Against All Odds: Civic Engagement and Power Building in an Invisible Workforce

By

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Abstract

Home care workers provide assistance with activities of daily living to disabled, chronically ill, cognitively impaired and elderly clients. Home care jobs involve personal, intimate forms of caregiving such as help with bathing, dressing, eating and performing household tasks. Such ‘high-intensity’ caregiving places continual demands on home care workers’ time and energy. Despite the challenging physical and emotional work that caring for the elderly and disabled entails, home care services are undervalued and wages for home care workers are at the lowest end of the wage scale in the health care sector. Public policies created and continue to fund the home care industry. Wages and working conditions are shaped by government established reimbursement rates. The plight of home care providers is exacerbated by legal limitations to collective bargaining and the workers’ exclusion from most labor standards.

Until very recently, labor unions have overlooked this sector of the workforce. This paper examines how home care workers in Oregon, a predominantly female, geographically dispersed, and economically under-valued workforce were brought together to experience the power of direct political action, shape public policy, and extend their reach beyond the union to other civic and social groups. Drawing on qualitative interviews and archival data, it traces the efforts of home care workers to mobilize their co-workers to demand improvements in compensation and working conditions and to become trade union activists. The paper concludes with a discussion of the factors that helped the home care workers to be successful in bringing about social change that improved their lives.
Literature Review

Home care workers receive lower wages and benefits than workers generally and have much higher poverty rates than the national average. At the same time that demand for home care is rising, the home care industry faces a persistent and growing labor shortage. One obvious remedy to the labor shortage is to improve the pay, benefits, and working conditions of home care workers.

The primary purpose of labor unions is to give workers a voice in improving the terms and conditions of their employment. Recently many unions have begun to combine elements of social movement unionism and community unionism to organize and advocate for workers’ interests. The strategies employed include: coalition building, developing members’ political skills and self-competence, and promoting greater levels of activism and participation of rank-and-file members (Voss and Sherman 2000, Robinson 2000, Cobble 2001).

A key aspect of the strategic direction unions pursue is demonstrating their legitimacy both to members and to the general public. Social movement unions stake a claim to moral legitimacy through their efforts to bring about economic and workplace justice. It is precisely because they fight economic inequality and provide voice to the less powerful members of society that social movement unions can claim moral legitimacy (Nissen 2003).

Managing perceptions of legitimacy is crucial to the labor movement (Chaison and Bigelow 2002). One method for managing perceptions of legitimacy is for unions to identify with other legitimate social groups. By forming alliances with other social groups, unions engage in what Ashforth and Gibbs (1990) label “symbolic management.” Various researchers note that unions need to frame their demands a public needs, portray their interests and goals as congruent with those of the community, and assemble broad-based coalitions around shared goals for the community (Ashforth and Gibbs 1990, Fine 2001, Johnston 2000).

This paper examines how home care workers in Oregon, a predominantly female, geographically dispersed, and economically under-valued workforce were organized using tactics associated with social movement and community unionism. The literature review includes an overview of the nature of home
care, the theoretical frameworks explaining the devaluation of care work, and opportunities for and challenges to collective action in home care. Next, it discusses the data collection and methods. Findings from the data analysis are presented from the union perspective and from the home care worker perspective. The paper concludes with a summary of unionization outcomes and discussion of the factors that helped the home care workers to be successful in bringing about social change that improved their lives, as well as ongoing challenges to their achievements.

The Nature of Home Care

Demographic Characteristics of Home Care Workers. The labor market replicates the gendered division of care within households, with women providing most of paid and unpaid care to the elderly and disabled. In 2011, women represented 86 percent of all personal and home care aides (BLS, 2012b). Home care workers are disproportionately minorities. In 2010, African Americans, Hispanics and Asians, overall, accounted for 47 percent of the home care workforce (BLS, 2012b). The 2000 Census data indicates a quarter of home care workers speak a language other than English at home (Montgomery, Holley, Deichert, and Kosloski, 2005).

Wages and Socio-economic Status of Home Care Workers. The median hourly wages of personal and home care aides were only $9.49 in May 2011, which was significantly less than $16.57, the median wage for all US workers (BLS, 2012c). In addition to low wages, home care workers often lack important benefits including health insurance, paid sick leave, worker’s compensation and paid vacation. Over one third of personal and home care aides reported having no insurance in 2008 (PHI, 2011).

Nearly 30 percent of all direct care workers, including nursing assistants, home health aides, and personal care aides, live in households earning below 133 percent of the federal poverty level and 80 percent of these workers have income levels under 400 percent of the federal poverty level (PHI, 2011). The low-income status of these workers makes them eligible for state and federal assistance programs. Hence, almost half of the direct-care workers live in households that receive some form of public assistance (PHI, 2011).
Workforce development in the home care industry is considered a poor investment opportunity, as employers view home care jobs as “low-quality and dead-end” (Seavey, 2010, p. 33). Realizing the lack of opportunities for advancement, younger workers tend to leave the industry and seek better jobs, and older workers tend to stay in the industry for the lack of better options (Faul, Schapmire, D’Ambrosio, Feaster, Oak, and Farely, 2010). The average age of home care aides is 46 (Montgomery et al., 2005).

**Work Conditions in the Home Care Industry.** The nature of care work itself has implications for the quality of jobs in the home care sector. Home care work is highly “personalistic” (Ibarra, 2010, p. 118), requiring extended face-to-face interaction with the client and, therefore, embodying an important emotional dimension. This emotional dimension of home care often leaves workers vulnerable on multiple levels.

First, workers value the relationships that they form with their clients. According to Howes (2008), “regardless of the reason people take the job, once they are in the job they become more attached to it through their attachment to the consumer” (p. 58). Workers develop family-like ties with their clients (Kemp, Ball, Perkins, Hollingsworth, and Lepore, 2009). This blurs the line between formal and informal relations, leaving workers vulnerable to unreasonable requests, such as working overtime hours or performing additional tasks that go beyond their contractual obligations (Iecovich, 2011, Meintel, Fortin, and Cognet, 2006). Second, the nature of work does not allow home care workers to leave in a middle of a task when they complete the authorized hours of work. The workers’ sense of responsibility gives employers the opportunity to take advantage of imprecise job specifications and policies that authorize inadequate hours of care (Delp, Wallace, Geiger-Brown, and Muntaner, 2010).

