

Homecare Worker Organizing in California: An Analysis of a Successful Strategy

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Abstract

This paper examines the challenges facing California homecare workers in their historic struggle to unionize from the 1980s through the 90s. Three inter-related components were critical to their ultimate success: 1) grassroots organizing, 2) changing policy at the state and county level and 3) working in coalition with groups of senior and disabled care recipients. Now that the union represents more than 100,000 workers, consolidation of those victories involves challenges such as developing leadership among the new membership and strengthening the labor-consumer coalition that will be critical to further improvements in homecare services and working conditions. This campaign has already had significant impact on the structure of this emerging workforce, and will have long-term effects on social policy for care of the elderly and disabled.

The economic and political influence of American labor unions has suffered greatly over the past several decades, and one reason for this has been a steadily declining rate of union membership. Union members currently make up 13.5% of the workforce, which compares to a high of 35% in 1954. In 1995, the AFL-CIO launched a program to reverse this trend by prioritizing organizing of the unorganized, and encouraging affiliated unions to spend at least 30% of their budget on organizing. However, in spite of significant efforts by some unions to recruit new members, union density has continued to decline (Bureau of Labor Statistics, 2001).

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The only recent exception to this trend was in 1999, when union density remained even at 13.9%, due to a net gain of 265,000 new members the year before. A large part of this gain can be attributed to the election of 74,000 homecare workers in Los Angeles County to join the Service Employees International Union (SEIU) Local 434B, the biggest organizing victory for the U.S. labor movement since workers at Ford's River Rouge plant joined the United Auto Workers in 1941 (Stone, 2000). This stunning achievement was accomplished over 12 years among a low-wage, ethnically diverse and predominantly female workforce that is scattered throughout the 4,083 square miles of Los Angeles County. Similar organizing efforts in other California counties have brought the total number of newly represented California homecare workers to more than 100,000 in the past decade.

The majority of homecare workers in California is paid through an agency of the state government, and thus can be considered part of the public sector, a sector that has accounted for the largest growth in the labor movement in recent times (Bronfenbrenner and Juravich, 1995). Unlike private sector workers who work directly for their employers, the employment relationship of public sector workers is defined by the public agency that employs them, the policy agenda that society and unions define for them, and the budget resources that are allocated (Johnston, 1994). Unions wanting to organize public sector workers must therefore incorporate strategies to legislate an environment conducive to unionizing, and must define the interests of the workers in terms of the public interest (Johnston, 1994; Bronfenbrenner and Juravich, 1995; Freeman 1986).

This paper studies the strategies that SEIU used to win the homecare organizing campaigns in Los Angeles, San Francisco, and Alameda counties during the late 1980s through the 90s. Our analysis is based on a review of documents obtained from union files and on interviews with more than 20 key actors, including union leaders, organizers, member activists and representatives of consumer groups and government agencies. We developed interview questions and selected stakeholders to interview using a reiterative process whereby material from one respondent informed later interviews. Each perspective contributed to the development of a cohesive picture of this twelve-year campaign. We do not claim to present a comparative analysis between the three counties; rather, we looked for common themes among the campaigns, examining the challenges posed to the organizers and the methods used to overcome them at the local and statewide level. We summarize the lessons learned and

propose implications for union organizing and labor's role in changing social policy.

Background

Homecare workers are personal attendants who provide assistance to frail elderly and disabled people in their homes. Their duties range from bathing them to preparing meals to administering medications. This work is often difficult and stressful, requiring a variety of skills ranging from heavy lifting to coping with death. An estimated 200,000 homecare workers in California's In-Home Supportive Services (IHSS) system provide care to 230,000 consumers (Doty et al. 1999). They receive their paychecks from IHSS, an agency created in 1973 as a division of the California Department of Social Services to administer public financing for the elderly and persons with disabilities who meet income and disability criteria. Advocates of seniors and the disabled community hailed the creation of IHSS, arguing that independent living at home gave the care recipients, the "consumers," greater control over their lives. IHSS services are provided primarily through an "independent provider" model consisting of three elements: 1) consumers directly hire and supervise the workers who care for them, 2) county social service workers determine eligibility for services, and 3) the state IHSS issues the paychecks. This public model of providing homecare services contrasts with the "contract" or "agency" mode, where a for-profit or non-profit agency receives IHSS funds and then hires and directs the workers. The merits of both modes of care have been debated; research indicates that recipient satisfaction is somewhat greater in the independent provider model (Doty et al. 1999).

