et al. 2010). Correspondingly, there is not a formal employer, as various agencies take the reins under certain models of home care work, and other times workers are paid directly by the government, or by their patients which results in an awkward and confusing system of employment and accountability (Mareschal,2006).

The increasing presence of unionized Nurses has proved that health care organizing is a crucial segment of organized labor within SEIU and beyond. Despite a historical aversion to unionism, unions such as the National Nurses Association and the SEIU have begun to see this reverse because of the dire state of the nursing profession (Sanders & McCutcheon, 2010). Nurses had historically opposed unions because they did not want to advocate for pay and benefits at the expense of their patient but are now beginning to advocate for themselves and their patients simultaneously (Clark & Clark, 2006). Nurses face a nationwide staffing shortage, because they are overworked as more elderly patients demand health care, and as the population becomes unhealthier. Resultingly, nurses' unions have found success organizing Nurses to strive for mandatory patient to staff ratios, the banning of mandatory overtime, and seek these changes through the union's statewide political lobbying (Sanders & McCutcheon, 2010). A state-wide mandatory patient to staff ratio benefited the healthcare industry in California, and an unsuccessful campaign to enact a similar law in Massachusetts was waged.

The background regulatory environment to this is the expansion of the need for healthcare, as baby boomers begin to move into retirement, more patients need to be cared

for by nurses, nursing assistants, home health aides and other positions. While one may think this would lead to an expansion of healthcare funding, this has recently led to organizational changes that have forced hospitals, nursing homes, and other various healthcare organizations to attempt to cut costs and streamline their operations to grant care to more patients (Clark, et al. 2001). Correspondingly, hospitals see mergers and reorganizations that put more pressure on nurses to handle more patients and create more hierarchal work practices (Clark et al. 2001). These difficult workplace conditions, labor shortages, and budget shortfalls are expected to continue and create stressful work environments in the healthcare field.

### **2.3 Lobbying and Social Change**

SEIU uses political lobbying and auspices to social change to advocate for their membership. Much of this is highlighted in 1199's legendary negotiating tactics in negotiating with public entities like New York City or the Governor of New York. In the first union battles, this represented the only way to settle tough stalemates between the unionizing workers and the employers (Fink & Greenberg, 2009). However, the solidifying of 1199's presence in New York City and beyond made the employers and the union work together to pull the city and state into the fray to provide hospitals with additional monies to give to workers for their increasing pays and benefits (Fink & Greenberg, 2009). The union would eventually form associations with employers because the two groups would seek to protect against cuts to hospitals and health care patients and would work together to advocate for better patient care (Fink & Greenberg, 2009).

The SEIU overcame a large hurdle which was both prospective and existing anxiety and hostility from consumer and health care groups. This was similar to the way in which SEIU 1199 advocated with the hospitals for the patients, for public monies and/or policy response (Delp & Quan, 2002). Patients and their advocates were concerned about the union advocating for pay, benefits, less hours and other items that might generally hurt elderly and disabled patients receiving this care (Delp & Quan, 2002). Therefore, SEIU made sure to court the support of various consumer groups and included them in their coalition building and political lobbying (Delp & Quan, 2002). This came to fruition when home health care organizing won their organizing efforts because the SEIU was able to win for their membership and to improve patient care. Patients also gained greater access to political and organizational representation (Delp & Quan, 2002).

The SEIU used similar tactics to 1199 when organizing homecare workers. The most famous campaign that the SEIU had won was the pivotal initial organizing in California, but the union has also seen success in Illinois, Michigan, Oregon, Washington, New York, and many other states (Mareschal, 2006). Organizing workers across entire states required forming new strategies because of the atomization of each homecare worker's place of operation (Mareschal, 2006). Similarly, understanding who employs home health care workers is nebulous to those who understand their states funding system. Under the professional management/agency model, home care workers essentially work for publicly funded organizations, but under the consumer directed model, home health care workers essentially work for the patients themselves but receive public reimbursement (Mareschal, 2006). Issues such as training and accountability were difficult because of the question of

who was on the other side of formal union recognition. Without the union, home health care workers remain undertrained, and less able to provide quality care.

Overall, the SEIU has seen success organizing home health care workers across the United States because of the arduous nature of homecare work. Homecare workers face long hours, and little pay for semi-skilled work. The entire sector, essentially consisting of feminized care work, is mostly women, but is also dominated by immigrants and women of color (Delp & Quan, 2006). These workers are troubled by instances of sexist and racist harassment and exploitation (Bourgeault et. al 2010). Immigrants face additional barriers because of their need to understand the language and culture of their patients, understandings that are not necessarily adequately aided by agency or state trainings (Bourgeault et. al 2010). These hardships had the contradicting effect of making workers more eager for proper representation. In both models of homecare worker reimbursement, the SEIU continued to attract workers to a looser form of membership and utilized flexible approaches to target the various states to change the legal and institutional aspects of their labor exploitation (Mareschal, 2006). In California the SEIU negotiated to have public advisory boards on the county level act as public employers, while subsequent efforts in other consumer model states created public employers so that the home health care workers could achieve better pay, benefits and working conditions.

This literature review has discussed ways in which the SEIU has used its political clout to lobby for beneficial policies for its members, but there are also areas in which this lobbying has been criticized. Early (2010) details how the SEIU President Howards Stern and other SEIU leaders had exclusive access to the Obama administration and assisted his

reversal on a legislative push for labor law reform (Early, 2010). Dennis Rivera, head of 1199SEIU personally backed the excise tax on union health care plans, saying that most of their members would not be affected by the tax, even though some SEIU members were affected, along with IBEW and CWA workers (Early, 2010). Additionally, the union appeared to not use its private influence to push the administration to follow through on the campaign promise of labor law reform (Early, 2010). All these actions, alongside the full-throated backing of the Affordable care act, while other unions were still pushing for a plan similar to single-payer, caused several unions to publicly criticize SEIU as acquiescing to various anti-labor sentiments (Early, 2010).

## **2.4 Race and Intersectionality**

Glenn (1985) details the various hardships that racialized women have faced by focusing on the labor history of black women, chicana women, and Chinese women in the United States (Glenn, 1985). She describes that pay rates for all three groups than men, and white women, while racialized women are still charged with family responsibilities such as raising children, and also remaining in community (Glenn, 1985). While all three groups are said to have to be relegated to certain industries as a more concentrated process of occupational segregation, chicanas have less education and the most children (Glenn, 1985). Lastly, Glenn traces the disappearance of domestic service in the United States, which was dominated by black women, to the emergence of black women comprising 25.4 percent of black employment in 1980, and thus shifting to that industry (Glenn, 1985).



