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**THE SEX OF CLASS**

**WOMEN TRANSFORMING AMERICAN LABOR**

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## “WE WERE THE INVISIBLE WORKFORCE”

### UNIONIZING HOME CARE

Eileen Boris and Jennifer Klein

“This is a caring job,” declared a California In-Home Supportive Services (IHSS) personal attendant, who had nursed her elderly father so “he did not have one bed sore” (Delp and Quan 2002, 17). Although the “eyes, ears, feet and arms” for the disabled and frail, home care workers were “the poor helping the poor,” who long had experienced “no recognition at all of our work” (Jones 1989). Before the stunning 1999 victory in Los Angeles County, when 74,000 entered Service Employees International Union (SEIU) Local 434B, “we were the invisible workforce,” explained grassroots leader Esperanza De Anda (Delp and Quan 2002, 4). Afterward, the media celebrated these minimum-wage, predominantly Latina, black, and immigrant women for pulling off the largest increase of union membership since the 1930s (Greenhouse 1999b). The story of how providers of home services for individual low-income clients came to be recognized as workers illuminates the challenges of organizing the caregiver labor force, especially one in which the home is the workplace.

During the last half century, an expanded service sector generated low-wage insecure jobs. A racialized feminization of labor resulted, not only in the sense of women of color filling these new positions but also in terms of the

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valuing of the work performed in them (Glenn 1992). Endemic to feminization were the conflation of the characteristics of the worker with the work itself, an association of service with ethnic or racial others, and a nonacknowledgment of skill or its obfuscation as a product of gender socialization rather than formal training. Carework particularly falls subject to this process. The nonwage labors of the wife or mother, performed out of love, obligation, and duty, morph into the low-wage tasks of the housekeeper, personal attendant, health aide, and child or elder minder. Before caregivers were even able to bargain for higher wages, benefits, and better working conditions, they had to see themselves as workers and fight for such recognition from the public, the state, and the very users of their services. They had to gain visibility and dignity, two key phrases in both self and the media representation of home care providers. They had to seek the right to organize in the first place.

This chapter traces the organizing of home care over the last thirty-five years in light of the nature of the work and in the context of social movements that together fought state efforts to resolve the crisis of long-term care on the backs of these frontline workers. First, we consider the labor of care. With the interaction between the provider and receiver of care central to the labor process, servicing people differs from making things. The structure of the job—on an interpersonal micro level as well as through macro-level state policies and health-care markets—generated the contours against which organizing occurred. Then we discuss how unionization depended on both making workers and defining employers. Home care unionism belonged to an effervescence of organizing among poor, black, and Latina women. It originated in social justice movements for domestic workers' rights, farm worker unionism, public-sector militancy bound up with political mobilization around state budgets, and the community organizing of groups such as the Association of Community Organizations for Reform Now (ACORN). These movements not only reached out to workers in casual or service sectors; they sought to invent new structures of representation and distinct notions of unionism that reflected, but were not limited to, the preponderance of women in this workforce.

Home care organizers began within the confines of New Deal labor law, signing up members workplace by workplace, with the aim of a positive National Labor Relations Board (NLRB) election. But they found themselves doubly stymied: by the industrial union model, premised on all employees laboring at the same worksite, and by the NLRB representation system, which assumed an unambiguous employer-employee relationship. They needed, instead, a form of unionism that could encompass the service provider-client relationship, as well as maneuver around the dispersed location of the labor. They required, as Dorothy Sue Cobble has argued, unions that offered “portable rights and benefits” and a means to “improve the image and standing of the occupation” (1996, 348, 345).

Like other service sectors, home care involves a “third party”—the client or consumer (Cobble 2001). But in this case, a fourth party, the state, perpetually created, shaped, and re-ordered the service relationship. Unions, then, could not succeed alone. State recognition and the funding necessary to improve conditions required a larger coalition with the consumers of care—organized seniors and disability rights activists. In contrast to the traditional contract focus of industrial unions, home care unionism had to plea for larger social goods, becoming advocates of better care in order to obtain better jobs for union members.

### The Labor of Care

Cleaning bodies as well as rooms, home care workers engage in intimate labor, a kind of toil most essential but mostly stigmatized, as if the mere touching of dirt degrades the handler (Palmer 1989). Personal attendants, housekeepers, and health aides help the aged and disabled remain in their own homes by assisting with the activities of daily living. As one union activist explained, “it’s a human service. Some people are without relatives and to make a cake or a pan of rolls for them means a lot.” She viewed herself as “a little bit of everything—nurse, companion, psychiatrist, etc.” (Parker 1980). In supporting dependent people, she also performed labor that theorists name “caregiving.” Unlike other paid labor, caregiving requires “incomplete commodification” (Himmelweit 1999, 30–37). Exchanges are not interchangeable because each client has his or her own needs. Clients prefer to be called consumers, but actually they are not customers. Rather than being marked by an ability to pay, they are distinguished from shoppers of other goods and services by their inabilities, including meager finances and impaired capacities. They require being cared about in order to be cared for, necessitating that caregivers respond to the whole person.

