

National Union of Hospital and Health Care Employees (AFL-CIO)



Working in hospitals: then and now

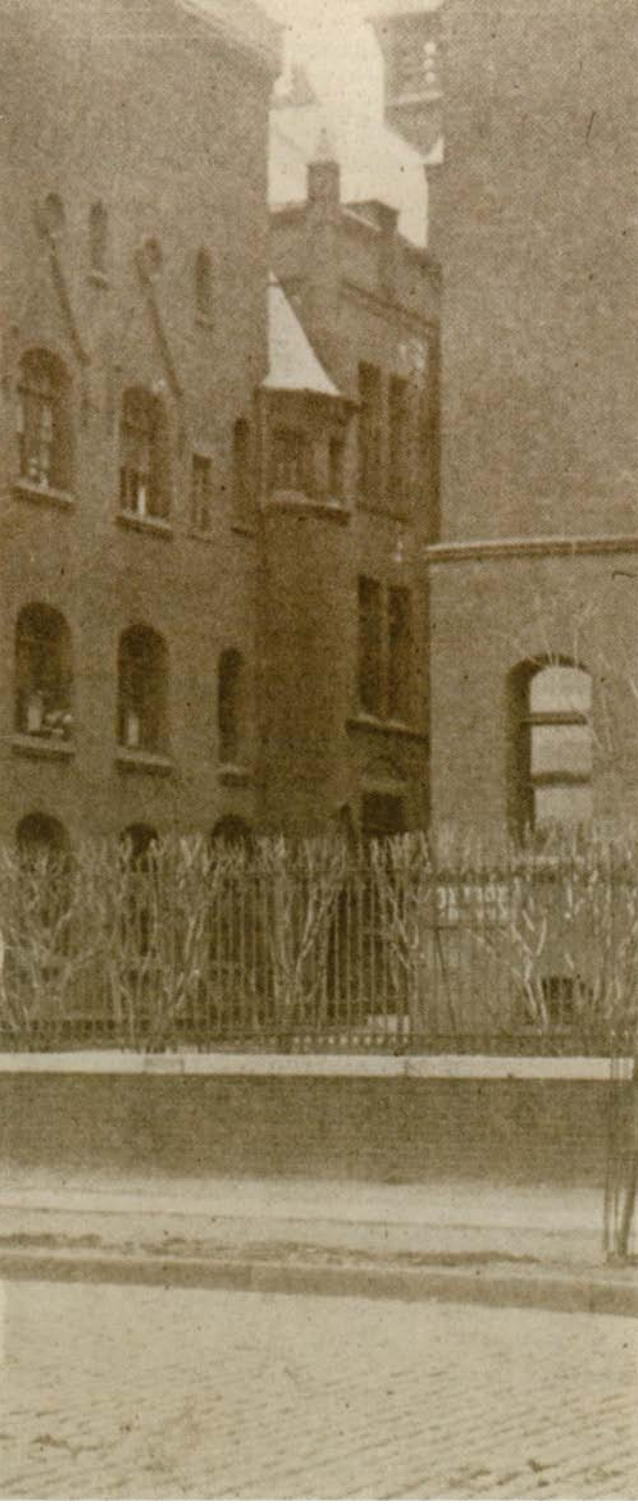
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Flower Hospital ambulance of the early 1900s dashes off over cobbled street in Manhattan's East Sixties. Photograph on front cover is of a Bellevue Hospital operation in 1870.





America's
bicentennial birthday has
been a time for looking backward at
the stunning changes our nation has under-
gone in 200 years.

In health care, we have moved from disease, dirt and darkness to the enlightenment of modern science and technology. The growth of the modern medical center symbolizes this transformation.

But just as dramatic as this transformation in health care is the transformation underway in the lives of the men and women whose labor makes the hospitals run.

The tremendous journey begun by hospital workers over the past two centuries is a journey from degradation to dignity, from poverty to decent standards, from weakness to strength.

It is a journey made possible by advances in health care, by vast changes in American society as a whole and by the efforts of hospital workers themselves to finally win the respect and dignity their essential role in healing the sick deserves.

Many hospital workers, still among the most exploited of American working people, have just begun this journey. Others, whose shared strength has built union power, have traveled far in the lead. All are part of a dramatic and often neglected story of change that is an important part of the American bicentennial.

This special issue of 1199 News is an attempt to portray some of the highlights in the journey of American hospital workers from past to present.

This early 19th century engraving depicts the Pennsylvania Hospital in Philadelphia. Established in 1751 with Benjamin Franklin as one of its sponsors, it was the nation's first general hospital. The institution's posted rules of order (at right) admonish patients not to spit on floors or wear hats in presence of physicians. Sketched below is grim-looking "tranquilizing chair," invented by Benjamin Rush, noted doctor of the 1800s, to restrain mentally ill patients.



PENNSYLVANIA HOSPITAL.

The Managers of the Hospital expect from all patients quiet, orderly, and respectful behaviour towards their fellow-patients and nurses; implicit obedience to all the directions of the physicians, whether given directly or through the nurse; and that every patient will assist, to the best of his ability, in maintaining the cleanliness and good order of the ward. Satisfied that the comfort and welfare of all the patients will be thereby promoted, the Managers enjoin their observance of the following

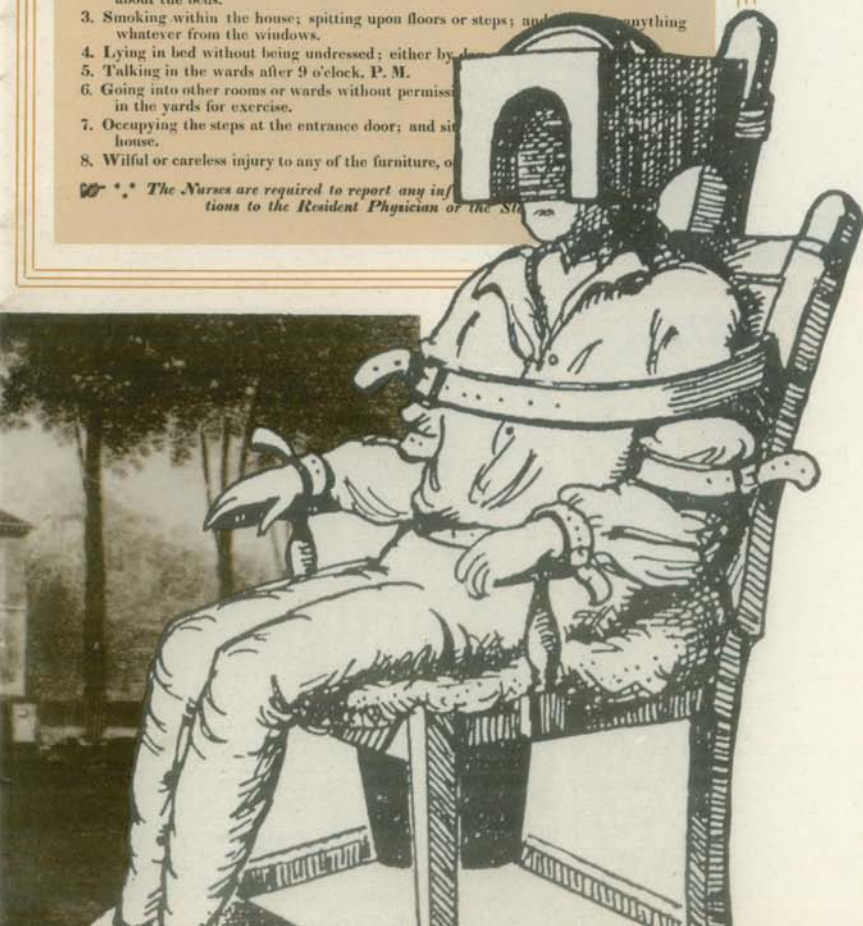
RULES OF ORDER.

- I. Patients are required to be peaceful with one another; respectful to the physicians and nurses, and to comply exactly with their directions.
- II. At the regular visits of the physician, every patient must be in his place. If able to sit up he must sit on the chair in front of his bed, and keep it until the end of the visit. And no patient may wear his hat, nor converse, nor make any noise, while the physician is in the ward.
- III. Each patient must use such medicine and diet as shall be prescribed for him; and, in no case whatever, may he use either the medicine or food of any other patient.
- IV. Each patient is expected to keep his bedding, and other furniture, neat and clean. Before lying down upon the bed he *must* take off all his outer clothing, unless he has special permission from the resident physician to do otherwise.
- V. Each patient is required to render all the aid in his power to the nurse, when requested to do so, especially in attending to the wants of such as are unable to help themselves.
- VI. Every patient is expected to be in bed before 10 o'clock, P. M., from the 1st of June to the 10th of September, and by 9 o'clock during the rest of the year.

PATIENTS ARE EXPRESSLY PROHIBITED FROM

1. All quarrelling; the use of profane or indecent language; loud talking and singing, or whistling in the house.
2. Receiving liquors or eatables of any kind, from visitors; and keeping food in, or about the beds.
3. Smoking within the house; spitting upon floors or steps; and doing anything whatever from the windows.
4. Lying in bed without being undressed; either by day or night.
5. Talking in the wards after 9 o'clock, P. M.
6. Going into other rooms or wards without permission, or into the yards for exercise.
7. Occupying the steps at the entrance door; and sitting on the steps of the house.
8. Wilful or careless injury to any of the furniture, or to the property of the Hospital.

* * * The Nurses are required to report any infractions to the Resident Physician or the Steward.



"I shall never forget my first experience on night duty," a hospital nurse wrote more than a century ago.

"No sooner had the day nurses left the wards than the gas was turned so low that the faces of the patients could not be distinguished . . .

"If any work was to be done, a candle must be lighted. Only two candles a week were allowed each ward. If more were used the nurse had to provide them . . .

"At the end of my first month I told Sister Helen I could not be responsible for the patients unless I could have lights in the wards."

Hospitals for dying

One visitor to a hospital in the 1870s reported: "The condition of the patients and of the beds was unspeakable. The one nurse slept in the bathroom and the tub was filled with filthy rubbish. To her was confided the care of 20 patients. Her only assistants were paupers, drafted from the workhouse, many of whom had been sent there from intemperance, and those convalescents who could leave their beds."

The early hospitals were not designed to treat the ill. They were places where the homeless and the poverty-

stricken went to die. They were similar to alms-houses, institutions for people too poor to support themselves.