Joan Acker (2006) analyzes the intersection of gender, race, class and other identities and develops a metric of understanding how work organizations and other organizations can maintain systems of oppression even while attempting to alleviate them (Acker, 2006). She details the history of workplaces in the US (and similar countries) and how virtually all organizations perpetuate hierarchies of race, gender and class, even if they explicitly fight against oppression (Acker, 2006). She identifies six practices that continue these hierarchies including organizing the general requirements of work, organizing class hierarchies, recruitment and hiring, wage setting and supervisory practices, and informal interactions while “doing the work” (Acker, 2006). She then adds to this framework how even women or people of color can maintain these hierarchies because of the legitimacy of the inequalities, the visibility (or invisibility) of the inequalities, and through control and compliance (Acker, 2006). This framework is relevant within the scope of this paper because the union seeks to exist as an entity to prevent or mitigate these inequalities, yet this paper has found that they still also seem to unintentionally, but organically perpetuate oppression.

Bronfenbrenner and Warren discuss how the majority of workers joining unions are women, and racialized people (especially women of color), but that unions have been slow to be able to accommodate the needs of these groups (Bronfenbrenner & Warren, 2007). They begin their discussion with how the decline in union density has affected black men and Latino men the most, but that now unions are mostly going to represent women, especially immigrant and non-white women (Bronfenbrenner & Warren, 2007). The sectors that are most unionized are those where women of all races, and men of color are

concentrated (Bronfenbrenner & Warren, 2007). Yet, unions in the modern day have not been willing to spend enough money and attention on organizing, and often do not understand the issues their new constituents are concerned about (Bronfenbrenner & Warren, 2007). Lastly, the authors identify that the leadership is not necessarily reflective of the rank & file, which leads to disillusionment and a lessened ability to advocate for the needs of union members (Bronfenbrenner & Warren, 2007). This piece of literature is important because issues of racism, cultural indifference and sexual harassment surface in the interviews, and it is a question of how SEIU has dealt with these issues in the past, and how it will deal with them going forward.

### **III. Methodology**

This study is derived from six in person interviews conducted in late 2018. Because this study sought to explore how SEIU operates for the workers who create “a product of care”, I interviewed six members of SEIU locals based in Massachusetts, mostly around Central Massachusetts. Five of the six participants were women, four of the six interviewed were white, one woman was Latina, and one woman was black. One woman was a secretary of Local 509, and another woman was a steward of SEIU 509. Another woman is a past organizer for SEIU 1199 and does consulting and contract discussions part-time. The remaining three participants were members of the SEIU local 509 as rank and file workers in the mental health care field. They work in a substance abuse recovery center in Central Massachusetts helping clients deal with detox and life transition. The sample size of six interviews is relatively small for research such as this.

Participants were located through a snowball sampling of workers. The interviewer had made personal acquaintance with one of the members of local 509 and interviewed her as part of the project. She then recommended two other participants for the study, one of which identified another person to be interviewed. Two other participants were located through the researcher's network of labor organizers and professors. Despite the research following proper recruitment methods, there may be a sample bias that distorts the applicability of the claims to the wider union movement. Six interviews are not quite enough to make this study definitive on this subject.

Participants were asked eight questions for an interview that lasted anywhere from 30 minutes to an hour, depending on the responses of the individual. Interviews were semi-structured; although all 6 participants were asked seven of the eight questions, other questions were added on or asked in response to the participants' remarks. Additionally, interviewers intentionally asked follow-up questions related to the responses of participants so that the experiences and ideas of the participants was the focus of the interview, instead of the framing of my ideas and interpretations. Some questions were asked in a different order, or occasionally omitted from the interview. Five of the six participants were asked questions geared towards rank & file union members, that dealt more with their experiences and perceptions of their union. For example: "How do you (or don't you) experience the presence of the union in your job" or "Do you think the work of women is valued in the workplace? How about by the union?". Contrastingly, the leadership participant was asked questions as spokespeople for the union and more inherently as advocates. Examples include "Why do you think SEIU has been so

successful in organizing the healthcare sector?” and “Why does the SEIU do better than other unions at placing women in leadership?”.

All interviews were recorded on either my smart phone or laptop and stored in private folders on my password protected devices. Recordings of the interviews were listened to, and the most vital points and/or the essence of each talking point was typed onto my computer. An initial form of coding was created that created categories based upon common responses, and then were sorted in positive, negative, and neutral comments on the union. While this initial coding did affect my individual thought process, the interview responses were then placed into a new excel spreadsheet that matched interview questions to the direct responses given by participants. However, four categories were added to directly asked questions: including gender/discrimination, union structure, management, and sexual harassment. The categories related directly to the interview questions were labeled as background/general/intro, union presence, early impressions, unions & social/policy change, caretaking & unions, what is care work?, and women’s work valued?. A separate sheet was created for the one set of interview question responses, and the sections that were utilized were SEIU similar or different and “SEIU & Women”. This leadership section was scarcely used in the drafting of the findings and the analysis, because most of the interview responses fit alongside the responses of the rank & file in the spreadsheet.

Predating the qualitative data analysis of the study consisted of a thorough literature review. First, I read a great deal of literature discussing the role of women in union organizing, and feminist analyses of the women in unions, or lack thereof. I also

reviewed the theory and origins of American business unionism, and the role of racialized women in the labor market, and feminist analyses of the inherent patriarchy in the US workforce. Despite these parts of the literature review becoming tangential and peripheral to much of the scope of this paper, I find them important to the underlying messages and implications of this paper. Additionally, I reviewed literature regarding the product of care, health care unionism, and the broader role of women in the health care market.

Correspondingly, I performed a large literature review of SEIU and health care unionism more generally. I also briefly explored topics regarding nursing, and occupational segregation. Valuation and of women's work, pay disparity and occupational were topics that were explored generally and then specifically in the health care field.

Following this literature review, I performed a very brief review of labor force statistics found on the bureau of labor statistics website. I analyzed pay disparity and occupational segregation first generally, and then did an in-depth search and analysis of information regarding these topics in the health care sector. This was analyzed alongside literature which combined quantitative and qualitative data around gender pay disparities and occupational segregation.

#### **IV. Findings**

This section discusses the qualitative information as provided from the workers themselves in the interviews. First, I discuss the union's structure, and how the formal mechanisms and representatives of the union interact with the rank and file workers. This leads into a discussion of the undervaluing of women's work and care work, which is then

followed by a section examining the cultural indifference and racism found within the workplace and the union. The last section details the early impressions, social change, and lobbying found with the union and how the workers still maintain some positivity through this subject.

#### **4.1 Union Structure and Its Effect on Workers**

From virtually all the interviewee's responses, it appears that the rank and file do not perceive the union as having an overt presence. One worker stated that the only way you know that the union is part of your job is that "you look on your paycheck and the union takes money starting after 3 months". Similarly, another worker described dealing with the union and eventually feeling "discouraged" and viewing the union as a "figurehead". Although aware of the steward who works there, she went on to state that she "is assuredly overwhelmed" and therefore implied that there is not really space to discuss issues of the workplace. This contrasted directly with what the member of the 509 leadership stated that: "509 does a really good job reaching out to the members, reaching out to the members on all levels". The first worker stated in her discussion of this that "we're supposed to have union books and have meetings, but we didn't have any of that until two months ago". It is worth noting that the 509 leader stressed the SEIU local as being a union that is mostly made of up of Massachusetts Department of Children and Families (DCF) workers, and most of her anecdotes referenced DCF workers. Regardless, previous remarks were summarized this cynicism: "The union is the help that never helps".

