

# Unionization could help home health care workers, experts say

October 20 2021, by Eric D. Lawrence

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For Susie Young, the days before she was a unionized caregiver weren't ones to cheer about.

"Before the union came in, we had nothing," she said. "No training. Forget about a paid holiday or vacation. ... There's many workers in this country today that's where they are."

Young, 73, lives and works in Spokane, Washington, where she has been a home care worker for about 35 years. She helps a developmentally delayed man who's high-functioning enough to work outside the home and ride the bus but still needs reminders and other assistance to keep him on track.

Her workload, a couple of days a week, is less than it once was. Decades ago, Young, who's a founding member of the executive board of the Service Employees International Union Local 775, was caring for people suffering from HIV and was a union skeptic. Having to press her employers for basic protective gear, a situation that's since improved, was what, she said, changed her mind about the union.

"I had asked my office for a box of gloves. I wanted a box of gloves and I saw they're just going to give me a few gloves in a bag, and I said, 'What?' and I was very vocal about it and I said, 'I tell you what, if I get HIV, I'll be coming and making sure that my husband sues this agency because all I want is a box of gloves. And I was like, 'Oh my God, I have to fight for a box of gloves?' " Young recalled.

Washington is among a handful of states, including New York, California and Illinois, where unions play a role in direct home care. In many states, paid caregivers who work in home care are not represented, a state of affairs influenced, in part, by the way home care is funded and managed in the United States as well as the isolated nature of the workplace.

## **What's under consideration**

President Joe Biden has said he wants it to be easier for [home care workers](#) to unionize, but there are barriers to making that happen. Anti-union forces that fight "compulsory unionism" and court rulings in recent years that prevent unions from collecting agency fees from nonmembers highlight the broader ideological challenge to union expansion in this arena.

Conservative groups that oppose unionization of home care workers, such as the Heritage Foundation, have asserted that union membership numbers and coffers benefit more than the workers themselves. A 2014 article in the foundation's "The Daily Signal" publication said unions "negotiated union contracts on their behalf that include mandatory dues payments—and sometimes little else," a view rejected by union supporters.

Caregivers in home care generally work for [low wages](#), a point reinforced when California's state auditor this year wrote to the governor and other officials that many full-time caregivers there would qualify for public assistance. One of the key areas where unions are expected to deliver for their members, however, is in better pay.

Paul Osterman, in his 2017 book, "Who will care for us? Long-term care and the long-term workforce," wrote that "it is clear that with respect to hourly wages, home care aides benefit from organization," although median wages can provide a mixed picture nationwide.

## **Existing situations**

Wages for caregivers in Washington state, where the minimum wage is \$13.69 per hour, are higher than in many other states.

Nationally, the median hourly wages for home care workers stood at just under \$13 per hour in 2020, according to the care research and advocacy

group PHI. In Washington state, the median hourly wage for home health and personal care aides stood at more than \$15 per hour.

Young has seen her own wages rise from around \$7 in the early 2000s before she was a union member to more than \$19 an hour today. Some workers, according to SEIU, average more than \$20 per hour with hazard pay.

"Today, home care workers in Washington state are among the best compensated in the country. It certainly wasn't always that way. When workers started to form a union back in 2000, 2001, caregivers here made minimum wage," according to Adam Glickman, secretary-treasurer for SEIU Local 775, which represents about 45,000 workers in Washington State and a few thousand more in Montana.

SEIU represents about 500,000 home care workers nationwide.

Individual health care, a retirement program, raises based on experience, added training and more personal protective equipment during the pandemic are some of what Glickman described as union wins. Hazard pay during the pandemic, an extra \$2.50 per hour, is another.

"The increased wages created a big role in helping people to survive and stay in these jobs. The challenge now is caregivers don't just need the living wage during the pandemic, they need it all the time," Glickman said, noting that the union would like to see health care coverage in Washington state expanded to include dependents but to date that has remained out of reach.

Eileen Boris, Hull Professor and Distinguished Professor of Feminist Studies at the University of California, Santa Barbara, said unionization or, in a broader sense, organization of caregivers is crucial for creating the infrastructure for a stable and well-paid [labor force](#) to serve a rapidly

aging population. According to the U.S. Census Bureau, adults 65 and older will outnumber people 18 and younger by 2034.

The labor that caregivers perform is frequently intimate and invisible to the wider society, Boris said, and in the past, has often been viewed by some as not being real work. That's part of a historical legacy where labor deemed to be women's work was not valued, especially when the work continues to be disproportionately done by women of color.

That viewpoint has begun to shift over the past year and half, said Boris, whose 2012 book with co-author Jennifer Klein, "Caring for America: Home Health Workers in the Shadow of the Welfare State," explored many aspects of home care labor, including unions.

Boris said organizing of caregivers is not limited to traditional unions and can also happen through worker centers or other organizations.

"The pandemic has shown that care is essential to the economy, that it is in the self-interest of those in power for women to be able to go out to work as well as to go into work, that society needs the labor power of women and other family caregivers in the labor market," Boris said. "I really do think that the pandemic has made it rather obvious that we rely on these workers."

