Conclusion

What Should Unions Do?

As this book has shown, the struggle for unionization in the hospital industry—an industry in which workers tend to have a vocational relationship to their work, and that understands itself in terms irreducible to the market—raises fundamental questions about the labor movement in the twenty-first century.

To paraphrase the well-known study by Richard Freeman and James Medoff, what should unions do? ¹ There is a vast scholarly literature exploring the material effects of unionization on its members. Unionization has long been observed to enhance members’ economic well-being, increasing workers’ wages and benefits substantially. ² Recent research has suggested that workers in unions receive an average “wage premium” of 17.8 percent, ³ and are 28.2 percent more likely to receive health benefits than their nonunion counterparts. ⁴

Beyond increases in wages and benefits, union membership assures a degree of job security, both in the sense that it increases a worker’s propensity to use “voice” as opposed to “exit” as a strategy for resolving difficulties
on the job and it makes it more difficult for an employer to fire an employee at will. Indeed, despite the ethic of individual rights that pervades U.S. law and culture, U.S. citizens have almost no rights at work without collective representation. Without negotiated due-process protections, for example, workers can be fired for any reason, other than on the basis of age, sex, religion, or nationality, with no right to due process. Unions thus help workers win rights in the workplace, help them negotiate disputes at work, and help ensure that workers who do speak up can do so without fear of reprisal. Union membership has been shown to increase the annual number of hours that an employee works, and reduce firings and layoffs.

These advantages to unionization are the foundations of a dignified work life. For good reason, then, whether struggling on the shop floor or in the political arena, union leaders and workers emphasize these benefits. Yet I have argued that in order to expand their influence and material effects, unions must go beyond these material foundations and be attuned to the cultural dimensions of labor struggle.

The essence of the argument I have made throughout the book is captured in figure 1. Unions must pay attention to both power and culture, and must understand the different ways that power and culture operate on the shop floor and in the broader economy. These two dimensions provide a framework for understanding the campaign to organize Santa Rosa Memorial Hospital. Chapter 1 demonstrated how the cultural values on which SRMH was founded continue to resonate with workers in the hospital, not only because workers’ hearts are “managed” but also because of the interpersonal and vocational nature of hospital work. Chapter 2 described workers’ first organizing efforts in the hospital, and the relationship between workers’ desire for power and their emotional investments in their work—elements that I argue can be made consistent but are not necessarily so. The hospital administration was able to win the first round of the campaign not only by using standard antiunion strategies but also by appealing to those values of caring and compassion to which the union did not clearly speak.

At the end of chapter 2, I presented the story of the union’s political struggle as it moved from the workplace to the political arena. This political strategy was an unsuccessful example of more standard “comprehensive campaigns” or “corporate campaigns,” which use economic and political leverage to neutralize antiunion employers. Although these sorts
of economic and political leverage are often important components of labor struggles, the SJHS campaign demonstrated their limits as well. Since St. Joseph Health System was an organization motivated by more than just the bottom line, the prospect of economic loss was not enough to change the system’s behavior.

Chapters 3 and 4 discussed how the union shifted from a focus on workplace voice and political power to a deeper appreciation of the cultural dimensions of labor struggle. By articulating a compelling vision of Catholic social teaching around which religious leaders could organize, and by combining this argument with powerful worker stories of the “mobilized” heart, the union was able to win an unlikely victory on theological terrain.

Yet at almost the very moment the union won its campaign for a “fair election” agreement, internal conflicts tore apart the union itself. This was the focus of chapter 5. Although the local seemed to prioritize workplace voice and grassroots control, the international saw itself as a political actor working to advance workers’ interests on the national stage.

The framework elaborated above is not only explanatory but also prescriptive. Unions in the twenty-first century must attend to all four

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<th>Workplace</th>
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<td>Culture</td>
<td>Power</td>
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<td>Ideology of capital</td>
<td>Economic and political power</td>
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<td>Workers’ emotional investment in work</td>
<td>Workers’ control</td>
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*Figure 1. A framework for the book*
dimensions of labor struggle, and must navigate the tensions that inevitably emerge between them. This is true not only within organizing campaigns but in labor unions’ everyday practices as well. First, unions must wrestle with the meaning of work as it is experienced by workers. Workers’ emotional investments should not be treated as false consciousness or the result of managerial manipulation, but rather should be understood as emerging out of the labor process itself. As Michael Burawoy writes, “it is lived experience that produces ideology, not the other way around. Ideology is rooted in and expresses the activities out of which it emerges.” Works in the hospital (and elsewhere) who feel emotionally invested in the care they provide are not being fooled: these emotions emerge organically out of their interactions with patients and with one another.

Labor unions must appreciate the interpretive work of organizing, must help workers to see that the care in which they are invested is consistent with the struggle for more power within the hospital. Organizers must help workers move from the martyred heart to the mobilized heart. In his rich account of the relationship between labor unions and new social movements, Dan Clawson argues that unions must “fuse with [new social movements] such that it is no longer clear what is a ‘labor’ issue and what is a ‘women’s’ issue or an ‘immigrant’ issue.” My analysis extends this perspective by arguing that unions must apply new social movements’ appreciation of culture and identity to the shop floor itself.