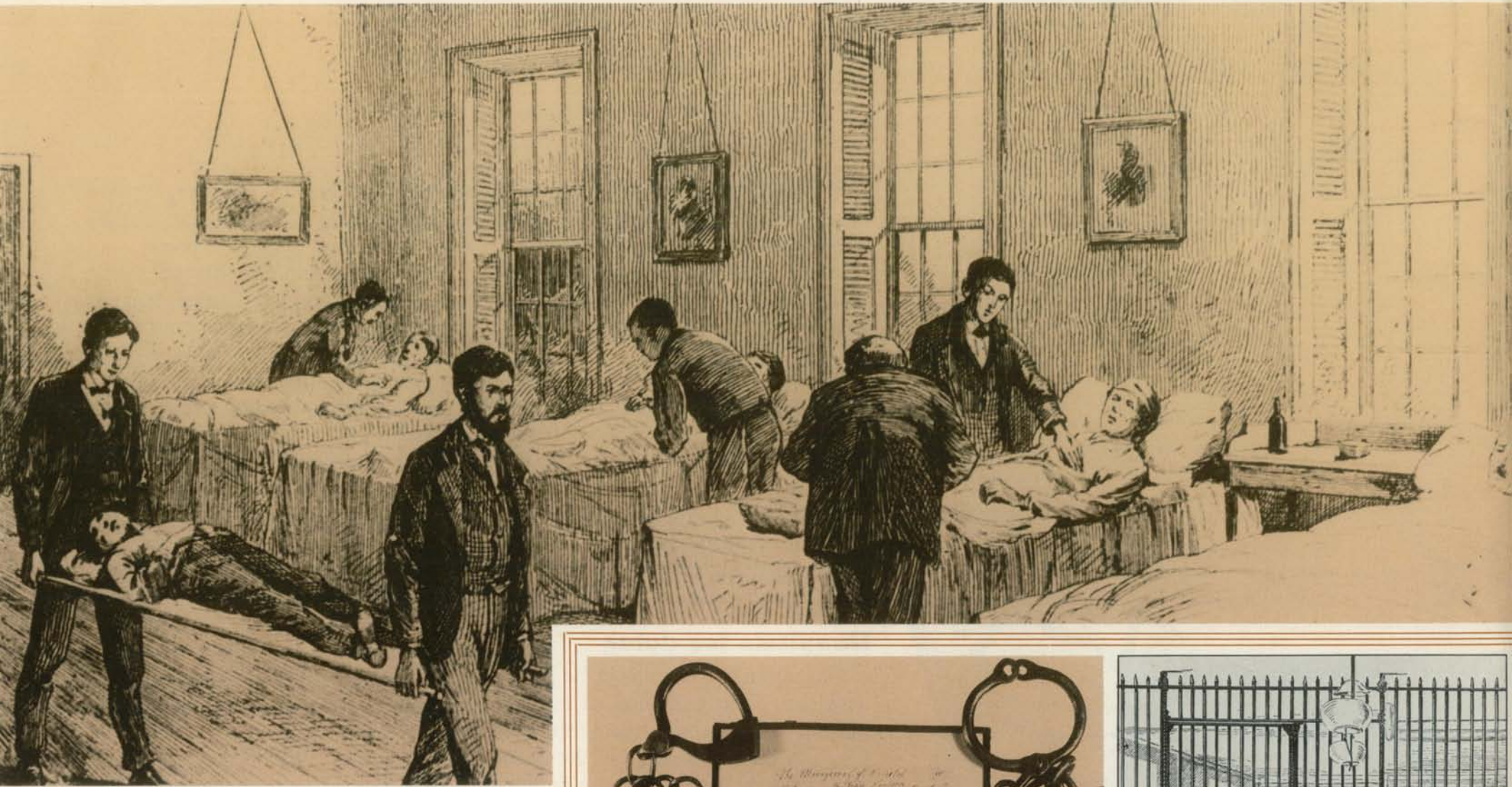
Sickness was often viewed as a punishment from God. The function of the hospital, thus, was looked upon by many as contrary to divine law. Many people rejected the idea of working in these hospitals—even when they needed a job.

When so-called "respectable" citizens became ill, they were cared for at home. There, surrounded by loving families, they could expect to get the tender care they needed. If they had to face death, they wished to be in familiar surroundings, attended by relatives and friends.

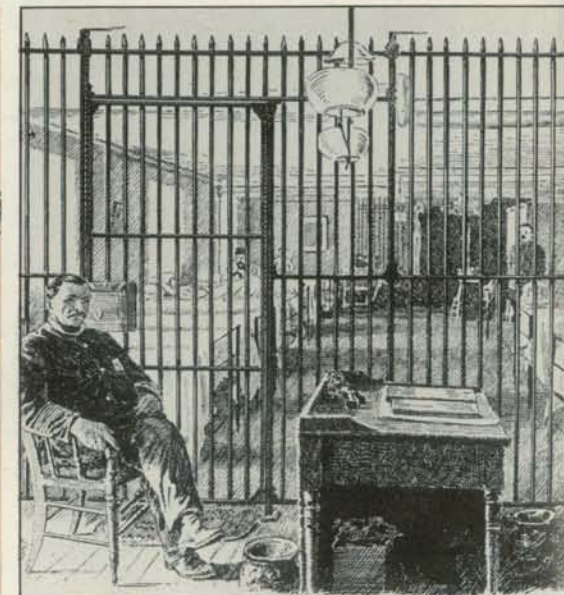
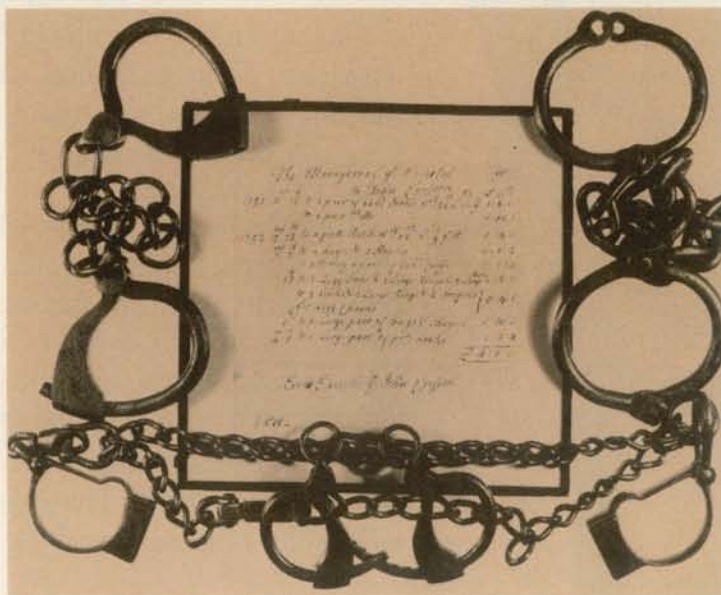
Moreover, without laboratories and equipment for diagnosis, the early hospital gave the sick no better treatment than they could receive at home.

However, as the middle class of the cities began to grow, there was an increasing demand for better care for the ill. More and more patients were willing to pay for that care.

Thus the private "voluntary" hospital emerged, financed largely by voluntary philanthropic gifts as well as patient fees. The first really successful effort in the United States to establish



Orderlies (above) carry new patient into ward at New York Hospital in 1871. At right is facsimile of bill for chains supplied to Philadelphia's Pennsylvania Hospital in 1752. Equipment was used to secure the mentally ill to stone walls of cellar wards. The barred room in engraving is the prisoners' ward at Bellevue Hospital in New York in the 1870s. Payroll of the New York Hospital for December, 1803 is shown on facing page. Monthly wages of workers are shown in English pounds and shillings, the currency still used in New York in that period. The pound was roughly valued at \$4.80.



Received of Jotham Post
the sum sett against our
respective names, which is in
full for One Months wages,
due us from the New York
Hospital for December 1803.

Phebe Underhill	her	— 2.. 8.. 0
Mary Riley	mark	— 2.. 8.. 0
Mary Graves	her	— 1.. 12.. 0
Elizabeth Patterson	her	— 2.. 8.. 0
Lydia Paxton	her	— 2.. 16.. 0
Ann Doile	mark	— 2.. 16.. 0
Phillis Williams	her	— 2.. 8.. 0
Robert Earl	her	— 2.. 16.. 0
Mary Oberlin	her	— 2.. 0.. 0
Sylvia Myers	her	— 1.. 12.. 0
Marriott Graham	her	— 1.. 12.. 0
John Forbey	her	— 1.. 4.. 0
Roger M. Man	her	— 4.. 8.. 0
William Smilee	her	— 3.. 4.. 0
Joyous Williams	her	— 2.. 0.. 0
John M. Dougall	her	— 4.. 8.. 0
Jack Myers	her	— 2.. 16.. 0
Elizabeth Harrison	her	— 2.. 0.. 0

such an institution came in 1751 in Philadelphia with the opening of Pennsylvania Hospital. The second oldest hospital, New York Hospital, was founded in 1775.

The development of hospitals in the United States was slow. By 1825, New York City had only two more hospitals, one general and the other an eye and ear infirmary. General hospitals had also been established in Boston, Baltimore, Cincinnati and Savannah.

Dirt, rats and darkness

Because hospitals had little money and were considered not very important, conditions in most hospitals—for patients and staff alike—were miserable.

Hospitals in early America were often converted from abandoned buildings. They were poorly equipped, small and dirty, without plumbing or heat, ill-lit and rat-infested.

It was sometimes the practice in these institutions to crowd several patients into one bed, regardless of the type or seriousness of their illness. It made no difference if one was suffering from a contagious disease, an individual who was only mildly ill might be placed in the same bed. It was not uncommon for a patient, on awakening, to find himself in bed with a corpse.

There were many reports of unspeakably foul conditions. One stated, "Careless and prolonged bathing of puny infants in cool or damp rooms is responsible for many a death. Hard and uncomfortable beds, often teeming with vermin; a scarcity of towels and handkerchiefs; the insistence upon one woman wet-nursing two infants, or having charge of fifteen or twenty little children, a job sufficient to tax the energies of three or four women . . ."

Epidemics which ravaged American cities regularly caused widespread terror. In frenzied efforts to combat such plagues, entire homes were sometimes boarded shut with living victims still inside.

The threat of these epidemics did much to encourage a new attitude towards hospitals. In New Orleans in 1853, an epidemic of yellow fever caused chaos and made the function of the hospital clear to all.

In New York City, a series of yellow fever epidemics between 1794 and 1822 led to a public demand for places in which to shelter the sick. The epidemic struck so severely in 1794 that the city was forced to provide a place: a large estate on the East River called Bellevue was purchased for this purpose.

Experience proved that nailing



'Rats in the hospitals'

In the mid-1800s Americans still looked upon hospitals as places where only the poor and hopelessly ill went to die. Hospitals, overcrowded, dirty and lacking laboratories and diagnostic equipment, were held in little regard.

The publication in 1860 by Harper's Weekly, a foremost journal of the day, of an article exposing conditions existing at

Bellevue Hospital shook New Yorkers and brought demands for hospital reforms. Written by Alexander Hadden, the article was titled "Rats in the Hospitals." It was chillingly illustrated by the engraving reproduced on this page.

"We give herewith," Hadden wrote, "a picture of the beds in Bellevue Hospital in this city, in one of which the new-born child of Mary Connor was eaten by

rats on Monday morning, April 23. All the hospital authorities state the building is swarming with rats, as many as 40 having been killed in the bathtub in one evening, and Mary Connor herself mentions that in her agony, she felt them running over her body.

"Not only the rats, but the officials need some sweeping out," the writer concluded.





This drawing from Frank Leslie's Illustrated Weekly, Sept. 29, 1892 was captioned "Removing a cholera suspect from a house on Second Ave."

houses closed could not stop the spread of dread diseases.

It became increasingly apparent that medical treatment was the only recourse. For this, hospitals were needed. And, if there were hospitals, there also was an urgent need for workers to run the hospitals.

What kind of people worked in the early hospitals? What kind of conditions did they face?

