

**THE WASHINGTON STATE NURSING SHORTAGE AND THE “INVISIBLE”
HOSPITAL WORKFORCE**

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Introduction

My given topic was Latino employment in the service industry in Washington State. Through contacts my professor has with organizers for Service Employees International Union, I learned about the unionization efforts of hospital workers at Yakima Regional Medical Center, and this led me to focus on the experiences of Latinos working in hospitals and the health care industry. I learned that 30 percent of the employees working at Yakima Regional are Latino, and that they are mostly concentrated in the more traditional forms of service labor in the hospital (custodial, food service, housekeeping, etc.) as opposed to health care professions. As I began research on conditions for hospital employees I was continually frustrated by a lack of information about these workers and the preoccupation in the information that I did find with the current nursing shortage that our state is facing. So I changed tactics. This is meant to be an investigation into what conditions are like for Latinos working in Washington Hospitals. And one major condition of Washington hospitals is a shortage of nurses. How, then, are Latino workers affected by the nursing shortage? More importantly, how do the factors causing a nursing shortage affect Latino workers, and what options do Latinos have to respond to these factors? Is there a way that Latino workers can be a part of the solution to the current nursing shortage? Given the amount of attention that has been paid to professional hospital workers, I think it is important for us to question the circumstances for non-professional workers as well, and how the two are related. I used a number of methods to try to answer these questions. I used the internet and the databases in Whitman College's Penrose Library to gather data and scholarly articles. I also conducted two interviews: one with a technician at St. Mary Medical Center in Walla Walla, and one with a former Certified Nurse's Assistant for Yakima Regional Medical Center, who is now that hospital's representative to the Service Employees International Union, Local 1199. These interviews were made possible with the help of my two community partners, Andrea Gass and Jenny Reed-Heaton. What I found is that the nursing shortage in Washington is being caused by nurses' dissatisfaction with the way that hospitals are industrializing and pushing for streamlining and cost efficiency. The work environment caused by this affects all employees of the hospital, especially Latinos, who I found to be concentrated in the lower level occupations of the hospital. Washington is currently faced with two complementary problems: we lack nurses, and Latinos are underrepresented in professional health care occupations. By increasing accessibility of education for Latinos, through academic programs or union involvement, more Latinos could pursue careers in nursing and other professional medical occupations, pointing us on the way to solutions to both problems.

Literature

I relied on three main scholarly studies in shaping my research. These were "The Dance of Power: Ritual and Agency Among Unionized American Health Care Workers," by Paul Durenberger and Suzan Erem, "The Structural Embeddedness of Demand for Mexican Immigrant Labor: New Evidence from California," by Wayne Cornelius, and "Unsung Heroes of Union Democracy: Rank-and-File Organizers," by Peter Downs.

In "The Dance of Power," anthropologist Paul Durenberger and union organizer Suzan Erem have teamed up to analyze the rituals of power involved in negotiations between employers, employees and unions. They liken the process to a "dance of power" where certain rituals are employed to achieve specific goals. Durenberger and Erem write that "when the two of us see actions in modern hospitals that are not directed toward pragmatic action, we call them

ritual.” An example they give of this is a hospital supervisor arriving 45 minutes late to a grievance meeting. Arriving late is an action “not directed toward pragmatic action,” and is instead, a “ritual gesture of superiority,” which contributes one step in the “dance of power.” This description was helpful to me in understanding the dynamic in some work environments between employees and employers, and was reinforced for me in my interview with Ray Carrio. The most helpful concept I drew from this article, however, was the idea of certain hospital workers as an “invisible workforce.” The authors point out that most studies of medical anthropology have focused on doctors—“the professionals in white, or their interactions with patients.” The service workers of the hospital, without whom the facility could not function, are often overlooked in our imaginations of the hospital.¹

The data I have found has shown that it is in these service occupations that Latino workers are concentrated. To understand why Latinos are concentrated in service jobs at the hospital, while underrepresented in professional health care jobs, I relied on Wayne Cornelius’ article. After studying the labor market of San Diego County, he concludes that in some industries (the service industry included) there is a “structurally embedded” demand for Mexican immigrant labor. Jobs in these particular industries have been shown not to attract native born applicants. Even if they did, many employers seem to simply prefer immigrant workers, claiming that they are “highly reliable and punctual,” flexible (willing to work overtime, weekends, and night shifts), and have a “strong work ethic.”²