Two other workers described the presence of the union in a nuanced manner. The descriptions of these two did not contradict the previous descriptions. One of the substance abuse recovery counselors stated that when:

“I first came to work working there, there was no steward on the floor, there was no union steward at all. If we needed one, we would need to go to the floor above to tell them what is happening. That’s another reason why I decided to do this, so there would be a presence.... So people would know what’s going on. People wouldn’t even know what to do. You get 20 minutes of an orientation and that’s it. It isn’t much.”

This implicit theme of exhaustion also ran alongside the steward who used to work there.

“There was a guy who was there for 20 years or something, but he got old, he was still there he went upstairs. And when I came in he was like I’m done.” Additionally, this worker said that people are simply too busy to normally make time to engage with the union;

“I wish I would see more engagement from them... people have busy lives, anybody can go to this thing. But so many people don’t have time. They have families and they just can’t deal with it. So [I] give them little things to do. Pass out things and make them feel a part of [the union]. And if they can’t go, don’t make them feel bad... I want to represent them and I wish more people would come and say “hey we need this” because it would look better if we had more people at the meeting but I can’t control that.”

Another worker seemed to also reach this sentiment by saying “I see the stewards around but they’re working, so we don’t have a lot of discussion of things.” Interestingly, he then jumped to making the point that “the corporation today is powerful” which effectively placed blame onto the structure of the workplace and the managers.

The largest contradiction to this is the responses is the one interviewee who discusses how PCA’s who are normally isolated in working with patients, obtain the ability

to “belong to someone and have somewhere to go”. There are trainings and orientations that are run through the union, which she describes as a “watchdog” for better or worse. However, she then explained that people show up from hearing about the union through word of mouth. The inference is that worker engagement is limited due to the physical separation from other workers, and due to the lack of a central workplace, despite the union having some obvious functions. This related to the literature that stated that homecare workers were normally isolated from others because of the nature of the work; the union helped workers view themselves as a community and became able to connect to other home care workers. Yet, both the remaining weakness of the connections between home care workers, and the recovery center workers imply that the union itself cannot completely undo the incredibly harsh social environment. The implication of “the corporation being powerful” brings into question the strength of unions amidst a neoliberal policy regime. MacAlvey discusses how SEIU has used business union tactics and back because of the absence of leverage to use against employers (MacAlvey, 2016).

At the onset of our discussion, one worker stated that “the union is beneficial in so many ways” because of “collective bargaining procedures, not an employee at will” and that the “pay grade is higher”. He said he can see these benefits because he “advocate[s] for [himself]” and that his “former nurse director used to advocate for me”. Additionally, he states that “I can bring things up to them [union stewards], but as of today I’ve had minimal problems”.

Some participants described the union’s presence as the existence of the negotiated contract. Shortly after discussing the union’s presence, this worker added to this



introductory remark that “all these things are in place from the contract”. However, a different worker added a great deal of explanation, summarized by saying “it helps us in a way”. But the elongated explanation shows how the contract is only helpful to an extent.

“The union is only really for our relations with management or if there’s safety issues. Like if there was an unsafe environment, they would have to help me fix that. There’s a whole list of things in there that... in the back... so later if you have time, it tells you what page and exactly... and its word, its word for word. Everything that’s in there is word for word... So when someone comes to me and has a complaint about whatever it has to be exactly the way it’s worded here because management and labor come together, there’s no confusion its worded exactly that way. They both have to agree that that’s how it has to be. You can’t go outside the box. There’s a little bit of wiggle room but not a lot”

This then changes SEIU 509 operating as a vessel of representation and participation from the rank and file, but instead to one in which the rank and file must operate through a quasi-legalistic framework. A counselor mentions calling a union official who told her she had Weingarten rights and “could always use a steward”. She discussed that she appreciates the union’s push for higher pay, but that they are unable or unwilling to help in other situations. This shows that though this worker was provided with a concrete legalistic tool, she was not validated and received very limited assistance. Later, she described her frustration of the union’s embrace of the managers that she is critical of. She said that a union leader said “I have full confidence in your managers that they’re doing a great job”. This echoes the literature’s analysis of business unionism in that the union leaders see themselves as similar to the management of the union and thus cut out the rank & file. Therefore, the contract can involve heavy concessions, and an inaccessible framework because the union officials have access to resources that the rank & file do not.

This worker expanded on the quote above by providing greater context: the union remained non-committal in response to cases of sexual assault in the workplace:

“A friend of mine got sexually assaulted and that guy didn’t get fired until he was found sleeping on the job. So she went through the union, she got a union steward to represent her and nothing came of that either. So that seems to be some kind of, at least two situations where someone was hurt, assaulted, and the union doesn’t seem to think that the behaviors of the managers is worth getting involved in; there’s no case to be built...”

A counselor also describes a situation in which she was sexually assaulted and attempted to go through the union to find aid. She describes being sexually assaulted by a client, and then going to her director who told her “if [you] didn’t have such poor boundaries, you wouldn’t have been assaulted”. Then she said that she went to HR who performed an investigation and said “they could find no proof”. Most importantly, she describes going to the union who then said “go back to HR”. To her, it “was just a circle of no help”. This contrasts with the process detailed in the contract between the agency and SEIU 509 which states that “The Agency and the Union agree that no employee shall be subject to sexual harassment...” Additionally, it states that “matters arising out of Section 1 [of the sexual harassment section] may be taken to the third step of the grievance procedure”, but this did not appear to be an option presented by either the union or the management. This article of the contract seemed vague, but contained no language related to the specific, but frequent situation of patients sexually harassing employees at the agency. Concerningly, this worker was not presented with the option of being present at the meeting between the HR department and the union, despite this meeting being contractually necessary, and union members being required to have this option. The whole process seemed negligent of her role in the process, and her need for transparency.

The weakness of the union structure, and the negotiated contract came into attention again when one worker described a second instance of the director the program creating a hostile “work environment”. She said that after hearing him “degrading ... and dehumanizing the clients”, disrespecting the staff, and “just being really inappropriate”, she “went to the union and said” ‘I’m gunna go to HR and I want you guys to... represent me”. She stated that after a weeklong investigation, HR called her and stated that “we found no bias on your investigation” and that your boss is coming back to work”. This worker then called the union and they said that “this is more of a compliance issue. We can’t help you.” She then finished the description with “I don’t even know what compliance is”. The term compliance is not explained or even located within the contract.

There may be evidence of management and labor leader collusion within the contract and/or its feeble enforcement. Some of these issues may come within the contract itself, as the employer seems to have negotiated incredible leeway. The grievance procedure states that the grievance shall be submitted “in writing on a form designed by the Employer for this purpose”. Along with creating the form, the employer cannot be charged with retroactive “dispositions or awards”. This is implied with an earlier interviewee’s statement with labor and management coming together. Yet she elaborated on how she is limited in helping people because of having to maneuver through the contract:

“They’ll come to me thinking, oh he said this to me. And I’m like what? We gotta look it up. And we gotta interpret it. We gotta decide whether that is grievable [sic]. If it’s not grievable, then we can’t go to the next step. And not only that, somebody could come to me and say he said this or he did this, and I look it up and it is, but then I gave and I find I do an investigation. So I have to be careful because I... You

know what I'm saying? I'm neutral, I have to be neutral. I'm the one in the middle. I can't like, I'm neutral, but I'm also but if there is... there is the capacity of the steward. I have to go in front of management, I am on the level of management. They cannot treat me lower, even though I am lower on the totem pole. They have to treat me as equals. There has to be that respect. And so far so good, I haven't had any problems. But I feel as though I have to come across as being respectable".