Insecurity and low wages

The jobs of most American hospital workers—from the start to the present—involved insecurity, low wages and disagreeable and dangerous working conditions.

Only the least privileged were willing to take such jobs. The New York Commission on Hospital Care described hospitals in the 1850s this way:

"... dirty, unventilated and contaminated with infection. The only lay [nonreligious] nurses who could be obtained were women who could get no other employment and were willing to include menial tasks with nursing. Their work was practically no nursing service at night except for childbirth or in the case of impending death, at which time a 'watcher' would be hired."

In 1872 a small group of socially prominent, civic-minded women visited hospitals and wrote of conditions they saw there. They reported that at Bellevue Hospital, three night watchmen made the rounds of 600 patients. Not infrequently, the watchmen drugged patients who were likely to demand attention; and themselves drank the stimulants that had been prescribed.

"The nurse, whose wages are \$16 a month, seemed kind, willing and obliging, having been six years in the city hospital," the report stated. "We visited the kitchen which is across the open court, at least 100 feet from the door of the hospital. All food must be brought by hand this distance, in all weather, to all parts of the hospital. There is one cook for all the patients."

Inmates of prisons were often recruited to serve as nurses. This practice was an outgrowth of the old almshouse where all types of people—the sick, the insane and the criminal—were crowded together under the worst possible conditions. Many early nurses were prostitutes and drunkards who were paroled if they agreed to work in the hospitals. Unless workers were recruited in this way, it was difficult to obtain any help at all.

Hospital employees were temporary. Few could stand their own disgust



First hospital pharmacy in colonial America was established in 1752 at the Pennsylvania Hospital in Philadelphia. Above photo shows the apothecary as it appeared in the 1880s. Uniforms of nurses in photo (right) taken in 1870s were the first in general use by American nurses. The uniform was designed by Euphenia Van Renssalaer, nursing student. The Diet Table lists four types of diets provided Pennsylvania Hospital patients in the 1760s. Below right is Rochester General Hospital nurse in early 1848 photo.



DIET TABLE.

DIET, No. 1.

Barley Water, Rice Water, Arrow Root, Sago,
Tapioca, Castillon's Powder.

No. 2.

Gruel, Rice, Mush, Molasses, Bread, Tea.

No. 3.

Mush, Molasses, Bread, Tea, Vegetables,
Soup.

No. 4.

Vegetables, Soup, Meat.



at the daily working conditions. There were no changes of clothes or sheets for the patients and they were often victims of thieves, who stole their food and possessions.

Hospital workers: victims

"If patients were victims," one study of hospital conditions stated, "so too were the hospital workers. Looked down upon by their society and the times, they were forced to work in institutions under the most miserable of conditions. There were few if any rewards for the long hours and distressing conditions of their work."

Another 19th century observer noted that "the nurse-slaveys of the spitals (The word spital, meaning hospital, was a common usage until the late 1700s.) were also bullied by visiting physicians and surgeons, and by grafting hospital authorities" who begrudged them what little pay was due them.

The most humane nursing of the mid-19th century was provided in hospitals run by religious orders. The members of these orders were fairly well educated and dedicated in their efforts.

The change away from religious control was by no means a happy event in the evolution of hospitals. When the nuns and brothers who con-

sidered working with the sick to be a calling from God were dispensed with, there was seldom anyone to take their places. Only men and women without other hopes—usually poverty-stricken—could be recruited to work for so little at so difficult a task as nursing.

In the 1870s, one report said "all-male wards were cared for by so-called 'orderlies,' who were recruited from [among] convalescent patients having no education or previous training." One visitor reported: "A sick laborer, for example, would, during convalescence, watch the man who attended him and thinking he could do such an easy task, would apply for it as soon as he was able to walk about."

100 patients, two nurses

In the Rochester General Hospital in this period, there were 100 patients in the main building and east wing cared for by two nurses, with one maid in each ward to assist them. One took maternity and surgical, while the other had all the private cases.

A seamstress was paid 38 cents for a 14-hour day; board was \$1 to \$1.25 a week. Store workers were luxuriating in a 7 p.m. closing, for they had been successful in doing away with the former 9 p.m. closing hour, which they had said was "altogether too late to

Union soldiers of the Army of the Potomac, wounded in the climactic 1864 Battle of the Wilderness, at military hospital in Fredericksburg, Va.





Black Civil War nurse

Susie King Taylor (shown at left) was born a slave in Georgia in 1848. She became one of the earliest black nurses in 1862 when she joined the Union forces during the Civil War.

As a youngster in Savannah she had illegally learned to read and write in a clandestine school. At the outbreak of the Civil War she joined a Union force on St. Catherine Island off the Georgia coast.

Union officers encouraged the young woman to teach other ex-slaves on the island to read and write. Emphasis was placed on teaching the black troops who made up the First South Carolina Volunteers, earliest black regiment organized by the Union Army.

Mrs. Taylor was officially assigned to the regimental laundry but soon included in her duties cleaning the guns and nursing the sick and wounded. She briefly worked in a Beaufort, S.C. hospital run by Clara Barton, founder of the American Red Cross.

"I taught many of the comrades in Company E to read and write when they were off duty," Mrs. Taylor wrote in a 1902 book, "Reminiscences of My Life in Camp." "I was glad, however, to be allowed to go with the regiment to care for the sick and afflicted comrades."

After the war she settled in Boston where she worked as a domestic. She frequently traveled to the south and made poignant observations on lynching, disenfranchisement of blacks and the growth of segregated institutions.

afford us the means to enter into the society of others whose restraining influence would at once refine our manners and purify our hearts."

Lectures instead of raises

Instead of higher wages, hospital workers sometimes got moralistic lectures. On March 20, 1876, a letter to the employees of Presbyterian Hospital from Jane Stuart Woolsey, Resident Directress, stated:

"Despite all underhand and round-about causes . . . walk straight forward with your faces toward the light . . . Despise and discountenance gossip and tattle . . .

"There is a large class of persons in our institution whose sickness is the direct result, not of misfortune, but of vice and shameful living . . . While they are helpless in your hands, you have nothing to do with their guiltiness, only with their suffering—and the word or two you may find a chance to drop may do them more good than you will ever know . . .

"Save your earnings and lay them by for a rainy day. Keep yourselves always neat and bright, but spend the least possible sum on your persons."

By the turn of the century some rules read: "Only such books, pamphlets, newspapers, and packages are allowed in the wards as are approved by the Pastor and Superintendent."

Another rule applied even to patients: "Profane or indecent language, irreverent behavior at the services of religion, the expression of immoral or infidel sentiments, and the like, are offenses for which a patient will forfeit his place in the hospital."

No chairs for the maids

A hospital report of this era said: "Maids, who gathered and disposed of New York's Bellevue Hospital's vast production of slops, lived in a dormitory containing, within its space of 45 by 36 feet, no less than 31 beds, together with concomitant commodes. These poor souls even lacked chairs to sit on. Off duty, they sat on their beds and stared hard at their chamber pots, or reached for the pint of gin tucked beneath the mattress. Their wages: \$10 a month.

"Moved, the trustees gave them chairs. Hard ones, to be sure, but chairs. They also, in a fit of generosity, transferred some of the maids—we





Lone worker tends laundry room at Metropolitan Hospital on Blackwell's Island in 1896. The island in New York's East River was later renamed Welfare Island and recently changed again to Roosevelt Island. It is present day site of Bird S. Coler Hospital. Worker with long-poled feather duster (above) was a New Haven Hospital orderly and housekeeper in the 1870s.

imagine them as being the younger and prettier ones—to the carpenter shop on the second floor of the old boilerhouse.

"Meanwhile, they overhauled the medical college building and eventually converted it into dormitories. They also asked the board of estimate for an appropriation to increase the wages of the employees and thus improve the type of worker. Turnover of personnel in this era of cheap labor ran from 40 to 50 percent a month . . .

"All types of hospital work were underpaid . . . Either the poor creatures quit of their own accord, or were kicked out for incompetence or drunkenness."

Civil War spurs hospital construction

The American Civil War (1861-65) with its horrible toll of casualties and deaths, called attention to the need for more hospitals and trained hospital workers.

Walt Whitman, America's greatest poet, was deeply moved by the need of wounded and dying soldiers for nursing care. He spent time in Washington, D.C. as a volunteer hospital nurse.

The Civil War influenced the extension of hospital building and made

thousands of men and women into hospital workers. A number of western hospitals were founded shortly after the war. In Chicago alone five were opened in rapid succession.

One great medical center of New York City, The Presbyterian Hospital—had its origin after the Civil War. Two other New York institutions of importance at that time, the Polyclinic Hospital and the Cancer Hospital, (now known as Memorial Hospital for Cancer) were organized in 1881 and 1886. Johns Hopkins Hospital in Baltimore was founded in 1889.

In these early hospitals, trained nurses were unknown. Women were hired without any education in the care of the sick, and usually without any education at all. The men employed to attend male patients—women did not take care of men—had no better training.

The realization grew that formal training for nurses was a necessity. One visitor to a New York hospital in the late 1800s reported: "When I walked through the wards of Bellevue Hospital . . . I saw at once that no permanent improvement of the condition of the hospital could be made until the nursing service was radically changed, and this could only be accomplished through the establishment

OT derls			Pr. Mo.
1899	25	Arthur H. Turner	20
		Additional for sleeping out (4.00)	24
g	8	Left abruptly, without warning or explanation	
	27	William C Mc Donagh	20
		Additional for sleeping out (4.00)	24
	2	Discharged Dissatisfaction	
	27	George Curry	20
		Additional for sleeping out (4.00)	24
		Worked 1 day + left abruptly	
	27	Harry Van Keuren	20
		Additional for sleeping out (4.00)	24
	30	Left voluntarily work to	
99	31	Wilmot K Rhofart	1894
		Additional for sleeping out (4.00)	
Aug	6	Left voluntarily work to	
1899			

Kitchen Maid			Pr. Mo.
		Maggie Walsh	12

Maidservant and Waitress			Pr. Mo.
July 1896	10	Mary Kent	
Jan 1898	1	Discharged - Sick	
Jan 1898	1	Returned to	
Sept 1891	1	Left voluntarily	
May 1895	1	Margaret Clark	
June	15	Discharged. Impudent + abusive	
1891/160	1	Mary Heffern	
May	2	Left voluntarily. Sickness	
1891			
May 1903	7	Mary Allen	
Feb.	28	Discharged. Disobedience	
1891/127			

Laundress			Pr. Mo.
293	1	Annie Doyle	12
	1	Discharged. Continued treatment	14
	16	Julia Harris	
	1	Discharged. Inefficient	
	1	Nora Kelly	
	10	Transferred to Kitchen Maid -	12





Engraving above depicts a busy visitors' day in ward of a hospital in the 19th century. At left is a Sister of Charity. A Baltimore order of Catholic nuns, the Sisters of Charity operated Charity Hospital in New Orleans in the early 1800s. Facsimile of payroll sheet shows monthly wages of \$12, \$14, \$20 received by hospital workers in the 1880s and 90s.



