

ORGANIZING HOSPITAL WORKERS:
THE NEW YORK EXPERIENCE

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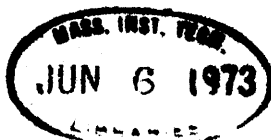
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ABSTRACT

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SUBMITTED TO THE DEPARTMENT OF URBAN STUDIES AND PLANNING

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In 1965, two New York City unions waged a campaign to organize 18,000 city hospital workers. The campaign was crucial for the workers who desperately needed improved working conditions, for the hospitals which received an inadequate budget from the city council, and for the unions who sought a large block of new members to boost their power in city politics.

Inter-union rivalry in New York was intense. By 1965 two unions emerged as the leading contenders in the public sector, the Teamsters and AFSCME. In January 1965, the social welfare workers went on strike and won significant concessions from the mayor in their strike settlement. The strike victory convinced the Teamsters and AFSCME to initiate a final, massive drive to determine once and for all which union would dominate in the city. They selected the public hospitals as their background.

The campaign challenged the resources of both unions, because hospital workers in New York were among the most difficult employee groups to organize. The unions mobilized their best personnel, devised elaborate strategies and began a fierce drive that lasted for eight months. Even when the election had ended and the workers had chosen a winner, the losing union launched an appeal and prolonged the final outcome for eight additional months.

The selection of a single union to represent workers made enormous changes possible. Workers received large salary increases and new career opportunities; the city raised the hospital budget and purchased new equipment and supplies. But most importantly, the winner of the hospital election consolidated its power to wrest important benefits for all city workers, and also to wield direct policy-making control in city affairs for public employees.

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INTRODUCTION

On December 3, 1965 hospital workers throughout New York City cast ballots in an election to choose the union that would represent them in collective bargaining. The election was the culmination of an intensive, eight month campaign. When the polls opened at 7 A.M. hundreds of night shift workers who had just come off duty were already waiting to vote. As day shift workers finished their morning assignments they too proceeded to the polls. Although the atmosphere was generally calm occasional fist fights broke out. At 3 P.M. the evening shift arrived and soon joined the long lines of voters. By 7 P.M., when the polls closed, 13,000 workers had voted. While Department of Labor officials and union representatives counted the ballots everyone anxiously awaited the results.

The stakes were enormous for the two competing unions, Local 420, American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO and Local 237 of the International Brotherhood of Teamsters. The union that proved successful would not only become the exclusive representative of 18,000 workers in the Department of Hospitals, but more importantly, by obtaining so many new members, it would emerge as the largest public employee union in New York. The election was critical to the hospital workers also. They hoped to select a union that would secure higher wages, improved working conditions, dignity on-the-job and a better way of life for them.

A thorough examination of the hospital campaign reveals possible formulae for waging a successful organizing drive, suggests alternative roles for public employee unions, illuminates the intricacies of union rivalry and finally shows the relationship of union activity and city politics. This thesis tells

the story of that campaign, the origins, parties, conflicts and outcome. Although some written materials exist, the main source of information for this study has been the participants themselves. Hence an account of the hospital worker organizing drive is more than a compilation of facts; it is a description of intense hatreds, personal aspirations, and human compassion.

CHAPTER I

ORIGINS OF THE HOSPITAL ORGANIZING DRIVE

Public employee unions in New York City first began to organize hospital workers in the early 1940's. The hospitals were an important source of members for newly developing unions, since hospital workers comprised one of the largest employee groups in city government. In fact, most of the major unions at one time or another had established hospital locals and depended on these locals to bolster their strength against competitors. Yet by 1965, only one-half of the unskilled hospital work force in the city's public hospitals belonged to unions. Moreover, unlike other employee sectors, no single union spoke for hospital workers.

Why then were so few workers organized if the hospitals played such an important role in union growth? It certainly was not because the status of hospital workers was satisfactory. Unskilled workers were among the lowest paid employees on the city payroll. Most workers earned only \$3250-\$4330 per year; workers in the highest paid positions earned \$5450-\$6890. Few workers had the opportunity to advance into higher paying or more skilled job slots. The job structure in the hospital precluded mobility. Although a small number of workers were able to advance to senior positions, most were forced to retain their original job classifications. Workers who were dissatisfied left the hospitals for other city positions or if they were qualified entered the private market.

Working conditions in the hospitals were deplorable. Locker rooms and worker meeting areas were infested with rats and vermin. Hospital authorities had instituted few precautions against hazardous conditions. Workers were directly exposed to x-ray machinery and infectious diseases.¹

Nevertheless, the workers might have felt some compensation for their low wages if they had been treated with dignity and respect on the job. Quite the opposite was true. The hospitals perpetuated a class system of their own.² Administrators and physicians were the highest rank. Below them was an intricate network of supervisory personnel in all areas of hospital management -- nursing, housekeeping, and dietary services. Even within the lowest work category of aides, there were distinctions and therefore differential status accorded to workers in the separate management areas; nurses aides held the highest rank. Again the system was closed. Only a few workers received advances and these were based on personal favoritism rather than on individual skills.

The worker was entirely at the mercy of his immediate supervisor who had received little training in personnel management and who operated without firm guidelines for handling staff. Although there supposedly was a series of procedures to follow in reprimanding a worker before he could be dismissed, supervisors rarely followed them. Few workers knew what criteria had been used in deciding their cases.³

The Department of Hospitals itself was in a state of perpetual crisis. Although the costs of medical care were continually rising, the Board of Estimates repeatedly trimmed down requests submitted by the Department.⁴ Consequently, the Department had been losing quality personnel to the private sector for many years. At the beginning of 1965 there were five thousand vacancies in nursing personnel alone.⁵ Because the primary constituents of the Department of Hospitals were the low-income population that used its services, there was little likelihood that strong outside forces would exert pressure on the mayor or council to improve services or worker status.

Although the unions had sufficient issues to propel an organizing drive, to a great extent they had been unsuccessful because the city hospitals were a

difficult arena to tackle. Employment in the public hospitals seemed demeaning and undesirable to observers, but hospital workers received many personal rewards in caring for patients.⁶ When union organizers approached workers and argued that they should fight for higher pay and better working conditions, the workers ignored them. They resented being told that their own self-interest came before the needs of sick, poor people.⁷

The typical New York City Hospital worker came from a low-income, minority family. His parents were unskilled laborers, perhaps even hospital employees and he had received little education or training to enable him to rise above the poverty level. He changed jobs frequently and was often unemployed. Although poorly paid, the hospital worker valued his hospital job and was unwilling to jeopardize it. He feared that his supervisor would dismiss him for joining a union or even for speaking to organizers. Many hospital workers were women struggling to support their families. They especially refused to participate in union activities.⁸

Many workers had been oppressed by the city hospital system for so long that they were suspicious of union organizers. Why was someone suddenly interested in his problems? No one ever worried about him before. Union organizers quickly discovered that workers did not believe any changes were possible and that worker apathy was the biggest obstacle to effective organizing.

If a union decided to organize one job classification at a time, it immediately encountered difficulties. Workers performing similar tasks did not work in the same location; they were scattered throughout the institution and therefore were difficult to approach. If the union chose to organize workers on an across the board basis, they still faced obstacles. Supervisors and professional staff in every department kept such close tabs on workers that whenever organizers entered a ward to speak with workers they met immediate inter-

ference. To build a cohesive organization in the city hospitals, the unions had to apply a concerted effort to overcome both the psychological and physical isolation of the workers.⁹

Finally, the unions simply did not have the outside support necessary to boost their efforts. There was little public outrage against the low standard of living of the hospital workers or the wretched working conditions in the hospitals. Moreover, there was no organized lobby for patients. Few New Yorkers agonized over the low quality of care given to the city's indigent. Even a strike, which normally aroused great outbursts of public sentiment, would have gone unnoticed in the public hospitals.¹⁰

Although the inherent difficulties in organizing workers provide some explanation of the poor state of hospital organizing in New York, the underlying causes can be found in the status of the unions themselves.

By 1950 competition in the hospitals had been considerably curtailed. Two unions vied for hospital members: Local 237, District Council 16 of the International Brotherhood of Teamsters and Local 420, District Council 37 of the American Federation of State, County and Municipal Employees (a subsidiary of the AFL-CIO).

Local 237 leaders had at one time been affiliated with District Council 37 which included parks, sanitation and hospital locals. To bolster the unions efforts in capturing the public employee market, national AFSCME sent a young dynamic organizer, Jerry Wurf, to New York. Before long, however, Wurf's presence in the union created a permanent rift among union leaders. In 1952, Nathan Feinstein and John DeLury, longtime, well-established District Council leaders, permanently severed their relationship with AFSCME. They requested and received a Teamster charter and established Local 237. Of course,

they took most of the sanitation and hospital locals that they had originally organized with them, totaling around fifty per cent of AFSCME's membership.¹²

Two interpretations of the split have been proposed.¹³ One suggests that the older leaders and Wurf clashed in their basic philosophy. Feinstein believed that good connections with bureaucrats and politicians were necessary for building a strong, effective union. Wurf, to the contrary, felt that this approach was inconsistent with good trade unionism; the public employee unions should demand and utilize collective bargaining just as the private sector unions had done. The second interpretation, however, states that Wurf was overly aggressive and that this posture sufficiently alienated Feinstein and DeLury to force their departure. In either case, the former allies immediately became arch-rivals as both DC37 and Local 237 competed for new employee sectors.

Wurf was expelled from major labor circles, but nevertheless initiated a full scale organizing campaign. Wurf devised a four point strategy: organize anyone who will join; create issues to stimulate support; focus on receiving as much publicity as possible and use professional organizers.¹⁴

Wurf first concentrated on organizing the Parks Department. When this was completed, he set his sights on the Department of Hospitals and its 33,000 employees (both service and clerical workers).¹⁵ After neglecting them for four years, he consolidated all of his remaining hospital locals into Local 420, and focussed considerable effort on winning new members. By 1957, 420 had grown to 4791 members, an amount that accounted for a great proportion of AFSCME's total growth in those three years.¹⁶

Meanwhile, Feinstein maintained his connections with major union and political leaders in forging his campaign to build his new organization. Since he already possessed a large number of hospital members, Feinstein con-

centrated on expanding into other areas and attracting new city departments. Both unions continued to steal workers back and forth.

In 1958, Mayor Wagner issued Executive Order 49 and changed the rules of the labor-management and union rivalry games in New York City. Executive Order 49 authorized collective bargaining for city employees. Unions that could claim 30 per cent of the members in a given employee unit could request an election. The union that won a majority of the votes in the election would become the collective bargaining representative for that job title. Some job titles were occupied by small numbers of workers and could be easily won. However, because many titles were not restricted to just one department such as Sanitation or Schools, a union had to win a majority of the workers in those titles in all the city departments where they were employed. For example, to represent motor vehicle operators, a union had to win the support of operators in Parks, Sanitation, Public Works and Hospitals.

In response to Executive Order 49, the unions changed the focus of their organizing efforts. Whereas previously they had concentrated on increasing their total membership, they now eagerly began to accumulate collective bargaining units. Because it was easier to organize smaller units, the Department of Hospitals lost its attractiveness for the time being.

Executive Order 49 had further implications for hospital organizing. Despite the obvious need for drastic change in the hospitals, neither AFSCME nor the Teamsters had done more than perform routine functions for their hospital members. Both unions were intent on building empires, not curing social ills. Even if they had chosen the latter course and decided to orient all their efforts on organizing in the hospitals, little change would have resulted from their securing collective bargaining rights for hospital job titles. The unions recognized that collective bargaining as it currently operated would

not give them the clout necessary to tackle the city hospitals.

Unions which did not win collective bargaining rights for workers in a given title had to wrest salary increases for their members from the Salary Appeals Board according to the pay scale governing city employees, the Career and Salary Plan. The Career and Salary Plan determined job titles and salary levels for all city employees with the exception of five single agencies -- The United Federation of Teachers, Local 100 of the Transport Workers Union, the Patrolmen's Benevolent Association, the Uniformed Firefighters Association and the Uniformed Sanitationmen's Association.¹⁷ Since the Plan itself was rarely revised, pay increases could be obtained only by changing the position on the pay scale for a given job classification, for example, moving from level 5 with its established pay range to level 6, which provided a higher salary range. Nor were changes in salary levels granted liberally. The unions were literally reduced to begging for their members, writing briefs, presenting oral arguments and mobilizing employee demonstrations. When the Salary Appeals Board finally granted a request, the rewards were most often quite small.¹⁸

Under collective bargaining, negotiations for pay raises still followed the guidelines of the Career and Salary Plan, but the unions bargained for all workers in a given title, thus having a much greater impact and dealt with city labor officials rather than with the tight-fisted Appeals Board. Without question job titles represented in collective bargaining received larger and more frequent pay raises.

If covered by collective bargaining, the hospital workers would undoubtedly have received higher salaries. However, collective bargaining covered only salaries and a small number of fringe areas. But salaries comprised only a fraction of the total problem confronting the worker. The limitations of col-

lective bargaining were obvious to the unions. To win collective bargaining certificates for hospital titles a massive organizing drive was necessary. Considering the inherent obstacles to organizing hospital workers, the unions were well aware of the difficulties they would have in securing new hospital members. Neither union was willing to commit the necessary resources to accomplish this task. Moreover, even if they decided to accept the challenge and were successful, again they would have little impact in improving the status of hospital workers. Collective bargaining negotiations would have no effect on working conditions, career advancement opportunities, worker dignity or the level of care. What was needed was a change in the groundrules covering the collective bargaining process.