This quote adds to our direct evidence of the union exhibiting features of business unionism; the steward feels like she must work alongside management to govern the workplace and must seem relatable to management. There are allusions here made both to not having strong language in the contract that protects workers, but also a need to remain appeasing to management. Earlier in the interview, this worker alluded to some of the issues of management-labor leader collusion saying that "I wish we had more clarity and a visualization of what's going of what we now had. It's almost like we're going back to where [the union leaders are] trying to hide stuff again" adding that "I'm hoping we can build our union stronger and get more unions". However, most of this discussion of stronger unions centered around the benefits of the union securing better pay, in the context of McDonalds and Walmart employing a sizable amount of the workforce with minimum wage jobs

Another interviewee also addressed the union's focus on payment over other issues. She describes going to a meeting where "there didn't seem to be a lot of room to for those sorts of issues." This was because their discussion centered around "pay which is nice, but I didn't feel like it was the appropriate space to be like well here are other things that are going on...". However, other interviewees talked about the primary benefit of the union was the higher pay. One worker compared working in other rehabilitation centers have a worse work environment, implying that this included pay. In accordance, another alluded

to the pay and the environment being better. Given the previous discussion of sexual harassment as prevalent, this potentially indicates this local of SEIU favoring a model of business unionism because of its objective to raise worker's wages. This model of unionism could coalesce with the attitudes of blue-collar white workers but seems to have created some doubt among various women and women of color who work in health care. The aspects of care create an inherent contradiction with how much assistance this traditional business unionism can aid its workers.

Yet, a third worker talked about how the union and its focus on increasing pay provided economic security, as someone who was once a homeless single mother. She stated that she had a very hard time because "It was really taboo to have a baby back then...there weren't any services I could tap into. I was also homeless or jobless or both". But then she said that "when I joined the union, my personal economy began to stabilize". She made a similar point about the union being beneficial in terms of pay in that "most other jobs are \$12, \$13 [an hour] ... where are you going to get paid \$15 [an hour] to clean a house?" pointing to the work of the union that had helped secure this high pay. This interview also described how the union creates a "career ladder" for women. This described the nuanced views of all the participants; all interviewees had strong critiques of the union, but they all understood the monetary value that the union brings, or how other workplaces have worse conditions and/or pay due to their non-union status.

## 4.2

### Undervaluing of Women's Work and Care Work

All participants except for one responded directly to a question about whether women's work is valued in the workplace. Four of the five responses stated that they did not feel as though either their work or their opinion were valued. Three of these responses interpreted the question being based around women's opinions, and/or gender-based discrimination. One worker stated that she does not "think the woman's opinion is valued as much as the man's... when the women speak up then the vibe is the men have spoken". Another worker thought women are valued by the union and the workplace saying that "the president of the agency is a woman... We have a lot of women working in the union... I don't think women are treated differently by the union people". A different worker reiterated this framing stating that "I don't think my work is valued [from the bosses]" but that she "only [cares] about what the patients really think". Interestingly, she says that "she has been encouraged to be involved more with the union" and specifically by "women in the union". She also said that one of the union representatives stated that "you are working and you should be compensated for what you do" when at a union meeting where they were pushing to get a raise for the workers. This represents contradictory responses; two workers agreed that the work itself is not valued by the managers, while one woman stated that women leaders within the workplace and the union constituted workplace equality around gender. These earlier opinions contradict the statement of SEIU President Henry that women's work is valued. However, it is potentially revealing, and coincides with emphasis on women leaders, and the entirety of the feminized rank & file does not need to be completely empowered.

Two women workers immediately went into depth around the connections between gender, the care economy, and health care unionism. The 509 secretary identified professions that are heavily unionized and feminized saying that:

“if you’re a teacher you’re in a union, if you’re a nurse in the union. Women who are in unions... are undervalued. A lot of unions are filled with women, teachers, nurse. Give me a nurse’s practitioner and a physician’s assistant- a nurse practitioner always makes less money. One of the reasons [they] are in the professions are because they do the caretaking at home- did you know that as more women entered the doctor’s professions, they make less money?”

Her aforementioned comments about being homeless as a single mom also implicitly connected to this issue of motherhood, care and stigma. She also discussed societal perception by explaining that care work “is valued now because you get paid for that. But I think perception is not appreciated enough. It’s so in the DNA of our culture that... most of the [childcare] is done by moms. It is embedded in our society, and its not necessarily that it is a bad thing. It’s just the way it is most of the time”.

Child care was also alluded to by both these responses. One worker stated that many “women are single moms, many are Latina” and are also PCA’s. She stated that this works well because “Being a PCA you can structure your day, I have a couple hours before [my son] gets out of school. That’s one of the benefits... you are flexible.” Another worker said that the predominance of women in social support comes from “women’s roles in the home”. She used the example of “teacher’s [having] the summer off, if you have kids that a great thing”. Additionally, she stated that “women are less likely to support unionization and strike votes because they have to consider who they are supporting. DCF workers have a no strike clause”. This is a riveting opinion because it contrasts with several studies saying that women and especially women of color are more likely to support both a strike

vote and unionization (Bronfenbrenner, 2005). Alas, in the agency that I interviewed, there is a clause in that facility as well that workers are not allowed to go on strike, or engage in any sort of work stoppage, slow-downs, lock-outs etc.

Some of what was said by the workers also alluded to this idea that the labor of being a mother connected to this kind of work. One of them said that “some PCA’s they are young, and they are helping their mom... it can help them out in the future when they start having kids... One daughter cared for her mom as a PCA and then she decided to become a nurse”. Similarly, she described the work being hard labor such as cleaning, but that “as a person I care, I want to see the overall what is happening with you” but that she has “to know how far you can go, how you can assist them”.

Aspects of concern and nurturing were described throughout descriptions of how the participants help their patients. After describing her daily responsibilities and the paperwork of her job, one worker describes how she:

“feels like someone talking is more important than a deadline. So if someone needs to talk and vent I will stay there and do that with them, and save the assessment or treatment plan for another day. Like my priority is always to hear people out... I imagine that... my boss would be like why are you missing deadlines? I’m missing deadlines because I care about people more than I do about deadlines... So my priority is who haven’t I seen in a while? Do I have assessments or treatment plans to do, and do I have time to document them? And it’s really hard to juggle.