Since the 1950s, states have delineated distinct categories of home care, creating job titles such as housekeeper, focusing on household chores; homemaker, providing custodial services, such as help with bathing and dressing; and home health aide or attendant, undertaking personal care, including assistance with mouth, skin, and hair. The continuous job retitling reflected the emergence of new funding streams, pressure from a nursing profession seeking protection from deskilling, and restructured welfare programs emphasizing job training. In practice, home health aides, attendants, and homemakers all performed household chores and custodial services (Trager 1973).

These workers labored in private homes, but the public sector either provided or paid for their services. Nursing home scandals and the deinstitutionalization movement justified government advocacy of home care as

a cheaper, more efficient—as well as more humane—solution to long-term care. By the 1990s, Medicaid accounted for 43 percent of all long-term care expenditures. Although much of the spending supported institutional settings, over one-half of the expenditures on home care came from federal, state, and county funds, including old age and community health initiatives under Social Security. Social policies and reimbursement rates directly shaped the structure of the industry and the terms and conditions of labor (Burbridge 1993, 41, 44). So did assumptions that “women would always be willing to provide care and companionship for our loved ones” (Dawson and Surpin 2001, 7). Thus, the pay could be the minimum, the hours part-time, and the benefits absent. State contracting of services maximized the uncertainties of the labor, confused the employment status of workers, and, hence, jeopardized the service itself.

The invisibility of home care as caregiving further derives from conflicts between care as an act that overflows predefined boundaries and the Taylorized time-task schedules through which social workers, hospitals, and private agencies defined the job. The old managerial structures of the industrial era have served the labor of care as poorly as corresponding forms of industrial unionism. Public social workers and agency supervisors have measured the work by activities accomplished. They have reduced the job to household maintenance and bodily care, in contrast to intangibles, such as keeping someone company or chatting together about family and friends, which aides constantly remark as being essential to work well done. As policy analyst Deborah Stone notes, the rules of caring in the public sphere “promote disengagement, distance, and impartiality” while discounting the love, partiality, and attachment that many develop toward those cared for (2000, 93). Doing care requires negotiation and trust building, emotional labor absent from formal job classifications and bureaucratic regulation.

The caregiving relationship itself has generated obstacles to unionization. Caregivers could not imagine neglecting their charges or going on strike. “Sure, there are a lot of times I’d rather spend a little more time out shopping or whatever,” confided one Contra Costa, California attendant. “But I always think . . . He can’t do it by himself. Besides, I want to be here.” This sense of devotion has kept nonrelative providers from quitting (Garofoli 1998). A 1998 report commissioned by SEIU concluded that many saw “their work more as service than as employment.” Those attending family preferred better wages but downplayed compensation, such as an Armenian respondent who confessed: “We were doing it anyway. . . .” Latinas, tending nonrelatives, had more of a worker consciousness; so did African Americans who remained keenly aware of the association with domestic service—“we are cooks, we are chauffeurs, we are nursemaids, we are hazels. We are everything,” one proclaimed in pride and disgust (Feldman Group, Inc. 1998, 2, 7, 8).

The ability to care also brought economic disadvantages as home caregivers engaged in self-exploitation, extending the hours of labor to meet the needs of their charges without overtime or higher wages. They accompanied people to doctors, for example, without reimbursement for travel or pay for the time. Relatives, who tend about half the caseload in California, had to leave other employment to be hired and then counties would pay them only for tasks beyond what social workers judged “normal household routine” (Ricker-Smith 1978, 85). Some elderly and disabled actually drew on social security checks to supplement caretaker wages, while their attendants turned to public assistance. Low wages, in turn, generated turnover, discouraged training, and increased the possibility that the care worker would be unreliable or unqualified.

Even though policymakers touted the occupation as an alternative to welfare, it failed to lift women out of poverty. This predominantly minority, low-income, middle-age female workforce faced, as SEIU organizers recognized, “all the issues of poverty in their neighborhood or public housing projects,” as well as workplace conditions typical of service labor. Abuse, such as clients demanding that they wash outside windows, followed from imprecise job specifications. Workers suffered from the “‘client is always right’ attitude” as well as from “the difficulty of putting together an 8 hour day with clients spread out all over the city” (Adams and Gallagher 1988, 1–3). Although a good proportion of home care workers were not looking for full-time work, SEIU organizers fought to make home care into a good job. Equating such a job with an eight-hour day, however, failed to address the difficulty of containing care-work in such a framework.

Organizers, then, faced a continuing challenge to convince providers that they were employees. Karen Sherr, lead organizer for SEIU Local 250 in San Francisco during the mid-1990s, recalled, “when we had the first meeting, many people were amazed at how many others were there who were doing the same work as themselves. . . . They had absolutely no identity as workers” (Wick 2000, 26–27). The SEIU strategy would come to offer “an identity as a worker . . . part of a giant work-force, doing important work that merits recognition, respect, and decent standards” (Service Employees International Union [SEIU] 1992).

