

**APPENDIX A**  
**Interview with George**

Interview with George, technician in the physical therapy department of St. Mary's Medical Center, Walla Walla  
Conducted at St. Mary's Medical Center, Walla Walla, 11/4/05, 9:00 am  
Interviewer: Eleanor Clagett

Because George preferred not to use a tape recorder for this interview, so this is a summary of the information he shared, made by the interviewer from notes taken during the interview.

What is your job here at the hospital?

To help physician set up equipment and to "keep place organized."

When did you start doing this work?

3 years ago. Before that he worked as a CNA. He was bringing his mother in for physical therapy and they told him they needed a tech that was fluent in Spanish and asked him to come to work at the hospital. He was given an orientation when he was hired to learn the skills he needed for the new job.

Is it helpful in your job for you to be a Spanish speaker?

Yes. He uses Spanish a lot, and occasionally has been called up to emergency care or other departments to translate. That doesn't happen frequently, though. George says he sees an increasing number of Latinos working in the health care field, especially in nursing.

Why is that?

He thinks its because the 2 year nursing program at the hospital "has a lot of opportunities" for Latinos. It's cheaper and they don't have to travel far. George adds that when he was CNA working in a nursing home, he noticed that Latino nurses differed from Anglo nurses in the way that they treated the elderly. "Americans don't care as much, to them it's just a job."

How are Latino nurses different?

"We have more respect for the elderly, even if they're not our relatives."

How did you get the training you needed to be a CNA?

He took classes at the nursing home and took a test to get his certification. Then he got training from the hospital when he became a tech, which focused on anatomy and body systems.

Is there a union at the hospital?

Just for the nurses.

Do you have an opinion about that?

"I don't think we need a union." George worked in a factory that had a union before working at the nursing home. He felt like they didn't care about workers. "They just care for the money we have to pay them."

What is communication like between the workers and management?

There is a lack of communication between staff and the management. They have a weekly meeting to express concerns and he says “he thinks” his supervisor takes those concerns to upper management.

What are some of the concerns people have?

Lack of communication. Health insurance doesn't cover a lot.

It seems like there's a lot people in the hospital that you don't necessarily see. Like all the people it takes to make the hospital run: dietary staff, custodians, engineers. Do you know what the work experience is like for any of those employees?

Not really, “people mainly do their own things.”

Is there anything else you think I should know?

“I like working here. I feel happy. I feel appreciated.”

**APPENDIX B**  
**Interview with Ray Carrio**

Interview with Ray Carrio, SEIU Local 1199 organizer  
Conducted at Yakima Regional Medical Center, 11/4/2005, 2:30 pm  
Interviewers: Eleanor Claggett, Lázaro Carrión, and Austin Rainwater

Ray: Prior to being an organizer I worked in health care for approximately 10 years.

Eleanor: What were you doing?

Ray: First I got into health care because there was a class at the Yakima Valley Skills Center, it's called YV Tech now, called Medical Sciences Nursing, and I intended to go into radiology, and after I got into it, I learned I was more interested in the nursing aspect, so I ended up working as a nurses assistant and going to college as I could towards becoming an RN.

Eleanor: How did you switch to being a union organizer?

Ray: I worked here for approximately five years as a CNA and a transport tech and I was asked one day to sign a union card and that was an easy answer. It was yes because I'd seen some of the treatment of my coworkers, I knew there were issues, and overall I knew it's much better if you have a union, both for your benefits and your wages, and your overall work and it's just a better environment to work in. My family had worked in the fields, you know, trained hops, picked fruit, everything, but what changed my family's income was when my father went to work for the railroad and my mother went to work for Safeway as a UFCW member. And that's a whole different economic bracket, it's a whole change of life because the access to health care, the wage, the consistency is entirely much greater, so that instead of my father having to work three jobs, he only worked one, he got paid well for it, he was able to advance. My mother had a steady income, she had issues at work, she went to her union. I knew instantly if there's a union involved you should work with it and if you need to make it better you can.

Eleanor: You said you saw the treatment of your coworkers that was...

Ray: My coworkers were treated a lot like property, in the sense that they could be discarded if management chose to, they could be treated badly. If a manager didn't care for somebody, they could mess with their schedule. They could just take them in their office and rant and rave at them. They could fire someone whenever they wanted

Eleanor: Was that on all levels or just for CNAs and techs?

