

By David Moberg

A dream of 'one big union' for health-care employees

JOBS IN HEALTH CARE ARE BOOMING, AND THE nation's health-worker unions want to share in that growth. In recent years they have found it hard to launch organizing efforts that keep up with the rapid growth of jobs provided by nursing homes and home-care services, as well as outpatient and other medical facilities. Now they think changes within the turbulent industry offer them key openings for unionization—especially if they can get their own houses in order. Ultimately, their success could help push the U.S. toward a more rational, comprehensive national health-care system.

"One big union"; many big conflicts:

For years health-care union organizers have dreamed of forming "one big union" of health workers. In mid-November leaders in the 70,000-member National Union of Hospital and Health Care Employees, or Hospital Workers Union, announced that they were ready to affiliate with the 850,000-member Service Employees International Union (SEIU), which represents about 300,000 health-related workers. But Hospital Workers President Henry Nicholas opposes the move and wants to affiliate with American Federation of State, County and Municipal Employees (AFSCME), which represents about 300,000 health workers, mainly in public institutions. Now there is not only an internal rift over direction of the Hospital Workers but open competition between SEIU and AFSCME for control of the small but aggressive hospital union.

The Hospital Workers are the partial heirs to Local 1199, a New York union that started representing pharmacists in the '30s and made historic breakthroughs organizing the mostly minority, low-paid New York hospital workers in the '60s. After 1974, when Congress amended national labor relations law to cover hospital workers, there was a burst of successful organizing. Local 1199, which was part of the otherwise moribund Retail, Wholesale and Department Store Union (RWDSU), clashed often with SEIU, but leaders in both unions wanted to end the conflicts and form a union for all health workers.

Serious merger discussions started in 1979, but despite Local 1199's enthusiasm, the merger proposal collapsed in 1982, largely because of resistance from RWDSU leaders. Then Local 1199 and RWDSU battled internally for a couple of years, until the Hospital Workers Union spun off as an independent union, leaving half of its previous membership behind in the New York Local 1199 as part of the RWDSU.

After a few years spent trying to establish itself, the newly independent Hospital Workers Union returned in the spring of 1987 to discussions of merger. SEIU seemed the most likely prospect. But Nicholas—by some accounts wary of any merger—had long been friends with AFSCME President Gerald McEntee, even though AFSCME and the Hospital Workers had a bitter battle over organizing drives in Ohio.

A year ago the Hospital Workers Union convention voted in favor of pursuing a merger but left the final decision to the executive board. A unity committee appointed by Nicholas pursued talks with SEIU, AFSCME and other unions. At a lengthy executive board meeting on September 30, the dispute came to a head. The unity committee moved to pursue the AFSCME affilia-

tion and to require a two-thirds vote to approve any merger. But after a walkout by several board members, Nicholas concluded there was no quorum. The remaining board members, who claimed a quorum by virtue of representing 41,000 workers compared to the 28,000 represented by those who walked out, rejected the Unity Committee proposal and adjourned the meeting. Several weeks later they reconvened to recommend merger with SEIU in a February membership vote.

Torn between two unions: Nicholas continues to favor affiliation with AFSCME, arguing that AFSCME offered a better financial deal and more autonomy for the Hospital

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Workers. Although Nicholas said he's not planning to challenge the board's action in court, he argued that the ballot should include both SEIU and AFSCME options. "They can't print and distribute the ballots without my authority," he warned.

Hospital Workers leaders who favor merger with SEIU admit that the AFSCME deal looks richer up front but they argue that in the long run the SEIU offer of new organizing funds and other subsidies virtually matches or betters the AFSCME offer.

More important, they argue that there's a better fit between the Hospital Workers and SEIU. AFSCME is organized on a geographic basis of district councils, reflecting its bargaining with government units. But SEIU has a health-care division—and that would permit closer working relationships with other health-care employees, SEIU advocates say. They also say that the proposed arrangement to give the Hospital Workers autonomy within AFSCME would leave the unit cut off from other AFSCME health workers. Besides, they argue, AFSCME overwhelmingly represents public employees (roughly one-third in hospitals, one-third in mental retardation units and one-third in state psychiatric institutions). SEIU and the Hospital Workers represent primarily private health-care providers, both in profit and non-profit facilities. AFSCME, however, argues that there are no big differences between the needs of private and public health workers.