### Making Workers and Defining Employers

In its composition and casualization, home care, then, has resembled other forms of low-wage service labor, but its workers faced additional disadvantages: located in the home, it was hidden from public view, with an ambiguous employment relationship. Just as some providers and receivers of care refused to acknowledge home care as work, legislators, governments, and welfare ad-

ministrators repeatedly denied caregivers the status of employee and their own position as employer. Before unionization, new understandings of work and worker had to emerge that required changes in both law and consciousness.

Workers and their advocates confronted a hostile legal system. New Deal laws classified home companions as domestic servants, thus denying access to minimum wages, overtime, bargaining rights, or other workplace protections. This exclusion came from their association with the home and confusion with family but also from the racialized discrimination haunting household labor. Subsequently, only a few states extended any labor standards to domestics. The distinctions between personal attendants, home health aides, and domestics often blurred because the same people, over the course of their work lives, circulated from housecleaning to attendant work and back and often on and off public assistance as well. Unions themselves reflected this confusion; SEIU in New York referred to home attendants as household workers in the 1970s, and an early California group to concentrate on unionizing called itself the United Domestic Workers of America (UDWA).

Yet when domestics finally came under the Fair Labor Standards Act (FLSA) in 1974, personal attendants and other home care workers became classified as “companions,” who, like casual babysitters, were exempt from minimum wage and overtime pay, even if employed by a third party such as the state or a private agency. Congress ignored occupational transformations in the health industry, so that, just as local and state governments in the 1970s encountered increased costs under Medicaid and related programs, labor-intensive care became possible on the cheap (Biklen 2003).

Public agencies constantly sought to obscure their responsibility as employers. Despite footing the bill and organizing the labor through state, city, or county departments of social welfare, even deciding who qualified for how many hours of care, governments designated workers as independent contractors. Who was the employer was hardly self-evident. In Washington, D.C., under federal oversight, home chore aides in one section of the Department of Human Services became employees while personal care aides, moved to another section in 1975, became independent contractors, even though they performed similar work (U.S. Congress 1979, 375–81). In California, between three-quarters and one-half of the funds for home care came from federal sources, with the state and counties perpetually jockeying over their percentage of the rest. The state cut the worker’s check with funds from MediCal or general revenue. But there was no uniform mode of service delivery. Consumers/clients could hire, train, supervise, and terminate the attendant, who then was considered an independent provider. County welfare or health departments also could employ aides directly, or they could contract the entire service to for-profit or nonprofit vendors. New York and Illinois increasingly did just that and denied responsibility for collective bargaining, even though a

combination of government monies funded these services. The different payment mechanisms, modes of service, and interpretations of FLSA created a continuously uncertain legal situation, with courts sometimes ruling that the consumer employed the caregiver, other times seeing her as a government worker or an employee of a private agency (Biklen 2003).

With lack of oversight, labor conditions and care quality deteriorated. No one knew how many hours an attendant worked, especially when the state issued the reimbursement check directly to the client; home attendants on call around the clock ended up making less than minimum wage because overtime compensation was not mandatory. Because many clients were incapable of managing finances, checks got lost or mislaid (U.S. Congress 1979, 378). Audits conducted in New York in the 1970s found “inordinate delays and errors in payment” from inefficient bureaucracies (Citizens’ Committee on Aging 1977). California tried to balance its state budget in the early 1990s by delaying the checks of IHSS workers, made vulnerable by their employment status (Chang 2000, 141).

Even as Congress separated home companions from domestic servants, home aides became the major beneficiaries of the movement to extend labor rights to household workers. Led by the National Committee on Household Employment (NCHE), founded by the U.S. Women’s Bureau, but revitalized by the black feminist lawyer Edith Sloan, and with support from the National Organization of Women and other mainstream feminists, the plight of domestic laborers turned into a highly visible civil rights issue (Cobble 2004, 198–200). As Eleanor Holmes Norton, chair of the New York City Commission on Human Rights, testified in 1975, “of all occupations that might make the point about the black women’s stake in the movement for freedom, none seemed to me, could better dramatize the point than household workers” (New York State Assembly 1975c).

Organization among domestics hardly resembled traditional unionism. The Atlanta-based National Domestic Workers Union, founded by Dorothy Bolden in 1968, began as “a mutual aid group” providing solidarity for those engaged in individual negotiations (Tait 2005, 41–42). Under the auspices of the NCHE, Washington, D.C., home aides formed the Organization of Personal Care and Chore Services in 1979, both a lobbying and a bargaining group (Stevens 1979). They not only pressured the city council for inclusion under the district’s minimum wage law, but requested Congress to instruct the district that they were “eligible to form a labor union.” The local government refused to recognize them, despite assigning “where they work and the hours designated and the clients” (U.S. Congress 1979, 383). It took until 1994 for the personal care agents, aided by SEIU Local 722, to be reclassified as employees and thus qualify for health benefits, social security, and worker compensation (Service Employees International Union [SEIU] 1994).

