



LEON DAVIS

In First Person: An Oral History

Lewis E. Weeks  
Editor

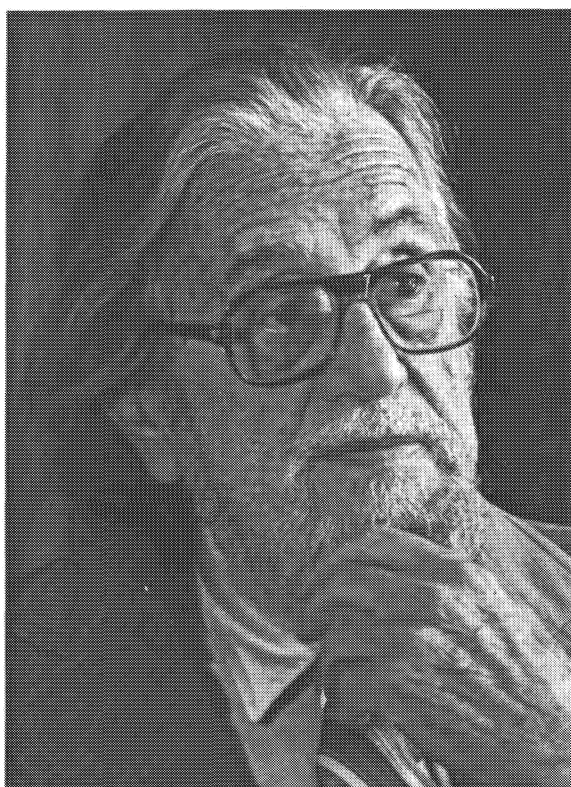
HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION  
Lewis E. Weeks Series

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Leon J. Davis

## CHRONOLOGY

1907                    Born in Byelorussia

1927-1929             Columbia University (Pharmacy)

1932                    Drug Store Workers Union (1199)

                          Founder  
                          President of the union and its successor,  
                          National Hospital Union 1932-1982

## AFFILIATIONS

Central Labor Rehabilitation Council of New York  
Member

Health Care Industry Labor Management Advisory Committee, The Federal  
Mediation and Conciliation Service, Member, 1974-

International Retail, Wholesale, and Department Store Union,  
Vice President

New York Central Labor Council, Executive Board,  
Member

## AWARDS

District 1199, RWDSU  
25th Annual Award, 1957

State of Israel Bonds Sale  
Trade Union Division, Award, 1957

Concord Baptist Church of Christ  
Brotherhood Award, 1964

New York City Central Labor Council  
Distinguished Service Award, 1964

District 1199, RWDSU  
Certificate of Affiliation, 1964

Newspaper Guild of New York  
Page One Award on Labor, 1965

Local 485, IUE  
Annual Solidarity Award, 1967

Local 1199 E, Baltimore, DC  
Expression of Appreciation, 1972

Mayor's Office for Veterans Action  
Award, 1973

Central Labor Rehabilitation Council of New York  
Award, 1974

Educational and Cultural Fund of the Electrical Industry  
Award, 1975

Spanish Workers of 1199  
Award, 1981

Governor of Pennsylvania (Richard Thornburgh)  
Award, 1982

District 1199, RWDSU  
Half of a Century of Leadership Award, 1982

Governor of New York (Hugh L. Carey)  
Citation, 1982

New York State New Democratic Coalition  
Award, 1982

AWARDS (continued)

District 1199, New England  
Expression of Appreciation

Transport Workers Union of America  
Local 100, TWU Citation

The Public Health Association of New York City  
Special Award, 1983



WEEKS:

Mr. Davis, we want to talk about unionization in hospitals and health care facilities. I have some information on you, but in our conversation on the way over from the airport I realized I have some erroneous facts. One, I think you were born in 1907. Is that right?

DAVIS:

Yes, 1907 is correct.

WEEKS:

In Russia?

DAVIS:

In Byelorussia. A part of Russia. A small republic of the Soviet Union in between Poland and the Ukraine.

WEEKS:

When did you come to the United States?

DAVIS:

1921. I was about fourteen years old when I came to the United States.

WEEKS:

We have also talked about the fact that we both have a pharmacist background. How did you happen to decide to be a pharmacist?

DAVIS:

I guess it is due to the fact that Jews as a people have had their offspring go into medicine or something close to it. That's a historical preoccupation. I was reading Howard Fast. He says as the result of Jews being involved with circumcisions they became doctors and surgeons. Since then they have played a major role in medicine in the entire history of the Jewish people. I guess I was a product of it. They wanted me to be a doctor but that was not achievable, so I settled for pharmacy.

WEEKS:

So you went to Columbia. Did you work in a drug store after you got through?

DAVIS:

I worked in a drug store after and during the time I went to Columbia University.

WEEKS:

The first reference I have to you in union activity is that you were... Were you the head of the drug store union?

DAVIS:

I was the founder and head of the drug store union. Working in a drug store I found the limitations of the drug store and pharmacy were such that it was not for a young person who wanted to make his way in this country. My conclusions were very negative. It was not a profession that could provide any kind of future for myself or my family, if I got married. I met a number

of youngsters in the employment agency in New York looking for junior pharmacy jobs (I was one of them). I felt the need to organize a union. That was probably about 1932.

WEEKS:

The first reference I have to you in 1957 is when Elliot Godoff came to you. He had been instrumental in organizing Maimonides Hospital, and as I picture this...I don't know whether this is correct or not, you can correct me--he came to you. You were the head of the union of druggists or pharmacists. He wanted to change employment. He came to you for advice. I assume you two began talking about things in general and union activities in particular.

DAVIS:

Godoff was a pharmacist by training. However, for a number of years he was an employee of the City of New York. He became an organizer of what is now called the Civil Service Employees Union.

WEEKS:

Is this different from AFSCME?

DAVIS:

It became a part of AFSCME. He worked for the president of AFSCME in New York and he helped to organize the city hospital workers in New York into a union. Maimonides, the name of that hospital, is still there. The name goes way back in the history of Jewish medicine.

WEEKS:

It goes way back to the twelfth of thirteenth century?

DAVIS:

To the Spanish era of Jewish life. In Maimonides Hospital...the workers

were organized but the conditions were nominal. It didn't provide the kind of a union contract which a union could build on, but it was a beginning. They recognized the union, they recognized the union's right to handle grievances. Godoff found his job with the Civil Service Employees Union unacceptable and he resigned.

WEEKS:

Was the Maimonides union connected with the Teamsters?

DAVIS:

Yes, at that time. He found for many reasons that the image of the Teamsters' union made him want to make a change. I suggested to him that our union, 1199, which was primarily a union of drug store employees, primarily pharmacists, might be an appropriate place to start organizing. Since he had a beginning at Maimonides, we proceeded to organize Maimonides Hospital. Our union at that time was in a good organizing position. We had a solid organization of 5,000 employees of drug stores in the city of New York, chain drug stores as well as independent drug stores. We had the resources; we had some money. I said, "Why don't we commit ourselves to organizing hospital workers." We would be willing to provide the assistance, and the organizers. That's how his experience turned our eyes to hospital workers who at the time were the most underpaid workers in the health field in the city of New York and nationally. That's the beginning of 1199, a union of retail drug store employees into the field of organizing hospital workers. The fact that pharmacists were a part of the health care industry, and the hospital workers obviously were a part of the health care industry, was merely a takeoff position for us and an excuse for us to go in and organize hospital workers who were in a terrible economic position at that time. We started organizing

and Elliot Godoff was the first, actual organizer of what became the hospital union 1199. It led to the organizing of thousand upon thousands of workers.

WEEKS:

The first place you worked on after Maimonides was Montefiore Hospital, wasn't it?

DAVIS:

Montefiore Hospital was the first target for organization. We were confronted with the fact that the state of New York did not have any legislation which would permit us to organize hospital workers. Nationally they were not covered by the Wagner Act so we were up against very difficult legal problems. Hospital workers were not entitled to collective bargaining, were not entitled to strike and picket. We undertook this task despite the obvious problems and difficulties which we knew were ahead of us. But, being young and being either careless or ambitious or both, we undertook that task because of the terrible economic conditions of the workers in health care, and problems connected with civil rights. Most of the workers in the hospital, especially the low paid, were black or Puerto Rican. That also caused our emotions to favor organizing those workers so that they would have their day in court, so to speak. It naturally changed the whole history of organizing hospital workers.

WEEKS:

You got a raise in pay and a 40 hour week out of it, didn't you?

DAVIS:

We did get the 40 hour week, but more than that we got the right to organize. Nelson Rockefeller was the governor at that time. I think he saw that the philanthropists who were running the major hospitals of New York

City, voluntary hospitals, were not very philanthropic in their treatment of the workers in their hospitals. In connection with that I landed in jail. The reason I landed in jail was because of the injunctions which prohibited picketing and striking. I violated the injunction by picketing a hospital and was found guilty. It was a civil offense not a criminal offense. I was sent to jail for 30 days the first time and was confronted with another six months sentence. But during the time I was in jail the whole issue of employment of hospital workers and wages and working conditions became a public issue. The press took a hand in it, and it became publicly embarrassing to philanthropists who were exploiting the workers. As a consequence a law was passed on the recommendation of Rockefeller giving hospital workers the right to organize, bargain collectively with one proviso that any dispute that can't be resolved between the parties would be submitted to binding arbitration. That was a departure from the general policy of the AFL-CIO at that time. The AFL-CIO did not accept at that time binding arbitration as a means of dissolving one of those disputes. That was a critical position. We accepted that policy, it was in the law.

WEEKS:

Usually binding arbitration favored the worker, didn't it?

DAVIS:

In that case we did well in the binding arbitration because the standards of the workers were so bad, very low. The arbitrators who came along to resolve it did better than we could have done around the collective bargaining table.

WEEKS:

Weren't workers in voluntary hospitals making about \$10 a week less than

workers in city-owned hospitals?

DAVIS:

They were making less than in city hospitals but they were making much less than in private industry--workers in private industry doing the same kind of work. They worked about 44 hours a week with \$27 to \$32 a week pay, less than a dollar an hour. It was embarrassing to the trustees, but not embarrassing enough to them to make substantial changes in the wage structure.

WEEKS:

In these early days, in these Montefiore days, weren't you having trouble getting union recognition?

DAVIS:

The primary issue was collective bargaining. Management refused to bargain with us. Under the law there was no obligation on their part to bargain, to recognize the union. The new law in the state for the first time gave us the right to elections, mandatory collective bargaining on the part of management, and the resolution of disputes through binding arbitration.

WEEKS:

In most of these strikes, it seems to me just looking at it as an outsider, your first goal was to get recognition, if you could.

DAVIS:

That's right.

WEEKS:

Then wages and working conditions were also there. In a few cases I read of strikes for better patient care.

