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Foreword

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Foreword

Andrés Torres
James Green

Many important debates about public policy at the national level and in states like Massachusetts have centered on health care and human services, including welfare and the care of children, the abused, the disabled, the elderly, and those suffering from mental and physical illness. In this issue scholars and advocates examine a range of problems in the health care and human service fields from a perspective often lacking in the public policy discussion — that of the workforce and of the labor organizations that represent the workforce.

This special issue is the product of research and advocacy work sponsored by the Labor Resource Center at the University of Massachusetts Boston's College of Public and Community Service. The articles by Andrés Torres, Françoise Carré, Maria Estela Carrión, James Green, Kathryn Cauble, and Enid Eckstein are derived from research projects conducted at the center with the support of the Ford Foundation and the John W. McCormack Institute for Public Affairs, University of Massachusetts Boston.

As a result, most of the articles center on health care and human service workers in Massachusetts who, like their counterparts in other states, are experiencing various pressures resulting from the privatization and deinstitutionalization of public facilities, the downsizing and merging of private and public health care facilities, the growth of new forms of health care and human service delivery, including that administered by home-based and community-based providers, along with the spread of part-time employment in all fields, the growth of new technologies and the limits of job training, as well as the impact of managed care and other cost-cutting measures. To many of these workers and their advocates such pressures have created a crisis in the health care and human service fields.

Public policy in health and human services is usually shaped by the concern of taxpayers, the agendas of policymakers and funders, and the interests of consumers and their advocates who, in some cases, have argued that the quality of care depends greatly on the quality of the environment experienced by direct-care workers. Yet, with all the policy changes, cost-cutting measures, and management innovations, health care and human service workers often feel left out of the policy debates and program development and believe that they are unfairly blamed for rising costs and decreasing consumer satisfaction. The research articles explore the world of these workers, examine the crises they have experienced in the workplace, and explore alternative ways of improving services while improving their quality of work life.

The studies of Carré, Carrión, and Lin Zhan and Jane Clutterbuck analyze the impact of workplace transformation on various health care workers — entry-level employees, allied health professionals, and nurses. They examine a number of problems.

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Carrión identifies the lack of training and advancement possibilities for entry-level health care workers, especially women of color, and investigates the conflict and tensions they experience in relation to race, ethnicity, and gender. Carré explains that while opportunities do exist in higher-paid professional slots, they are only for well-trained workers. University of Massachusetts Boston Nursing School professors Zhan and Cloutterbuck focus on nurses and the many pressures on their profession brought about by health care restructuring, cost cutting, and managed care systems; they also investigate necessary changes in education and career development, arguing that nurses must be proactive at many levels, including the formation of public policy and the diversification of their profession.

Nurses, as the most unionized sector of the health care workforce, have been able to make some organized, collective responses to the pressures on their profession and to the challenges of public policy. More generally, Enid Eckstein of the AFL-CIO reviews the ways in which unionized health care workers can respond to workplace change and health care reform and how they can organize to make an impact on public policy. She maintains that workers must have a role in negotiating and bargaining over job redesign, which is usually entirely driven by management imperatives. She also makes a strong case for the involvement of organized health care workers in enhancing the quality of health care.

Torres, a College of Public and Community Service economist, analyzes an educational program initiated by the Service Employees International Union Local 285, which represents Massachusetts health care workers. The local's efforts produced a labor-management Workers Education Program (WEP) designed to improve opportunity and occupational mobility for entry-level hospital workers. It is noteworthy that the WEP experiment was begun because of supportive public policy that created a fund for the training and development of health care workers. Unfortunately, this promising venture was not institutionalized because management balked at making a long-term commitment, but the program offered an important example of how an organized workforce can take the initiative in responding to change and improving the skills of direct-care workers.

Other alternative programs and strategies, based on critiques of existing public policies and current practices, are analyzed in these pages. Lande Ajose, an MIT doctoral student, shows how welfare reform in Massachusetts directed former recipients into home health care jobs, but explains that many of them lack training for such work and that, in any case, occupational mobility is so rare in this field that some poor people who received public assistance earned wages that kept them mired in poverty.

Ruth Glasser and Jeremy Brecher report on an inspiring example of home health care aides who work with and for a South Bronx cooperative enterprise. Although wages are low, the workers, mainly women of color, are receiving training, acquiring competence, and gaining self-confidence in this "democratic, employee-owned company." Like other articles in this special issue, the study of Cooperative Home Care Associates indicates that the expanding need for certain kinds of direct-care workers in health and human services provides new opportunities for poor people. But the authors also posit that the opportunities require significant investment in the development of this workforce as well as the recognition that poor, disadvantaged people can improve themselves if they achieve enough control over their working lives. Glasser and Brecher show how self-help and mutual aid flourished through a cooperative way of organizing an agency.

Anna-Marie Madison, director of the College of Public and Community Service

Master's Program in Human Services, makes a parallel argument about the need for "mission-based" performance evaluation in which those who provide human services are involved in designing and carrying out the appraisal. Many human service providers find that outside funders and regulatory agencies, rather than those who are responsible for carrying out the agencies' missions, are driving the evaluation process.

Madison's analysis of mission-based performance evaluation is concerned mainly with small, nonprofit agencies in which unions are rare. In unionized human service agencies, including many public institutions, workers negotiate concerning conditions and procedures and are often able to respond to evaluations so that their voices can be heard. With the privatization of many state-funded human services, the unionized sector has declined and public employee unions have turned to organizing the privately employed workers, for example, the direct-care workers in Massachusetts group homes for the mentally ill and mentally disabled.

Edwin Meléndez, an economist and director of the Mauricio Gastón Institute for Latino Development and Public Policy, University of Massachusetts Boston, describes changes in the nation's employment and training systems. The effectiveness of workforce development policies and programs has been the subject of wide-ranging debate since the early 1990s. Meléndez evaluates current proposals for the revision of existing job training and placement strategies, with particular emphasis on the future role of community-based organizations and higher education institutions in training adults.

James Green, a coordinator of the Labor Research Center, describes an attempt by one union to reach out to providers in the group homes to form a partnership that would overcome traditionally adversarial labor-management relations. Low-paid direct-care workers would benefit from union wages and working conditions as well as improved training, while smaller providers would benefit from cooperation with other suppliers and the union, which would use its political influence to gain better funding for private workers' salaries. The union also proposed more flexible methods of disciplining workers and more cooperative methods of enhancing the overall effectiveness of the agencies in serving its clients. The article concludes with a call for public policies in health care and human service workers similar to the federal labor policies of the New Deal era, which allowed industrial workers to improve their wages and working conditions and to intensify their citizenship and self-image through collective bargaining and government regulation.

In sum, the research articles in this collection all point to the importance of health care and human service workers themselves as stakeholders in the development and implementation of public policy and in the provision of services. The contributors accept the inevitability of change in both fields, but they also recommend policies and practices that upgrade and empower these workers and assert that without such improvements, clients, consumers, and patients will not receive the excellent quality of care they deserve. ❧