Housekeeping workers (top photo) scrub floors of ward at Metropolitan Hospital located in 1896 on what was then named Blackwell's Island, now Roosevelt Island, in New York's East River. Above, laundry workers are shown in 1900 photo at the Staten Island Nursery and Children's Hospital, a division of the New York Hospital. Dietary workers, at right, in 1896 hospital kitchen on Blackwell's Island prepare delivery of meal to ward.





of a training school for nurses.”

There were those who opposed training people to become nurses. One distinguished surgeon said: “I do not believe in the success of a training school for nurses at Bellevue Hospital. The patients, as a general thing, are such a difficult class to deal with and the service is so hard that the conscientious, intelligent woman you are looking for will lose heart and hope long before the two years are over.”

Nursing schools opened

However, under the influence of English nurse Florence Nightingale and her revolutionary ideas, and under pressure from groups of women who demanded that training be offered, nursing schools were begun. In 1873 the Bellevue School of Nursing opened. Later New Haven Hospital, Massachusetts General Hospital and Rochester General Hospital also established schools.

The 19 graduates of that first Bellevue class soon proved to the medical profession the tremendous advantage of scientifically trained nurses. Nurses thus became the first specialized hospital labor in the nation. They formed the American Nurses’ Association in 1911, which, among other aims, sought improved wages.

The work of such pioneers in medi-

cal practices as Florence Nightingale, Dorothea Dix and Clara Barton gradually brought about a transformation. With great energy, Florence Nightingale brought order and cleanliness. She organized diet kitchens, a laundry service and departments of supplies, often using her own funds. But for much of the period, nursing was still looked upon as the “last resort of fallen women.”

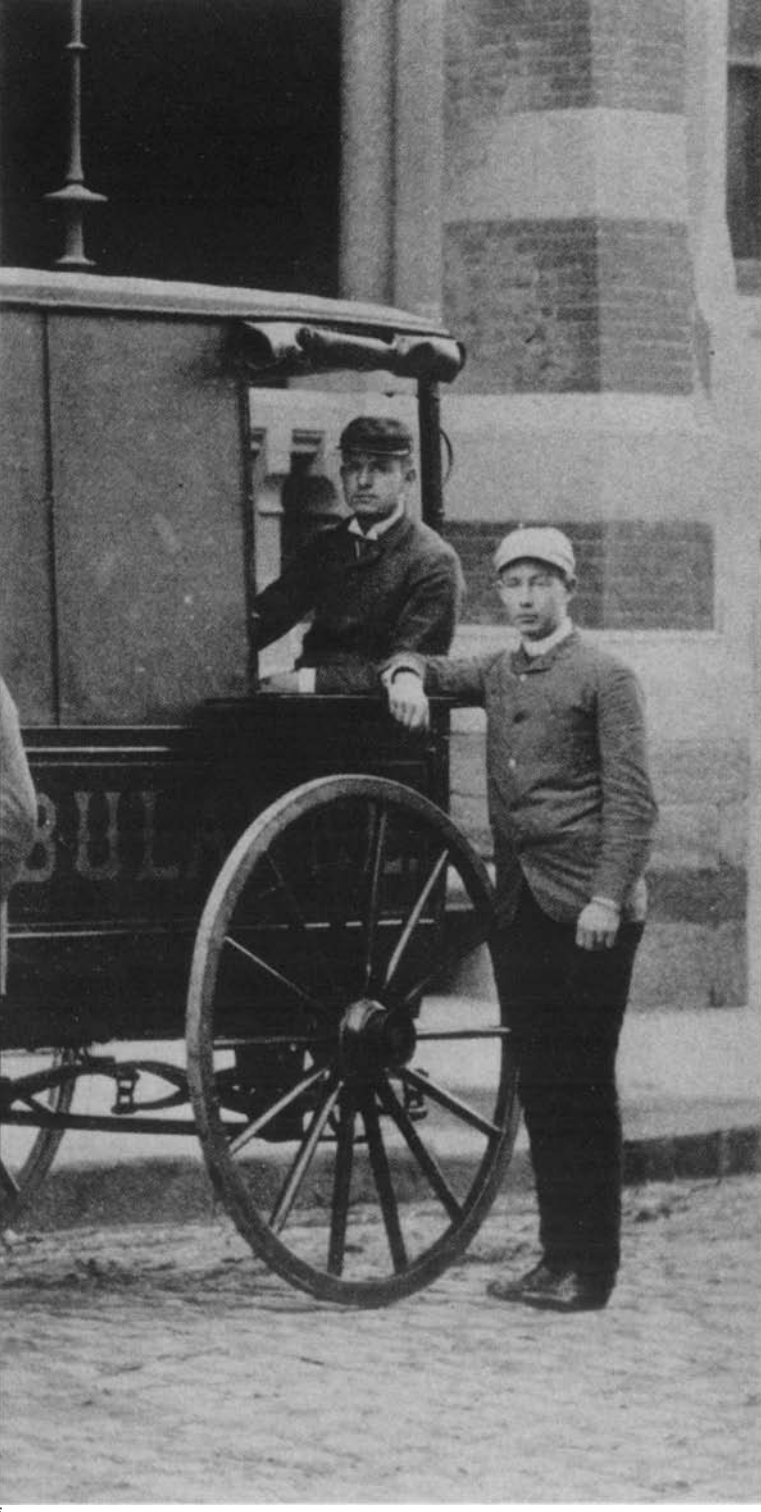
Linda Richards was a pioneer hospital nurse of the 1870s. She inadvertently established the custom of written reports. One night she jotted down a few notes about a case for the day nurse who was to take over. The doctor of the division, happening to see them, thought they were intended for him. He liked them so well he made written reports a part of hospital procedure.

The Civil War brought other changes in health care, particularly the popularization of surgery as a means of preserving life. The continued success of surgery could be made possible only by the establishment of hospitals

Surgery required well-equipped rooms and well-trained assistants. No longer was the kitchen table adequate for the heroic work that in the past had so often ended in death. In addition, post-operative nursing care became a necessity and a reality. This required



An 1890 emergency medical crew at Presbyterian Hospital in New York poses with horse-drawn ambulance of the period.



hospitals, training schools and a variety of specialized employees.

Immigrants require hospitals

Then, too, immigrants began arriving in the United States by the hundreds of thousands, crowding into the new cities, living under the worst possible conditions. The death rate was appalling. A large proportion of immigrants fell victim to tuberculosis spread by poor housing, malnutrition, unemployment and overcrowding.

Efforts made by health officers and others to better housing and sanitation conditions often met vigorous opposition from landlords. Slum homes were a profitable investment.

One New York health officer stated: "It is estimated by the City Inspector that 18,000 persons live in cellars . . . many . . . below tide water . . . These are the places in which we most frequently meet with typhoid fever and dysentery during the summer months."

The streets were partly boarded over to protect pedestrians against mud and excrement underneath. It is not surprising that in the summer of 1842 an epidemic of typhus broke out.

One summer in the early 19th century, 1,400 people died from cholera in New York alone. "People die daily of cholera to the number of two or three hundred," one report stated.

In addition to attracting immigrants from overseas, the Industrial Revolution created the factories that drew farm workers to the cities and caused craftsmen to abandon home shops. The home was thus no longer the center of life. The sick no longer could depend on families to treat them at home. Family members had to work long hours in the new factories. Even children toiled in the factories and mines.

Industrialization and health care

The rise of industrial accidents in factories and of illness in the slums created a need for places other than squalid homes where the injured and sick could be treated.

Another important influence in the rise and expansion of the American hospital was the increasing use of the hospital by more affluent patients. One prominent sociologist said the most decisive single element in the history of an institution such as New York Hospi-



In 1896 photo, above, family members and ambulance attendants look on as stretcher bearers carry patient to vehicle for trip to hospital on Blackwell's Island. At right, nurses tend children at Nursery and Children's Hospital, Staten Island branch of New York Hospital. On facing page, nurses descend stately spiral stairway in the Vanderbilt Pavilion at St. Luke's Hospital in New York. Pavilion was opened on its present-day Morningside Heights site in January, 1896. The pavilion is still there but the stairway has given way to the high-speed elevator.





tal was the move by members of the upper social class—which traditionally only gave financial support to hospitals—to start using the hospital as patients!

This began as early as the mid-19th century, but was hastened as science made hospitals safer.

Thus the hospital evolved from mere custodial institutions supplying food, shelter and a minimum of medical care to the poor, strangers, seamen and the insane. Hospitals increasingly developed into institutions where medical attention was provided to all. The hospital shifted from providing a gruesome death watch to providing treatment, care and recovery.

The new technology

All this indicated a growth in understanding of the need for centralized medical assistance and in concern for people's health, especially as hospitals became the depository of medical technology.

Though not put to practical use immediately, ether was soon to take away some of the horror that hospitals had engendered in the public mind. Close upon the heels of this achievement came the first use of chloroform as an anesthetic in 1847.

Another landmark came at the end of the 19th century when Joseph Lister showed that healing of wounds could be hastened by the use of antiseptics to destroy disease-bearing organisms.

The discovery of anesthesia and the principle of antisepsis were two profound influences in the development of the modern hospital.

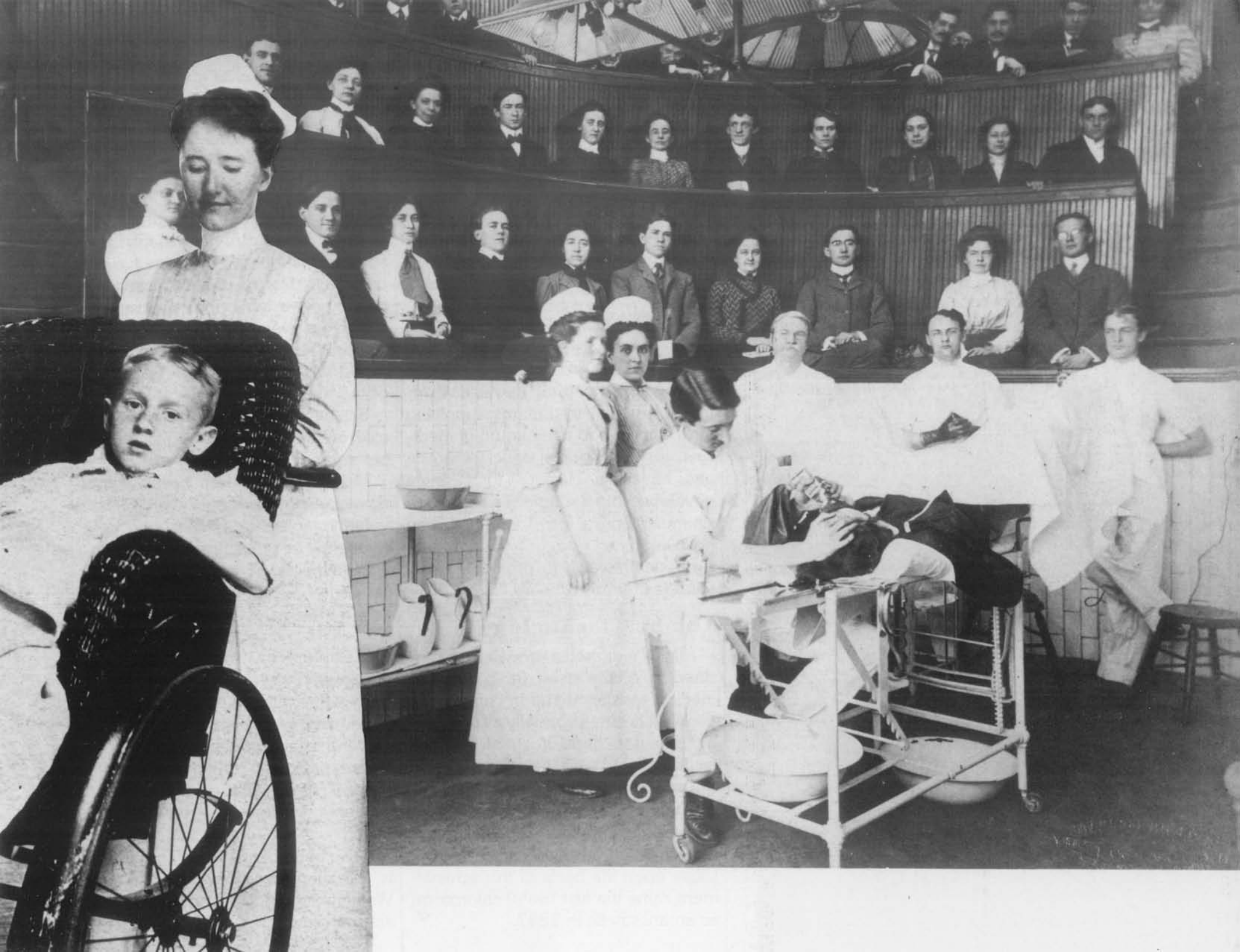
Scientific progress thus made the role of the hospital essential to the community.