DAVIS:

I guess that came as a result of the maturity of the union. The patient

care aspect developed as the result of the maturity of the union. The workers found their problems were not being handled and the leadership of the union became concerned with the care of patients, how they serviced the patients. We found that the low wages and the insecurity of the workers in their jobs, and the disinterest in the jobs, the turnover of workers... The turnover of workers was more than 100% per year. So the patient care was not the best since the workers were not concerned with their jobs. The union started paying attention to the fact that part of the responsibility dealing with the problem was the responsibility of delivering appropriate care.

WEEKS:

This turnover got less as...

DAVIS:

The turnover of workers became less. The workers became more experienced in their jobs and delivered better care. More important than that was the commitment to the community since the union was involved. The union was the instrument that helped to assure adequate and proper care to the patient. Therefore, the welfare of the worker affected the welfare of the patient.

WEEKS:

This was 1958 when you had the organizing of Montefiore. You used some of your drug store people to help picket and distribute information, and so forth.

DAVIS:

The union started as a drug store union in the first place. The members of the union 1199 for years were dedicated to the union and helped wherever the union organized.

WEEKS:

I don't know whether you can answer this or not but it would seem to me



that if you had a union with a couple of thousand registered pharmacists that you had quite a lot of brain power there that would help in organizing and would understand...

DAVIS:

Exactly. The pharmacists began to realize that the profession would be enhanced by the organization of the less advanced health workers. They went out and helped organize. In organizing the drug store union over the years they had learned a lot. In organizing people acquire a certain concern for their fellow workers. That concern carried over to hospital workers.

WEEKS:

After the Montefiore organization you had two hospitals organized. You had Maimonides and Montefiore. But you had 75 or 85 other voluntary hospitals?

DAVIS:

To begin with there was a strike in seven hospitals. Sinai...

WEEKS:

When did that come, in 1959?

DAVIS:

1959. Montefiore and Mount Sinai came in 1959. Bronx and Lebanon came in '59. Beth David came in '59. About seven voluntary hospitals were struck. The strike led to the organization of a hospital association in New York to deal with the union.

WEEKS:

That is one thing I wanted to ask. Did this come after the union activity? Did it come as a result of it?

DAVIS:

It came as the result of it. The result of dealing with the union, the

hospitals decided they had to have a union of thie own.

WEEKS:

I have read about an organization called the League of Voluntary Hospitals...

DAVIS:

That's the hospitals...

WEEKS:

Is that part and parcel of the...

DAVIS:

That's right. The League of Voluntary Hospitals was organized to deal with the union on a collective bargaining basis.

WEEKS:

That was still a part of the Greater New York...

DAVIS:

Hospital Association. Yes, it was a separate part of the Greater New York Hospital Association--the collective bargaining aspect. That was their responsibility. It helped to organize them.

WEEKS:

In these early days didn't the League refuse to bargain with you, Leon Davis? Didn't you have to turn to other union leaders outside your union?

DAVIS:

Not with the League, but during the course of organizing hospitals, some hospitals refused to deal with the union and we resorted to the strike method. At that time, however, it was pretty well established in the eyes of the public that the union in this case was conducting an effort in the proper way. The editorials in the press at that time were very favorable to the

union in the sense that they thought the union was justified in their conduct to help the minority workers who were being exploited unjustly.

WEEKS:

Did you have a special public relations department, or what we call a public relations department?

DAVIS:

We had Moe Foner. I don't know whether you know Moe Foner. He is one of the Foner brothers. Phil Foner is the labor historian. He wrote the history of labor organization in the United States. There was another brother who was connected with the furriers' union. Another brother became a professor at Columbia in labor relations. Four brothers. We had Moe Foner who was involved in putting out our publications and in public relations. He did a good job in public relations in making available to the media the problems that our union was confronted with. That was very helpful to us.

WEEKS:

I have wondered about another thing. Your union was made up mostly of nonprofessional workers and clerical help and technicians, as I understand it. Most of those were either Negroes or Puerto Ricans. Was there what I would call white collar opposition from the office workers?

DAVIS:

We found in our strikes originally our organization was confined to the service workers. The service workers would be those who did the cleaning, the cooking, the maintenance work. The technical and professional people avoided the union for some time. We found out that a hospital could function without the services of the service workers providing they had the help of the professionals, the technicals and the clericals. We began organizing the

clericals, the technicals, and the professionals as a backstop for service workers. We did a very big job in that and became more effective. A strike now in a hospital would involve all workers--now we are organizing RNs. So the hospitals now are confronted with the union which, if it strikes, will affect patient care and the function of the entire hospital in the sense that it will involve the technical and professional as well as the service workers. As a result of the experience we had, the service workers by themselves might not be effective enough to win the strike.

WEEKS:

In the early days when you were faced with the fact that you had two hospitals organized and you had maybe 85 other hospitals and homes--voluntary hospitals and homes--that weren't organized. You couldn't organize them all at once, didn't you concentrate on 10 or 15 of them?

DAVIS:

We divided the union into certain areas, aligned with the boroughs. Each borough had a certain number of hospitals--voluntary, nonprofit hospitals. The city hospitals we did not consider because that would be in conflict with the state and county employees union. Then there were the proprietary hospitals--another union.

WEEKS:

The proprietary hospitals had a separate union?

DAVIS:

The proprietaries had a separate union, Local 144. We were primarily in the voluntary hospitals. They were the major hospitals in the city. We elected organizers in each one of them. Due to the progress we made in the union, hospital workers in nonunion hospitals were automatically attracted.

WEEKS:

We mentioned a few minutes ago about the big strike in 1959 when you struck six hospitals and later Flower and Fifth Avenue Hospital joined to make it seven.

DAVIS:

That's right.

WEEKS:

Out of this came what I have read about called, "The Statement of Policy."

DAVIS:

The first settlement with the hospitals took the form of not open recognition of the union in dealing with the union. It took the form of the statement of policy that the hospitals would abide by--the establishment of a board, a committee. In this case the committee was composed of Wall Street lawyers who would make recommendations to both sides as to what the conditions should be. They would arbitrate any disputes. They decided on the \$1 an hour wage. They also participated in keeping the image of the union down. I went into one of those meetings in the office of the Wall Street lawyer, it was three stories high, I felt so small, so insignificant in that kind of an atmosphere. The lawyers were so well connected, the trustees of hospitals were the who's who of the financial community in New York City. They were the ones representing the trustees of the hospitals. The whole conflict actually was a conflict against the Establishment because the Establishment assumed the responsibility for the health of the community. That is the historical business. The hospitals were first organized and the people who were well-to-do decided that they would take care of the sick, not so much that they were interested in the sick but that the diseases would not spread to everybody.

They continued this aura of being so concerned about health care. The trustees attracted the lawyers in the firm. Every firm in New York that was on Wall Street had a lawyer representing hospitals as well as trustees of hospitals. The Statement of Policy was accepted by the union. We felt that any group of people whether they were Wall Street lawyers were better than what the trustees were doing. It was not actually a standard trade union practice, accepting a committee of attorneys who were more dedicated to the institution of the hospitals than they were dedicated to do the right thing by the workers. We accepted them to adjudicate the problem.

WEEKS:

What did they call them, PAC (Permanent Advisory Committee)? A committee composed of Wall Street people, and people composed of the power structure. They would make decisions, but you would have the right to strike?

DAVIS:

We would have the right to strike if management refused to accept their decisions.

WEEKS:

I see. You had no worker representation on this board?

DAVIS:

We had no representation of our own but we had the right to appeal in event of any grievances or problems.

WEEKS:

Was this the original twelve man body.

DAVIS:

That's right.

WEEKS:

Weren't there six from the hospital field and six...

DAVIS:

As far as we were concerned they all represented the hospital.

WEEKS:

Yeah, yeah. Because they probably were trustees or attorneys who represented them. The union was not recognized as a union but what seems to me saved the situation here was in this 1959 strike the city increased its payments so there was more money coming in.

DAVIS:

They increased the payments in the first place as the result of a conference we had with the mayor at that time, Mayor Wagner. There was no way to settle the union problem without the city coming up with some more money for patient care. I think it was \$7 a day at that time. He said if they could resolve the problem that he would see that some of the money came from the city as a result of increasing the reimbursement for city patients. That policy has been continued since then. Somebody picks up the bill, either the city or the state, or Medicare.

WEEKS:

This was even before Medicare, wasn't it?

DAVIS:

Yes. Generally it works that way. If the workers are paid more, somebody picks up the bill.

WEEKS:

For poor people who can't pay their way, somebody has to pay for them.

DAVIS:

Workers' wages have to be picked up by somebody. If management picks it

up, then they translate it to the proper party. This is not recognized by hospitals because they consider themselves philanthropists.

WEEKS:

There are a couple of questions that came up that are not in direct relation to this particular strike but I wondered: What does management do when they are faced with a strike? What do they do to placate the workers? Do they raise wages? What do they do?

DAVIS:

They didn't do that. That's more sophisticated. Being the philanthropists they are, or claim to be, they stuck to their position that they had no money. Consequently, what they did was use the nurses on a two or three shift basis instead of one shift and used clerical and supervisory employees. The number of supervisory employees in the hospitals at that time--still is to a large percent--was greater than there was need for--so they harnessed them to do the service work and the patient care work. They managed to reduce the problems--to break the strike in that fashion. We were not as effective in the first strikes because we didn't have the key people in the hospitals, we didn't have the nurses, we didn't have the technicians, we didn't have the clerical workers. The strikes led the union to learn that lesson. Subsequent to that we had an organizing effort to organize nurses, clerical workers, and technical workers. There is no replacement for them.

WEEKS:

In this 1959 strike and in others the question came to my mind: How does a union decide to strike? Is it by vote of the general membership, or is it by vote of the executive committee?

DAVIS:



Our union started as highly democratic, since we built it as youngsters. We decided to do that because the history of labor unions in the United States is not the best as far as democratic procedures. We were overly cautious. We built the union with consent. We convinced the workers to join the union on a one-to-one basis. They had to join the union with their own will and own understanding, without compulsion. We didn't have union shop agreements.

WEEKS:

You wanted a union shop.

DAVIS:

Yes, we wanted a union shop, but the workers had to vote for it. Every step had to be submitted to the members for a secret ballot vote. To have a strike we had to place the issue before the workers. They had to vote by secret ballot whether a strike was warranted. That procedure of democracy has been ingrained in our union from day one, since it was first organized, since I was with it, for 50 years.

WEEKS:

A few minutes ago you were talking about being cited for contempt. You and some other leaders, I guess... Did you actually go to jail?

DAVIS:

I went to jail. I went to civil jail in New York for 30 days. That was the worst experience in my life.

WEEKS:

The publicity must have been good.

DAVIS:

The publicity wasn't bad, but the governor was very embarrassed because the labor people said Governor Rockefeller posed as a liberal. How, in

putting me in jail, was he doing God's work? What did he put me in jail for? He put me in jail because he doesn't give the black and Puerto Rican workers the right to organize.

He was kind of taken back by that. Harry Van Arsdale, who at the time was the head of the Central Labor Council of New York was a very fine individual and very clever, very able. He was a friend of the Governor.