By focusing on Yakima Medical Center, which is unionized through the Service Employees International Union, I began to look at how a union can bring change to the pattern of structural embeddedness. Peter Downs, in his article “Unsung Heroes of Union Democracy,” shows how unions, as democratic institutions, can empower workers and help them to find a voice to speak out against the injustices of structurally embedded jobs.³ Downs’ article was an important supplement to the information that Ray Carrio shared with me in his interview about how the union has been an important means of empowerment for workers, especially Latinos, who he feels have traditionally been accustomed to accepting work conditions without standing up for themselves.

The Interviews

I was very lucky to interview two different men who were able to give me their perspective of the experience for Latinos working in hospitals. The first interview was with George, a technician in the physical therapy department of St. Mary’s Medical Center here in Walla Walla. George was introduced to me through Andrea Gass, a physical therapist there and friend of my professor. The interview took place at the hospital, in English, at 9:00 am on Friday, November 4, 2005. George preferred not to use a tape recorder, so I took notes during the interview. The second interview was with Ray Carrio, an organizer from Service Employees

¹ Durenberger, E. Paul and Suzan Erem. “The Dance of Power: Ritual and Agency Among Unionized American Health Care Workers.” *American Anthropologist*. September 1997. Vol. 99, Iss. 3, p. 489-495.

² Cornelius, Wayne A. “The Structural Embeddedness of Demand for Mexican Immigrant Labor: New Evidence from California.”

³ Downs, Peter. “Unsung Heroes of Union Democracy: Rank-and-File Organizers.” *The Transformation of U.S. Unions: Voices, Visions, and Strategies from the Grassroots*. Ed. Ray M. Tillman and Michael S. Cummings. Boulder: Lynne Rienner Publishers, 1999.

International Union (SEIU) Local 1199 who works with Yakima Regional Medical Center. The interview was recorded at Yakima Regional, in English at 2:30 pm on Friday, November 4, 2005. Two other students from my class, Lázaro Carrión and Austin Rainwater, were present and helped me to ask the interview questions. My interview with Ray was arranged through Jenny Reed-Heaton, another organizer for SEIU 1199. Both interviews lasted about 30 minutes.

George was very cooperative, but somewhat reserved when I interviewed him. Unfortunately, this was probably due in part to the fact that English is his second language and I was unable to get an interpreter for the interview. George got into health care when he left his factory job to go to work in a nursing home. There he took classes and took a test to become a Certified Nurse' Assistant. One of his observations about working in a nursing home that I thought was very interesting was that Latino nurses were more respectful of the elderly than Anglo nurses. He seemed very aware of the specific contributions of Latinos to health care, and also mentioned his bilingualism to be an asset to the hospital. George is overall very satisfied with his job," he says he feels happy and appreciated. He did share some of the things he would change about the hospital which were the poor health coverage and lack of communication between staff and management. From his past experience working in a unionized factory, he did not feel that unions would be helpful in bringing about those changes, however.⁴

Although he shares the common experience of working as a CNA, Ray Carrio feels very differently about the role that unions can play in fixing problems in the hospital. For him, unionization has been a part of his identity since childhood. Ray says that he saw firsthand the way a union could completely change a family's circumstances when his parents left work in the fields to take union jobs, his father in the railroad and his mother at Safeway. He sees unions as an important source of empowerment for Latinos. Because Ray has left his career in healthcare to be a union organizer fulltime, he is very knowledgeable about how a union works and in what specific ways it can be helpful for changing the circumstances of service laborers, and I relied heavily on his information, as well as his personal commentary, in writing this report.⁵

A Shortage of Nurses and a Shortage of Diversity: Data

In recent years there has been a growing concern that there is a shortage of registered nurses in the health care field. In a survey done in Seattle, 61 percent of the public surveyed said that they were aware of a health care worker shortage in the area. 76 percent of those who were aware of this thought it was either a "serious" or "very serious" problem for them personally. Their concern is not unfounded. By 2020, the United States is projected to have a shortage of 300,000 registered nurses. In Washington, 55 percent of hospitals were forced to go on what is called "divert status" in 2001—sending patients to other facilities because of a lack of nurses to care for them.