Ray: All levels. There was Sisters of Providence, who owned the hospital at the time I worked here, was very, it's hard to describe. It's controlling to the point of almost seeming like a parental role—treating the workers like children. And micromanaging issues, and really favoritism, you know, nepotism was big. As well as, we had merit-based pay, okay, but the thing is you could work, you could be an excellent employee, you could get great reviews, but you could have your have your wage, you could be downgraded on your evaluation, just so they wouldn't have to give you a higher wage. Or

a manager could grade you, you know, top of whatever, you're supposed to receive x-amount of wage, but it would come back from human resources changed so you would only receive a certain amount because, "you know what? The budget only takes a certain amount into account."

Eleanor: Did the union come here before it changed to the owner it has now?

Ray: Yes. The union came in about eight years ago. I'd say it was probably '97. I think I started working here in '96. And the first exec rule that changed during the union was the CNAs we were promised a dollar wage. Well it took two years to get there, and it was only because the union came in, that they wanted to, you know, reward people not to be part of the union. They gave them that adjustment right away. It took two years, all the sudden the union came in "what do you know?" all the sudden we get a fifty cent, dollar an hour raise. I remember a lot of trepidation, a lot of fear from our coworkers, and it was justified because management was dead set on not having a union here. It was a struggle for about three years. We finally got a contract in September of 2000. So from '97 to 2000, that was a struggle—to win a union. And there were even a group of workers who thought that the nepotism benefited them more than having a union. So they fought against the union because they thought they were treating—they didn't want to be treated equally with others, they wanted to be treated better than others so they thought they would lose out with having a union because they weren't favorites.

Austin: Was there a certain characteristic between those that were favorites and those that were not?

Ray: Usually the union, the workers who were pro-union, generally were CNAs, some housekeepers, some dietary, really our dialysis unit, I think it could almost be the workers that are more traditionally not white collar, you could say that are more blue collar workers that were really backing the union. As well as some others, you know, because it encompasses a wide spectrum. I'll give you an example: there are, like, thirty-five classifications or more in our bargaining unit for one contract, and at that time there was only, like, four-hundred-fifty people. So that's also a difficulty when you're working with somebody that makes... at the time, we set a minimum wage with that first contract of eight dollars an hour. Which was pretty good in '97 considering the wage is six something, the minimum wage, we set that minimum wage at eight dollars an hour. So that brought more than a dozen people up to eight dollars an hour, where you had some people making thirty dollars an hour. That's a big spectrum, and so it's generally the people that made the top of the scale weren't very interested because they thought they weren't being compensated. They thought they were, for lack of a better word, special. And that they would lose by being grouped in with other workers. You know, really, our contract encompasses the needs for different workers, different levels of pay, different compensations in the form of premiums. That was part of the fight, because we really wanted something for everyone, and they only wanted something for themselves.

Eleanor: How does being an open shop union change the dynamic, as opposed to a closed shop?

Ray: The problem is, when you have an open shop, you consistently have to work to maintain your membership. When you have a closed shop you can work on more issues of workers rights and really direct toward improving things, versus having this constant fight for membership and to keep strong and to keep making improvements. And it also is the possibility of, like a regional layoff, I'm going to say, out of a bargaining unit, around one-hundred-fifty workers over a two year period. Not directly but through attrition, people retiring, not replaced, shifting positions, shifting duties that can erode the membership and it makes it a hard, hard struggle.

Eleanor: I talked to a guy this morning at St. Mary's Hospital in Walla Walla who felt like the unions were only interested in getting money from his wages, and didn't think that a union would be helpful.

Ray: Well, I mean, here's what we do when we talk to somebody: So what are the issues? I mean, I would pose the question... there could be two questions—I would pose the question: If you could change something about your workplace today what would it be? And they aren't going to guarantee you that they're going to change that, but you have the ability to work toward that, to improve standards through a union, whereas, if you went up to your boss and said you wanted a raise or you're going to quit, your boss is going to absolutely say, "quit." Or you're not going to get it, and what are you going to do about it?

Eleanor: So the focus of our project is on Latinos, and I heard there was between fifty and seventy-five percent Latinos here?

Ray: I think that may have changed a little bit, I think it's more in terms of about thirty percent. Just talking about health care in the Yakima Valley and Latinos, it seems like employers work to divide workers some how, whether it be racially, whether it be by job class, whether it be other issues. Latinos, I think, especially, benefit from organizing because it helps to educate the workers—well, it helps all workers to be educated about some issues—but in the Latino community, I think it opens avenues of the realization that you can be a political force, you can change things. That just sort of trying to be anonymous and working hard, trying to have a twenty year career, isn't the only option. Or just remaining silent, taking as much work as they're going to throw at you. You can achieve more, you can do more, you can get education. You can have political power in numbers. And I think that's where it would be beneficial for the Latino community. And also trying to bring people together, you know, the union is made up of many different parts, and part of our work is trying to understand and bring people together that have diverse backgrounds, diverse issues, and try to focus them on singular issues or vision on how to change things. And I think... I'm going to use a good example: Farm Workers' Clinic. I know people there that want to have a union, and they should have a union. And, because I'm not part of new organizing, I don't know what the pieces are towards where we decided where we're going to unionize. But Farm Workers' Clinic has, say, twenty-two clinics, or facilities, in operation, and they're unorganized. I think people need to have standards. People need to be treated correctly, and I haven't always heard that from