The predominance of women of color and immigrants overlapped with the personnel in public or nonprofit service sectors, particularly hospitals, nursing homes, welfare agencies, and other city bureaucracies. Hence, the domestic workers' rights movement began to intersect with service sector unionism, which provided inspiration, tactics, and personnel to home care workers' organizing campaigns during the 1980s. An initial organizing force in the 1960s was the American Federation of State, County, and Municipal Workers (AFSCME). In New York City, with the largest home health caseload, homemakers first united as members of AFSCME Local 371, representing the New York City Department of Welfare. Along with social workers and case aides, homemakers were among the eight thousand strikers who shut down two-thirds of the city's welfare centers in 1965 (Perlmutter 1965).

Militant unionism at the Department of Welfare, however, involved more than simple contract negotiations between union and employer. Working conditions, caseloads, over-time compensation, promotional opportunities, and pay rates were tied to public budgets and social policy at the city and state levels. Consequently, unionists deployed traditional tactics for public-sector organizing: political action, public appeals, and legislative lobbying (*Public Employee* 1969; Slater 2004). To contain union militancy, after 1970 New York City reduced the workforce and reclassified homemakers as independent contractors. Although the workforce subsequently grew more than 200 percent without the benefit of any union (Citizens Committee on Aging 1977), the legacy from previous public-sector unionism was not lost—workers would win better wages and working conditions when they put pressure on state policymakers and made clear that standards of service depended on labor standards.

The question of employment rights for domestic workers became linked with service sector unionism in New York, where union activists and progressive legislators turned to the state for remedies. Starting in 1974, Bronx state Assemblyman Seymour Posner, a former social worker and AFSCME activist, pushed to pass a collective bargaining law for household workers. SEIU and civil rights groups, such as the A. Philip Randolph Institute, Urban League, National Association for the Advancement of Colored People (NAACP), American Jewish Congress, and NCHE, joined in support (New York State Assembly 1975a). SEIU viewed this legislation as an opportunity to extend organizing from building cleaners to household workers (New York State Assembly 1975b). Posner's bill passed in 1977, but, mirroring the federal level, amendments excluded "babysitters and companions to sick, convalescing, and elderly people" (Posner 1974a, 1974b). Law and policy continued to withhold formal acknowledgment of the labor of care as employment.

Nonetheless, with the backing of the civil rights community, SEIU's flagship and largest local, 32B-32J, led by its new president, John Sweeney, initi-

ated a Household Workers Organizing Committee. Representing New York City's building supers, elevator operators, building maintenance crews, and office and store cleaners, including women who labored at night, 32B-32J had grown to almost 40,000 members by organizing small groups, building by building. Unlike most industrial unions, it understood that workers in nonindustrial settings were *organizable*. The institutional culture of this old American Federation of Labor (AFL) union facilitated seeking out the "invisible workforce" of home care.<sup>1</sup>

Vice-President Cecil Ward, the Trinidadian-born close colleague of Sweeney, took charge. By 1978, Ward had a staff of four women organizers working solely on the household-workers effort, a significant dedication of resources, according to Barbara Shulman, who became an assistant to Ward. Laura Hopkins and Josephine Bond, both African American former service workers, were among the lead organizers. Ward invoked the libratory metaphors of the civil rights struggle, telling home attendants, "we are on the march . . . to organize and to free you good people from slavery" (SEIU 32J-32B 1978b).<sup>2</sup> Because the new collective bargaining law did not apply to individuals hired directly by someone in the home, the Household Workers' Organizing Committee looked for firms and agencies that sent tens of thousands of workers into homes everyday. Although they did not initially set out to organize care workers, their attention was soon drawn to the so-called housekeeping programs of private charitable agencies. At the end of the year, 32B-32J filed its first NLRB petition to represent four hundred workers employed by the Housekeeping Program of the Federation of the Handicapped, who earned an average wage below the federal minimum (SEIU 1978; SEIU 32J-32B 1977, 1978a, 1978b).

Other unions in New York were paying attention to home care. SEIU Local 144, the second largest local in SEIU and predominantly representing nursing home workers, considered home care aides part of the same workforce that labored in nursing homes and hospitals. It initially sought to block employers from using the home for "off-site production" that could undermine the labor standards of those working in institutional settings (SEIU Local 144 1977). This aim took on greater urgency when the state froze Medicaid reimbursements to nursing homes in the mid-1970s. Local 144's home care drive also represented a response to New York's plan to close many of its nursing homes. Indeed, new nursing home construction essentially halted all together in the early 1980s. If, as health policy expert Barbara Caress put it, "home is where the patients are," Local 144 knew that was where the workers would be too, and it soon merged efforts with 32B-32J (Caress 1988, 6).