He said, "Nelson, you are on the wrong track in this case. You are making a hero of a victim.

Eventually Rockefeller attended one of our meetings and came out as a friend of ours, but he was actually convinced in this case that arrest and imprisonment was a wrong move. But from a public relations point of view it didn't do the union any harm, and it didn't do Rockefeller any harm. Rockefeller had a bill passed. Since the big hullabaloo was not to strike hospitals because you may kill people. We accepted mandatory arbitration, which was resisted by all unions. It was very shocking to the labor movement, but it was pleasant to Rockefeller to see a union accept a civilized way of dealing with a very serious problem.

WEEKS:

Do you know Nelson Cruikshank?

DAVIS:

Yes, sure.

WEEKS:

Nelson told me that he went with George Meany to visit Rockefeller at Rockefeller Center. I think he wanted some cooperation from Rockefeller. He was amazed that Rockefeller and Meany had an arrangement. Meany had been what--a plumber?

DAVIS:

A plumber, yes.

WEEKS:

He had worked with Rockefeller when they built the Center. From that time on a handshake was all that was necessary for an agreement. They never had any labor trouble.

DAVIS:

That's true. We knew a friend of Rockefeller's who was his labor relations person for Rockefeller Center. A very good friend of ours. Incidentally a pharmacist...in the Rockefeller Center there was a big drug store, a union drug store, and they had a strike there. The labor relations man for the Center came in and settled the strike.

He said, "We are not going to have any strikes in Rockefeller Center."

He settled that very fast for us by adjusting the rental of the place.

Rockefeller did have that kind of relationship with organized labor in New York. He also had political ambitions. He was not an embittered guy. He didn't have to be. So, he opened up the door in this legislation. As far as I was concerned, he got me out of jail and made a hero out of me in that sense.

WEEKS:

After the strike at Montefiore did some of the other hospitals join up?

DAVIS:

Yeah. As we organized...after the law was passed they had to submit to elections.

WEEKS:

After the six hospitals--seven hospitals...

DAVIS:

Seven hospitals. After that the law was passed that gave the hospital workers the right to vote for the union. We swept the city on the elections. We had very successful elections every place we went. Some places 80% or 90% of the workers voted for the union, 10% or 20% for management. We utilized the law that gave us the right to organize, to bargain, and the right to elections. Now the union has organized over 60,000 workers in the city.

WEEKS:

You had some who didn't sign.

DAVIS:

Yes. But now I think over 90% of them have been organized and submitted to the process of collective bargaining. That was a result of the law, and the Wagner Act was expanded to include hospital workers, and now it's a national law.

WEEKS:

One man I talked with was instrumental in opposing it as a part of Taft-Hartley in the beginning and afterwards he said he had made a mistake. George Bugbee, he was head of the American Hospital Association at that time. He told me he had made a mistake although he thought he was doing something good for hospitals.

DAVIS:

Since then the principle was adopted in New York. There were a few other states where they had rights. Wisconsin and a few others. It became a national law, since then the union has expanded nationally.

WEEKS:

You are under the National Labor Relations Act now?

DAVIS:

Now under the National Labor Relations Act. We have extended ourselves into about seventeen states.

WEEKS:

I read that in 1960 you didn't strike but that you were putting pressure on other hospitals to sign. Did you take some strike votes? Just in case?

DAVIS:

Yes, we might have taken some strike votes in order to get management to start with us without a vote. But we respected the vote. We wanted to know how the workers felt. We were democratic. We didn't want to force people into a union unless we could convince them they would be better off with a union. They felt better if they had a chance to vote for it.

WEEKS:

When your union shops were raising wages some of the other hospitals which had not signed raised their wages, didn't they?

DAVIS:

Yes, they did but that was management's game throughout the country. Unfortunately they never do a complete job. There are a few things they always lack in doing such as giving the workers certain rights. Collective bargaining is not always about money. Even if the money matter is settled, there is a question of rights of a worker, grievance machinery, arbitration, the fringe benefits. Those things are never completely resolved by management voluntarily. We have, in addition to settling wages, grievances, arbitration, established costly benefits. Management puts in 20% of the wages into a pension and benefit plan. That's a lot of money. Over \$200,000,000 goes into the 1199 plan. This provides health care benefits, pensions, and training. These things are never resolved voluntarily, without a union. Usually it is

something that doesn't happen unless the union is involved.

WEEKS:

Who administers this plan?

DAVIS:

Under the law it is a joint administration.

WEEKS:

As an example, I talked with a man named Pettingill at Aetna. I don't know if you know him?

DAVIS:

No.

WEEKS:

He is now retired. He said, in our conversation, "I hope that International Harvester doesn't go bankrupt, but there's a company that's on real tough times. They are self-insured so it is conceivable."

He said that if that company goes belly-up there will be a lot of trouble settling claims.

DAVIS:

Our plans are all self-insured. The historical reasons: When we started organizing 1199 we had insurance companies cover our drug store members with certain benefits. What the insurance companies did actually was to give us benefits of about 75% of the money we put in. So, we decided to self-insure right from the beginning of the hospital situation with an equal number of board members from the union and from management. This was required by the law, the Taft-Hartley law. Unlike the Teamsters an equal number of trustees from management and from the union. One of the provisions I put in there: No investments can be made by the trustees at all. The investment problem is the

most corrupting problem. How you invest the money and where you invest it is corrupting. We decided we would give the investing to what you call "corporate trustees." In this case we had one insurance company and two banks to handle the investments. They have the investment and the re-investment responsibility. That's a part of our collective bargaining agreement to assure there will be no hanky panky, trustees playing around with insurance companies and banks for investments. They had in there about \$700,000,000 in investments. That's a very tempting thing to play around with. I wanted to be sure; I was chairman of the board. I wanted to be sure that we had nothing to do with investments, except to see that the investments were in companies we would have confidence in. Let them do it. The bank is Amalgamated Bank, which is a union bank in New York. The insurance company is Prudential. The other bank is Chemical. What they report once a year is their experience to the trustees on the investment results. If the trustees don't like the investment policies, they can decide to drop those investment companies. That I think is working out properly. That essentially is a source of possible serious corruption in unions, the handling of billions of dollars. Our union's pension fund is over \$600,000,000. It's frightening to me since I have no say at the present time in it. The source of my pension is in it. I wanted to be sure that no trustee plays games with it.

WEEKS:

The Teamsters is an example we all want to get away from. How about the claims? Does the union handle the claims?

DAVIS:

The union handles all the claims under the benefits plan--sickness, doctors, hospital--and there is an appeals procedure within the union.

WEEKS:

You can probably do it for a lot less than 25%.

DAVIS:

Sure. It costs less than 10%. We handle so many millions of dollars but we don't need \$7,000,000 for administration.

I wish we could drop management trustees but under the Taft-Hartley law there has to be an equal number of trustees.

WEEKS:

I see a couple of strikes mentioned here in 1960: New York University Hospital, Trafalgar Hospital.

DAVIS:

They were hospitals that lagged along, and didn't maintain our standards and didn't want to deal with the union. We have some seventy hospitals in New York now so that will go on indefinitely.

WEEKS:

You had trouble at Beth Abraham in Brooklyn and...

DAVIS:

That's right.

WEEKS:

Hebrew, and so forth. Even by 1961--somewhere I read--you still had 39 hospitals that hadn't signed.

DAVIS:

That's very possible.

WEEKS:

Didn't you withdraw the no-strike pledge from those 39?

DAVIS:



We are now under the Taft-Hartley law, a national law. A 10 day notice must be given before a strike. We abide by that. We abide by the law by giving a 10 day notice before a strike can take place, so hospitals can then make whatever arrangements they want to maintain services. We have only had strikes since as a result of management just telling the union to go fly a kite. That will continue indefinitely. As long as the United States is going to be around there will be strikes in hospitals and auto companies and whatever. There are always differences which are important to both sides that will result in confrontations. Hospitals will not be excluded. The only thing I can say is that we have as a public policy a policy of leadership. We are very conscious now, more than ever, of the public image that the union has. It becomes a very important instrument. The union must have a public image of responsibility for patient care. Not a strike one day and wanting the patients to be taken care of another day.

WEEKS:

You have had a few wildcat strikes, haven't you?

DAVIS:

We have had some strikes; very few since we are a democratic union. Strikes don't happen by themselves, usually they are the result of leadership approval. I cannot say we never strike in a union of our kind without the leadership giving its consent.

WEEKS:

In this 10 day strike notice, isn't there also a 60 day notice for termination of contract?

DAVIS:

A 30 day notice. There are a number of gimmicks there about precipitating

a strike without process.

WEEKS:

There is quite a lot of time that elapses.

DAVIS:

The time lapses give management and the union time to think the thing through, give management time to see to it that patient care is continued. They have that provision in the law now.

WEEKS:

A few months ago I talked with Joan Guy who is head of the Michigan Nurses Association, and who in turn has negotiated 20 or 30 contracts in Michigan hospitals for nurses. I said, "What about this 10 day notice?"

She said, "The average stay of a patient in a hospital is something less than eight days. If you give a hospital a 10 day notice, nobody but the long-term patients need to be affected." I thought she had a pretty good answer.

DAVIS:

I would take that as a copout. I think the 10 day notice is warranted. Some of the patients stay 12 days. Somebody has got to take care of them. Management is entitled to take necessary steps to adjust its services. We are not making automobiles we are taking care of people. The policy of a union that takes care of people has to be different from an industrial union.

WEEKS:

Haven't you had some instances where management has tried to paint a black picture by saying, "We had to move some elderly people out. We got them to another place and they died."

DAVIS:

Yes, we have had that. Somebody at Columbia was counting and said more

people would die as a result of the strike we had in 1973. We had a collective bargaining agreement. There was a wage freeze at that time. The hospitals said they couldn't live up to the collective bargaining agreement. We said the wage freeze was their problem, we wanted our money, and we struck. At that time the strike was very effective. Somebody at Columbia was keeping a count of the people that died because of that strike. Mostly in nursing homes, it wasn't in hospitals. If you keep a count of the people who die you can have a count every day of the week. Those people are always on the verge...

WEEKS:

So many of them are terminal.

DAVIS:

They attributed that to the union.

WEEKS:

They couldn't prove cause and effect.

DAVIS:

They couldn't prove cause and effect. They couldn't prove it of the union any more than they could prove it to the hospitals that didn't live up to a collective bargaining agreement. So nothing actually happened except I suppose this was attributed to the union or to me as being power hungry.

WEEKS:

I imagine you have been accused of a lot of things.

DAVIS:

Oh, sure.

WEEKS:

What was this Flower and Fifth Avenue Hospital strike about the

subcontracting of dietary service?