In addition to being emotionally demanding, home care work is physically challenging. Home care work involves a substantial amount of heavy manual lifting, leaving workers susceptible to injuries. Home care work is one of the riskiest occupations in the country, with workers experiencing a more than double rate of personal injuries and illnesses compared to all the other occupations combined (Seavey, 2010). Furthermore, in an event of an injury, home care workers experience personal and structural
barriers to accessing worker’s compensation benefits (Scherzer and Wolfe, 2008). Without training on work safety measures and training to help workers cope with the emotional aspects of their job, workers remain prone to preventable injuries (Seavey, 2010) and depression.

**Devaluation of Home Care Work: Theoretical Frameworks**

Despite the hard physical and emotional work that caring for the elderly and disabled entails, home care services are undervalued and wages for home care workers are at the lowest end of the wage scale in the health care sector (Stone and Dawson, 2008). Several theoretical frameworks explain the devaluation of work in the home care sector. Some scholars root the poor compensation of care work in its association with the types of functions traditionally performed by women for family members out of a sense of love or duty to family (Meagher, 2006). Several interrelated lines of reasoning explain the devaluation effect within this framework. First, “the prevalent commercialized view of the labor market has sharply truncated people’s views of what counts as genuine work that deserves serious compensation” (Zelizer, 2010, p. 267). The conceptualization of work in the public and private sphere is very different: work in the public sphere is commodified and valued for its contribution to the economy, while work in the private, domestic sphere is devalued for its perceived unproductive nature (Budd, 2011).

Second, the similar caregiving and household functions of paid and unpaid labor also support the perception that care work is unskilled. The general public views home care work as a “dead-end job that anyone can do” (Stacey, 2005, p. 847). However, Nishikawa (2011) argues that “care workers are knowledge workers in the sense that their knowledge and skills substantially influence the quality of care” (p. 133). The knowledge involved includes such elements as shared secrets, interpersonal rituals, bodily information, awareness of personal vulnerability, and shared memory of embarrassing situations” (Zelizer, 2010, p. 268). Contrasted with the types of knowledge and knowledge acquisition methods suggested for typical knowledge workers, the “atypical” knowledge and skills of home care workers may appear unworthy. Hence, the wages of home care workers fail to reflect their true skills and qualifications.

Market failure is another theoretical framework that explains the low-pay in the home care sector. In a classic economic model, wages would increase to reflect the growing and unmet demand for goods.
Folbre (2006a) argues that the health care industry, however, does not conform to the logic of supply and demand because a third party, insurance companies or the government, pay most bills. These third parties seldom interact with clients or patients and can “engage in cost-cutting strategies without feeling their consequences” (England and Folbre, 2003; Folbre, 2006a, p. 18). The government seeks to diminish costs regardless of the state of the labor-market (Stone and Harahan, 2010), or the impact of cost-cutting strategies on the quality of care. These arrangements diminish home care workers’ capacity to increase salaries and benefits.

Home care clients function with greater independence at home, work, and in society. Enhanced client’ capabilities may have positive outcomes that go far beyond the individual, improving the social environment at work and within communities (England and Folbre, 2002). Thus, home care services may encompass an important public good component (Folbre, 2006b). The failure of markets to internalize broad social benefits into prices of goods and services may result in undervalued home care services.

Yet another theoretical framework that explains the low wages and the devaluation of work in the home care sector is the intrinsic motivation of home care workers. Assisting the elderly and the disabled with their daily activities gives workers the sense that they play an important role in their clients’ lives. This allows care workers to draw meaning and dignity from work that has been categorized as dirty and mundane, and “renegotiate/reinterpret and elevate” their job status (Ball, Lepore, Perkins, Hollingsworth, and Sweatman, 2009; Faul et al., 2010; Kemp et al., 2009, p. 10; Stacey, 2005). The intrinsic satisfaction, nevertheless, may result in an increased willingness to accept inadequate pay and poor working conditions (Faul et al., 2010; England, 2005; Morris, 2009) and prompt governments and employers to take advantage of the workers’ attachment to the job.

**Impact of Public Policy on Home Care**

The home care industry has been shaped by government policy and government-established reimbursement rates (Boris and Klein, 2006). Budgetary constraints provide incentives for the government to drive home care workers’ wages and benefits to the minimum, denying workers any economic power. The lack of economic and political power characteristic to the demographic engaged in
home care work, facilitates government attempts to reduce public costs at the expense of home care workers. Similarly, home care clients, poor elderly and disabled, lack power to demand better care, therefore having limited capacity to influence the pay of their care providers.

Moreover, government funding and policy shape the terms and conditions of work (Boris and Klein, 2008). Government agencies maintain control over authorizing home care services and establishing the number of care hours to which clients are entitled. To meet budgetary constraints, governments often authorize insufficient hours of care. Delp et al. (2010) theorize that this “may force workers to choose between providing less than optimal care or working unpaid overtime hours, creating stress in the care relationship” (p. 923).

Government policy also creates confusion in the employer-employee relationship in the home care sector. The government covers the costs of home care, determines the terms and conditions of work and establishes hiring processes, but denies home care workers the status of government employees. Treating workers as independent contractors maximizes the uncertainties of the labor. The independent contractor status leaves workers with no benefits and no means to pursue better work conditions. This jeopardizes the home care sector itself (Boris and Klein, 2007), resulting in high worker turnover and low retention rates, and, ultimately, exacerbating the labor shortage in the home care industry (Howes, 2009).

**Collective Action: Opportunities and Challenges**

*Opportunities.* Unionization has been identified as a policy lever that can be used to improve wages and benefits for home care workers, and the quality of care for clients (Health Resources Services Administration 2004). A recurring theme in research on caring labor is that by building a relationship with the recipients of care, caring laborers develop an ethic of care. The demands of the work process and of the care recipient influence caregivers’ attitudes. Working expands caregivers’ concerns beyond a narrow self-interest to include workers’ and clients’ interests (Folbre 1994). Thus, it has been suggested that caring laborers are more receptive to union organization because they are more likely to view their
work in broad social terms and to develop class consciousness. Through caregiving they are able to transcend the individualist orientation that market forces promote (Jones 2001).