<sup>1</sup> Barbara Shulman, telephone interview by Jennifer Klein, Silver Spring, Md., April 8, 2005

<sup>2</sup> *Ibid.*



Local 144 provided service sector experience to the all-woman staff who steadily built SEIU's home care union. By mid-1981, there were about 6,400 members, speaking eight different languages, and contracts with sixteen vendor agencies. A year later, the union claimed 14,000 home care members (SEIU 32B-32) 1981a, 1981b, 1982).<sup>3</sup> Yet, just as this drive was hitting its stride, a new president, Gus Bevona, took over 32B-32 and its fledgling home care local. Within a couple of years, Bevona succeeded in forcing out those who built this mostly women-of-color local. Suppressing internal democracy, organizing, and rank and file participation, the self-aggrandizing Bevona let the union coast (SEIU 32B-32)-144, 1983-1991; Bevona 1987; Greenhouse 1999a).

A third union, the National Union of Hospital and Health Care Employees Local 1199, eventually took the lead. Since 1958, when a group of left-wing pharmacists and drug clerks set out to organize the city's hospital workers, 1199 belonged to the civil rights struggle. In just over a decade, these overwhelmingly poor, female, and black and Latino/a workers swept through a sector once entirely ignored by the labor movement and excluded by the labor law. In organizing this new working class of hospital dietary, housekeeping, and maintenance staff; orderlies; aides; and clerks, 1199 cultivated a symbiotic relationship with black and Latino activists. From 1963 throughout the 1970s, it turned workplace organizing drives into political campaigns that won bargaining rights from the state. Whether organizing public or private employers, political pressure became essential to 1199's long-term success (Fink and Greenberg 1989).

After a failed attempt to merge with SEIU in 1982, 1199 became its chief rival. Organizing home care was a logical extension of its efforts since hospital aides and dietary workers often became home attendants or homemakers on weekends or at night. Like AFSCME before it, 1199 knew how to pressure politicians. But in key ways, 1199 was still very much an industrial union, used to organizing many workers in one place. Moreover, the leaders embraced the notion of reaching a different group than the white male constituency of industrial unionism, but they did not sufficiently acknowledge that the work itself also differed. 1199 paid little attention to consumers and rarely deployed a strategy based on the quality of care and service provided to patients. Perhaps because at the least sign of worker resistance management quickly exploited the humanitarian mission of hospitals, 1199 concentrated heavily on living wage demands. "Organizing," as leader Moe Foner said, "is key and everything else is peripheral" (Fink and Greenberg 1989, 202), but the lack of attention to the particular dimensions of care work reflected a narrow vision that initially impeded home care organizing.

By 1985, 1199 represented 20,000 home care workers, and yet, after several years of collective bargaining, wages had risen only 80 cents above the minimum. Seniority differentials, vacation, and sick leave benefits remained miniscule; pensions and job security were nonexistent. Even union members providing twenty-four-hour care were paid for only twelve. When the union's 1987 contract ended, most earned less than \$7,000 a year, well below the poverty level for a family of four (Caress 1988, 4, 9; Donovan, Kurzman, and Rotman 1993, 582).

It appeared that "collective bargaining with dozens of separate vendor agencies was proving futile" (Donovan, Kurzman, and Rotman 1993, 583). Contracts with the state and city government ultimately constrained agencies from negotiating real wage increases. If a hospital strike were a bitter pill to swallow, a home care workers' strike would be even more so. With around 48,000 separate, uncoordinated worksites and tens of thousands of frail and disabled clients dependent on attendants, workers could not easily walk out (Donovan, Kurzman, and Rotman 1993, 583). Moreover, in the 1980s, internal factionalism and racial polarization wracked 1199 itself.<sup>4</sup>

As New York City's various locals proceeded along lines laid down by the NLRB, the levels of union membership slowly but steadily crept upward. Yet the social movement that sought to revalue the gendered labor of care, empower women of color, and increase the quality of public benefits stalled. Community action techniques germinating elsewhere broke open the political and social potential of a care worker movement. In San Diego during the late 1970s, a group of black nationalists, inspired by Cesar Chavez, changed directions and established the UDWA.<sup>5</sup> After limited success at reaching domestic servants, they discovered a constituency in home care employees of companies with county contracts.

Civil rights unionism shaped UDWA from the start. With financial aid from the United Farm Workers of America (UFWA) and the Catholic Church, the new group sought to form "a poor people's union in an urban setting" for and by domestic laborers who fared even worse than those who toiled in the fields (Eldred 1980; Gross 1980; Reza 1989). It envisioned a membership that also would include private household, hotel maids, and nursing home workers. Reaching a scattered constituency proved daunting, even though organizers chatted with women waiting for early morning busses, crossing the border when necessary; set up house meetings; established neighborhood committees; and planned a service center to aid with housing and other problems (Eldred 1980). In April 1979, 150 delegates attended the first convention at a time

<sup>4</sup> Dan North, interview with Moe Foner, session #22, March 5, 2001, Columbia University, Oral History Research Office, <http://www.columbia.edu/cu/ohweb/indiv/oral/toner> (accessed July 20, 2005).