Most of the modern hospitals that now came into existence were private voluntary hospitals, rather than governmental or public institutions.

With the rise of the voluntary hospital came certain concentrations of power in the hands of hospital trustees. Then as now, trustees sought economies at the expense of employees' wages.

As an example, the Prudential Committee of what is now Yale-New Haven Hospital sought in 1878 to reduce expenses by cutting the hospital's payroll. Such actions—growing in number over the years—brought criticism.

"The bane of too many institutions is too many trustees," Dr. Jerome Walker wrote in the *Brooklyn Medical Journal* of August, 1890. "Some of the



OF THE

And adopted July 1855. by

For Office prescription, 25c to \$1	Reducing dislocated elbow 5 to 15
" Each visit in town, 50cts	" " wrist 5
" " subsequent mile, 25 to 50c	" " hip joint 15 to 20
" Night visits an addition of fifty to one hundred per cent.	" " ankle 10 to 20
" Way call, 50cts	Amputation through tarsal or metatarsal bones 10 to 20
" Extraordinary detention with a patient twenty-five to fifty cts. per hour.	Extracting teeth each 25cts
" An opinion in writing or special advice, from \$1 to 5	Venesection & Vaccination 50 to \$1
" Consultation visit, from 1 to 3	Cupping
Mileage to be added,	Excising large tumors \$10 to 50
" Prescription for Gonorrhea: fee in advance, from 5 to 20	do small ones 1 to 10
" Prescription for Syphilis fee in advance, 10 to 50	do Hemorrhoids 5 to 15
	do Enlarged Tonsils do 10
<i>Obstetrics.</i>	Operation for necrosis and exostosis 15 to 20
For Natural case of delivery \$1 to 5	Important operation on eye 25 to 50
" Instrumental case " 8 to 15	Minor " 5 to 20
" Extracting placenta 2 to 5	Reducing hernia and applying truss 1 to 5
<i>Surgical Operations.</i>	Dressing recent wounds, opening abscesses, introducing setons or issues 50 to \$5
For all capital operations, amputations, lithotomy, hernia, trephining, &c. \$30 to 100	Extirp'g polypus from nose \$20 to 10
For adjusting fractured femur, 10 to 25	do do uterus 15 to 30
" " " tibia & fibula 10 to 15	Operation for fistula in ano or perineo 5 to 25
" " " humerus 5 to 10	Passing catheter or bougie 1 to 5
" " " radius & ulna " to 10	Paracentesis, thoracic, abdominalis or vesicus 2 to 30
" " either 5	Operation for hydrocele, 5 to 50
Reducing dislocated shoulder 3 to 5	Tying large arteries in recent wounds 5 to 30
	Operation on hare lip 10 to 20

Thus a change took place both in the duties of hospital workers as well as in the background of workers them-



At left, Bellevue Hospital ambulance crew handles an emergency call on New York street in the early 1900s. In 1928 photo, below, mother and x-ray technician position frightened baby on table at New York's Mulberry Health Center.



selves. Unfortunately, although demands for and on hospital workers increased, the low pay and undesirable working conditions continued.

Tradition: keep wages low

Traditionally, American hospitals tried to keep costs down by employing workers at less than prevailing wages.

Long hours and speed-up became the main grievances. This applied to many employees, including nurses. On their feet for 10 or 12 hours a day; never allowed to sit in the presence of a physician, a supervisor or even a patient; emptying bedpans and taking temperatures; nurses worked long hours for very low pay. In the 1930s, a 12-hour shift was the rule in most hospitals.

One young woman recalled how it was entering nurses' training school around the turn of the century:

"Probation days occupied a three months' term, the entire course of training three years. The term 'probationer' is no longer used. Entering students are called 'pre-clinical,' but the name 'Probie' still clings to the new student. We were dressed in long gingham dresses of our own choosing and long, full, heavy, white aprons made of sheeting, black boots and black stockings. Hair arrangement was of extreme importance.' It must be

Mother, at right, receives instruction on proper diet for her children from nutritionist at the Columbus Hill Health Center, West 63rd St., New York. Photo taken in 1929. Below, nurse examines kindergarten child as part of health care program started in public schools in 1909.





worn in a knot on top of the head, and up to your room you were sent to rearrange it if it didn't look neat. . . ."

A telephone operator at Roosevelt Hospital in the 1920s told of witnessing a holdup in the hospital office by seven masked men, and said she was struck on the head with a revolver.

Despite this, she managed to hide a box with the nurses' payroll from the robbers and succeeded in notifying the police.

"My reward from the hospital was a large piece of salmon," she recalled.

Some of the problems of hospital workers when new equipment was put into use were recounted by one employee:

"Roosevelt Hospital had one of the first x-ray machines and certainly one of the first x-ray departments. . . . Because of the newness of x-ray and the lack of knowledge of its power, radiology was a very hazardous profession. One of the first problems was the protection of the radiologist against his machine.

"In the early 1900s, missing fingers were a distinguishing mark of the profession. Roosevelt was in the foreground of the development of the safeguards to the operators who now

handle machines many times more powerful than they were then."

Inevitably, conditions under which hospital employees were traditionally compelled to work brought demands for reform.

Efforts to bring change dated from the post-Civil War period, when the group of socially prominent women mentioned earlier visited New York hospitals and was shocked at conditions under which both patients and employees existed.

Demands for reform

In 1872 these women organized the State Charities Aid Society to investigate conditions in the New York City hospitals. Their findings led them to promote a training school for nurses as one of the most pressing needs.

As hospitals became increasingly vital in the community, the role of the hospital worker became accepted as essential to the general health. But it was many years before the first union organizing efforts championed the cause of hospital employees. They remained among the most exploited of all American workers.

The first known attempt to unionize



The Triangle Fire

Early hospital patients were brought in by their families or, in accident cases, by the police. In 1877 New York City established the first ambulance service. For the next 33 years horse-drawn ambulances careened through the cobbled streets of the city, answering emergency calls and delivering patients to the hospitals.

One of the first motorized ambulances in New York was called into use at the Triangle Shirtwaist fire in the spring of 1911. The fire, in a building at the corner of Washington Pl. and Greene St. in Manhattan, took the lives of 146 women workers employed by Triangle, a ladies garment industry sweatshop typical of the period.

The motorized ambulance sent to the scene by Beth Israel Hospital was used along with horse-drawn vehicles from St. Vincent's and Bellevue Hospitals to carry off the dead and badly burned victims.

The tragedy also produced innovations in skin graft techniques and tested the infant field of psychiatry in its treatment of the workers who were mentally deranged by the ordeal of the Triangle fire.

At left, New York's 1911 Triangle Fire brought death to 146. First motorized ambulance (left) introduced at New York's Beth Israel Hospital was dispatched to scene of fire. Below, pre-natal clinic training given in early 1920s at Bellevue's Training School for Midwives.



hospital workers took place in San Francisco in the spring of 1919. The issues were shorter hours and improved working conditions.

12 hours a day for \$36 a month

A September, 1919 New York newspaper reported an early effort: "Uncovering another sore in the body social, the hospital attendants of New York, whose occupation is one of the most backward in the ranks of professional labor, have decided to organize and to start propaganda showing up the degrading conditions under which they work . . .

"The work day is 12 hours; the wages \$36 a month . . . meals are often unwholesome and the conditions of work dangerous, the men being constantly exposed to virulent diseases."

In a 1919 organizing leaflet, the union stated: "The work of the hospital attendant is as difficult and as tiresome, if not more, than work in any other trade. He takes care of 36 patients, attends to all their needs and does not get a minute of rest during his work. Besides that he is in danger of contracting the various diseases. . . ."

It was not until the 1930s that the first large union drive was launched in hospitals. In 1936 the American Federation of Labor organized engine room, laundry and dietary employees as well as nurses' aides and orderlies in

three San Francisco-area hospitals. Recognition quickly spread to other facilities in the area.

There were occasional efforts in the 1930s to combat wage cuts and improve conditions of hospital workers. In the winter of 1933, the New York State legislature was asked to extend the existing eight-hour law to include thousands of nurses, attendants and others in mental hospitals.

"Within these fine buildings," stated leaders of the effort, "working conditions are appalling . . . nurses, attendants and other personnel labor 12 hours a day in stretches of 25 consecutive days, under the most arduous conditions . . .

"Any fair measure of relief for these employees would provide work for thousands of worthy men and women who today are appealing for state and city relief.

"Under the proposed reduction in the pay of state employees," the union spokesman said, "workers in the hospitals would be reduced from 10 to 25 per cent, wages now ranging from \$80 to \$40 a month. Any such slash as this in wages barely meeting a livable standard seems nothing short of criminal."

The Depression of the 1930s caused widespread unemployment, wage cuts and misery. It also caused millions of Americans to decide to join unions. This was encouraged by President Franklin D. Roosevelt and his New Deal.