The shortage is driven by a two-part problem: inability to retain currently working nurses, and inability to recruit new ones. More and more registered nurses are choosing not to pursue nursing careers. Twenty point six percent of licensed registered nurses in Washington are not currently working in health care. Washington has the highest incidence of this phenomenon in the Western United States. The number of nurses not working in health care in our state is twice

⁴ George. Personal Interview. St, Mary Medical Center, Walla Walla. November 4, 2005.

⁵ Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.

that of the state of Oregon. Hospitals are also having difficulty bringing new nurses to their staffs. Eighty-five percent of Washington's urban hospitals, and 77 percent statewide, have reported difficulty in recruiting licensed practical nurses. The current workforce is aging, without new blood to replace it. In 1998, 54 percent of registered nurses in Washington were over the age of 40. Two years later, in 2000, 69 percent were.⁶

The shortage of nurses has been a very high-profile issue in Washington state. But its causes affect the entire health care industry, not just nurses. Durenberger and Erem, write that "medicine is one of the last bastions of house-hold based crafts which both Marxist and neoclassical economics have long predicted would give way to industrial forms of organization."⁷ The industrialization of the health care field, has led to an increasing pressure on hospitals to become more efficient and profitable. Hospital employers have increasingly been looking for ways to downsize and cut costs in hospitals. In my interview with Ray Carrio, I asked him how he saw this manifested at the hospital. He said that over a two-year period, the hospital lost 150 workers from within his bargaining unit—through layoffs, attrition, and the hospital shifting the positions and duties of the workers that remained.⁸ These measures have been profitable for hospitals. The average profit per patient visit in Washington hospitals has increased from \$108.66 in 2000, to \$368.70 in 2003. This is an increase of 239.3 percent in 3 years. But many argue that it comes at the expense of the work environment for hospital staff. Fifty percent of registered nurses that are planning to leave their career in the next five years say that they would reconsider if they knew that staffing levels of the hospital would be better. And 45 percent of nurses who have already left the profession said that a better work environment would be "very likely" to encourage them to return to nursing.⁹

Cutbacks in staffing and increases of overtime and general duties are beginning to create an unsafe working environment in U.S. hospitals, as well. Lack of available staff is a factor in 24 percent of all "sentinel events" (unanticipated incidents that result in death or injury) in hospitals. This means that patient health can be threatened by staffing levels being too low for health care providers to give adequate care. But worker health is jeopardized as well. The hospital has many hazards, ranging from needlesticks, to toxic chemicals, disease exposure, and ergonomic injuries. Aurolyn Lee, a registered nurse from Swedish Medical Center in Seattle, called for more adequate staffing by pointing out that "patients tend to be heavier now, and it puts wear and tear on your body when you have to lift and pull and turn patients every four hours."¹⁰ In fact, in 1996, hospitals were found to have the highest number of non-fatal workplace injuries of any

⁶ Service Employees International Union District 1199NW. "A Time to Care: Frontline Health Workers' Real Solutions for Washington's Health Workforce Crisis." May 2004.

<http://seiu1199nw.org/docUploads/SEIU%20-%20A%20Time%20to%20Care.pdf>

⁷ Durenberger, E. Paul and Suzan Erem. "The Dance of Power: Ritual and Agency Among Unionized American Health Care Workers." *American Anthropologist*. September 1997. Vol. 99, Iss. 3, p. 489-495.

⁸ Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.

⁹ Service Employees International Union District 1199NW. "A Time to Care: Frontline Health Workers' Real Solutions for Washington's Health Workforce Crisis." May 2004.

<http://seiu1199nw.org/docUploads/SEIU%20-%20A%20Time%20to%20Care.pdf>

¹⁰ Service Employees International Union District 1199NW. "A Time to Care: Frontline Health Workers' Real Solutions for Washington's Health Workforce Crisis." May 2004.