<sup>5</sup> United Domestic Workers of America, "United Domestic Workers of America: Brief History and Background," <http://www.udwa.org/history.htm> (accessed May 15, 2005).

<sup>3</sup> Sample ballot, from Barbara Shulman.

when San Diego County had about 15,000 domestics. But even then the union had targeted local government. IHSS was under persistent scrutiny for mismanagement and, with a constituency of the poor, elderly, ill, and disabled, it increasingly became caught in the vise of state budget negotiations and county attempts to pay as little as possible for the service. UDW founder Ken Seaton-Msemaji understood that organizing home care workers required political clout because “you really end up negotiating with the supervisors on the wages” (Parker 1980; Eldred 1980; Gross 1980; Seaton-Msemaji 1993).

Over the next eighteen months, the union’s staff, grown to ten, put the house-meeting and community-oriented UFWA model into high gear, training eighty homemakers, who then organized their co-workers. Information from SEIU 250 led UDWA to focus on the county’s home attendant contract up for renewal (Parker 1980). One breakthrough occurred in March, 1980 when organizers met Claudia Bowens, a fifty-ish black woman; Margaret Insko, a Chicana and domestic for over a decade; and Carol Leonard, a twenty-something white woman, who were leaving an employer-training session. Like other home care providers, these women suffered from underpayment and lack of sick days. Instead of the adversarial relationship emphasized by industrial unionism, they sought a movement that valued the care relationship, an exchange that could and should have multiple benefits for each side and could foster and reward employee-employer relations that were more collaborative than bureaucratic. They cared “about people and, in return, we think someone should care about us. . . . We are not just objects” (Parker 1980).

These women became central to the effort while the newly formed Domestic Workers Service Center mobilized local support for hearings before the Board of Supervisors (Eldred 1980). Through lobbying and testifying, the UDWA helped block the award of the contract to one company by getting the supervisors to throw out the original bids (Parker 1980). Members began to learn the lesson of unionization: “In unity we have *strength*,” roared Bowens (Eldred 1980). Msemaji emphasized that “the biggest thing in their (union members) lives is that they’ve learned . . . they don’t have to settle for working conditions if they’re not fair, that they can change things. . . . The contract is secondary to that” (Parker 1980).

In Chicago, ACORN also started community organizing among home care workers in the early 1980s. Its United Labor Unions (ULU) adhered to a philosophy similar to that of UFWA in seeking to enhance participation, mobilization, and militancy among low-wage workers. Key ACORN leaders and rank-and-filers came out of the welfare rights movement of the previous decade. Boston’s ULU serendipitously discovered home care workers when petitioning to raise the minimum wage (Tait 2005, 107, 116–19). When home care locals in Boston and Chicago affiliated with SEIU in the early 1980s, they helped revital-

ize organizing within that service industry giant—unlike UDWA, whose short affiliation with SEIU from 1982 to 1984 degenerated into more than a decade-long jurisdictional war (SEIU 1984).

Chicago’s ULU, renamed SEIU 880, combined direct action and political lobbying with agency-by-agency bargaining. As a community action group, 880 helped spearhead African American neighborhood campaigns for affordable housing, cheaper banking rates, and a citywide living wage ordinance. As a union, 880 stayed rooted in the ACORN culture. It consistently cultivated rank and file leaders from among female home attendant members, who were drawn in through tens of thousands of house visits. The women created a social world around the union, with regular meetings, parties, barbecues, recognition ceremonies, letter-writing campaigns, marches, and neighborhood alliances. They held “speak outs” and “honk-ins,” stopping traffic. Demonstrations became public performances, complete with props such as a burial casket or giant penny. The union organized lobbying days, when members traveled to the state capital to pressure legislators and the Department of Rehabilitative Services (DORS) for pay increases and higher reimbursements for agencies, and they turned out huge numbers at public hearings in Chicago, Springfield, and Washington, D.C. Although 880 never gained a contract with DORS during these years, it won regular pay increases, a grievance procedure, biweekly pay, and a state agreement to deduct taxes from paychecks. The ACORN model enabled the union to address women’s whole lives as workers, kin, caregivers, and community members (SEIU 880 1986–1995; Brooks 2005, 51–52). Most significantly, Local 880 innovated by organizing pressure at the source—the state budget.