The situation in the hospitals undoubtedly would have remained unaltered for some time unless an intervening event or person changed the climate in which the unions were operating. Few workers would have joined unions and two competing unions would have continued to represent workers, neither one taking aggressive action against hospital officials. But fortunately for the workers a confrontation erupted between the welfare workers' unions and the city administration. A strike ensued which totally changed the complexion of labor-management relations in New York and transformed the city hospitals into a battleground for the primary competitors in the public sector, Local 237, Teamsters and DC37, AFSCME.

The 1965 social welfare workers strike lasted exactly 28 days. 8000 workers struck to improve their work facilities, to reduce their caseloads and to win salary increases, after an impasse with city negotiators developed over these issues.

Two unions participated in the strike, the Social Service Employees Union (SSEU) representing welfare investigators and Local 371, AFSCME, consisting primarily of supervisors and clerical workers. Mayor Wagner had refused to intervene in the negotiations with the unions arguing that only wages and fringe areas were proper topics at the bargaining table and that these had to fall within the guidelines of the Career and Salary Plan. His statement was of course in accord with the provisions of Executive Order 49.

In addition to pressing their specific demands, the welfare workers were asserting their right to strike to enhance their bargaining position. The New York State Condon-Wadlin Act prohibited strikes by public employees and provided stiff penalties against violators of the Act. The welfare workers challenged the Act's legality charging that it denied them their most effective bargaining weapon for dealing with city negotiators.¹⁹

Two key issues emerged. First, the welfare workers demanded that Wagner expand the number of topics that could be covered by collective bargaining; second, they insisted that all unsettled questions be referred to an impartial mediation board. Wagner at first offered to appoint an advisory arbitration panel, but hedged by saying that the City would not necessarily abide by all of the panel's rulings.²⁰ When the welfare workers rejected his proposal and continued their strike, 5000 workers were suspended.

After four weeks of striking, Wagner finally capitulated. He agreed to submit all matters to advisory arbitration including salaries, which he had originally insisted must follow Career and Salary Plan guidelines.²¹ In addition, the Mayor appointed a panel to investigate existing negotiation policies and to prepare a report with recommendations which would not be binding. The City, meanwhile, freed arrested union members and agreed to remain neutral in the unions' state court appeal challenging the Condon-Wadlin penalties.²²

The fact-finding panel appointed by the Mayor was composed of two representatives from each union, two city representatives and was headed by Charles Schottland, a dean at Brandeis University. Since the panel was unable to reach a reasonable compromise, Schottland issued an independent report. He recommended that the Mayor establish a union-management board to devise a method for improving collective bargaining and suggested that the new social welfare workers' contract incorporate provisions for appointing such a board. In addition, Schottland prepared a wage and fringe benefit package to serve as possible guidelines for a strike settlement.²³ The unions rejected his wage proposals and continued to negotiate with the city for several months. In the meantime, the Mayor appointed the investigatory board recommended by Schottland, later to be known as the tri-partite panel.

Although the unions and the city did not sign a final contract until June, the unions felt that they had won their victory when the Mayor agreed to resume negotiations to end the strike. The strike victory drastically changed the stakes in union-management relations. From here on, the unions could submit policy issues as well as wages and fringe benefits for collective bargaining. Although it would be some time before the city would fully expand the number of issues that would be covered, the initial breakthrough had been made. Moreover, Wagner had agreed to discuss wage proposals that veered from the set formulae of the Career and Salary Plan. The welfare worker unions were able to devise salary packages that they felt met their members' needs rather than sticking to the rigid requirements of the Salary Plan. Moreover, they concluded that the Mayor's concessions would be applicable to other employee groups as well.

Finally, the unions had challenged the provisions of Condon-Wadlin and were confident that because the city would not assert its power any further

against the strikers, the courts would lift the penalties. Consequently, the unions would be free to choose whatever tactics they deemed necessary to win future demands.

AFSCME leaders recognized from the beginning that the strike would have further implications than winning concessions for their welfare worker members. They welcomed the opportunity to attack Mayor Wagner, since he had repeatedly shown favoritism to opposition unions in bargaining sessions. AFSCME was flexing its muscles to demonstrate the power it could exert in setting city labor policies.²⁴ The Council enlisted the support of national leaders in its strike effort. Wurf, who recently had become international president of AFSCME, appeared in New York at rallies and before the press to support the strikers. In addition, George Meany, President of the AFL-CIO, applied pressure on Wagner to settle the strike.²⁵ AFSCME leaders were not satisfied with only winning concessions for welfare workers. Rather they intended to promote the welfare strike as a test case for union-management relations in general. Victor Gotbaum, who had become District Council President after Wurf's successor had proven unacceptable, took every opportunity to assert that the concessions granted to the welfare workers would be applicable to all other employee groups.²⁶

As a result of the strike settlement, the race for collective bargaining certificates took on a new dimension. Wagner had expanded the issues covered in bargaining to include over-time payments, vacations, pensions and other similar employee policies. Most of these were issues that were applicable on a city-wide basis. The Mayor would not negotiate one pension and vacation contract for the Parks Department and another for Public Works. These policies would have to be uniform for all departments. At their present size, the unions

would have to ban together in negotiating these issues with the Mayor, an impossible task considering their rivalry. However, if one union could secure enough collective bargaining certificates to represent a majority of all city workers, it could bargain for workers in every title, not just those it represented without cooperating with other unions.²⁷

The hospital sector suddenly took on a new importance. The unions now wanted to win as large an employee group as possible requiring one organizing effort. The hospital workers were the largest unaffiliated employee group remaining in the city. Whoever could win the collective bargaining certificate for the unskilled hospital workers would be the victor in more than the city hospitals. If Local 237 was successful, not only would it represent a greater number of city employees, it might also put a stop to the skyrocketing growth of DC37 membership and perhaps eventually take the lead itself. If DC37 won, Local 237 would have to settle for a permanent second place in the public employee sector.

The unions were also aware that the mayoral campaign would greatly affect the future of union-city relations. Mayor Wagner had announced that he would not seek re-election that year. A new mayor would therefore be determining labor policies. In accordance with Schottland's recommendations Wagner had appointed a panel to study third party mediation and arbitration procedures and to design new city policies. The report would probably be released at the beginning of the following year. Consequently, it was imperative that the unions firmly establish their relative power position before the new administration came into office.

In addition to the city-wide power that would result from a victory in a hospital election, both unions recognized that the revised formulae secured by the welfare strike would greatly benefit hospital workers. Working conditions,

fringe benefits and a long list of administrative and supervisory procedures would become topics at the bargaining table. Since the union that won the hospital worker collective bargaining certificates would become the largest union in the city, it would be able to exert pressure on the city to reorder its priorities and give the Department of Hospitals the support it needed to upgrade patient care, working conditions and worker status.

When the Teamsters filed for a collective bargaining election in the hospital division, it was far better organized within the hospitals to expand its operation and initiate an effective campaign. AFSCME was caught off-guard and ill-prepared. The welfare strike had been intensive and had to a great extent depleted staff energies. AFSCME leaders had foreseen the necessity of engaging in an intensive organizing campaign in the hospitals, but had intended to take some time to recuperate. In April 1965, while they were still in the process of negotiating a final settlement with the city over welfare workers, they had to suddenly shift gears and begin a massive organizing drive in the hospitals.

The campaign to organize 18,000 unskilled hospital workers was the largest in the city in either the public or private sector since World War II.²⁸ It would last for eight months. Although there was very little public attention while the campaign was in progress, the outcome was to have a decisive effect on union history in New York City and therefore on the history of the city itself.

FOOTNOTES TO CHAPTER I

1. Interview of Local 420 leader, January, 1973. Hereafter referred to as Larry Wilson.
Interview of Local 420 organizer, January 1973. Hereafter referred to as Charles Garland.
2. Interview of hospital administrator, January, 1973. Hereafter referred to as Barry Kramer.
3. Larry Wilson, op. cit.
4. Barry Kramer, op. cit.
5. The Public Employee Press Official Newspaper of District Council 37, February 26, 1965.
6. Interview of DC37 leader, February, 1973. Hereafter referred to as Lois Rutland.
7. Charles Garland, op. cit.
8. Lois Rutland, op. cit.
9. Larry Wilson, op. cit.
10. Lois Rutland, op. cit.
11. Hereafter the alternate names of the unions will be used interchangeably.
Local 237 - Teamsters
Local 420 - DC37 - AFSCME
12. Ralph T. Jones, City Employee Unions in New York and Chicago. Unpublished Doctoral Thesis, Harvard University, May, 1972, p. 110.
13. Ibid.
14. Ibid., p. 115.
15. Ibid., p. 128.
16. Ibid., p. 131.

17. Raymond D. Horton, "Municipal Labor Relations: The New York Experience,"
Social Science Quarterly, (December, 1972), p. 682.

Hereafter, when I refer to all public employees or a majority of public employees I mean all groups excluding the five single-agency unions.

18. The Public Employee Press, January 1, 1965.
19. The New York Times, January 8, 1965, p. 1.
20. Ibid. February 1, 1965, p. 1.
21. Ibid.
22. Ibid.
23. Horton, op. cit., p. 684.
24. Interview of New York City Department of Labor official, January, 1973.
Hereafter referred to as James Rogers
25. The New York Times, February 1, 1965, p. 1.
26. The Public Employee Press, February 12, 1965.
27. Interview of Local 237 leader, January, 1973. Hereafter referred to as
Harold Frank
28. The New York Times, November 24, 1965, p. 1.

CHAPTER II

THE CAMPAIGN

By all indications, Local 237 seemed the appropriate union to represent hospital workers.¹ Not only did Local 237 present the image that appealed to the downtrodden worker -- that of a tough, powerful organization but many workers felt that membership in a Teamsters union was a sign of prestige. Its identification as a trucker's union did not bother the worker who was interested in bread and butter issues; the Teamsters fought for their members and were successful.² Moreover, the Teamsters had been in the hospitals so long that their presence seemed almost natural. In addition to its national reputation, workers were conscious of the power their union wielded in local politics. Local 237 leaders had easy access to city officials and won good contracts for its members.

Local 237's hospital division was indeed an impressive operation. Union stewards were well-trained to handle problems that arose in the hospitals and were intent on building a permanent organization.³ 237 provided professional representation.⁴ Stewards and chapter chairmen received extensive training to handle grievances. Rather than alienating hospital officials, Teamster representatives built a good working relationship which enabled them to process grievances efficiently and report to the worker as quickly as possible.⁵

Local 237 represented both rank and file and supervisory personnel. Many charges against workers were dropped simply by informally contacting his supervisor who might himself be a union member or by asking a member to intercede with a colleague on a worker's behalf. Teamster ties with management and supervisors benefited the worker who could request special favors from his union leader.⁶

Teamster staff worked diligently to maintain their position in a given hospital. Since stewards earned extra pay for every member they recruited, they had to develop a personal reputation as a vocal, aggressive leader to appeal to unaffiliated workers.⁷ The Teamster setup in the hospitals resembled a closed shop. 237 staff approached new workers immediately and gave them the impression that Local 237 was the only union in the hospitals.⁸ Discipline among members was extremely tight. Workers followed union direction to the letter and trusted their representatives to speak for them.⁹

Finally, Local 237 offered its workers many extra benefits. The union had access to different jobs and could arrange promotions. The worker received good sick benefits when he was still receiving pay from the city and when he had exhausted his eligible sick days. The union's loan program was an even more attractive feature. While the union itself could not legally provide loans directly to members it could affiliate with a loan company or bank and facilitate member loans. Although financing charges might be high, few workers possessed the credit rating necessary to receive a loan through other channels, and for most, the need was enormous.

Bill Lewis, who had succeeded Feinstein as President of 237, was an ideal leader for a union that represented hospital workers. In fact he had been largely responsible for founding the original hospital locals and had fostered their growth through the years. Lewis was black; 60% of the workers were black or minority. Lewis had himself begun as a hospital worker and typified how a black hospital worker could succeed in the world.¹⁰ He was their hero and they gave him their allegiance because they believed that his concern for the plight of the hospital worker was sincere.¹¹ Workers appreciated Lewis' leadership

style. Although he was a tough negotiator at the bargaining table, he did not take radical positions.¹² Workers who shied away from militant spokesmen liked his conservative demeanor.

AFSCME, on the other hand, had been negligent in supporting its hospital local and in no way duplicated the well-greased machine run by the Teamsters. Wurf had focussed union energy on augmenting the size of the union rather than developing a sound organization in the hospitals. Local 420 had union offices in only a few of the city hospitals. Union staff operated more of a fly-by-night operation, relying on their own informal contacts in the hospitals or on enthusiastic members encouraging other workers to join.

Wurf did not want aides and supervisors in the same local and therefore only workers in the aides categories enrolled.¹³ Wurf designed his policy to give unskilled workers a better opportunity to advance within the union structure by not forcing unskilled workers to compete with more educated members. However, the rapid turnover in the hospitals among aides made it difficult to maintain a given membership and to build a viable union organization.

420 hospital staff were not professional organizers and had fewer incentives for working diligently.¹⁴ In many cases, they were employed as full time aides and engaged in union business in their spare time. Because they received minimal amounts of training as stewards, they were less experienced in handling negotiations with management. 420 representatives did not adhere to formal grievance handling procedures. They were more abrasive in their attacks on management and less conciliatory.¹⁵ 420 officials insisted that their workers attend grievance hearings to present their cases and refute management accusations, rather than handling a dispute strictly as a matter between union and hospital officials and reporting the results to affected members. Management, of course, favored the Teamsters' approach and indicated their preferences to workers. By excluding

supervisors, Local 420 could not offer many special benefits to members such as transfers and promotions; nor could 420 count on supervisors to encourage unaffiliated workers to join their union.