The driving motivation for the SEIU affiliation, argued Hospital Workers executive vice president for organization, Robert Muehlenkamp, is the "genuine belief that we can all do better if we have one big union of health care workers that concentrates on that and unifies the jurisdiction, so no one could argue who the health care workers' union is." Bob Welsh, executive assistant to SEIU President John Sweeney, said he hopes the SEIU-Hospital Workers affiliation will be to the health industry what the Steelworkers and UAW are to steel and auto.

A difficult operation: In the '80s no union has had much success organizing hospitals. Hospital administrators have employed the usual range of hardball anti-union tactics. Since 1982 they have been aided by a decision of the Reagan-appointed National Labor Relations Board (NLRB) overturning an earlier decision. That decision concerned

the issue of what groups or "units" of workers within a single workplace can hold elections. The issue is of vital importance to unions, because it is easier for them to organize when they can go unit-by-unit, unionizing nurses' aides first, then maintenance employees, then nurses, for example. But the NLRB in 1982 ruled that the smaller units within a larger workforce could hold separate elections only if there was a significant "disparity of interests." That decision made it easier for hospital administrators to broaden election units and dilute support.

But the U.S. Court of Appeals ruled in March 1987 that the NLRB had misinterpreted the law, and the NLRB then agreed under union pressure to establish a formal rule about what units are fair game for organizers, instead of deciding on a case-by-case basis. The new rule, expected in final form soon, is supposed to return basically to the earlier pattern permitting smaller unit elections.

There are about 7.3 million health-care industry workers, and the industry is expected to grow by 2.9 percent annually to reach nearly 10 million by the year 2000. Half of the occupations in the Bureau of Labor Statistics 20 fastest-growing occupations are medical, and three of the 10 occupations with the largest absolute growth in numbers of jobs are health-related. Although doctors and many health professionals are well-paid, the industry's average earnings are slightly below the average for all private, non-supervisory employees, reflecting the very low wages paid in some of the faster-growing occupations, such as home-health aides or medical assistants. Overwhelmingly the lowest-paid workers are minority and female.

Unionization varies tremendously, with public institutions nearly twice as well-organized as private ones. Muehlenkamp esti-

The Hospital Workers Union and the Service Employees International Union plan to merge.

mates that around 12 percent of eligible employees in private health-care facilities are in unions, with unionization stronger in the slowest-growing health-industry sector of hospitals and weaker in the fastest-growing areas of outpatient care. Others estimate that nearly 20 percent of the entire industry is unionized.

Better days ahead: Organizers think that changing economic conditions in the health-care industry, along with the NLRB rule change, should help organizing. In many areas of the country there are already serious shortages of workers.

The lowest-paid health workers have fallen furthest behind in recent years. Even within hospitals, Muehlenkamp said, their share of labor expenditures has shrunk. There is consequently a "pent-up need" for union representation, he argues, and these

workers may be ready to organize in their own defense.

Nurses—who are especially in demand—are fed up with what they see as low pay for their skilled work. They are also frustrated over conditions of work, especially doctor resistance to their playing a larger role in patient care. Many nurses are dropping out of the profession, and younger women often have greater professional alternatives, including becoming doctors, than women did in the past.

Although nurses can now vote with their feet in moving from job to job, organizers think they may also be ready to act collectively. SEIU's Welsh argues that "organizing among professionals, especially registered nurses, will really take off [in the next few years]. It has already picked up the pace. Nurses now lead the pace in organizing in hospitals. As RN organizing expands, you'll see a lot of other service and maintenance organizing follow."

In recent years both SEIU and the Hospital Workers have concentrated on nursing homes and other outpatient facilities more than hospitals. Even though hospitals may be the prime target of a new wave, organizing in the fastest-growing, non-hospital business continues with some success.

"We've been organizing nursing homes by the dozens," Welsh said. "But you can't get contracts in nursing homes. Getting contracts in hospitals is easier, but organizing is harder." But anticipated congressional nursing-home reform and long-term care financing could make it easier for unions to win contracts. Earlier this year home health-care workers in New York won important improvements in wages and work conditions after a concerted campaign of publicity and political pressure.

