



Cornell University
ILR School

Labor Research Review

Volume 1 | Number 17
An Organizing Model of Unionism

Article 6

1991

New York's 1199 in 1989: Rebuilding a Troubled Union

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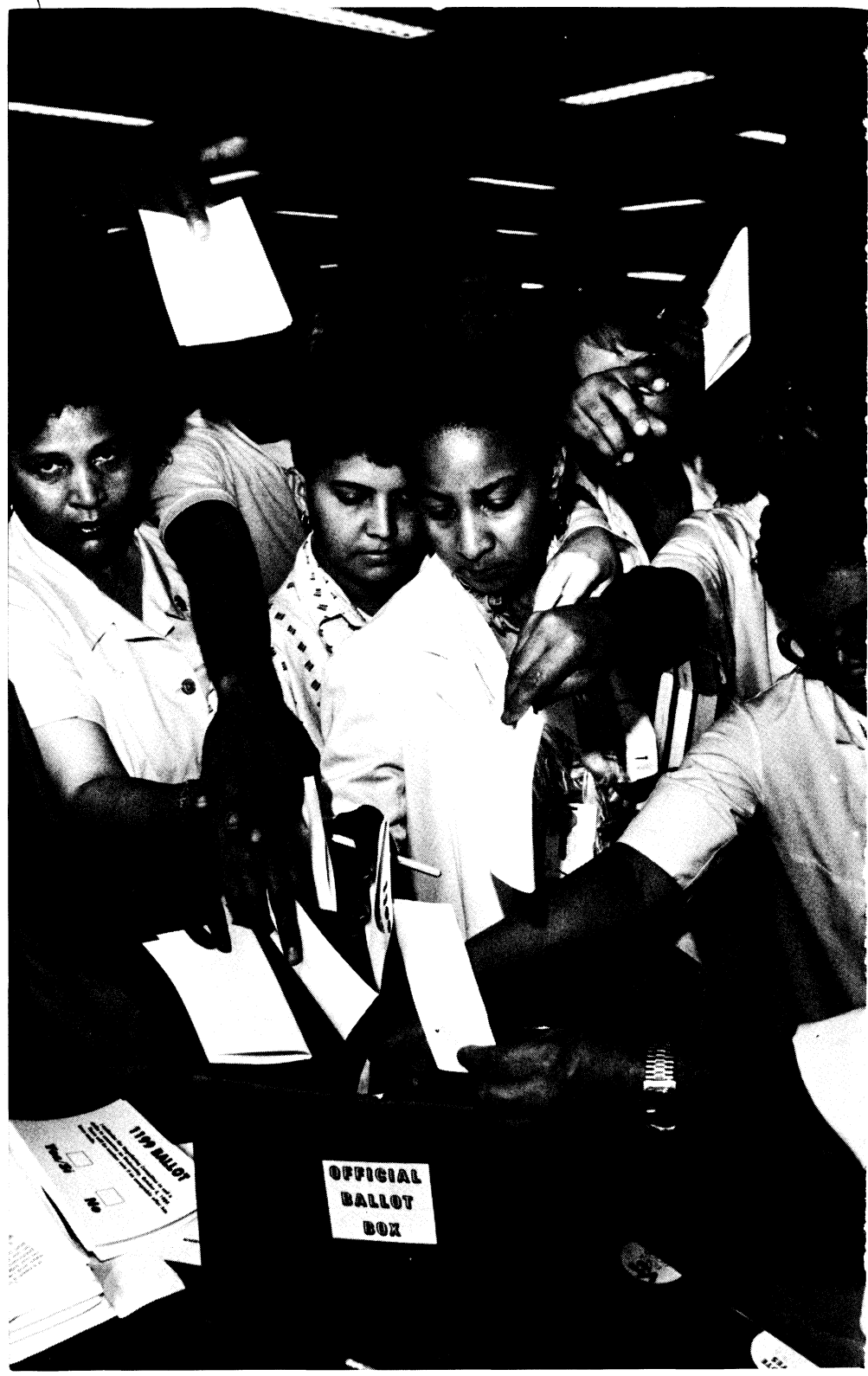
New York's 1199 in 1989: Rebuilding a Troubled Union

Abstract

[Excerpt] 1199's contract campaign of 1989 resulted in more than a contract victory for 50,000 hospital and nursing home workers. It marked the moment when 1199 reconstituted itself. The method and form that reconstitution took had everything to do with the peculiar history of the union and a fundamentally destabilizing leadership crisis, with the racial and ethnic diversity of the people in the union and the different kinds of work they do, and with the industry they work in. Ironically, some of the techniques used to achieve the victory, developed to compensate for structural weaknesses, reinforced those weaknesses. The union's continuing problem is to find ways of integrating its successes with its ordinary life.

