

*Historical Struggles:
The Evolution of Gender, Race, and Organizing
at Yale-New Haven Hospital*

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Winner of the 2008 Barbara Wertheimer Prize
awarded by the New York Labor History Association

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On November 10, 2003, ten employees in Yale-New Haven Hospital’s Nursing Resource Pool marched into their manager’s office. No longer willing to tolerate the hospital’s system of inconsistent and inaccurate paycheck distribution, the workers had organized to draft a written protest. Signed by one hundred employees in the Pool, the petition militantly articulated its signatories’ demands. Expressing “outrage that our paychecks are frequently inaccurate,” and framing timely payment as a matter of “pay[ing] the rent, buy[ing] food or keep[ing] the lights on,” the employees demanded the hospital “1) Revoke the verbal and written warnings issued in response to those of us who requested checks to make up shortfalls 2) Change the policy so that no further warnings are issued in response to requests for timely payment for hours worked 3) Pay us timely and correctly.”¹

¹ May Hemmingway, ULP Reporting Form, 3 December 2002, Old, 1199 records, District 1199, New Haven.

When the delegation arrived at manager Judy Grant's office, it was informed by the on-duty clinician that Ms. Grant was not available at the present time. In response, delegate April Robinson handed the petition to the clinician and demanded a reply from Grant by the following Monday. The next week, signatories were individually called into Grant's office on payday, and warned by their supervisor "you know, you should watch what you sign."² "I know what I signed," employee Marilyn Hemingway informed the manager. "Maybe you can but I can't call up my mortgage company and tell them I'll pay rent in two weeks. I'm a single mom, I don't have it like that, they want their money right away. We had to do something," Kathy Ormond shot back.

The Pool petition episode highlights several themes in the complex narrative of race, gender, hierarchy, rights, and organization that is being written at Yale-New Haven Hospital. It is a narrative whose foundational antecedents can be found in the post-war labor landscape, and whose direct beginnings stretch back to the late 1960s. Since then, Yale-New Haven's hospital workers have been in dialogue with the institutional power structures that for the past sixty years have disproportionately fixed women and minorities in the lowest-rung job assignments. Historical analysis of the workers' challenge to entrenched power structures brings to the forefront questions about these stagnant racial and gendered hierarchies.

Though media attention has largely focused on the most recent, decade-long union drive, the effort to win collective bargaining rights at Yale-New Haven began forty years ago. Some 200 workers in the hospital's food services department are currently represented by District 1199-SEIU, and have been so since March 1, 1973. Despite

² Kathy Ormond Testimony, ULP Reporting Form, 21 November 2002, Old, 1199 records, District 1199, New Haven.

numerous drives building off this early victory, however, roughly 1800 hospital service personnel remain un-unionized today. The failure to extend union protection to the great majority of the hospital's service personnel is a story representative of the larger trends in late twentieth century labor history. Changes in federal legislation, an increasingly obstructive NLRB, and a highly sophisticated, employer-financed, union-busting apparatus have presented an impedimentary bloc to the goals of labor, and are an integral part of this recent labor history—both on the national level, and on the local level at Yale-New Haven.

The union drive of 1998-2008 differs in many respects from that of 1970-1973. Informed by a civil rights and anti-war consciousness, the latter movement fused the politically salient issues of the day with the interests of labor. Absent amid talks of labor, race, and American democracy was a conscious recognition of gender's operations within the hospital, and in the service sector economy at large. Yet, gender politics managed to infiltrate the movement's language and agenda in subtle ways. Beginning in the late-70's and early-mid '80s, however, a newer discourse emerged—a discourse that recognized the specificity of problems associated with being a female, hospital worker of color. The most current conversation on gender, race, and class at the hospital no longer draws directly from the older tradition of civil rights language employed throughout the sixties and seventies. Instead, the emergent recognition of these hierarchies has bound itself to a new language of community-based rights.

Academic treatment of service sector hospital work has mapped closely onto the labor movement's own evolving understanding of that labor. Throughout the past two and a half decades, a number of sociological, anthropological, and historical analyses

have been published on the subject; as a body of scholarship, these works have argued the inextricable operations of race, class, and gender in the care work service economy.

Essential to unpacking the nature of hospital work at Yale-New Haven is the broader category of “social reproductive labor.” Professor Evelyn Nakano Glenn has defined reproductive labor as “the array of activities and relationships involved in maintaining people both on a daily basis and intergenerationally.”³ Examples of reproductive labor include the preparation and serving of food, maintenance of appliances, laundering of clothing, and provision of care for children and adults.⁴ Such reproductive labor can take the form of informal or hired domestic work, as well as institutional, “public” reproductive work in the service economy. Hospital work falls under the latter category.

A discussion of the racialized gendering of institutional reproductive work elucidates the stagnant hierarchies sustaining power structures at Yale-New Haven Hospital. Throughout the course of the nineteenth and twentieth centuries, racial-ethnic women labored in white middle-class households, relieving their mistresses of work incompatible with white femininity.⁵ Denied access to higher-paying jobs and compelled by economic necessity into the workforce, women of color supplied a dependable, long-term source of domestic labor.⁶ Their domestic duties included not only cooking and laundering, but also the handling of “unclean” bodies and household items. The performance of this labor not only produced goods and services, but also constructed a

³ Evelyn Nakano Glenn. “From Servitude to Service Work: Historical Continuities in the Racial Division of Paid Reproductive Labor,” *Signs: Journal of Women in Culture and Society* 18 (1992), 1.

⁴ *Ibid.*

⁵ *Ibid.*

⁶ *Ibid.*, 11.

dominant version of racialized gender.⁷ Mainstream white culture came to define domestic work as colored women's work, and colored women as domestic workers—their female coloredness conflated with the uncleanness of the job.⁸

With the expansion of the service economy in the post-war years, the site of reproductive labor significantly shifted from the household to the market.⁹ Racial-ethnic women, formerly employed in middle-class white homes, opted instead for low-wage service sector jobs. Often these jobs, specifically those in the carework sector, reproduced the relationships and labor patterns underpinning domestic work. Power hierarchies, once occurring on the personal employer level, were instead institutionalized within the organizational structures of the workplace.¹⁰ White men, disproportionately represented at the top of the hierarchy, exercised enormous control over the division of labor, the work process, and the work site's physical organization. This hierarchical control was—and continues to be—particularly exaggerated among the upper ranks at hospitals, due to physicians' enormous degree of institutional power.¹¹

Workers themselves have been cognizant of the racial and gender hierarchies structuring the hospital. As one female worker at Penn Hospital noted, “the hospital has a pecking order, a clear class, sex, and race hierarchy, and much of it is color-coded... The higher you go up in the hierarchy, the whiter the faces and uniforms get, and the

⁷ Nancy MacLean, *Freedom is Not Enough: the Opening of the American Workplace* (Cambridge: Harvard University Press, 2006), 45.