Homecare providers in California are overwhelmingly women and people of color, and many of them are immigrants. According to a University of Southern California survey of 1,230 homecare workers in Los Angeles County, 83% of the workers are women and more than half of them are over age 45 (Cousineau, 2000). Statewide, 49% are family members of the consumers (Doty et al. 1999). The ethnic composition varies according to geographic region, but the majority are clearly people of color as shown in Table 1.

Prior to unionization, homecare workers were paid the state minimum wage, an amount so small that it did not even raise the workers above federal poverty standards. Moreover, the workers were not entitled to any medical insurance, sick leave, pension, or holiday pay. While they

Table 1
Ethnic Composition of Home Care Workers by Percentage

Ethnicity	Los Angeles County* 74,000 workers	San Francisco County** 8,000 workers	Alameda County County*** 7,000 workers
African American	25	12	40
Asian/Pacific Islander	7	34	15
Chinese		(26)	
Filipino & Other API		(8)	
Latina	39	10	9
Middle Eastern			5
White/Caucasian	27	45	30
Armenian/Russian	(14)	(28)	
Other White	(13)	(17)	
Other Ethnic Groups	2		1

Sources: * Cousineau, 2000

**Candace Howe, Cornell University; Personal communication, 17 October 2001

*** EDG Planning, 1999.

were allowed to work as much as 283 hours per month (with no overtime pay for overtime work), most workers could not even find 40 hours of work per week. They had no economic or political clout. “We were the invisible workforce,” recalls Esperanza De Anda (2000), now an Executive Board member of SEIU Local 434B in Los Angeles, “nobody even knew we existed.”

Challenges and Opportunities

Organizing this group of workers presented a number of formidable challenges. First, the workforce was extremely fragmented. Workers were dispersed in different homes with no occasion to come together as a group. They spoke many languages—more than 100 in Los Angeles County alone. And, due to the low pay, lack of benefits and sometimes the death of a consumer, their turnover rate was estimated to be a staggering 40% (Doty et al. 1999).

Second, there was no employer for bargaining purposes. While IHSS issued the paychecks, it did not have the authority to bargain with the union. Consumers hired and fired the workers, but they did not actually

pay the workers, and certainly had no ability to pay increased wages and benefits as traditional employers did.

Third, public opinion did not necessarily support workers organizing. Unionization meant the possibility of wage demands and strikes against elderly and disabled consumers. If the workers became pitted against the consumers, the public might well sympathize with the consumers.

However, SEIU was already engaged in organizing healthcare workers and could not ignore the growing group of homecare workers. By the late 1980s there were almost 100,000 homecare workers in California, with around 60,000 in Los Angeles County alone. According to Kirk Adams (2000), former AFL-CIO director of organizing and one of the earliest architects of SEIU's homecare organizing campaign:

Homecare organizing is at a critical moment in history. It is much broader than an organizing issue. It is also a policy issue – how will we care for the elderly in our society? Will we put the burden on families who must make do with limited resources? Do we expect women to provide their services as an act of faith which we will take advantage of? Or are we willing to commit the funding to reimburse providers adequately for the services they provide?

Thus the organizing of homecare workers became an opportunity for the union to engage in the structuring of a new sector of the workforce, an effort that not only would have a lasting effect on workers and consumers in the homecare industry, but would have broad consequences for social issues such as long-term care services and independent living. The big question was how—what strategies would be effective in overcoming the formidable obstacles to organizing and build toward a vision of a new industry?

The Union's Strategy

Faced with the challenges and opportunities outlined above, SEIU organizers adopted a complex strategy that was comprised of three basic components:

- **grassroots organizing** and political mobilization around day to day worker issues; this became the foundation of all the organizing work;
- **policy changes** aimed at restructuring the system to benefit workers while delivering better care to consumers; these became the tools for accomplishing change; and

- **coalition building** between workers, consumers, and advocates; this became the means for asserting public pressure to effect the organizing goals.

Although these components had distinct goals and strategies, they were inter-related, and successes in one area were used to build further successes in the others, as can be shown from the examples in Los Angeles, San Francisco, and Alameda counties.

The Foundation: Grassroots Organizing

Grassroots organizing among the homecare workers was the foundation of the organizing campaign. Without worker interest, the union could not claim representation rights. In a long-term campaign with a 40% turnover rate, this meant constant organizing and reorganizing just to maintain a statewide level of support of 10,000-15,000 homecare workers at any given time (Wilensky, 2000).