DAVIS:

They were always looking at ways of managing their affairs with the least amount of red ink. They decided they wanted a profit. Also it indicates the inability frequently of management to handle hospital problems. They decided to farm out the dietary department and save a certain amount of money. It didn't work out that way. They also farmed out service sorkers, cleaning the hospital. It didn't work out, the hospital wasn't too clean. It saved them money ostensibly on paper. When you save money on paper it does not necessarily result that you get services that the hospital needs. At least I found that hospitals cannot farm out their responsibilities, responsibilities that hospitals have to provide or they go out of business. If they can't run a hospital, they don't belong there. There are dietary problems. Patients require certain dietary provisions. Farming out the dietary didn't measure up to the needs of the hospital. It's not an escape for hospitals to farm out. Some hospitals want to farm out lab because they can do it cheaper, some automated labs and did it much cheaper and saved money that way. But they found out that for all the farming out unless they assumed responsibility to get the proper efficiency, run it themselves, they were not able to give the hospital the proper services. That's my observation. To get essential services from another agency is a copout and does not work. In the case of Flower and Fifth Avenue Hospital, farming out of dietary services did not work out. Patients didn't get the proper food, the proper dietary conditions that were prescribed. The same thing would apply to cleanliness of a hospital. The hospital management must assume full responsibility for the effective functioning of the hospital and see to it that the patient gets all the

services the patient requires under the law. It cannot pass on the responsibility to anybody else or any other agency. It just doesn't work.

WEEKS:

In my notes here, in 1962 I struck Beth El. Is that in Brooklyn?

DAVIS:

Now that hospital is called Brookdale.

WEEKS:

Oh, it's now called Brookdale?

DAVIS:

That's where I was arrested.

WEEKS:

That's where you were sentenced for contempt, isn't it?

DAVIS:

That's right.

WEEKS:

I have a note here that you were sentenced to six months. Did you...

DAVIS:

I was sentenced to 30 days then another judge came and raised the ante to six months. I didn't serve more than 30 days.

WEEKS:

This is when Governor Rockefeller mediated?

DAVIS:

That's right. He stepped in.

WEEKS:

He said that he would try to get the state labor relations act changed, to cover hospitals. He did the next year.

DAVIS:

He did. Mandatory arbitration.

WEEKS:

I don't know what happened between 1962 and 1965. The only note I have is that there was a strike at Lawrence Hospital by Local 144.

DAVIS:

144 was a service union.

WEEKS:

They were a part of the Retail, Wholesale, Department Store Employees Union weren't they?

DAVIS:

No, they were a part of the Service Employees Union.

WEEKS:

Sweeney's outfit?

DAVIS:

Actually John Sweeney's outfit, the Service Employees Union. At that time it was George Hardy.

WEEKS:

They failed on that one, didn't they?

DAVIS:

Yes.

WEEKS:

Was civil rights becoming an issue again? This was 1965.

DAVIS:

Civil rights was an issue in 1965.

WEEKS:

After that we get down to 1969 and run into it again. In 1966, I have a note that there were some wildcat strikes by 1199 members in a number of New York hospitals for higher wages. We...

DAVIS:

In 1969? I do not know of any wildcat strikes that the union did not authorize.

WEEKS:

Unauthorized...

DAVIS:

I don't think we had any unauthorized. The union is so run and so built that it just couldn't happen because it requires the approval of certain bodies in the union, one approved by the Delegate Assembly. The Delegate Assembly is a body of people, one out of 25 members, one out of 25 elected to the assembly. So an assembly meeting is composed of 1,000 to 1,500 members.

WEEKS:

So you keep pretty sane control.

DAVIS:

There is sane control, and there also is legal control. You can't have strikes without proper notice and the responsibility of the union to conduct the strike, which is contrary to the law.

WEEKS:

In other words, if you follow these legal procedures and some of your people go out on strike anyway, you can't be held responsible, can you?

DAVIS:

I guess not. On the other hand if we encouraged it or supported it, we would be responsible.

WEEKS:

I noticed in what I read about 1199 that 1199 was spreading out. I noticed that in 1967 that there was a 40 day strike down in Gadsden, Alabama. Were you personally...

DAVIS:

I was not personally involved. There was a strike in Charleston, SC.

WEEKS:

Charleston I wanted to ask you about.

DAVIS:

I was involved in Charleston. It was a county hospital in Charleston.

WEEKS:

A county hospital and a medical college hospital?

Did they jail some of the union leaders?

DAVIS:

I was jailed there as the result of the violation of a civil...contempt. There was an injunction. There were thousands--half of the community was involved in support of that strike. There were 400 black women involved. The strike gave the union nationwide publicity. Incidentally, it attracted a lot of people into the union all over the country. It became a national union as a result of that strike.

WEEKS:

Mrs. Martin Luther King was quite active, too, wasn't she?

DAVIS:

She was. Martin was dead already. Abernathy was there. And the present mayor of Atlanta, Andrew Young was there. I was with him on the picket line.

WEEKS:



Didn't the Longshoremen's Union threaten to close the port?

DAVIS:

They didn't close the port, but they supported the strike. They participated in the various picket lines.

WEEKS:

I think we sometimes forget that Charleston is one of the four or five big ports on the East Coast.

DAVIS:

It is a beautiful city. I spent part of the time there in a farm jail. It wasn't very pleasant there. A state jail. Kind of filthy, terrible to be in. I lasted there about four or five days, then I got out.

WEEKS:

I noticed in the settlement there was not recognition of the union, that they set up what they called a "credit union" to collect dues.

DAVIS:

And they put all the workers back to work. They fired eighteen workers who had grievances. It was intercession by the federal government, somebody in Washington didn't want that strike because it became an embarrassment nationally. That strike was settled and all the workers were taken back to work. That's it. It was too early to have a union in a hospital in the South.

WEEKS:

How did you happen to go to Charleston?

DAVIS:

It was the result of telephone calls, pleas from workers. The union responds, the leaders respond, to appeals from workers, requests from workers, "Come and help us out."

WEEKS:

Like people are calling you now?

DAVIS:

In that case it was that women were fired and a committee was established to work out the grievances. The director of the hospital fired the whole committee. It was a question of getting them back to work. As a result of the strike everybody went back to work. Very interesting. I think one of the attorneys was federally connected, they had to settle.

WEEKS:

Don't you find that the opposition to unions is much stronger in the South than it is in the North?

DAVIS:

Generally speaking, yes. The unions present a challenge to their very existence. They think the world would come to an end. That's the way they treated us in Charleston. On the other hand we had national support. Labor leaders from all over the country came flying in, to join the picket lines.

WEEKS:

You were affiliated with AFL-CIO...

DAVIS:

AFL-CIO.

WEEKS:

CIO was part of it then, wasn't it?

DAVIS:

AFL and CIO joined together in 1954.

WEEKS:

I read somewhere that about this time, say 1970, you were expanding into

Pennsylvania and into North Carolina as well as South Carolina.

DAVIS:

We now have a big organization in Pennsylvania, organization in Indiana, in West Virginia, organization in any number of states--Connecticut we are very big, Jersey obviously, and Michigan--involved with nurses in Michigan Nurses Association, challenging the nurses association--many of the nurses are coming into our union. The association is more proud of its prestige as a professional organization rather than dealing with the economic and other problems of nurses.

WEEKS:

The poor nurses don't know what their role is really. They want to be professional people, they want to act like professional people but their relations with the doctors...

DAVIS:

There is a strike in Saginaw, Michigan and those nurses knew how to run a strike. They were very effective. I think it was settled today or yesterday.

WEEKS:

Had they used the state association at all, or did they come directly to you?

DAVIS:

No. They came with us.

WEEKS:

The woman I talked with in East Lansing at the state nurses association was saying that they had...you know, they don't know whether to get in and be union organizers or whether they should be just a professional association.

DAVIS:

The head of our organization in Michigan is named Gloria Williams. I'll give you her telephone number or tell her to contact you. She organized 2,000 nurses in Michigan.

WEEKS:

How about Duke University Medical Center? I have a note that there was a strike down there because of a physician is supposed to have slapped an employee, and 1999... Did you have an election or what?

DAVIS:

We never succeeded in organizing them at Duke University. It never worked out. We had an organizer there for about six months but it never worked out.

WEEKS:

I wondered if there were any civil rights issues?

DAVIS:

No, the institution was very liberal. The head of the university was a guy who wanted to be president of the United States. What was his name?

WEEKS:

Wasn't he also governor at one time?

DAVIS:

That's right.

WEEKS:

I know who you mean but I can't speak his name.

DAVIS:

He speaks more liberal than he acts. Our union did not make out.

WEEKS:

We are now getting down to the Nixon years and the Economic Stabilization Act. That was pretty hard for the union, wasn't it?

DAVIS:

The 1973 wage freeze was the hardest thing. We had a very bitter strike about that.

WEEKS:

Before that Act hadn't the union gotten a contract for some sort of a raise--before the Economic Stabilization Act had taken place. You had a prior arrangement, hadn't you? That in 1973 you would get a raise?

DAVIS:

That's right. We had a contract that provided for a raise in '72 and in '73. July 1973 came around and there was no raise. We appealed to the Wage Stabilization--the man who was in charge of enforcement at that time. He was from Harvard, John Dunlop, the Labor Secretary, a Harvard professor, an economist. We were fined \$750,000 for striking.

WEEKS:

Hadn't you tried to get the Cost of Living Council to meet and rule on your appeal?

DAVIS:

Nothing helped.

WEEKS:

Wasn't management willing to give you the raise?

DAVIS:

They weren't willing to give us the raise. They hid behind the law.

WEEKS:

They said, "We are willing but we can't."

DAVIS:

Oh, sure. When they can't they are always willing.

WEEKS:

Did you ever have to pay that fine?

DAVIS:

We paid it.

WEEKS:

There was a daily fine beyond that, wasn't there?

DAVIS:

There usually is a daily fine. But once we commit ourselves to pay it, the daily fine is off.

WEEKS:

That was a lot of money.

DAVIS:

It's a lot of money. They were surprised that the union was able to meet this situation. We had a big enough union.

WEEKS:

Wasn't this the same judge that ordered the Cost of Living Council to meet and make a decision in a hurry?

DAVIS:

There was a decision rendered, but not favorable. They didn't want to break the decision.

WEEKS:

You wanted 7 1/2% and you got 6%?

DAVIS:

I don't recall.

WEEKS:

It was 6%, according to what I read. For some reason the Cost of Living

Council said they were not going to meet for three weeks. They wouldn't do anything in an emergency? I couldn't understand that.

DAVIS:

That's what they are doing with Social Security. You can see what's happening with the cost of living increase. I read in the paper the other day that it's going to be restricted to less than 3%.

WEEKS:

I think the argument has been that the cost of living increase hasn't represented the cost of wage increases, that if they went by the wage increases it would be less and be fair.

DAVIS:

I was surprised that labor went along with it, particularly on the part of the committee. They voted for it.

WEEKS:

Is Kirkland as strong and as wise a man as Meany was?

DAVIS:

Well, he is not as strong. Whether he is wise or not I don't attribute any great mental capacity to either of them. Meany was a very old-fashioned, conservative man and he acted it out. He probably was close to the workers of the United States. He understood the workers' sentiments. Kirkland is particularly, I think, a professional guy, a technician, rather than a person of great principles.