Keywords

Drug Hospital & Health Care Employees Union, New York City, negotiation, strike, organizing, leadership



New York's 1199 in 1989

Rebuilding a Troubled Union

■ *Gerald Hudson & Barbara Caress*

Early fall, 1986. The newly elected executive officers of Local 1199 of the Drug, Hospital & Health Care Employees Union in New York City are negotiating a contract with officials of the League of Voluntary Hospitals. The deal offered is not very good. In caucus, union negotiators examine their options: accept the deal and be done with it, or rely on informational picketing planned for the next morning to strengthen their hand. Fearful of a poor turnout, they accept the League's offer.

Early fall, 1989. The newly elected executive officers of Local 1199 are again negotiating with the League of Voluntary Hospitals. Up against a strike deadline, the League throws in the towel.

How did this remarkable turnabout happen?

1199's contract campaign of 1989 resulted in more than a contract victory for 50,000 hospital and nursing home workers. It marked the moment when 1199 reconstituted itself. The method and form that reconstitution took had everything to do with the peculiar history of the union and a fundamentally destabilizing leadership crisis, with the racial and ethnic diversity of the people

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Recent History of 1199

1199 is a 100,000-member local union of hospital, nursing home, home care, mental health and drug store workers. It has been through an extraordinary decade.

From 1959 into the mid-1970s, 1199 organized workers at most of the private, nonprofit, voluntary hospitals in the New York City area. By the end of the 1970s, it had expanded far beyond the local area and had organized 80,000 health care workers from New Jersey to California. It was one of the fastest growing and most progressive unions in the country.

Then 1199 hit the '80s. Most destructive was a severe secession crisis that splintered the leadership and left the membership spread out in three separate international unions (RWDSU, SEIU, AFSCME). The founding local in New York, led by President Doris Turner, was paralyzed and nearly destroyed by a disastrous 47-day strike.

In 1986, the Turner leadership was challenged by a determined insurgency led by disaffected rank-and-file members and former union staff. The insurgents' main support was among professional and technical workers—social workers, lab techs, dieticians, and therapists who were the union's Guild Division. They also had significant support among the Latino members. The bulk of Turner's forces were hospital and home care workers—black, relatively low paid and female—who were the union's Hospital Division. After intervention from the U.S. Department of Labor, the insurgents won a union-wide election.

The new leadership's first challenge was to negotiate a contract for the 50,000 workers in the hospitals and nursing homes affiliated with the League. The League represented most of the large nonpublic teaching hospitals and 11 large nonprofit nursing homes. Having beaten back a 47-day strike two years before, the League's key officials calculated that the union had little room to maneuver. They were dealing with a group of relative newcomers who were as unsure of their positions as the League's people were sure of theirs. This was a battle of unequal forces. The stronger won. The resulting contract was not even adequate. Hospital

workers in New York, whose increases throughout the 1970s were the local labor standard, were suddenly behind—behind even their public hospital counterparts.

Within months of the '86 contract, the union was in yet another leadership crisis. Like the earlier one, the divisions appeared to many, both inside and outside the union, to be between a black woman president and male-dominated, mostly white, dissidents.

The truth was far more complicated. The president was a black woman, Georgiana Johnson, but she was challenged by the majority of those who had run on her ticket in 1986. They were mostly the old union hands joined by the recently-elected, mostly black and Latino rank-and-filers who had become union officers for the first time. The fight was taken to the membership through a referendum on changes in the union's by-laws—changes which substantially strengthened the role of the executive council and diminished the powers of the president.