Worker organizing began in Los Angeles and was particularly intense because of the sheer numbers—74,000 workers. The initial challenge confronting the union was to find the workers. Los Angeles homecare worker Verdia Daniels (2000), President of SEIU Local 434B and one of the original activists, described the outreach process, “We went to senior citizens’ centers, doctor’s offices, markets, churches; we even dug in trash cans to find lists of workers.” Although reaching workers was difficult, convincing them to join the union was not. “It was phenomenal,” commented Claudia Johnson (2000), now Vice President, “once they saw a flyer or heard about the union, they would call in to the union for more information because we were only getting \$3.72 an hour at that time.” Remarkably, through word of mouth, extensive phone calling and door-to-door outreach, the Los Angeles local was able to sign up 12,000 workers in less than a six-month period in 1987-88. The union’s message and hope for improved conditions had obviously resonated with them. Organizing in San Francisco and Alameda led to similar results—where workers were eager to sign up for the union. For most union organizers, this kind of response is incredible. As Alameda County Local 616 Organizing Director Mila Thomas said, “We signed them up with a promise of hope.”

Early on the union established a satellite office, giving workers a space to come together and providing limited assistance in finding jobs, a precursor to a computerized registry system that was created in the mid-90s. While recruiting new members at the local level, the union launched a statewide political action campaign that channeled the workers’ grassroots activism into mass demonstrations and political action aimed at state

policymakers. They participated in the campaign to raise the state minimum wage from \$3.75 to \$4.25, fought cuts in funding for their services and filed a successful lawsuit over late paychecks to prevent the state from withholding pay when the budget process was deadlocked (Chang, 2000). SEIU leader Ophelia McFadden (2000) credits these early successes for “grounding the operation and galvanizing the membership. People started realizing what could be done collectively.”

As the campaign progressed throughout the 90s, union chapters held as many as 50 monthly meetings throughout the county, incorporating the union’s political education message. Members used the meetings to plan legislative visits, write letters and organize for greater political strength and material benefits for homecare workers. SEIU Local 434B leader David Rolf (2001) stated, “key to the activism was a political focus. We organized to raise the minimum wage again in 1996 from \$4.25 to \$5.75, gathering more signatures to put the initiative on the ballot than any other union.” The political successes were possible in part due to a change in strategy that allowed the union to more effectively mobilize. Organizer Rickman Jackson (2000) recalls:

We started out organizing by zip codes, but then switched to precincts in 1996. We developed precinct leaders to walk door to door. We also separated members by Assembly and Senate districts and met with the legislators, telling them how many workers were in their district and putting homecare issues in their face.

Local 434B’s Executive board members (2000) described the union’s evolving political clout with pride:

At first, we would go to the polls and vote; now we send questionnaires to the political candidates, then have town meetings with them. We tell them there’s a crisis with homecare workers and consumers; we never leave out the consumers. Before, they closed the door after they got elected. We went to Sacramento and they would look at us—‘what is this woman coming to my office for?’ Now we push the door open if we need to. We worked very hard and walked very hard to get into those doors. Today they’re coming to us, and we’re holding them accountable.

In San Francisco and Alameda counties, the numbers of workers involved were smaller, but the grassroots organizing was nevertheless a critical component. In San Francisco staffers were hired from the rank and file to organize their co-workers (Sherr, 2000), and in Alameda the

union set up a Workers Center to reach out to new recruits (Thomas, 2000). Ultimately, approximately a quarter of the workers in each county voted in their union's election, with 89-91% voting "yes."¹ In each county, grassroots organizing was not only critical in successful union elections, but also became the foundation upon which policy changes could be advocated and coalitions could be built.

The Tools: Policy Changes

Early on, it was evident that many policy changes were occurring in the homecare industry, and the challenge for the union would be to enter this debate with a plan that would strengthen the ability of workers to organize. Government agencies were experimenting with changes in services and funding to an industry that had only come into visible existence in the 1970s. Consumer groups were already organizing on a national and statewide basis for various forms of homecare, one of which included the transfer of federal funds from nursing homes to independent providers.²

Passing Public Authority Enabling Legislation

One of the first policy issues SEIU faced was the creation of an employer of record, that is, an entity to engage in collective bargaining. Their first strategy was to sue the County of Los Angeles for failure to bargain, believing that either the judge would rule that the county government must bargain with the union, or that some other entity must do so. To the union's surprise, the judge did not rule that the county should bargain, but he did not rule that any other level of government should, either. Therefore, the union was forced to find another method of establishing an employer of record.