<http://seiu1199nw.org/docUploads/SEIU%20-%20A%20Time%20to%20Care.pdf>

private sector industry in the country. There were more than 330,000 occupational injury cases in private hospitals. The incidence rate of injury was 11.0 cases per 100 full-time workers.¹¹

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The support staff that keeps medical staff from getting stretched too thin is under threat from changes in the health care industry. One of the main problems putting strain on nurses is that some employers try to streamline efficiency by making cutbacks in areas that are perceived to be independent of direct patient care, such as supply distribution, food service, and housekeeping services. This puts the burden on remaining employees to cover those duties, as well as their own.¹² Durenberger and Erem write that when “management rhetoric centers on the bottom line of profitability, of doing more with less,” health care support workers feel threatened: either with the loss of their job, or with “threats of overwork if *they* do not lose their jobs but must add to their duties the work of those who do.”¹³

These workers Durenberger and Erem refer to are not necessarily those that come first to mind when one thinks of a hospital. “Literary and dramatic stereotypes,” they say, focus on doctors and patients. But there is an “invisible” workforce that is just as affected as nurses and doctors, if not more so, by the changes in the health care industry. “Just on the edge of peripheral vision,” they write, “are the occasional people in green striped uniforms who wheel carts of records, patients, food, or laundry through the halls or who silently mop floors or empty trash containers. Unseen is the army of people who operate the laundry, prepare the food, maintain the miles of pipe and electrical wiring, oil the machines, change the filters in the ventilation system, retrieve and deliver information from the archives, and fill out Medicaid, Medicare, and insurance forms with the proper designations that will keep the money flowing through the system.”¹⁴ A large percentage of these workers are Latino. There has been a growing trend in

¹¹ U.S. Department of Labor, Bureau of Labor Statistics. “Hospitals Have Highest Number of Occupational Injuries.” *Monthly Labor Review*. August 18, 1999. <http://www.bls.gov/opub/ted/1999/Aug/wk3/art03.htm>

¹² Service Employees International Union District 1199NW. “A Time to Care: Frontline Health Workers’ Real Solutions for Washington’s Health Workforce Crisis.” May 2004. <http://seiu1199nw.org/docUploads/SEIU%20-%20A%20Time%20to%20Care.pdf>

¹³ Durenberger, E. Paul and Suzan Erem. “The Dance of Power: Ritual and Agency Among Unionized American Health Care Workers.” *American Anthropologist*. September 1997. Vol. 99, Iss. 3, p. 489-495.

¹⁴ Durenberger, E. Paul and Suzan Erem. “The Dance of Power: Ritual and Agency Among Unionized American Health Care Workers.” *American Anthropologist*. September 1997. Vol. 99, Iss. 3, p. 489-495.

recent decades of Latinos moving into the service industry from more traditional occupations of agriculture and manufacturing. In 2004, there were 4,336,000 Latino workers in the service industry. This is an almost 4 percent increase from 2003, when there were 4,175,000. The categories of service labor in U.S. Bureau of Labor Statistics are: health care support occupations, protective service occupations, food preparation and serving related occupations, building and grounds cleaning and maintenance occupations, and personal care and service occupations.¹⁵ One of the things that make hospitals a very interesting and dynamic area of study is that they rely on labor from every one of these categories in order to function.

Employed Latino Workers by Occupation¹⁶

(In Thousands)	2003	2004
All service occupations	4,175	4,336
Healthcare support occupations	365	384
Protective service occupations	276	315
Food preparation and serving related occupations	1,441	1,405
Building and grounds cleaning and maintenance occupations	1,542	1,661
Personal care and service occupations	550	571

Ray Carrio, the organizer I spoke with from SEIU 1199, said that he felt there was a “disproportionate concentration” of Latinos in the more service labor oriented levels of employment at the hospital (such as dietary and custodial staff).¹⁷ There is a lack of mobility for Latinos to advance within the health care field. In his essay “The Structural Embeddedness of Demand for Mexican Immigrant Labor,” Wayne Cornelius claims that some forms of labor, particularly Mexican immigrant labor have become structural components of the industries they work in. Immigrant workers were found in Cornelius’ study to be preferred by employers because they are “reliable and punctual,” willing to work overtime, weekends or night shifts if needed, and have a “strong work ethic.” In cases of structural embeddedness, employer demand for labor and immigrant supply of labor “have grown in tandem.”¹⁸ This seems to be true for the hospital industry, where streamlining and cutbacks have caused employers to require extra overtime, and flexibility with changing shifts and duties. For nurses, and other medical staff who have the economic security, these demands are enough to cause them to leave health care. This is not an immediate option for many Latinos working in health care. Although Latinos make up 12.5 percent of the total U.S. population, they comprise only 2 percent of all nurses, 4.4 percent of all medical records and health information technicians, 2.8 percent of pharmacists, and 1.3 percent of emergency medical technicians and paramedics.¹⁹ Washington State Reports a similar lack of representation of Latinos in health care. In 2000, 7.5 percent of the state was reported to be Latino, yet only 2.0 percent of doctors, 4.5 percent of physician assistants, 1.6 percent of