Conversely, labor organizations must do more to substantiate the claim that worker power is actually consistent with care. Although healthcare unions have long found it rhetorically useful to suggest that unionization improves patient care, there is little evidence to date to support or refute this claim. Indeed, the claim is made more difficult to substantiate by the fact that the National Labor Relations Act narrows the scope of mandatory bargaining to wages, hours, benefits, and working conditions, making negotiations over patient care difficult or impossible in most contexts.

The concept of worker “voice” nicely bridges union’s efforts to enhance worker control with the recognition of workers’ investment in their work. As those at or near the bottom of the hospital’s hierarchy, workers need voice in order to advocate for themselves and for patients, with whom they are often in close contact. Yet as contemporary unions use the word, “voice” risks becoming an empty cliché, a euphemism for worker power and control. Unions might spend more time thinking about and research-
ing the ways that voice enhances and encumbers care, and train workers in how to use their voice in order to enhance their commitment to patients.

Granted, there are times when workers’ emotional investments will inevitably feel in conflict with the desire for workplace power. Even in the hospital, the strike will likely never disappear as an important strategy in labor’s arsenal, but the union can work to interpret strikes more clearly for workers and for the communities they affect. Likewise, however, there are times when unions must support workers’ emotional investments at the expense of workplace power. The contract must be flexible enough to respect the covenant workers will continue to feel with their patients. Moreover, the tension between the two should be a source of ongoing discussion and debate as unions decide on strategy. Describing one success story, Thomas A. Kochan and his colleagues demonstrate how the labor-management partnership at Kaiser Permanente helps to facilitate an interest-based bargaining approach that allows both labor and management to think outside the “black box” of the NLRA.\textsuperscript{13}

Just as workers’ emotional investments must be taken seriously, so should the ideological character of the corporation. In the St. Joseph Health System campaign, the religious commitments of the hospital system leadership had some degree of autonomy from the organization’s economic interests—autonomy that provided the union with a new arena of struggle. Although ideology in the form of Catholic theology may be more readily apparent in a Catholic hospital than in other sorts of corporations, it is important for unions to recognize the ways in which all corporations (and unions themselves!) exist within cultural worlds that can provide unlikely and previously unrecognized openings. Some of the most successful organizing campaigns in recent years have challenged conventional meanings of both “worker” and “employer.”\textsuperscript{14}

Likewise, the labor movement must self-consciously combine a concern for political and economic power with a cultural argument about what kind of society is possible. Bill Fletcher and Fernando Gapasin observe that an “ideology of organizing,” or a focus on expansion for its own sake, has emerged within the labor movement at least in part as a result of the absence of a contemporary vision of a “Left project.”\textsuperscript{15} The union’s attention to the cultural dimension of capital must also involve the articulation of an alternative vision of what work should mean, and how it should be organized, in the twenty-first century. Given this project, there are times
when the union must sacrifice some of its power for the consistency of its cultural argument. For example, blocking the construction of acute-care hospitals does not sit well with the idea that unions stand for better healthcare. On the other hand, there are times when political expediency and power must take priority over cultural consistency. But these times must be chosen deliberately and self-consciously.

Finally, unions must manage the inevitable tensions between bottom-up and top-down strategies. Without worker participation and leadership, the labor movement risks becoming little more than an interest group working on behalf of workers. Former SEIU president Andy Stern wrote almost as much when he described his job as being to “watch out for the threats that confront our members—and all American workers.” Not only does the labor movement begin to sound like the AARP in Stern’s account, but he also presumes a personal capacity to accurately represent the interests of the working class on his own. The iron law of oligarchy, broken briefly, again rears its ugly head. On the other hand, without some degree of centralization and large-scale strategy, victories like the one at Santa Rosa Memorial Hospital risk becoming footnotes in the broader story of union decline. While it took six years to win union recognition for the workers at Santa Rosa Memorial Hospital, the Bureau of Labor Statistics estimates that the hospital industry will expand by over half a million workers (of all classifications) between 2008 and 2018. As Ruth Milkman observes, “In the current environment, with a power imbalance between management and labor more extreme than it has been anytime since the birth of the New Deal, unions can be effective only by combining top-down and bottom-up traditions.”

The four faces to labor struggle present tensions for the labor movement in the twenty-first century, tensions that must be managed rather than resolved. And while there are no easy organizational solutions, one place in which these tensions might be discussed, debated, and made productive rather than destructive is in the context of membership education. Bill Fletcher and Fernando Gapasin rightly suggest that many unions “see membership education . . . as a means of communicating the message of the leadership to the membership.” Instead, they argue that this sort of education should “provide a framework that members can use to analyze their experiences and guide actions in their own interests.” I would add that this sort of education should be reciprocal, in that worker leaders have
important insights into their own workplaces and might help bridge the values and motivations of their co-workers and the broader social justice vision of the union. In his study of the success of the United Farm Workers, Marshall Ganz argues that an organization’s “strategic capacity” is enhanced when people from different backgrounds strategize together. Particularly when confronting new problems, diverse groups can access different resources, bring different skills to bear, and generate more creative solutions. Creating spaces within the union for these sorts of discussions and debates would help avoid the perils of either top-down autocracy or bottom-up utopianism. They also would help to bridge the union’s focus on power with a sensitivity to the experiences and meanings that workers themselves bring to the struggle.

What should unions mean for the workers who belong to them? What vision of society should unions be striving toward? The story at Santa Rosa Memorial Hospital is simultaneously a compelling example of union success and a useful prism through which to ask these broader questions about the labor movement.