Other unions began to take notice, especially in New York, where NLRB elections and three-year contract renewals were becoming dead ends. Local 1199 and another New York home care union, AFSCME 1707, saw that to achieve substantive gains they would have to step outside the NLRB bargaining structure and launch a political campaign. When 1199 and 1707 approached 32B-32J-144 to join them, Bevena refused (Caress 1988, 9). Here SEIU could not carry the movement forward, partly because it was not committed to union democracy and cultivating rank and file leadership but also because the leadership refused to recognize the essential elements that made unionizing different in home care: the service needs of clients, the community networks that linked these women, and the welfare state location of the labor.

1199 and AFSCME moved on without that once-pioneering union. Beginning with rallies outside city hall in 1987, they enlisted the support of Jesse Jackson, then running for president, and Cardinal John O’Connor (*Health/PAC Bulletin* 1987). They compelled Manhattan Borough President David Dinkins to hold a public hearing on the plight of the home care worker. Under the banner of the Campaign for Justice for Home Care Workers, they

launched an educational drive to garner public support, with the slogan, "We Care for the Most Important People in Your Life." Finally, the unions led non-profit vendor agencies, themselves organized as the Home Care Council of New York, and nearly every liberal politician into their coalition. Together they pressured the governor and the mayor. After receiving no response the first time, they doubled their mobilizing efforts, brought in more politicians, religious leaders, and big-wigs and set off a full-scale press blitz. On March 31, 1988, after unprecedented negotiations between Governor Mario Cuomo's office and the unions, the state allocated the highest level of new funds for home care ever obtained. The agreement granted both unions a 53 percent wage increase, health insurance, guaranteed days off, and prescription drug coverage (Caress 1988, 4-14). Adopting the political philosophy of AFSCME, New York's home care unions from then on knew that enlarging the public budget was essential to enhancing the lives of workers.

### Consumers Join the Coalition

Still missing from the organizing formula were the users of home care as active coalition partners rather than campaign props. In California, conflicting legal decisions in the late 1980s and early 1990s justified counties stonewalling collective bargaining. Thus, although the decade-long battle in Los Angeles saw all the hallmarks of the new social movement unionism—constant membership meetings, numerous demonstrations, and political education—improved conditions required legislative mandates and increased funding and, for that, workers had to join with consumers to lobby the state (Rivas 2005; Walsh 2001). SEIU strategists agreed that the union had to seek "concentrations of homecare workers employed by providers who are *state-funded*" (Adams and Gallagher 1988). Equally part of its strategy this time, SEIU argued for the "expansion of homecare as a progressive and compassionate health care delivery model" (SEIU 1988). It directed such arguments to consumers, promoting better care and deploying logos such as "There's No Place Like Home."

In 1987, when SEIU began its massive campaign, disability activists had spent nearly two decades fighting to choose, train, and control the attendants who made independent living possible. They particularly disliked the contracting of IHSS, finding in managed care an attack on consumer choice that reallocated limited funding away from services to supervision and company profits. Contracting not only interfered with self-control but risked the well-being of consumers by neglecting "certain authorized services under the *assumption* that family members and neighbors would do them" (Yeager 1993). Activists rejected "the concept that disabled people are 'cared' for," explained

Judy Heumann, co-director of the Berkeley-based World Institute on Disability, preferring to "refer to such programs as 'Attendant Services.'" These services, they insisted, were "a human and civil right" (Heumann 1987).

The consumer alliance with unions did not come easily. The coalition originated with lobbyists on the state level, who worked for both the California Foundation of Independent Living Centers and SEIU. It flourished through the efforts of dedicated organizers such as Janet Heinritz-Canterbury, formerly executive director of the Congress of California Seniors, who spent hours meeting in elder centers and with disability activists to build the trust necessary to carry forward the project (Heinritz-Canterbury 1993).<sup>6</sup> Disability rights activists asked, "Who will protect consumers?" (Russell 1993, 7-8). As Nancy Becker Kennedy fretted, "With a union fighting for 'terms and conditions' of their attendants and no one fighting for our basic right . . . to move, go to bed, have a shower, a bowel movement[,] a meal, it will be more of a David and Goliath situation than it already is" (Becker Kennedy 1993).

In contrast, seniors, represented by such groups as the Older Women's League and California Senior Legislature (CSL), worried more about reduced hours and competent aides than about their power relations with attendants (*Sacramento Union* 1993). Seniors groups too had been an active force in shifting state priorities from nursing homes to home care, but they rarely included workers' issues or voices. Starting in 1992, however, key activists from CSL agreed to work with SEIU on legislation, including standards that seniors wanted such as criminal background checks. Because of the Older Americans Act and its area agencies on aging, seniors were well organized at the county level; they in turn elected 120 delegates statewide, constituting the CSL, to represent them and intervene on legislative issues in Sacramento (Rivas 2005, 6-8). Thus, in joining the home care coalition, they could be mobilized at both levels: where services were provided and where legislation was shaped. Such county-level organization became even more important a decade later in Oregon, when SEIU and seniors lobbied state legislators district by district in 2001 to fund the voter-enacted Home Care Commission, which acted as the employer of home attendants (*Northwest Labor Press* 2001).