⁸ Eileen Boris and Jennifer Klein, “We Were the Invisible Workforce,” in *The Sex of Class*, ed. Dorothy Sue Cobble. (Urbana: University of Illinois Press), 178.

⁹ Glenn, 22.

¹⁰ Glenn, 23.

¹¹ Leon Fink and Brian Greenberg. *Upheaval in the Quiet Zone: A History of Hospital Workers' Union, Local 1199* (Urbana: University Press, 1989), 2.

more likely people are to be male and middle class.”¹² Further problematizing the hospital power structure is the monopoly physicians and upper level staff have claimed over public visibility. This essential inequity places the highest paid employees in the position to define what constitutes critical, “medical” work. A great portion of hospital staff activity has consequently been excluded from the dominant understanding of what it means to provide care in a hospital.¹³

Nevertheless, the work performed by “non-professional” employees is vital both to patient healthcare and to the smooth execution of a hospital’s daily operations. At Yale-New Haven today, nearly two thousand, non-exempt (FLSA) workers staff these essential positions. They are nurses’ aides, environmental associates, environmental service workers, dietary clerks, chefs, Patient Care Assistants, housekeepers, building service workers, food service workers. Despite a lack of public recognition, the men and women filling these positions grasp the vital nature of their work. As a female worker at Penn Hospital explained, “you might see, darting in and out of rooms, someone in yellow or maybe brighter pink who has a mop in her hand...she’s probably Black or Spanish or an older immigrant woman. She’s a housekeeper and the lowest paid worker in the hospital...you can’t see all the little departments that keep a hospital going...lots of

¹² Patricia Cayo Sexton. *The New Nightingales: Hospital Workers, Unions, New Women’s Issues* (New York City: Enquiry Press, 1982), 7.

¹³ Yale-New Haven Hospital categorizes its employees in a variety of ways. The most significant divide is between “Medical Staff” and the unmodified “Employees.” The title of medical staff is reserved exclusively for physicians—even Registered Nurses are not covered under this umbrella. Non-medical staff outnumber medical staff in a 2:1 ratio (Taken from employment figures on Yale-New Haven’s “General Fact Sheet”). Further entrenching this division is the payroll issue: Yale-New Haven Hospital does not pay the medical staff’s salaries; instead, doctors’ paychecks come from Yale University (phone conversations with Yale-New Haven Hospital’s Human Resources Department, 05/07/08 and 05/09/08).

people are tucked away in offices or kitchens or labs where you can't see them or notice them, *but they run the hospital.*"¹⁴

The output of hospital work is not easily quantifiable, as workers provide both medical and emotional care.¹⁵ Cleaning bodies and living quarters, preparing food, and cultivating bedside relationships lends itself to emotional attachment and sense of duty. Consequently, job performance is not motivated merely by the desire for career advancement or continued employment; rather, workers feel a deep commitment to the work and care they provide. For employees not in direct contact with patients, the knowledge that their work affects the well-being of others is sufficient for the development of job satisfaction and commitment. As Equator McCoy, of Yale-New Haven's food service department, disclosed, "I get up some mornings at 4:00 a.m...I enjoy it. One reason is because I like to cook. And also I have the satisfaction of knowing I'm helping somebody when I fix for the patients."¹⁶ The every-day, essential nature of hospital work can itself present an obstacle to unionization and striking.

The earliest efforts to organize hospital workers began in the postwar years, under the guidance of the United Public Workers of America in New York City.¹⁷ Until this moment, the labor status of hospital workers had been relatively uncertain. The Wagner Act did not explicitly prohibit private nonprofit hospital workers from collective bargaining; yet, the Social Security Act of 1935 and the minimum wage stipulations of the Fair Labor Standards Act of 1938 excluded hospital workers from the protections of

¹⁴ Sexton.

¹⁵ Karen Brodtkin Sacks. *Caring By the Hour: Women, Work, and Organizing at Duke Medical Center* (Urbana: University of Illinois Press, 1988), 13.

¹⁶ "Better Days are Coming to Hospital," *Modern Times*, March 15, 1973, p. 8.

¹⁷ Fink and Greenberg, 17.

the federal welfare state. Those outside the economic mainstream were treated as second-class citizens by the New Deal's social welfare policies.¹⁸

It briefly appeared as if the judiciary branch would establish a more clear and favorable definition as to the status of hospital workers. In 1945, a federal appellate court for the District of Columbia upheld a ruling that nonprofit hospitals were subject to the jurisdiction of the NLRB. Such a move was short-lived, however, as the passage of the Taft-Hartley Amendment two years later nullified the previous decision. At the behest of Maryland senator Joseph Tydings, the Senate added an amendment to the originally proposed legislation, which exempted nonprofit hospitals from bargaining collectively with their employees.¹⁹ Hospitals operating in a post-Taft-Hartley landscape manipulatively interpreted the Amendment, insisting that it was against the law to bargain collectively with employees.²⁰

By 1957, however, the labor movement had begun to mobilize to contest this order. Under the initiative of Elliott Godoff—a former organizer for the communist-led Local 444 UPWA—Local 1199 of the Retail Drug Employees Union set its sights in the late fifties on hospital workers at various New York City private nonprofits hospitals. Originally founded in 1932 as a pharmacists' and drugstore workers' union, Local 1199 began creating an industrial unionist base in 1936 by adding stockmen and porters to its membership. It was through this expansion that the union gained exposure to the

¹⁸ Maclean, 7.

¹⁹ William C. Scott, Elizabeth K. Porter, Donald W. Smith, "The Long Shadow" *The American Journal of Nursing*, Vol. 66, No. 3 (Mar., 1966), p. 540

²⁰ *Ibid*, 541.

necessity of interracial solidarity and civil rights, as pharmacists tended to be largely Jewish, and porters largely African American.²¹

The development of organizational activity coincided with a dramatic reconstitution of workforce demographics in northern cities. The sixties inaugurated a decades-long attrition from manufacturing jobs to the service sector. Such trends were evident in New Haven; in 1965, 7 percent of the jobs were Yale jobs, while 26 percent were in manufacturing. In 1999 that ratio had nearly reversed: 6 percent of New Haven's jobs were in manufacturing, and 24 percent were at Yale.²² By the late nineties, Yale University and Yale-New Haven Hospital were the two largest employers in New Haven—neither paying taxes to New Haven.