Welsh also expects SEIU and the Hospital Workers, if their merger is approved, to launch a new campaign organizing in the South. SEIU has built a base in parts of the South in recent years with its Justice for Janitors campaign and the work of SEIU affiliates that were started by ACORN, the low-income community organizing group.

Impetus for national health? The demands of workers for decent pay and better working conditions clash with the pressure to reduce costs, even though wage pressure is certainly not the cause of rapid medical inflation. Along with other crises in the medical system, the new organizing drives among hospital and health workers could lead to a transformation of the nation's health-care delivery.

"What's going to happen within the next decade is we're going to see substantial changes in the health-care delivery system," Welsh said. "There's a consensus among the industry leadership that we can't continue with the present [cost] increases. You could build a consensus for substantial changes in health-care financing. But it doesn't seem politically feasible to move to a national health-care system of some sort without an extremely strong push from health-care workers. We've said quality of care and access are critical in our organizing."

Success in organizing health-care workers in the next few years will obviously affect more than the jobs and income of the workers themselves. It could become a major force for the much-needed, long-deferred creation of a comprehensive national health-care system. □

By John B. Judis

WASHINGTON

WHEN PAUL NITZE JOINED THE REAGAN administration as an arms-control negotiator in 1981, he had the reputation of being a staunch hawk who had fiercely opposed President Carter's SALT II treaty with the Soviets. But as Reagan leaves office, Nitze stands out as the administration's chief proponent of arms control. And Nitze's legacy as, in his own words, the administration's "radical dove" illustrates the degree to which other Reagan officials have stood firmly against meaningful negotiations with the Soviet Union.

Late last month Nitze, the special adviser to the secretary of state on arms-control matters, spoke at Harvard University's Strategy and Arms Control Seminar. Nitze's speech, titled "The Nuclear and Space Talks: The Reagan Legacy and the Path Ahead," represented the veteran arms expert's swan song as the leading voice for arms control within the administration.

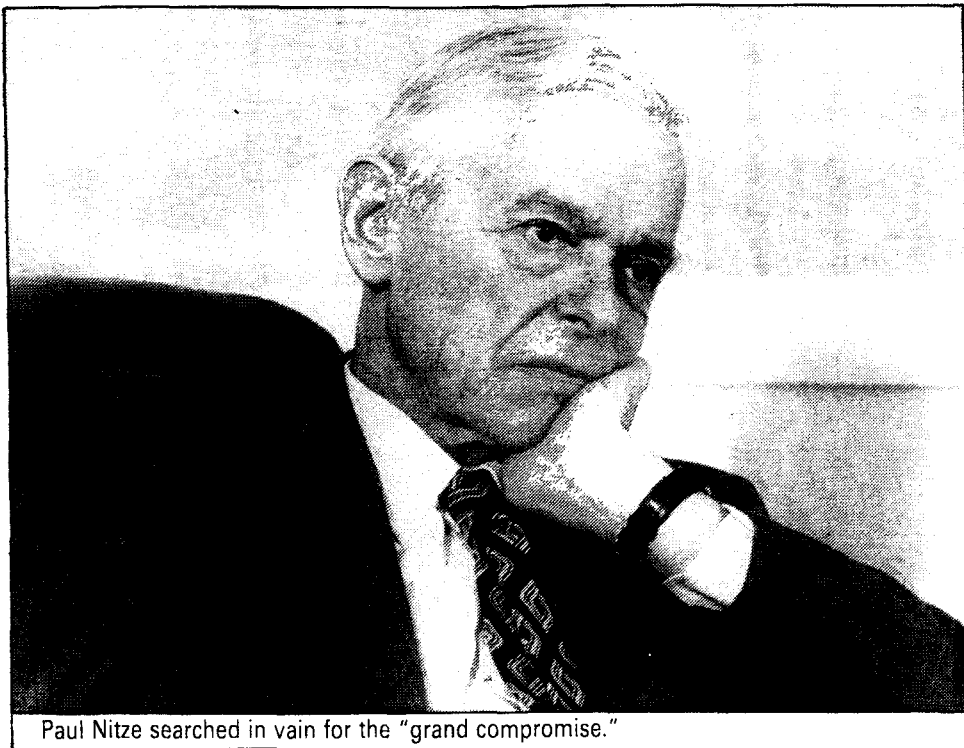
Like most of Nitze's speeches over the last seven years, this one can be read as a standard anti-Soviet diatribe. But if Nitze's words are placed in the context of internal administration arms-control battles, his speech is an eloquent plea for a new comprehensive arms-control agreement. It also represents an attack on the main obstacle to such an agreement—the Reagan administration's unwillingness to bargain with the Soviet Union over the Strategic Defense Initiative (SDI), or Star Wars.

