Instructions:

Set up: place decade markers along the wall from 1910 to 2020.

Each table will receive its section of healthcare worker history handouts (1 handout per person) and timeline events (one set per group). They will read through their section and answer the questions with their table, choose a scribe, and report back to people.

Report back: One section at a time, participants will place their events on the large timeline on the wall while giving their reportbacks based on their questions.

More than one group may have a section, in which case they can alternate answering questions and only one group places the timeline of course.

Section 1: 1919-1935 How Workers Won the Right to Unionize

Section 2: 1930s-1947 Healthcare Workers Lose the Right to Unionize

Section 3: 1947-1964 Rise of Healthcare Industry & Healthcare Unionization

Section 4: 1965-1974 Healthcare Workers Winning Back What We Lost

Section 5: 1974-1988 Hard Times and More Healthcare; (try it without staff this time)

Section 6: 1990-2023 The American Worker is a Healthcare Worker (But We Haven't Noticed)

Section 7: 1990-2005 California Nurses Get Serious about Staffing

Section 8: 2005-2023 NY Making Moves

Takeaways:

1) Our inability to do our jobs well as healthcare workers is often a product of systemic forces, but the perception of it being attributable to our own failure keeps the system working and healthcare workers experiencing higher levels of moral injury (one study said higher than the military.)

2) There is a long history of workers - and healthcare workers - fighting for their rights on the job and for their patients.

3) We can win! And it takes time.

4) Power concedes nothing without a demand. It never did and it never will. -- Frederick Douglass. We have to demand more of our employers and of our elected officials.

5) Healthcare workers have more power than we realize, but progress takes *mass sustained* mobilization

1910s-1930s: How Workers Won the Right to Unionize

INSTRUCTIONS: Review the questions below and keep them in mind as you read through the full section. Be prepared to place your highlights on the long timeline and explain how they fit with this part of labor history.

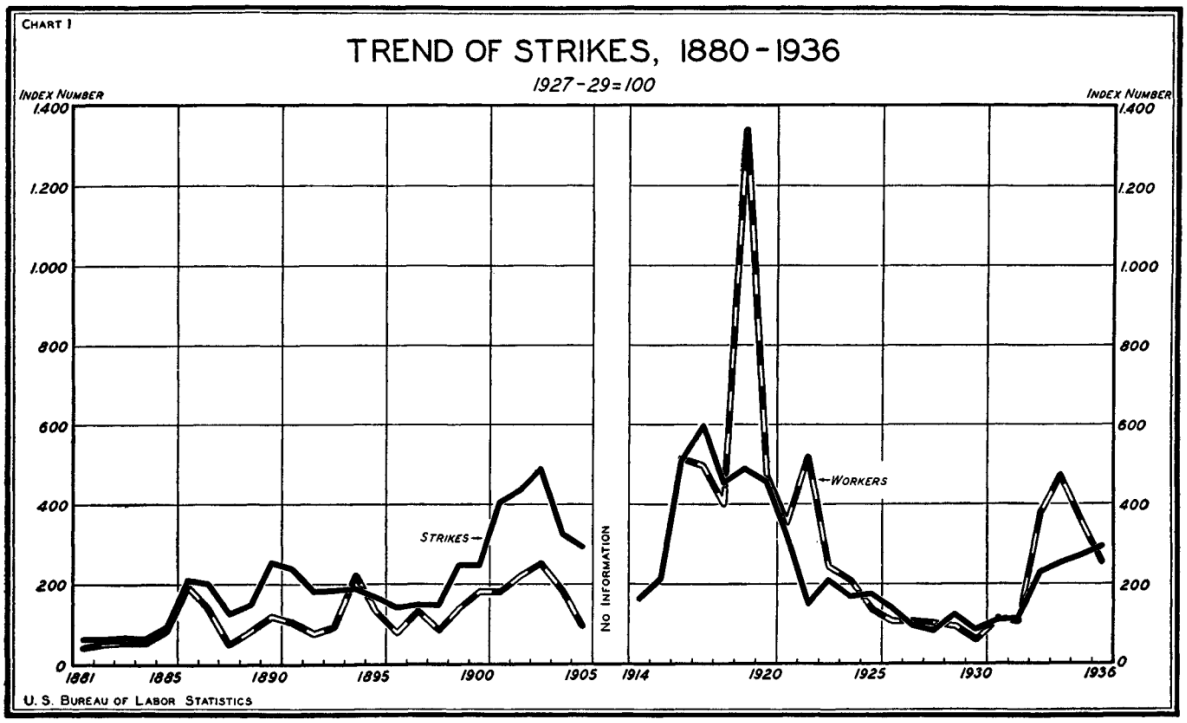
Questions to Answer

1. How did American workers win the right to unionize? (Be prepared to summarize the story from the 1900s to the passage of the NLRA)

2. What was different about union activity between then and now?

3. Where were the healthcare workers in all of this? (If the answer isn't explicitly in the reading, do your best to make an educated guess!)

****Trends of strikes - add to the timeline image a line for when the NLRA passed in 1935.*



Waves of Organizing and Setbacks

After World War I, workers' expectations were raised by improved working conditions mandated by the government to keep production up and labor disputes down so that industry could keep up wartime production. When the war was over, businesses went back to the poor conditions and pay prior to the war. Workers were not having it.

The 1919 Strike Wave was massive, with hundreds of thousands of workers going out on strike. One of every five workers was involved in a strike that year, including National coal, clothing, and steel workers. Organizing skills were being built in real-time as workers mobilized in ways never before seen, including a General Strike that shut down the City of Seattle.

Seattle General Strike: On the morning of February 6, 1919, Seattle, a city of 315,000 people, stopped working. 25,000 other union members had joined 35,000 shipyard workers already on strike. The city's AFL unions, 101 of them, had voted to walk out in a gesture of support and solidarity. Most of the remaining workforce stayed home as stores closed and streetcars stopped running. The city was stunned and quiet. The

Central Labor Council and 60,000 union members, hummed with activity. An elected Strike Committee had taken responsibility for coordinating essential services.

Thousands were fed each day at impromptu dining stations staffed by members of the culinary unions. The teamsters union saw to it that supplies reached the hospitals, and that milk and food deliveries continued. An unarmed force of labor's "War Veteran Guards" patrolled the streets, urging calm, urging strikers to stay at home. On the second day, the Mayor threatened to declare martial law and two battalions of US Army troops took up position in the city, but the unions ignored the threat and calm prevailed. "Nothing moved but the tide," remembered a striker years later.

https://depts.washington.edu/labhist/strike/

The 1920s saw a backlash against labor amongst the public and the government; some of this was due to a fear of communism spurned from the Bolshevik revolution in Russia. Union organizers were targeted, and small wins like a very limited minimum wage law were overturned. Big business's interests won the day and profits soared - for a time.

The 1930s was the time of the Great Depression, and labor organizing saw a resurgence. Another enormous strike wave occurred in 1934 with a general strike in San Francisco and a textile industry-wide strike throughout the Eastern United States.

Pictured: 1934 striking textile workers face off with the National Guard.

The scale of labor militancy in the 1910s and the 1930s is difficult for us to imagine today. Beyond the sheer numbers was the risk the workers were taking on. Strikers were killed by the police at this time. The workers

were taking risks - not just risks of being fired for union activity, but even the risk of being killed.

Elected officials and company leaders at the time could not ignore the disruption that these general strikes and protests were creating. The workers and unemployed created a crisis that government and business leaders were forced to address.

