The nation’s largest health-care union and the biggest nurse union have joined forces. The Texas healthcare industry is feeling the impact.

When the Service Employees International Union (SEIU) and California Nurses Association/National Nurse Organizing Committee (CNA/NNOC) signed a “peace treaty” in 2009, many observers were skeptical. After bitterly feuding for years, how could the two unions actually join forces to organize hospitals?

A look at recent events in Texas indicates they can.

The 2009 agreement called for CNA to organize nurses, with SEIU unionizing the rest of the house. In the last few weeks, the unions have won votes in five Texas hospitals. Also, nurses at Cypress Fairbanks Medical Center in Houston narrowly rejected a bitterly fought attempt to decertify the CNA, which previously had won there.

Additionally, SEIU Healthcare Texas has filed representation petitions aimed at skilled maintenance employees at Del Sol Medical Center, and for technical and maintenance employees at Valley Regional Medical Center.

Texas is a right-to-work state, one of 22 in the country. Traditionally, unions have avoided right-to-work states because of their conservative, anti-union cultures and the financial uncertainty involved. Why try to organize Texas, one of the least-unionized states in the country? More important, how are they doing it?

Why Texas?

Because union membership continues its decades-long decline, unions are desperate to grow revenue. The only way to do it is by collecting dues from new members. Using a conservative average of $500 per member per year, organizing 1,000 employees would boost a union’s balance sheet by $500,000 annually.

The fact that SEIU and CNA are active in right-to-work states is a measure of just how hungry they are for additional revenue. Right-
to-work laws dictate that if a labor agreement is reached, employees cannot be forced to pay union dues (although they still are subject to the terms of the agreement). Obviously, SEIU and CNA are betting that enough employees will voluntarily pay dues to make it worth their while.

Once an election has been held, peer pressure to join the union is very strong. In fact, 2009 data from the Bureau of Labor Statistics reveal that when employees in Texas vote in favor of unionization, more than 80 percent of them join the union and pay dues. Unions call employees who don’t join and pay “free riders” because they are covered by the same contract and the union is still required to represent them.

But why Texas healthcare? Two reasons: size and growth. Texas has the third-highest number of registered nurses in the country. Only California and New York have more, and many already are unionized.

Equally important is growth. Since 2000, Texas’ population has boomed nearly 20 percent, from 20,852,000 to 24,782,000. Some experts project that figure could soar to 33,000,000 by 2020 – a 32 percent increase. Linked with the continued growth in healthcare over the next decade, Texas could be a gold mine for dues-hungry unions.

Union incursions in Texas are part of a broader Southwest strategy that has seen SEIU and CNA trying to organize nurses in Arizona and Nevada for several years. To the east, SEIU and CNA both have devoted significant resources to organizing Florida healthcare workers. They’ve been largely unsuccessful so far, but they take a long-term view of organizing. And right-to-work states or not, unions are willing to make the investment given the size of the potential pay-out.

**How?**

Texas is a case study for smart unions that have deep pockets and a long-term view of organizing. SEIU and CNA have been planting seeds in Texas for several years. SEIU began gaining a foothold in 2006 when it initiated a corporate campaign against major building owners and building maintenance companies in Houston in an effort to organize janitors. The campaign attracted strong support from civil rights activists and union members in northern states. It worked, and SEIU has spread its size and influence in major cities throughout the state.

At roughly the same time, CNA/NNOC began a campaign that focused more on image building than organizing. When Hurricane Katrina devastated Louisiana in 2005, the union organized a massive effort to rush nurses to stricken communities including shelters in Texas. With a well-orchestrated publicity effort, the union established a positive image throughout the region.

Both SEIU and CNA are politically savvy and potent. Much of SEIU’s clout has been focused on Washington and important congressional elections. CNA, on the other hand, has tended to stay away from electoral politics and Washington infighting, choosing instead to make state legislation a forum for gaining public awareness and nurse support.

Naturally, CNA’s legislative focus has been nurse-centric, concentrating on staffing ratios, mandatory overtime and such safety/protection issues as needle sticks. Although it’s succeeded with staffing ratios only in California, the union continues to hammer these issues in various states. It also has conducted continuing education seminars in which nurses are told about staffing ratio legislation, then given cards that purport to gather contact information, but in fact are union authorization cards.