The home care crisis creates an outstanding political opportunity for coalitions. This is an issue that resonates with the public because it affects the quality of life of the elderly and people with disabilities. There is a large potential constituency, since many people need help themselves or have friends or family members who need assistance with activities of daily living. Specifically, the argument is that better quality care begins with better quality jobs. If home care jobs are more attractive, then more workers will enter the occupation and consumers will be better able to find and retain home care workers. The credibility of this argument is furthered when it is put forward by a coalition of laborers and clients.

Challenges to Collective Action. Public policies governing the home care industry have excluded home care workers from most labor standards. For example, states denied home care workers the status of employees, thereby limiting their access to collective bargaining. The home care workforce, composed primarily of women, minorities, and recent immigrants, has been historically overlooked by the unions. The prejudice against women workers, especially women from immigrant and racialized groups, coupled with the nature of the work, enforced the perception among union leaders that home care workers were unorganizable. The male-dominated nature of unions also “diminished the likelihood that women workers would turn to unions as a potential vehicle for their own empowerment” (Milkman, 2007, p. 65).

The nature of home care work and the care relationship pose additional challenges to collective action. Home care work is ‘invisible’ work as it is performed in the private environment of the home. Being obscured from the public view, home care workers have few opportunities for gaining public attention. The lack of a common work environment, physical separation of workers “among myriad employer residences” (Boris and Nadasen, 2008, p. 413, Holgate and Shea, 2007), and different work schedules make organizing difficult. Language and cultural barriers among workers bring additional complexity to this challenge (Armstrong and Armstrong, 2005; Delp and Quan, 2002).

Public opinion did not necessarily favor the efforts of home care workers to organize (Delp and Quan, 2002). In California, for example, opposition from the elderly and disabled threatened to
undermine such efforts. Senior and disability groups voiced several concerns about and arguments against workers’ organizing (Walsh, 2001). They argued that any improvement in wages for home care workers meant a decrease in the availability of hours of care. The right to collective action meant that workers could engage in strikes, leaving consumers without care. They also feared that workers could collectively advocate for a different model of care, potentially limiting the freedom of consumers to choose their care provider.

Methodology

This paper aims to capture the perspectives of home care workers on their participation in the unionization and collective bargaining campaign in the home care sector in Oregon. Employing an interpretive constructionist approach, this paper draws on findings from a qualitative exploratory study conducted with home care workers, and home care union organizers and staff in Oregon. The choice of a qualitative framework stemmed from the nature of the research problem. Qualitative methods allow for an in-depth exploration of social and political processes and “are particularly appropriate for studies of culture, power, and change” (Whipp, 1998, p.58). This study focused on the complex processes that enabled the mobilization and empowerment of a low-wage workforce to demand improved work conditions and pay in the home care sector.

Interviews and union documents served as primary data sources in the study. Interviews were conducted with fifteen home care attendants, four union organizers, and three political and administrative staff members of SEIU Local 503. Selected for its flexibility and focus on participants, a responsive interviewing model (Rubin and Rubin, 2005) was employed to gain a deep understanding of participants’ views on their work in the home care sector and participation in collective action. Conversational guides, broadly outlining relevant topics for discussion (Patton 2002; Rubin and Rubin, 2005), helped maintain consistency across interviews without sacrificing flexibility to explore new themes that emerged in the course of the interviews.

The study combined elements of conventional and participatory action research. In participatory action research, the relationship between the researcher and research participants is of ’systematic
reciprocity’ (Borda, 2001). Collaboration between participants and professional researchers occurs at every step of the research process, including problem definition, selection of research methods, data collection, and data analysis. As collaborators in the study, union organizers and staff from SEIU Local 503 selected the interview participants. The support from the union local in identifying and recommending interview respondents proved essential to reaching out to a geographically dispersed workforce with widely varying work schedules. Participants included both males and females ranging in age from 18 to 65 years. All participants were from Oregon, but worked in different regions of the state. Interviews were conducted by the first author, in person and by phone, in November and December of 2004. Each interview lasted from 30 to 90 minutes.

Union documents supplemented data gathered from interviews. Union newsletters and a union compiled packet of information were the primary documents analyzed. The union newsletters and the packet of documents were provided by the SEIU Local 503 staff. *Bringing Dignity Home*, issued by SEIU Local 503, is the newsletter analyzed in this study. Twelve issues dating from 1999 to 2003, reflecting all stages of the unionization and collective bargaining processes, were available for analysis. The union-compiled packet of information included letters to legislators from home care workers, published letters to the editors of local newspapers, articles from local newspapers, and testimonies in support of home care. Documents in the packet of information date from 2001 and reflect efforts to advance implementing legislation for Ballot Measure 99 on the legislative agenda. Newspaper articles, other than the ones included in the information packet, and information posted on the SEIU Local 503 website served as additional data sources.

**Union Perspectives on the Campaign**

**Background**

In 2001 in Oregon, home care workers won the largest union victory in the state when 12,000 workers gained union representation (Boris and Klein, 2006). SEIU Local 503, successfully used a ballot initiative, Ballot Measure 99, to amend the state constitution and, consequently, gain bargaining rights for home care workers. The primary purpose of the constitutional amendment was to ensure a high quality of
care for seniors and people with disabilities (SEIU, 2001b). Nevertheless, home care workers became its main beneficiaries along with their clients. The preamble to Ballot Measure 99 recognized the congruence of interests between home care workers and their clients by, first, stating the link between the quality of care, workforce stability and poor work conditions, and, second, asserting that establishing an authority charged with ensuring the quality of home care services would be beneficial for both home care workers and clients.

The constitutional amendment represented SEIU’s first step in the campaign to improve the work conditions for home care workers. A second step was to give a practical meaning to the constitutional amendment and ensure that the state allocates sufficient funding to comply with the then newly established constitutional mandates. The SEIU efforts materialized in House Bill 3816 that included implementing legislation for Ballot Measure 99 (SEIU, 2001d). The Bill received unanimous support in the House and overwhelming support in the Senate (Boris and Klein, 2006).