Although AFSCME had been building an effective power base in the city, its image in the hospitals was tarnished. First, Wurf was an unlikely leader for hospital workers. He was white, his closest staff was white and he had not taken any affirmative measures to improve the lot of black workers in the city.¹⁶ Second, Wurf had acquired a reputation for stepping on people to advance his union's position. Hospital workers saw AFSCME as a depersonalized operation that did not have their interest in mind.¹⁷ Finally, because AFSCME was constantly at odds with Mayor Wagner, its stance on important issues appeared far more militant than the Teamsters'.¹⁸ AFSCME's unconventional tactics alienated the hospital workers.¹⁹

Despite its weaknesses AFSCME was not entirely inactive in the hospitals. Just prior to the welfare workers strike, the union had successfully mounted a campaign before the Salary Appeals Board to obtain salary increases for several aides categories. By utilizing formal channels available as well as by sponsoring a series of public demonstrations, AFSCME won increases for clerical, dietary, housekeeping and institutional aides, cooks, barbers and seamstresses.²⁰ AFSCME designed the campaign before the Board as its first step in a full scale drive to organize clerical workers on a city-wide basis and win a collective bargaining certificate for that job title.²¹ The hospital workers in other titles did nevertheless benefit from this effort.

The Teamsters' strategy for managing their hospital drive in 1965 reflected their position of strength in the hospitals. Few changes in organizational structure were initiated to undertake the campaign. Local 237 leaders determined that they would win the election if they were able to maintain their current

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membership of 6500 workers and add a few additional supporters.²²

The Teamsters ran on a platform of "higher wages" and "worker dignity". They vowed to eliminate the Career and Salary Plan and obtain the best wage and fringe package possible. By stressing their record of good labor-management relations on the mayoral level and hospital level, Local 237 organizers asserted that their union could be even more effective for its members under expanded collective bargaining rules than it had been before.

The Teamsters pledged to abolish the second class citizenship of workers. They emphasized their reputation as a tough union that would not permit management to downgrade workers and call them by their first names. They knew how to confront hospital officials and told workers "When we'll speak for you, management will listen."²³ Bill Lewis lent credence to the claims that 237 would fight for worker dignity. With Lewis as president of the union, hospital officials would never call workers "nigger" and "boy".

In response to the educational and career training programs advanced by the opposition, Local 237 admonished its members not to be lured by fancy programs, but to vote for experienced leadership. Although they added that 237 would also sponsor new programs for members, they insisted that it was far more important to select a union that could handle negotiations for them than one that focussed on peripheral problems.²⁴

The Teamsters accelerated their services to secure the allegiance of present members. They enlarged their loan program, actively solicited worker grievances and demanded meetings with management. Teamster representatives continuously approached their members, offered them special favors for their continuing support and reminded them of their responsibility to stick with the union in the election.²⁵

Lewis concentrated his manpower on the hospitals with the largest voting blocks, Bellevue and Kings County. He believed that if he could win solid victories in these hospitals, success was assured. He gave less priority to the smaller hospitals and provided minimal staff coverage. Hospitals with large black populations were assumed to be Teamster strongholds.²⁶

Lewis remained primarily on the sidelines during the campaign appearing at large rallies and key meetings with city officials.²⁷ He left the day-to-day organizational matters to subordinate staff and stayed aloof from the uglier aspects of inter-union rivalry that were played out within the hospitals.

Although the national Teamsters organization made huge financial contributions to the campaign, local leadership ran the hospital drive without interference.²⁸ Again, the hospital organizing staff remained relatively intact. When Lewis needed additional help he called upon staff from other divisions in Local 237.

237 staff maintained the campaign round-the-clock. An organizer would hold 6 A.M. meetings to attract the midnight and daytime crews and likewise schedule a 5 P.M. meeting to catch the evening trick and additional day shift workers.²⁹ Long-time members were enlisted to extol the advantages of the union to newer members who might be enticed by the opposition.³⁰

Campaign literature was prolific. Teamster leaflets attacked particular administrators and supervisors;³¹ other handouts extolled the virtues of Local 237 over District Council 37.³² Although campaign propaganda was important, the Teamsters recognized that their primary asset was the ability of the individual organizer to sell himself as the toughest, most clever union representative.³³

The Teamster organizing style resembled that of the machine politician. They intimidated reluctant supporters and roughed-up workers in hospital elevators,

locker rooms and deserted corridors. 420 organizers were also assaulted. Bribes flowed freely as Teamster organizers encouraged AFSCME staff to desert and paid hospital workers to vote for Local 237 on election day.³⁴ However, the Teamsters consciously kept the violence to a minimum realizing that such an escalation of the campaign would irreparably alienate hospital workers.³⁵

Unlike 237, AFSCME seemed to be starting its hospital campaign from scratch. Wurf's successor who had proven ineffectual, was replaced only several months before the Teamsters called for a collective bargaining election with hospitals. Victor Gotbaum, a young dynamic leader was imported from AFSCME in Chicago and was a novice in New York politics. Recognizing that Local 420 needed an infusion of new blood, he transferred Lillian Roberts from his former office in Chicago to manage the hospital campaign.

Roberts had just completed a similar campaign in Chicago hospitals. Although a Teamster-building construction coalition had defeated her, she successfully led a workers strike and secured needed pay raises.³⁶ Moreover, once a nurses aide herself, she was both cognizant of the obstacles inherent in organizing workers and committed to their betterment.

Roberts undertook a complete assessment of the hospital situation. She visited all the hospitals and met with existing staff. She also circulated among workers to determine their needs. Then, Roberts designed a strategy based upon the information she had elicited. The approach that evolved to a great extent suited the underdog position of the union in the race. Rather than playing a defensive role and accounting for past inadequacies, AFSCME chose an offensive position proposing creative new programs and a drastic overhaul of union-management relations. Roberts decided that a three-pronged approach was needed: solidifying existing 420 membership, converting Teamster members to the AFSCME local and attracting the uncommitted one-third of the worker population.

While AFSCME agreed that wages and worker dignity were important, it totally rejected the idea that these were the only factors to consider. AFSCME advocated an approach that incorporated both the traditional worker benefits and the broader social needs of the hospital employee. The union proposed, 1) to create educational programs to give workers real options for upgrading themselves in their career; 2) to fill the vacuum that existed in the job structure of the hospitals by demanding more intermediate supervisory jobs; and 3) to build worker self-respect by giving them an important role in union affairs. With training, promotions and prestige, the hospital workers would receive higher wages and be treated with the dignity that befit their important role in the functioning of the hospital and delivery of care.

Gotbaum and Roberts insisted that workers aim for the ideal in both their home lives and work lives and not settle for a little bit more than they already had.³⁷ Roberts and her hospital staff attacked the idea that workers do not think for themselves and only want good times. They intended to challenge the hospital worker to use his brain to help himself by going back to school. Local 420 staff saw their biggest challenge as changing the poor self-image of the worker that had been perpetuated by the hospital administration and also the unions. They struggled to get an individual worker just to think about issues other than wages and fringe benefits and to talk to their friends and relatives about a career ladder. Once a worker asked questions about 420 programs they felt they had won a member.³⁸

To achieve her goals in the election, Lillian Roberts had to first, counteract AFSCME's image as a white man's union, second, equip her staff to handle the upcoming battle and third, demonstrate that Local 420 was not a do-nothing union with no muscle, that it would take the initiative to fight hospital and city officials.

Roberts could not hope to build the reputation that Lewis had gained among blacks in so short a period of time, but she did become a heroine in her own right. Ebony Magazine had written an article in 1964 describing Lillian Roberts' involvement with the Chicago hospital workers. 420 organizers talked about her past experiences and distributed reprints of this article among the workers.³⁹ But she did not intend solely to live on her past merits. Unlike Lewis, Roberts immersed herself in the middle of the campaign. She visited each hospital frequently and went out on the wards to organize, rather than leaving this task to her staff. She also appeared at union meetings to answer worker questions.

Roberts undertook a series of promotional activities to change the union's image. With other union leaders, she participated in national, black protest movements. Union papers and leaflets showed Lil Roberts joining the Poor People's Campaign in the summer of 1965.⁴⁰ In addition, she recruited Jim Farmer, then Director of CORE and an ex-AFSCME organizer, to attend a hospital worker rally. Commenting on Farmer's visit, the Public Employee Press (official paper of DC37) remarked "... when Mr. Farmer passes a hospital today, he still wants to stop and handle a grievance."⁴¹ The paper then added that Mr. Farmer's work with CORE in fighting the battles of Negro Americans has shown that militancy pays off.⁴² AFSCME was thus able to capitalize on Farmer's prestige as a black leader and lend respectability to a more radical approach to tackling problems among its very conservative worker constituency.

Roberts similarly had to secure the allegiance of her staff members by convincing them of her skills as an organizer and her commitment to the cause of the hospital worker. Her visits to the wards served to demonstrate her concern for the workers as well as to indicate her willingness to share the dirty work with her staff. The staff accordingly saw themselves as equal partners in the

same endeavor.⁴³ Moreover, Roberts used these occasions to train her staff in effective organizing techniques and to give them assurance that their mission was not insurmountable.

Roberts was uncomfortable with national AFSCME staff and refused their direct intervention; like Local 237, AFSCME received substantial financial support from national headquarters. Wurf also lent support at rallies and strategy sessions whenever requested. Roberts selected staff who were enthusiastic and who were willing to work under pressure.⁴⁴ Hospital workers were chosen to organize other hospital workers, because they knew their respective institutions and could communicate effectively with fellow employees. Unlike 237, 420 distributed its staff evenly throughout all of the city hospitals. Roberts felt that she had to go after workers who were not in Teamster strongholds as well as fight 237 on their own turf. Employees in the smaller hospitals could produce enough votes to give her a victory.

Since many new staff were added, it was imperative that they receive training to carry out their responsibilities. Roberts role in this area was even more crucial. Special steward's classes were instituted during the campaign. The courses acquainted the stewards with hospital grievance procedures, collective bargaining machinery, worker services and benefits and the role of different union staff in assisting members. The classes also reviewed 420 proposals for promotion and advancement in the hospitals.⁴⁵ Descriptions of the steward training program appeared in campaign handouts as an example of how Local 420 was attempting to improve its services to members.

Roberts did, however, encounter difficulties in managing her staff. Early in the campaign, two chapter chairmen joined the Teamsters while still claiming to represent 420. Rather than creating a scandal and completely upsetting her organization, Roberts gradually reduced their responsibilities, informed other staff in those institution what she suspected to end their confusion and eventually

forced the traitors out of office when she had found replacements.⁴⁶ With this approach, she gained the respect of staff and workers for her skillful and dignified handling of a crisis situation.

Again it was important for DC37 to demonstrate its toughness on behalf of hospital workers. Like the Teamsters, Local 420 expanded its grievance handling role. However, 420 added a special feature. At organizing meetings, 420 staff would publicize the successful results of grievance hearings with management and encourage members to publicly describe additional problems they wanted the union to tackle. To attract new members and to show their commitment to hospital workers in general, 420 agreed to represent non-members as well and accepted challenges from non-members, even Teamsters, to represent them.⁴⁷

AFSCME confronted city administrators also. At every possible opportunity, DC37 sought small gains for workers in individual hospitals and on a city-wide basis. Laundry workers secured a four grade level raise and \$480 differential for handling contagious materials; at Morrisania Hospital, following a strike, part-time employees received preference for full-time openings over new employees; ambulance attendants received first priority in taking promotional exams to fill Motor Vehicle Operator vacancies.

At the Commissioners level, DC37 attacked the problems of affiliation and worker training. A number of city hospitals were affiliated with private hospitals. While city administrators were supposedly in charge, for the most part, the directors of the private affiliate obtained control. City employees suffered as a result. Two disciplinary procedures were in operation at the same time, the city's and the administrator's. The private administrator bypassed city employees in favor of private employees for promotions or for vacancies. In many cases civil service protections were denied city hospital workers. Gotbaum tackled this problem himself. After a series of meetings over a period of several months,

the Commissioner of Hospitals agreed to remedy the inequities and enforce his ruling among private hospital administrators.⁴⁸

Finally, DC37 presented a series of demands to the city to provide training assistance for hospital workers to prepare them for promotional opportunities and new careers. In addition, union officials bargained with the U.S. Department of Labor to receive grants from the Manpower Training and Development Program.⁴⁹

The career ladder and training proposal was both the main feature of 420's program package and Lillian Roberts' pet project. Roberts believed that her program would eliminate the dead-end character of the majority of the jobs occupied by non-professional workers and resolve the acute personnel shortage of the Department of Hospitals.

Nurses aides, dietary aides, housekeeping aides and institutional aides usually kept the same jobs as long as they continued to be employed in the hospitals. Workers were entitled to merit salary level increases and occasionally received promotions to lower-level supervisory positions. A limited number of employees did receive training for job advancement, but were usually selected on the basis of personal favoritism rather than on merit.⁵⁰ A few nurses aides might enroll in courses to become licensed practical nurses; dietary aides might receive training to prepare them as cooks. There were no intermediary jobs such as senior dietary aide or senior housekeeping aide. Moreover, when an aide did receive training from supervisors to equip him to perform a more technical task, he did not receive credit by changing his job title or through an increase in pay. This was especially true for nurses aides who substituted for technicians and specialists in the operating room and x-ray laboratories.