The answer came in the form of many New Deal reforms that fundamentally altered the way government works in America. The part of the New Deal reform that is most relevant to our discussion of being a healthcare worker today is the National Labor Relations Act (NLRA), allowing workers the right to organize a union. It included healthcare workers; however, farm workers, domestic workers, and government employees were not covered

Timeline Highlights

1919: Strike Wave. One of every five workers is involved in a strike. This strike wave includes national clothing, coal, and steel strikes; and a general strike in Seattle.

1920: Attorney General A. Mitchell Palmer ordered federal agents and local police to raid the homes and headquarters of suspected radicals and communists, arresting at least 6,000 people, many labor organizers.

1923: *Adkins v. Children's Hospital* (1923) invalidated minimum-wage laws that protected women workers

1934: Strike Wave: Hundreds of thousands of workers walked off the job in strike actions, including a general strike in San Francisco and an industry-wide strike among textile workers.

1935: The National Labor Relations Act (NLRA) was passed.

1930s-1947: Healthcare Workers Lose the Right to Union Protections

INSTRUCTIONS: Review the questions below and keep them in mind as you read through the full section. Be prepared to place your highlights on the long timeline and explain how they fit with this part of labor history.

Questions to Answer

1. What was healthcare work/healthcare unionism like at the time of the 1947 removal of healthcare workers from union protections?

2. What do you think was different about healthcare workers that allowed the government to take away their union protections while other workers kept their right to a union?

3. Why did the hospital leaders say that the amendment excluding non-profit hospitals from unionization was necessary?

4. Do you think there are similar arguments made by our employers now?

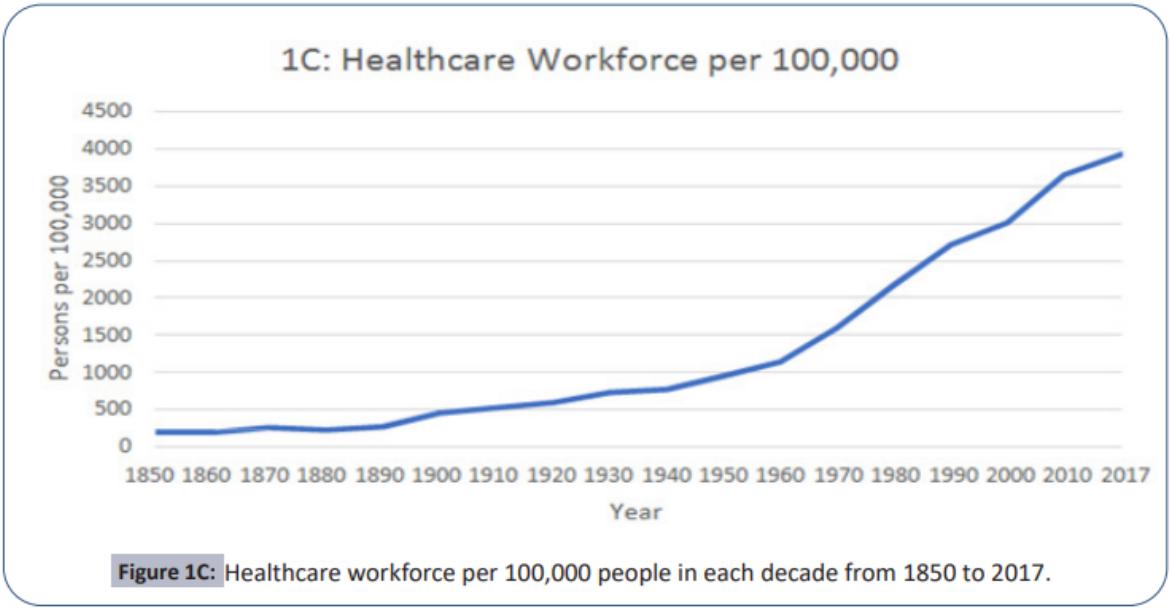


Figure 1C: Healthcare workforce per 100,000 people in each decade from 1850 to 2017.

The vibrant labor movement of the 1910s and mid-1930s did not exist for healthcare workers. This is partly because healthcare workers did not exist in the same way as they do today. The healthcare workforce was much smaller, made up of private-duty nurses and primarily women and people of color. This group was not afforded the same rights in society as the predominantly white male make-up of the trade union movement that benefited significantly from the passage of the NLRA.

The Buffalo General Hospital, 1919.

Hospitals were changing from essentially a place for the very poor and sick to get basic care (people with money had doctors make house calls) to places of advanced technology, where cures and treatments were becoming increasingly sophisticated. These earlier hospitals were usually run and paid for by charity through religious institutions and are the forerunners of the non-profit healthcare facilities we see today.

Nurses and non-nurse hospital healthcare workers came to unionization mostly through two different paths. Prior to World War II, nurses were primarily in private duty situations, caring for mostly the wealthy in their homes. Beginning in the 1930s and accelerating more post-WWII, "ward" or hospital nursing became the most common nursing job. Early nurse unionization came to be through nurses associations.

Non-nurse unionization arose through a more traditional unionization model - led in no small part in the early years by 1199 - which organized laundry, dietary, and environmental service departments. 1199 began as a NYC pharmacists union that expanded in the 1930s from unionizing pharmacists and drug store clerks, who were primarily Jewish, to unionizing drugstore stockmen and porters, who were predominantly black.

In the 1940s, as some non-nurse sectors began to organize, Nurse Associations were explicitly against militant means like strikes to improve working conditions and patient

care. The strike violated the values articulated by associations, which expressed a deep moral obligation to provide care to ailing patients. Equally significant was the sense that striking endangered the status attainment efforts critical to the professional project. Nurses drew firm boundaries between themselves and the "working-class" workers in hospitals who were beginning to unionize.

In 1943, the American Nurses Association approached the American Hospital Association to collaborate on improving nurses' working conditions, claiming it was "the strategic time to develop and establish desirable personnel practices in hospitals, and that if the professional organizations do not take leadership at this time, others will." This was in reference to the rising tide of healthcare employment and stirrings of union activity among healthcare workers.

Addition Planned -
The Buffalo Evening News, April 4, 1945

There was not a strong healthcare worker labor movement at this time, so in 1947, when Senator Tydings offered the amendment exempting nonprofit hospital workers from union protection, there was no strong avenue for pushback. Healthcare workers were expected

by their employers, government officials and even professional associations to act out of charity. Healthcare workers at the time were overwhelmingly women and often women of color.

In submitting the amendment the Senator stated:
"Mr. President, this amendment is designed merely to help a great number of hospitals which are having very difficult times. ... no profit is involved in their operations, and I understand from the Hospital Association that this amendment would be very helpful in their efforts to serve those who have not the means to pay for hospital service, enable them to keep the doors open and operate the hospitals. Employees [sic] of such a hospital should not have to come to the National Labor Relations Board. A charitable institution is away beyond the scope of labor-management relations in which a profit is involved.... I am told it will be a big aid to the community if they are not brought in under the strict scope of labor-management commercial relations where profit is involved."

Timeline Highlight

1947: Taft Hartley codifies the exclusion of non-profit healthcare facility workers from organizing a union.

1947-1964: Rise of the Healthcare Industry and Healthcare Unionization

INSTRUCTIONS: Review the questions below and keep them in mind as you read through the full section. Be prepared to place your highlights on the long timeline and explain how they fit with this part of labor history.

Questions to Answer

1. What was the overall environment for unions during this time period?

2. Why was the number of hospitals and healthcare workers increasing during this time period?

3. Was it different for healthcare workers than other workers? Were there differences among healthcare workers?

In 1947, the Taft Hartley Act codified the exclusion of non-profit healthcare facility workers from organizing a union. Meanwhile, the 1950s were a time of relative prosperity for most American workers. This prosperity and government support and legislation led to a vast expansion of the healthcare system, which included an expansion in the numbers of healthcare workers.