Date of Appointment	Name	Dept.	Position	MONTHLY SALARY		DATE	
				Initial	Final	Resignation	Disch.
11/4/36	John Humerik	Adm.	Rec. Wd Porter	50-	55-	7/24/37	
11/23/36	Gertrude Harmon	Softw	Gen. Duty	65-	65-	7/29/37	
11/26/36	Catherine Henry	Softw	Gen. Duty	65-	70-	6/25/37	
11/27/36	Frank Hesych	Dietary	Kitchenman	50-	50-	11/11/37	
11/30/36	Leonard Hillstrom	Wok	Orderly	50-	50-	12/20/36	
12/27/36	Clifford Harrison	SPP	Orderly	45-	45-	12/6/37	
12/2/36	William Murphy	Diet.	Kitchenman	50-	50-	12/4/37	
6/15/37	Shen Hall	PP	Elav Op.	50-			
6/17/37	Maurice Halle	M. N.	Hallway	50-			
1/4/37 1/2	Alice Hauck	Dietary	Waitress	40-			
1/5/37	Mona Hannahan	Softw	Mess. Aid	40-			
1/25/37	Norma M. Hughes	Softw	Gen. Duty	65-			
1/26/37		Eng	Carpenter	450-			
		Softw	Gen. Duty	70-	70-		
	Hastings	Softw	Gen. Duty	70-			
		Softw	Gen. Duty	70-			
			Porter	50-			
				50-			



Sick Relief
 Quarrels me
 Sick Relief
 Absence of work

Private Duty
 Take long vacation

Sick Relief

Private Duty

Autopsies in
 Sac. Relief
 Dislike for
 General Duty



New York Hospital telephone operator (left) at her board in the 1930s. Photo is superimposed on Mt. Sinai payroll sheet of late 1936, early 1937. Top photo, patient and technicians in x-ray room at Chicago's Augustana Hospital in 1920. In above photo are maintenance workers at the New York Hospital plant in 1939.

Many of these workers had never been in a union before. For the most part, the millions who made up the new industrial unions included sections of the population that had previously not been considered organizable.

Organizing the unorganized

The new union members — both CIO and AFL — were largely untrained and not given an opportunity to develop their skills to the maximum. They were mostly low-wage workers from the mass-production industries and institutions where working conditions were at their worst.

Into the new unions came millions of women workers, blacks and other minorities, who had never before had the opportunity to join a labor organization.

The new unions extended the benefits of organization to black and

foreign-born workers who most often got only the most dangerous, hottest, dirtiest, heaviest and most insecure employment.

But the new unions of the 1930s failed to organize significant numbers of hospital workers. The labor legislation that provided collective bargaining rights for other workers excluded hospital workers. Hospital workers were also excluded from other New Deal social legislation that provided disability benefits, unemployment insurance and minimum wage protection.

An example of the logic that led to these exclusions is the following comment by Republican Senator Carl Curtis (R-Nebraska) during debate over a proposed extension of minimum wage coverage:

“My purpose is to exempt from the provisions of this law the voluntary hospitals. These are splendid organizations which provide some employment and some income for people who

In 1968 New York's hospital workers achieved an historic breakthrough. Workers who only 10 years earlier had earned \$26-32 a week won a \$100 minimum in that year's contract. Today, less than 10 years later, the hospital minimum is \$181. Average base rate is now \$228. The determination and fighting union spirit of workers like those on the 1959 Mount Sinai picket-line and those in the 1968 contract fight won a measure of respect and dignity for all in the health care field.



would otherwise not have any . . . I think of these charitable, nonprofit hospitals which seek to hold down their labor costs in order that their funds may reach more needy people . . . Many employees serve as a labor of love, as a matter of dedication, yet they must receive and do receive some wages."

With this attitude prevailing in Washington and in state legislatures, workers in voluntary hospitals were forced to remain involuntary philanthropists. They watched from the sidelines as workers in other industries made rapid progress through the 1940s and 1950s.

Full-time work at part-time pay

In New York City in the late 1950s thousands of full-time hospital workers had to seek supplementary assistance from welfare agencies in order to support themselves and their families. In effect, they were full-time workers at part-time pay.

Hospital workers in 1959 were paid as little as \$26 for a six-day, 48-hour week. Laboratory technicians with Ph.D's made \$60 a week. There was no job security and little chance for advancement. Split shifts were com-

mon with unpaid time in between. Overtime with no extra pay and working every weekend were just part of the job. Job classification systems were unheard of. It was a bitter joke that people who worked in hospitals couldn't afford to get sick. Hospitalization benefits for hospital workers did not exist.

Aggravating these conditions was the fact that by the late 1950s, the racial and ethnic composition of the hospital work force had changed dramatically. The majority of the lowest-paid workers in major urban hospitals were blacks. Many were women recently arrived from the rural south whose only previous job experience was in domestic and service work. It was natural for such people to seek work in hospitals.

Many hospitals took this opportunity to strengthen their already paternalistic attitude toward employees. Racism made it even easier to treat hospital workers like children or domestic servants. It was common for some to be asked to work at the homes of supervisors and administrators on hospital time. Refusal meant firing. Demeaning and harsh treatment robbed hospital workers of pride and dignity on the job.

The mass migration of Puerto Ri-

Striking hospital workers (right) march through streets of Charleston, S.C. in historic 1969 strike. Below, Coretta King joins successful 1969 organizing effort at Johns Hopkins Hospital in Baltimore. With her is the late Elliott Godoff, union's national organization director. On facing page, Dr. Martin Luther King, Jr., addresses 1199ers in March, 1968, shortly before his assassination.





Union Power plus Soul Power

"I've been with 1199 so many times in the past that I don't consider myself a stranger. I consider myself a fellow 1199er."

That's how Dr. Martin Luther King, Jr. opened his address at 1199's Salute to Freedom on March 10, 1968, a month before he was assassinated in Memphis. It was one of the martyred civil rights leader's last public appearances.

Dr. King's association with 1199 went back to 1959 when the union opened its drive to organize New York's low-paid hospital workers.

"Your campaign to organize all hospital workers is more than a fight for union rights," Dr. King told 1199ers. "It is part of the larger fight in our nation against discrimination and exploitation, against slums— against all forms of degradation that result from poverty and human misery. It is a fight for human rights and human dignity."

In the merger of union power with the soul power of the civil rights movement, Dr. King saw an unbeatable combination.

It was a combination that, a year after Dr. King's death, produced the historic 113-day Charleston hospital strike of 500 black women workers.

cans and other Spanish-speaking peoples from the Caribbean during this period also served management's purposes. Workers in a new country with an unfamiliar language might be less likely to stand up for their rights.

Besides their exclusion from collective bargaining legislation, there were other reasons few hospital workers were organized by the late 1950s.

The strike weapon was both illegal and frowned upon by a public concerned with helpless patients.

Since hospital workers were among the lowest-paid in the nation, their organization would hardly swell union treasuries.

The tremendous array of wealth and power represented on the boards of trustees of the major voluntary hospitals gave even the strongest unions second thoughts about entering this field.

And some unions were still unwilling to organize large numbers of black and Spanish-speaking workers.

1199 takes on the hospitals

One union was willing to make the effort. Back in 1932, New York City drug store employees under the leadership of drug clerk Leon J. Davis had



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Photos of 1199ers on the job on these and the next two pages show the wide range of skills called for in today's modern hospitals. At left on facing page, operating room technicians assist surgery, an accounting clerk, and x-ray technician checking equipment. Below, an operating room LPN.



unionized in what is now known as District 1199. Twenty-five years later, 5,000 pharmacists, clerks, porters and cosmeticians were 1199ers. They enjoyed the benefits of membership in an effective union, but they also had something else. They had a democratic union with strong rank-and-file participation. And they had a crusading spirit that would not rest until other workers in the health field enjoyed the same union conditions as pharmacy employees.

The big decision was made by 1199's membership in 1958. A small, financially weak drugstore union assumed the task of organizing New York City's big voluntary hospitals. The first target was Montefiore Hospital in the Bronx.

It took a full year of round-the-clock work. Former hospital pharmacist Elliott Godoff, who had already spent 25 years trying to organize hospitals with other unions, led the campaign. Former drugstore porter Theodore Mitchell, now an 1199 vice president, worked with Godoff on a daily basis. Hundreds of drugstore 1199ers joined "crack-of-dawn brigades" and distributed leaflets at the hospital at 6 a.m. before leaving for their regular jobs.

The big breakthrough came when Montefiore agreed to an election and

the workers voted overwhelmingly for the union. News of the victory spread throughout the city. Six thousand workers were organized in a three-month period in 1959 in an organizing crusade reminiscent of the early days of the CIO.

The 1959 strike

The union demanded elections at seven hospitals. But the trustees, hiding behind the exemption of voluntary hospitals from collective bargaining legislation, said "No elections." On May 8, 1959, 3,500 workers walked off their jobs. They stayed out for 46 days in a strike that united the city's Central Labor Council led by Pres. Harry Van Arsdale, the budding civil rights movement and people of conscience against the enormous power of the hospital trustees.

The participation of Dr. Martin Luther King, Jr., A. Philip Randolph and other black leaders in the 1959 struggle symbolized what was to become an 1199 trademark throughout the following decade: the combination of union power with soul power, the linking of the trade union experience with the fervor of the civil rights movement.

Hospital workers didn't win full



A hospital worker looks back

The over-riding issue of the 11-day New York hospital strike in July, 1976 was the determination of 1199 members to resist the hospital managements' attempt to take away contract gains won the hard way over the years.

Many of the 40,000 workers who marched on the picket lines at voluntary hospitals throughout the metropolitan area were in their first strike. But many more were veterans of the union's struggles from the start of hospital organization in 1959. These were the people who remembered what it was like working for poverty wages in hospitals where they couldn't even afford to get sick.

One of them is Gloria Arana, a spirited, 63-year-old mother of three children who went to work in the Mount Sinai laundry in 1942. She was one of the first to join the union in 1959 and went through the 46-day strike which established 1199 on the New York hospital scene.

"When I went to work at Mount Sinai in 1942 I earned \$55 a month," Ms. Arana recalls. "We had no benefits, no protection, no respect. We had no hope until the union came in 1959.

"Today," she adds, "we have the Benefit and Pension Funds to help us when we're ill and give us hope for the future, and my current salary is \$216." Ms. Arana pauses for effect and then, to drive the comparison home, she adds: "And that's \$216 a week, not a month."



From left on facing page are a hospital dietary worker, nurses sterilizing equipment, OR attendants wheeling patient to surgery and a housekeeping employee. Above, lab technician examines slide through her microscope.

union recognition in the 1959 strike. They were forced to strike again at two additional New York City hospitals in 1962. This time a 56-day strike was settled when Gov. Nelson Rockefeller pledged to support state legislation granting collective bargaining rights to workers in voluntary hospitals.

When the law passed in 1963, New York hospital workers finally had the right to vote in union representation elections. The way was cleared for them to organize into 1199. Tens of thousands did.

Changing people's lives

By the end of the 1960s, unionization had brought about an unprecedented transformation in the lives of New York hospital workers. Through 1199 contracts, wages were four times what they had been in 1959. Management paid for a comprehensive health plan, a pension plan and a training and upgrading fund to provide avenues out of dead-end jobs. Hospital workers enjoyed paid vacations and holidays, shift differentials for evening and night workers, free uniforms for those required to wear them, sick leave, severance pay, job security and a grievance procedure.

Hundreds of members' children spent all-expenses-paid summer vacations at camp. Additional hundreds of members' children received union col-

lege scholarships awarded on the basis of need.

A democratic structure emphasized the crucial role of rank-and-file delegates elected by secret ballot every two years by the membership. Currently the union's 2,700 delegates handle thousands of grievances each year and meet in monthly delegate assemblies to discuss and act upon all important union affairs.

Member participation was also stimulated by a variety of social, educational and cultural activities designed to demonstrate that a good union doesn't have to be dull. By the early 1970s, more than 12,000 members and their families participated annually in dances, picnics, moonlight sails, live theater programs with Broadway stars, film festivals, Christmas children's parties and displays at the union's own art gallery.