WEEKS:

I talked to Cruikshank about Meany, and he had a great deal of respect for him. He always backed up his men.

DAVIS:

He was an old-fashioned person who had certain principles and beliefs and lived up to them. Meany was a very conservative guy. I think when he went into the booth he voted Republican. He never said it but I would suspect that he voted Republican.

WEEKS:

He isn't saying anything in favor of Republicans.

DAVIS:

Kirkland? Not yet.

WEEKS:

You think he will?

DAVIS:

I don't think he will. Being a professional guy he may try to play the game. That's one of the things we always fall into: trying to outsmart the other side. The result is that we get taken when we do that.

WEEKS:

In most of your cases you have had pretty good support from other unions, haven't you?

DAVIS:

Yes. We have a public relations policy which convinced all unions that we were entitled to support. We also extend support to other unions. That's been a general policy.

WEEKS:

I read about a strike in the Clinch Valley Clinic down in Virginia where they were out 21 days and the United Mine Workers walked out of 18 coal mines in support. That's pretty good support.

DAVIS:



The miners are the principal people in that respect. The union to them is a holy thing, just like the church. If you are on strike they respect it and give you all their support. We had very good relationship with the former president, not the present one who thought he would change the miners' union.

WEEKS:

John L.--

DAVIS:

John L. was one of the great geniuses of the labor movement. I had high regard and respect for his courage and intelligence. The man who was elected four years ago is out now. I knew him personally. He just didn't have it. He didn't have the muscle for handling the miners.

WEEKS:

I imagine they take a special treatment.

DAVIS:

They need brains and muscle to be handled.

WEEKS:

Can we talk about the big strike in 1976? This is when you called out 43 hospitals and 14 nursing homes.

DAVIS:

1976?

WEEKS:

That was the one where you had the compulsory arbitration with Margery Gootnick as arbitrator.

DAVIS:

We had an eleven day strike to get binding arbitration, and we were taken. Gootnick was a disaster as far as an arbitrator is concerned. I

thought her award was engineered by the state labor department.

WEEKS:

What was her background?

DAVIS:

I think she was the wife of a doctor. She was a lawyer, a very small person. We made the biggest mistake to agree to have her as an arbitrator. There was nothing in her record to justify our accepting her as an arbitrator. She gave us a very raw deal. Much worse than the facts warranted.

WEEKS:

In most cases you have done pretty well on arbitration.

DAVIS:

That was at the beginning of the arbitration process when wages were all substandard, and the case was obvious. With her, she played games on the basis that states are playing a very important role in negotiations, because they have to pick up the bill--Medicaid and Medicare, which the state provides--the people who picked up the money for any collective bargaining. They still do now.

WEEKS:

Did city money go into this too?

DAVIS:

Some city money--Medicaid is divided three ways: city, state, and federal, 25, 25, and 50. She evidently knew that some people from the state wanted to give us the shaft.

WEEKS:

Didn't they refuse to allow any pass through there?

DAVIS:

She made the award, so we decided to accept the compulsory arbitration. We were committed to it. We accepted it. We never violated an arbitration award that was handed down if we participated in it. In this case we agreed to the arbitration. She gave us the business. We survived.

WEEKS:

There had been some fact finding before the arbitration, hadn't there?

DAVIS:

There was some fact finding on limited issues.

WEEKS:

Hadn't they suggested a six percent raise?

DAVIS:

Yes. She was concerned... She destroyed our benefit plan.

WEEKS:

Oh, some of that money was to go into the four percent raise, wasn't it?

DAVIS:

She destroyed our benefit fund for a year or two.

WEEKS:

Before she got to arbitration hadn't there been a fact-finder group that said that there should be a six percent raise? I read this somewhere, but that management wouldn't agree to it.

DAVIS:

I'll give you the publications...

WEEKS:

So it went to binding arbitration and this decision for a four percent raise after six months--a six months freeze--then a four percent raise for six months, and then renegotiations at the end of the year.

DAVIS:

Eventually we got off, but it took us some time.

WEEKS:

You didn't strike: You weren't out?

DAVIS:

Yes, we went on strike after fact finding.

WEEKS:

We have talked about nurses here a couple of times. The only references I found were Brookdale.

DAVIS:

Brookdale was the first big hospital where the nurses organized and joined our union.

WEEKS:

Did they strike with the others? Was this one union?

DAVIS:

When the nurses joined our union it was just the one union. There was a strike there about a month ago. What happened there was that the other workers went out in sympathy and refused to cross the picket line.

WEEKS:

This is all one union, one worker one vote?

DAVIS:

That's right, except that the workers are divided in three parts. There are the service workers, professional and technical workers, and clerical workers. Each has a say, and they have a veto. At Brookdale we have all those factors in there. The technical workers respect the service workers.

WEEKS:

So, if there is a strike by the nurses, the others respect what the nurses do? The others don't have to vote on it.

DAVIS:

They vote among themselves and respect the others in 1199.

WEEKS:

The other day I saw a ruling by the National Labor Relations Board which was a list of six possible units that would be considered--seven--as bargaining units in hospitals. Did you see that?

DAVIS:

They are creating more problems for the union by cutting out the collective bargaining units of the hospital--the smaller pieces.

WEEKS:

Are these smaller pieces than before?

DAVIS:

That's right. Smaller pieces than before. And also they question whether there should be one professional unit for the nurses. They refused to recognize the nurses as a special unit in some cases unless it includes all the professionals. This is a separate problem we have with the National Labor Relations Board. It has not been adjudicated yet, but there are problems in that area, about the units. The more units you have the more it divides up the workers.

WEEKS:

I thought they were trying to avoid too many units.

DAVIS:

That was the original objective in establishing units--to have fewer units. Not to burden the hospital with too many labor problems, but the

National Labor Relations Board fragmented the units more than it was expected, and dissipated more than the practice had been.

WEEKS:

It didn't turn out the way they expected then?

DAVIS:

No, and it is not good for anybody.

WEEKS:

I have a note on this Brookdale incident and I have one in 1981 in Aliquippa...

DAVIS:

That's right. That is in Pennsylvania.

WEEKS:

The nurses and all the rest of them went out and they had only seven patients left in the hospital.

DAVIS:

That's possible. That's a small hospital in a small city.

WEEKS:

There was a strike in Huntington, W. Va. in 1977--a three week walkout. Were you...

DAVIS:

Nurses?

WEEKS:

I don't know. I would guess it was a general walkout.

DAVIS:

Huntington, W. Va.? That was the service workers.

WEEKS:

My note says 1199. Oh, I see. You mean service workers under your 1199 union. Then there was at Einstein in the Bronx in 1978. I have another one: a 25 day strike in Chambersberg, PA.

DAVIS:

The union now has probably got four or five hundred hospital bargaining units. Consequently with so many it is expected that some of them will not reach agreement and it will result in confrontation and a strike. It may be in Connecticut, it may be in West Virginia, it may be in Pennsylvania. The union in itself does not bring about peace all over the lot, regardless of its intention. Workers have certain rights that the union has to respect. Workers feel dissatisfied but you can't do anything unless the union approves. We submit all collective bargaining agreements to the workers for a secret ballot. If they disapprove, and the management continues to resist it, that will result in a confrontation and a strike. So it is anticipated that the union itself is no guarantee that there will be any strike except the existence of a union reduces the probability of a strike. Reduces the number of strikes, doesn't limit them completely. Reduces them because of the reason of the responsible organizations representing the workers provide a certain amount of leadership and guidance. That leadership and guidance does concern itself with the responsibility of patient care and all the factors that are involved. Chances of confrontation are reduced, but they are not completely eliminated.

WEEKS:

Right in line with this and our talking about the different units, I have also wondered about how you and AFSCME and the Service Workers Union and the Teamsters, UAW... Do you have any way of dividing things up?

DAVIS:

We have talked with them in peace and have decent relationships. The AFL-CIO has certain rules that you can't raid any union. In other words, one union can't come in and organize workers who are organized in another union.

WEEKS:

If they are all AFL-CIO, this may work.

DAVIS:

All the unions you mentioned are AFL-CIO except the Teamsters. A reduction of this conflict is possible in labor disputes. On the other hand there are workers who, because they cannot go to another union will rebel. Then you have wildcat strikes. So you have positive and negative. Workers cannot be chained to a union against their will. If they are chained, they will rebel and they go out on their own. Particularly nurses. Nurses have been striking all over the lot in the United States. That is a result of the ineffectiveness of their organization. The organization doesn't provide a way out for the nurses. They take things in their own hands. We find nurses have been striking not on money issues but primarily on the issues of working conditions. Nurses' working conditions are terrible. The various shifts: the night shifts and the weekend shifts. Most of the nurses are primarily people with heavy responsibilities, and the shifts are just terribly destructive of the way of life. Consequently the nurses have been in a state of rebellion.

WEEKS:

I think this is why many women are going into other professions. In hospital administration half our students are women now.

DAVIS:



There is a shortage of nurses in the country. We don't find young women going into nurses' jobs, because it is not a very attractive profession.

WEEKS:

They can go into so many other things now where they can work normal hours. Pharmacy is another thing many women are going into.

DAVIS:

That's more attractive than nursing because the scheduling of nursing is just horrendous.

WEEKS:

At least they don't have to work after midnight in a drug store. I saw another reference I wanted to ask you about. I saw a reference to the Amherst Nursing Home up in Massachusetts where a law firm which was representing the home felt that if they could cause a strike they would put the union in bad publicity. They caused the strike and the reverse happened. Public sympathy was with the union.

DAVIS:

The students helped out the workers.

WEEKS:

There was an expression there that I hadn't seen before. They said they got a wage increase and an "agency shop."

DAVIS:

The agency shop is for the purpose of collection of dues. Instead of a union shop they have an agency shop. The workers are required to pay dues but not necessarily have to belong to the union.

WEEKS:

Almost the same as a union shop?

DAVIS:

Not quite. Technically it is not as good as a union shop. Management is better off in a union shop than in an agency shop because you can hold the union responsible. An agency shop is very difficult...

WEEKS:

What if they hire an employee? Does that employee have to join the union?

DAVIS:

Not necessarily. They have to pay dues, that's all.

WEEKS:

In an agency shop they have to pay dues; in a union shop they have to join the union?

DAVIS:

That's right.

WEEKS:

Versus a closed shop where they select only from union members.

DAVIS:

That day is past.

WEEKS:

It isn't necessary any more unless there is some particular kind of skill that goes with it.

I want to ask you about two strikes you had in Baltimore in 1980, Johns Hopkins Hospital and Sinai Hospital. Did they occur at the same time?

DAVIS:

Yes.

WEEKS:

I see they were out sixteen days. This was simultaneous?

DAVIS:

Yes, they were simultaneous. They worked together, Hopkins and Sinai in Baltimore.