Roberts proposed a career ladder that would give workers new skills and guarantee them job slots in the city hospitals. The program itself was relatively simple. All qualified nurses aides would receive training to qualify as

licensed practical nurses; later on they might receive further training and eventually become registered nurses. Intermediate steps might include training as aides or technicians in oxygen therapy, x-ray treatment, ambulance service, operating room care and obstetrics-gynecological services. However, workers would not just receive training, they would be encouraged to take licensing exams and receive bona fide promotions.

Her program for other aide categories was not specific, but Roberts intended to develop the career plan in these areas as well. Educational opportunities for dietary aides might lead to promotions as cooks, senior cooks, and possibly dieticians. In the institutional and housekeeping departments, the union would create senior aide positions and train workers to fill them. Moreover, workers in these jobs could transfer to other divisions and become nursing or dietary staff.

Training could be provided in the hospitals or in special classes arranged especially for workers in other locations. If in the hospital, workers would of course receive full pay; if outside and if a training program involved an extensive time commitment, workers would work part-time and still retain their jobs and promotional rights. The union hoped to supplement the salaries of workers who could not live on part-time wages through special funds from federal government sources.

In 1965, the career ladder was a startling and controversial project. The union had to convince workers that they were capable of learning new skills and that their whole orientation to work could be changed with the creation of incentives for improving oneself on the job. Hospital officials regarded workers as unteachable, but more importantly, refused to accept the financial burden of paying workers while they were spending part of their work time receiving advanced

training. While 420 organizers attempted to sell the program to workers, AFSCME leaders negotiated with the Department of Hospitals.

Contrary to the Teamster approach, AFSCME did not present the collective bargaining process as one that was entirely the domain of union leaders. 420 staff took great pains at union meetings to explain collective bargaining procedures to workers. Union staff also solicited worker suggestions for what they wanted included in the bargaining package.⁵¹ The union would not bargain for them; it instead planned to bargain with them and to follow worker direction.⁵² By promoting worker involvement in designing programs and demands AFSCME hope to build worker self-respect.

AFSCME also stressed the importance of winning more collective bargaining certificates to secure a majority of city employees. Union organizers promoted DC37 as the best union to represent all city workers. Campaign leaflets quoted Gotbaum as saying, "When we win, we'll be able to give benefits thousands of others have won to hospital workers. DC37 holds far more collective bargaining certificates than all other organizations combined."⁵³ AFSCME hoped to impress workers by its efforts to build a large and powerful union.⁵⁴

Although AFSCME kept its campaign as positive and forward looking as possible, it certainly did not ignore its Teamster opponents. Local 420 presented their brand of representation as superior to Local 237's. AFSCME attacked the Teamsters on several counts in an attempt to keep them in a defensive posture. They levied their main criticism against the inclusion of supervisors in the same union with non-professional workers. In response to Teamster claims that workers benefited from the liaison, AFSCME argued that a union could not adequately represent a worker in a grievance against another union member. There undoubtedly were

too many deals taking place. The fact that Teamster representatives never took a worker in with them at a grievance hearing but met privately with management and then came out to announce the verdict was proof of collusion. AFSCME organizers told workers that the Teamsters did not allow a worker to confront his accuser and defend himself, because they could not doublecross him when he was present.⁵⁵ Local 420 also vowed to end the Teamster monopoly on worker promotions and re-institute competition on a merit basis.

Local 420 attacked the Teamsters' record in the hospitals. They asked workers, "... if the Teamsters were really concerned with hospital workers, why didn't they get collective bargaining rights long before now."⁵⁶ Indeed the Teamsters had secured enough membership cards to call for an election before 1965; AFSCME attempted to place much of the blame for both unions' negligence on the Teamsters.

Finally, AFSCME attacked the Teamsters for substituting brawn for programs. Teamster muscle was equated with intimidating workers; AFSCME muscle meant confronting the big bosses. 420 staff continually asked workers, "... if the Teamsters threaten you now when they're not in power, what will happen to you if they win the election and you have no one else to turn to?"⁵⁷ Occasionally, 420 asked questions about the ability of a truck drivers' union to serve the interests of hospital workers, but they chose this tactic to infuriate the Teamsters and put them on the defensive rather than to win workers, who were not particularly swayed by this argument.⁵⁸

420 organizers concentrated their efforts on extensive leafletting, frequent organizing meetings and informal contacts on the wards. Leaflets were a significant vehicle of communication in the campaign, since they responded to new developments more quickly than was possible by individual worker contacts and

reached a larger audience. New leaflets appeared each week, and organizers deposited them at entrances, in lockerrooms and in the employee lunchrooms. The career ladder was the primary topic of 420 campaign literature. Slogans included:

Attention all cooks and senior cooks:

Vote for 420

for

- * higher salaries
- * on the job training
- * to get dietician out of the kitchen
- * more promotional opportunities
- * city paid education classes (during the working day)

Join with your fellow cooks to get this program⁵⁹

Messengers: are you satisfied with the pay that you're getting? Happy with your working condition:
Want to make things better? You can and you will when you vote for Local 420 on December 3.

Aides:

420 offers you

- * better wages for a better way of life for you and your family
- * better working conditions to give you dignity and pride in your work
- * training programs
- * promotions
- * decent treatment from supervisors and fair grievance hearings⁶⁰

Press and television coverage of the campaign was limited; 420 sponsored radio programs featuring talks by Victor Gotbaum and Lil Roberts.⁶¹

420 meetings were like revivals. Union staff encouraged workers to vent their frustrations in an effort to demonstrate union empathy for worker problems.⁶² The union announced resolutions of worker grievances and explained programs and new accomplishments with city officials.. The meetings provided a good medium for organizing by taking the worker away from the tensions in his job and giving him an opportunity to focus on his own problems.⁶³

Despite the frenzy of the campaign, 420 staff exhibited extreme patience in organizing workers, describing career ladders and training programs and answering all other worker questions. They pursued a gentlemanly, diplomatic approach to highlight the Teamsters' bullying.⁶⁴ Again, 420 contacted all workers, even the oldtimers who had worked in the hospitals for forty years and whom the Teamsters had dubbed hopeless.⁶⁵

In almost all respects, AFSCME's style was in sharp contrast to the Teamsters'. New techniques and new ideas proliferated. The zeal of a new generation of organizers differed greatly from the cynicism of the seasoned campaigner.

While the battle raged in the hospital corridors, the procedural details of the election were hammered out on yet another level of confrontation. The leaders of Local 237 and DC37 met throughout the campaign to establish collective bargaining units and set rules for the day of the election.

AFSCME wanted the hospital workers to vote as separate units based upon individual job titles. The Teamsters opposed this division into distinct classifications preferring that the workers, with the exception of the clerical workers, vote as an entity.⁶⁶ The Department of Labor sponsored a series of hearings to determine if the units proposed by DC37 were appropriate for collective bargaining.⁶⁷

The unit breakdown was crucial to Roberts' program of offering special training and promotional opportunities to each job title. The Teamsters preferred to lump the worker units together, since they felt they would have an advantage in securing the largest number of total votes. To argue her case, Roberts requested that the Department of Hospitals produce records in evidence at the hearings that described the job responsibilities of each aide group. The records would not only serve to bolster DC37's claims at the election hearings, they would also serve as a basis for the union's bargaining program if it won the collective bargaining certificates.⁶⁸ When the hospital refused to supply the records (they were backed by the Teamsters in their refusal), DC37 took the issue to court. The New York Supreme Court ruled in AFSCME's favor.⁶⁹

AFSCME capitalized on this victory in press releases to hospital workers. Newspaper accounts of the court decision concluded:

"... the victory struck a blow at the agreement between the Teamsters and the Administration to put all aides into one unit under one title.. The records released by the hospitals prove.. that nurses aides actually perform the work of nurses and dietary, housekeeping and institutional aides are doing highly skilled work... We can now build a solid case to demand more money at the bargaining table."⁷⁰

The final agreement reached between DC37 and Local 237 was a compromise. The following election units were established:⁷¹

- 1) nurses aides, dietary aides, housekeeping aides and institutional aides
- 2) clerical workers
- 3) cooks and senior cooks
- 4) messengers

The Teamsters failed to insure that all job titles would vote as one. For the purposes of the election, however, all aides were grouped into a single election

unit and counted as such. But for bargaining purposes, each aide title could be considered individually with separate requests and demands for each. Of course, certain demands would apply to the whole collective bargaining unit as well.

Both sides created delays in setting the final election date. The Department of Labor handled all the technical objections. It almost seemed that neither side wanted the election to take place.⁷² Lewis at first tolerated the delays because he was so far ahead and did not see Lillian Roberts as a threat.⁷³ As the months passed, both unions were hesitant since they did not know how many green cards (member sign-up cards) they actually possessed.⁷⁴

The election was finally set for December 3. The City Department of Labor would conduct the election, set up the polling places, oversee the voting process and tabulate the results of the secret ballot with union delegates looking on. Eighteen polling places were to be established; some would be placed directly inside hospitals, others in nearby buildings. Two Labor Department representatives and two representatives from each of the contending unions would be permitted to man the voting sites.

The confrontation between Teamster and AFSCME leaders at the election hearings was mild compared to the conflict that erupted in the corridors of the city's public hospitals. The organizing campaign transformed the hospitals into a state of frenzy and disruption that lasted for the entire eight months of the campaign. Interaction occurred on several levels: between union staff and hospital officials, between opposition union groups and finally, between union organizers and hospital workers. Although the constraints and pressures differed in each case, all the parties involved in the campaign experienced the intensity of feelings and commitment of energy that propelled the organizing drive. Descriptions

of the election campaign from the perspectives of the three effected groups, administrators, union staff and workers, are provided below.

The administrators of the individual hospitals, who were already burdened by the problems inherent in operating under a stringent budget, discovered that the campaign made their jobs even more unmanageable. They were advised by Hospital Department officials to facilitate communications with union staff;^{74a} but as a result, they become totally preoccupied with labor-management disputes.⁷⁵

The administrators contended with almost twenty-five times more grievances during the campaign than had been true previously.⁷⁶ The increase was due in part to the accelerated activity of union staff in uncovering worker problems, but in many instances, administrators were handling grievances they had already resolved. A worker who was dissatisfied with a decision made in the morning would appeal to the other union or else be approached by the other union to bring his case once again before a hospital official. The official could not refuse to hear the second union's appeal, because of the constraints of the campaign.⁷⁷

Once the unions learned that the Department of Hospitals had ordered hospital directors to ease administrative pressures on the unions, they took advantage of the situation. The unions would request management to assemble key supervisors and assistants to discuss urgent problems, but instead turned the meetings into grip sessions. Union staff would criticize a supervisor and when he responded, union staff would try to make him look foolish. Workers were often present at the meetings and whereas the union's image was bolstered, management representatives were humiliated.⁷⁸ The hospital director was under attack from his staff for permitting the meetings and lambasted by the unions if he refused.

Although hospital staff were supposed to remain neutral, it was a difficult principle to enforce. Rules were established guiding union activities in various work areas. If one union managed to sneak onto a ward unnoticed and the other was caught and removed by a hospital official, the union accused the administration of prejudice. An individual supervisor who might favor one union over another or belong to one of the unions (i.e. Teamsters who continued to represent supervisors) would fail to report or even encourage a transgression of the rules.⁷⁹ There was little a hospital administrator could do to prevent his staff from threatening to fire workers who did not join a particular union. He rarely received specific reports and if he did, it was his supervisor's word against a worker's. Not all administrators were helpless victims. Several chose sides, while maintaining as neutral a front as possible. It was quite easy for a hospital official to create obstacles for union staff by enforcing restrictions more extensively, refusing to approve the distribution of campaign leaflets and of course by ruling against a given union in grievance proceedings.

The hospital administrators were irritated by the prolonged campaign. Their professional staff was upset, workers were disrupted and they themselves were sidetracked from crucial administrative responsibilities. The election would restore peace and order to the hospitals with possible gains, if a single, strong union could force the city to change its hospital policies.⁸⁰

Union interaction during the campaign was vicious, although the number of actual violent incidents was minimal compared to previous inter-union squabbles and considering the high stakes of this election. Scare tactics were prevalent, minor bruises always expected. Pride and personal investment in the campaign made feelings of hatred against opposition staff even more intense. Both sides knew that a victory was essential and acted accordingly.

Entranceways and the cafeterias were prime confrontation areas. Whichever union could station its organizers first at these key spots with leaflets, controlled worker opinion for the day; nor were these locations ever conceded graciously. Because organizing meetings were so crucial for selling a union's position, it was important for union staff to dissuade workers from attending an opponent's meeting or to disrupt the proceedings. The Teamsters were infamous for the latter tactic. On one occasion, a 420 organizer found himself conducting a meeting without any staff support while ten Teamster ruffians stood outside the door harassing workers. He went to the doorway, encouraged individual workers not to be dissuaded and then carried through the meeting despite continued interference by the Teamsters.⁸¹ Not all organizers who were threatened came away uninjured. At one point, even Lillian Roberts was drawn into the action defending Gotbaum against a Teamster woman organizer who assaulted him and then was about to be rescued by male supporters. Roberts intervened and a fist fight between the two women ensued. Lil Roberts was victorious.⁸² One night meeting, however, culminated in a stabbing of a 420 organizer. The organizer was leading interested workers into a 420 meeting when he was attacked and knifed by Teamster supporters.⁸³ Although the injury wasn't serious, both sides immediately intensified their activities and instituted greater precautions for their staff. Even then, the same organizer was attacked several weeks later.