Farm Workers' Clinic workers. I've heard there are a myriad of issues that need to be addressed from pay to quality to working conditions and patient advocacy. I'm not singling them out, I'm just using them as an example because they have a very high Latino percentage working for them. And I think, they should feel empowered to do political change, to feel like their work is secure. And, truth is, Washington's an "at-will" state, and unless there's some circumstance that violates your civil rights specifically, the retention of your job is totally at the mercy of your employer, which, you know, having... for me, when I was working, it's, you know... if something happened, I don't have to worry the boss is going to fire me, there's a grievance process, there's some security in having someone that represents you, having it go through a process and having a document that outlines working conditions, benefits, those pieces on how you're going to work. I also think that our union has taken a role in being interested in education. How do we help workers that are making, you know... we try and make sure they have a living wage, which means they can live on that wage—they can have affordable benefits. How do help them increase their education? You know, you need to have some education funds available, you also need to have mechanisms where if somebody's a CNA, it's not an absolute impossible battle for them to get the funds to become an LPN, an RN, or, you know, to go into a field like radiology or respiratory therapy. I think part of the nursing shortage problem can be solved by employers realizing the union wants to partner with them to solve those shortages. Because our workers suffer when there's not enough staff on the floor, therefore, part of our direction is to try and help increase education funding so there are people to replace those that are retiring. If you've done any research into the median age of nurses, and the nursing shortage, I think the median age is like in the mid-forties, and what are you going to do in ten, fifteen years when those nurses want to retire? We also have like, twenty percent of licensed registered nurses not working as registered nurses—not working as staff nurses. So the Latino community benefits from education, from learning how to build political power and solidarity. To me, you know, it's not calculable. I'll give you an example: Maria Diaz, whom I hope you will speak with today, was part of the Immigrant Workers Freedom Ride, and she spent time going across the country speaking to workers, talking about building power in union, solidarity, and trying to address some of the issues around immigrant rights. You hear about all these other pieces. My personal opinion? The threat isn't terrorism, the threat is racism. And them wanting to keep out anyone that doesn't look like, think like or sound like their community. And it's a really thin veil for that racism, or classism. Poor working people do the jobs other people don't want to do. Look at the percentage of workers doing hard labor, doing field work, doing construction. They're not taking nuclear physicist jobs. They're not taking physician's jobs. What they're doing is the hard labor other people don't want to do. And you know what? Somebody has to do it and they need to face up to the fact that this country, a good percentage of the community runs on undocumented workers, on immigrants, who come here, want to work hard and build their lives. And it just gets harder and harder.

Eleanor: Is that true for the hospital as well? I'm reading about Latinos in the service industry, especially. And in the custodial staff, the dietary staff, is the more of a concentration?

Ray: Yes. I would say in dietary, custodial, CNA, there is a larger concentration of Latinos. Disproportionate concentration of Latinos.

Eleanor: Is that because of access to education?

Ray: I think it's two things, one is access to education, the other is if you're... even with English speaking and writing skills, to navigate the labyrinth that is, you know, financial aid and those other pieces, plus having to work and maintain your family is very hard. You know, I speak... English is my first language. Spanish is...my Spanish could be a whole lot better. I had a hard time with financial aid. I worked and went to school. And if I had that barrier of not speaking English well or not being literate, it's impossible.

Lázaro: Especially in your workforce, the people you work with in the Latino community, is legal status an issue, not only in the workers, but to also unionize?

Ray: Legal status has been a big barrier. I'm going to give you an example, not in this hospital, but I'm going to give you an example of post 9-11, or pre 9-11, I can't remember, SEIU Local 6, who represents mostly janitorial staff, tried to organize (I think it was local 6), tried to organize, I think it was security workers, who really were... I think a big percentage of them were ethnic, different minorities. They did an INS raid on them. Here in the valley people are afraid because some of them are hard working, have established families, that can be taken away by somebody either being malicious, or an employer not wanting to say... you know, you have a big harvest (this would be for farm workers)... you have a big harvest, paychecks are coming a month out. Just before the harvest, what if INS shows up and there goes a large chunk of the payroll you have to pay out? In this environment of working with health care workers, I don't think it's as prevalent because its more in the public image, its out more in the public, and if you had a hospital that called immigration or something like that, it would do a good deal of damage to their public relations. I think the issue is access, more, for the Latinos in health care: access to education and being treated equally. Legal status hasn't been as big of an issue, although for family members of health care workers, it has been.