One model of employer was the contract mode. In this type, IHSS funds go to either a for-profit or non-profit private company, which then hires workers to provide homecare services to consumers. This model already existed on a very limited scale in California but was widely established in other regions, particularly in Illinois. It was strongly opposed by the disability community in California who favored funds for homecare going as directly as possible to the workers and the consumers. This opposition was further strengthened by the results of a contract model demonstration project in Tulare County. National Homecare Systems, the contract agency, was cited for a reduction in services, a failure to provide information to recipients about their rights and resources, a failure to provide services on the assumption that a family member or friend

would not need compensation, and a lack of fiscal accountability (California Dept. of Social Services, 1993). The workers in some California private contractor companies were already organized into an independent union known as the United Domestic Workers (UDW), which was pushing legislation to expand the contract model. However, after a great deal of consideration, in a decision that would have tremendous consequences for the future of the homecare industry in California, SEIU allied with consumer groups to reject the contract model and instead advocate for the independent provider model of care and the creation of a public authority as employer of record.

The public authority was based upon the model of public commissions, drawn largely from SEIU's experience with commissions as employers of city workers in San Francisco. It was an effort to create an employer of record that would include multiple employers and would maintain existing sources of funding. The public authority could take the form of an independent organization or could be the county's Board of Supervisors; in either case there would be a community-based advisory board with the majority of its members representing the senior and disabled communities. Responsibilities of the public authority would include bargaining with the union, providing job training skills for homecare workers, and providing a registry to match workers with prospective consumers. The authority structure would also maintain state and federal funding streams, administered through the Department of Social Services (Kealy, 2001).

In 1991, in the face of opposition from the governor and many legislators, the union proposed a budget trailer allowing counties to establish public authorities as employers of record for homecare workers. During the same period, union staff played a key role in revising the funding strategy for IHSS, working with consumer groups, key department staff and Assemblywoman Gwen Moore to sponsor AB1773, which secured an additional \$800 million in federal funds for the program under Medicaid's "personal care option." This victory gave SEIU more political clout and helped offset the cuts proposed by Governor Pete Wilson. Public authority structures and responsibilities were ultimately defined by three critical pieces of legislation: California Senate Bill 485 in 1992 and Senate Bills 35 and 1078 in 1993. Accompanying this legislation was a budget appropriation providing start up funds to key counties.

Passing Public Authority Ordinances at County Levels

Once enabling regulations were passed, the union, in coalition with consumer groups, turned its efforts to the county level to establish the

public authorities. In Alameda County, the IHSS Reorganization Work Group (RWG) was established to make recommendations about the improvement of homecare services. It was comprised of disabled and elderly consumers, Social Security representatives, an IHSS social worker, homecare workers, and a union representative.

After meeting for three months in 1993, the RWG reported deficiencies in the system to the Board of Supervisors: low wages that led to retention problems, inadequate referral services, insufficient hours allotted for care, no provision for emergency services, lack of help for those who could not manage workers themselves, and insufficient numbers of social workers. The coalition made a series of recommendations with each one viewed as "strategically related to the others." Among other things, they recommended that the county's Board of Supervisors be established as a public authority to administer homecare services, increasing wages and benefits for workers, and expanding IHSS services (Alameda County, 1993).

In San Francisco, where the city is also a county, a coalition of consumers and union representatives that had been meeting for two years decided to advocate for an independent public authority, a free-standing organization separate from the Board of Supervisors. They believed that an independent authority would be more stable and have more time to focus on homecare than the Board of Supervisors. It would also provide for input of the current city administration on its board of directors, while avoid being directly affected by changing politics at the Board of Supervisors (Calame, 2000).

In 1995 the San Francisco public authority was established, and Donna Calame, a community-based consultant who had been a member of the founding coalition, was hired as its executive director. She recalls, "We went to dozens of meetings with the union, the mayor and supervisors, trying to persuade them to come up with funding for a wage increase for the workers." When the union released a survey of its membership showing that its homecare members desperately needed healthcare, Calame joined the city's health director in convincing the city's decision makers that they should authorize health care benefits for the workers. With the public authority, the employer of record, lobbying on behalf of the workers and with a sympathetic Board of Supervisors, it is not surprising that, at \$9.70 per hour with medical and dental benefits, San Francisco's homecare workers are now the best-paid homecare workers in California (Sherr, 2000).

