

Reporter

June 1990

Number 271

LABOR-MANAGEMENT COMMITTEES

Cooperative or Co-optive Relationships ?

by Kenneth Grossinger

Cooperation as a framework for labor-management relations has certain appeal on face value. Who would argue against employers and their employees working problems out amicably? And given the declining influence of unions in the market and in American politics over the last decade, isn't a rapprochement with business necessary for labor to successfully advance its interests? Increasingly, unions, employers and academics are promoting cooperative strategies, and in particular, the use of labor-management committees to resolve conflicts of interest between capital and labor.

But there are compelling reasons to be suspicious of labor-management committees (LMCs). When power is not equally shared and management holds the veto, these committees may serve to diffuse workers' anger and structure worker protest into a forum controlled by the employer. In these situations, LMCs function to maintain existing institutional arrangements by deferring confrontation or conflict, leaving the balance of power on a worksite issue in the hands of the employer.

Historically, conflict and disruption strategies have been one of the few means available to labor to win better working conditions and improved wages and benefits. Thus the increasing use of labor-management committees reflects a dramatic shift in labor-management relations. Ideologically, it moves sharply away from conflict between unions and employers and towards a supposedly more cooperative working relationship.

Yet there is little historical evidence which demonstrates that union-management cooperation schemes have significantly advanced workers interests. To the contrary, the bitter and

often bloody struggles of workers in the thirties, who union recognition from employers—before and after Roosevelt signed the National Labor Relations Act—signaled to labor that economic and quality of work life demands were achievable almost exclusively through political pressure or disruptive tactics which impeded the employers' ability to maintain profitable levels of productivity. And given the virulently anti-union campaigns employers have been waging against unions in the last decade, there is little reason to believe the dynamics between workers and management will be more productive anytime soon.

The following cases demonstrate how LMCs may deter unions from achieving their goals. At best, they suggest that at certain times and under particular conditions, unions can use labor-management committees to win a strategic, albeit temporary, advantage: not because workers or employers have

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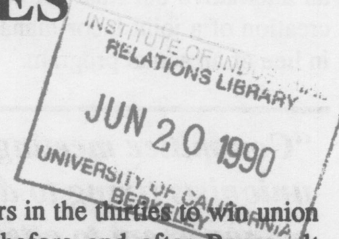
begun cooperating with one another, but rather, because there are times when it is possible for unions to exercise power. When political or economic conditions shift to favor the changes sought by unions, labor is able improve the wages, benefits, and working lives of its members.

WILL MANAGEMENT PARTICIPATE?

For example, labor-management childcare committees have existed almost as long as workers have needed childcare. But until recently, few employers considered their employees proposals for childcare seriously enough to fund them. Now,

Institute of Industrial Relations 2521 Channing Way, Rm. 300, (Berkeley), CA 94720 (415) 642-0323
University of California at Berkeley

Center for Labor Research and Education.



due to the increasing number of women entering the market, many employers are unable to find women to hire if childcare is unavailable. Women's entry into the workforce is compelling both employers and the government to finance the childcare programs which they previously resisted funding.

A case in point: ten years ago, the Service Employees International Union (SEIU) proposed to San Francisco Mayor Diane Feinstein that the city establish worksite childcare programs. Feinstein refused, and the union was forced to accept an alternative but final offer from the city in bargaining: the creation of a joint labor-management committee on childcare in lieu of an actual program.

"Committee meetings consisted of unionists trying to determine how to get management to attend."

Rank and file members ratified the contract. But when SEIU attempted to convene the LMC, the city sent no representatives. Committee meetings consisted of unionists trying to determine how to get management to attend. Without management representatives, the Union's effort to resolve its members childcare problems were immediately halted. Other problems associated with the committee's role and structure persisted for more than eight years, and meanwhile, union members grew frustrated with their inability to make progress.

The situation changed in 1988 as the San Francisco Department of Public Health began having difficulty employing nurses. The city needed to recruit and retain more nurses to meet public health licensing requirements, but RNs were in demand throughout the nation. This labor shortage, coupled with a one-day sick out and a potential strike—over wages and working conditions—spurred newly-elected Mayor Art Agnos to commit \$100,000 a year to childcare over a three-year period beginning in 1989.

Important to note, these funds were allocated in a separate agreement exclusively for 1,600 nurses, although the city-wide childcare committee was formed to represent over 10,000 workers in dozens of different jobs.

The committee served the employer ten years ago just as it does today. Ten years ago, the agreement to create a childcare committee helped garner rank and file votes to ratify a new contract, and it enabled the city to project the politically important impression that it might fund childcare programs. That impression channeled rank and file demands into an empty forum. Moreover, while the SEIU settled for a committee because it was unable to win a childcare program, the committee curtailed other action which union organizers might have taken to keep their childcare demands active in the city politic. Today, the committee continues to serve the employer by helping it cope with the growing nursing shortage.

The LMC had not contributed to Agnos's decision to finance childcare, nor was it ever used to resolve the city employees childcare problems. Only after the employer was forced to respond to the labor shortage and political pressure from SEIU—the potential for nurses to disrupt the city health system—did the city actively participate in the ten-year-old committee. Childcare was won through political pressure which was possible to exert because of the power unionized nurses wielded in a tight labor market.

IT TOOK PLASTERING WALLS . . .

Proponents of labor-management committees argue that these committees facilitate communication between workers and managers. The assumption is that both parties are not already knowledgeable about worksite issues, and that there is intrinsic—if not explicit—value in the information exchange. Moreover, it is assumed that when information which needs to be acted upon is exchanged, employers, once cognizant of the issues, will act.