Traditional trade unions turned inwards towards representation and service. Mainly because they were doing okay - they weren't growing in size, in fact, density was slightly decreasing but productivity and wages were both rising together. The "American Worker" of the popular imagination (trade unionist white male) was winning.

One thing those workers were winning was health insurance. Particularly during WWII, when wage increases weren't possible, benefits increased. From 1940 to 1966 the number of people with insurance against the costs of medical care increased from 6 million to more than 75 million, with most of the growth occurring through trade union action.

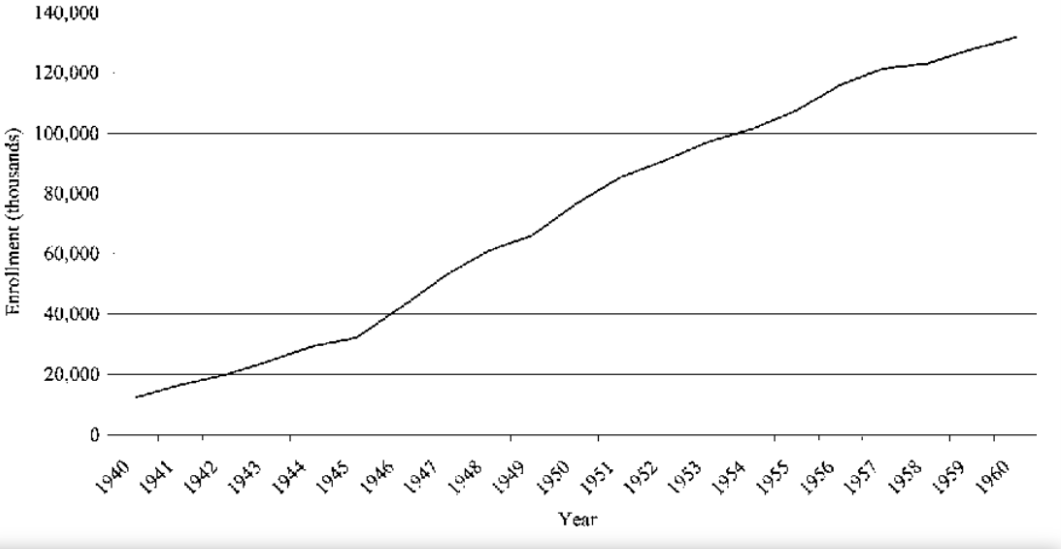


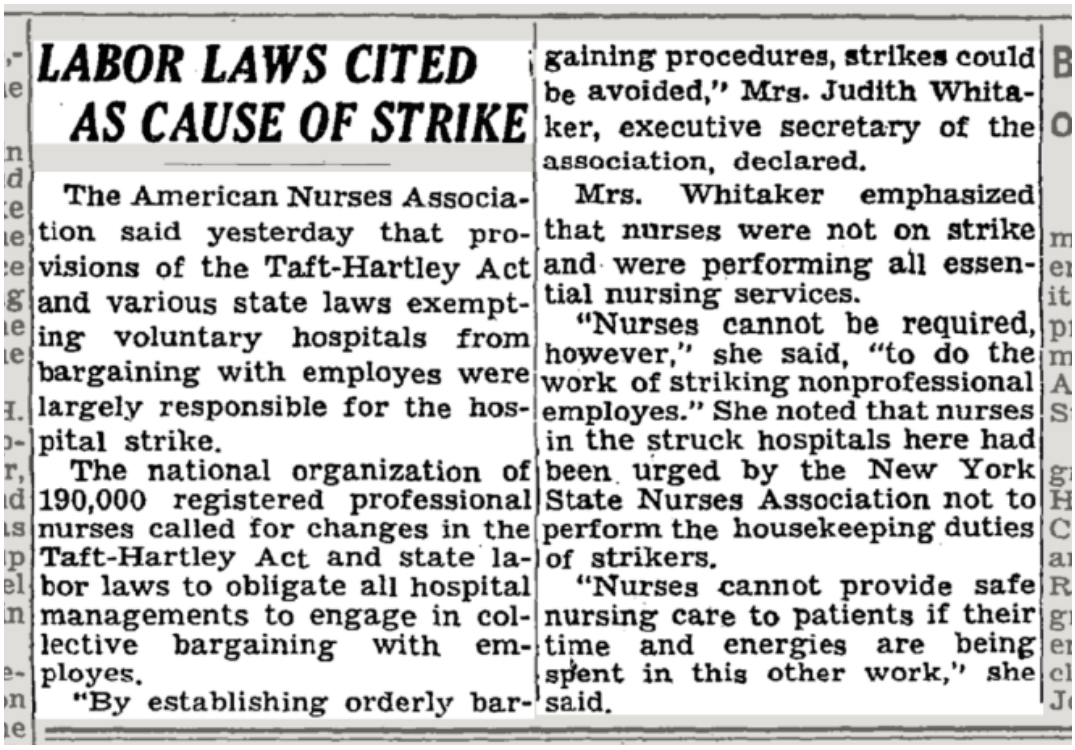
FIG. 1. Number of people enrolled in health insurance plans, 1940–1960. Source: Source Book of Health Insurance Data, 1976–1977.

The 1950s saw the advent of more unionized insured and private insurance being on the rise, and healthcare facilities and healthcare labor expanded exponentially. Healthcare costs also rise, making private insurance less affordable. With expanding healthcare coverage and technology, the hard-fought union wins raised everyone's expectations, paving the way for later wins like Medicare and Medicaid. By the end of the 1950s, some of the first large-scale hospital labor actions began.

1959-1960 saw a Hospital mini strike wave; a series of long strikes against hospitals-46 days in New York, 84 days in Seattle, and over four months in Chicago. In addition, there were threats of strikes and union organizing in Baltimore, Kansas City, Philadelphia, Miami, Rochester, and Buffalo.

The first 1199 hospital organizing drive began at this time when a porter at an unorganized Montefiore Hospital compared notes with a relative working as a porter in a Bronx pharmacy. The hospital porter was earning half what the drugstore porter was making, plus the drugstore porter had an employer-paid pension, and health and welfare protection. Most of the union action at this time was driven by non-nurses, the Nurse Associations did make some attempts at solidarity, and to roll back the 1947 exclusion.

See the picture of the 1959 NYTimes article.



LABOR LAWS CITED AS CAUSE OF STRIKE

The American Nurses Association said yesterday that provisions of the Taft-Hartley Act and various state laws exempting voluntary hospitals from bargaining with employes were largely responsible for the hospital strike.

The national organization of 190,000 registered professional nurses called for changes in the Taft-Hartley Act and state labor laws to obligate all hospital managements to engage in collective bargaining with employes.

"By establishing orderly bargaining procedures, strikes could be avoided," Mrs. Judith Whitaker, executive secretary of the association, declared.

Mrs. Whitaker emphasized that nurses were not on strike and were performing all essential nursing services.

"Nurses cannot be required, however," she said, "to do the work of striking nonprofessional employes." She noted that nurses in the struck hospitals here had been urged by the New York State Nurses Association not to perform the housekeeping duties of strikers.

"Nurses cannot provide safe nursing care to patients if their time and energies are being spent in this other work," she said.