WEEKS:

One other hospital I wondered about was the one at Prestonburg, KY. Do you remember that one? If I remember rightly, that must have been a former United Mine Workers hospital.

DAVIS:

That's possible.

WEEKS:

I interviewed Karl Klicka. He is a physician who formerly was head of what had been the United Mine Workers hospitals. (This was after they had sold them.)

DAVIS:

I think they had eighteen hospitals.

WEEKS:

They found they couldn't afford to run them, so they got out.

They somehow made a deal with the Presbyterian Church to take them over. The Presbyterian Church didn't have enough money to really do it so after Klicka was appointed he was running around trying to find money all the time.

One question that has come up in my mind many times in thinking about you and your career is: How did you ever build Local 1199 into a national union bigger than the parent? It is bigger than the parent, isn't it?

DAVIS:

Yes. It has always been my ambition, like with everybody else in this country, to be stronger so you can do more. 1199 started out as a drug store

employees' union. At a certain stage we started organizing workers who needed a union more than drug store workers did. We did a fairly good job with the workers in drug stores. The union had 5,000 members of drug store workers, pharmacists--about 2,000 pharmacists--in about 800 to 1,000 drug stores under contract in New York. Then Eliot Godoff came along and said, "I have one hospital where I think we can organize the hospital workers."

I grabbed the opportunity of going after workers who needed the union more than we did. That's how we extended the union to hospital workers. That's when we started going across the river to Jersey, from Jersey we went to Pennsylvania and we went to Connecticut. We had the organizers, we had the skill, we had the will. The main thing is the will, the commitment. People who built our union, as I was one of them, had to commit to build where the union served the interest of the working people. That had a great deal to do with the kind of union that we had, the nature of the union, the way it functioned, the progress it made. There is no stopping it. There are six million health care workers in this country. I think the opportunity of organization for labor is the greatest. There are more service workers now than there are factory workers in this country. Unless the labor movement pays attention to that fact they will be a small, insignificant minority and play no significant political role. Hospital service workers are more numerous than department store workers, and so forth. So, we extended, wherever workers needed us, we went. Whatever means we had we shared. That's based on an elementary principle of a union, and we live with it.

WEEKS:

Has this caused any trouble in the Retail, Wholesale, Department Store Employees Union?

DAVIS:

No, but it caused trouble when we wanted to merge with the Service Workers Union who have 150,000 health care workers. I suggested that instead of having one union with 125,000 and another with 100,000 why not get together in one big union. The problem with the Retail and Wholesale Workers union was that they said, "We don't want to lose you. If we lose you we lose the major income of our national union."

WEEKS:

Your 1199, your national union now, as you call it, is bigger than the rest of the Retail, Wholesale union, aren't you?

DAVIS:

We are more than half of the Retail, Wholesale.

WEEKS:

This is one thing I never understood--how you became a national union although you are a local.

DAVIS:

We became a national union within a national union. Actually it is a relationship of forces. We have money enough and the national union became so dependent upon us we were able to tell the national union that we are able to take care of ourselves. "We don't need you very much. We can stand on our own."

They said, "The health care field--nobody is going to organize. Go ahead and do it."

So they left us alone and we left them alone.

WEEKS:

What about the drug stores? Have they been...?

DAVIS:

We still have 5,000 of the 6,000 drug store employees in New York. We are not organizing nationally, although if anyone comes to us we wouldn't exactly close the door to them. We still maintain the organization in New York. By the way, we have gained three out of four pharmacists in the hospitals in New York so they are not completely strange to our union. We have more hospital pharmacists now than we ever did before. Some hospitals in New York have twenty pharmacists.

WEEKS:

I suppose under this new NLRB ruling they would come in under "other professional employees."

DAVIS:

That's right. We have no difficulty winning them. When we have an election they vote 100% for the union.

WEEKS:

How about physicians? Have you...?

DAVIS:

No, we have not, or physician's assistants. We have not gone after them, although there is a growing number of them.

WEEKS:

I suppose as there becomes more salaried physicians this is going to happen.

DAVIS:

I think so, eventually physicians are going to work for salaries instead of peddling their wares from door to door.

WEEKS:

This has almost got to be.

DAVIS:

It's got to be. They have the AMA but that's not an employee organization. That's a professional organization, almost too professional.

WEEKS:

And they are getting weaker all the time.

DAVIS:

Doctors aren't anti-union and they can be very effective. In countries of Western Europe doctors are members of the union. In England, in Italy, France.

WEEKS:

The revenue the hospitals get is not different from what it was back in 1958 when...

DAVIS:

Oh, no! I told you we had the first meeting with Mayor Wagner in New York and the city was paying the hospitals \$7.00 a day! I think now it is paying close to \$400.00 a day. The city hospitals cost more. The city is better off using the voluntaries than taking the patients in their own hospitals.

WEEKS:

I talked with Lowell Bellin...

DAVIS:

I know him. Lowell Bellin I know.

WEEKS:

He said that the trend now is for people who are getting public support to go to the voluntary hospitals, rather than go to the city hospitals, because they think they get better care.

DAVIS:

And they do; city hospitals are horrors.

WEEKS:

He told me stories about patients in city hospitals paying to have the bed pan brought to them, and paying money to have it taken away.

DAVIS:

The city cannot run hospitals. The reason the city cannot run hospitals is that they have farmed out some of their services. All the professional services to the city hospitals are farmed out to the voluntaries, nearly all. Let's stop for a minute--talked too long.

WEEKS:

Before we stopped I wanted to ask you about women in your union. Do you have any women officers in your union?

DAVIS:

The president of 1199 is a woman now. I recommended her. I am not sure I made the best choice but I did recommend her. In New York, Doris Turner.

WEEKS:

What is Nicholas' position?

DAVIS:

He is president of the national group.

WEEKS:

President of the national union?

DAVIS:

President of the national union, Doris Turner is president of the New York district of the national union. Unlike locals, our national union is divided into districts. Districts are usually state organizations.

WEEKS:



I have noticed that term "district" coming into use in unions rather than "local."

DAVIS:

A union must have the capacity to provide leadership and have the financial resources to run a union. A local union with a limited number of members cannot provide the leadership, not does it have the resources, the financial resources. If you have a district you can combine three or four thousand members. You can draw leadership from those members, and you can draw resources from them. The traditional way to run a union is to have twenty or thirty members--carpenters, electricians, and so forth. None of these locals are able to afford the leadership or have the resources to run a union. It is true they have national organizations. I find that when the unions are composed of members who are poor, the ability to draw real leadership is limited, and in the small locals the income is not great enough. We developed my own form of organization--districts. State organizations can do much more than a local organization, so we don't have locals, we have districts.

WEEKS:

What is the name of the woman who is the head of the union.

DAVIS:

Doris Turner.

WEEKS:

When you were talking I was wondering if there was a minimum size to a local, but you have no locals anymore, you have districts. Is there a minimum size to an organization? I'll tell you why I am asking this in a minute.

DAVIS:

It must be big enough to provide leadership and to provide resources. The number can be flexible, but I found that is the criterion. We have another subdivision called chapters, in order to extend democracy closer to the members.

WEEKS:

Smaller than a local?

DAVIS:

That's small, based on a bargaining unit in a hospital. That's a chapter.

That's our unit where the members can raise hell about the union, and raise questions about wages, and air grievances. That's a chapter. That's the smallest unit and it provides a voice to the member. You can't have it so big that the individual member cannot reach and make himself heard. If you have a big organization the individual member gets lost in the shuffle. He can't go off to a convention of the district and raise his voice about a problem. You have to provide an organization that right on the job will give him the right to have an opinion and the right to be heard and acted on. Otherwise it's the district. The chapter has to be only members of a particular bargaining unit: service unit, nurses and so on in one hospital. Some hospitals are big, with 800 or 1,000 members but even then if the chapter meeting is over 100 members it is frightening for a member to make a statement, make a complaint about something. It's beyond the reach of the average member of the union. If you want democracy to function, you have to provide an instrument that the member can feel free to function. The chapter is the instrument.

WEEKS:

The reason I asked the question about the size of a small unit was because

Nelson Cruikshank was telling me about the time AFL-CIO was trying to put some pressure on Wilbur Mills to get Medicare passed. They thought they might be able to go down to Arkansas and raise a little opposition to him in the next election. They tried to get some union members, naturally, to do this. They found that about the only unions there were would be what you would call chapters of the building trades who really were organized basically to bid on any federal construction. That's about the only place they had any leverage.

DAVIS:

That's where the jobs were.

WEEKS:

That was about the only time being union would help. He said they concluded that Wilbur Mills was too strong for them. There was not much use trying to fight him in his own territory.

DAVIS:

That's right because the building trades unions in the smaller towns depend on federal construction. There's a federal law that says the government must pay going wages, that's union wages. That is the source of their jobs, source of their living. They wouldn't pick a fight with their congressman because he supplies the jobs.

WEEKS:

One thing that's happening in the hospital field, and which you know I am sure, is the multihospital systems, the chains of hospitals. How is this affecting your union activities?

DAVIS:

So far it hasn't. We have been primarily in the voluntary. They are not chain organizations.

WEEKS:

Some of them are.

DAVIS:

Voluntaries? Very few. Some of them may have the same name.

WEEKS:

I am thinking now of the Sisters of Mercy in Michigan which has about twenty-seven units. They are voluntary, Catholic hospitals, of course.

DAVIS:

Catholic hospitals or denominational hospitals have more than one unit in New York. Major hospitals, but they are not chains. Actually each one is independent. We have had some difficulties with them because they are very big, very strong, and very prestigious, and they are very influential. It got around that the union was now right for them. It took us a number of years to convince them. We had a bitter strike in one of their nursing homes in New York. As a matter of fact I had a sit-in in the cathedral on Fifth Avenue. A thirty-six hour sit-in. Sat there day and night. It was before a holiday.

WEEKS:

A Catholic cathedral?

DAVIS:

In a Catholic cathedral. We had a sit-in of fifty or sixty people. We took the front rows. We wouldn't get out. Cardinal Cook stopped and said, "What are you doing to me? I am a friend of labor."

I said, "There is a nursing home run by a very negative nun who really is anti-union."

It embarrassed him and it embarrassed the church. We finally settled with the nursing home. It took us a strike of about six months. That's the first

time I had a sit-in strike in a religious institution, Catholic or otherwise. Cook was the Cardinal's name. He knew me, I didn't know him. He's a man who gets around and knows what's going on in the city. A consultant and everything. Finally it got to him and he talked to the powers that be and they settled the strike with 1199--it was just a pain in the ass, an embarrassment. I think it is the only sit-in in the United States that I sat-in in a Catholic institution. My wife was there, my children were there, kids from some members of the union were there. We slept under the benches for the night. We were there over night. They provided us with a men's room and a ladies' room. I found out what a cathedral looks like and how it functions. That experience didn't do me any harm and we finally settled the strike.

WEEKS:

I suppose you got quite a lot of publicity on that one didn't you?