Johnson lost. But the bitterness, the racial and class divisions within the union, were reaffirmed. Many of the members, most particularly nonprofessional black women hospital workers, saw Johnson's defeat as their defeat. As far as they were concerned, their union had been taken over by people with no interest in them or their problems.

Resolving the Leadership Crisis

The victors' problems were obvious. The union leadership had to find a way to gain legitimacy from its members and to restore those members' confidence in the union's ability to defend their interests on the job. In particular, it had to find ways to address the profound alienation of the two-thirds of the membership who were Hospital Division members.

The solutions derived in large measure from a creative reappropriation of 1199's history. In the 1960s, as 1199 struggled to organize mostly minority health care workers, it explicitly tied their struggle to the larger civil rights movement. Dr. King and other civil rights leaders were frequent sources of inspiration and support for the union. That relationship was both a source of strength and a source of pride.

The Turner administration had attempted to continue the tradition by courting black politicians and the black press. Her loss and the subsequent rupture between Georgiana Johnson and the rest of her slate reaffirmed the general consensus that the black community had lost an important black-controlled institution. To counter that consensus an alternative political strategy was devised.

It was a calculated attempt to show that the union was, despite its change in leadership, an important actor in the city's minority (both Latino and black) community. Its explicit intent was to activate the membership in union-sponsored political projects.

The new political strategy built on the union's tradition, but with an essential difference. In the 1960s and 1970s, the union took progressive political positions, but it did not make membership participation a primary goal. The new campaigns, beginning with Jesse Jackson's primary race in New York in 1988, sought direct staff and membership involvement.

The Jackson effort was far from a complete success. While staff were deployed throughout the city, giving 1199 a presence in local politics it had never before had, membership mobilization was incomplete. Some activist members joined the campaign, most did not. The result, however, was a source of pride for all. Despite the money and organization of the official Democratic Party, 1199 helped Jesse Jackson carry the City of New York.

Before the Jackson primary, the leadership had one big piece of unfinished business—an expired contract for 20,000 home care workers. Overwhelmingly minority women, many foreign born, home care workers were NYC's hidden health care system. For slightly more than minimum wage and virtually no benefits, they cared for thousands of disabled and elderly Medicaid recipients. While they were employed by community-based nonprofit agencies, these agencies were controlled by the city's Human Resources Administration. Reimbursement for services was set by city and state government. The public agencies were the real management.

Most home care workers didn't know they belonged to a union. Since they worked in isolation from each other, they were extremely difficult to organize and even harder to mobilize. Those who were active in union affairs were, with few exceptions, supporters of Doris Turner. The reason was obvious—Turner had organized them in the first place, and their gratitude was reinforced by ethnic and gender identification. The problem was compounded by the 1986 leadership's ignorance of home care. No one on the insurgent slate came from the home care system. The new officers and almost all of the staff were recruited from among hospital workers.

Given these problems, the challenge was to find a way to involve members and, at the same time, devise a strategy that would shame the politicians into acknowledging the legitimacy of the home care workers' demands.

The Campaign for Justice for Home Care Workers had all the



Albany Rally, March 1989.

elements which were later employed during the 1989 contract campaign—public hearings, rank-and-file lobbying, polling, coalition building, rallies, organized press campaigns which tied the workers' issues to the community's need for services, and soliciting the support of prominent leaders like Cardinal O'Connor, Rev. Jesse Jackson and Borough President David Dinkins. The most difficult activity was reaching and activating the members. Informal networks were identified and used, extensive direct mail communication was employed, and, where workers had phones, phone banking was done. In all, as much as 15% of the home care workers were actively involved in the campaign.

Despite all these efforts, after nine months of constant activity, in early March 1988 the city and state governments were stonewalling, the campaign was stalled, and there was no resolution in sight. Three weeks later, however, an historic contract was won, providing wage and benefit increases of more than 50%. What had intervened was Jesse Jackson's showing in the primaries immediately preceding New York's. Governor Mario Cuomo capitulated after news of the Jackson victory in Michigan, just two weeks before the New York primary.

Dennis Rivera, then Executive Vice President of 1199 and a principal mover in the home care workers' coalition, was directing the local efforts for the Jackson campaign. The New York City victory was widely celebrated in the black community and among 1199 members.