Timeline Highlights

1950s: Rise of employer-based health insurance leads to an expanding healthcare labor force and healthcare industry

1959-1960: Mini hospital strike wave

1962: 1199 union leads a 56-day strike in 1962 at Beth El Hospital, now Brookdale Hospital Medical Center, in Brooklyn

1965-1974: Healthcare Workers, Winning Back What We Lost

INSTRUCTIONS: Review the questions below and keep them in mind as you read through the full section. Be prepared to place your highlights on the long timeline and explain how they fit with this part of labor history.

Questions to Answer

1. Why was the number of hospitals and healthcare workers increasing during this time period?

2. What was the overall environment for unions during this time period? Why?

3. Was it different for healthcare workers than other workers? Were there differences among healthcare workers?

In 1965, Medicare was passed. Medicare's implementation led to increasing expansion of the healthcare industry and labor force. Medicare at this time was reimbursed on a "cost plus" reimbursement system meaning that hospitals were reimbursed for the cost of the care provided plus an additional percentage. "Fee for service" is another way to describe being paid the cost of the services provided. This expansion in coverage allowed hospitals to add more beds, more staff, and more services.

The healthcare workforce was expanding by leaps and bounds, and with this expansion, unionized healthcare worker numbers went up. Between 1966 and 1969, the percentage of unionized hospitals almost doubled (the numbers weren't huge to begin with, ending with 9% of private hospitals being unionized).

In the 1960s, 1199 emerged as a leading healthcare union and combined the strengths of its workforce with the strength of the civil rights movement. Healthcare work in this era, especially in large Northeastern cities and in the areas of laundry service and personal care aides was the purview largely of people of color. Dr. Martin Luther King Jr stood with 1199 during the strikes for recognition at two NYC hospitals in 1962. Throughout the turbulent decades of the 1960s, 1199 members joined Dr. King and other civil rights leaders at marches in the South, including the 1965 voting rights march in Selma, Alabama.

In 1969, some 450 workers at the Medical College Hospital of the University of South Carolina (MCH) and the smaller Charleston County Hospital struck for three months with 1199 for recognition and protection. The strikers, led by nurse's aide Mary Moultrie, were all low-paid African Americans and 90 percent were women. Over the course of the 113-day strike, thousands were arrested.

Coretta Scott King, Martin Luther King Jr's wife, was the honorary chairperson of the Union's national organizing campaign. The workers never won Union recognition, but the struggle led to significant changes in Charleston and the campaign helped launch 1199's massive expansion. One year later, the "Union Power. Soul Power" campaign organized nearly 6,000 workers at six hospitals in Baltimore, and expanded their reach and fear into hospital administrators all over the country.

Figure 4.2 Workers at Presbyterian University Hospital celebrating and making V signs and wearing "Local 1199 Drug and Hospital Union" caps in recognition of union, November–December 1969. Photo by Charles "Teenie" Harris / Teenie Harris Archive / Carnegie Museum of Art / Getty Images.

Pennsylvania was one state with a vibrant healthcare worker unionization movement. In Pittsburgh, in the early 1970s, 1199 organizers were facilitating healthcare workers' organizing and strike activity, including thousands of people rallying and three hospitals with strong organizing drives among the service workers. After pressure from healthcare workers - such as a public demonstration in the state's capitol by striking workers from Pittsburgh, Pennsylvania's legislature decided to

include non-profit hospitals that received federal funding in a bill that expanded labor rights to more categories of workers in 1970.

This movement towards a more aggressive stance of healthcare workers for improved working conditions and wages was not just 1199. By the 1970s, nurse's associations began to articulate striking as a defense of the quality of care for patients against uncaring employers. This shift from the prior stance of nurse workplace actions as immoral and the more militant actions of nurse associations put pressure on elected officials and hospital administrators to do something.

In 1974, Forty-three hospitals in the San Francisco Bay area were closed for all but emergency cases, thanks to a 4000 nurse strike. The nurses were seeking substantial pay increases, the opportunity to get every other weekend off, and a greater voice in patient care in the hospitals, especially staffing.

In 1974 the National Labor Relations Act was amended to extend coverage and protection to employees of non-profit hospitals. (The process was guided through Congress through Republican Robert Taft Jr, son of the Taft of the Taft-Hartley Bill of 1947.) Some historians state this decision was made because of low wages and high employee turnover. However, this is a tunnel-visioned way of seeing the situation. As we know, simply the existence of poor working conditions and wages does not pressure employers or elected officials to shift them. The workers have to demand better.

Timeline Highlights

1965: Medicare was created, expanding health coverage for many, expanding hospitals, the healthcare industry and the healthcare workforce.

1969: In tandem with the civil rights movement, the Charleston hospital strike launched 1199's national union drive, striking fear in the hearts of hospital administrators near and far.

1970: After public pressure from hospital workers, PA repeals the exclusion of non-profit healthcare workers from union protections at the state level.

1974: 43 hospitals, 4000 nurses strike in San Francisco.

1974-1988: Hard Times and More Healthcare (*try it without staff this time*)

INSTRUCTIONS: Review the questions below and keep them in mind as you read through the full section. Be prepared to place your highlights on the long timeline and explain how they fit with this part of labor history.

Questions to Answer

1. Why was the number of healthcare workers increasing during this time period?

2. What was the overall environment for unions during this time period? Why?

3. Was it different for healthcare workers than other workers? Were there differences among healthcare workers?

4. What was the significance of the shift from FFS to PPS payment systems?

1970s (to the mid 1990s): Mass deindustrialization. Union workers in the traditional realms of manufacturing and construction are laid off in droves, leading to high unemployment and diseases of despair and economic insecurity, increasing the need for healthcare services.

While manufacturing jobs decreased, healthcare employment steadily increased. The graph below is of Pittsburgh but reflects the general trend of employment shifts from industries like steel to healthcare, especially in the "rustbelt." While employment numbers from the traditional male-white union sectors seemed to transfer to the healthcare sector which was more dominated by women and people of color, the union wages and benefits did not.