¹⁵ Bureau of Labor Statistics. “Employed Hispanic or Latino Workers by Sex, Occupation, Class of Worker, Full or Part-Time Status, and Detailed Ethnic Group.” <http://www.bls.gov/cps/cpsaat13.pdf>.

¹⁶ Bureau of Labor Statistics. “Employed Hispanic or Latino Workers by Sex, Occupation, Class of Worker, Full or Part-Time Status, and Detailed Ethnic Group.” <http://www.bls.gov/cps/cpsaat13.pdf>.

¹⁷ Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.

¹⁸ Cornelius, Wayne A. “The Structural Embeddedness of Demand for Mexican Immigrant Labor: New Evidence from California.”

¹⁹ Woog, Dan. “Diversity in Health Care.” *Featured Report: Health Care Needs Diverse Workers*. 2005. <http://featuredreports.monster.com/diversityhc/overview/>

nurse practitioners, 0.7 percent of dentists, and 1.7 percent of dental hygienists were Latino.²⁰ At the same time, Ray Carrio reports that Yakima Regional Medical Center employs a staff that is about 30 percent Latino.²¹ Clearly, the hospital relies on Latino labor, but not necessarily to fill healthcare occupations.

Creating Change: Unions and Education

Many feel that the lack of Latino medical professionals, particularly those fluent in Spanish, is affecting the quality of care that hospitals can provide to Latino patients. In some hospitals, the lack of bilingual staff is so severe that hospital housekeepers have had to be brought in to translate between patients and doctors.²² It is also important to have staff that has the potential to be more sensitive to the cultural needs of Latino patients. Rudy Valenzuela, a registered nurse and a chapter president of the National Association of Hispanic Nurses, writes that “we live in a world that is divided by language and culture, but we act as the bridge that unites those two worlds. We are thus,” he says, “the Hispanic nurses, those who care in the context of culture.”²³ George, a man I interviewed who is currently working as a technician in the physical therapy department of St. Mary’s Medical Center in Walla Walla, was hired specifically for his Spanish fluency. He was working as a Certified Nurse’s Assistant (CNA) at a nursing home and was recruited by the hospital when he brought his mother in for physical therapy. He says he uses Spanish a lot in his work, and is occasionally called to other departments of the hospital, like emergency care, to translate. George believes there are cultural attributes that Latinos share that make them valuable in the health care field. When he was working as a CNA at the nursing home, he noticed that the Latino nurses seemed to be more respectful of the elderly than the Anglo nurses. “Americans don’t care as much,” he told me, “to them it’s just a job.” Latinos, he said, “have more respect for the elderly, even if they’re not our relatives.”²⁴

So, conveniently it would seem, Washington is experiencing a shortage of healthcare workers, particularly those familiar with Spanish and the Latino culture, at the same time as Latinos are underrepresented in health care professions. It would seem that a joint solution is in order. I have encountered two programs in Washington focused on solving the nursing shortage, while at the same time bringing diversity to the profession. Bellevue Community College’s (BCC) “Cultural Diversity in Nursing Education” program targets “underrepresented and disadvantaged students” for careers in nursing. BCC aids college-ready students in applying for financial aid to enroll in Nursing at the college, and runs a summer program to provide preparation for those that need it. They arrange for tutoring to support academic efforts, and give one-on-one advising and assistance applying for financial aid to those who wish to progress to the University of Washington, Bothell. The other program is called Alcance and operates in Yakima. It creates educational links between Yakima middle schools, high schools, and nursing

²⁰ Health Care Personnel Shortage Task Force. “Health Care Personnel Shortage: Crisis or Opportunity?” December 2002. <http://www.wtb.wa.gov/HCTFRP02.PDF>

²¹ Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.