The home care contract and the union's high-profile participation in the Jackson campaign were the beginning of the end of

1199's racial polarization. The spring 1988 events had other positive consequences. Local 1199 was established as a force in New York politics. Elected officials in City Hall and Albany knew how the home care contract and the NYC Jackson primary had been won. The press also understood the union's role and thereafter frequently mentioned 1199 in articles about local politics or local labor issues.

Still, the members' pride in these achievements wasn't enough to guarantee a decent contract in July 1989.

Taking the Lead on Health Care Issues

Planning for the contract began in earnest in the summer of 1988. At two staff retreats, a coherent strategy began to emerge. It had three elements: to find a way to reinvigorate and involve the membership; to establish the union as a principal spokesperson on health care issues; and to parlay newly acquired political influence into getting the legislature and governor to commit sufficient resources to address the problems of an ailing health care system.

The process began in early fall 1988. New York City is at the epicenter of the nation's health care crisis. Because of the rapid impoverishment of its population and the resulting epidemics of drugs, AIDS and homelessness, the city's health care system is near collapse. Who better to articulate the problems than front-line workers? In September and October a series of speak-outs were organized across the city. Workers, together with representatives from community and religious groups, spelled out their problems before panels of local elected officials.

At these sessions, workers talked about severe staff shortages, exhausting mandatory overtime, stressed-out colleagues and consequent lapses in patient care. In some of the better attended speak-outs, upwards of 300 people came. The local media began publishing or broadcasting pieces on New York's health care crisis. 1199 members were quoted in virtually every story and appeared on almost every broadcast.

What had been implicit became explicit. The city's health system was collapsing and the problems of recruiting, training and retaining more workers was key to any eventual solution. In addition to pointing out the problems, the speak-outs allowed the union to take the moral high ground. In effect, the workers were saying our problems are your problems.

The speak-outs helped mobilize local political leaders and shape political opinion. This was key to eventually winning a decent con-

tract. Health care is a privately run, publicly funded service. Through various regulatory bodies, upwards of 90% of hospital and nursing home income is controlled by state and, to a lesser extent, federal governments.

Despite media attention on the health care crisis, the governor in his January 1989 budget proposed large cuts in the state's Medicaid reimbursement formulas. Organizing the fightback gave the union's leadership its first opportunity for large-scale membership mobilization. The campaign was organized first through education of the staff, some of whom were trained in One-on-One communications techniques. Union-wide mailings were designed and phone banking set up. The union created a coalition of other health care unions and hospital associations for an Albany rally.

In March 1989, 7,000 1199 members traveled to Albany to join 4,000 other health care workers at a mass rally. To those who came, the experience was exhilarating. There had been no other rally like it in recent memory. The rally was followed up with a Mail-gram campaign, where huge telegram-like posters were mounted in cafeterias, hospital lobbies and outside nursing homes, and members sought the signatures of everyone passing by. Within 48 hours 250,000 signatures were obtained, trucked to Albany, and presented to various legislative leaders.

In every respect the Medicaid mobilization was a success. The staff was able to organize the participation of thousands of members. Alliances were made with like-minded union, industry and political leaders. The proposed cuts were completely stopped. It was a major victory for 1199, and was seen as such by the members.

Like the speak-outs, the Medicaid mobilization was an important step in restoring members' confidence in themselves and their union. They were engaged in an important and winning struggle without directly jeopardizing their jobs. Massed on the streets of Albany, workers got a feel for their power. From a few hundred at a time in the speak-out hearing rooms, the members now mobilized 7,000 strong.

Mobilizing for the Contract Campaign

Approaching the 1989 negotiations, 1199's key problem was the members' fear. With memories of the 1984 strike still very much alive, no one thought the strike threat could be used. And without that threat, how do you win a good contract? The answer was: it couldn't be done. The job, then, was to find ways to rebuild the members' confidence in themselves and their leaders.

In April, union-wide elections ended the internal battle for power. Dennis Rivera was elected president with 90% of the vote, and the "union slate," nominated through an activist-staff caucus, was overwhelmingly elected, with no member of that slate taking less than 60% of the vote.