Another worker emphasized similar aspects of the importance of venting, listening, and truly concerning yourself with the needs of the person in front of you:

“There has to be an enormous amount of empathy. You can’t judge. You don’t know where that person came from or what kind of background... If you might be the person first in their life who paid attention to their needs. I had a guy who pretty much since he was 4 years old, he’s seen courts, jail, he’s 35. Never really had a



family, never moved, doesn't know. It's hard! Let the guy talk! You're doing meetings and things, and lots of frustrations and to get them to the next level they need to trust you. Because if they trust you, then they can go on. But if you're shut, then there's no home for them... Just like anybody else we're all human, that's what I get out of it. That feeling that I can help them start to the next place again. And they come out feeling good about themselves, not terrible, not sad, not angry, because they're not. They just have a disease".

A third worker took a somewhat different perspective as a nurse who works in the unit. He stated that his main role is "teaching people skills". He says that he "likes to teach them things to take home with them, or to take with them the rest of their life. I want people to think of their health and maybe making a change". Unfortunately, a fourth worker made similar connections about her role in the field, but in a much more negative sense:

"When I first started working there, I showed that I cared a lot because I was just really new, and that's why I got the job, [those] seeking help should get help. Since working there and since having these experiences... I don't feel like I can show that I care as much- If I say hey we shouldn't discharge this person, it becomes an attack on the guys. I feel like a robot... I am very distant with the clients".

Later in the interview, this woman described that the "clients were complaining the soap was making them break out in rashes". She then describes trying to push for the management to get new soap but felt discouraged when it took considerable time and effort to persuade her managers. She said her managers only bought better soap once, and then returned to buying the same cheap soap. Ultimately, she concluded from all of this that "I think I would be able to do my job better if the union protected me better... If the union backed me up more, I would have been able to stand up for my clients more".

Interviewees discussed their workload and the associated stress. This usually connected to the patients care indirectly or implicitly, and sometimes directly. One worker

described how “safety” was the main other item that could be advocated for based upon the contract. She later stated that:

“I still have a problem with the RC’s being mandated the way they are... I was an RC for a while and when you work the two shifts you get tired, it’s very hard and you got safety issues... it takes a person to be awake and to know what’s going on around them all the time because somebody could commit suicide, somebody could be smuggling heroin, there could be all kinds of things going on and if you’re not awake... it’s not safe”.

This issue of safety is an aspect of the workplace environment that depends on a positive environment for both staff and clients. Additionally, one worker stated that “I think there could be more done [by SEIU] for nurses and patients” while praising the actions being taken by the Massachusetts Nurses Association (MNA) to create patient limits. Another worker stated that she wished that the union limited her patient load to 6 because “when my caseload is around 6 people, its manageable, but when it exceeds 6 people it gets nuts.” This quote also infers an atmosphere of chaos that negatively affects patients and clients simultaneously.

While the literature specifically discusses how patient care has motivated health care workers, and particularly nurses to desire unionism as a tool for advocacy, it is possible that the issue is more complicated than described. Despite the literature detailing how home care workers, and other hospital workers have also sought unions, it is possible that to engage in union activity involves a degree of security and enthusiasm for the work itself. Similarly, it is possible that being overloaded with work does not allow health care workers to consider these issues and continues a cycle of reduced input towards the product of care.

### 4.3

### Cultural Indifference and Racism

Many of the participants discuss issues regarding language, race and other interconnected issues of ethnicity that describes a union that is not culturally competent. Two participants talked at length about this. One participant discussed how the PCA field is dominated by Latinas and other people who do not speak English. She emphasized language as an enormous barrier and site of oppression because “if you only speak Spanish, you are tied to this niche” of “patients [that] have been in the United States for so long that didn’t learn English”. She stated that although Latinx caretakers understand food and culture for Latinx patients, it seemed to limit the PCA program as a career path. She said she spoke Spanish, so she claimed that she does not have an issue. However, she also brought up having a patient who is “a marine, he is tough... He doesn’t deal with people who don’t speak English”. She said that she “[thinks] about [her] peers, and [she thinks] about the least fortunate and they may have a problem”. Additionally, she mentioned one of her main criticisms of the union was that the union headquarters in Boston does not have someone that speaks Spanish. Consequently, messages left in Spanish “take months to get a reply”.

Another worker also seemed distraught by the racism of her workplace, and the ambivalence of the union in confronting it. She bluntly discussed how the management and the union officials are “men and they sit on the top of totem pole and look down upon women... Because I’m a woman of color I get viewed as less than any other race... That’s also why I thought I wasn’t helped.” She gave more blistering accounts of the management saying that “black women are RC’s.. and are treated as if we are incompetent, we can’t

inspire to go higher”. She added that one of her co-workers sent an email to one of the managers about racist belittlement and that he replied saying “that was very well articulated”. She then added that “the staff, the Hispanic staff and the African American staff are viewed on the same level as the clients”. Lastly, she summarized the workplace as having a clear hierarchy in which “the top is white males, then under them are Asian males, then there’s white women, then there’s Spanish women and then there’s black women”.

Her critiques were directed at the management, and the union simultaneously as if they are one in the same. She “thinks that the union is going to view the staff the same as management views them” and claims that “they know we’re viewed negatively, they know we’re struggling but they don’t get involved”. To her the union and the management are part of the same processes, and that organizationally they overlap and act to reinforce each other’s actions. She does say that “if our manager and director treated us better, then maybe our union would treat us better”.

This contrasts with the approach taken by SEIU 1199 and other unions that openly talk about the racism of the workplace, and the need for dignity among the most marginalized workers. The literature discusses the prevalence of immigrants and/or racialized workers (especially women) in health care work, and how traditional business unions excluded women and other people of color. These groups of people may now have joined unionized workplaces, but it seems that “inequality regimes” have been incorporated into formal union structures (Acker, 2006). It seems as though there is a hierarchy of those in the union structure with education and other societal privileges, and

that women, and non-white women and men are segmented into less prestigious positions (Bronfenbrenner & Warren, 2007).

It is interesting comparing these statements with the white participants interviewed for the study. Two of those interviewed, both white women, did not bring up race, ethnicity or language at all throughout the entire interview. When asked directly about it, one worker, a white man, stated “For the most part everybody gets along... we have people from all over the world”. One worker had a particularly interesting take, at first saying that there is “a lot of white male leadership” and that there is also “a lot of people of color in the union hall”. Overall, she summarized it in a balanced manner saying that “there’s some work to do” but that “509 is ahead of other unions”. She also stated that “there’s this anti-white male thing... and that’s not where we should be... I want us to find out shared interest no matter who we are and move forward in that regard”. This seems to allude to the union being an entity that helps people without thinking about race, and the differing needs of different ethnicities and people. This is similar to what is discussed in Acker’s *Inequality Regimes* in that privileged people cannot necessarily see differences in identity and culture because of their own lack of oppression in these areas (Acker, 2006). Similarly, it applied to the Bronfenbrenner and Warren reading that detailed the lack of representation in the leadership, and how this can create questionable outcomes for groups lacking representation. Yet it is noteworthy that the union leader identified partially accepted that this was problem not only for her own union, but for the broader labor movement as well (Bronfenbrenner & Warren, 2007).