The spying network of the two unions was intricate. Each side kept a running count of how many workers were approached and how many had signed the opposition's green cards. The system was imperfect, since a single worker could easily switch his affiliation three or four times during a single day. Nevertheless, the competition between the two organizing teams persisted, each one hoping to make the final conversion. The real prize was always a turncoat organizer. Both unions succeeded in enticing opposition staff to join their side, who in turn quite often brought worker supporters with them.

The workers, who were at first astounded by the attention given them by their union leaders, soon became as exhausted as the organizers themselves and certainly were more confused.⁸³ The Teamsters threatened them physically if they didn't join 237 and 420 organizers badgered them for not standing up for their rights and selecting the union that would best provide for their future career. Worker became pitted against worker as allegiance to a particular union developed. Supervisors intervened and likewise threatened to fire workers who did not vote a particular way. Bribes of various sorts from both sides were extremely common. By the end of the campaign, no one was speaking to any one else. Workers would dodge down a corridor or out an entrance to avoid being approached by an organizer.⁸⁴

The workers had a difficult choice before them. The Teamsters were already firmly established in the hospitals, were experienced in dealing with management and presented the tough, fighting image that the worker envied and appreciated. Local 420's record was poor, but their proposals were appealing and they seemed committed to the worker's problems. Was 420 correct in saying that the Teamsters had been lax in representing workers? How could one be sure that once in power, 420 would not behave in the same manner? These and other questions remained as election day approached.

FOOTNOTES TO CHAPTER II

1. Interview of hospital labor relations officer, February, 1973. Hereafter referred to as Michael Ruben.
2. Charles Garland, op. cit.
3. Ibid.
4. Barry Kramer, op. cit.
5. Harold Frank, op. cit.
6. Interview of hospital worker, February, 1973. Hereafter referred to as Richard Hall.
Larry Wilson, op. cit.
7. Lois Rutland and Richard Hall, op. cit.
8. Richard Hall, op. cit.
9. Harold Frank, op. cit.
10. Lois Rutland, op. cit.
11. Barry Kramer, op. cit.
12. James Rogers, op. cit.
13. Interview of 420 organizer, January, 1973. Hereafter referred to as Angela Niles.
14. Interview of 420 organizer, February, 1973. Hereafter referred to as Sanford Williams.
15. Barry Kramer, op. cit.
16. Angela Niles, op. cit.
17. Ibid.
18. James Rogers, op. cit.
19. Charles Garland, op. cit.
20. The Public Employee Press, December 22, 1964, p. 12.
21. Ibid. Also suggested in subsequent issues.

22. Harold Frank, op. cit.
23. Charles Garland and Larry Wilson, op. cit.
24. Harold Frank, op. cit.
25. Richard Hall, op. cit.
26. Barry Kramer and Michael Ruben, op. cit.
27. Lois Rutland, op. cit.
28. Harold Frank, op. cit.
29. Ibid.
30. Richard Hall, op. cit.
31. Interview of 420 organizer, January, 1973. Hereafter referred to as
Patricia Jones.
32. Harold Frank, op. cit.
33. Ibid.
34. Consensus of hospital workers interviewed.
35. Harold Frank, op. cit.
36. Lois Rutland, op. cit.
37. Barry Kramer and Larry Wilson, op. cit.
38. Charles Garland, op. cit.
39. Lois Rutland, op. cit.
40. The Public Employee Press, August, 1965.
41. Ibid. October 1, 1965, p. 1.
42. Ibid.
43. Larry Wilson and Lois Rutland, op. cit.
44. Lois Rutland, op. cit.
45. The Public Employee Press, September 17, 1965.
46. Lois Rutland, op. cit.
47. Larry Wilson, op. cit.
48. Public Employee Press, April, 1965 and October 29, 1965.

49. Ibid., November 26, 1965.
50. Lois Rutland, op. cit. Also numerous editorials in The Public Employee Press.
51. Larry Wilson, op. cit.
52. Ibid.
53. The Public Employee Press, November 12, 1965.
54. James Rogers, op. cit.
55. Larry Wilson and Angela Niles, op. cit.
56. Angela Niles, op. cit.
57. Charles Garland, op. cit.
58. Lois Rutland and Barry Kramer, op. cit.
59. 420 News Bulletin, October 22, 1965.
60. The Public Employee Press, November 26, 1965.
61. Patricia Jones, op. cit.
62. Lois Rutland, op. cit.
63. Larry Wilson, op. cit.
64. Sanford Williams, op. cit.
65. Larry Wilson, op. cit.
66. The Public Employee Press, June 18, 1965.
67. James Rogers, op. cit.
68. The Public Employee Press, September 17, 1965.
69. Ibid.
70. Ibid.
71. Ibid.
72. James Rogers, op. cit.
73. Lois Rutland, op. cit.
74. James Rogers, op. cit.
75. Barry Kramer, op. cit.

76. Ibid.

77. Ibid.

78. Ibid.

79. Larry Wilson, op. cit.

80. Barry Kramer, op. cit.

81. Charles Garland, op. cit.

82. Lois Rutland, ip. cit.

83. Larry Wilson, Angela Niles and Richard Hall, op. cit.

84. Lois Rutland, op. cit.

CHAPTER III

THE ELECTION AND THE RETURNS

December 3 was a cold, rainy day. Union organizers from both sides knew they would have to double their efforts to encourage workers to vote. Even without the rain the organizers' job would be difficult. The polls were open from 7 A.M. to 7 P.M. to enable workers on all three shifts to cast their ballots. Workers who were going off duty, tired from their night's work, had to be cajoled into delaying their trips home. Union staff would be spending a large portion of their day transporting workers who were off duty to the polls. Finally, they had to contend with the day workers. With the poor weather, many would not want to stand outside in lines waiting to vote or would use their one hour time-off to relax, rather than to participate in the election. Furthermore, since some of the polling sites were a short distance away from the hospitals, some workers simply might not go out of their way. Union organizers knew that they would have wasted all their preparatory efforts if the hospital workers, for whatever reasons, decided to bypass the polls.

Both sides made elaborate preparations to get out the vote. Busses and cars picked up voters at their homes or at central locations; union staff personally escorted workers who were on duty. Several workers commented that they feared retaliation by Teamster organizers if they voted for Local 420. 420 staff reminded these workers that the balloting was secret, that the Teamsters would have no way of distinguishing them from other voters and urged them to accept whatever bribes the Teamsters offered. Then they could vote for Local 420 when they entered the polls. Those workers who still felt intimidated were promised protection.

Within the polling areas, the two unions continued to battle one another. Union pollwatchers continually challenged the eligibility lists even

though the Department of Labor had prepared them from Department of Hospital records. One union would accept a potential voter and the opposition pollwatcher would insist that he was an outsider and ask Labor officials to disqualify him. When irregularities occurred, union representatives protested at once. Consequently, long delays resulted, frustrating the pollwatchers but also the workers who were waiting outside to vote.²

While the ballots were being counted, tempers flared even more readily. Union representatives challenged some ballots and attempted to hide or destroy others. On Welfare Island, Teamster reinforcements brought guns to force out Local 420 pollwatchers. By the time the police arrived to check complaints, the Teamsters had removed the guns. Although the immediate threat had ended, the rest of the counting was traumatic for Local 420 members. Even after the tally was completed, the Teamsters did not end their harassment; 420 staff returned to find their car sabotaged. Fearing for their lives, they forced an unwilling taxicab driver to take them off the island.³

When all the votes were counted and the results announced, Local 420 had won the election. The final results were as follows:⁴

For the Aides Title (Nurses' Aide, Housekeeping Aides, Dietary
Aides, Institutional Aides)

| | |
|--|--------|
| Approximate number of Eligible Voters | 17,266 |
| Number of votes for City Employees Union | |
| Local 237, International Brotherhood of Teamsters | 5,191 |
| Number of votes for District Council 37 | |
| AFSCME, Local 420 AFL-CIO | 6,134 |
| Number of votes for neither | 161 |
| Margin of victory for 420 | 943 |

For the Clerks Title (account clerks, clerks,
shorthand reporters stenographers, typists, telephone
operators, key punch operators, tabulators, office
appliance operators)

| | |
|---------------------------------------|-------|
| Approximate Number of Eligible Voters | 3,179 |
| Number of votes for Local 237 | 430 |
| Number of votes for Local 420 | 1,560 |
| Number of votes for neither | 34 |
| Margin of victory for 420 | 1,130 |

For the Messenger Title

| | |
|---------------------------------------|-----|
| Approximate Number of Eligible Voters | 398 |
| Number of votes for Local 237 | 89 |
| Number of votes for Local 420 | 196 |
| Number of votes for neither | 5 |
| Margin of victory for 420 | 107 |

For the Cooks and Senior Cooks Title

| | |
|---------------------------------------|-----|
| Approximate Number of Eligible Voters | 388 |
| Number of Votes for Local 237 | 181 |
| Number of votes for Local 420 | 157 |
| Number of Votes for neither | 4 |
| Margin of victory for 237 | 24 |

The margin of victory in the aides category, 943 votes, was slim. In the messenger and clerical slots, the victory was resounding, although 237 had put little effort into the clerical campaign and had generally conceded to DC37. The Teamster secured collective bargaining rights only for the cooks and senior cooks, winning by a safe but not overwhelming majority. Despite their

loss of the cooks, AFSCME came to represent the bulk of the non-professional hospital employees in the city's public hospitals and was committed to the task of achieving the programs and gains it had promised in its campaign, both in the hospitals themselves and on a city-wide level, since as a result of the victory, AFSCME became the largest public employee union in the city.

The voting returns give an inaccurate picture of the success of the respective unions. When the campaign began in April, an estimated 10,500 workers were active union members. Eight months later, after a long, bitter election drive, 11,850 workers or an additional 1350 had voted. Local 237 lost approximately 1000 supporters; 420 made a net gain of 2500. But where did the actual realignment occur? 237 had included supervisors in their original membership count. Supervisors were excluded from the election and therefore the total number of new workers organized was higher than the returns indicate. Whereas it seems that 237's support dwindled, it is possible that the decrease in 237 supporters was slight or perhaps there was even a possible increase depending on the number of enrolled supervisors in the first tally. Did 420 convert former 237 members to its side or organize previously uncommitted workers to accumulate its gains? The answer is again uncertain.

The Teamsters were shocked by their loss. They, after all, had possessed a large proportion of workers as members when the campaign had begun and were able to implement their strategy immediately. Local 420 had started with fewer members and required several months to launch their effort.⁵ Charging fraud at the polls, the Teamsters appealed to the Department of Labor and demanded a recount.

The Department of Labor handled the appeal in two stages: first, they recounted the ballots and second, they investigated the procedural objections.

For the recount, Department of Labor officials reviewed the void, challenged and valid ballots. Both unions examined the void ballots to determine which ones could be classified as valid. When the newly validated ballots were added to the count, 420 received more additional votes than 237 in each of the four election categories.⁶ The ballots in the aides classification determined the outcome of the Teamster challenge. The recount revealed that 420 had secured 943 more votes than 237. The combined void and challenged ballots equalled 622. Therefore, even if all of the latter ballots were accorded 237, Local 420 would still be the winner of the election.⁷ As a result the Department of Labor investigator concluded that, based on the ballots cast, AFSCME could rightfully be declared the collective bargaining agent for hospital workers in contended titles.

After losing the first round of their appeal, the Teamsters launched an attack on the manner in which the election had been administered raising fourteen separate objections that required an extensive evaluation. The investigation lasted nearly eight months. The hearings themselves took seven months. Both sides frequently asked for adjournments or discovered new data they wished to present. Soon after the hearings began, the Teamsters hired a new lawyer and received a long postponement. The Teamsters of course were more responsible for prolonging the proceedings, but AFSCME also contributed to the delay.⁸ In addition, to these procedural formalities, both unions agreed that political pressures caused the Department of Labor to procrastinate in making its final ruling.

Lindsay was beginning his first term as mayor when the Teamsters initiated their appeal. He had not yet established a labor policy since he was still recovering from a bitter struggle with the city transit workers. Whereas he knew that AFSCME would emerge as the most powerful union he nevertheless did not want to alienate Local 237 Joint Council or the Teamster International. Local 237 needed time to gear up for the large loss of member dues and to take the

necessary steps for revamping their organization. The Teamsters knew they would lose their appeal, but took advantage of the time lapse to recover both psychologically and financially from their defeat.⁹ As Teamster or Labor Department sources admitted, Lindsay gave tacit approval to the Labor Department to take its time in processing the case.¹⁰

While the appeal was being pursued, hostilities between the two unions intensified. Since AFSCME had not been officially certified, the Teamsters continued to represent their former members. AFSCME insisted that only they had the right to represent workers on the job titles they had won in the election and distributed leaflets to the effect. The Teamsters, however, continued to collect their dues.¹¹ Lillian Roberts approached Hospital Department officials and asked them to oust the Teamsters. The Department refused to take action until the appeal was settled.¹² There were a series of violent incidents similar to those that had occurred during the campaign. But in April 1966 a full-blown crisis erupted. The Teamsters threatened to cut off food and medical supply deliveries to municipal hospitals in retaliation for the alleged collusion between the city and Local 420.¹³ Both AFSCME and city newspapers violently opposed the measure. Abstracts from four major New York newspapers appeared in 420 news bulletins. The 420 headline read: "The papers say they're wrong! - you know they're wrong! Excerpts from the newspapers were as follows:¹⁴

New York Times "...It represented a declaration of war on the sick, and dying by a bad loser in an interunion power struggle..."

Daily News "...This is as heartless and brutal a threat as we can remember. Helpless hospital patients are in no way to blame..."