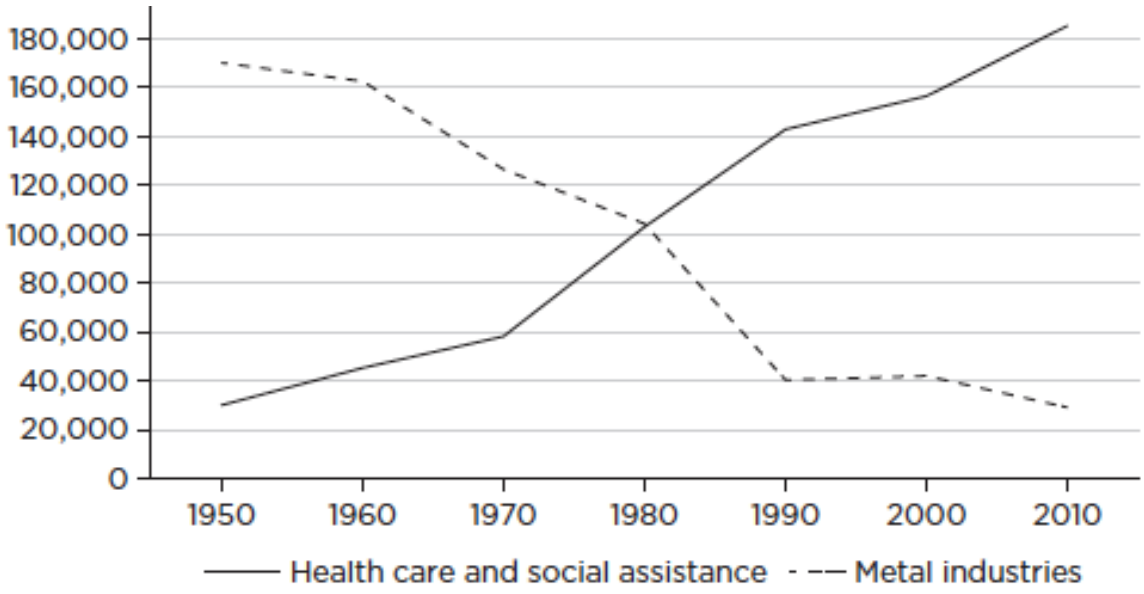
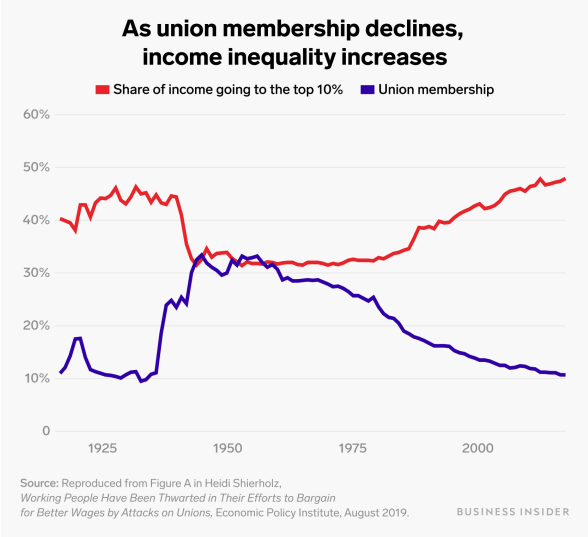
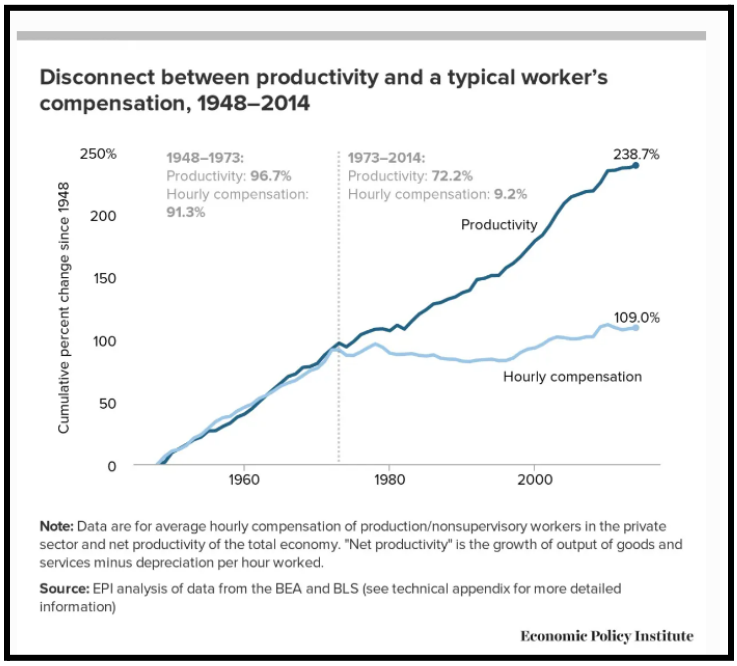


Figure I.1 Employment in metal production and health care and social assistance, Pittsburgh area, 1950–2010. *Data source:* US Census.

The 1970s also marked the shift where productivity and wages no longer track, beginning the steep increase in income and wealth inequality. Prior to this time, the more productive we were as a society, the more our wages would increase. This change in the economic laws is attributable to many factors, but none so much as financialization. For more on this, see CWA's famous Runaway Inequality training coming to a union local near you next year.





In 1981, Reagan fired 11,000 Air Traffic Controllers that were out on strike. Famously referred to as "PATCO". In August 1981, more than 12,000 members of the Professional Air Traffic Controllers Organization (PATCO) went on strike after contract negotiations with the Federal Aviation Administration (FAA) broke down. After only 48 hours, President Ronald Reagan fired all the strikers who would not cross the picket line and return to work. It was a bellwether for the hard-line government would take against workers and the precipitous decline of union power at this time.

In 1982, Buffalo General Nurses joined CWA. While healthcare workers across the country are organizing at this time, and wages and benefits are increasing, these successes are stymied by the overall anti-union climate.

In 1983, Congress passed a Medicare law changing the reimbursement structure from fee for service or "cost-plus" to prospective payment system (PPS) or diagnostic-related groups (DRGs). Under pressure to curtail rising healthcare costs, government officials compromised with hospital lobbyists on a reimbursement system that favored larger teaching hospitals to the detriment of smaller local and rural hospitals. The fallout from this decision still haunts our ever-centralizing healthcare system today.

With PPS, hospitals now worked off a fixed price sheet, with each diagnosis worth a certain reimbursement regardless of treatment cost. Private insurers, following Medicare's lead, also generally shifted to prospective payment. The new system discouraged long hospital stays and put pressure on hospitals to reduce labor costs, and cut staff. From 1965 to 1983, hospitals were rewarded for volume of care—the greatest component of which was labor. After action by Congress in 1983, the reward structure shifted to encourage the intensity of intervention. Another consequence is that many group medical practices began to expand their outpatient services in order to offset revenues lost as a result of shorter hospital stays.

During this same time period, patients were getting sicker as the length of stays was decreasing. More and more pressure on hospitals' bottom line led to cutting healthcare workers and asking those left to do more with less. Healthcare workers continued to fight back. In 1984, It held the record for the largest Nurses' Strike in US history until 2010. Issues involved layoffs, resulting from changes in Medicare reimbursement structure (DRGs), and the application of seniority.

Timeline Highlights

1970s: mass de-industrialization

1981: President Reagan fires 11,000 Air Traffic Controllers that were out on strike

1982: Buffalo General Nurses win union recognition

1983: Congress passed a Medicare law changing the reimbursement structure from fee for service or "cost-plus" to prospective payment system (PPS) or diagnostic-related groups (DRGs)

1984: The Minnesota Nurses Association takes 6000 nurses go on strike at 17 hospitals

1987: At a 2000-bed hospital in Southern California, nurses staged a 2-day sick-out

1990-2023: The American Worker is a Healthcare Worker (But We Haven't Noticed)

INSTRUCTIONS: Review the questions below and keep them in mind as you read through the full section. Be prepared to place your highlights on the long timeline and explain how they fit with this part of labor history.

Questions to Answer

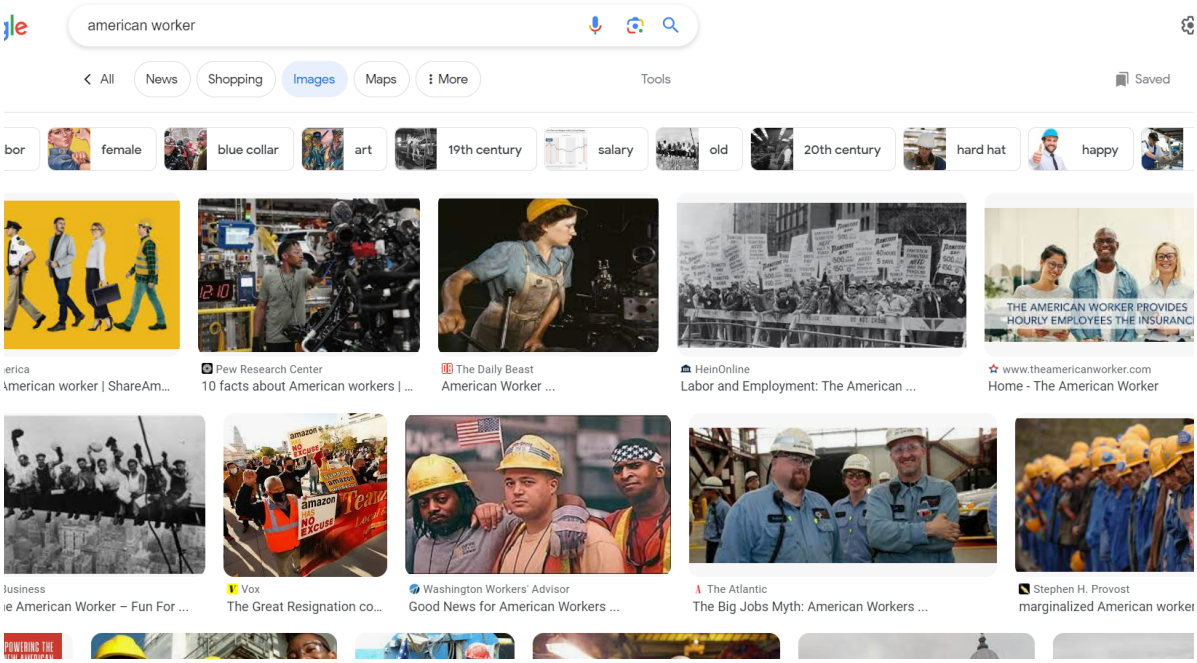
1. How has the composition of the workforce changed over the past few decades?