One recent example from within the health industry illustrates how faulty these assumptions can be. Union Field Representatives in San Francisco hospitals routinely receive employee reports of managers who refuse to act upon employee concerns over hazardous work conditions. This was the case at San Francisco General, a public hospital which uses LMCs. There, as elsewhere, healthcare workers have been stuck by needles which were thrown carelessly into plastic garbage bags or left lying on patient beds. Simply lifting trash bags or changing hospital bedding exposes these workers to needlesticks. Although SFGH uses "sharps" containers (i.e. plastic puncture proof containers for disposable needles) to prevent needlestick injuries from occurring in this hapless manner, lids on these containers were popping off and expelling needles and syringes, some which contained blood infected with Hepatitis-B and HIV (the AIDS virus). Hospital porters had to clean up the needle spills, re-fasten the lids and dispose of the waste.

As a precaution, one porter recommended taping the lids down to the body of the container. SEIU proposed to the Housekeeping Department Manager that all porters be instructed to do so until this problem could be examined more closely. The department manager rejected this idea, saying it was too expensive and time consuming. He offered no other remedy.

SEIU then raised this issue with management representatives on the Labor-Management Health & Safety team. These discussions led to greater awareness of the problem but produced no change. One management team member, the Director of the hospital's Environmental Health & Safety Department, agreed with the union's recommendation to seal the lids with tape as an interim solution to the lids popping off. He asked the department manager to adopt this proposal but again, the manager rejected it with no alternative remedy.

After a few weeks, workers grew frustrated with the hospital's do-nothing response to a hazardous situation which left them at high risk. Employee anger turned against the union when the protections they sought were still being discussed weeks after the hospital was notified of the problem and given a low-cost remedy.

It was not until rank and file union members plastered the hospital walls with a leaflet accusing the Housekeeping Department manager of negligence, and of putting their lives at risk, that the San Francisco General Hospital CEO directed his administrators to resolve the life-threatening problem. What forced the administration's quick response was the political embarrassment that further public exposure surrounding this confrontation would have caused the CEO.

Thereafter, an ad hoc committee began developing new needlestick prevention and in-service training programs for the hospital porters. But the lesson was clear. Management rejected SEIU's proposal when it was presented to the hospital's Housekeeping Department and to its Health & Safety team members. Agreement with the union was reached only after the union put political pressure on the hospital administration.

It was possible for SEIU to exert political pressure in part, because of the growing national concern over AIDS transmission. Worker exposure to infectious waste has long been a concern of healthcare workers and their unions. But it was not until the 1980s, at the beginning of the AIDS epidemic, that the nation began to take notice of the risks associated with exposure to blood, urine, and other bodily substances. Increasing public pressure forced legislators to deal with AIDS and related problems, including protection of the nation's 8 million healthcare workers. Until the surge of national attention on AIDS—and the concomitant organizing by unions and health advocates to develop worksite prevention standards—labor's efforts to secure stronger infectious disease control policies were mostly ineffective.

COOPERATION AND POWER

These examples illustrate two primary points. First, it was organizing, not labor-management committees, which led to the union's success. To win a fair contract (which included childcare provisions) nurses demonstrated their capacity to disrupt the city's health system by staging a one day sick-out. The impact of that signal was not lost on health department officials. Hospital porters organized for a safe worksite by confronting their supervisors directly and publicly exposing their department's refusal to safely contain infectious waste. The adverse political repercussions which may have resulted from that exposure drove administrators towards agreeing to the union's demands.

In both cases, the LMCs delayed change by creating the false impression that the employer would soon act upon their employees' concerns. By so doing, the labor-management committees thwarted SEIU's progress until the rank and file lifted their proposals out of the committees and began organizing.

The labor-management confrontations and union threats to disrupt the city healthcare system were effective largely be-

"The LMCs delayed change by creating the false impression that the employer would soon act upon their employees' concerns."

cause of changing political and economic conditions. A tight labor market put the SEIU nurses in a stronger position to negotiate the terms of their employment. National concern to stop AIDS transmission created a political climate responsive to the housekeepers' needs. The changing political climate coupled with successful organizing tactics compelled the employer to act. Once the employer had to institute the new childcare and health and safety programs, the committees worked effectively to develop plans for their implementation. Strategically, this means unions can use LMCs to their advantage, but only when they have the power to force employers to make concessions, and only then, when they are positioned to continuously exert that pressure to sustain their gains.

CONCLUSION

That LMCs began to proliferate in the eighties, a decade marked by major labor-concessions to employers, is no accident. The increasing use of these committees was precipitated nationally by a period of declining union influence, resulting from a changing political economy and a rash of successive anti-labor appointments to the nation's courts and NLRB.

If labor had greater control over investment policy, production, and management practices, we might gain much from cooperative labor-management teams. But as they are currently composed and used, LMCs usually undermine the goals which they purport to achieve. And in the current anti-union climate, with employers actively campaigning to prevent, break and undermine workers' power, unions compromise their members' interests when they settle for LMCs as a substitute for the real organizing that is necessary for labor to represent its membership at the worksite and in American politics.

Kenneth Grossinger is a labor organizer with the Service Employees International Union. He participated on both labor-management teams reviewed in this article.

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IR-35

**Center for Labor Research and Education
Institute of Industrial Relations
2521 Channing Way, Room 300
Berkeley, CA 94720**

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