At the end of 2001, home care workers formed their union, with over 4000 workers joining and supporting the union (SEIU, 2002a). In 2003, the Union signed the first Collective Bargaining Agreement with the Home Care Commission (SEIU, 2003b). The Agreement provided wage increases, workers’ compensation coverage, health insurance coverage, and payroll tax withholding, among other benefits (SEIU, 2003b). Since then, the Union signed several consequent agreements with the Home Care Commission, ensuring regular pay increases, maintaining previously gained benefits, and gaining additional benefits in the process (SEIU, 2011).

SEIU’s organizing strategy played a key role in the success of the unionization campaign and the consequent efforts to achieve better pay and work conditions for home care workers. SEIU developed and implemented a strategy based on organizational and political considerations, targeting primarily three areas. First, SEIU worked to strengthen the union from within by creating a sense of unity among home care workers that represented a dispersed workforce. Second, SEIU established broad-based coalitions with consumer groups, building a union message focused on the convergence of interests between home care workers, on one hand, and the elderly and persons with disabilities, on the other. Third, gaining
political support was a core goal in the unionization and collective bargaining process. These three interrelated dimensions of SEIU’s strategy will be the focus of the following sections.

**Building the Union: Unity and Voice**

Voice and unity represented an overarching theme of the campaign toward unionization and obtaining better work conditions for home care workers. The union promoted the theme of voice and unity within both a narrow and broad framework, either focusing on home care workers specifically or, more broadly, on the voice and unity of home workers, clients, and advocates for seniors and the disabled as a unified group. In every step of the campaign, the Union called for unity and argued for the power in numbers to reach the proposed goals. For example, in promoting House Bill 3816, the Union encouraged home care workers and clients to attend public hearings on the Bill and be prepared to testify in favor of the Bill. More specifically, the Union urged workers and clients to “be on standby alert” and "pack the hearing rooms" (SEIU, 2001b).

To ensure that home care workers had a direct voice in the collective bargaining process, the Union conducted a survey among providers on bargaining priorities and work conditions. The survey results showed the bargaining priorities for home care workers were health benefits, protecting services and hours for clients, tax withholding, higher pay and workers’ compensation (SEIU, 2002b). The three most wanted work benefits were medical insurance, workers’ compensation and retirement benefits (SEIU, 2002b). In addition, the union identified unpaid work hours, lack of reimbursement for work-related travel, and lack of adequate training as important challenges in the home care sector. The union used the priorities identified through the survey, as well as through discussions in regional meetings and direct input from home care workers and clients, to guide the bargaining process (SEIU, 2002c).

Since a larger number of union members meant more negotiating power, the Union developed and implemented a campaign to expand the union membership. The Union tailored its organizing strategy to the peculiarities of the home care workforce. Door knocking, phone calls and word-of-mouth communication served as primary means of engagement. During four years of organizing, the Union made 30,000 door knocks and 100,000 calls (SEIU, 2002a).
The Union celebrated its unity and voice by giving credit to home care workers and their partners for their effort in the unionization and collective bargaining campaigns. For example, upon approval of the first collective bargaining agreement, SEIU Local 503 recognized that the strength and unity among union members determined the success of the negotiations (SEIU, 2003b). Moreover, the Union stressed that the success of future negotiations depended “on each member taking active ownership of the union” (SEIU, 2003b). Similarly, the Union expressly credited the success of the ballot initiative to the broader coalition that supported home care workers in their unionization campaign. In this context, the Union asserted that,

“[d]ue to the hard work of homecare workers, clients, and advocates for seniors and disabled, [the] union won a majority victory … when ballot measure 99, the quality home care measure, passed 63 to 37 percent. The measure approved by voters in every Oregon county, calls for systematic improvements in the quality of homecare for elderly and disabled Oregonians” (SEIU, 2001b).

Creating Broad-Based Coalitions with Consumer Groups

Broad-based coalitions with clients and advocates for seniors and disabled were an essential component of the Union strategy and success in obtaining better pay and improved work conditions for home care workers. The convergence of home care worker and client interests facilitated coalition building among groups. The Union directly associated better care with having a voice in improving work conditions (SEIU, 2001d). Specific messages promoting interdependence between quality of care and work conditions referenced the right to bargain over wages, health, care, vacation, and sick leave as a determinant of better care for clients (SEIU, 2001d, 2001e).

This message was also evident in the results of the home care worker survey. Survey respondents mentioned reducing the turnover rate among home care workers by improving wages and working conditions as an important strategy toward better quality of care (SEIU, 2002b). In addition, survey respondents associated better training with better care (SEIU, 2002b). The Union explained that the lack of training and adequate equipment puts workers at risk of getting work-related injuries, leading to
providers missing work and not being able to care for their clients. The Union also emphasized that training should meet the needs of both clients and providers (SEIU, 2002b).

Numerous organizations supported home care workers in their effort to unionize, including the Alzheimer's Association, Oregon Food Bank, Human Service Coalition of Oregon, Oregon State Council of Senior Citizens, and Oregon Advocacy Coalition of Seniors and People with Disabilities, to name a few. Coalition members, together with home care providers and clients, strengthened and promoted the Union message through extensive letter writing to legislators, organizing and mobilization, and strong presence at key events, including rallies and public hearings. To illustrate, Rachel Bristol, the Executive Director of Oregon Food Bank, in a letter to legislators written in support of House Bill 3816, emphasized the convergence of worker-client interests as follows: "[Ballot Measure 99] allows Oregon to approach the challenges of a growing elderly and disabled population with creativity and compassion as well as meet the real needs of an important workforce struggling to feed their families" (SEIU, 2001f). Another illustrative example is the delivery to state legislators of over 4000 postcards in support of implementing legislation for Measure 99.

In building coalitions with clients and client groups, the Union had to address client concerns related to the demands of home care workers, such as potential disruptions in care. Home care workers emphasized their strong commitment to avoiding strikes as a dispute resolution measure by proclaiming that their Union was “a non-strikable union because caregivers provide necessary care, just like firefighters” (SEIU, 2001e). Home care workers also appear to have addressed concerns over hours of care. Jill Hewitt’s letter to legislators, representing the voice of Clackamas County Disability Advocates Coalition, illustrates understanding on the part of the client group of the need to implement a balanced approach to preserving hours of care and improving work conditions,

The Homecare Commission is particularly important because it also addresses independent provider’s employment rights. Many of us involved in health care advocacy believe that collective bargaining is important to protect the rights and welfare of home care workers, most of who typically work for very low wages with no benefits or insurance protection. While we all
have an interest in insuring that program funds purchase the greatest number of service hours possible, I also recognize the importance of proper working conditions for homecare workers who provide those services (SEIU, 2001f).