²² Woog, Dan. “Wanted: Bilingual Healthcare Workers.” *Featured Report: Health Care Needs Diverse Workers*. 2005. <http://featuredreports.monster.com/diversityhc/bilingual/>

²³ Valenzuela, Rudy. “The Beginning of a New Future.” *The Hispanic Nurse*. 2001. Vol. 23, Iss. 4, p. 5.

²⁴ George. Personal Interview. St. Mary Medical Center, Walla Walla. November 4, 2005.

schools. It has developed two different mentoring programs, one for potential nursing students, and one for current nursing students.²⁵

Both of these programs stress the importance of creating a pipeline to success for Latino students. Latino students have the lowest graduation rates in the nation, and they tend to have less resources available to them for success than other students. As a registered nurse, Maria Rivera-Klein, writes, their parents are in “survivor mode.” “Many are working multiple jobs to make ends meet. They live with poverty and discrimination.”²⁶ Programs like these are important because they make Latino students aware of their options and provide role models of successful Latino professionals. Joan Reede, Harvard Medical School’s dean for diversity and community partnership, targets minority students early on. “If people never graduate from high school or college, they never get into the pipeline for professional school... If you’re not exposed to science courses, mentors, after-school programs, internships or career choices, you won’t think of a job in healthcare. It’s hard to dream of things if you don’t see possibilities.”²⁷

Creating an educational pipeline for Latinos into nursing professions could be a very important way to bring diversity to nursing, and hopefully to alleviate the nursing shortage that Washington faces. But it doesn’t eliminate the fact that the pipeline for other Latinos, particularly recent immigrants, and those that do not speak English fluently, leads into the structurally embedded occupations at the hospital. These are the types of jobs that are less attractive to other workers, which Latinos, especially immigrants, work out of necessity despite the disincentives (“unattractive wages, benefits, working conditions, etc.”).²⁸ As Ray Carrio reminded me when I interviewed him, “poor working people do the jobs other people don’t want to do.”²⁹ Yet the conditions these workers face directly affect conditions for other employees, since all the work done in the hospital is a team-based effort. Creating a better work environment for the service staff of the hospital would mean a better work environment overall, which would also help to alleviate the nursing shortage.

Unions are one way that change in the work environment can be effected. Unionization in hospitals is a fairly recent phenomenon, since it was not until 1974 that health care workers were afforded the right to organize in an amendment to the Taft-Hartley Act.³⁰ Ray Carrio was very clear in his interview with me that he believes that unions are critical institutions for all workers, and especially for Latino workers. Before the union came to Yakima Regional Medical Center, when he was working there as a CNA, Ray felt like there was an unfair power dynamic in the hospital. His coworkers were “treated a lot like property, in the sense that they could be discarded if management chose to... If a manager didn’t care for somebody, they could mess

²⁵ U.S. Department of Health and Human Services: Health Resources and Services Administration. “Nursing Workforce Diversity Abstracts- FY 2004.” <http://bhpr.hrsa.gov/nursing/04abstracts/nwd.htm>

²⁶ Rivera-Klein, Maria. “Nursing- Our Passion.” *The Hispanic Nurse*. 2001. Vol. 23, Iss. 4, p. 9.

²⁷ Woog, Dan. “Diversity in Health Care.” *Featured Report: Health Care Needs Diverse Workers*. 2005. <http://featuredreports.monster.com/diversityhc/overview/>

²⁸ Cornelius, Wayne A. “The Structural Embeddedness of Demand for Mexican Immigrant Labor: New Evidence from California.”

²⁹ Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.

³⁰ Keefe, Thomas and Jonathan S. Rakich. “A Profile of Hospital Union Election Activity, 1985-1994: NLRB Rulemaking and Results in Right-to-Work States.” *Hospital Topics*. Sarasota: Spring 2004. Vol. 82, Iss. 2, p. 2-11.

with their schedule. They could just take them in the office and rant and rave at them. They could fire someone whenever they wanted.” Labor unions help to balance out this equation. “Unless there’s some circumstance that violates your civil rights specifically, the retention of your job is totally at the mercy of your employer,” Carrio says. With a union though, “if something happened, I don’t have to worry the boss is going to fire me, there’s a grievance process, there’s some security in having someone that represents you, having it go through a process and having a document that outlines work conditions, benefits, those pieces on how you’re going to work.”³¹