As new opportunities in the service sector opened for both women and men of color, hospitals welcomed increased numbers of low-wage, semi and un-skilled workers. Established familial and communal networks provided strong bases for recruitment.²³ These trends placed disproportionate numbers of racial-ethnic workers in the lowest paying position. By the 1960s, roughly eighty percent of New York City's hospital service and maintenance workforce was black or Latino, though the ethnic groups combined represented just thirty percent of the city's population.²⁴

Informed by these shifted demographics and the union's own history, Local 1199 began in the early sixties to situate its mission within the larger framework of the Civil Rights movement. As early as 1956, 1199 formed a friendship with the movement's

²¹ Fink and Greenberg, 17.

²² Chris Rhomberg and Louise Simmons, "Race, Labor, and Urban Community: Negotiating a 'New Social Contract' in New Haven," in *Race and Labor Matters in the New U.S. Economy*, ed. Manning Marable, Immanuel Ness, and Joseph Wilson (Lanham: Rowman & Littlefield Publishers, Inc, 2006), 151-152.

²³ Emma Wright, interview with Genna Braverman, 04/30/08, New Haven.

²⁴ Fink and Greenberg, 8.

leadership by soliciting funds from its members in support of the Montgomery bus boycott.²⁵ In May 1963, Leon Davis—founder and president of 1199—addressed the union’s historical significance in the *New York Herald Tribune*: “This is the first big union to be built since the 1930s...but even more than that is the fact that it involves so many Negro and Puerto Rican low-wage workers. This is more than just another union, this is part of the freedom struggle.”²⁶ Reflecting on hospital workers’ emergent activism, former 1199 president and hospital worker Doris Turner declared “it was a combination of unions and civil rights that did it.”²⁷ Black hospital workers’ and Southern blacks’ efforts “really and truthfully...were one [struggle], just being waged on different fronts, different places.”

The relationship between the labor and civil rights platforms flowed both ways, however. Labor leaders did not merely appropriate civil rights language; civil rights leaders equally embraced the principles underpinning the 1199-led labor movement. The effort to secure access to good jobs, to earn a living wage, and to gain respect on the job was an integral element of the rights-based conversation. The quest for jobs and justice pursued an essential component of full citizenship, of individual and group consciousness, though it entailed a “more robust vision of equality than the legal change evoked by the phrase ‘civil rights.’”²⁸ From the “March on Washington for Jobs and Freedom,” to the “Negro Revolution of 1963,” to 1199’s “Salute to Freedom” celebration, both civil rights

²⁵ Ibid, 113.

²⁶ Ibid, 112-113.

²⁷ Doris Turner, “Oral History Interview with Doris Turner, National Union of Hospital and Health Care Employees,” *20th Century Trade Union Woman: Vehicle for Social Change Oral History Project*, Women and Work Collection, p. 13, Folder 51, Box 8, Manuscript Group 1313, Yale University.

²⁸ MacLean, 5-6.

and union leaders organized around what Fink and Greenberg have termed “union power, soul power.”

The bounds of the late sixties civil rights-labor rights discourse had its limits, however. As Karen Brodtkin Sacks noted, “the labor movement became aware of race and racism in these years, and the black freedom movement became aware of issues of class, but neither movement dealt with issues of gender and both thought of workers as gender-neutral.”²⁹ Though both movements may have consciously considered workers as gender-neutral, they ultimately incorporated a discourse on masculinity into their larger rights-based discussion. Thus, rights as laborers became closely associated with a man’s right to a living wage. The language of manhood rights greatly informed civil rights leaders’ discussion of economic justice. “I AM A MAN,” the emblematic statement of the striking Memphis sanitation workers, was indicative of the larger movement’s philosophy. “If you can’t get a decent salary for men who are working,” demanded Reverend Joseph Lowery, of SCLC, “how in hell in the name of God are you going to get rid of poverty?”³⁰ The questions raised by such activism rarely explored the female dimensions of poverty. As one female on the March on Washington organizing committee explained, the male, civil rights leadership believed that “if men were given enough, the women would be better off.”³¹

Various, high-profile civil rights leaders participated in 1199 initiatives, reinforcing the connection between the interests of hospital workers and the larger causes

²⁹Brodtkin Sacks, 13.

³⁰ David Appelby, Allison Graham, and Stephen Jon Ross. *At the River I Stand*. 1 videocassette (56 minutes), 1993.

³¹ *Jobs and Freedom*, 182.

of freedom and justice for minority communities.³² A. Philip Randolph, who rejected the separation of unionism from the pursuit of racial justice, headed the Committee for Justice to Hospital Workers. In 1962, both Malcom X and Roy Wilkins (executive secretary of the NAACP) spoke at 1199 rallies supporting striking workers at Beth El and Manhattan Eye and Ear.³³ Speaking at 1199's "Salute to Freedom" on March 10, 1968, Martin Luther King, Jr. proudly declared, "I consider myself a fellow 1199er."³⁴ The fact that black leaders from across the philosophical spectrum shared a common support for 1199 drives indicates the symbolic importance the hospital workers' movement had to the broader civil rights discourse.

1199 was at this time attempting to catapult itself from a local, New York City base onto the national stage.³⁵ In New Haven, a group of hospital workers at Yale-New Haven Hospital began engaging in dialogue with union organizers. Founded in 1826, Yale-New Haven Hospital was the first hospital established in Connecticut, and the fourth nonprofit hospital in the country. The hospital was the second largest employer in New Haven, second only to Yale University. Not once in the hospital's one hundred forty-two year history had there been a strike.

The hospital workers at Yale-New Haven already had a militant, organizational structure at their disposal prior to discussions with union organizers: the association of Concerned Hospital Workers. Formed in 1968 at the initiative of workers Gary Benenson in nuclear medicine (working at the hospital on draft deferment), and Craig

³² Fink and Greenberg, 45.

³³ Fink and Greenberg, 109.

³⁴ "A Union in King's Image: I've Been Inspired by the Unity He Forged," in "Our Life and Times" Section. March 2008. www.1199seiu.org/media/magazine/olat_mar_kingsbridge.cfm. Visited 05/11/08. I was also able to listen to audio recording of the speech online.

³⁵ The most high-profile, dramatic test of the "union power, soul power" strategy occurred in 1969, in Charleston, South Carolina.