In Los Angeles, the union's efforts to legislate a public authority

were much more difficult. The County Board of Supervisors opposed a public authority, equating it with unionization and a demand for higher wages, some of which would come from county funds. The Board would only agree to allocate some of their start-up funds for an independent study of homecare services. The union-consumer coalition coalesced and issued a report in response to the study (Opportunity Now, 1996); this ultimately became the basis for a public authority ordinance despite initial opposition from the Supervisors, the Department of Public Social Services (DPSS) and the County's Chief Administrative Officer.

Throughout this process, the union waged a massive campaign to pressure the policymakers. Workers picketed the offices of the Board of Supervisors and the DPSS and filed mass applications for zookeeper jobs, asserting that workers who cared for animals were better paid than homecare workers who cared for human beings. Union and community groups flooded the Board of Supervisors with letters and met with Board members, urging them to establish a public authority (Rolf, 2001). Ultimately these activities led to a 1997 ordinance to establish a public authority in Los Angeles County.

Thus, the efforts to pass statewide enabling legislation for the public authorities, and then to pass local ordinances to set up public authorities in each county paved the way for union recognition and union bargaining to occur. However, these victories would not have been possible without a coalition between the union and consumer groups that built a social movement and provided the public voice that influenced policymakers to effect change.

The Means: Coalition Building

Coalition building with consumers became the means to achieve the organizing goals for several reasons. First, the disabled and elderly coalitions were already actively organizing for independent living through organizations such as the Centers for Independent Living and the World Institute on Disability. It was their advocacy that had won the establishment of IHSS and the independent provider system in the first place. Any plan to improve conditions for homecare workers could not ignore the presence and strength of their movement. Second, since the consumers were politically strong and many were workers' kin, it was critical that the union win their support in unionizing homecare workers. Third, a partnership between the workers and consumers had the potential for becoming the core of a unique alliance that could attract religious groups, community based organizations, and politicians to support both workers'

and consumer' issues. The strength of this broad coalition was precisely the leverage that the union needed in order to press its demands.

Notwithstanding the potential strengths of the coalition, the merits of working in coalition were hotly debated among all players. A November 1996 magazine of the disability community was entitled "Attendant Services: Regional Conflicts, National Consequences." One feature article argued that acceptance of the union was a "zero sum" proposition in which increased wages for workers could only come at the expense of fewer hours of care for consumers (Russell, 1996), while another advocated for a worker-consumer coalition, citing its potential to leverage more funds for the IHSS program (Toy, 1996). In addition, some consumers believed that the union would try to take over the IHSS reform effort and control their autonomy over their lives. They also feared that the union would strike, leaving them without care. Consumer activists who supported homecare workers organizing faced considerable criticism. Blane Beckwith (2001) of the Americans Disabled for Attendant Programs Today (ADAPT) recalls:

Some disabled activists told us that we were selling them out, but they didn't understand that the union was willing to change some of their practices. Unfortunately, there is still some dissension about unions among consumer groups that continues to this day.

Within the union, there were also some who did not see the value of working in a coalition with the consumers. "There was constant pressure to produce numbers of new members," recalls Steve Wilensky (2000), former coordinator of the union's California campaign, "and not much tolerance for the time and effort it took to build ties with the consumer communities." Adds Jeanine Meyer-Rodriguez (2001), head of SEIU's State Council, "Some people have tunnel vision, and they don't understand the importance of building a movement."

These tensions continued even after the union was organized and collective bargaining was taking place. For instance, in Alameda County, the issue of who should have the right to hire and fire the workers, and whether this right should be with or without cause was hotly debated. Explains Blane Beckwith (2001) who has muscular dystrophy, "I weigh 135 pounds and I don't want to be dropped. I need someone who can do what I ask so that I can function, and I am the best judge of that." On the other hand, homecare worker Ada Wong (2000) feels that, "Sometimes these elderly consumers accuse us of ridiculous things like stealing their clothes, and we might get fired or unfairly branded. The union contract

should protect us from being fired unreasonably.” In the end, the union contract gave consumers the right to hire and fire with or without cause. “I came to understand how intensely personal this job is, and how important it was that the consumers had a choice in who touched their bodies,” says Patricia Ford (2000), SEIU Executive Vice President and former director of Local 616. In recognition of possible conflicts between workers who feel that they have been unjustly terminated and consumers who want to terminate them for whatever reason, the union registry was established to give workers other options for employment (Rolf, 2001).