Austin: What kind of inroads do you see from people that join the union and become politically active? Do you see them getting involved with campaigns or registering to vote?

Ray: I think we're still not in the... we haven't reached the plateau yet, where union workers are as politically active as they could be. Washington State has a pretty good union political get-out-the-vote, door knocking program. Now, there's some issues with the recent split between SEIU and the AFL-CIO, which has thrown some questions up. But I tell you from personal experience, SEIU members do a lot of political work, we get people elected. I'm going to give you two examples: Brian Sullivan in the 21<sup>st</sup> district. We logged hundreds of hours, if not thousands, with over two-hundred SEIU workers out there door knocking for him. We won pretty handily. In Puyallup, and I can't remember which district, one of the representatives, Dawn Morell, was running against someone named Dave Morell. I think she won by a percentage point. And I personally took

workers and myself and went to door knock for her in Puyallup. I saw other union members, especially SEIU members, come out to do that door knocking, and you can't tell me, theoretically or not, that winning by a percentage point didn't have something to do with workers coming out and doing the support, especially when the majority are SEIU workers who may have worked at the same hospital she did, or does, at Good Samaritan Hospital in Puyallup. It's very visible. We had one of our own organizers, who was a member, became an organizer, and is now a state representative. Actually we have a couple. Eileen Cody was a member, she's a state representative, and Tammy Green is still a part time organizer and a state representative. So, I mean, those are really good examples of political power. We need to have more members run because they know how... they know the problems in the health care system and they know how to fix them. That's what we've lost is having people that are involved in issues committed to fix those pieces. We have bureaucrats whose only objective is to get reelected, versus having an interest in what the outcome of legislation is and how it impacts people.

**APPENDIX C**  
**Bibliography**

- Beu, Burke. "The Nursing Shortage and the Nurse Reinvestment Act." *Association of Operating Room Nurses Journal*. Denver: May 2004. Vol. 79, Iss. 5, p. 1061-1063.
- Durenberger, E. Paul and Suzan Erem. "The Dance of Power: Ritual and Agency Among Unionized American Health Care Workers." *American Anthropologist*. September 1997. Vol. 99, Iss. 3, p. 489-495.
- Carrio, Ray. Personal Interview. Yakima Regional Medical Center. November 4, 2005.
- Cornelius, Wayne A. "The Structural Embeddedness of Demand for Mexican Immigrant Labor: New Evidence from California."
- Downs, Peter. "Unsung Heroes of Union Democracy: Rank-and-File Organizers." *The Transformation of U.S. Unions: Voices Visions, and Strategies from the Grassroots*. Ed. Ray M. Tillman and Michael S. Cummings. Boulder: Lynne Rienner Publishers, 1999.
- George. Personal Interview. St. Mary Medical Center, Walla Walla. November 4, 2005.
- Health Care Personnel Shortage Task Force. "Health Care Personnel Shortage: Crisis or Opportunity?" December 2002. <http://www.wtb.wa.gov/HCTFRP02.PDF>
- Keefe, Thomas and Jonathan S. Rakich. "A Profile of Hospital Union Election Activity, 1985-1994: NLRB Rulemaking and Results in Right-to-Work States." *Hospital Topics*. Sarasota: Spring 2004. Vol. 82, Iss. 2, p. 2-11.
- Rivera-Klein, Maria. "Nursing- Our Passion." *The Hispanic Nurse*. 2001. Vol. 23, Iss. 4, p. 9.
- Service Employees International Union District 1199NW. "A Time to Care: Frontline Health Workers' Real Solutions for Washington's Health Workforce Crisis." May 2004. <http://seiu1199nw.org/docUploads/SEIU%20-%20A%20Time%20to%20Care.pdf>
- Service Employees International Union District 1199NW. "Pooling Our Resources." [http://www.seiu1199nw.org/ourlocal/pooling\\_our\\_resources/index.cfm](http://www.seiu1199nw.org/ourlocal/pooling_our_resources/index.cfm)
- Schaeffer, Pamela. "Shared Values Clash in Hospital Labor War." *National Catholic Reporter*. Kansas City: September 4, 1998. Vol. 34, Iss. 38, p. 3-5.
- U.S. Department of Health and Human Services: Health Resources and Services Administration. "Nursing Workforce Diversity Abstracts- FY 2004." <http://bhpr.hrsa.gov/nursing/04abstracts/nwd.htm>

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

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

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

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

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