Buchay in housekeeping, the group sought to prepare the hospital staff for future organization. Political and social questions lay at the heart of the Concerned Hospital Workers' activism, from the group's very inception. "In putting this group together," food services chef Ray Milici explained, "we realized we're going to have to do other things. We started going on picket lines, participating in the peace movement, participating in the civil rights movement."³⁶

The Concerned Hospital Workers based their association around the eventual promise of an established, union presence in the organizing effort. 1199's leftist stance attracted the liberal-minded worker-organizers, many of whom were ardent social activists. "There was never any doubt," according to Milici, that 1199 was the union most compatible with the Concerned Hospital Workers' philosophy. Local 35, already recognized as the bargaining agent for Yale University employees, "wasn't as involved in the Civil Rights movement as 1199...they weren't involved in the anti-war movement as much as 1199, if at all." Assisted by Sid Taylor, head of the Connecticut Communist Party and volunteer with 1199, the group began meeting with 1199 organizers Bill Morico and Jerry Brown in 1969.³⁷

The greatest boost to the organizing effort ultimately resulted from the hospital's own internal restructuring initiatives. As scholars such as Richard Horowitz have contended, the spatial configuration of the work site often determined worker consciousness.³⁸ Such spatial considerations profoundly influenced the organizing climate at Yale-New Haven. Around 1972, "things started to get warmed up around the

³⁶ Ray Milici, interview with Genna Braverman, 05/12/2008, New Haven.

³⁷ Ray Milici, interview with Genna Braverman, 04/22/2008, New Haven.

³⁸ Roger Horowitz, "'Where Men Will Not Work': Gender, Power, Space and the Sexual Division of Labor in America's Meatpacking Industry, 1890-1990," *Technology and Culture*, 37 (1997).

hospital,” particularly in the food services department.³⁹ Beginning that year, the hospital moved to consolidate its dietary departments into a single, centralized work site. Prior to that date, dietary units had been dispersed throughout the building, with each kitchenette servicing a different wing of the hospital. This major upheaval brought 200 some-odd workers from across the building in contact with one another, providing a forum for the venting of collective grievances.

In many ways, food services was the natural pioneer of militancy and organizing at the hospital. Historically, dietary workers have been strongly pro-union,⁴⁰ and the kitchen understood as the work site most analogous to the factory.⁴¹ The program of consolidation in the late sixties meant that dietary workers came together to labor in a single space; such a change highlighted the collective interest in and condition of their work. Additionally, the gendered dimension to the food service workers’ activism cannot be ignored. There existed a particularly high concentration of male workers in the dietary department at Yale-New Haven. These men, who were often African American, worked primarily as chefs and thus commanded a degree of authority not enjoyed by their non-cook coworkers. Female dietary workers tended to work in the dish room, on the tray line, or as dietary clerks.⁴² Such gendered division of labor in dietary was fairly common in hospitals,⁴³ and has remained largely constant at Yale-New Haven after forty years.⁴⁴

³⁹ Ray Milici, interview with Genna Braverman, 05/12/2008, New Haven.

⁴⁰ Sexton, 44.

⁴¹ Ibid, 36. Sexton writes that “in its organization, the kitchen resembles the assembly more than other hospital departments do.” Emma Wright, who has worked in food services at YNHH since 1985, confirmed this. “I worked in the dish room and on the tray line,” she explained to me. “It was like kitchen stations, and we had to rotate the stations...It was like 14 people, two tray lines, seven on one, seven on another.” Both Emma Wright and the dietary workers interviewed in *The New Nightingales* discussed the surplus of supervisors. “We have a lot of supervisors,” Emma explained. “They always have one for every area.”

⁴² Ray Milici, interview with Genna Braverman, 05/12/2008, Hew Haven. Milici described kitchen hierarchies as such: “Most of the supervisory, management positions were predominantly male and white,

Several of the men in dietary—and throughout the hospital—had experience with the military draft, and came away from their service with powerful, anti-war and organizational convictions. James Hooks, an employee in dietary, returned from Vietnam following an eight-month stay in a military hospital, undergoing treatment for severe burns. Back in New Haven, he joined the Concerned Hospital Workers, and worked closely with the Medical Committee on Human Rights. Addressing a crowd at a peace rally in January, 1973, Hooks used his status as a hospital worker as a claim to power. Insisting on the ability of American workers to end the war, Hooks declared: “it is our money being spent to kill in Vietnam. We need that money here to help the people of our own country.”⁴⁵ Hooks’ fellow dietary workers echoed the belief of workers’ agency to affect change within the political sphere. “It’s a known fact,” one worker remarked at an anti-war meeting in January 1973, “that if there is one most powerful force that can stop this war now, it’s the power of the working folk.”⁴⁶

The war, the draft, and the prospect of service forced many men at the hospital to define their political and philosophical beliefs. “I didn’t have the courage to go to Canada,” explained Ray Milici.⁴⁷ Instead, Milici returned from two years of military training and joined the Concerned Hospital Workers. These men were moved to activism largely by their inherently masculine experiences with the war. Thus, gendered political consciousness informed the early militancy at the hospital. Such men, who upon their

whereas the lower classifications were mostly African American male especially in the cook area, and when you went into the dish room it was predominantly African American women.”

⁴³ Sexton.

⁴⁴ Emma Wright, interview with Genna Braverman, 04/30/08, New Haven.

⁴⁵ “Hospital Workers Hold Peace Prayer,” *Modern Times*, January 15-21, 1973, p. 2.

⁴⁶ Ibid.

⁴⁷ Ray Milici, interview with Genna Braverman, 05/12/2008, New Haven.

return to Yale-New Haven were instrumental in forming the Concerned Hospital Workers, ultimately shaped and conducted the activist discourse.

The Concerned Hospital Workers actively engaged in dialogue about the meanings of citizenship and democracy, a topic which had gained resonance throughout the civil rights movement. The group insisted on the necessity of worker participation in American political culture. Aside from anti-war agitation, the Concerned Hospital Workers campaigned tirelessly for voting rights. In August, 1972, the group seized on a 1969 Connecticut State statute—Section 9-19C—which allowed for voter registration at workplaces where twenty-five or more employees requested on-the-job registration. On August 28, seventy-eighty hospital workers registered to vote while on the job. Explaining the significance of voting, Milici, of the Concerned Hospital Workers wrote, “this election could mean the difference between war and peace, fewer jobs and more jobs, wage controls or none...So our purpose is to extend the vote to as many workers as possible. Workers must have a voice in this election. This is clearly our responsibility.”⁴⁸ Beyond the issue of necessity, the Concerned Hospital Workers felt an obligation to political participation.

The Concerned Hospital Workers saw even more direct channels leading from New Haven to Washington. In response to Nixon’s wage freeze, instituted in late ’71, the group mobilized and took a field trip to Washington. “We wanted this wage freeze lifted for workers. We felt that we should be exempt because we’re low paid workers,” explained Milici. By the Concerned Hospital Workers’ measures, the trip to Washington was successful. “We were very helpful in getting that lifted, and people got some

⁴⁸ “Workers Paid to Register On Job,” *Modern Times*, September 1-14, 1972, p. 1.

raises.”⁴⁹ These early organizing activities established the group’s unionizing reputation within the hospital, well before 1199’s formal union drive took hold.