The strong support from a broad-based coalition provided the unionization campaign with greater visibility and an additional voice with the state legislators and the general public. The Union recognized the importance of the coalition in its success at different times. For example, upon the approval of House Bill 3816, the Union stated that,

House bill 3816, which implements Ballot Measure 99, is now the law of the land. Hundreds of caregivers, clients and advocates made this happen by gathering signatures, getting out the vote, testifying in the state capitol, mailing in postcards and letters, sending letters to the editors, and holding politicians accountable at town hall meetings and in the state capitol (SEIU, 2001d).

Building Political Support

A third pillar of the home care worker unionization and collective bargaining strategy in Oregon was to build political support among state legislators. The Union identified political support as essential to securing sufficient state funding for the practical implementation of Measure 99 and the consequent bargaining agreements between the Union and the Home Care Commission. During the contract negotiation phase of the campaign the Union proclaimed,

We are stronger when we stand together. Health insurance, services for clients, fair wages, training, and fair treatment; all these are possible when we speak and act together as a union. But for real strength in contract negotiations and beyond, we also need to help elect legislators who support funding for health insurance and workers’ compensation for homecare workers (SEIU, 2002c).

The support for home care from a broad range of individuals and organizations showed that poor work conditions in the home care sector were an important concern for a much larger group of individuals than the approximately 12,000 to 13,000 home care providers in Oregon. This support allowed the Union to better exert political pressure on elected officials. The Union message on cards distributed to clients for
Further dissemination to legislators is illustrative of the ways in which the Union and the coalition members exercised political pressure on legislators:

I am disabled and receive care in my home. I realize things are tough for the state budget, but without the home care we receive, many of us could end up in nursing homes. This would cost the state even more! Your support of home care is critical for low income elderly and disabled clients like me. Please let me know that you will support these programs. I am a constituent and I will share your response with others in the community. Thank you for your support (SEIU, 2002a).

Budget constraints represented a key obstacle in the Union’s effort to secure sufficient state funding for an operational Home Care Commission, wage increases, and improved benefits for home care workers. Therefore, cost-effectiveness became a major theme in Union and coalition member messages to legislators. In letters to legislators, senior and disability groups explained the benefits of home care, emphasized the much smaller costs of home care compared to institutionalization, and argued for in-home care services as “viable and practical means to save money in the long run” and the best use of public dollars (SEIU, 2001f).

The Union used several tactics to gain political support including cards, letters, lobbying, and rallies. In addition, the Union identified and helped elect legislators and local officials supportive of unionization and collective bargaining rights for home care workers. The Union strategies were largely successful. For example, in the 2002 primary election, union members voted in much higher numbers than the general public. Home care workers participated in phone banks, calling their co-workers and urging them to vote. As a result, the number of home care workers who registered to vote increased by 17% (SEIU, 2002c). Through lobbying activities and cards, the Union gained the agreement from 21 legislators to cosponsor Bill 3816 (SEIU, 2001b). The Bill received overwhelming support in both the Oregon House and Senate (Boris and Klein, 2006).
Home Care Workers’ Social and Cultural Perspectives on Caregiving

A Caregiver’s Duties: Routine, Intimate and Emotional

Home care workers help elderly and disabled persons to achieve the best possible quality of life in their own homes. Without the help of home care workers, nursing homes would be the only alternative for many persons facing disability and old age. With the help of home care workers, these vulnerable groups of people have the opportunity to continue their life in the comfort of their own homes and receive the care that they need. Margaret Young, a home care provider, explains,

... as homecare workers we are dedicated to providing a quality care to our clients. ... My job means a great deal to me and my clients, I know that I make a difference to my client’s lives.

We, as homecare workers make it possible for our clients to have independence and dignity to stay in their own homes. ... If we do not give our clients the adequate care that they deserve, they go without the care that is vital to their lives (SEIU, 2001f).

Assistance to the elderly and disabled includes help with performance of daily activities, such as bathing, dressing, eating and taking medication. Home care workers also assist clients outside their homes by accompanying them to medical appointments, shopping and other social activities.

In addition, home care workers provide clients with important emotional support. Elderly and disabled clients often feel lonely and home care workers can provide the companionship that clients need to overcome isolation. One interviewee notes she often begins by acknowledging the clients’ feelings,

A lot of times it’s just being there and just listening. I like to keep working and just talk to them, but then sometimes you just have to take a few minutes and sit down and talk to them, because they need that ... You’re like a facilitator, you’re like a mom, and you’re like a friend.

This emotional aspect of the home care work is one of the most rewarding experiences on the job. Kimberly Powell, a home care worker who had previously worked in a nursing home, compares the experience of providing care in both settings, “You’re limited on time in nursing homes. ... You can’t
give that extra loving touch. I like the ability to give someone companionship, keep their spirits up” (Palmer, 2000).

Home care workers perceive the ability to provide care to clients with compassion and understanding as a special skill. As holders of such skills, home care workers are in a unique position to provide the highest quality care to their clients. Betty Jones, a home care worker, explains, “Caregivers are a special breed of people. We do a job that not everyone can do. It takes a lot of compassion, understanding, love, and selfless giving to do our job” (SEIU, 2003).

**Lack of Work Recognition: An Invisible and Misunderstood Service**

Home care workers view the emotional support and assistance with daily activities that they provide as essential to their clients’ quality of life. This perception gives home care workers a sense of fulfillment and pride in the job. Despite the rewarding nature of the job, work conditions are a continuous source of frustration to workers. Therefore, workers often equate improved work conditions with respect and appreciation for their work. Kimberly Powell notes that there is a need “to support the hardworking caregiver by showing that the work they do is something that is respected and valued making available health care, workmans comp. and necessary training” (SEIU, 2001f). Home care providers believe that their work is misunderstood. Tawnya Morgan, a home care worker, notes,

A lot of people don’t understand how important our work is…wiping noses, holding hands, often being the only ones our clients have to talk with. And the thing is, how will these people feel when their parents, or they themselves, are so dependent on someone who’s earning barely $8 an hour with no benefits to provide the most intimate of care? (SEIU, 1999).