In San Francisco, the coalition has had remarkable success, but has also faced some difficult moments. In 1999, when the City asked voters to approve Measure A, a bond measure that would fund a full renovation of its public nursing home, Laguna Honda, the union and the consumers found themselves on opposite sides of the issue. The union supported the measure to fully rebuild Laguna Honda, because its research showed that the number of nursing home beds required would increase with the aging of San Francisco’s population (SEIU, 1999). But consumers viewed this as one more attack on independent living and their ability to control their own lives. “I’ve seen people at Laguna Honda who are less disabled than I am,” says Blane Beckwith, who needs to use a respirator to breathe, “and I would rather die than go into a nursing home.” With this incident leaving bitter feelings, various stakeholders have been reaching out to the Federal Mediation and Conciliation Service for assistance on how to rebuild their coalition (Shaffer, 2001).

Despite these problems, most union and consumer organizers agree that the coalition is critical to furthering improvements in long term, quality care for workers and recipients. The ultimate success of the coalitions was largely due to the leadership in both the union and the consumers’ movement. In the words of Janet Heinritz-Canterbury (2001), who came out of the senior movement and worked with the union to develop a coalition at the state and county level:

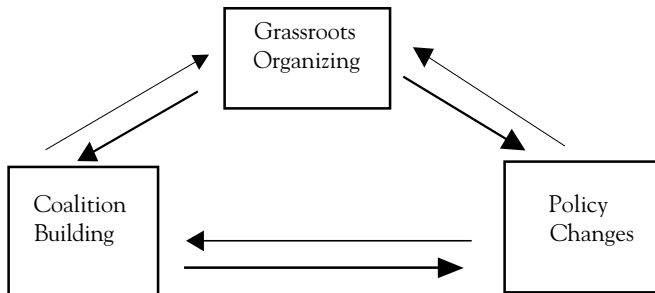
Traditionally, unions used coalitions for media or public relations goals and not for internal strategic or tactical decisions. And, to many consumers, the union was a potential interference in the relationship they had with their worker. But winning any improvements in IHSS demanded that consumers and unions work together to develop goals and strategies. And there wasn’t a lot of time for this complicated and often dicey process. Ultimately what it took was for these groups to develop a level of respect and trust

that they were working for the same goals and an understanding that they needed each other in order to make improvements in their own situation.

Lessons from the Organizing Campaign

In summary, the organizing strategy was based upon grassroots organizing as a foundation, the use of policy changes as a tool to make organizing possible, and coalition building as a critical leverage. While each component of the strategy was distinct, it was also inter-related to the other components. Changing policy at the state and local level was dependent upon a strong coalition of labor and community groups, which could not have been built without the organized voice of the workers. On the other hand, the workers could not have succeeded in unionizing without legislative changes and the support of the consumers. Finally, the strength of the coalition was based upon an active rank and file joining with the consumers, as well as policy provisions that guaranteed a role for consumers in public authorities. This inter-relationship can be shown in Figure 1 below:

Figure 1: Inter-relationship of Key Components to Homecare Organizing



To date, eight of California's 58 counties have established public authorities, and all have won union elections. The union now represents more than 100,000 workers statewide, and efforts are currently under way to organize workers in San Bernardino and other counties. The future will provide more opportunities for workers and consumers as a result of 1999 legislation, AB 1682, which requires each county to establish an employer of record for IHSS personnel by 2003, with a majority of con-

Table 2
Organizing Benchmarks and Key Issues

Country/ Union	Organizing Started	Public Authority Ordinance Passed	Union Election	Union Contract(s)	No. of Workers	Conditions
Los Angeles Local 434B	1987	1997	1999	1999-2004	74,000	\$6.75/hr. medical
Alameda Local 616	1993	1993	1994	1997-2000 2000-2002	7,000	\$7.82/hr. medical
San Francisco Local 250	1993	1995	1996	1997-2000 Currently in Negotiations	8,000	\$9.70/hr. medical dental

sumer representatives on its advisory board. Table 2 summarizes benchmarks in the homecare organizing campaigns in the three counties and highlights differences between them.

There are clear differences in the length of time between the various benchmarks in each campaign, from the start of organizing to the establishment of the public authority to the union election and ultimately to agreement on a union contract. The wage and benefit packages also differ considerably. For example, San Francisco County agreed to supplement the costs of wage and benefit increases; in contrast, the Los Angeles County ordinance establishing the public authority includes a compromise clause that negotiations will not result in any net increased costs to the County unless a new source of revenue is identified to offset those costs. It is clear that the political climate was a key factor in the differences between these campaigns; but other factors, such as the sheer size of the Los Angeles workforce, also play a role. A thorough analysis of the differences between the campaigns in these counties is beyond the scope of this paper but merits further investigation.