Throughout the late sixties and early seventies, 1199 concentrated its most serious Connecticut organizing efforts in nursing homes. Under-staffed and under-funded, Connecticut’s 1199 branch focused on the smaller, more easily unionized healthcare centers. Consequently, the majority of organizing work fell to the Concerned Hospital Workers through ‘72. Only after the hospital began the consolidation of dietary—hiring efficiency experts Central Tray Services⁵⁰, firing “excess” workers, and assigning more work to those remaining—did food service workers start flocking to the Concerned Hospital Workers for support.⁵¹ Through its activism, the group had made its intents well known. “People began coming to see us,” remembered Milici. “We were pretty well known as the people who wanted the union. We were wearing 1199 buttons three, four years before we got the union.” The group subsequently alerted 1199 as to the advantageous organizing climate in dietary.⁵² In October, 1972, a majority of dietary workers signed union authorization cards. 1199 filed for an election with the Connecticut State Board of Labor Relations later that month.

Yale-New Haven Hospital contested the bargaining unit proposed by dietary workers and 1199. Capitalizing on the advantages of institutional delay, the Hospital brought its charges before three members of the State Labor Board at a Labor Board Hearing on December 4, and 5, 1972. The hospital insisted that the dietary department was not separate from building services, as building service employees washed the walls

⁴⁹ Ray Milici, interview with Genna Braverman, 05/12/2008, New Haven.

⁵⁰ “Housekeeping and Building Service, Watch Out!” *Hospital Workers Newsletter*, December 1972, p. 1

⁵¹ *Ibid.*

⁵² Ray Milici, interview with Genna Braverman, 05/12/2008, New Haven.

and removed the trash from the kitchen. Furthermore, the hospital contended, dietary clerks constituted their own unit, and therefore should not vote with the rest of the dietary workers.⁵³

The Hearings were a site of contestation over the definition and boundaries of certain labor. Two female dietary clerks, Selma Sargent and Lillie Simmons, fought for their work's inclusion with the rest of their coworkers. They testified that clerks "wear the same uniforms, and have the same bosses as other Dietary workers, and do the same work that Dietary aides used to."⁵⁴ The Hospital, in turn, fought for the right to value and define clerical dietary work as different from manual dietary work. Ultimately, the Labor Board ruled in Yale-New Haven's favor on the matter, and dietary clerks were deemed a separate bargaining unit. The CBLR ruled, however, that building services constituted its own bargaining unit, separate from that of the dietary department.

An election was ordered for March 1, 1973. On that date, a majority of 144 certified eligible dietary workers voted to be represented by Local 1199 Drug and Hospital Workers Union, AFL-CIO.⁵⁵ One week later, the union filed an election petition with the CBLR on behalf of Yale-New Haven's dietary clerks. On May 9, 1973, a majority of clerks voted in favor of the union. On the 25th, the CBLR certified 1199 as the designated representative for the purposes of collective bargaining.⁵⁶

At the time, it appeared as if the door to unionizing Yale-New Haven's remaining 1100 workers had opened. By March, 1974, a majority of housekeeping workers signed

⁵³ "Dietary Workers Testify at Labor Board Hearings," *Hospital Workers Newsletter*, December 1972, p. 2.

⁵⁴ *Ibid.*

⁵⁵ "Hospital Workers Net Healthy Victory," *Modern Times*, March 15-21, 1973, p. 3. The CBLR had declared the remaining 56 dietary workers ineligible, as they worked fewer than 20 hours a week.

⁵⁶ *In the Matter of Yale-New Haven Hospital and Local 1199 Drug and Hospital Union, AFL-CIO: Decision and Certification of Representative* (CBLR) Case No. E-2523, Decision No. 1139. May 25, 1973

union authorization cards. Once again, gender politics greatly informed the union agitation, which coincided with changes in managerial policy. When the hospital announced that female workers in housekeeping would use the buffing machines, and their male counterparts make beds, employees erupted in protest. An article in the *Hospital Workers News Letter* charged management with dehumanizing its employees by subverting traditional gender roles:

Management thinks Housekeeping workers are fools and mules. They are going to require the women to run the buffing machines and the men to make beds. If women volunteer to run the machines, that's one thing. But to require all women in Housekeeping to run machines that some 200 pound men find difficult makes us know that they think we are animals. To have the men make beds—is that part of cleaning? Or does this job belong in another department? The union does not think we are fools, mules or any other kind of animals. The union thinks of us as humans, the same as other people who work beside us.⁵⁷

Building services workers similarly seized on the threat of subverted gender norms as a union rallying cry. An article, appearing in the same issue of the *Hospital Workers News Letter*, speculated on possible restructuring within the department. “What’s going to happen when the boss changes all the jobs around?” demanded a building services employee. “There has been talk that the women will have to compete with the men. And just think—there’s nothing you can do about it...I say let’s organize now, so when these problems occur we will have job protection and will be able to speak for our rights.”⁵⁸ Rights were thus encoded with gendered meanings and traditions. In April, 1974, workers from housekeeping and building services filed for an election with the CBLR as a joint bargaining unit. The Hospital refused to consent to the election, and forced CBLR

⁵⁷ “Fools or Mules,” *Hospital Workers News Letter*, April 1973, p. 2

⁵⁸ “From a Building Service Employee to the Other Employees,” *Hospital Workers Newsletter*, April 1973, p. 2.

Hearings to determine the matter.⁵⁹ On August 23, 1974, the State Labor Board ordered an election take place within thirty days for housekeeping and building services employees.⁶⁰

Ultimately, changes in labor legislation at the federal level brought the union drive to a decisive halt. In late August of 1974, Congress lifted the Taft-Hartley exemption for nonprofit hospitals, in what came to be known as the Health Care Amendments.⁶¹ Under the revised NLRA, hospital workers at nonprofit hospitals were brought under the jurisdiction of the NLRB. Yale-New Haven exploited the opportunity to contest the September election, claiming the State Labor Board could no longer exercise jurisdiction over hospital workers. The Concerned Hospital Workers dismissed the hospital's move as "hogwash" on the grounds that, "The law didn't change until AFTER the workers signed the cards, AFTER seven workers went to Wethersfield [the State Labor Board], not even until AFTER the State Labor Board decided to order the election."⁶²

In the matter of Yale-New Haven Hospital, the CBLR ultimately conceded to the doctrine of federal preemption, looking to the memorandum filed by the NLRB with the United States District Court in the case of *St. Francis Hospital vs. Connecticut State Board of Labor Relations, et al*, Civil Act No. H74/344 as its precedent. On November 6, 1974, the CBLR issued a Stay of Proceedings.⁶³ Any election would now have to conform to NLRB standards.