None of these tactics has caused a groundswell of support for unions in Texas. They have, however, begun to lay a solid foundation there. As is true everywhere, not only has union membership declined, but also approval ratings of unions among the general public. Unions know they have an uphill battle, but as recent events show, the seeds they planted several years ago now may be starting to blossom.

**EFCA and Neutrality Agreements**

Two factors could flatten the path for union organizing: the Employee Free Choice Act (EFCA) and neutrality agreements.

EFCA was a casualty of the healthcare reform battle. Congressional leaders and the White House asked unions to put EFCA on the back burner, turning their efforts instead to garnering support for healthcare reform. The strategy succeeded, but in the year since EFCA was introduced, support for it has dwindled.

Reports of EFCA’s death, however, are premature. Unions’ greatest hope for major changes in the way they organize probably is the National Labor Relations Board (NLRB), which now is stacked in favor of organized labor. Craig Becker, an SEIU and AFL-CIO attorney, was appointed to the Board by President Obama while Congress was in recess this spring. He
became the second union attorney on the NLRB, joining Chair Wilma B. Liebman, who is a former lawyer for the Bricklayers and Allied Craftsmen, and for the International Brotherhood of Teamsters.

The effect of two labor attorneys on the Board could be immense. As Stewart Acuff of the Utility Workers Union of America explained, “If we aren’t able to pass the Employee Free Choice Act [in Congress], we will work with President Obama and Vice President Biden and their appointees on the NLRB to change the rules governing forming a union through administrative action.”

Neutrality or “fair election” agreements can have nearly as potent an effect on organizing as card check. By agreeing to what in effect are “gag orders,” organizations give up their most powerful tool to remain union-free. The recent SEIU and CNA victories in Texas all were at hospitals with neutrality agreements in place. Newspapers there wrote of employees who complained that all their supervisors were permitted to say about unions was contained on a 3x5 card, messages that they had to read verbatim.

What’s Next

The organizing hiatus many unions took in 2008 and 2009 is over. They feel empowered, emboldened. They helped elect a Democratic president and Democratic majorities in Congress. In healthcare especially, they’re winning elections and replenishing their coffers. Unions are confident that the Dept. of Labor and NLRB will make substantive changes in election procedures, financial reporting and other critical issues.

Now that they’ve laid a solid foundation in Texas, indications are that SEIU and CNA have picked Florida and Kansas healthcare organizations as their next targets. Florida, where SEIU has built a strong presence over the years, could serve as the model nationally for the union’s reinvigorated organizing efforts.

SEIU Healthcare Florida members June 15 voted to merge with 1199SEIU United Healthcare Workers East in what the two unions are calling a “Partnership for Power.” SEIU Healthcare Florida’s 20,000-plus members will join forces with the more than 300,000-member 1199SEIU, the largest healthcare workers’ local in the country.

According to the merger agreement, which is set to take effect July 1, 1199SEIU will:

- Funnel money and personnel into Florida to help organize more healthcare workers and negotiate first contracts for them
- Increase member dues for employees in acute care hospitals to 2% of gross income, with a cap of $75/month: thus, each 1,000 new members will yield as much as $900,000 additional revenue to 1199SEIU annually
- Mobilize its member-retirees living in Florida to help with organizing, representation and political campaigns
- Support nurse organizing, including joint work with CNA/NNOC

“It Can’t Happen Here” Isn’t a Strategy for Success

No healthcare organization anywhere in the country can consider itself immune to union organizing. While the Teamsters, Communications Workers of America and a few other unions dabble in healthcare organizing, SEIU, CNA and the new National Nurses United (NNU) clearly are the leaders. Their targets are hospitals and health systems with employees who feel they:

- Don’t have a voice in how the organization is run
- Aren’t meaningfully communicated with by management
- Aren’t treated with dignity and respect

Other factors play a part, of course. But nothing has a greater impact on being union-free than voice, communication and dignity/respect. Employees who are satisfied in those three categories don’t want unions.

FOOTNOTE:

1 Texas Office of the State Demographer