From this table, it is possible to identify a number of apparent challenges for the future of homecare worker organizing. First, while wage and benefit rates vary considerably among the counties, all are still relatively low, and all counties will have to confront policies and funding mechanisms that continue to stand in the way of raising wages and providing benefits to both workers and consumers. In particular, recent debates about the amount of cost-sharing between state and county governments have left workers frustrated and disappointed. Testifying before the Los Angeles County Board of Supervisors at a March hearing on health benefits, homecare worker Amanda Figueroa described the workers' plight as that of a "ping-pong ball," tossed between the state and county with neither willing to accept fiscal responsibility for wage increases or benefit coverage (Figueroa, 2001).

Second, the number of workers organized is impressive; however, when compared to the number of workers already in existing local unions, questions arise as to the process of integrating homecare workers and their issues into the union. For example, Local 250 in San Francisco represents 8000 workers in a union of more than 60,000 healthcare workers throughout northern California, and the challenge will be how to give priority attention to issues facing the relatively low-wage homecare workers whose numbers are in the minority. The 7000 homecare workers in Alameda County's Local 616 now comprise nearly two thirds of their local; their challenge will be to transition to a leadership structure that

reflects this membership composition. Recently, in an historic step that demonstrates the local's commitment to leadership development, four monolingual Chinese-American homecare workers were elected to the board of Local 616. The Los Angeles local, a newly-formed one, represents primarily homecare workers; its considerable challenge, as voiced by Executive Board members and general manager Tyrone Freeman (Freeman, 2001), is to develop leadership among the diverse ethnic groups that comprise such a large workforce. To address this, the local has hired numerous staffers from the ethnic communities where the workers are based.

Finally, Table 2 shows the delay negotiating San Francisco's second contract, pointing out the dilemma facing the union-consumer relationship. As was discussed earlier in this paper, although the strength of the union-consumer coalition was a key factor in raising wages and benefits, the coalition suffered a setback over the Laguna Honda issue, and since then contract negotiations have been stalled. The reality is that the workers' closest ally is also sometimes their adversary, a situation that throughout the organizing campaign was often difficult to navigate. However, one of the key lessons from this campaign is that the leverage to organize successfully came from a union-consumer coalition where both sides were willing to sacrifice some deeply held ideas for longer-term strategic goals. Absent other means of successfully improving homecare services and working conditions, the challenge will be for both the union and the consumers to strengthen this key partnership into the future.

Reflections of the Organizers

The people interviewed for this article eloquently articulated the meaning that unionization has had for them, and the lessons they learned about organizing for respect, dialogue and dignity. A homecare worker in Oakland commented, "I used to think that this work was degrading. But since joining the union I see how it has given us respect. Now I'm going to stay" (Wu, 2000). A Los Angeles worker described the dignity she feels in her job, "This is a caring job. My father died when he was 95. He did not have one bed sore and I'm very proud of that" (Ray, 2000). A disabled activist provided a view into his aspirations for independent living, "I'd like to fix up my RV so I can wheel my wheelchair in, open the skylight, and sleep outdoors under the stars" (M. Beckwith, 2000), and a union staff commented, "You should see our Christmas party. The consumers get right out there on the dance floor and spin their wheelchairs to the music. Spinning around and around. It's so great." (Thomas, 2000).

Another union staff put the personal nature of homecare work into a larger context:

The discrimination, the political and economic abuses facing both minimum wage workers and the most disadvantaged people in our society – the elderly and disabled – this created a bond, a human, sensitive relationship that developed between the workers and clients (Barragan, 2000).

And a disabled activist who was a founder of the union-consumer coalition in Los Angeles described the reflection and principles necessary to take this bond to the next level of working together in a coalition that would change the very nature of homecare service delivery in California:

There was great hesitation on the part of the disabled community to get involved, owing to stereotypical images around the word union, strikes, work stoppages.... I reflected on that and then I understood – if I fight for social justice for me, how can I have the conscience to block someone else's fight? Eventually, people came around and we were able to form a coalition with two principles: 1) consumers have the right to a voice in policy and 2) workers have the right to an employer of record with whom they can bargain collectively (Navarro, 2000).