⁵⁹ "Labor Board Orders Election for Building Service" *Hospital Workers Newsletter*, September 1974, p. 1.

⁶⁰ *Direction of Election, in the Matter of Yale-New Haven Hospital and Local 1199 National Union of Hospital and Healthcare Employees, R.W.D.S.U., AFL-CIO* (CBLR) Case No. E-2775, Decision No. 1245, August 23, 1974.

⁶¹ Fink and Greenberg, 168.

⁶² "Labor Board Orders Election for Building Service" *Hospital Workers Newsletter*, September 1974, p. 1.

⁶³ "Supplemental Amended Decision and Stay of Proceedings" Case No. E-2275, Decision No. 1245-B

As opposed to the CLBR's system of departmental bargaining, the NLRB determined the appropriate bargaining unit of hospital workers included 1100 of Yale-New Haven's service, maintenance, and certain clerical personnel.⁶⁴ In August, 1975, workers from nearly every department in the hospital gathered at a union organizing meeting. Following the advice of union organizers, the workers decided to form a hospital-wide organizing committee, and to hold off on filing for an election until the committee built further strength within the hospital.⁶⁵ The federal apparatus—originally founded to protect the interests of labor—succeeded in thwarting the thriving union drive.

The late seventies and eighties were grim years for labor. Recalling the period, Milici lamented, “Hard times. Really hard times for us...every two years when we would go to negotiating, we seemed to lose a little more.” Developments on the national level greatly impacted the erosion of labor's clout. From Reagan's firing of the air traffic controllers, to an increasingly hostile NLRB, to the Justice Department's attempted overthrow of Executive Order 11246,⁶⁶ the federal government sent a clear message to employers about the new climate of labor relations.

As the seventies matured into the eighties, the health care labor movement began to adjust its understanding of its constituency. A discussion of gender's relationship to workers' rights began to emerge more significantly in the discourse.—a discourse most often controlled by male labor leaders.⁶⁷ In 1979, Leon Davis, president of 1199, somewhat apologetically wrote, “we in 1199 are beginning to understand and are paying

⁶⁴ “Union Will Build Towards Election,” *Hospital Workers Newsletter*, August 1975, p. 1.

⁶⁵ *Ibid.*

⁶⁶ MacLean, 310.

⁶⁷ To its credit, the *Modern Times* was, by the mid-seventies, covering the wage differential between men and women as an important platform to be taken on. However, the publication's forward-thinking may have been a result of its explicitly socialist politics.

attention to the role of women because we are in an industry in which the workforce is more than 80 percent women. The whole question of why one industry should be dominated by women and other industries dominated by men suggests the double class system in the workforce.”⁶⁸ A *New Haven Advocate* article postulated on labor’s increased focus on women. Citing the loss of thousands of factory jobs in the region over the past two decades, the paper pointed to the minimum-wage, or near-minimum-wage, service sector jobs—in cleaning, waitressing, sales, and hospital work—ushered in by urban renewal. These positions were staffed largely by women and minorities. The *Advocate* saw pragmatic motives in unions’ heightened awareness of women’s issues. “Only recently,” the paper contended, “have unions begun to recruit those workers on a national scale to try to offset their declining membership and public image.”⁶⁹

On January 24, 1984, Yale-New Haven hospital experienced the first ever employee strike in its one hundred sixty-two year history.⁷⁰ Unable to resolve contractual issues surrounding benefits, 186 food service workers walked off the job.⁷¹ The strikers were nearly 90% female, and 90% black and Hispanic. Working on average for \$6.40 an hour, more than half of the women were the sole breadwinners supporting their families.⁷² The women, many of whom lived in the Hill, gained enormous support from the community. The local black clergy and the press saw the disputes as “just one

⁶⁸ Leon Davis, “Unions and Women,” *1199 News* 14 (April 1979): 3.

⁶⁹ Carole and Paul Bass, “Women Add a New Slogan to Labor’s Troubled Cry,” *New Haven Advocate*, February 8, 1984, pp 1, 6.

⁷⁰ “1199ers united at Yale-New Haven,” *1199 News* (March 1984): 18

⁷¹ The National Benefits Fund was the union’s benefit plan at the time. Under the plan, the hospital had to contribute to the fund, which was administered by 1199 in New York. In 1984, the hospital began to make cuts in benefits for its non-unionized workers; the union benefit fund, however, was thriving. In negotiations, Yale-New Haven demanded a half percent reduction in the Benefit Fund, and began calling on the union to relinquish control of the benefits plan. In 1984, and today, Yale-New Haven contracts out the administration of its employee benefits plan. Currently, dietary workers are under the same plan as non-unionized workers.

⁷² Carole and Paul Bass, “Women Add a New Slogan to Labor’s Troubled Cry,” *New Haven Advocate*, February 8, 1984, p 6.

example of the hospital's disregard for the neighborhood surrounding it."⁷³ New Haven aldermen and alderwomen called on the hospital to reverse its demands that workers return to the job without the union. Under community and political pressure, the hospital accepted the union's proposal for salary increases. The striking dietary workers were ultimately unsuccessful in their strike, however, and returned back to work without a contract fifteen days after the walk-out. Three months later, food service workers lost their union Benefits Fund, and were forced to accept the hospital benefits plan upon renewal of their contract.⁷⁴ All was not lost in the '84 strike, however; union leaders and members learned a valuable lesson in the power of community mobilization.

Despite the most recent flourishing of union agitation, many of the hierarchical structures forming the backbone of Yale-New Haven Hospital have changed little since the 1970s. Non-exempt workers are still predominantly black or Latino. 79% of hourly workers are female.⁷⁵ The hospital still retains its tax-exempt status. And food services employees remain the only unionized workers. When asked why she thought hierarchies had remained so stagnant in the hospital, one female worker hypothesized, "what it is, [women] do the majority of the cleaning." Men in the hospital are more likely to perform "heavy," masculinized labor, or operate machines; they "mostly do stripping and waxing...[or] buffer the floor." But women, "they do a lot of the cleaning and stuff." The work that the hospital's service personnel perform is labor that has, for hundreds of years, been constructed as women's work. Women, the traditional caretakers, are disproportionably employed in primary care. Non-exempt workers "transport patients,

⁷³ Ibid,

⁷⁴ "Fighting 1199ers win pact at Yale-New Haven," *1199 News* (June, 1985): 14-15.

⁷⁵ Human resources representative at Yale-New Haven Hospital, phone conversation with Genna Braverman, 05/09/2008.

clean patient rooms, transport supplies.”⁷⁶ Though women have successfully challenged some gender norms throughout the past forty years, others have persisted—particularly the gendered division of social reproductive labor.