Formal negotiations with the League of Voluntary Hospitals were scheduled to begin May 4, 1989. In preparation for these negotiations, all through this spring period, the staff was conducting contract surveys, setting up departmental meetings, holding Saturday and evening conferences, and organizing negotiating committee elections. The process, while very imperfect, got large numbers involved. For the thousands who filled out the surveys and participated in the meetings, the contract campaign became very concrete; more important, they came to feel it was their campaign.

But lurking not very far in the background was unease about the willingness of the members to act. A number of work-to-rule actions, some informational picketing, and some organized confrontations were done in some of the 46 institutions whose contracts were being negotiated. But the majority of workers did not participate in these activities.

To overcome this passivity, the union recruited new leaders. 1199's structure calls for elected delegates from each unit of each institution. Many of these people have had the job for years—some since their place was first organized. To supplement, complement and sometimes replace them, 4,000 additional activists were recruited to be *contract captains*. They were given special badges, sent special mailings, and telephoned regularly before every major event. They augmented the regular delegates at the assemblies and were provided with the same detailed reports as the delegates and negotiating committee members.

In an industry dependent upon public money and regulation, the union was trying to use its political muscle to pressure management. The union asked the League to join together in Albany for their common good. Management refused. The union, in turn, used its considerable leverage to discourage passage of management-favored legislation.

The opening rounds of negotiations were fruitless. Beyond the ritual dance, nothing happened. As the July 1 contract deadline approached, it appeared the process was dead. The leadership's assessment was that a full strike would either be rejected outright by the members' vote or violated by their actions. In its search for alternatives, the union's leadership came up with the idea of a one-day strike and mass demonstration. For the first time in its history, 1199 did not go out the minute its contract was up. Instead of

"no contract, no work," the rallying cry was "no contract, no peace."

Dividing and Conquering

Simultaneously, the union and representatives of the four hospitals in the New York Catholic Archdiocese, who were not members of the League, decided to hold intensive, informal negotiations. With the help of the State Health Commissioner and the intervention of the Cardinal, a contract was agreed upon shortly before the scheduled one-day strike.

The settlement, a generous one, was announced at an emergency delegate assembly convened just before the scheduled one-day strike. The Catholic settlement became the benchmark. It went a long way in helping members see what was possible if they were willing to fight.

The assembly, attended by both delegates and contract captains, set the tone for future meetings. These meetings became more frequent as the level of activity intensified. Reports, strategy discussions and decisions were laid out to these rank-and-file leaders. People had an incredible sense of ownership and participation. The assembly became a pep rally.

Still, the League refused to budge, claiming that its hospitals could not afford the settlement. To the members, who knew that the Catholic hospitals were among the poorest in the city, management's arguments seemed incredible.

The strike day was designed as a show of strength and solidarity. With buses picking people up from all over the city, members were asked to assemble in Central Park for a march to League headquarters. No one knew what the response would be. Even the most optimistic were stunned when 34,000 of the 50,000 affected members turned out.

The press coverage was great. The members were as amazed by their turnout as the staff was. It was clear that, with the right message, a lot of work and creative leadership, 1199 members were willing to take some, if not all, necessary actions. Shortly after, a large public meeting of 1199 members and supporters was addressed by Jesse Jackson and mayoral candidate David Dinkins. Jackson promised to join the next strike.

The League made no offer. Next came a number of briefings of political, religious and community leaders, hosted by the union. Out of these, came a growing sense that everyone supported the workers while the League had few allies. A full-page *New York Times* ad signed by over 120 elected officials made the relative posi-

tions of the two parties very public. The union's support was growing and the League was, day by day, becoming more isolated.

Despite the intransigence of the League, there were intervening victories. Some of the most vulnerable hospitals caved-in and signed agreements identical to the Catholic hospital settlements. These institutions were responding to the deepening resolve of the membership and to the intensifying political pressure. These signings were timed to coincide with demonstrations and assemblies. Each was greeted by thunderous applause and helped enormously to reinforce the members' resolve.

Still, the League made no offer. A vote for a two-day strike was taken. The rate of participation in the vote and the proportion approving the action had increased dramatically. The target hospitals weren't selected until the night before, but the degree of organization was elaborate enough to get 25,000 people in place. Unbeknownst to management, which had made complicated skeleton staff arrangements, the second day of the strike was canceled at 4 pm of the first day.