My other interviewee, George, a technician at St. Mary Medical Center in Walla Walla, has worked with unions before and is glad that there isn’t one at his hospital. Before he became a tech, George worked as a CNA in a nursing home, and before that he worked in a unionized factory. He felt like the union didn’t care about the workers and didn’t get things done. “They just cared for the money we have to pay them.”³² Union dues can be difficult to pay, especially in the lower levels of hospital employment, where Latino workers are concentrated. Dues for SEIU 1199 are 1.5% of gross monthly pay, with a cap of 75 dollars per month. There is also a 30 dollar initiation fee for employees hired after the union is formed.³³

One critique of unions (made by an SEIU organizer) is that they can tend to take agency away from workers. Paul Durenberger and Suzan Erem write that filing grievances, “a process that was once backed by the power of the strike, has become bureaucratized, professionalized and removed from [the workers’] awareness and purview.” When workers have to rely on union reps to act as their agents, it serves to “distance members from their unions by discouraging their active participation in determining the conditions of their work.”³⁴ If workers like George can’t see what their union is doing for them, then of course it feels like a waste of money. Employers intent on keeping unions out of their hospitals appeal to these perceptions of the waste and ineffectiveness of unions. “It disgusts me that when we are vulnerable because of transitions in health care, the union marches in as the champion of employee rights,” wrote Brother Edward Spink, manager of spiritual care at Robert F. Kennedy Medical Center in California, in a letter to his staff. “They seek the vulnerable, disenfranchised and poor. They seek moneys you do not have to spare... It’s a justice issue.”³⁵ When employers are threatened with a union they may also try to pacify any demands workers have to show they have no need of a union. At Yakima Regional the workers had been waiting for a promised pay increase for two years. Then talk began of organizing, tells Carrio, “and ‘what do you know?’ all the sudden we get a fifty cent, dollar an hour raise.”

But Carrio argues, that run correctly, unions can be very empowering for workers, especially Latinos. “Latinos, I think, especially benefit from organizing because it helps to educate the workers... It opens avenues of the realization that you can be a political force, you

³¹ Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.

³² George. Personal Interview. St. Mary Medical Center, Walla Walla. November 4, 2005.

³³ Service Employees International Union District 1199NW. “Pooling Our Resources.” http://www.seiu1199nw.org/ourlocal/pooling_our_resources/index.cfm

³⁴ Durenberger, E. Paul and Suzan Erem. “The Dance of Power: Ritual and Agency Among Unionized American Health Care Workers.” *American Anthropologist*. September 1997. Vol. 99, Iss. 3, p. 489-495.

³⁵ Schaeffer, Pamela. “Shared Values Clash in Hospital Labor War.” *National Catholic Reporter*. Kansas City: September 4, 1998. Vol. 34, Iss. 38, p. 3-5.

can change things.”³⁶ Cornelius shows that employers like Latino workers because they don’t complain about the work they are asked to do, which only reinforces the consistency of their being hired, and reinforces their structural embeddedness within certain occupations.³⁷ But Carrio claims that unions help Latinos to realize that “just sort trying to be anonymous and working hard, trying to have a twenty year career, isn’t the only option. Or just remaining silent, taking as much work as they’re going to throw at you.”

In his article, “Unsung Heroes of Union Democracy,” Peter Downs agrees with Carrio about the potential of unions to empower workers. Downs believes this is rooted in the union’s structure as a democratic institution. As opposed to the typical workplace structure, where employees are generally at the mercy of their employers, unions encourage workers to make their voices heard. Elections give workers a way to control the balance of power within the union. “Electoral competition,” Downs says, “provides a system in which someone is always watching those in power, in which lies can be found out and exposed.” Downs also sees the same kind of group empowerment happening within unions that Carrio thinks is so important for Latinos. Unions, Downs says, play an important role in “teaching working people that they don’t have to be powerful as individuals to change things for the better. They can improve the circumstances of their lives themselves by working together to solve their common problems.” Downs says that this is “after all, the essence of democracy.”³⁸