#### **4.4 Lobbying, Social Change and Early Impressions of Unionism**

Much of the higher pay discussion connects to various interviewees stating that the union's broader influence in bringing social change and passing legislation helps them as workers. Additionally, most of the participants stated a belief in their union because of broader political issues, and probably not because of their own workplace. One worker gave one of the most balanced, yet full throated endorsement of her union because of its role in the labor movement. She stated that "My personal vision is further down the road than where we are" but emphasized this as political ideology more than unionism. She then stated that "Honest to god without labor in this country I don't think we'd have a middle class I really don't. I think the underpinnings of the middle class are in labor. Do I think labor's perfect? Oh hell no! But I do believe it is the underpinnings of the middle class".

Another worker approached the labor movement from a remarkably similar perspective stating that "Sometimes the press [says] the union is a bad thing, and some people would believe that, but I think if it wasn't for the unions, in our country, we never would have gotten out of what we were in" seconding the statement of the middle class being built on organized labor. Yet, she elaborated on the critique implicit in Rachel's statement by saying "The focus was on what was really happening behind the scenes. I wish we had more of that, I wish we had more clarity and a visualization of what's going on of what we now have. Its almost like we're going back to where they're trying to hide stuff again." She summarized her perspective by saying "I'm hoping we can build our union stronger and get more unions" She then connecting this to how McDonald's and Walmart workers do not make enough money to live on.

Another worker did not talk much about being in SEIU when asked about the role of broader social change but discussed being an associate member of the MNA;

“The fee I pay [to the MNA] is for the better good, safe staffing act. I totally believe in it because I’ve worked in places where they’ve given too many patients. I go back to supporting the MNA and supporting the strike that happened at baystate medical center. It’s all about the labor, the labor movement and taking care of people, taking care of people and not being taken advantage of.”

A fourth worker also connected these issues to tangible policies advocated for by the union

“It’s more than a wage increase. Its health benefits, its immigration, its [stopping] wage

theft” She also stated that the SEIU “helped with passing paid sick time” and that her local

“mayor was endorsed by SEIU” which connected with the local labor council. Two

workers made direct connections to electoral politics and seemed interested in elections

and unionism as if they were one in the same.

Four out of six of the interviewees stated that they gained an appreciation and desire to be in a union based upon their experiences growing up. One worker stated that his

“parents were in unions of the great depression... I had a positive outlook on unions...

because I was raised in a union family” and connected this to having non-union jobs that

were worse than his current job. Another worker had a very similar upbringing also having

“a family where my father was a laborer, and they were blue collar people, I thought at the

time [a union] would have helped them because the conditions were not good. Many of the

people I knew passed on because of exposure... the [working] conditions were not good”.

A third worker also stated that her upbringing was colored by being raised in a union

household.

Two participants talked about not really learning much about the union in childhood. One interviewee talked about how growing up in Guatemala meant “whoever is in a union is a troublemaker. I did not have any idea whatsoever what a union was. That’s why it took time, to learn and to make me learn to be a leader”. She added that coming to the United States and encountering work was all a part of her adapting:

“When you came to the united states... to improve yourself and sometimes its economic situations, which is not mine, but for many people it is to improve your economic situation. But if you are improving your economic situation you also need to improve your way of thinking. You cannot try to improve yourself with money without changing your way of thinking. This is something I never heard what it is, but If I hear about it I want to learn about [it] for opportunity”.

A different worker stated she “had little idea what a union was even for.” Her negative experiences with the union led her to feel “discouraged” wondering “what do they actually do?” She states that she mostly sees them “covering up issues” and that they are merely a “figurehead”. Another worker also learned to have a negative outlook of the union but expressed future hope and a positive regard for the labor movement over all. She said that I thought they were helpful, I thought they were what you wanted what you needed and that growing up she learned that “I always wanted to be in a union”. She said she constantly heard “Are they part of the union? you want to be part of a union!”. It is likely these early messages caused her to say “I know not all unions are like this, I know there are some cases where they have helped. But I wouldn’t know. If anyone is going to the union about an issue, its not an issue to them. Right now I just feel like they’re taking my money”. But she then added “I wanna continue to pay for it ... because I think maybe one day if I have ... an issue big enough to them, that they’ll help. And to me 17 dollars is worth it.” These series of thoughts seems to allude to the new creation of a power structure, as detailed in



*Inequality Regimes*, but also an acknowledgement that the elimination of this support might mean a stronger sense of hierarchy (Acker, 2006). Overall, this demonstrated the power of the early impressions and how much the participants want to believe in it, even if they do not currently. Emma stated something similar, saying that despite meetings being mixed for her, she will continue attending meetings. Overall, it seems as though the quote that summarizes is it that “I just want justice. I just want people who are doing shitty things to do be told they are doing bad things.”

## **V. Analysis**

This paper sought to examine whether SEIU members, both rank and file and leadership, are motivated by issues regarding patient care. In my findings, I found that there is a correlation between patient care and unionism, but in more of a negative sense. Despite a great deal of literature that said patient issues were a main driver of health care unionism, the response was not as resounding from the interviews. Three participants stated that they were very motivated by care for their patients, both in terms of caring for them in their jobs, but also in how they see themselves in relation to their clients. Another two participants talked implicitly about how the union did or could help them deal with their patients, but only by focusing on the effect of their labor to the aspect of care. Whereas the aforementioned participants talked about how they could or could not advocate for their patients, these participants only discussed how their workload itself could have adverse effects on their patients.

Many of the participants wanted their union to help them care for patients but found that those were the issues in which the union was not present or was inferior to other

unions. Two workers were the largest proponents of this, implying, and occasionally saying outright that they would be able to do a better job caring for their patients if the union was more able to help them. Additionally, two workers to a varying extent discussed how they are simultaneously motivated by the values that make them drawn to labor unions and care work. Another participant overtly emphasized a positive association to unionism and its benefit in terms of care work. This was obvious from her being in SEIU 1199 and her history as a PCA, instead of working in a substance abuse recovery agency. She discussed how the union brought trainings, resources, and a semblance of community that inherently benefited the workers both for their own needs that positively affected those they were caring for.

Yet much of the positive associations with the union had to do with personal testimony to seeing their pay increased, or their work environment improved. One worker talked a lot about how financially she became stabilized as a poor single mom and joined the middle class because of her union status. Additionally, four workers all stated these points as well. They either criticized the unions role in patient and/or health care related issues, or de coupled it from the issue all together. When considering the question of what does motivated these workers, the answer for some seemed to be that they were not motivated. Both two women workers linked their critical views to feeling unmotivated by the union. One of these two was at times was very steadfast on attempting to become part of the union structure because of trust in one steward, but still had a doubtful attitude overall. Additionally, the steward discussed how unengaged she noticed people were in her workplace, the one exception being people's interest in the issue of pay.

Thus, the question of, what motivates people towards union activity seemed to be internal motivation connected to the perception of how the union improves the work environment. Two participants talked about how the work environment of the union was preferable to working in non-union jobs, and four participants talked about how the pay is better than non-union jobs. Thus, it was not necessarily the stewards or other union officials that made this clear for these workers, but it was the conditions of the job and the consciousness that the workers had of the union; it was why the workplace was different. It was the personal and philosophical commitment to these things that organically came up when talking about union issues.