Though many variables remain constant, the current labor landscape is significantly altered from that of forty years ago. As of 2001, Connecticut had 42% more service sector workers than manufacturing workers.⁷⁷ Real, non-supervisory wages have declined steadily since the 1970s, and income inequality has grown.⁷⁸ Despite these dismal statistics, the current organizing drive at Yale-New Haven has been largely responsible for revitalizing the discourse on rights—both on the community level, and on the individual level among workers themselves. The resulting reflection on and definition of rights has engendered a new partnership comprised of municipal officials, clergy, labor, and city residents. The New Haven coalition has linked community interests with labor interests. In doing so, the coalition has situated itself in the position to deploy rights-based and democracy-based language, while at the same time tapping into key political and economic structures.

The current drive took hold towards the end of 1998. District 1199, fresh from joining with SEIU, commanded more resources and a renewed commitment to organizing. The hospital made its antagonistic position clear to pro-union workers from the outset, however.⁷⁹ As dietary workers’ contract expired in 2000, and workers returned to the hospital with no contract, the labor unrest deepened. 1199 workers were not alone in their struggle against the hospital, however. Yale-New Haven’s hospital workers found

⁷⁶ Thomasena Denny, interview with Genna Braverman, 05/21/2008, New Haven.

⁷⁷ Connecticut Center for a New Economy. *Good Jobs, Strong Communities: Creating a High-Wage Future for Connecticut*. December 2001, p.1.

⁷⁸ *Ibid*, 3.

⁷⁹ 1199 papers, “Nazareth Vyraven ULPS 2001.”

enormous support in the University's unions. Since the 1990s, four unions had united as the Federation of University and Hospital Employees: Local 35 (which represented 1200 of Yale's service and maintenance employees, and belonged to UNITE-HERE), Local 34 (which represented 2800 of Yale's clerical and technical employees, and also belonged to UNITE-HERE), GESO (which sought to organize 2500 of Yale's graduate teaching assistants, and was affiliated with UNITE-HERE), and 1199/SEIU.⁸⁰ Drawing on the support of the University's unions, Yale-New Haven workers held rallies and protests calling on the hospital to negotiate with dietary, and to cease its interference with the larger drive.⁸¹ In March of 2003, and then later in the fall, 4000 members of the Federation of University and Hospital Employees struck.⁸² After a twenty-two day strike in September, the dietary workers were forced to return to the hospital without a contract.

The hospital workers' base of support extended well beyond the New Haven labor coalition. As during the '84 strike, the local clergy rallied to 1199's cause, and pressed both Yale and Yale-New Haven to treat its workers with greater respect. On March 30, 2001, over 280 religious leaders in New Haven signed a petition calling on Yale-New Haven to recognize union authorization cards among its employees, instead of insisting on an NLRB election.⁸³

Activists and academics alike have demanded how, in an increasingly globalized, transnational, service-based political economy, organized labor can leverage power and

⁸⁰ Chris Rhomberg and Louise Simmons, "Race, Labor, and Urban Community: Negotiating a 'New Social Contract' in New Haven," in *Race and Labor Matters in the New U.S. Economy*, ed. Manning Marable, Immanuel Ness, and Joseph Wilson. (Lanham: Rowman & Littlefield Publishers, Inc, 2006), 152.

⁸¹ "Metro Briefing, New Haven: Union Protests," *New York Times*, October 19, 2000. "Yale Unions Plan Protest." *New York Times*, September 25, 2002. "800 Yale Workers and Students Are Arrested At Protest," *New York Times*, September 26, 2002.

⁸² "Strike At Yale," *New York Times*, March 9, 2003.

⁸³ Metro Briefing, New Haven: Unionization Urged at Yale," May 31, 2001.

represent the interests of workers. Chris Rhomberg and Louise Simmons have observed that as the institutional protections of the American welfare state have devolved, both organized labor and community groups have been forced to search for new vocabularies and tactical strategies to assert their relevance. One such paradigm that has emerged is the rise of “social movement unionism,” which Rhomberg and Simmons define as a “banner,” under which “the labor movement takes on a broader public mission, asserts leadership on issues of social justice for its own members and beyond, builds power through organizing the unorganized, mobilizes rank-and-file members in all aspects of union activity, and partners with community forces on economic and social problems.”⁸⁴ As Dorothy Sue Cobble and Wade Rathke have contended, rights-based language can meaningfully insert itself back into political and economic structures when workers’ rights are blended with community interests.⁸⁵

The widespread involvement of New Haven residents in the most recent Yale-New Haven union drive is a remarkable example of community mobilization and appropriation of rights vocabulary. As the dietary workers’ contract expired in 2002, 2,000 workers and 1,000 community members marched to the hospital on April 4, demanding the hospital maintain its promise of an equal partnership with the workers and the city. The Connecticut Center for a New Economy (CCNE) was instrumental in orchestrating the emergent community-labor coalition. That year, the nonprofit organization began conducting broad outreach to the greater New Haven community, holding meetings in churches and schools, and debating a “new social contract” between

⁸⁴ Rhomberg and Simmons, 147.

⁸⁵ “Debating Labor’s Future,” Forum, sponsored by Organization of American Historians/LAWCHA and AFL-CIO, April 21, 2006, AFL-CIO Washington DC.
Wade Rathe, “A Wal-Mart Workers Association? An Organizing Plan,” in *Wal-Mart: The Face of Twenty-First-Century Capitalism*, ed. Nelson Lichtenstein (New York: The New Press, 2006).

Yale University, the hospital, and New Haven.⁸⁶ At these meetings, citizens discussed a wide range of communally relevant topics, from jobs and housing, to the environment and education.

In this most recent effort, women workers at the hospital are oftentimes more militant than their male coworkers in matters of union organizing and agitation. Among non-unionized workers, it has often been women who are the most willing to challenge their supervisors over union issues. On January 20, 2003, Bryant Gibson—an environmental associate in the Emergency Department—received an MLK Jr. 1199 button from a female coworker, Deshawn Grandy, an employee from the nursing pool. Upon spotting Tamika Taylor, another employee from the pool, sporting the same pin, Gibson attached the button to his uniform. When a supervisor in the Emergency Department spotted Taylor and Gibson wearing their union pins, she ordered them to remove the buttons; Gibson promptly removed his. Taylor, however, demanded to know, “who had told [her] to tell us we couldn’t wear them?” When the supervisor responded that her instructions came from the manager, Gibson recalled that “Tamika said that her shift was over and that she was leaving to go home now anyway and left.”⁸⁷ Taylor questioned the power structures more directly than her male colleague; rather than removing her pin, Taylor opted to leave.