New York Post "...Nicholas Kisburg, The Teamsters' spokesman, has retreated hastily from his frenzied proclamations that 'this is a desperate struggle and there will be innocent victims.' Having first challenged the city to see who comes out with a bloodier nose, he now announces blandly that the union is confident about avoiding a sidewalk confrontation."

420 staff organized their members in preparation for breaking through the picket lines, but the strike never materialized. Teamster leaders and Victor Gotbaum were able to reach an accomodation. The incident served as an excellent device for helping 420 win over Teamster as well as uncommitted members.

The continued conflict between the unions confused the workers. They wanted to know who really represented them and who would pay for their fringe benefits. Many Teamster members feared they would lose their insurance investment and coverage. Local 420 responded by promising to assume responsibility for whatever payments were due workers, reimbursing them from the union treasury until such time as 420 insurance programs would go into effect for new members.¹⁵ In the meantime, AFSCME made plans to start its programs for training classes and to prepare its negotiation demands for salaries, sick days and summer hours. In fact, AFSCME was successful in winning summer hour benefits for hospital workers. i.e., shorter shifts on hot summer days; which became effective in July, 1966.¹⁶ The propaganda campaign to encourage workers to leave 237 continued even after the delivery strike threat had been removed. 420 staff accused the Teamsters of opposing gains for workers in terms of raises, promotions and training by prolonging their appeal and postponing the time when 420 could negotiate improvements for workers. Referring to the record from the appeals hearings, a 420 leaflet remarked, "If you want to know who is holding up your raise, your promotion, your training and your opportunity for a better way of life -

Read the Record.. the facts are all there.

The next time a loser comes to you - ask them the \$64,000 question: Don't Hospital Workers Count?"¹⁷

In May, the Teamsters undertook one last effort to curb AFSCME's growth by withdrawing their petition to hold an election in the Practical Nurse

job title. Since 420 did not have the requisite 30 per cent membership to call for an election themselves, they protested the move. Appealing to the nurses to renounce the union that would not work to guarantee them the benefits of collective bargaining, 420 urged the practical nurses to join 420 en masse since "... the rules state that any union that has, as members, 50 per cent plus one of any title group is automatically declared the official bargaining representative for that title."¹⁸ AFSCME hoped to bypass another campaign with the Teamsters and win the practical nurses title by simply enrolling sufficient numbers. 420 did eventually win the right to represent the practical nurses, but not during this particular episode with the Teamsters.¹⁹

By late July, when the election appeal still had not been resolved, 420 took firm steps; its membership voted to strike on Labor Day, September 5, if 420 was not certified as collective bargaining agent for hospital aides. Using "Labor Day is Certification Day" as their slogan, union leaders insisted:

We will tolerate no more phony hearings by the Teamsters
We will tolerate no more foot-dragging by the Department
of Labor
We want nothing less than certification for Local 420 and
a decent wage for hospital workers.²⁰

Once again the city hospitals were in an uproar as administrators, patients and workers prepared to deal with the eventuality of a strike.

The Department of Labor made its ruling just in time. On August 29, it issued a report negating all the charges raised by the Teamsters.²¹

1) With respect to 237's charge that the one hour release time did not give workers sufficient opportunity to vote, the Labor Department answered that the workers knew they would not be penalized if they took longer and that there were no repercussions when delays did occur. Moreover, it added, those workers who wanted to vote and encountered long lines, could come back later in

the day and did so; since 70 per cent of the aides managed to vote, the Teamster claim was unsubstantiated.²²

2) The investigators also refuted the charge that there had been no guarantees against ballot stuffing. They commented that the Teamsters had been unable to verify any fraud and that Department representatives testified that the ballots were in full view of themselves and both unions' delegates throughout the day.²³

3) The report dismissed objections that campaign literature was improperly circulated immediately before the election, that electioneering transpired adjacent to and inside the polls and that workers were turned away with claims that there was no election taking place.²⁴

4) Local 237 accused the Labor Department representatives of not permitting union delegates to challenge ballots. The report concluded that, "...an examination of the record abundantly supports the conclusion that both unions including Local 237, were freely permitted not only to challenge prospective voters, but at the counting of ballots to participate in saying which ballots should be counted as void."²⁵

5) Finally, 237 challenged the constitutionality of Executive Order 49 which established the basis for holding the collective bargaining election in the hospitals; the Teamsters concluded that the election itself was therefore invalid.²⁶ The Labor Department examiner contested this allegation pointing out that first, Local 237 had on many occasions benefited from Executive Order 49 and continued to represent a number of workers under its provisions; second, Local 237 in December 1968 defended the validity of the Executive Order in a case before the State Supreme Court and third, 237 participated in these hearings for seven months and only on the last day did it raise this objection.

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After reviewing all the testimony and stating its conclusions the Department of Labor certified Local 237 as the collective bargaining representative for the cooks title and Local 420 as representative for aides, clerical workers and messengers. The hospital worker organizing campaign ended one year and four months after the Teamsters first filed for an election. The frenzy of the campaign would no longer be an integral part of the lives of workers, administrators and union organizers. However, neither would there be a return to the status quo that existed in the hospitals and that had characterized city-union relations.

Before examining the consequences of the election, it is useful to analyze the respective strategies of the unions. Unfortunately, the ballots have been destroyed and there is no breakdown on the voting in each hospital; nor is it feasible at this time to survey workers to determine why they voted as they did. Although the available data is imprecise, it is possible to make some conjectures about voting behavior based on assessments by a number of participants.

No single factor outweighed another in shaping worker opinion. Workers differed greatly in their estimation of the two unions; union organizers disagree as to what aspect of the campaign most influenced worker choices. Nevertheless, one can draw some conclusions about the relative importance of several factors in the overall strategy of the unions: staffing, programs, the union's image, organizing style and past performance. The following analysis provides insights into the process of organizing hospital workers per se as well as the unique characteristics of the hospital sector as an environment for instituting change.

Teamster staff members assigned to the election tended to be experienced organizers; Local 420 organizers were in many cases newly trained. Whereas

Teamster staff were initially better equipped to explain intricate hospital regulations, to process grievances and to sell union membership to uncommitted workers, 420 soon made up the difference. Teamster staff seemed bored by the whole process and overconfident. AFSCME organizers by contrast were exhilarated by the challenge; this was their first such drive and as the underdog, they realized that they continually had to expand upon previous efforts.²⁷

Both sets of staff had a large stake in the outcome of the election, but with an essential difference. Local 237 organizers were in many cases entrenched hospital leaders. They had built a following and were committed to the status quo, of course made more secure by Teamster ascendancy. 420 staff were quite often newly raised from the ranks. Roberts intended to eliminate the dead weight in her organization even at the cost of some slag at the beginning and to build an operation that was dedicated to changing the status of workers and conditions in the hospital. Local 420 offered employment career ladders, and made union positions accessible to all workers. Roberts' strategy not only succeeded in motivating 420 hospital personnel, but proved an important incentive for attracting new members. Over the eight month period, the differences between the two unions became obvious to many workers and may have accounted in part for AFSCME's final victory.²⁸

Staffing patterns may also have played a significant role in the campaign. Local 237 concentrated its forces in the large hospitals with skeletal crews in the others. Local 420 chose a different strategy placing a full complement of staff in each institution. The election was close in the major institutions where 237 had focussed its efforts; 420 increased its margin by winning small quantities of supporters, but in a number of individual hospitals. Moreover, in the smaller hospitals, individuals from a union could make a greater

impact. An organizer who developed strong allegiances and assisted workers in solving personal problems could swing an election solely by his personal reputation. Local 420 benefited from several such leaders. The diffuse staffing pattern was an important factor in AFSCME's victory.²⁹

One might ask if a similar strategy employed by the Teamsters would have produced a victory for 237? Most observers expected the Teamsters to win by a landslide in the larger city hospitals where they began the campaign as an overwhelming favorite. Despite a heavy commitment of staff in these institutions, the Teamsters did not win a majority in all the larger hospitals and when they did win, the margin was small. Had 237 reassigned its staff to the smaller hospitals, they might have increased their enrollment in these sites, but may well have faltered in the others, since they required a full complement of staff to vie equally with 420.

Why then did 237 do so poorly? Bill Lewis assumed that his reputation as a racial leader would entice enough voters to clinch the election. In fact, he expected a landslide in Harlem Hospital and Metropolitan Hospital where he himself had originally organized workers and had cultivated a strong Negro following.³⁰ Roberts immediately attempted to counter the image of her union as "white" and developed her own image as a Negro by making her leadership visible among the hospital workers. Eventually as the campaign progressed, the racial distinction between the two unions no longer was an issue.³¹ Many hospital workers did maintain their allegiance to Lewis and supported 237 in the election, but Lewis greatly overestimated the extent to which this would occur. He did not win resounding support from Negro voters. Local 420 neutralized race as a factor in the campaign.

Local 237's image as a tough, hard-hitting union was the Teamsters' key selling point. Individual Teamster leaders in the hospitals bolstered their

reputation by attacking management with greater fervor, roughing up opposition organizers and keeping members in line. Teamster "goons" (strongarms) roamed the corridors demonstrating to the weak, intimidated worker that the Teamsters would give him the bold, haughty image he himself wanted to portray in confronting the bosses.

AFSCME likewise intended to demonstrate an image of toughness, but they chose a different approach. AFSCME focussed heavily on the importance of building their city-wide majority in collective bargaining certificates and thus attacking management where the real decisions were made -- at city hall. AFSCME would be tough in shaping the overall environment and conditions affecting workers, rather than concentrating on day-to-day matters. Moreover, AFSCME strove to build worker self-esteem not by projecting the union's image, but by encouraging workers to take affirmative action on their own behalf in disputes with supervisors and enrolling in training courses that AFSCME would sponsor.

Local 420 attempted to capitalize on Teamster violence and urged workers to reject that brand of union representation. 420 organizers adamantly assert that the gangster-like behavior of the Teamsters during the campaign alienated a significant number of voters.³² The contrast was indeed apparent. Locker room and cafeteria beatings were common and the knifing incidents well publicized. Many workers may have believed that the Teamsters would not change after the election and would permanently disrupt life in the hospitals to further their own ends, not the hospital employees'.

It is difficult to evaluate the workers' response to the images portrayed by the unions. But the Teamsters tended to appeal to the older member who worried most about personal encounters with supervisors and identified most closely with what he himself could witness, that is a tough union leader in his

hospital. 420, to the contrary, was more apt to attract the younger member who had not developed the cynicism of the older employee and regarded change as possible. 420 offered him an alternative to dependency on his supervisor and on his union.

420's proposed career ladder program contrasted to 237's promises of higher wages and benefits. First, it was an extremely difficult concept to sell. The workers who had been in the system and witnessed its resilience to change were not easily convinced to the contrary. Newer employees had not accepted hospital jobs with the intention of advancing in a career and saw themselves in a dead-end position. For them, however, the career ladder served as a possible route they could follow. 420 organizers discovered great resistance to their program among most workers. One organizer characterized the dilemma as follows, "When people aren't in the habit of seeing tomorrow as a new day you have a lot of work ahead of you convincing them that it's possible."³³ Even when workers agreed with 420 staff that the career ladder was a good idea, the organizer had no way of knowing whether the worker really believed it.³⁴

Wages and fringe benefits, on the other hand, were more tangible, especially to the worker who barely managed to get by from day to day. The Teamster line seemed quite reasonable. The worker was guaranteed more food for his family without having to exert himself by going back to school or enrolling in an in-service course. All he would have to do is continue working as usual and he could have salary increases; the union would fight for him.

The career ladder was not a significant issue in the campaign. Few workers chose AFSCME over the Teamsters because they specifically hoped to enroll in the new training programs.³⁵ However, the fact that AFSCME had proposed something like a career ladder did point to distinctions between the two unions that influenced voters. AFSCME had taken the time to devise such a plan

and expended energy trying to win acceptance for it. They believed that something could be done to change the worker's lot. Some workers may have thought it preposterous; but it was one thing for the worker to feel that change was hopeless and quite another to hear his union say so. AFSCME organizers at least made him think about what advancements he might want and proposed a definite solution, not as a campaign gimmick, but as a major focus of their organizing drive.

Questions about the career ladder fed doubts about the Teamsters' past performance. If one compared 420 with 237, there was no question that 237 ranked higher in its past commitment and accomplishments. But 420 admitted that they had been lax. 237 continued to ride on their past merits and stated that they would keep on doing the same fine job. 420's proposals for change made workers wonder if 237's representation had been as good as the Teamsters claimed. Wages were low, fringe benefits meager; hospital workers did not even receive some of the benefits granted to other city employees. While 420 had not been an active leader in the past, 237 had been behaving as a self-assured incumbent. Many workers voted 420 because they felt that change would more likely produce better results than sticking with a union that preferred the status quo. ³⁶

The incumbent status of 237 in many ways hurt their campaign. The election occurred at a low point in the condition and services of the city hospitals, and 237 had been identifying itself with management. Possibly, 237 staff were too professional in their approach, rejecting innovations and insisting that they could best handle problems for workers. They played the role of the entrenched administration indifferent to outside pressures and challengers. Whereas 420's operation was not as smooth and efficient, its staff expressed the dissatisfaction that the workers themselves felt.