Similarly, another home care provider, Madelaine Meletis, asks, “After years as a helping neighbor and now as a State certified ‘in home care provider’, I must ask why any role is so down played” (SEIU, 2001f).

**Low Wages and Unpaid Work**

Lack of clearly defined work schedules and insufficient hours of service add to the already challenging nature of the job. Home care workers often feel constrained by their schedules that do not
allow them to provide the amount of care that clients need. Lee A. Meyers explains that the set hours of care do not allow for sufficient time to meet the basic needs of clients or take them on an occasional trip to the grocery store (SEIU, 2001f). Home care workers, at times, have to visit a client’s home more than once a day and caring for multiple clients makes the accommodation of schedules to the needs of the clients difficult (SEIU 2001f). Schedules like this make it very hard for home care workers to care for their own needs such as scheduling doctor’s appointments (SEIU 2001f).

Despite the demanding nature of the job, home care workers are poorly compensated. Their commitment to clients makes them work over time for below minimum wages and incur uncompensated expenses. Brandi More, for example, notes that she is paid an hourly wage but does not receive reimbursement for mileage when using her personal vehicle to take clients to doctor’s appointments or shopping (SEIU, 2001f). Diana Marullo, another home care worker, describes a recent experience as follows,

I recently had to spend one week with my client, day and night, caring for her after surgery. I was paid $8.12 per hour (my regular wage) from 9:00 a.m. to 4:00 p.m. and $4.47 (below minimum) an hour from 4:00 p.m. to 9:00 a.m. the next morning for the following seven days, even though I was working during the night emptying her catheter several times during the night (SEIU, 2001f).

Safety and Training

Training and safety is a major concern for home care providers. Workers mention training as an important concern within two distinct contexts. First, workers perceive that they lack appropriate training to provide high quality services to their clients. Workers often have to perform additional tasks that may not be part of their job description but which are essential to their clients’ well-being. In these conditions, Patty Samples explains that she had to learn and train herself to handle different aspects of the job since the needs of the clients are different. Margaret Young and Brandi Moore stress the importance of “adequate training and working skills” in providing adequate care to clients and the lack of emphasis placed “on the knowledge a person has for taking care of clients” (SEIU, 2001f).

The situation is especially daunting for home care workers who have only the minimum
qualifications. For example, one interviewee describes caring for a mentally ill client: “It was a nightmare beyond my capabilities. I could handle the medical condition. I was not equipped to deal with the mental illness. I don’t have a degree in psychiatry.” Other home care attendants mentioned situations in which they were required to change tracheotomy tubes and administer insulin injections for clients with little or no supervision from skilled nurses.

Second, home care providers perceive that they lack information and appropriate training on work safety measures. Home care work involves a substantial amount of physically challenging work including heavy manual lifting, and long periods of standing and walking, leaving workers susceptible to injuries. The physically demanding work conditions make home care work one of the riskiest occupations, with workers experiencing a more than double rate of personal injuries and illnesses compared to all the other occupations combined.

Lack of training on workplace safety, workers’ compensation, and medical insurance leaves home care workers vulnerable on multiple levels. In addition to facing poor health in the event of a work related injury, workers also have to forgo their pay. Diana Marullo provides a description of a typical situation for home care workers,

Last year I had an accident in my client’s home when her dog (my client is blind) jumped on me happy to see me arrive in the morning and I fell over a chair in her living room, fracturing my wrist. I was out of work for two week with no pay, no workmen’s compensation or medical insurance to cover this accident (SEIU, 2001f).

Lack of Benefits and Turnover

Diana Marullo’s story is illustrative of how the lack of health care coverage and workers’ compensation adversely affects home care workers. Other workers also show frustration over the lack of health benefits as is the case of Brenda Whistler who explains,

I would like to see homecare workers have medical benefits, to be able to have regular check ups once a year. I feel that full-time work is and will always be hard on the physical body and in this
day and age everyone needs medical benefits and be able to afford to have Medical, Dental and Vision Care (SEIU, 2001f).

The lack of benefits also negatively impacts clients. Jean Elliot explains that home care workers need to have access to health care, since health related issues may hinder their ability to provide care to clients (SEIU, 2001e). Finding temporary replacements for home care workers may be a difficult task in a sector that already has a high turnover rate and an increasing demand for workers. Madeline Meletis has similar concerns about the interdependent issues of increasing demand for home care services, turnover rates in the home care sector and the quality and availability of care (SEIU, 2001f). Madeline calls for common action on the part of home care workers and legislators to improve the work conditions in the sector:

I want to see quality service workers in this quickly growing field of need. The current turn over is outrageous and trained dependable workers are challenges to stay. Let us all work together to provide an employment package which will attract and help keep available part of workers (SEIU, 2001f).

**Ambiguous Employer-Employee Relationship**

The ambiguous employer-employee relationship is another source of frustration for workers in the home care sector. The complex employment relationship where clients act as employees and the state incurs the cost of services poses several challenges to home care workers. Despite receiving their pay from the state, home care workers are independent contractors who do not have the benefits of state employees, including health insurance and workers’ compensation. Patty Samples views this employment relationship as additional evidence for the lack of appreciation for home care services. Patty notes that she “would like to see better wages, health benefits a retirement plan, paid vacations and most of all be recognized as state workers and not just glorified servants.” (Eastern Oregonian, 2001). Liz Conn, another home care worker, questions the employer-employee relationship in the home care sector and believes that unionization is a viable solution to address the challenges arising from the ambiguous nature of this relationship,
The law says that we are employed by our clients and yet the wages we earn come from the State. We need our Union so we can change the law, elect legislators who care, and fight for the same rights as other workers – health care, Workers’ Comp, and fair wages. This system is like a house built without foundation. We can work together to build a strong foundation. It’s got to start here, with us, the Union! (SEIU, 1999).