Agency and respect are at the heart of many women’s involvement. “I became a delegate,” dietary worker, Emma Wright, explained, “because I’m very outspoken and I don’t believe in nobody doing anything to somebody that is wrong. I work for you, but you don’t own me. I’m there to do a job and I believe that I do my job to the best of my

⁸⁶ Courtesy of footage lent to me by Gwen Mills, CCNE.

⁸⁷ NLRB 34-CA-10333, Yale: ULP Affidavits TRIAL, 1199 records, District 1199, New Haven.

ability and I go beyond and above. And for that I earn my respect; I respect them but they're gonna have to respect me.”⁸⁸ As Emma’s experience with 1199 demonstrates, positions within the union structure are available for female delegates and organizers. However, as one travels up along the labor hierarchy, there are fewer and fewer women commanding the same authority wielded by male labor leaders.

Issues of workers’ rights and community interests came to a head when, in 2004, Yale-New Haven Hospital announced plans to begin construction on a \$350 million Cancer Center in the Hill.⁸⁹ In addition to the Cancer Center, the hospital planned to build further accommodations for patients—redevelopment including a hotel, medical offices, and a 1,200 car parking garage⁹⁰—where public-housing and an elderly home stood. Citizens, CCNE, local clergy, and union organizers mobilized, and in the fall of that year formed the Community Organized for Responsible Development (CORD). Through the summer of 2004, CORD began surveying and facilitating meetings with residents of the Hill; these meetings provided residents with a forum to discuss and define what benefits they would like to see from the hospital.⁹¹ The formation of CORD and its subsequent activities represented an adaptive move on the part of labor, a move that matched the growing sophistication of employer union-busting tactics. “Just like the hospital has learned some things over the years, how to beat down unions,” Ray Milici proposed, “the unions themselves have learned how to build a coalition to try to prevent employers from beating down unions.” According to Milici, who has worked at the hospital since 1960, the labor-community coalition of the past decade breaks

⁸⁸ Emma Wright, interview with Genna Braverman, 04/30/08, New Haven.

⁸⁹ Rhomberg and Simmons, 160.

⁹⁰ Paul Bass, “She’s Not Celebrating,” *New Haven Independent*, March 23, 2006.

⁹¹ Angela Carter “Hill Residents Asked about Needs,” *New Haven Register*, August 6, 2004

revolutionarily with earlier efforts.⁹² “Those resources are there,” Milici said, of the community. “We built political alliances, not so much back in the day. New Haven has changed a lot over the years...such progress. More progress than I’ve seen in years.”⁹³

CORD and its constituent members gained access to the political power structures when city officials aligned themselves with community and workers interests.⁹⁴ In order to begin construction on the Cancer Center, Yale-New Haven Hospital required the city’s approval of zoning-changes.⁹⁵ On December 13, 2004, CORD members ratified a list of demands for a Community Benefits Agreement. These demands covered issues of affordable housing, public health, jobs, parking and traffic, the environment and open public space, and youth education and recreation.⁹⁶ New Haven residents seized on further opportunities to address the institutions of Yale-New Haven Hospital and Yale University. In July 2005, hundreds of New Haven residents testified at public hearings held by the aldermen and women at City Hall. The hearings represented the most direct, democratic means of protest available to citizens.

Ultimately, the hospital consented to a Community Benefits Agreement, signing the document on March 22, 2006.⁹⁷ In its final form, the Community Benefits Agreement included stipulations which called for the hospital’s neutrality in the union

⁹² Ray Milici, interview with Genna Braverman, 05/12/2008, New Haven.

⁹³ Ibid.

⁹⁴ Most recently, at a 2007 zoning hearing for the development of Howard Avenue by Intercontinental Real Estate (who plans to build a garage, medical offices, retail shops, and possible a hotel to accompany the cancer center), Alderwoman James informed Intercontinental’s CEO: “You say you talked to the community, but you really haven’t. You need to talk to the people in CORD. They’re as important, even more important than City Hall. I can’t say I support your zoning change because the communication has been so poor. I think you’re going to get your zoning change, but remember final approval is with the Board of Aldermen, and we’re not going to give it without genuine community input.” From “Round One Goes to Intercontinental,” *New Haven Advocate*, July 19, 2007.

⁹⁵ Mark Alden Branch, “Light and Verity: Accord Reached on Cancer Center,” *Yale Alumni Magazine*, May/June 2006

⁹⁶“CORD: Summary of Issues for Community Benefits Agreement with Yale-New Haven Hospital”

effort, and provided for an independent arbitrator to moderate future disputes. “The community, they was out there good because all the mens and all them, they told them we need this [union]...The aldermen was here and all that,” Thomasena remembered.⁹⁸

Workers and community members alike saw the CBA as an unprecedented victory for community empowerment. Reflecting on the power of community mobilization, hospital worker, Thomasena Denny laughed, “this was the first time Yale[-New Haven]’s ever had to answer to anybody.”⁹⁹

The optimistic tenor of summer, 2006 has since quieted. After a majority of the hospital’s personnel signed union authorization cards, 1199 filed for an election with the NLRB, which was set for December 2006. After the hospital’s repeated violations of the election principles agreement, both union and hospital agreed to bring in an independent arbitrator. On October 23, 2007, the arbitrator ordered the hospital to pay its employees and the union \$4.5 million in damages (\$2.2 million to the hospital’s 1,736 eligible voters, and \$2.3 million to 1199 to cover organizing expenses). The arbitrator denied the union’s requests for a bargaining order, however.¹⁰⁰ The hospital has paid the money it owed to its employees, but only begrudgingly. It lumped the workers’ compensation in with monthly paychecks, and “taxed them to death. So some people never saw their \$1200.”¹⁰¹

⁹⁸ Thomasena Denny, interview with Genna Braverman, 05/12/2008, New Haven. Interestingly, Thomasena refers to the union organizers as “mens.” Though she later explained that women workers were more militant in the union drive than their male counterparts, the sentence reveals Thomasena’s unconscious associations between organizers and maleness.

⁹⁹ *ibid.*

¹⁰⁰ “Arbitration Proceeding Before Margarent M. Kern,” October 23, 2007, p. 41.

¹⁰¹ Thomasena Denny, interview with Genna Braverman, 05/12/2008, New Haven.

The developments at Yale-New Haven raise serious doubts as to whether workers will ever win a union without significant changes in federal legislation. Their forty year struggle, however, highlights the shifting complexities of a changing labor terrain. Within this context, workers and organizers have sought to adapt their strategies, philosophies, and tactics to gain best access to political and economic structures. In the face of this historic adaptation, however, gender and racial hierarchies determining the constituency of the health care workforce at Yale-New Haven have remained unchanged. How workers and union alike meet these challenges—both internal and external—will greatly shape the contours of rights in a new landscape of labor relations, and in the service sector at large.

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