Four participants were constantly deferring to broader political issues. This included talking about the labor movement, areas in which the union has improved their lives through lobbying or other political involvement, or just general electoral and economic issues that did not even seem to pertain to the union. Another worker valued these things similar to the aforementioned four; learning about the union from an early age led the rank & file to believe in unionism as a broader value, even though this worker saw significant flaws. This infers a correlation to those in the union following politics and wanting to be involved in broader societal issues. However, none of the participants I discussed with seemed to be physically involved in electoral work except for one. This led to several participants strongly valuing electoral and other means of political engagement, and really valued SEIU entering the political fray on their behalf.

From the participants' statement, it seems as though SEIU or these particular locals may not have a social justice-oriented approach. It may be a new iteration of business

unionism, or a fusion of the union models. Workers in this union are enticed by better pay and somewhat better conditions. However, the updated model is different in the health care sector because of the addition of the public sector and the product of care existing as a public good. Despite this, the lack of consistent engagement of the rank and file perpetuates the issue that labor has had for years; a dichotomy develops between those who approve of the union and are taken into leadership roles, and those who are marginalized and continue to be discouraged and neglected.

Despite the literature suggesting that those in health care unions are not motivated by self-interest, the public nature seems to restrict SEIU's area of advocacy. One worker seemed to echo this point, claiming that the MNA was a more powerful union because "The SEIU is a business model, but the MNA is all nurses running it". This is the stated reasoning behind the expansive "no strike" clause in the contract; despite it being understandable that those helping those in an overnight recovery center should not be able to stop work, it also removes a key lever of rank and file agency that can allow them to advocate for themselves, their patients or both. Additionally, the role of patient care also caused both the union and the agency to be unable to succeed in maintaining their clause that bans sexual harassment in the workplace.

The absence of a connection between the union and patient care may highlight an issue in the union's model of operation. If all of the participants care about their patients then it is a question as to why the union would not be used as a tool to for patient advocacy. Several participants stated that there is not enough time and resources for the unions to fully help the workers. If the workers needs are not being met by the union, then

it does not seem possible for the union itself to consider patient needs because the workers will be inundated with their own work-related issues.

Another contradiction of the health care business unionism found in SEIU is the treatment of women, and specifically women of color. There are issues with sexism, sexual harassment and racism found throughout the interviewees' description of their workforce that do not seem to be dealt with by the union. This seems to perpetuate the comparative success of white men in the agency, while continuing to create systems of oppression based upon the intersectionality of race, gender and other forces of oppression. The legalistic approach to the union's presence via the contract seems to be a prime example of this. Similarly, one worker's statements of racism being directed at her and other women of color pose difficult yet vital questions for health care unions that rely primarily on the labor and input of racialized women. The inability for Spanish speakers and other non-English speaking people to be able to communicate with the union and certain patients may represent a perpetuation of occupational segregation, and racial division throughout broader society. An interesting implicit comment is that the one (white) man interviewed stated that the contract itself benefits him in his ability to advocate for himself, and that he has had no problem with the union. Similarly, he still states that he knows that the MNA is a union that operates more effectively. Another potential area for further research would be how other health care unions, and specifically the MNA, fare with aiding and advocating for their women, and specifically their women of color membership.

Despite there being several descriptions of discrimination within the agency, there was a mixed response to the idea of undervaluing women's work. One worker stated that

“I should know the sense of what it feels like to be a woman, but...I’m too consumed in talking to people every day... I don’t notice the nuances”. This quote and another worker’s more blatant feelings of neglect and disrespect highlights a difference in how SEIU care workers are validated. Two workers both talked at length about how their fields were dominated by women, and were thus undervalued in funding and societal perception, but the two workers who felt disrespected did not connect their experiences with these broader themes. This alludes to a difference in mindset, education and/or class between those in leadership or quasi-leadership roles, and those within the rank and file. Although the statements of SEIU’s national president seems to evoke concern about the undervaluing of women’s work, it is important that this statement was connected to the SEIU endorsement of Hillary Clinton. When considering the lack of understanding of the rank and file compared to SEIU leadership, it does not seem as though the union is strongly valuing women and their care work within the labor process itself; this may be externalized to lobbying, electoral engagement, and other union activities. When a worker discusses the union representative talking about how they should be paid well for their important work, this worker tied this to trying to keep going to meetings. Thus, this contradictory example points to a need for more direct acknowledgement of the social value of this work to improve the low engagement of SEIU 509.

Two workers also discussed the labor processes itself being feminine and relating to the social role assigned to women within the family. Both interviewees made comparisons to the work that they do, and the role of women in health care. They talk about how scheduling aligns with the life of a single mother, but also how society itself

seems to assume women will be the primary parents. For them, this leads directly into the societal perception of women dominating in these fields and being socialized into “naturally” performing this labor. Interestingly, one worker seemed to state that the pay of PCA’s is not as much of an issue, but that the perception still is. Another worker compared professions that are similar to male dominated professions, and how men get paid more because of this link to motherhood. This may be an issue that also connects to age, as other women interviewed were younger. This is an implicit credit to the union improving the monetary gap of feminized professions and alluding to the need of broader societal change and recognition.

There is also a theme that runs through most of the participant’s responses around what care is made of. All interviewees responded to these questions demonstrating that they have a genuine desire to improve people’s lives. Two workers stressed the importance of truly listening to people as a primary means of healing and another worker talked about there being physical tasks of labor such as cleaning and cooking, but that it almost seemed preferable for PCA’s to have a personal connection to people. Sadly, a fourth worker talked about caring and noticing her clients’ individual needs and catering to them, but losing this once she felt as though she lost the agency to advocate for them. The third worker brought this up in a formal sense, saying that a lot of the elders that cared for become depressed, that one of the trainings that would be beneficial is a mental health training. This was a fascinating point because she was openly talking about mental health as a vital aspect of care. This was an implicit, yet obvious subtext for the other interviewees because they were talking about experiences helping people with drug

addictions and making behavioral changes. A fifth worker talked about the stigma that her clients had received throughout their life, but that ultimately it was just another “disease”.

Much of what the participants stated about these issues echoed what was in the literature. The fact that certain women participants felt so demoralized about their work and the aid of the union likely speaks to the union’s undervaluing of women’s work, and/or not being able to help their women members. Additionally, the participants discussed meeting the needs of others as part of the union, possibly implying that they got themselves to a stable position in their lives, while others have not. Often enough, the devotion to others in the union seemed to mimic or directly be linked to their desire to be in the care economy benefiting others.

The union seems to emphasize social change and broader political issues. This can be evaluated from SEIU 1199’s public statements and endless journey into the political fray. SEIU 1199 dominated Super PAC funding for political candidates in recent campaign cycles (Open Secrets, 2018). Union vice president and political Tim Foley was quoted as saying that “Massachusetts healthcare workers are proud to support candidates who understand the need for affordable, high-quality healthcare for all... healthcare workers support leaders who share our belief in Medicaid, Medicare, and other key programs” (Schoenberg, 2013). Although all except one of the workers interviewed are in SEIU Local 509 which has not spent a great deal of money on political candidates, the 509 leader’s constant deference to a close co-worker’s political campaign highlighted a similar outlook in the approach; leaders speak on behalf of the rank & file to place political figures in



power who have a beneficial relationship with the union. For 509, this likely relates to the key governmental health care programs as well.