Low pay is often cited as one of the main issues facing caregivers, but there are others, from limited training and lack of benefits in many states to weak or nonexistent workplace protections other workers take for granted.

Elevating the status of caregiver jobs is important, too, but history shows that even jobs with arguably higher status were not always viewed that way.

"We think of autoworker jobs, for example, as good jobs. They paid well. They only paid well because the workers were unionized and organized and struck and struggled," Boris said.

## **Benefits/limitations**

Unions that seek to represent caregivers in the home, however, face a unique landscape.

Organizing workers who typically work in isolation in a job with high turnover presents a challenge that unions in other fields might not face.

For instance, workers in an office setting, at least pre-pandemic, might have learned about the union by running into a co-[worker](#) who could then give them a union card to sign. In other environments, such as a Detroit Three auto plant with thousands of employees, unionism is ingrained in the culture itself.

The nature of the employer/employee relationship is also often different.

In home care settings, where the government sets the rules and Medicaid is the big funding source, the person receiving care might make decisions about hiring and firing of the caregiver, and the caregiver might be called an independent provider. In order to unionize, workers might need a change in the law. In Washington state, that happened through a successful 2001 ballot measure.

In Michigan, the outcome has been far different. Tens of thousands of home care workers were once represented by SEIU, but today that's not the case.

A system that created a collective bargaining process for care workers under a union-friendly Democratic administration unraveled years later



under a Republican governor with different priorities. Conservatives led a fight against what they called "dues skimming" of Medicaid dollars, and efforts by union backers to safeguard collective bargaining for home care workers through a statewide ballot measure failed in 2012.

Groups like the conservative Mackinac Center for Public Policy argued against the process that allowed collective bargaining for those workers in Michigan, painting it as an effort to benefit the union at the expense of vulnerable residents. Union backers countered then, as they do now, that collective bargaining for low-paid care workers doesn't just benefit the workers, it also promotes better care for those receiving it.

Steve Delie, director of labor policy and workers for opportunity at the Mackinac Center, suggested that a better way to address compensation and other issues for these workers, whom he said perform important jobs, is through legislation, which he acknowledged might not be the easiest path.

When Michigan's home care workers were represented by the union, they weren't engaged meaningfully in the process, Delie said.

"It was a matter of people not even knowing they were members of a union until they saw their payments go down due to a union dues deduction," he said.

But union supporters, such as Tamara Blue, see the union as a positive force.

Blue has been a caregiver in Michigan since she was 18.

Now in her late 40s, the Detroit resident works midnights part-time at a nursing home in the city as a certified nursing assistant. Until a few months ago, Blue also cared for 98-year-old Shirley Fawcett, first at the

woman's home in Birmingham, an upscale suburb, and later when Fawcett moved into an assisted living facility.

At the nursing home, Blue is represented by SEIU, which she credited for helping secure personal protective equipment for her and her co-workers during the pandemic. In home care, Blue, who met Vice President Kamala Harris during a vaccination mobilization event in Detroit in July, has no union, and she said she has seen many dire situations in her years of work.

"When you go into a home you don't have any protection. Without a union, there's no protection. People can do to you whatever they feel," Blue said.

Blue described a special relationship with Fawcett.

As COVID-19 forced lockdowns and other restrictions, Blue was able to see Fawcett at the assisted living facility when her family was prevented from doing so.

"Her health had declined during COVID to the point where I was hands-on. I had to do the feeding, I had to do the changing, I had to do everything for her," Blue said. "I had to play the nurse, the aide, the family, the child. I had to do it all."

In June, Fawcett died, and Blue has been in mourning ever since.

"That was the love of my life. She was so sweet," said Blue, who began caring for Fawcett shortly after Fawcett's husband died several years ago.

This loss has been hard, and Blue has taken a break from home care for the last few months, but she was only able to do so because Fawcett's



family gave her a bonus. She'll have to pick up another client.

"In home care, you cannot survive off one income," said Blue, who makes about \$16 an hour at the nursing home and, thanks in part to extra money from Fawcett's family, made close to \$15 an hour in her most recent personal care assignment.

Unions are not a panacea, according to experts. Author Osterman noted that it's reasonable to be critical of some aspects of union policy, but on balance unions are a "force for good" in the home care industry and should be supported.

Their limited range and organizing challenges in the [home](#) care sector, however, make them only part of the solution, not the primary answer to creating a better long-term care system, Osterman wrote.

In Michigan, where [home care](#) union efforts have been set back, Emily Dieppa, PHI's director of workforce development, pointed to another possible solution. She and PHI are part of the Impart Alliance, a multiyear state advocacy project, connecting researchers, workers, agencies and organizations, including Michigan State University, in an effort to boost direct care and the lives of its workers and clients.

The effort has some goals similar to the union, in terms of lifting up workers and boosting training, she said, but without the structures of the union and the pushback that [union](#) efforts have generated. Stakeholders in direct care who would have been seen as enemies in the past are "sitting at the same table," she said, and there's momentum for change.

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Citation: Unionization could help home health care workers, experts say (2021, October 20)

retrieved 24 May 2024 from <https://medicalxpress.com/news/2021-10-unionization-home-health-workers-experts.html>

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