In addition, there was a promise of major changes in union-management relations as a consequence of the social welfare workers strike. It did not necessarily make sense to support the more experienced hospital union at a time when innovations were possible. Moreover, the less established union in the hospitals had forged requisite changes on the city level. Its hospital track record may therefore have seemed less important to the hospital voter. Workers who were undecided either did not vote at all or, if they wished to register an opinion, tended to vote for 420.³⁷ If they did not perceive any real differences in the performance of the two unions, at least 420 had submitted proposals for change. The incumbent Teamsters promised only a little bit more of what they already had.³⁸

Thus far we have postulated why AFSCME succeeded in defeating the Teamsters. We must also consider possible explanations for Teamster success in the cooks and senior cooks title. AFSCME leaders assert that some cooks voted for 237 because they wanted to belong to the same union as the dieticians. Cooks performed many of the tasks performed by dieticians and served as supervisors of dietary aides. They therefore felt a closer identification to dieticians than to workers. According to AFSCME, since many dieticians belonged to Local 237, the cooks voted for the Teamsters. Those workers who preferred Local 420 were told they would lose their jobs if they rejected 237. Because there was a small number of cooks in each hospital, they believed that the dieticians would be able to determine how they voted.³⁹ AFSCME cites several other explanations for the Teamsters' success. AFSCME did not use their best organizers to work with cooks, did not devote enough attention to this job category and did not remove leaders from their organization whom they knew were doing an ineffective job,⁴⁰ all logical conclusions for a loser to make. The Teamsters deny AFSCME charges that the cooks were intimidated into voting for 237. They suggest that the cooks

preferred their brand of representation and believed that Local 237 had been doing an effective job.⁴¹ A combination of each interpretation probably provides the correct explanation.

Both unions were concerned that nearly one-third of the eligible voters did not cast ballots at all and attribute their positions in the final tally to their inability to win over this major segment of the hospital employee population. The Teamsters admit that they planned their strategy without this group in mind; they expected to win by securing the votes of present members and converting some 420 members.⁴² AFSCME leaders attribute their failure to the hypothetical quality of their program. The workers who could not seize upon bread and butter issues, certainly would not join a union for training programs and career advancement.⁴³

Both unions agree, however, that a number of additional factors accounted for the poor voting turnout.

1) Some evening shift workers did not have the time to vote after work and could not return during the day because they had no one to watch their children or had too long a distance to travel. For the same reasons many workers who were off-duty on that day did not come to vote.

2) The unions argue that the voting set-up made it difficult to vote. The Teamsters presented a full list of procedural obstacles in their appeal challenging the validity of the election, including long lines and insufficient release time. 420 asserts that management discouraged workers from voting even though workers were authorized to receive one hour off with pay to vote. Their view of the difficulty is that management made it difficult for workers who supported 420 to leave the hospital. Despite the biased position of both unions, all the above factors may have contributed to the poor turnout.

3) The confusion of the campaign was a primary cause for the poor showing. After eight months, it became difficult to distinguish the issues, to

remember the promises and to determine one's own priorities. Workers switched sides so frequently that it seemed inconsequential who won the election. Workers were confused by the turmoil in the hospitals, by the similarities of the unions and also by their own feelings about what could be done to improve their lot or what they wanted accomplished. Many therefore did not vote at all.

Worker apathy may have been a product of the long campaign, but for many the apathy had been nourished by many years without change. There was no basis on which to believe any of the unions' claims or promises. Either union would come to power and merely increase its own coffer; few benefits would filter down to the workers. Elderly workers were especially cynical. Many had originally worked in the garment district, paid dues and received little compensation in return. Others had witnessed the growth of unions in the rest of the country and saw only corruption and personal aggrandisement as the consequence of the growth of large unions.⁴⁴ Both unions failed to motivate these workers sufficiently to consider union membership as a positive gain.

5) Many workers did not vote because they then felt they would be committed to joining that union. They intended to accept whatever benefits the unions derived for the workers without binding themselves to union politics or paying union dues. Union organizers tried to counteract this attitude, but nevertheless accepted these non-members as endemic to union organizing.⁴⁵

6) Finally, one must attribute the voting turnout in the hospital election to the typical behavior of voters in a democracy. As one worker succinctly defined the problem, "People don't vote for President. Why should they vote for a union."⁴⁶

It is again extremely difficult to weigh the various factors that may or may not have contributed to success in the hospital workers' election. Many

observers feel that there were no obvious differences between the two contenders -- both operated the same way and offered the same promised.⁴⁷ Others argue that although the differences were not astronomical, there was a reasonable basis for selection. Looking at the victor, one might have concluded that 420 staff worked harder as organizers and more enthusiastically to improve worker condition; or a worker might have felt that he was being short-changed by the Teamsters, that is not getting all the money he was entitled to earn. Finally, many hospital workers may have believed that the Teamsters were a company union, arguing behind doors on ones behalf with the very same supervisor who had initiated punitive procedures and favoring the system where special favors, rather than merit, determined promotions.

It is possible to draw some general conclusions Teamster leaders admitted their defeat was largely a consequence of their overconfidence in managing the campaign. The specific policies established for operating the hospital drive for the most part reflected this overall attitude. Teamster assuredness put them on the defensive. Rather than producing an aggressive program and recommending proposals for changes in the hospitals and in union operations, the Teamsters expected their past record and current members to suffice. AFSCME easily took the offensive position and although the underdog, retained the upper hand by admitting past failures and immediately developing new concepts while simultaneously attacking the Teamsters for refusing to change.

The analogy of New York City elections in the early 20th century to the hospital organizing drive in 1965 is quite applicable and indeed explains the essential differences in the style of the two unions. The Teamsters represented the old style machine politicians, fighting to preserve their system of politics against the reform element. The bosses who had built their organization from scratch were challenged by the reformers who rose to leadership by

creating innovative approaches and bucking the system rather than conforming to its rules. The bosses learned from experience and developed a following by giving their supporters some of the returns for sticking to the party line. The reformers were newcomers; they advocated improvements in all phases of the system if not its downfall and appealed to supporters to become self-reliant rather than rely on the bosses for everything they needed.

Lewis typified the ward boss with his ethnic backers, greasing the machine on time for the election without creating any waves in the organization. Roberts was the "upstart" reformer challenging the boss, being ridiculed by him, but nevertheless refusing to play by the old rules. She created new rules and new programs that she believed would appeal to the underlying desire of the hospital worker for a real change in his existence.

Although the 1965 hospital organizing drive differs significantly from a union campaign in which no previous organizing has been attempted, it nevertheless provides some basic insights into the process of organizing hospital workers in any context.

Hospital workers are not middle class intellectuals. They do not respond to anti-establishment rhetoric, nor do they think in terms of second automobiles, vacations and college educations. They are usually poor, and seek to fulfill basic needs. Although their jobs may seem demeaning, they are committed to working with people who are sick and helpless and wish to take pride in their jobs. The best organizer is one who either is a worker himself or a person who has developed an intimate knowledge of their fears, their needs and their aspirations.⁴⁸ Roberts accepted this factor as a basic principle in selecting her campaign staff. 237's organizing staff was to a much lesser degree a hospital worker team.

Nor can the hospital worker be easily convinced that he or anyone can affect change. He has rarely seen change occur, at least not in the hospitals. The hospital system perpetuates the status quo not only by downgrading its workers, but by institutionalizing a method of delivering care. Administrators, and professionals are rigid and everyone including patients and less-skilled workers must conform. The hospital worker will therefore not grasp radical ideas and innovations. If anything, an incremental change that related directly to his experience might be appealing. Lillian Roberts career ladder program serves as a good example. Better training and new educational opportunities were not proposed as a plan for transforming workers into doctors. It was a program for assuring small promotions, and minor changes in job descriptions on a step by step basis, although the end result might be drastic; the career ladder also promised recognition for skills already learned and tasks performed that were not commensurably rewarded. Nevertheless, many workers were still hesitant to believe it could be implemented.

Moreover, not only would a radical program alienate workers, it would meet insurmountable opposition from system leaders. Recognizing that a hospital worker could perform skilled nursing tasks without formal training and a degree is a threat to the registered nurse. Special training programs diminish her credentials. For the administrator, it means training new people to fill posts vacated by advancements and restructuring the hierarchy to accommodate the new position. Roberts made her program saleable by emphasizing that the training would reinforce skills that workers had already acquired in the course of their employment and convinced hospital administrators that the program would provide workers to fill staffing gaps by using people who already were familiar with the system.

The strike is a last resort tactic to the hospital worker. It is never haphazardly instituted. Both AFSCM and the Teamsters recognized this particular

bias of the hospital worker in running their campaigns. Local 237 advocated force in verbally confronting administrators; DC37 was willing to take a non-negotiable stance at the bargaining table. Using muscle against hospital and city authorities meant everything, but striking. Interestingly, AFSCME was able to create an invaluable propaganda issue when the Teamsters threatened to cut off food and medical supplies to the hospitals in April of 1966. Many workers dropped their previous allegiance to 237 and affiliated with 420. Only after many months of delay when no negotiations could take place did workers in 420 vote to strike unless the Teamster appeal was settled. It is doubtful that the union members seriously intended to carry out this threat for any length of time.⁴⁹ The threat of a strike was used as a pressure tactic.

Worker self-respect is a basic issue in any hospital organizing venture. 420 and 237 again chose different tacks. 237 asserted that a strong union would win respect for workers; 420 insisted that self-respect and self-confidence would emerge if the workers took measures to help themselves - confronting their supervisors and developing more worker skills. The latter approach proved more appealing to New York City hospital workers and became an integral aspect not only of 420's campaign, but of their formal policy.

Public opposition can retard a hospital campaign, since there is generally little regard for the plight of hospital workers. Effecting change in a hospital to many outsiders means denying care to patients. Fortunately, the unions in 1965 did not encounter this opposition. The question was not whether there would be a union, but which union would triumph. While the hospitals themselves were resistant to change, the political climate was quite receptive. Whichever union represented the hospital workers would be able to wrest significant improvements from the city government by virtue of its clout in representing

a majority of city employees. A hospital worker interviewed just prior to the election by a New York Times reporter summed up the opinion of many voters and described the environment in which the unions had been operating, "Seems to me no matter who wins we're going to be better off around here than before."⁵⁰

FOOTNOTES TO CHAPTER III

1. Larry Wilson, op. cit.
2. Angela Niles, op. cit.
3. Ricahrd Hall, op. cit.
4. City of New York Department of Labor, Decision and Certificate of Exclusive Bargaining Status (August 29, 1966), Appendices A,B,C,D.
5. Harold Frank, op. cit.
6. City of New York Department of Labor, Report on the Conduct of the Election (August 29, 1966), p. 4.
7. Ibid.
8. James Rogers, op. cit.
9. Harold Frank, op. cit.
10. Harold Frank and James Rogers, op. cit.
11. Richard Hall, op. cit., and undated 420 campaign leaflet.
12. Lois Rutland, op. cit.
13. 420 News Bulletin, April 11, 1966
14. Ibid.
15. Richard Hall, op. cit.
16. 420 leaflet, July 8, 1966
17. 420 campaign leaflets, June 16, 1966 and May 26, 1966.
18. 420 News Bulletin, May 24, 1966.
19. Lois Rutland, op. cit.
20. Undated 420 leaflet
21. Report on the Conduct of the Election, op. cit., p. 9.
22. Ibid., p. 9-15.
23. Ibid., p. 19-21.
24. Ibid., p. 22-26.

25. Ibid., p. 31.
26. Decision and Certificate of Exclusive Bargaining Status, op. cit. p. 7.
27. Barry Kramer and Richard Hall, op. cit.
28. Harold Frank, Barry Kramer and Lois Rutland, op. cit.
29. Barry Kramer and Sanford Williams, op. cit.
30. James Rogers, op. cit.
31. Sanford Williams, Angela Niles, Lois Rutland and Harold Frank, op. cit.
32. Angela Niles, Charles Garland, Richard Hall and Patricia Jones, op. cit.
33. Charles Garland, op. cit.
34. Ibid.
35. Harold Frank, Larry Wilson, James Rogers and Lois Rutland, op. cit.
36. Angela Niles, Charles Garland, Richard Hall, James Ruffo, Barry Kramer, op. cit.
37. Harold Frank, op. cit.
38. Barry Kramer, Patricia Jones, Richard Hall, op. cit.
39. Charles Garland, op. cit.
40. Lois Rutland, op. cit.
41. Harold Frank, op. cit.
42. Ibid.
43. Charles Garland, op. cit.
44. Ibid.
45. Ibid.
46. Larry Wilson, op. cit.
47. James Rogers and Barry Kramer, op. cit.
48. Lois Rutland, op. cit.
49. Patricia Wilson, op. cit.
50. The New York Times, December 4, 1965.

CHAPTER IV

THE OUTCOME

While the outcome of the election surprised everyone, the changes that resulted met the expectations of all parties concerned. The young men who accepted employment in city hospitals as dishwashers would not necessarily have to spend the rest of their careers washing dishes. The hospital administrators who had always been desperate for additional funds received a budget that better suited the needs of their institutions. Finally, the union staff members who fought to build an effective organization found themselves the leaders of the largest, most powerful union in the City of New York. The conclusions to this case study is fittingly a discussion of its consequences for the people and institutions involved.