Unions can be important means of empowerment through education, as well, and have more potential to reach workers outside the “pipeline” than traditional academic programs. Ray Carrio believes that the reason there is a disproportionate concentration of Latinos in lower level occupations is because of a lack of access to education. “Even with English speaking and writing skills, to navigate the labyrinth that is... financial aid... plus having to work and maintain your family is very hard. And if [one has] that barrier of not speaking English well or not being literate, it’s impossible.” By working through the union, some workers may be able to overcome this barrier, especially if they have some English skills and have made the first jump into the entry levels of health care (like working as a tech or a CNA). Part of SEIU’s dues go to funds for worker education. “You need to have mechanisms where if somebody’s a CNA, it’s not an absolute impossible battle for them to get the funds to become an LPN, an RN, or, you know, to go into a field like radiology or respiratory therapy,” Carrio says. “I think part of the nursing shortage problem can be solved by employers realizing the union wants to partner with them to solve those shortages. Because our workers suffer when there’s not enough staff on the floor, therefore, part of our direction is to try and help increase education funding so there are people to replace those that are retiring.”³⁹

Recommendations

³⁶ Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.

³⁷ Cornelius, Wayne A. “The Structural Embeddedness of Demand for Mexican Immigrant Labor: New Evidence from California.”

³⁸ Downs, Peter. “Unsung Heroes of Union Democracy: Rank-and-File Organizers.” *The Transformation of U.S. Unions: Voices, Visions, and Strategies from the Grassroots*. Ed. Ray M. Tillman and Michael S. Cummings. Boulder: Lynne Rienner Publishers, 1999.

³⁹ Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.

As a state, we should ask ourselves why the health care industry remains so segregated when hospitals already employ so many minorities in their staffs. A general commitment to equality is not the only reason Washington should make diversifying the healthcare workforce a high priority. It can also be an incredible asset to the industry to have Latinos working in patient care situations. As the Latino population of the state continues to grow, it is increasingly important to have bilingual health care workers who can communicate with patients who do not speak English.

As Ray Carrio has said, lack of access to education is what prevents Latinos from being able to pursue careers in professional health care. Education needs to happen from within the pipeline, targeting youth and making health careers feasible and available to them, as well as from without, allowing adults not currently in the education system access to training they would need to pursue health careers. State funding should support education programs that go out of their way to address the particular needs of Latino students pursuing health careers. Programs need to recognize that because of cultural and societal factors, many youth may not even realize that kind of career is possible. Early outreach and education is necessary to get Latino youth hooked into the “pipeline” that leads to professional careers. I think it is important that a desire to achieve is fostered as well, through the availability of positive role models, such as the mentors in the Alcance project in Yakima.

But health care jobs should not only be available to student already hooked in to the pipeline. Measures need to be taken to improve the access that adults have to education that can help them better their educational standing. This can be done with the assistance of unions, but should also include state involvement. My classmate, Veronica, has been researching adult education and I’m sure has recommendations about how to make it more accessible to adult workers. Assistance needs to be provided not only financially, but in applying for that financial aid, and educational programs must accommodate working students.

Hospitals must also focus their efforts on maintaining good working conditions for their employees in order to retain them. The estimated cost of replacing one nurse is \$49,000 dollars.⁴⁰ It would seem that this repeated cost would outweigh that of providing workers with adequate benefits and levels of staffing, and encourage employers to instate benefits, staffing levels, work hours, etc., that would encourage health care professionals to stay.

Hospitals are extremely stratified workplaces. When I see statistics that say for example that hospitals have the highest rate of injury in the private industry sector, there is no way of knowing if certain groups within the hospital are more affected than others. While compiling this report, I noticed a lack of research that broke down these various phenomena within the hospital. I think it is important that hospital data, particularly injury rates be gathered and analyzed in such a way so that one can tell who is most affected by which circumstances.

Latinos need to work together to empower themselves, and to avoid complacency about working conditions and options. Rather than remain the “invisible” workforce that Paul

⁴⁰ Service Employees International Union District 1199NW. “A Time to Care: Frontline Health Workers’ Real Solutions for Washington’s Health Workforce Crisis.” May 2004.
<http://seiu1199nw.org/docUploads/SEIU%20-%20A%20Time%20to%20Care.pdf>

Durenberger describes, Latinos should make their presence felt and be acknowledged. Certain action groups are already helping Latinos do this, for example SEIU and the National Association of Hispanic Nurses. Unions striving to do this must keep their goal first and foremost to be a democratic institution that gives workers the agency to speak for themselves.