For the last four years Nitze has advocated the same formula for a new treaty that he followed in negotiating the original SALT-ABM treaty of 1972: swap American concessions in defensive weaponry for Soviet concessions in offensive weaponry. Nitze wanted the U.S. to put off SDI development and testing in exchange for Soviet reductions in their land-based heavy missiles—weapons that Nitze argued could be used for a first strike against U.S. missile silos.

Nitze and chief arms negotiator Max Kampelman were able to wring repeated concessions on ICBMs from Soviet negotiators, but they were not able to get their own administration to budge on SDI. As a result, one opportunity after another for a comprehensive nuclear weapons treaty was lost. In his Harvard speech, Nitze advised the Bush administration not to make the same mistake.

Star Wars in the White House: In a new book about Nitze, *The Master of the Game*, Strobe Talbott, a reporter for *Time* magazine, tells how Nitze tried, since 1985, to get the administration to agree to what proponents called the "grand compromise." On Nitze's side throughout most of these internal battles were Kampelman, Secretary of State George Shultz and National Security Advisers Robert McFarlane and Frank Carlucci. Against him were Secretary of Defense Caspar Weinberger, Assistant Secretary of Defense Richard Perle, Arms Control and Disarmament Agency (ACDA) Director Kenneth Adelman and, most important, Ronald Reagan.

When the president announced his Star Wars plan in March 1983, he caught most of his advisers by surprise. Among the most skeptical about the new plan were Weinberger and the Pentagon. But as the president's advisers saw how utterly committed he was to the "dream" of a space-based defense against nuclear attack, they sought to adapt the plan to their own purposes. Nitze, McFarlane and Shultz viewed it as an important bargaining chip in arms-control negoti-



Paul Nitze searched in vain for the "grand compromise."

Arms negotiator Nitze and the deal not made

ations. McFarlane called it "the greatest sting operation in history"—a high-powered con job to get Soviet concessions.

Weinberger and Perle saw it as a way to destroy arms-control negotiations by plac-

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ing an immovable object in the way of Soviet agreement to strategic arms reductions. Perle got a Defense Department lawyer, who had no background in international law, to declare that the development and testing of a Star Wars system would not violate the ABM treaty. This "broad" interpretation of the ABM treaty overcame the last legal obstacle to the Weinberger-Perle ploy.

By contrast, Nitze's strategy on SDI, like his strategy during the INF negotiations, was to try to work out the terms of his own agreement with the Soviet Union, while attempting to lay the groundwork for presidential consent on SDI negotiations. Nitze tried to give ground to his opponents within the administration without losing his basic position. For instance, he finally agreed publicly that Perle's "broad" interpretation of the ABM treaty was the correct one. But Nitze insisted that in order to appease Congress and the European allies, the U.S. must officially adhere to the long-honored "narrow" interpretation that barred any development and testing of space-based weapons.

At home, Nitze argued that before it was deployed, a space-based weapons system would have to prove militarily effective and survivable against attack. He also stipulated that once a new SDI system was in place, it would have to be cost-effective "at the margin"—that is, cost-effective when computed to any new Soviet systems designed to outwit it. SDI's proponents declared that Nitze's criteria were meant to kill the program. The criteria were "not meetable," Henry Kissinger wrote in April 1985.

With the Soviets, Nitze argued that reductions in Soviet offensive weapons could be linked to the perpetuation of the ABM treaty. The Soviets initially demanded that the U.S. adhere to the ABM treaty for 15 years, but at Reykjavik in October 1987 they dropped

their demand to 10 years. Nitze got fleeting agreement to 10 years from the president. But the two sides failed to reach an agreement about what abiding by the treaty would mean. Thus at Reykjavik, negotiations finally broke off when Reagan and Soviet leader Mikhail Gorbachov could not agree whether the treaty's ban on testing applied to space-based tests of SDI components.