2. What do the graphs above say about healthcare worker's power? Why?

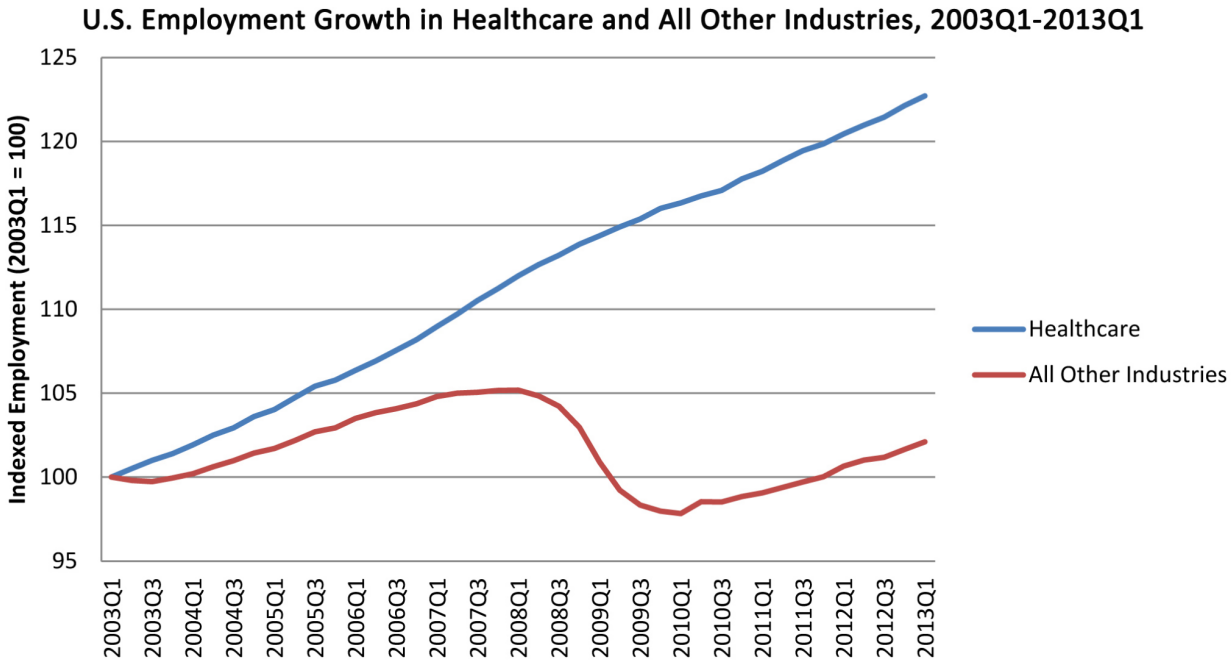
3. Has your family and their career decisions been influenced by the trends in the graphs? How?

4. Has your opinion of unions changed over time? Have you seen attitudes towards unions change in your workplace? How?

When you search “American Worker” in Google images, you see a lot of dudes in hard hats.



In reality, the deindustrialization of the American economy, the move from manufacturing to a service industry, has defined the American Worker as no longer wearing a hard hat or working in a factory.



As other types of employment have seen a lack of growth, healthcare continues to grow. As union density (the percentage of workers in unions) falls steeply among other workers, Healthcare Worker union density stays even.

eTable 2. Prevalence of Labor Unionization Among Health Care Workers by Year, United States, 2009-2021

Year	Prevalence of Unionization[a] % (95% CI)	*p-value* from trend analysis[b]
2009	13.3 (11.0 – 15.6)	0.75
2010	13.0 (10.8 – 15.2)	
2011	12.0 (9.9 – 14.2)	
2012	14.5 (12.1 – 16.8)	
2013	15.3 (12.9 – 17.8)	
2014	15.0 (12.6 – 17.3)	
2015	14.3 (11.9 – 16.7)	
2016	14.0 (11.6 – 16.4)	
2017	13.3 (10.9 – 15.7)	
2018	10.8 (8.7 – 13.0)	
2019	12.4 (10.3 – 14.6)	
2020	11.7 (9.5 – 14.0)	
2021	12.0 (9.7 – 14.3)	

[a] Unionized health care workers were defined as those who reported labor union membership or coverage (i.e., who reported being covered by a union but not being a member).
[b] Trend analysis was done using the Cox-Stuart trend test.

