Health Care Unionization and the National Economic Council*

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(On July 26, 1974, President Nixon signed S.3203, an act to amend the National Labor Relations Act to extend its coverage and protection to employees of nonprofit hospitals, and for other purposes. The act, which is now Public Law 93-360, is reviewed in this article.)

Labor relations in the health care industry have been revolutionized by three interacting movements in recent years.

First, large numbers of blue collar trade unions, motivated by the vision of increased dues revenues, began to organize hospital employees in unprecedented numbers.

Second, hospital administrators, watching the growing numbers of service and maintenance employees joining these unions and through them winning deserved pay increases, recognized that allied health care employees would next realize the advantages of collective bargaining and would seek organization. Fearing a proliferation of bargaining units which would require the hospital to negotiate with each technical discipline, the administrators have urged on the National Labor Relations Board the concept of global hospital bargaining units. These broad units, to the detriment of the individual professions, unite all technical employees under one bargaining representative. Also, at times, the Board has forced all employees into one hospital-wide unit.

Third, in 1947 Congress exempted nonprofit hospitals from inclusion under the National Labor Relations Act (NLRA). This lack of coverage, as Congressman Frank Thompson of New Jersey explained, brought "instability" to labor relations in nonprofit hospitals and was used by these hospitals to "exploit" their employees.

The New Bill

Led by Congressman Thompson and Senator Robert Taft of Ohio, Congress passed S. 3203, a bill to repeal the not-for-profit hospital exemption to the NLRA, and on Friday, July 26, 1974 President Nixon signed this bill into law. With the enactment of this law the days when allied health personnel could discuss the question of whether it was appropriate for a professional to belong to a union have passed. Today, the question facing health care employees is what type of union will represent them?

Some allied health care employees have joined blue collar trade unions seeking "to take advantage of their clout and their professional expertise in handling . . . economic affairs," as one Wisconsin med tech explained. But the great majority of allied health care employees have reservations about aligning themselves with unions whose professional expertise amounts to "clout." They recognize the health care industry as unique in the labor arena — a situation which obligates any group seeking collective bargaining representation to have a secure understanding of the industry and a willingness to create new methods of organizing and negotiation which are responsive to the needs of allied health employees and the institutions and patients they serve.

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The New National Economic Council

Responding to this growing demand for a more sophisticated and responsible collective bargaining vehicle, 18 associations of health care personnel met in Washington, D.C. in 1972. The outgrowth of the two special conferences was the creation of the National Economic Council of Associations of Health Professions, a nonprofit association established for the purpose of chartering and providing organizational assistance to technical and professional health care employees who wish to pursue collective bargaining with their respective employers. The founding members of the NEC are The American Society for Medical Technology, The American Society of Radiologic Technologists, the Clinical Microbiology Division of The American Society for Microbiology, and The International Society for Clinical Laboratory Technology.

The purpose of the NEC is to improve wages and working conditions, such as job security, in the health care industry by establishing chapters of the NEC which will act as collective bargaining agents for employees who are providers of health care. The NEC currently serves as a temporary organizing committee which charters chapters and assists them in their initial organization and membership development. The NEC does not itself act as a collective bargaining agent; only the affiliated chapters are bargaining agents. Once a chapter becomes self-sufficient, the NEC continues to provide staff services, economic research, and communications between chapters. At an appropriate time the chapters will form their own national organization in a thoroughly democratic manner.

During the one and one half years since the NEC was founded, it has responded to this labor relations crisis by chartering groups of health care employees throughout the country. Presently, charters have been granted to chapters in Arizona, Washington, Oregon, New York, and Colorado, while groups in Mississippi, Michigan, Wisconsin, Illinois, Minnesota, and New Hampshire have indicated an intent to organize once the NLRA was amended.

The NEC Chapters are at different stages of development, ranging from the initial organizational drive for membership to the negotiation of a contract covering a particular unit. Recently the Arizona Chapter was certified by the National Labor Relations Board Regional Director as the bargaining representative for the medical employees of Diagnostic Lab of Damon Corporation in Phoenix. Also the Seattle Chapter has been recognized by the Department of Labor and Industries of Washington as the appropriate agent to represent the operating room technicians of the Virginia-Mason Hospital. Several other petitions have been filed by the chapters and are waiting for hearing dates to be set by the respective state labor relations board.

During the debate over S. 3203 Congressman Herman Badillo (N.Y.) stated, "For over a quarter of a century, since the enactment of the Taft-Hartley Act, the country's 1.7 million nonprofit hospital employees have been denied the protections of the National Labor Relations Act. These men and women are some of the nation's most exploited workers, receiving poor wages and few fringe benefits although they work long hours at arduous jobs, and many are denied even minimal job security . . . S. 3203 simply grants to nonprofit hospital workers the rights of union organization and collective bargaining which other workers have long enjoyed. Because they are low paid, with wages often below bare subsistence levels, these workers are in great need of the right . . . to bargain collectively with hospital management for the improvement of wages, hours, and general working conditions. There can be no justification for the continuing unconscionable discrimination against these men and women . . ."

Health care personnel who are currently employed in hospitals, laboratories, and other institutions which have done little or nothing to improve the conditions cited by Congressman Badillo should now embrace these newly gained but hard fought rights guaranteed under the NLRA. Failure to exercise these rights can lead to a lessening of professional standards which in turn can only result in a loss to the patient public. Through NEC chapters, collective bargaining may be conducted in a manner that fosters and protects the legitimate economic interests of employees of health care institutions without compromising their integrity as professionals or their responsibilities to patients in their care.