Significance Beyond Organizing

The successful organizing of more than 100,000 homecare workers, the largest union gain in nearly 60 years, is a triumph in and of itself. Yet the homecare organizing campaign also had economic and social significance far beyond organizing. It represented a strategic intervention of the union in the formation of a new labor market, and it established a new form of industrial relations. It also established an important precedent for how society will address independent living and long-term care for elderly and disabled persons. Finally its successes have inspired workers with similar challenges, such as childcare workers, to begin the process of organizing.

Homecare workers did not exist until the 1970s, when women joined the workforce in significant numbers. Before then, most duties of homecare workers were performed by women who worked at home; however after the 70s, these duties were either assigned to homecare workers or they were carried out by family members who needed compensation for wages they would have earned in other jobs (Harrington, 1999). In this con-

text, the union's decision to organize homecare workers was not merely a commitment to a recruitment drive, but was also a strategic commitment to advocating policies and systems that would have a lasting effect on the structure of the emerging homecare workforce. In particular, its decision to advocate for the public authority model rather than the contract model of care were significant not just for California, but for other states as well.

The union's intervention was designed not only to win representation rights, but also to expand its access to and density within the labor market. Unions have historically used various means of maintaining leverage in their markets, such as controlling job access (Hartman, 1969), or restructuring the employment relationship (Dubinsky and Raskin, 1977). In the case of homecare, the union utilized legislative action to expand its reach. By ensuring the passage of AB1682, the 1999 law requiring every California county to establish an employer of record by the year 2003, the union has effectively eliminated the time-consuming, costly, and sometimes politically-difficult struggles at the local level to establish public authorities. Now it is free to turn its attention to the serious task of organizing the workers. Assuming that this expanded access leads to election win rates similar to those in Los Angeles, San Francisco, and Alameda counties, then the union will have found an effective tool not only for gaining access to more workers, but also for building a high degree of density within the labor market.

The campaign also created a new type of industrial relations. Instead of the traditional employer-employee relationship, homecare workers now had three employer entities: IHSS, the consumers, and the public authority. While separate employer entities are not new, accommodating the rights of consumers to hire and fire, for example, is unique. While it remains to be seen how well this system works in practice, the willingness on the part of all parties to experiment with new forms of industrial relations is truly innovative.

The homecare organizing campaign set an important precedent for union involvement in social issues such as long-term care and independent living. Disabled consumers for several decades have advocated for decreased government funding for nursing homes and other boarding institutions, and increased funding for independent care providers, equipment, and other forms of support for living at home. While this has strengthened support for homecare, it has also created tensions between advocates for homecare and nursing home services. These debates reflect a larger societal problem and a need for greater consumer and worker involvement in shaping the overall future of long term care in order to

replace the current fragmented system with one that is more rational (Kane and Kane, 1987). As the baby boomer generation ages, long term care will become an increasingly critical issue that unions cannot afford to ignore.

Finally, the successes of the homecare campaigns have prompted others to organize. In California, a group of childcare workers and advocates have begun to meet. Like homecare workers, they are thinking about the need to organize at the grassroots, to change public policy, and to build coalitions of key stakeholders. Although their issues are different in many ways, the fact that homecare workers succeeded in spite of seemingly insurmountable odds is a tremendous inspiration to childcare workers.

Conclusion

In summary, the organizing of homecare workers in California was and continues to be a tremendous achievement. The long-range strategy of using grassroots organizing as a foundation, policy change as a tool, and coalition building as leverage enabled the union to succeed against overwhelming odds. Although the union still faces serious challenges in raising wages and providing benefits, integrating this new workforce into its existing structure, and continuing the coalition with consumers, it has proven its ability to overcome obstacles by adopting creative strategies that address complex issues. The efforts of the workers, consumers, and staff organizers have contributed new ideas and fresh inspiration to all those involved in rebuilding the economic and political clout of the labor movement.

Notes

- 1 Alameda: 21% of ballots returned with 89% voting yes, 11% voting no; San Francisco: 27% returned with 91% yes, 9% no; Los Angeles: 25% returned with 89% yes, 11% no
 - 2 See MiCASSA, the Medicaid Community Attendant Services and Supports Act, that was introduced as S.1935 in November 1999 by Senators Tom Harkin and Arlen Specter; earlier versions have been sponsored by other lawmakers.
- We want to thank the many people who generously gave their time, insights and materials to document this important campaign and to provide feedback on an earlier version of this paper. We could not possibly do justice to the magnitude of the effort and the dedication of the workers, staff and activists who changed the nature of homecare services in California.

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