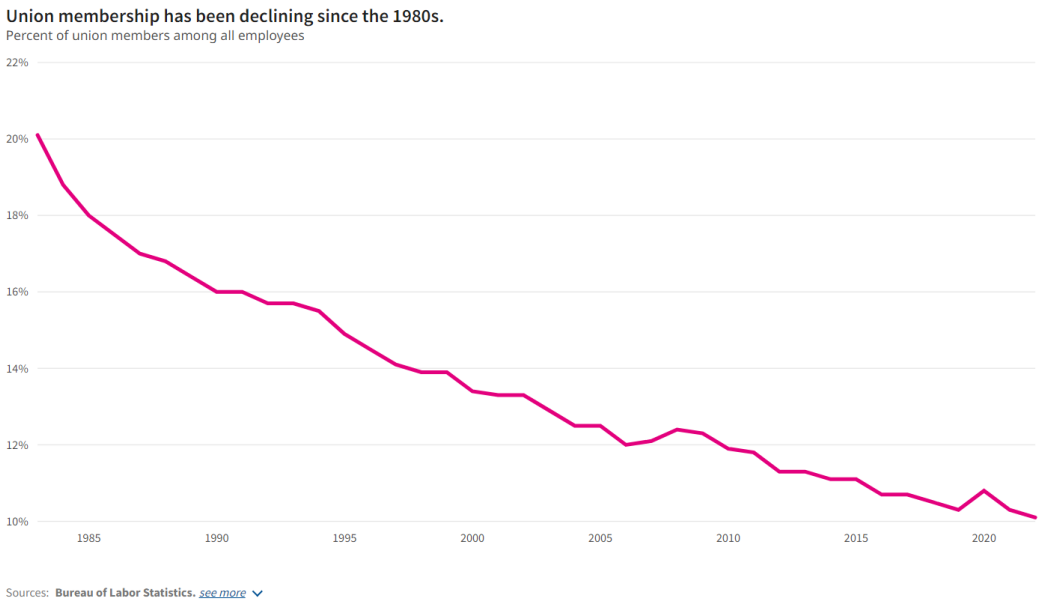
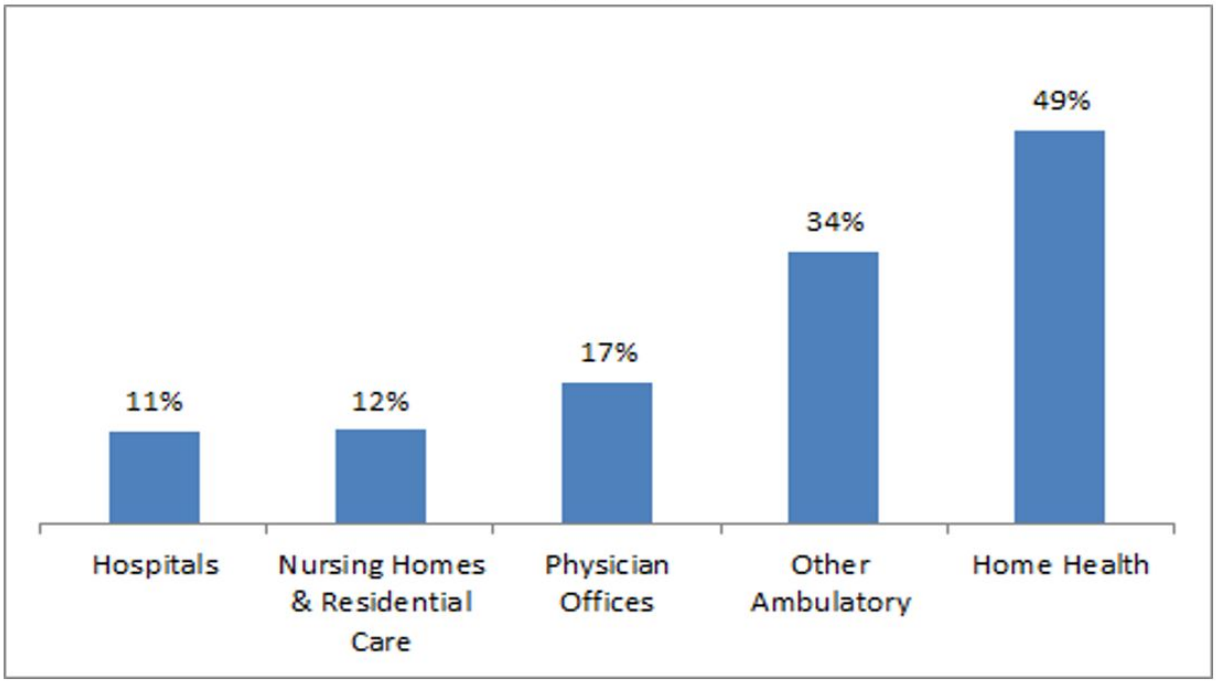


Exhibit 1: Health Care Job Growth by Setting: December 2007–January 2017



Source: Authors' analysis of BLS Current Employment Statistics data.

Unions were back on their heels for much of the 1990s and 2000s. Contracts were largely concessionary. While the healthcare labor force and industry were growing, there was always a pressure towards austerity, doing more with less -less staff, and fewer supplies. Patients were also getting sicker. Care was shifting from having time to give back rubs and pay attention to hospital corners to more technological innovation and skills.

Then, after the 2008 crash and recession, there was growing public awareness about the rising wealth and wage inequality that was expressed in the Occupy Wall Street movement, whose slogan the 99% versus 1% popularized.

Workers' collective action began to rebound in the late 2010s. The year 2018 saw the highest level of strike participation in the American economy since the mid-1980s; of those who did walk off the job, 90 percent worked in either education or health care—the major care industries. And over the previous decade, healthcare accounted for more strike activity than any other industry. (G. Winant, The Next Shift, 2021).

The global pandemic changed the workforce and the nature of labor relations in many ways. The pre-pandemic labor activity continued throughout the pandemic and the dynamics between employers and workers shifted in a way that hasn't been seen in a long

time. Even pensions are making a small comeback. Job postings mentioning pensions have shot up 130% in the past three years.

Unions are more active, militant, and popular than in past generations. In prior decades unions were forced to settle for two-tier wage systems - allowing members to keep their pay and benefits while sacrificing improvements for new employees.

Internally, amidst the labor revitalization, unions' priorities are shifting towards lifting all boats, rather than having to concede to management's divide-and-conquer strategies. The Teamsters' contract fight, Rutgers University, and UAW strikes focused on eliminating two tiers. The Rutgers strike united tenured faculty with high job security with the fights of adjunct faculty, graduate students, and medical faculty whose interests and power were very different.

Momentum is growing in the labor movement for healthcare workers, as well. In the past few years, we've seen a rise of healthcare strikes: 2,000 Mercy Hospital workers in October 2021, the largest strike during the wave of strikes during "Striketober." Just last month, tens of thousands of healthcare workers at Kaiser Permanente struck, the largest healthcare dispute in U.S. history.

Timeline Highlights

2011: Occupy Wall Street: The movement against rising inequality and Wall Street excess that popularized the terms: 99% versus the 1%.

2021: 2,000 hospital workers at Mercy Hospital struck from October 1st to November 4th, the largest strike during the wave of strikes during "Striketober."

2023: Teamsters win a contract for UPS with huge wage gains and elimination of the second tier of lower wages for workers doing essentially the same work.

2023: Rutgers tenured, adjunct, medical faculty, and graduate students go on strike together in an unprecedented action that lifted wages and conditions, especially for the lowest paid.

2023: UAW workers strike against three different employers for 6 weeks and win historic raises and elimination of the two-tier system.

1990-2005: California Nurses Get Serious about Staffing

INSTRUCTIONS: Review the questions below and keep them in mind as you read through the full section. Be prepared to place your highlights on the long timeline and explain how they fit with this part of labor history.

Questions to Answer

1. What do you think was most important to passing the safe staffing ratios legislation in California?

2. How many years have passed between the first legislative attempt to the full implementation of the staffing law?

California was the first state in the country to get nurse staffing ratios. How did they get them? There were a lot of very specific circumstances, but increasing militancy among nurses within the California Nurses Association and at the bargaining table and mass mobilization - sustained over many years and many phases got them there.

The California Nurses Association (CNA), an almost century-old institution, took a shift from its more professional approach to a more union approach throughout the 70s and 80s, but there was a leap of growth in that direction in 1992. CNA joined with 4 other union locals to take 40 hospitals out on strike for almost three months. They unified all different job titles and ethnicities and won major gains. **This was a lesson for the CNA leadership and the rank-and-file membership that union militancy can win the day** - but sadly did not impart the lasting impression that unification across job titles is paramount in importance and power for any healthcare worker.

In 1995, the California Nurses Association severed ties with the American Nurses Association (ANA) — the first state organization to disaffiliate from the ANA in its almost 100-year history. Several issues led to the disaffiliation, but fundamentally the CNA sought to act more as a traditional union and not as a professional association. The ANA was a hybrid organization, both a professional association of nurses and a labor organization. The structure of the state nurse associations was such that the professional arm (often run by managers and academics and with much smaller numbers than the union arm) often set the agenda for the organization as a whole. But that did not reflect the pressing issues of the union members that were more often bedside nurses - such as staffing. Professional organizations tend to be more concerned about education, scope of practice, and promotion of a professional image than the bread and butter issue of staffing for the bedside nurse and patients.