Explicit discussion of mental illness treatment was present through much of this discussion, but there is an aspect of all care that intuition and involves a nurturing instinct. Most of these responses seemed to underly an attitude of enjoyment for their job, but also containing a certain humanistic simplicity. The one male worker interviewed in in this study, gave a different type of answer, saying that “I like to teach [my clients] things to take home with them, or to take with them the rest of their life. I want people to think of their health, and maybe making a change”. His response is shorter and seems much more literal than personal. However, underneath is possibly the same passion expressed in a different manner. A question that hopefully can be expanded upon in future research is whether men and women (and those who do not identify as either gender) perform these labor processes similarly or differently, and how gender determines how care workers express themselves when discussing these topics.

This understanding of the “product of care” having to do directly with basic human intent, and granting assistance and empathy to those from a different life complicates the traditional business unionism that surfaced in the 1970’s. In business trades, the stereotypical blue-collar worker will feel relieved by a growing economy because of job security and may consider that this growth may trickle down the payroll in the form of higher pay and better benefits. However, these workers are not tied as closely to the cycles of the market; they are affected by public funding that also sees different reasons for variance in revenue, and “customers” that are paying with private insurance, and/or public

government assistance. This may relate to a bureaucratized union structure that is not engaging with the rank & file; it is possible that relationships with government entities who fund Medicare, Medicaid, and provide funding to certain health care facilities are a top priority.

Despite there being reports of the union not engaging people well, and those who are there being concerned mostly on payment, this may reflect a lack of investment in the job from those who work there. It may be that workers know that they will not necessarily lose their jobs because of union protection, but they also may feel a discouragement and lack of productivity, and they may experience empathy fatigue and view their job solely as their means of economic livelihood. Although this is another question that should be explored in future research, the possibility beyond the reasoning of the lack of the union's engagement brings out the importance of SEIU and other union improving their protection of women workers and racialized (women) workers. If unions insulate workers from negative deterrents such as losing their job, but also from positive deterrents such as being valued for their work, or feeling comfortable in their workplace, then workers may not be able to help those that they are assigned to helping.

One of the main objectives of this thesis was also to determine whether the production of care itself creates different outcomes for the union. It does seem to require different needs from its workers because of the delicacy involved in their work. While "safety" in blue collar positions such as manufacturing and construction was solely concerned with the workers themselves, safety in health care applies to the patients as well. The mindset of business unionism seems to affect the workers in that they are not solely

satisfied with pay and other workplace conditions, but are inherently thinking of their patients, and therefore broader societal issues.

In the midst of the #metoo movement, union's might decipher how they can aid women in spreading awareness of their trauma and creating justice against the perpetrators of sexual assault. In September 2018, non-union McDonald's workers participated in a strike over sexual assault in 10 cities, that elevated the role of women in labor organizing, and may have showed another example of the rank & file putting the labor bureaucracy to shame (Silva, 2018). In this era of a new women's rights movement, the corresponding resurgence in labor organizing, and alongside the evidence found within this paper, unions must also deal with the reality that they will encounter sexual assault. In 2017, SEIU was found to have had 5 members of their leadership as people who have sexually assaulted women and were still initially hired by the organization in other parts of the country (Griswold, 2017). Correspondingly, Reginald Alleyne (1999) discusses how unions are structurally unsound for arbitrating and otherwise aiding survivors of sexual assault not only because of a long-standing white male bias, but because these arbitration procedures elevate an alleged assaulter to the same position of a potential survivor and have structures too weak to adequately assist survivors.

## **VI.**

## **Conclusion**

This paper analyzed what motivates the SEIU rank and file in the health care industry: whether this motivation often stems from patient issues, how do workers conceive of their product, and how gender is interconnected. It is clear within this analysis that in many aspects, the workers interviewed were not motivated about most things;

although they cared deeply about helping their patients, there seemed to be a limit on what they could do, and they were primarily concerned about their own livelihood. However, I remain in agreement with the voices interviewed that unions are still important to helping people in all trades, but especially in this health care field, and other feminized professions.

In 2018, there is a tension between the consciousness of American workers, both in the health care industry and outside of it. Despite taking a downturn of support during the great depression, workers are finding themselves in greater support of unions in 2018 than they have in a long time; 55% of Americans view labor unions favorably, despite union density continuing to drop (Desilver, 2018). Alongside these union density figures, there are numerous strikes occurring across the United States, many of which include nurses striking for their patients, and teachers striking to obtain school funding. It is noteworthy that in several teacher's strikes, rank and file teachers ignored the deals made by their union leaders, and went on strike, which forced their entire organization into supporting the strike. Teachers who are predominately women and women of color are also bringing the public into their struggle. Schoolchildren, parents, patients, health care professionals, and others are forced to think about these issues, and may find solace in a benevolent group of people not only struggling for their own needs, but for those that they take care of. Unions like the SEIU may be espousing the idea of connecting to broader society and socio-political issues but perpetuate these issues by supporting public officials who can be constrained in their ability to genuinely aid the labor movement.

This paper has revealed critical positions towards SEIU but does not do so with the intention of smearing the union and/or the labor movement. In fact, scholars of labor must

credit the SEIU with providing hope to the labor movement that the low membership in the United States can be reversed, as demonstrated by SEIU's massive growth over the past two decades. Instead, this paper critiques business unionism, and its newer form that seems to be found in some SEIU locals but is by no means limited to SEIU. The issue is that business unionism seems to underutilize the power of its own members, and instead rely on savvy tactics by labor leaders while excluding the workers that they are representing from the entire process. Nevertheless, even a "business union" appears to be better than no union at all; this paper has demonstrated that those interviewed understand that their workplace could be worse, and values how the union benefits workers in terms of pay. Additionally, the political clout is much needed in a time of narrowing democracy, increasing wealth disparities, and lower representational access.

There are lessons to be learned for both leaders and the rank and file. Union leaders can always combine their experience, intelligence and access with increased grassroots representation; this will only increase the ideas and power that the union can put into their work. However, the rank and file should also explore taking back their own union and exerting the control that they desire. It is clear from these interviews that there are issues of the unions being white male dominated like many social and political institutions. This in itself is an important issue for unionists to create internal change. There are tactics that can be used where unionized workplaces can change their leadership and/or reform the structure of their union. Even throughout these interviews, it is clear the union made sure to find a new steward after various controversies enveloped the workplace in which we are talking. Yet if the union leadership themselves are worrying about strikes, and other work

stoppages, then how will a union fully utilize its power? The first rule of the labor movement is that you never stop organizing, and this paper seeks to describe how even an organized workplace needs workers who are ready to keep advocating for themselves and those around them to improve the conditions of their lives.

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