The union had produced three award-winning documentary films and a book of poems based on the hospital strikes. Its monthly publication, 1199 News, was among the most consistent award winners in labor press competition.

Many 1199 members were living in the prize-winning 1590-family cooperative 1199 Plaza housing development in East Harlem. The New York Times called the development "superb" and "one of New York's





Above, members' children at summer camp in 1975. Union Benefit Fund Camp Program has sent 2,500 kids to camp since 1967. On facing page are 1199 retirees at a dance and members who qualified a few years ago as LPNs under union's Training and Upgrading Program.

most architecturally significant housing projects."

The union in 1969 moved into its 15-story new headquarters in mid-Manhattan, a structure symbolic of the union's growth and strength. The building is named the Martin Luther King, Jr. Labor Center.

As the union grew, new leaders emerged from the hospital corridors. Former Lenox Hill Hospital dietary worker Doris Turner heads the 45,000-member District 1199 Hospital Division. Former Mount Sinai orderly Henry Nicholas is secretary treasurer of the National Hospital Union. They and dozens of other officers and organizers from out of the hospitals work with veterans of the union's earlier days such as 1199 Secretary Treasurer William J. Taylor and Executive Secretary Moe Foner.

The union's strength no longer derives only from the lowest-paid hospital workers. The District 1199 Guild Division, headed by former pharmacist Jesse Olson, has more than 20,000 members in technical, professional and clerical occupations. X-ray and laboratory technologists, LPNs, social workers, dietitians, secretaries, switchboard operators, therapists, psychologists and many other

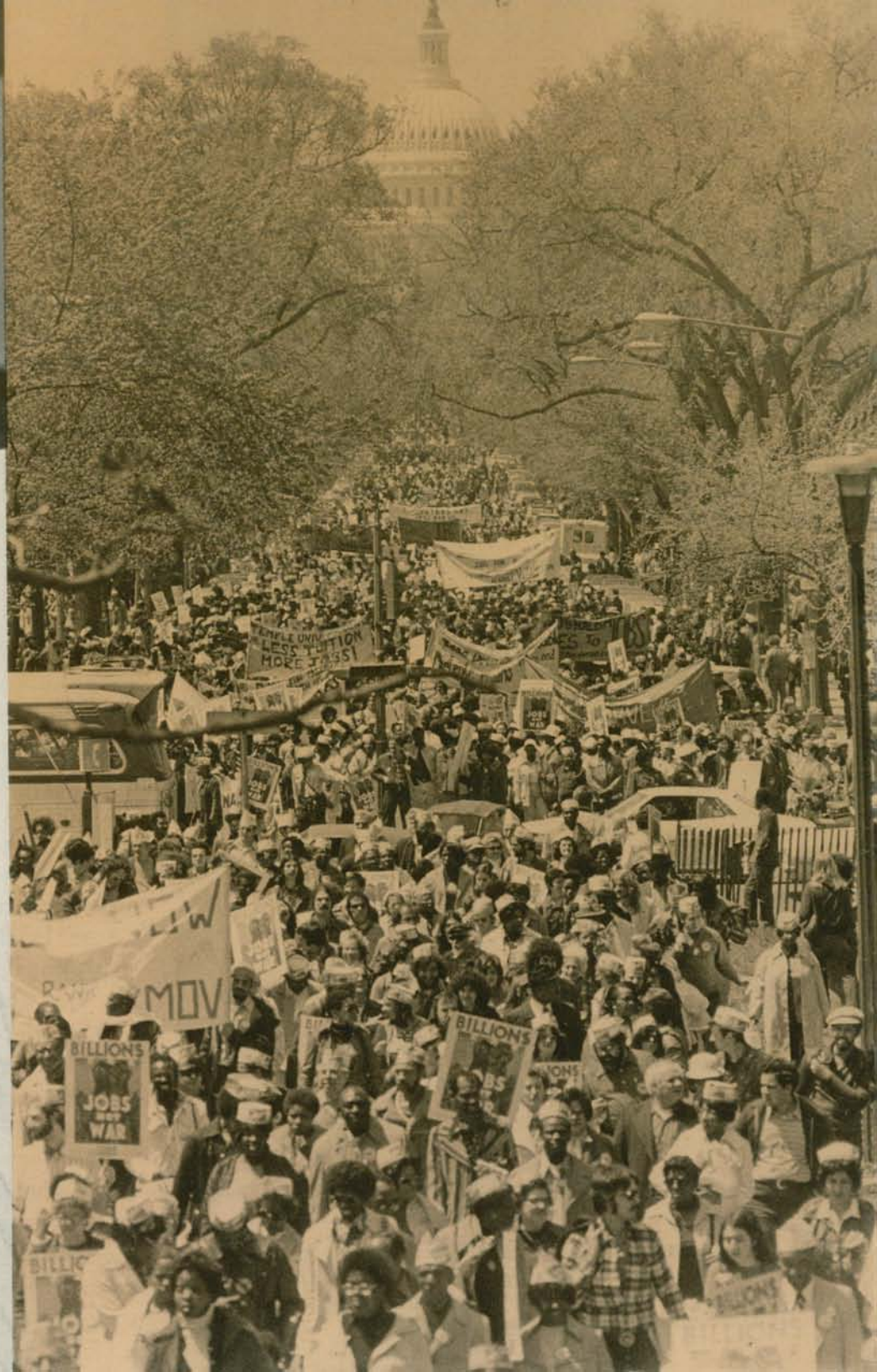
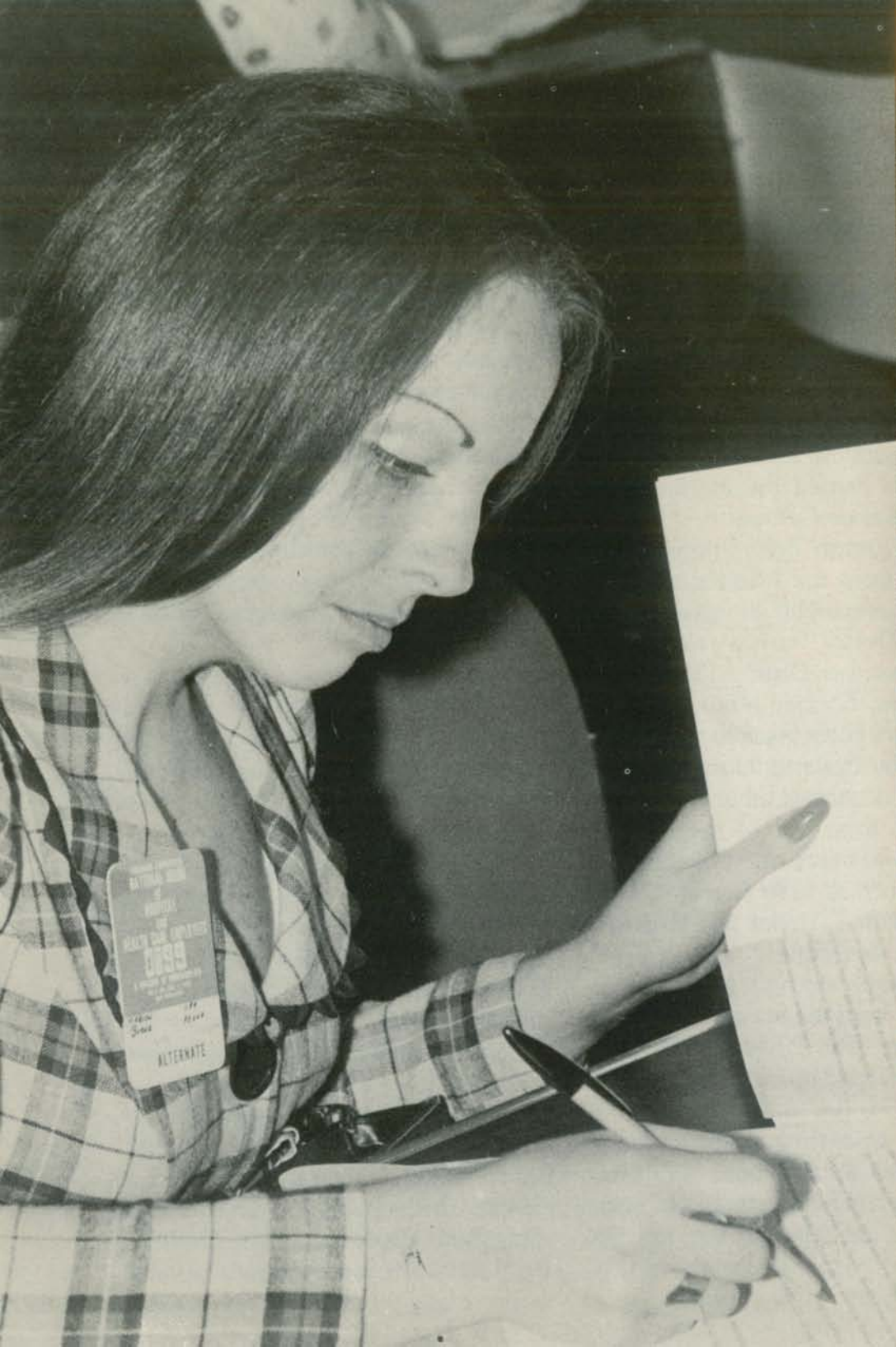
categories of Guild members have made impressive contractual gains through their union. In addition, they have furthered their professional interests through an active and lively program of 1199 professional committees. The committees meet regularly to promote legislative and educational activities such as lectures, conferences, occupational health surveys and lobbying campaigns on the city and state level.

1199 goes national

When 1199ers in New York City won a \$100 minimum wage in 1968, they received a congratulatory telegram from Coretta Scott King:

"I suggest you undertake a new responsibility — the task of organizing the hundreds of thousands of hospital workers throughout the nation. I believe such an organizing crusade could make a major contribution in the struggle to wipe out poverty," said Mrs. King.

1199 had already organized workers in New Jersey and Connecticut. But following Coretta King's advice, it looked further afield. When word came from Charleston, S.C. early in 1969 that 500 black women hospital workers sought a union to combat



Pennsylvania delegate Marion Burke, on facing page, attends 1973 founding convention of National Hospital Union; and thousands of 1199ers march in Washington in labor's massive April 26, 1975 demonstration for jobs. Below, a view of 1199 Plaza, housing development on Manhattan's East Side sponsored by the union; and members attend 1975 all-day Health Care Conference.



wages as low as \$1.30 an hour, 1199 was there. The historic 113-day strike that followed united the labor and civil rights movements and caught the imagination of hospital workers everywhere.

1199 organizers under Elliott Godoff's direction followed up quickly with campaigns in Baltimore, Philadelphia, Boston, western Pennsylvania, Washington, D.C. and elsewhere. Just as a decade earlier the sacrifices of organized drugstore workers had led to the unionization of unorganized hospital workers, now the money and personnel provided by New York's hospital workers led to the unionization of hospital workers in 14 other states.

With 1199 playing a key role in lobbying efforts, Congress in 1974 finally passed collective bargaining legislation for workers in voluntary hospitals. Passage of the act ended almost four decades of legislative discrimination against hospital employees and gave them the same rights and protections enjoyed by virtually all other employees.