The CNA then focused steadfastly on staffing legislation by mobilizing their members to support ballot measures and legislation over the next several years. California has an extensive and accessible ballot measure process - New York does not. Their first attempts gain some momentum but do not succeed, so they upped their ante. In 1999, nurses and patients wrote more than 14,000 letters in support and delivered them to lawmakers and the governor. That same year, CNA rallied tens of thousands of nurses at the capitol in Sacramento and at the Governor's office in Los Angeles.

The pressure worked and as a result, California is the first state in the U.S. to agree to requiring the DOH to regulate safe staffing ratios.

However specific ratios were not included in the law. The specific ratios were a part of a regulatory process that took almost three more years. In 2001, CNA conducted 21 Town Hall meetings across the state attended by 1,000 RNs to push for the best ratios possible. Over 2,000 RNs and consumers joined CNA-sponsored rallies and public hearings with testimony by RNs, patients, and physicians to press for safe ratios. It wasn't until 2002 that the final ratios were agreed upon.

Then, in a gift to the hospital industry, Governor Arnold Schwarzenegger issued an emergency declaration in 2003 blocking full implementation of the new ratios, setting off a court fight and angering CNA, which staged more than 100 public demonstrations against him. The standoff escalated when Schwarzenegger ridiculed a group of protesting nurses during a women's conference. He told the 10,000 audience members to ignore the chanting RNs, claiming they were "special interests" who were upset because "I am always kicking their butt."

A judge in Sacramento ruled in 2004 that Mr. Schwarzenegger had acted illegally, but the governor's office appealed the decision. Wherever Arnold went, from Washington to Wall Street, the nurses followed. The CNA even followed Schwarzenegger to a $100,000-per-ticket fundraiser at the Rolling Stones concert in Boston's Fenway Park, where they joined Massachusetts nurses in solidarity picketing. The state attorney general's office finally withdrew the appeal on Mr. Schwarzenegger's behalf in the latter half of 2005.

Timeline Highlights

1992: 1,700 union members from 5 different unions, including the California Nurses Association (CNA), were on strike for over 10 weeks at Summit Medical Center in Oakland, CA, and won large gains.

1995: California Nurses Association severs ties with the American Nurses Association (ANA).

1996: California Staffing Ratio statewide ballot measure fails.

1997: California's legislature passes a staffing ratio law, but Republican governor Pete Wilson vetoes.

1999: The California staffing ratio bill was passed by the legislature and signed by the Governor Gray Davis, Democrat.

2002: After a year of lobbying the Dept of Health in California, they finally passed the regulations and the implementation of safe staffing mandatory ratios for RNs in CA began.

2004-2005: Republican California governor, Arnold Schwarzenegger, tries to repeal the staffing ratios law before it can be fully implemented, but is relentlessly "bird-dogged" by nurses until he gives up.

2019: California passes increased enforcement of staffing law. SB 227, which passed in 2019, requires the state to assess administrative fines on hospitals that violate the safe staffing law. Law AB 1422 requires public comment before the public health department grants waivers to the critical care program flexibility requests.

2023: Oregon passes staffing ratios law

2005-2023: New York Making Moves

INSTRUCTIONS: Review the questions below and keep them in mind as you read through the full section. Be prepared to place your highlights on the long timeline and explain how they fit with this part of labor history.

Questions to Answer

1. Note the 1168 and 1133 wins on this timeline. What's missing? What big actions led to those wins or others on the timeline that you were a part of? What have you and your coworkers won or lost over the last 20 years that isn't on this timeline?

2. Was there anything that surprised you about this history?

This section of history focuses on the changes for healthcare workers in New York over the last 20 years. While there are a lot of major pieces of this timeline that are missing, these are some legislative changes and a couple of select representational wins.

While the beginning of this section of history continues the downward trend of union power due to concerted corporate attacks, around 2010, certain trends among the public, unions, and the government are slowly shifting towards a more pro-union climate. This trend was accelerated in the late 2010s and especially since the pandemic.

A shift from nurse associations focusing on professional development to union wins on staffing preceded the staffing law win in California. There was a similar shift happening elsewhere in the country. In 2007, New York State (NYSNA), Ohio and Oregon Nurses Association disaffiliated from the United Nurses Association, a union branch of the American Nurses Association, marking a shift for each organization towards increasing union militancy and energy towards issues like safe staffing that were most important to the rank and file nurses in their union membership. (Minnesota Nurses Association had withdrawn in 2002, and the California Nurses Association in 1995).

As a continuation of this trend, in 2011, a reform slate of NYSNA leaders was elected, promising to address staffing as a priority. For NYS, this shift meant that CWA, which has always been punching above its weight in NYS politics and within the fight for healthcare legislation, had a partner in fighting for staffing ratios. (1199SEIU, the largest and arguably the most powerful healthcare union in NYS, preferred a committee approach to the problem of staffing and focused more on the important task of ensuring our hospitals are funded.) Prior to the 2016 first floor vote on the staffing ratio legislation in the 15 years, since it was introduced, an unprecedented amount of resources were invested by NYSNA and CWA to show the legislature how serious healthcare workers were about the need for a staffing law. Thousands of healthcare workers descended on the capitol to demand staffing ratios.

With the opposition of the powerful hospital lobby, often the biggest spender in NYS, combined with a Republican Senate that was immovable on the issue, there was still little hope for a staffing ratios law. Hospital administrators watched what happened in California and had been organizing in earnest ever since to ensure it would never happen again. Two main events occurred to finally allow the passage of the staffing committee law: Changing the dynamic in the Senate and the COVID-19 pandemic.

CWA, with other partners, was part of a brave coalition that stood up against a very small group of NYS Senators that had been controlling NYS politics. CWA and others put their

resources into upstart candidates in primaries that won against incumbents in 2018 - and for the first time in almost 100 years, a pro-worker majority took over the State Senate, creating a blue trifecta. This created the path for CWA to finally pass pro-worker legislation.

As a result, in 2019, CWA for the first time ever passed a bill in Albany: the Call Center Bill, a bill protecting call center workers from offshoring, and a bill that shortened the waiting period for workers on strike to receive unemployment benefits from 7 weeks to 2 weeks - which ended up being pretty important during the 2021 CWA healthcare strike at Catholic Health.

The change in the dynamic in Albany opened the floodgates to CWA finally passing bills in Albany, improving members' lives.

In 2021, the COVID-19 pandemic tragically created the conditions and urgency to force lawmakers to finally do something about the staffing crisis - and we passed the Clinical Staffing Committee law mandating 1:2 ICU ratios and the creation of mandatory staffing committees bringing healthcare workers closer to enforceable staffing ratios.

Later in 2021, ringing in "Striketober", CWA Local 1133 led the largest strike in the country when over 2,000 healthcare workers walked out for 6 weeks, primarily demanding safe staffing. These workers were the first group of workers to benefit from receiving UI benefits after 2 weeks, enabling them to stay out as long as they needed to, to win the best contract possible.

The 1133 contract won the strongest staffing ratios in the country.

Timeline Highlights

2001: NYS Files first mandatory ratio staffing bill (stays in committee)

2014: NY Passes the Safe Patient Handling Act.

2016: NYS Passes Staffing Ratios bill in the Assembly, but not the Senate

2018: CWA, along with other partners, helped to flip the State Senate

2019: State passes a requirement for a staffing study

2020: Covid Pandemic

2021: NYS Passes the Clinical Staffing Committee Law

2021: Local 1133 Catholic Health strikes for 60 days and wins staffing ratios and much more in their contract.

2022: Local 1168 bargains their first contract with no concessions and makes progress towards eliminating two tiers.

2022: NYS Passes regulation mandating ICU ratio 1:2

2023: NYS CSC Law and hospital staffing plans go into effect