The next escalation was a three-day strike and series of events. Most successful was a rally in downtown Manhattan joined by hundreds of striking telephone workers and addressed by representatives of striking coal miners and Eastern Airlines strikers. 1199 was turning its fight into a more general labor struggle. Least successful of the planned events was the third day when people were supposed to go to their separate institutions and picket. After the excitement of the previous rallies, picketing was a real downer. Despite this, no one crossed the lines, and there was near perfect participation during the entire three-day strike.

Again, the League put nothing on the table. At this point the leadership made a very risky decision. They suspended strike activities and made public their intention of putting the full resources of the union into the campaign it had been instrumental in starting—David Dinkins' mayoral primary fight with Mayor Ed Koch. The League was momentarily delighted. As one CEO was quoted as saying, "good, we'll kill two birds with one stone—1199 and David Dinkins." They underestimated both the union and Dinkins, who won the Democratic primary in early September.

Three weeks later, a very nervous 1199 staff conducted an authorization vote for a full-blown strike. Participation and approval was substantial. The strike was called for October 4. Still, no serious negotiations.

The strike was planned for Wednesday at 5 am. On the previous Friday, the chairman of the Board of Trustees of Presbyterian Hospital (the largest voluntary hospital in New York and whose

CEO was President of the League) approached the union seeking a settlement. In one day, an agreement very like the Catholic contract was negotiated. Over the next four days, other significant League stalwarts settled.

Finally at 3:30 in the morning, a demoralized League executive committee capitulated. In 1984 and 1986, the League had taken advantage of a deeply divided union. In 1989, the union turned the tables. It was able to exploit differences in the League. In 1984 the League tried to break the union. In 1989 the union broke the League.

1199 After the Contract Victory

The contract campaign produced a contract far better than anyone could have anticipated. It clearly reestablished the union as an important force in the city's health care industry. Most importantly, it restored the members' pride in themselves and their institution. But it did not completely transform the union. Many of the weaknesses which led to such creative solutions during the campaign still existed after the campaign was won.

In 1986, the chapter structure of the union was nonfunctional.



1199 President Dennis Rivera (center) announces the settlement at the Catholic hospitals, with John Cardinal O'Connor (right) and Basil Paterson, 1199 Chief Negotiator.

In the hospitals and nursing homes with the most active members, the chapter was an arena for continuing fights over the union's future. After the '89 contract victory, those internecine wars ended. But it did not leave vibrant, functioning chapters. The very tactics which helped mobilize for the contract struggle helped make the chapter operations irrelevant. Through phone-banking, mailings, newspaper ads and mass rallies, the contract campaign had deliberately bypassed these structures and appealed directly to the members.

It has been impossible to figure out how to rebuild chapters whose primary mission is dealing with very local, day-to-day problems. Grievances are not as exciting as mass rallies. Nor do they, with rare exceptions, touch members' lives in the same way. Without effective chapters, the union has no good way to respond to members' problems, a situation which results in an erosion of members' confidence in the union and in themselves.

Not only were the chapter structures ignored during the contract campaign, but the staff's unique position was undermined. During this campaign, the leadership spoke directly to the membership and vice versa. Most of the staff had no special role. In the usual course of events, staff is the primary means for the union to communicate with and mobilize its members. The relative inexperience of the staff was one of the main reasons the alternative conduits were developed. But their very effectiveness, like the effectiveness of the campaign techniques, makes reconstitution of local structures very difficult.

The delegate assemblies have developed into major forums for discussion between rank-and-file leaders and the elected officers. The union now functions best around broad issues— budget cuts, health care policy, the war in the Gulf, strike support. But it is not very effective in dealing with the kinds of problems people face every day at work.

The very successful contract campaign left some very perplexing dilemmas: How to make both types of organizations, political and labor, work. How to move the big struggles and win the small ones. How to build a competent staff and at the same time maintain an extremely active rank-and-file leadership. How to integrate the larger political struggles of people's lives with an organization dedicated to addressing workplace issues.

In short, 1999's successful use of contract mobilization techniques rapidly increased the union's clout in local politics and at the bargaining table. Nevertheless, its nervous dependence on campaign techniques has, to date, proven alien to the ordinary life of the union. ■