DAVIS:

I didn't look for publicity, therefore I don't know. The Cardinal wasn't looking for publicity. It was quiet, except they expected a lot of people. It was some holiday when people come in.

MRS. DAVIS:

It was a special Christmas Eve service. Every year they televise it. And you ruined it.

DAVIS:

Television didn't take notice of it and didn't mention it. By the way, I was on television in Michigan, the nurses' strike. In Saginaw. I accused the trustees in that hospital of possible conflict of interest, because some of the trustees were doing business with the hospital. When I made that statement, nothing appeared on television. They blinked me out. The

newspaper blinked me out on that too. The newspaper would not take my statement that it was a conflict of interest for a trustee to provide oxygen to the hospital.

WEEKS:

Now this hospital in Saginaw, Michigan where you said there was a possible conflict of interest with one of the trustees supplying oxygen to the hospital. What is the name of the hospital?

DAVIS:

The Bay City Hospital.

WEEKS:

Bay?

DAVIS:

Yes. Saginaw Bay, you know. The Bay City Hospital.

WEEKS:

There was a man in Saginaw whose name I can't remember...

DAVIS:

Chairman of the board.

WEEKS:

Oh, he was chairman of the board?

WEEKS:

I used to know an administrator of a hospital there but it was not Bay City Hospital.

DAVIS:

They just merged about a year ago with another hospital, now called the Bay City Hospital. They about 500 nurses and practical nurses; it's a 400 bed hospital. It's quite an institution for that part of the world. I thought

there was a conflict of interest but the media blinked me out. They should have picked it up.

WEEKS:

Maybe he owned part of the television station also.

DAVIS:

Probably has an influence anyway. I thought it wasn't fair. If I had stayed there I probably would have gone up to see the station and argued that they have no right to censure me. They don't have to support me on it but they might have investigated this thing. There is a woman mayor in that town.

WEEKS:

Is there a woman mayor up there?

DAVIS:

A woman mayor.

WEEKS:

I haven't been to Saginaw in a few years. We were talking about chain hospitals.

DAVIS:

Yes. Chains of Catholic hospitals. I don't call them chains because they are pretty much individually and independently operated and are not-for-profit. The chain institutions are yet a problem--not a problem for the union alone, but a problem for the country--because they are going to accept chain institutions. Once you get the profit motive involved in hospitals you will have a different world.

WEEKS:

What is the union going to do about the chains, whether they are proprietary or...

DAVIS:

They are going to treat them as any other hospital except that the problem is more difficult because unless you organize most of the hospitals you haven't got much muscle or power to deal with them.

WEEKS:

You have got to do them one by one?

DAVIS:

Do them one by one, or more than one but the problem is more difficult in the sense that the hospitals with the resources they have can withstand the strike and try to break the union.

WEEKS:

How about HMOs? Have you gone into any of those?

DAVIS:

They usually are no problem because they are community operated institutions. The HMOs create the medical institutions and usually the community has a role to play there. They are not oriented against unions. Of the communities involved you will find sympathetic people in the communities who will ask why should they not have a union and be treated like all the other people. The union does not come in as an instrument that is completely alien. The union comes in and tries to get the standards in their institution like those established in other similar institutions. Given a community institution you find this important leverage--to conform to community standards, then you have no problem. If you as a hospital are out for profit and want to make money you are not going to allow your institution, like the voluntaries, to go into the red at the end of the year. That may be a problem that we have not yet faced except that the voluntaries have begun to invite



these profit-making companies to come in and run their hospitals.

WEEKS:

In our talking it just reminded me that I mentioned Karl Klicka, the man who took over the management of the United Mine Workers hospitals down in Appalachia.

DAVIS:

And he found himself in hot water.

WEEKS:

He ended up being the head of a group called the People's Community Hospitals in Michigan. That's where I got acquainted with him. It's composed of six or seven hospitals in suburban Detroit where the communities give the hospital authority a certain amount of money each year. It's a tax based on population which they put into this hospital authority. The hospital authority runs the hospitals in the various communities. In this case all the hospitals are in towns that have heavy union population--the automobile industry. Most of their trustees are union members. I have often wondered why someone doesn't come along and organize these hospitals. It would seem that would be a natural.

DAVIS:

It is a natural but sometimes in a case like that the union won't go in unless they come to us. Sometimes you are not going to get an invitation from them, sometimes unions will stay away because they don't want to impose themselves on the situation. They are not welcome. They do not bother unions. I am not suggesting in this case that it is so. I think all workers are entitled to organization whether they work for voluntaries or unions. Most unions now have trouble with organized organizers, organized help. It's

not too strange.

WEEKS:

We were talking a few minutes ago about employment going towards service workers versus industrial workers. Is it likely, now that the industrial unions are losing membership, that they are going to get into the hospital field?

DAVIS:

I doubt it. It is not a field that invites itself to unions who do not have the commitment that our union has got. There is a lot of commitment needed, and you are dealing with workers who are not going to pay high dues. You are dealing with workers who have more problems than you can handle. The unions are like anybody else, they don't want to get into sick beds. If it's an industry that's inviting, that offers opportunities for great membership growth, greater income to the union, they go in. When the problems are more than it's worth...1199 stuck it out. We had resources in our local union of a half a million dollars. We went to organize the hospital workers and in two years we blew that half a million dollars, something that took us ten years to accumulate. It needs commitment, it needs experience that industrial unions do not have. They may not want to go into that.

WEEKS:

You can point to your track record and say we have done this and we have done that where the industrial unions can't.

DAVIS:

That's right, and they are not going to do any better than we did. Of course, they do not understand the problems. They are not as flexible and as knowledgeable. You have to have some knowledge to go into an industry where

you don't belong.

WEEKS:

I told you I was talking to the nurse, Joan Guy, who was telling about the different unions attempting to organize nurses. One she mentioned was the Stonecutters Union, of all things, trying to organize nurses. So there must be a lot of unions that are trying...

DAVIS:

In some cases it's a matter of membership and income, consequently any union figures the nurses are professionals whose income is pretty high--probably higher than the steelworkers--so they might be invited in. A steelworker's wife or daughter working as a nurse...she comes to the father and says they need a union. They recommend their local union. That happens to steelworkers and others--every union has got a little piece of the action, maybe one-millionth. They are not very significant, but that happens.

WEEKS:

Are those people likely sometime to come into your union because they are not getting...

DAVIS:

Possibly except we are not allowed to raid any other union. By the rules of the AFL-CIO you are not allowed to take union members from an established union in negotiating a contract.

WEEKS:

What if the union chapter said they wanted to decertify? Can they do that?

DAVIS:

They can decertify. That's what is happening. Decertification has been growing across the country. Workers who are in unions that do not service

them properly have the privilege to decertify. They can decertify under the National Labor Relations Act. It doesn't mean they can go into another union.

WEEKS:

I see. They can...

DAVIS:

They can be prohibited.

WEEKS:

They couldn't do like they did at Maimonides when they decertified and went into 1199?

DAVIS:

At that time it was before the National Labor Relations Act. They just came into 1199. We were the only union around.

WEEKS:

It would seem if they were justified...

DAVIS:

There was no way they could prevent workers going from one union to another.

WEEKS:

It is interesting in reading this new tax law, TEFRA, that affects Medicare, that went into effect in 1982. There is a provision in there that no longer would a hospital be able to charge off as a deductible cost money that they spent in opposing unionization. We talked a little bit about opposition to unions by meeting demands for wage increases, for change in working conditions, and so on. What would they be spending the money for otherwise?

DAVIS:

There has been in the past few years a proliferation of legal firms who provide services to management to keep a union out. In many cases they are successful. The union starts organizing, management calls in this firm, makes an agreement with them, they send in their experts, and they start to brainwash the workers against the union. It's a very costly thing; they have to maintain a very high paid staff to do the job. They take over the "keep the union out" campaign within the institution. It costs a great deal of money and the hospital charges this off to its management costs. What the law did was prevent the hospital from unloading this cost on Medicare. That's about it. That is an effective instrument. It's widespread. If you have the money you can hire them, particularly the voluntaries who are not expert in union busting--hire these people who are expert in brainwashing. Psychologists, psychiatrists, lawyers. They know all the gimmicks on how to persuade workers to vote against the union.

WEEKS:

They are specialists in this.

DAVIS:

Yeah.

WEEKS:

This must have been a significant cost because it was put into the law that this no longer would be an allowable cost for Medicare. I don't know whether Blue Cross went along with that or not. I suppose they will.

DAVIS:

I suppose they would, because Blue Cross would have to pick up the bill.

WEEKS:

We were talking a few minutes ago about 1199 and the Service Workers Union

combining. What is the difference in the make up of these two. Yours, I assume, are mostly service workers, lets' say "unskilled"--you don't go into skilled maintenance much, do you?

DAVIS:

We have maintenance. We have service workers, they are included in the service unit. We have the same composition of members as the Service Union does. Originally it was more of the service workers but now on balance we have very many clericals, very many technicals, and now we have a number of thousands of nurses. So compositionwise we are about the same as the Service Union. That combination with them would have given more strength and ability to organize the industry than either union has now, but unfortunately that did not go through.

WEEKS:

In your service workers do you have skilled workers like electricians?

DAVIS:

The electricians, the carpenters, the painters, the boilerkeepers and so forth. Yes.

WEEKS:

They come in your union, too?

DAVIS:

Yeah. It's an industrial form of a union.

WEEKS:

Somebody said that they thought that Sweeney's group, the Service Workers Union, would be more white than yours would be.

DAVIS:

White and black depends on the location. On the East Coast we will pick

up more blacks and Puerto Ricans. On the West Coast they will pick up more whites.

WEEKS:

Is there any division between your group and Sweeney's?

DAVIS:

No. We just try to stay out of each other's way to the extent that we can.

WEEKS:

I wondered about the others. Does AFSCME stick to government workers?

DAVIS:

They stick to government workers.

WEEKS:

Gotbaum's group doesn't interfere with yours?

DAVIS:

Gotbaum is strictly in New York City government workers and doesn't interfere with us.

WEEKS:

I meant to ask you before: Have you gotten out in the state in New York?

DAVIS:

To some extent. We are in Rochester and we have a number of hospitals in Westchester. We are not all over the state.

WEEKS:

Do you have Strong Memorial in Rochester?

DAVIS:

Yeah.

WEEKS:

That's the big one there, isn't it?

DAVIS:

That's right. We are still organizing upstate.

WEEKS:

I can't quite understand the UAW. In the Detroit area they set up an option to Blue Cross: an HMO with their own hospital and their own neighborhood satellites or health centers. Then the health services were organized by some office workers union which was led by a disgruntled former UAW member who was trying to make it, apparently, uncomfortable for the UAW. Is there any way that unions agree to territory?

DAVIS:

I don't think there would be any agreement on this. But if he is doing this against the UAW, his chances of winning are not very good.

WEEKS:

Not in automobile country.

DAVIS:

It's their base. They have the political power, they have the organizational power. They have everything else, so the best thing is to stay away.