An additional challenge for home care workers arising from their status of independent contractors is the perceived burden of filing state and federal taxes. Since many home care workers live in poverty, they report difficulties in paying a large lump sum in taxes. Generally, workers prefer to have their taxes deducted from their paycheck instead of making a single payment at the end of the tax year. Brenda Whistler notes that having the taxes deducted from the paycheck would make the “hardship a little easier for those who have no bookkeeping skills” (SEIU, 2001f). Rick Philbrick, another home care worker, argues for a change in the legislation to allow for tax withholding and work benefits for home care providers. Rick explains,

We need to change the law. As an independent contractor, I have no Workers’ Comp, no medical insurance, no pension, and no taxes taken out – I have to pay that out of my own pocket. I have a wife and children. If I had an employer, some group responsible for these things, it would relieve some of the worries I have now (SEIU, 1999).

**Building the Union: Challenges, Action, and Results**

*Gaining Power, Voice and Recognition.* The numerous occupational challenges that workers faced in the home care sector prompted many of them to join the union and actively participate in union organizing, despite having limited time for actively becoming involved. Many workers saw the union as the only mechanism that would allow them to gain better wages, benefits, respect and recognition for the work of caring for the elderly and disabled. Herk Martens, a home care worker, explains,

Twenty years of being unrecognized, underpaid, with no benefits and invisible to those other than the person I care for had made me angry. I honestly feel the union is the only viable alternative to changing this situation (SEIU, 2001e).
The themes of voice, empowerment and unity were central to the unionization campaign of home care workers in Oregon. The fragmented nature of the workplace makes organizing of workers difficult and limits opportunities to demand better wages and work conditions. Home care workers saw unionization as an opportunity for empowerment. Risa Northway, a home care worker and a union leader, discusses the fragmented nature of home care work and the opportunities that a union provides,

As home care workers we work individually. As individuals we are not loud enough, but together we can be heard and help each other to receive the basic rights due to all workers, such as health care, worker’s comp and respite care (SEIU, 2001c).

Similarly, Rita Sparks, another home care worker and union leader, describes the benefits of joining the union and the empowerment that unionization can bring to home care workers. Especially important in Rita’s statement is the emphasis that she places on the well-being of the clients that was another major them in the organizing campaign,

Being union members gives us the power we’ll need to obtain worker’s comp, job security and health care. We can’t obtain these things as individuals but we can together. Together we can obtain the education necessary to best help our clients and ourselves (SEIU, 2001c).

Taking a Client-Centric Approach. The well-being of clients represented one of the core values of the unionization campaign of home care workers. Despite representing a vulnerable social group themselves, home care workers embraced the well-being of the elderly and disabled as an important part of their campaign. Several workers expressed concern about the impact that their campaign may have on consumers, stressing the need to improve work conditions for home care providers without negatively affecting services for the elderly and disabled. Joye Willman, a homecare worker, explains that she wants to make sure that her client does not experience any loss in benefits to have her and her family enjoy health insurance (SEIU, 2001e). Another home care worker and then President of the Homecare Workers Union, Karen Thompson, emphasized,
As caregivers, our biggest concern is meeting all the needs of our client consumers to the best of our ability. Since our clients come first, we want nothing for ourselves at their expense. Our elderly and disabled need our help.

Home care workers linked better wages and work conditions with better quality of care, decreased turnover among workers and the overall well-being of clients. Lee Meyers, for example, believes that a union ensures that seniors and persons with disabilities receive the best possible long-term care in their own home (SEIU, 2001e). More specifically, Kimberly Powell identifies training and greater accountability for workers as appropriate mechanisms to ensure a better quality of care (SEIU, 2001f). In addition, workers mention the certification of home care workers and a more stringent screening process as mechanisms to increase the quality of care in the home care sector.

The concern for the needs of the elderly and disabled helped home care workers create a coalition with their clients. Karen Thompson describes the mutual interests of home care workers and their clients and the support received from the elderly and disabled as follows,

“The mindset of people who voted against Measure 28 was that we were using scare tactics. Look around the room, people in wheelchairs, people with mental challenges, heart transplant patients who had only three days of medication left and no money to buy more. These are not scare tactics. These are people faced with losing lifesaving services” (SEIU, 2003a).

**Owning the Movement: Engagement in Union Activities**

*A Culture of Organizing.* In keeping with a culture of organizing, all of the home care workers interviewed had actively recruited new union members. Given their social and economic circumstances most home care workers were receptive to the member-organizers’ message. As one rank-and-file member explains,

They’re not used to having any rights or thinking that they could actually do things to make their lives better, so it’s a pretty easy sell, actually. Just talking to the home care workers, and they get into their problems and their frustrations with the job, it’s easy to go from there to how things will get better if they join the union.
Developing Member-Leaders. Another key component in mobilizing homecare workers is education. For example, several of the home care workers attended the Labor Education Resource Center (LERC) Summer School. Some of the topics covered include internal and external organizing, grievance handling, steward training, and dealing with the media. As one participant notes, “It’s a fantastic experience. We stay in dorms, so we really bond. It’s really incredible because it’s all of SEIU and it’s also other union members.” Others attended the Summer Institute for Union Women, a yearly event that prepares union members to be effective leaders in their local unions. Some of the topics covered included communications, global solidarity, and women in politics. One attendee notes, “I met very strong women who are committed to making a difference in their work lives. Imagine if we all got together to demand justice and dignity for all of us.”

Going Public: Building Political Support. In addition to taking a client-centric approach and involving senior and disability groups in their union efforts, home care workers identified the role of legislators as central to the success of their mission and actively sought their support. Home care workers used several tactics to gain the support of legislators including letters, rallies, a post card campaign, and visits to the Capitol. The union identified proponents of union-backed policies among candidates in state elections and supported them in their election campaigns.

In letters and messages to policymakers, home care workers repeatedly emphasized the role of legislators in improving work conditions and the quality of care. For example, Madelaine Meletis explains, “[l]ife is not always fair yet, as a legislator you can make an invaluable difference. With additional support from you and your constituents our Seniors and Disabled can continue on a road of independent living with dignity” (SEIU, 2001f). Madelaine further urges legislators to work together with in-home care providers on improving benefits in the home care sector in an effort to reduce turnover and attract additional workers (SEIU, 2001f). Similarly, Esther and Angela Doramus, a home care worker and her daughter who is also her client, ask legislators for support, “[b]y all of us working together we can make it happen. We really need your support for the confirmation of the homecare commission and fund the implementation of this important voter supported policy” (SEIU, 2001f).
In their communication with legislators, workers and union leaders also emphasized the unique set of skills that every job requires, contrasting home care work with the work of legislators. Karen Thompson, for example, in a message to legislators explains, “We each serve in different capacities, and after much studying and visits to the Capitol with many of you, we realize the enormity of your jobs. Not everyone can be a Senator or Representative, nor can just anyone be a good homecare provider” (SEIU, 2001c). In this message, Karen explicitly acknowledges the work of legislators and implicitly equates the difficulty of the work at the Capitol to that in the home care sector. In addition, the message conveys that home care workers hold a set of skills and knowledge that qualifies them to perform their work.