Although AFSCME did not focus its campaign promises on securing higher wages and fringe benefits, it nevertheless won sizeable salary increases for hospital workers in all job categories. As collective bargaining agent for hospital workers, DC37 was no longer constrained by the Career and Salary Plan regulations and salary increment scales. In June 1966 after extensive meetings with Victor Gotbaum, Lindsay exempted all civil servant titles which were represented by unions holding collective bargaining certificates from the provisions of the city's General Pay Plan. DC37 was therefore free to bargain for the particular pay scale it wished to establish, set the terms for renegotiating salaries and benefits and propose new job titles with the appropriate salary slots.¹

According to the terms of the first contract negotiated after the election campaign, workers received from \$900-1300 in pay raises over a two and one-half year period. Under pressure from the union, starting salaries for dietary, housekeeping and institutional aides rose from \$3750 to \$3800 effective

July 1966 and \$1400 effective July 1967. In the nurses aides category, minimum salaries increased from \$4000 to \$4300 beginning January 1967 and \$4600 beginning January 1968.²

Yearly salary increments were as follows:³

For Housekeeping, Dietary
and Institutional Aides

For Nurses Aides

effective July 1, 1966 - \$375 increase

effective January 1, 1967 - \$375 increase

effective July 1, 1967 - \$375 increase

effective January 1, 1968 - \$375 increase

effective July 1, 1968 - \$150 increase

effective July 1, 1968 - \$150 increase

The initial raises secured by the union were considerable when compared to the increments formerly granted by the Pay Board, but moderate when compared to the second settlement negotiated with the city. In December 1968 AFSCME announced that all hospital aides, technical assistants and clerical workers would earn a minimum of \$6000 per year. The event received city-wide attention.⁴ Subsequent increases on the whole have been more than adequate. At the present time, dietary aides without any formal training earn \$7700 and college-educated dieticians are paid only \$9000.⁵

420 fringe benefits have been extended also. Within two months after certification, the union won a city-funded welfare plan⁶ and an optical plan.⁷ The welfare plan increased the existing life insurance and disability payments and added a number of accident coverage provisions as well as basic hospital care benefits. The City agreed to finance the plan; AFSCME would handle its administration. The optical plan provided free eye examinations and eyeglasses every two years for the entire family of a union member. At a later date, 420 implemented a liberal sick pay plan. Workers received \$75 per week from the union above and beyond what they received from the City for accumulated sick days and

were reimbursed for any medication costs that exceeded 75 cents per prescription.

In 1967 following the first negotiations on a city-wide basis, AFSCME secured for all city workers including hospital employees cash overtime and shift differential payments, unlimited accumulation of sick leave, travel allowances, the continuation of summer hours and finally a new pension system with benefits equalling more than half of a worker's full-time salary at retirement.⁸

The initial phases of the career advancement training programs went into effect immediately after the election, expanding continuously to incorporate new job titles and to accommodate additional workers. The first in-service training course which began in April 1966 covered nurses aides. Workers who enrolled in this course attended classes part-time and worked in the hospital on a twenty hour part-time basis. The program lasted twelve to fourteen months; students received a federal allowance to subsidize the loss in work income for going to school.⁹ Aides who wished to receive training in technical services were prepared for licensing exams in Inhalation Therapy, Operating Room, Central Supply, Blood and Laboratory and EKG services. Workers who desired training to qualify for LPN exams and positions enrolled in the nurses aides upgrading classes co-sponsored by the Board of Education, Department of Hospitals, State Department of Labor and Education and the City Manpower Administration.¹⁰ Nursing programs continued to expand to give advanced training to LPNs in Pharmacology. At the present time, a nurses aide can receive sufficient training through various stages of advancement to become a Registered Nurse.¹¹

For dietary and housekeeping aides, 420 established several mid-level supervisory aide titles with commensurate training classes. Six different job classifications were created in the senior dietary aide category:¹²

head cafeteria counterman
 head storeroom operator
 pantry supply control man
 head scullery man
 head dish machine operator
 cook's helper

Whereas promotional opportunities had only been available for dietary staff in the kitchens, the union created promotional lines for ward staff as well. Institutional aides also acquired opportunities for advancement. Aides who were performing tasks that could be classified as craft jobs earned credit as apprentices for their work in the hospital and finally received certification as members of their particular craft.¹³

The union ensured that training programs were available to all workers based on a competitive examination. Promotions to senior titles were based on training, tests, work performance and the recommendation of the union.¹⁴ Although seniority remained an important consideration, the union insisted that promotional opportunities be posted. All employees were therefore eligible in the initial stages.

By changing promotional lines and instituting training programs in the hospitals, 420 not only revolutionized the career of the non-professional hospital worker, but also made significant inroads into solving problems plaguing the hospitals themselves. In fact, Department of Hospitals administrators recognized that the selection of a collective bargaining agent would raise the level of care in the institutions.¹⁵ AFSCME exerted considerable pressure on the city to increase its budgetary allotments to the hospitals. In processing grievances and handling routine matters with hospital administrators 420 became a potent voice for improved health care services for workers and patients, for cleanliness in all hospital areas and for safeguards against occupational hazards. Hospitals authorities cleaned and painted employee locker rooms and meeting places and

most importantly, replaced old, antiquated machinery with new medical equipment.¹⁶

Grievance machinery changed radically in the hands of the union. The previous system had been chaotic. Individual supervisors and administrators frequently circumvented whatever established rules the Department had promulgated. AFSCME insisted that the Hospital Department clarify and formalize specific procedures for disciplinary actions. The union then demanded special training for all levels of management to learn how to handle worker problems and to familiarize themselves with the new rulings.

Authorities at the local level resisted these changes. Supervisors resented having to attend training classes and saw training for lower level supervisory positions as a threat to their authority. Hospital administrators grew tired of the squabbling and constant reorganization, although they ultimately preferred an ordered system for relating to personnel.¹⁷ Both management and labor had to decide who should attend grievance hearings, at what levels a particular problem would be tackled, and finally what steps would be followed for each different type of action.¹⁸ Eventually each hospital hired a labor relations officer to mediate grievances and handle whatever labor problems would arise.

At the departmental level, officials developed a new administrative set-up. They established a labor section to oversee union-management relations and to serve as a final appeals board for hospital disputes.¹⁹ The Department also reorganized existing divisions to meet the demands placed upon it by the unions for reforming the patient care delivery system.

AFSCME's impact on the hospitals extended far beyond matters of salaries, fringe benefits, working conditions and grievance procedures. Far from a conservative voice to maintain worker prerogatives at the expense of patient care, AFSCME served as a progressive force for change. During the campaign, Roberts

had envisioned playing a significant role in shaping hospital policies. When 420 won the election, she implemented her programs. Increasing job mobility was her primary goal. AFSCME relieved the chronic understaffing problem by training workers to fill vacancies in technician and nursing slots; it also brought stability to the hospital work force by developing incentives for keeping employees on the job. Union staff and Hospital Department officials jointly planned innovations in hospital procedures and patient services. 420 staff were continually generating creative programs. They intended to utilize every acquired skill or special feature of a job description to advance 420 members.

Roberts maintained an aggressive posture in hospital affairs. When staffing needs changed, 420 proposed the appropriate technical training course. When workers or patients reported that the quality of care in the hospitals had diminished, AFSCME advocated possible remedies.²⁰

The Teamsters recovered slowly from their loss. Membership declined sharply in the first years after the election, rose slightly and then stabilized.²¹ The rivalry between the Teamsters and AFSCME continued after the hospital election. The two unions actively competed for employee groups that remained unaffiliated. But the Teamsters simply could not compete as effectively. AFSCME bargained for all city workers on employee benefit questions and could secure its demands without the assistance of other unions. The Teamsters offered aggressive collective bargaining representation to prospective members, but did not possess AFSCME's clout. Eventually the unions negotiated a truce. Relations with city officials were excellent. Governor Rockefeller, however, felt that the unions were too strong and had begun to challenge their power. AFSCME and the Teamsters realized that their continued rivalry wasted energy needed to confront the State.²²

District Council 37 and SSEU had lost their 1965 court appeal to stay the provisions of the Condon-Wadlin Act. They nevertheless circumvented the court

ruling by obtaining an exemption from the State Legislature. In late 1966, the Legislature passed the Taylor Law which superseded Condon-Wadlin. Under Condon-Wadlin, striking workers were automatically fired. If rehired after a hearing, the workers were subject to stiff financial penalties. The Taylor Law levied enormous fines against striking unions, not members. Unions found guilty of violating the anti-strike clause forfeited their right to dues check-off for eighteen months. The Taylor Law was milder than Condon-Wadlin because the application of the Law was discretionary. More importantly, for the first time, the Legislature recognized the right of public employees to organize.

Rockefeller, however, advocated a strict interpretation of the Law and was therefore violently opposed by the New York City unions. AFSCME sponsored a mass rally in Madison Square Garden in May 1967 to criticize the governor and the Taylor Law.²³ In forging their truce, AFSCME and the Teamsters acknowledged that their cooperation would be mandatory for future confrontations with the Governor.

The hospital victory transformed DC37 into the largest, most powerful union in New York. AFSCME was already the fastest growing public employee union before the election;²⁴ four years later its membership had doubled.²⁵ Similarly, the total number of employees that AFSCME represented as collective bargaining agent increased enormously. In 1965, just prior to the election, the Council represented approximately 105,000 employees. With the addition of city-wide clerical and hospital workers, the number rose to 137,000 and by 1967 approached 145,000.²⁶ AFSCME organized unaffiliated workers and successfully wrested members from smaller unions that already possessed collective bargaining rights. AFSCME challenged these unions to provide the kind of service it provided as the majority union in the city.²⁷

The policies of the Lindsay administration to a great extent facilitated AFSCME's development. In June 1966, Lindsay issued Executive Order 52 which, superseding Wagner's Executive Order 49, officially broadened the scope of collective bargaining, provided a mechanism for resolving impasses in city-union negotiations and established an Office of Collective Bargaining in place of the Department of Labor.²⁸

The tri-partite panel set up by Wagner in 1965 in response to Dean Schottland's recommendations finally issued its report in February 1966. The tri-partite report criticized the informal union-management relationships that Wagner had maintained, recommended that the city use third party neutrals to resolve labor conflicts and finally suggested that the Mayor establish a tri-partite independent agency to administer city labor programs. Gotbaum and Lindsay wholeheartedly approved the panel's report. Lindsay in turn incorporated the report in his Executive Order.

As previously mentioned, he abolished the Career and Salary Plan for employees represented by collective bargaining agents. AFSCME as well as other unions thus had greater latitude in determining wages for their members. Lindsay also established a new framework for collective bargaining negotiations by creating two bargaining levels. Wages, working conditions and fringe benefits which varied among job titles and governmental departments would be negotiated for individual employee units. Pensions, vacations, sick leave and other policy issues which applied equally to all employees could be negotiated only by the union that represented a majority of city workers. Since AFSCME represented 60% of all city employees, it acquired authorization to bargain for all city workers on major policy issues, not just the employees it represented.²⁹ Gotbaum had assumed after the social welfare strike that the majority union would exercise this power. Lindsay made the policy official.

In a newsletter announcing the implementation of the Mayor's order, 420 explained to its members what "bargaining on city-wide issues" would mean for them. Their union would be developing demands for all city personnel for improvements in the following areas:

- "1. pensions
2. hospital and medical plans, workmen's compensation, sick leave, and paid leaves for occupational injury
3. overtime, shift differentials, hours of work and hazard pay
4. annual leaves, holidays, leaves of absence, terminal leaves
5. appointments, promotions, seniority, inter-departmental transfers
6. disciplinary matters and job security
7. work study and training
8. pay procedures, implementation of contracts and car allowances"³⁰

Although Lindsay replaced Wagner's informal system of handling union relations with a formal collective bargaining mechanism, he nevertheless soon developed his own informal system. Relations between Lindsay and Gotbaum were good, perhaps better than their critics would have preferred. Gotbaum encountered little opposition from Lindsay at the bargaining table. Good relations with the Mayor enhanced his own personal prestige and guaranteed generous employee contracts.

In a victory issue of their newspaper, released just after the Teamster defeat, DC37 leaders committed themselves to an enormous task. The editorial concluded:

"Now we'll see that hospital workers get the jobs they're proud of, fair treatment by supervisors and a chance to advance. Only then will there be respect for the sick poor who use the city hospitals... Our union will bring decent standards to hospital workers and better care for patients."³²

Indeed AFSCME accomplished all it had promised its supporters during the hospital election and even more.

In the same edition, AFSCME leaders boasted to their members, "Now we're the union for public employees."³³ After seven years, AFSCME remains in first place.

FOOTNOTES TO CHAPTER IV

1. Barry Kramer, op. cit.
2. 420 News Bulletin, December 23, 1966.
3. 420 leaflet June, 1966
4. Public Employee Press, December 12, 1969. Special 25th Anniversary Issue
5. Richard Hall, op. cit.
6. 420 News Bulletin, November 4, 1966.
7. Ibid., December 23, 1966.
8. Public Employee Press, December 12, 1969.
9. Ibid., April, 1966
10. 420 News Bulletin, April 11, 1966.
11. Losi Rutland, op. cit.
12. 420 News Bulletin, February 10, 1967.
13. Undated 420 newsletter.
14. Richard Hall, op. cit.
15. The New York Times, December 4, 1965.
16. Lois Rutland, op. cit.
17. Barry Kramer, op. cit.
18. Ibid.
19. Barry Kramer, op. cit.
20. Lois Rutland, op. cit.
21. Jones, op. cit., p. 146.
22. Interview of Teamster leader, January, 1973. Referred to as
Robert Smith.
23. Public Employee Press, December 29, 1969.
24. Ibid., August, 1965.

25. Growth in AFSCME Membership:

| | |
|------|--------|
| 1959 | 19,000 |
| 1965 | 40,000 |
| 1969 | 80,000 |

26. Jones, op. cit., p. 143.

27. Ibid.

28. Horton, op. cit., p. 684.

29. Jones, op. cit., p. 149.

30. 420 News Bulletin, February 10, 1967.

31. Barry Kramer, James Rogers, Robert Smith, op. cit.

32. Public Employee Press, December 10, 1965.33. Ibid.

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420 News Bulletins

420 leaflets