The meaning of ABM: After Reykjavik, Nitze tried a different tack. His new plan was to get the U.S. and the Soviets to negotiate specifically what kinds of tests would be permitted or prohibited under the ABM treaty. Nitze wanted to remove rather than exploit the treaty's ambiguities. But even Nitze allies Shultz and Kampelman balked at trying to get this proposal past Reagan, who would not countenance any threat to SDI.

Even after Weinberger, Perle and Adelman resigned in 1987 and were replaced by officials amenable to Nitze's "grand compro-

The administration's refusal to budge on Star Wars meant many opportunities for a comprehensive nuclear arms treaty were lost.

mise," Nitze and Shultz were still not able to make headway with Reagan. In May of this year National Security Adviser Colin Powell announced finally that the president would "accept no cute way of listing 'permitted/prohibited' activities" under the ABM treaty. In the end, Reagan himself was the greatest obstacle to any comprehensive agreement with the Soviets.

But even though Nitze did not succeed in getting a new treaty, he did establish the framework that a new administration could adopt: the Soviets and the U.S. would agree to 50 percent cuts in their strategic weapons, subject to specific additional limits on land-based ICBMs, and would agree to abide by a strict interpretation of the ABM treaty—re-

searching, but not testing or deploying, a new space defense.

Almost every sentence of Nitze's speech at Harvard could be read as a defense of his position against that of Weinberger, Perle and other critics. In response to the advocates of nuclear shields, Nitze declared that American security policy had to be based on "deterrence—that is, the prevention of conflict by convincing a potential opponent that the risks and costs of aggression far outweigh any possible gains he might hope to achieve."

In response to the proponents of testing and deployment, Nitze asserted that a "robust SDI research program is important and necessary." In response to the contractors and the pro-SDI "Laser Lobby" in Congress, Nitze argued that "SDI [should] be guided by the criteria of survivability and cost-effectiveness at the margin. Deployment of a space-based defense system itself vulnerable to attack would encourage the Soviets to attack that system early in a crisis; deployment of a system that was not cost-effective would encourage the USSR to proliferate offensive systems in response."

Nitze reiterated his firm support for U.S.-Soviet negotiations on what should be prohibited and what should be permitted under the ABM treaty. The U.S., Nitze said, should negotiate with the Soviet Union "a clarification of the ABM treaty's definition of testing in any ABM mode and of components capable of substituting for ABM launchers, interceptor missiles and radars."

On one point Nitze went beyond his own negotiating position. Having previously advocated that the U.S. negotiate a period of non-withdrawal from the ABM treaty, Nitze now suggested that the U.S. should negotiate indefinite compliance with the treaty. Because "the Soviets may be able to deploy large-scale ABM defenses before we are, provisions freeing the sides from ABM treaty constraints on a [specific] date could be destabilizing under this scenario."

Scowcroft appointment: If President-elect Bush follows Nitze's advice, he could probably obtain a major arms-control treaty that would go well beyond SALT and SALT II. This new treaty could actually reduce armaments and the threat of nuclear war. But if he follows the advice of the extreme right and refuses any SDI negotiations, Bush may not get an agreement from Moscow at all.

While the president-elect has periodically hinted that he takes Nitze's position that SDI should be used as a bargaining chip, he has quickly withdrawn or denied these statements after protests from the right. Since his election, however, Bush has made one appointment that augurs well for the grand compromise.

Bush's new national security adviser, Brent Scowcroft, is on record against SDI and for the narrow interpretation of the ABM treaty. In a report released last year Scowcroft and four other defense experts wrote that they saw "no prospect of building a significant and effective shield." And they called the broad interpretation "implausible." Also, Scowcroft, a trustee of the RAND Corporation, approved a strategy paper that buttressed Nitze's case for the grand compromise.

Of course Scowcroft may not get his way any more than Nitze did. It will be important to watch whom Bush's nominees for ACDA director and for Perle's former job as assistant secretary of defense for international security policy. The 82-year-old Nitze probably won't get either of these posts. But if his allies do, it's a good bet that Bush will try to do business with the Soviets on SDI. □

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