Summary: Unionization Outcomes

Overall, the unionization campaign of home care workers achieved its primary goals. Some workers note better than expected results as is the case of Betty Jones who explains, “[w]e had nothing starting out and we now have more than we thought we would ever get” (SEIU, 2003). The outcomes of unionization at the individual level reflect the overall success of the union efforts to improve work conditions in the home care sector. Hence, home care workers mention specific realized or expected benefits when describing some of the union achievements. For example, Emma Trout, a home care worker, compares the affordability of health care before and after union efforts to improve work conditions in the home care sector, “right now, I pay about $500 a month out of pocket for health insurance for my family. Because of the hard work and commitment of our union, I will be looking at cutting that cost by well over half” (SEIU, 2001e). In addition to referring to the union in the context of its primary role of a collective bargaining unit, some home care workers view the union as a place for socialization and empowerment. Unions also represent a mechanism of support for some workers who rely on the union to address work related challenges such as navigating the bureaucratic structures of state agencies.

Moreover, home care workers from Oregon expanded their reach to other states by sharing their personal stories and overall unionization strategies with their counterparts. In 2003 for example, home care workers from Oregon shared their experiences with their Michigan counterparts, in an effort to
support the unionization campaign of 47000 in-home care providers in Michigan. The Oregon home care workers found that their colleagues faced similar issues, including low wages, no benefits, high turnover and no job training. Oregon workers encouraged their colleagues to use the power of a union to improve their lives and the quality of care for their clients. The experience of Oregon home care workers of sharing their stories, learning about the challenges faced by counterparts, and supporting their unionization campaign helped workers overcome the feeling of isolation. Marlane Morton explains, “After years of feeling isolated, it felt good to know that I have thousands of co-workers across our country. There are men and women who work hard to care for some of America’s most vulnerable and we are connected” (SEIU, 2003).

More recently, the members of the home care worker union in Oregon shared their experiences with the developmental disabilities service providers in the state. For example, Joye Willman, a home care worker and the Vice-President of Home Care Local 99, stressed the benefits of a union and the importance of joining the union, arguing that union membership gives workers a voice in the election of their leaders, the decision process on labor-specific and political issues, including budget-cuts, and an overall opportunity to participate in the political branch of the union and the larger union elections (SEIU, 2011). Joye also emphasized that the development disabilities service providers have the benefit of practices that were previously developed and implemented by home care workers in their unionization campaign (SEIU, 2011).

**Conclusion**

As chronicled above, home care workers in Oregon became politically active and more engaged in civil society as a result of unionization. Through the union home care workers gained a voice in advocacy groups, public policy forums, and workplace issues. Unionization has also impacted their lives in more traditional ways. Specifically, the terms and conditions of employment have been improved through increased wages; the provision of health care benefits, workers’ compensation coverage, and training opportunities; and the establishment of a grievance system.
Success in this case appears to have derived from the close match between the needs of each of the collaborators, coupled with a favorable political environment. The SEIU possessed relevant experience, having established public authorities to serve as employers of record for home care aides in some of California’s counties. Building on this experience, union leaders took innovative approaches to organizing. For example, union leaders had to consider the demographic characteristics of the workforce. With women accounting for the majority of home care workers, to be successful, unions had to develop new structures of representation that would encourage female presence on union organizing staff and leadership positions.

Second, the legal barriers for collective bargaining in the home care sector and the dispersed nature of the workforce prompted unions to use social movement tactics such as community organizing, lobbying, and coalition building. Unions appealed to elected officials and held them accountable to their constituents working in the home care sector. To expand the movement’s political power, unions built broad-based community coalitions with disability and senior organizations.

Through continuous efforts and compromise, unions were able to dispel some of the fears among consumer groups and build coalitions with clients. These coalitions proved essential to the success of the unions’ efforts to increase visibility and obtain economic benefits for home care workers. Indeed, a phrase commonly used in the disability rights community is ‘nothing about us, without us’ (Rivas 2005). Every issue of Bringing Dignity Home, the home care workers’ newsletter, included exhortations to homecare workers to talk to their clients and involve their community. Many issues featured photos of home care workers and their clients visiting with elected officials and participating public rallies. Home care clients and advocacy organizations also spoke to the press and wrote letters to the editors’ of local newspapers.

The SEIU also devoted considerable effort to developing members’ political skills and promoting rank-and-file members’ activism and participation. The home care workers proved to be an indispensable political resource. A former union staff member who was involved in the legislative efforts recalls that, “the workers owned the campaign. Lots of times they would show up and we were like ‘What are you doing here?’ [The home care workers responded] ‘I’m just here to talk to other people.’ It was cool.”
Despite achieving major victories in their unionization campaign, to maintain their success, home care workers continue to organize and increase their membership. Maintaining an active union is essential for the renegotiation of the collective bargaining agreement between the Union and the Home Care Commission, which is a continuous process. The threat of budget cuts and insufficient funding pose a continuing challenge to maintaining and improving wages and work conditions in the home care sector in Oregon. Budget cuts result in less available hours of care, limiting workers’ opportunities for higher incomes and deteriorating work conditions.

Given current conditions of austerity, collective bargaining rights have come under threat in the public sector. In several states, home care workers had their previously acquired rights limited or eliminated. For example, in 2011 the legislature in Wisconsin eliminated bargaining rights for home care workers as part of a larger initiative to limit the rights of public employees. Indiana implemented similar measures. Therefore, home care workers, clients and advocates for seniors and the disabled must continue to exercise political pressure on local elected officials and further develop and implement the strategy that led to home care worker unionization and improved work conditions obtained through consequent collective bargaining agreements.
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