Growth of 1199 outside of New York led to the founding convention of the National Union of Hospital and Health Care Employees in late 1973. With the creation of the National Union, District 1199 in New York, New Jersey and Connecticut became the

largest of several districts with a combined current membership of 100,000. The other districts are District 1199C in Philadelphia, District 1199P elsewhere in Pennsylvania, District 1199E in Maryland and Washington, D.C. and District 1199Mass. in Massachusetts. It was expected that additional districts would be formed in other areas now experiencing substantial growth.

Hospital workers and the future

With the National Hospital Union leading the way in winning improved standards for organized American hospital workers, 1199ers in 1976 had much to be proud of.

The average wage of District 1199 members working in hospitals represented by the League of Voluntary Hospitals of Greater New York is now \$228 per week. When managements turned down the recommendations of a Federal board of inquiry, New York's hospital workers conducted the nation's largest hospital strike in July, 1976. Forty thousand workers struck for 11 days and forced hospital managements to agree to binding arbitration. 1199's reasonable position rallied public opinion behind the union and against the powerful hospital trustees. While the 1199ers struck reluctantly, once out they demonstrated complete

Managements at New York's great hospitals were overwhelmed by the kind of unity and strength demonstrated by 1199ers during the 11-day strike in July, 1976. At left is reproduction of New York Times article detailing the different kind of union 1199 is.

Union Rooted in Social Struggle

By LEE DEMBART

"If there is no struggle, there can be no progress," reads an inscription on the facade of District 1199's building at 310 West 43d Street.

The quotation, from Frederick Douglass, sums up both the attitude of the union's founder, president and patriarch, Leon J. Davis and the union's history from its beginnings in 1932 as a drug store union through its present strike against voluntary hospitals and nursing homes.

In the process, District 1199 of the National Union of Hospital and Health Care Employees has established a reputation as one of the most socially conscious of all unions, a union whose supporters think is still close enough to the workers' basic struggle for a living wage that it has not become complacent, a union for whom the labor movement is still a movement.

The Rev. Dr. Martin Luther King Jr. once called District 1199 "my favorite union," and his widow, Coretta King, is honorary chairman of the national union, which has 100,000 members, 70,000 of whom are in the New York metropolitan area.

No Accident

The alliance between the civil rights movement and the union is no accident, for some two-thirds of 1199's members are black or Puerto Rican. In the hospital division, whose 40,000 members are on strike, the figure is closer to 72 percent. Half of the union's 20 elected officers are minority-group members.

Until 1959, the union, which remains a division of the Retail, Wholesale and Department Store Union, represented principally drug store employees. Mr. Davis himself worked in a drug store before helping to organize the union, but today the drug division has fewer than 6,500 members.

In 1959, however, 1199 began organizing unskilled hospital workers in New

York, who were then earning \$26 to \$28 a week, and many were on welfare to supplement their paychecks.

It was on organizing effort that labor had shunned, in part because hospital workers were poor and could not pay much in dues and in part because the laws were stacked against them. Mr. Davis has twice been jailed for leading hospital strikes, though since 1974 workers in private hospitals have been included in the National Labor Relations Act and their strikes are legal.

Davis Recuperating

"Where angels feared to tread, we went in," Moe Foner, the union's executive secretary, said yesterday. Mr. Davis, who collapsed from exhaustion Monday night, was resting at the home of his grandchildren in Connecticut and was not expected to return to New York for several days.

"We don't only produce social and cultural activities," Mr. Foner said, "we produce bread."

Under the contract that expired June 30, hospital workers had been earning a minimum of \$181 a week, a substantial improvement over pre-union days.

However, the union is paying no strike benefits, and it is now preparing material to advise the strikers about applying for welfare and food stamps.

"We struck for 46 days in 1962 and for 113 days in Charleston, S. C., in 1969," Mr. Foner said. "I'm not predicting that here, but nobody's going to starve us out. Our members obviously are going to be suffering. They knew it before they went out, and they know it now."

Officers Off Salary

In solidarity with the strikers, the 175 to 200 officers, organizers and professional staff members of the union have gone off salary for the duration of the strike. They get no strike benefits either.

Normally, Mr. Davis's sal-

ary is \$26,500 a year, one of the lowest salaries of any major union leader in the country. Organizers start at \$14,000 a year. All union employees get the same raises that the members get.

"You can't look at the union like it's a place for upward mobility into heaven," Mr. Foner said. "Not only do the members feel that this union fights for them, they feel that everyone here fights alongside them."

"We like to think, that we're different as a union," he said, "not only because some of the things we do are different but because of the real democratic structure of the union."

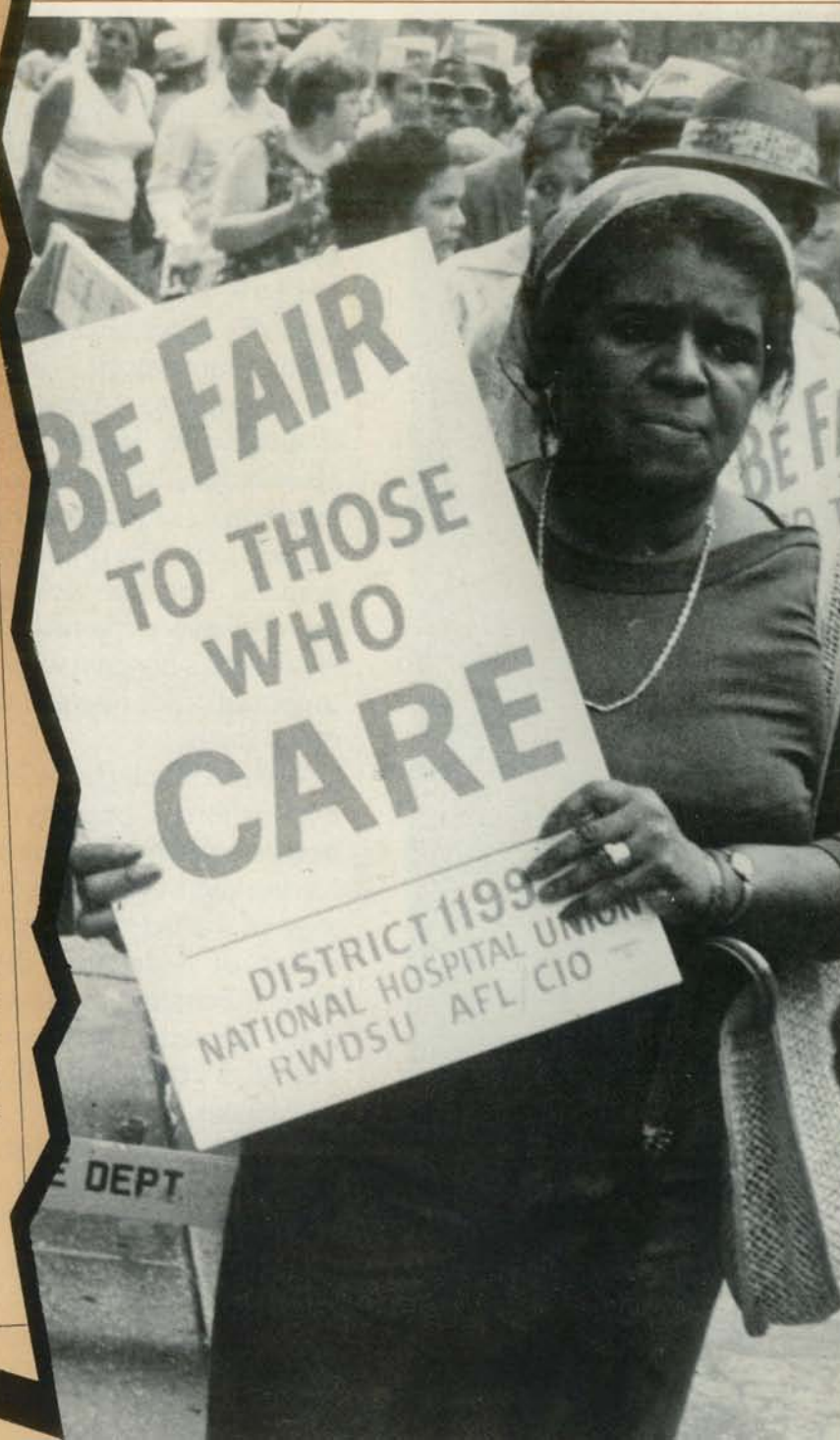
Monthly Meetings

He said that the union delegates met monthly to make policy and that attendance at the meetings averaged better than 1,500 of the 2,700 delegates.

The union runs an extensive array of activities for retired workers, a training program to increase the skills of its members, a political action fund supported by voluntary contributions from the workers and a camp scholarship program that this year is sending 400 children to summer camp.

When the union began organizing hospital workers in 1959, two years before the civil rights sit-ins began in the South, Dr. King sounded the keynote for their effort:

"The hospital workers' struggle is more than a fight for union rights," he said. "It is part and parcel of the larger fight in our community against discrimination and exploitation, against slums, against juvenile delinquency, against drug addiction — against all forms of degradation that result from poverty and human misery."





solidarity. For hospital workers across the country, it was a dramatic example of union strength in action.

However, much still remains to be achieved. The health field is the second largest employer in the United States. The overwhelming majority of the country's 2,500,000 hospital workers remain unorganized. They are among the most exploited and underpaid in the land. Most of them receive the federal minimum wage, with no semblance of union benefits or security. Skilled health employees commonly work under non-union conditions that make a mockery of their professional training.

National Hospital Union members have come a long way in their union, the only union in the country that is entirely for health care workers. But they recognize there is still a long way to go.

The Frederick Douglass quotation on the front of the union's headquarters proclaims: "If there is no struggle there can be no progress."

That was true when hospital workers first began their struggle to climb from the basement of poverty. It was true when 1199 began its first hospital organizing campaign. And it is just as true today, as 1199ers attempt to improve their standards and organize hospital workers throughout the country.

The lesson of the past is that only through unity and struggle can hospital workers build a better future.

CREDITS: This special issue was conceived and produced by Moe Foner with Louise Jonsson as research associate. Text by William Cahn, assisted by Daniel North and Gerald Cook, editor and assistant editor, 1199 NEWS. Cahn is the author of several books on labor history. His most recent work, *A Pictorial History of American Labor*, is now in its third edition. Design and layout by Marjorie Glaubach, art director of 1199 NEWS, assisted by Deborah Glaubach.

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For more information

While there is no single volume devoted to the history of hospital workers, those who wish to read more on the subject will find the books and articles listed below of interest.

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Seldin, Joel. *Anti-Union Hospitals: Blue Cross Pays the Bills.* The Nation, July 14, 1969.

Wakefield, Dan. *Victims of Charity.* The Nation, March 14, 1959.

Hospital Workers Knock at the Door. Dissent Magazine, Winter 1959.

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1199 News: Labor USA. A special issue devoted to the story of American labor. September, 1971.

Films about 1199.

District 1199 has produced three documentary films. *HOSPITAL STRIKE* describes the 46-day strike in 1959; *LIKE A BEAUTIFUL CHILD* tells the union's story through the eyes of rank and file members; and *I AM SOMEBODY* deals with the 1969 strike in Charleston, S.C.