SEIU and the consumers, it turns out, had a common enemy: the state, with its desire to cap resources going to a program that allowed the elderly poor to remain in their own homes and younger disabled people to have a life apart from institutions and restrictive family settings. SEIU was ready to concede to the consumers what was needed to work together. Ed Roberts, a leader in the independent living movement, concluded in September 1993, "SEIU has gone a long way on this issue—no strikes, people with disabilities have the right to hire and fire—this is unusual" (Heinritz-Canterbury 1993).

<sup>6</sup> Janet Heinritz-Canterbury, interview by E. Boris, Los Angeles, Calif., April 13, 2005.

The concept of the public authority, a county commission that would serve as the bargaining unit for IHSS-independent providers, evolved from the desires of consumers and needs of the union. It came out of political action and lobbying by consumer allies. Laws in 1992 and 1993 funded counties to establish public authorities and central registries to locate the home care workforce. Authority boards were mandated to include current or past IHSS recipients. Whereas the San Francisco and Bay Area counties quickly created authorities and improved wages and benefits, Los Angeles—with half the state's IHSS caseload—dragged its feet until continual political pressure led the supervisors to cave in 1997. That disability activists were divided on features of the public authority, further slowing matters in Los Angeles, inadvertently shows the importance of strong coalitions for home care unionism (Russell 1996, 40, 50–51; Toy 1996, 41, 55). Two years later, the public authorities joined the unions and their coalition partners to win legislation compelling all counties to designate an employer by 2003 for collective bargaining purposes (Heinritz-Canterbury 2002, 12–13).

### Visible Workers, Hidden Concerns

The process of struggle—as well as the progress to date—transformed the consciousness of careworkers, along with recognizing the value of the work (although monetary rewards remain inadequate). In shedding the status of independent contractor, homecare workers shook off their dependence on low-wage work that lacked the legal protection and social recognition normally accorded to employment in U.S. society. In turn, unions dropped some blinders that had prevented their seeing these workers at all. Home care workers were organizable but not by traditional methods. Even unions in the service sector—1199, AFSCME, and SEIU—had lessons to learn about care work, not only because of the three-way relationship among boss, worker, and consumer typical of service labor but also in the ways that home care differs from most commercial services. For those receiving government-subsidized care, the state determines what they purchase. The clients, then, are not exactly consumers, as we generally understand the term. Some people can afford to buy care freely on the market, but many hundreds of thousands are clients of the state. Public funding and government departments of aging, disability, and rehabilitative services shape the level and type of care they receive. Political mobilizing was as essential for clients as for workers. Community organizing movements such as ACORN helped show unions the way to mobilize both constituencies. Social movements among the disabled and the elderly also became crucial to home care unionizing; they not only had organized their own but had cultivated political strategies and relationships at the state level.

It took thirty years of experimenting, but by the mid-1990s SEIU—drawing on tactics developed by different unions in different locals—put together a winning formula. The California campaign built alliances, stepped outside the NLRB framework, organized 74,000 workers, and created new institutional state structures that enabled the union to function on a sectoral, rather than worksite, basis. The merged SEIU-1199 now has a major commitment to organizing home care attendants and aides. It is applying lessons learned in home care organizing to family day care, another arena of paid care in which the home is a workplace and love and labor become conflated. Coalitions of consumers and providers offer a new path for envisioning the home as a place with dignity for workers and families. But the question persists whether unionism can confront how care labor differs from even other forms of service work. Care involves multiple levels of inequalities: the diminished capacities of consumer/clients as well as the stigmatized status of workers. Collective bargaining and state regulation both have heretofore failed to address these inequalities or advance the quality of care as an interactive process between cared for and carer. Unions and advocates have focused more on proving that higher wages and benefits lessen turnover in trying to make home care a good job than they have advanced the practice of care, despite small projects such as San Francisco's Planning for Elders in the Central City.<sup>7</sup> Union activists promote medicalized skills training to upgrade the work while they remain skeptical of enhancement strategies incorporating psychological and emotional labor. At the same time, disability consumers worry that medicalization will reduce autonomy, transforming them into dependent patients.

The question of empowering care workers within their own organizations persists. All the reasons that bring women to home care in the first place, such as low-income, poverty, family responsibility, immigrant status, lack of training, and social instability, inhibit their ability to participate fully in unions. Given the large ethnic workforce, many still look at the job as family duty rather than as employment. Political unionism needs its members for campaigns, and the unions have brought their membership to city, county, and state halls. But to the extent that the home care unions become providers of services rather than educators and mobilizers, to the extent that they stop the effort to revalue caring labor, they can fall into a kind of bureaucratic unionism that reinforces the old racialized gender distinctions of care work and stymies the advancement of rank and file women.

<sup>7</sup> Karen Sherr, conversation with E. Boris, Berkeley, Calif., May 8, 2005.