WEEKS:

In this business there is so much that is not organized there is space for everybody.

DAVIS:

That's right, there is plenty of room without looking for trouble.

WEEKS:

We talked about the ten day strike notice under the 1974 amendments. Does this ten day strike notice apply to all unions whether they are organized or



not? I mean... Let's say we had a hospital and the employees got their heads together without a formal connection with 1199 or any other union and said they were going to strike.

DAVIS:

They would have to give notice, otherwise they would be enjoined within twenty-four hours. National Relations Board goes into court and gets an injunction--in absence of a ten day notice.

WEEKS:

They would be open for contempt if they didn't...

DAVIS:

Without doubt and without failure.

WEEKS:

In reading of strikes around the country I ran across an organization I had never heard of before called HELP in Chicago--Health Employees Labor Program, I think it stands for. They struck a couple of big hospitals in Chicago.

DAVIS:

A black organization.

WEEKS:

Maybe so.

DAVIS:

Reverend Jesse Jackson was running the black organization in Chicago. He became very popular and carries the ball over the country. I don't think he's got membership. He's in wherever he can make a buck. I suppose these things are possible and will be more prevalent as workers have beefs and problems that they can't resolve. They will go to the nearest person that has a big

mouth that they think will help them out. That may be the reverend and the church. He may be the one that will pick up the cudgels.

WEEKS:

They may be the leaders.

DAVIS:

I don't know that organization. At least we never met up with them.

WEEKS:

I don't know whether you know Anne Somers or not.

DAVIS:

I don't know her.

WEEKS:

She is down in New Jersey. She lives in Princeton. She teaches at Rutgers.

DAVIS:

What would I know her for?

WEEKS:

She has written a great deal about care for the aged. She is a sociologist. She is a splendid woman. A Southern belle who went to Vassar and was graduated during the Depression. The only job she could get was in a sweatshop making ladies' waists or skirts or something.

DAVIS:

She was in the International Ladies Garment Workers Union?

WEEKS:

She was in the International Ladies Garment Workers Union and became an organizer. A very bright woman. She is younger than we are--not much. Anyway, I interviewed her because she is very well known in the hospital

field. I had her resume' or CV. When I read it and saw all the things she had done I thought it was unusual for this girl from Vassar going into a shirtwaist factory to work and then getting into the ILGWU. It didn't ring true, because she has a Southern accent and all. So, I was asking her about it. We talked about the Ladies Garment Workers Union and Dave Dubinsky and so on--the make up of the union. At that time it was mostly all Jewish leaders. Most of these people were immigrants who had come to this country with very idealistic motives. From this it just occurred to me that in the labor field... Does labor strike the Jewish hospitals first because they are more likely to be sympathetic?

DAVIS:

It is all in the way you look at it. We were accused of being anti-Semitic by picking out seven Jewish hospitals to strike in the first place in 1958. I think the question of immigrants coming here with particular commitments--that's true. David Dubinsky was a Socialist and he came here and tried to pursue his Socialist ideas in the union as well. I knew a lot of people of that union who were left of center, quite left of center. Some of it was imported. My ideas...some of them may have been imported as well. I started left of center. In going to high school I met a couple of youngsters of similar ideas. I went to high school in the late twenties and the early thirties at the time when Scott Nearing wrote a book, Dollar Diplomacy. At that time the issues were whatever was for a better world. We debated and thought we were right. I acquired the idea about unionism. Not in the old country because there were no unions in the village--I was born in a village. The Bolsheviks occupied that village for about three years and I left. When I left the village it was already occupied by the Communists. It was occupied

by Poland for a while. So the ideas of the social thinking, the economic views and political views are imported. In our country it has always been imported--the ideas of what happened in Europe, about the new theories of justice, peace, and that kind of stuff. I assume I acquired that at the age of ten or twelve or thirteen. It stayed with me along with everything else I acquired here during the Depression. I lived through the Depression period. With regard to the CIO, that fell into my way of thinking as the way to go. Workers would have to be organized for justice. So that had an influence. It influenced Gompers who founded the AFL and Daniel DeLeon who was one of the other labor leaders. Haywood was an anarchist. There are no ideas that are national ideas, no philosophy that is strictly national. They become international. Human problems are always international. Certainly the first World War, I lived through the first World War in Europe. Our place was occupied by the Germans at that time. It was no picnic at that time. I am glad I was not there the second time around.

In addition, the Jewish culture itself--whatever culture it was--has certain commitments to human rights and humanity as a culture. I was reading Howard Fast--I don't know whether you read his latest book--about Jewish people. I just read his book on Jews. Their commitment to medical history is just fantastic, all the way back before history started. All these things, I guess, had some influence on me. All the friends I have are all committed to the left of center and have the kind of commitments that made it possible to build a union that was highly democratic, highly committed, willing to make all kinds of sacrifices with no mind of getting rewards.

WEEKS:

Did you do anything like the Garment Workers who were very keen on

education for their members. Does your union have any help for your members?

DAVIS:

We have a thousand scholarships a year. We have sent more children of members to college than any other union of our size in the country. The contributions to Benefits and Pension Fund--we set aside one percent, and that's a lot of money because we get in the millions. We give children without proof of need "x" amount of money to go through college.

WEEKS:

Without proof of need?

DAVIS:

Without proof of need! We don't run them through a means test. That's a terrible thing to put parents through. The parents just make out the application. And it is not based on scholarship standing. That's a standard that I never approved. A scholarship standard puts the advantage to those people who already have an advantage. Children don't develop a scholarship standard unless the parents are middle class and can afford to provide the child with help.

WEEKS:

As long as they are able to get in?

DAVIS:

As long as they are able to get in, that's the only requirement. We have paid attention to health care all the way through for our members--health care fees and support--and pension. The social programs, the economic programs are extensive in our union. We think of the workers as a part of our society where the government fails to do its job. The union has a responsibility to that. The fact that I am negative about Kirkland: He was a member of the

Committee of Fifteen on Social Security and he voted on their recommendations and I think the recommendations were wrong. They postponed the cost of living increase of Social Security for six months. The burden of the whole savings is on Social Security people instead of raising the money from the general budget. We are way behind Western countries in providing social services.

WEEKS:

We have got to find a way to pay for it.

DAVIS:

There is no other way except the hard way. It has to come out of those who can afford it. There is no other way. Western Europe does it. I have friends living in Holland. They tell me their taxes are very high. An unemployed person gets 99% of his pay as long as he is unemployed. He said, "We have to pay for it. We pay a lot of money for it." On the other hand they have no serious social problems.

WEEKS:

I think even some of the Western European countries are having trouble balancing their budget. We have Danish friends who tell us about their wonderful social programs there...

DAVIS:

It costs them a lot of money. So do the Swedes.

WEEKS:

They are getting to a point where they can't pay it off with their present taxes. They have got to raise taxes or do something else. I agree with you. I get my Social Security check every month. I think sometimes I shouldn't be getting so much. I think if they would pay attention to raising the minimum instead of raising the maximum people they might be able to spend their money

better.

DAVIS:

We still have got too many millionaires who are not paying a hell of a lot. A lot of people make more than they can use and more than they can spend. There is so much of it; we haven't begun to scrape the barrel. We start scraping the barrel then we can stop worrying. These social needs are essential to a civilized society. We are not civilized if we cannot do that.

WEEKS:

We were talking about your union fostering education by scholarships. Is there anything within hospitals which I like to think of as a ladder. I once sat on a board of a practical nurses school in Michigan. We were trying to find a way to put that one year of training..have them use those credits toward later becoming a registered nurse. At that point we couldn't find a legal means of doing it.

DAVIS:

I was thinking more than that. I was thinking that hospital workers were not getting a break in becoming doctors and nurses... Nurses have got basic training. We can train nurses to become doctors at half of the cost it takes us now to take any doctor through the university. There ought to be a ladder and credit given, and encouragement to move practical nurses to registered nurses and registered nurses to doctors. Also, from other professions: x-ray technicians, lab technicians, all able to move up in the professions. Doctors have been too exclusive, too immune from competition. This could be done at a real savings to the country. To train doctors is very expensive, an expensive undertaking. It takes many years, it's very costly, it's time-consuming. We could do much better by taking a couple of thousand of nurses each year and

moving them up. That requires that you have a planned commitment to provide the people of the United States with health care. We haven't got that basic commitment. When that basic commitment comes in to provide basic health care to all people who need it...

WEEKS:

Would you favor some kind of national health insurance or national health service?

DAVIS:

A national health service for every person is a must for every civilized country in the world. There is no possibility for an average person who becomes ill to finance medical care. There's just not enough money involved. The average worker cannot have that money.

WEEKS:

Would it be something like the British system?

DAVIS:

Frankly I don't know. I would like to look into it. The British system has its own problems. I would like to avoid some of their problems. I would make a study of that and try to deal with those problems and not to get into the problems they got into. I do believe we must first have the commitment that every American has health care to the extent that we have the medical facilities to provide it such as doctors, technicians, hospitals and so on. We haven't got that commitment and we have tragedies as a result of that. Frankly this country is not looked at with respect anywhere as a result of that. An American who goes to England gets health care without a cost.

WEEKS:

I think one big difference is how we handle our physicians, whether we pay



them a salary or whether we continue on fee-for-service, or if they work on a schedule of fees that they agree to and we agree to.

DAVIS:

They would have to reduce their income. They are the highest paid people in the country. They could live on \$50,000 a year as well as \$75,000 or \$80,000, or a hundred thousand.

WEEKS:

Or two hundred.

DAVIS:

They could make a contribution because they would be guaranteed an income for life.

WEEKS:

Probably their education is subsidized more than any other profession.

DAVIS:

I think that can stand all our efforts. All our efforts and the money it requires. I think Truman is the one who raised the question of national health, and it never came through.

WEEKS:

I have talked to a lot of people who have been in on the various plans. The big stumbling block is what to do about physicians, how to control costs.

DAVIS:

The AMA would be the block.

WEEKS:

Until we can overcome that, I don't know. I think I know the answer without asking a question, but: When these people go out on strikes, do they finally recoup their losses?

DAVIS:

In the long run, yes. No question, in the long run workers who are organized and have strikes, they recoup their losses.

WEEKS:

Quite often unions are blamed for the economic impact of higher wages and this sort of thing.

DAVIS:

There is no question somebody pays if the workers' conditions are improved. Somebody pays for it. That happens whether it is a car or a bicycle or whatever. Somebody pays for the higher cost of the worker producing it that gets paid more. In the case of hospitals there is no question that the improvement of the wages of hospital workers has had an impact on hospital costs. There is no doubt about it. I don't know why workers should be blamed when the doctors who are the major recipients of health care costs have such a high income. You can't penalize hospital workers. There is no question that there is a price tag to having health care workers organized. There is a price tag to all workers making a living. If automobiles cost more, you know a GM worker makes a living, which he didn't in my days when I was young. I recall that time when Ford raised wages to \$5.00 a day. I remember when it was announced--a whole big salvation to the country. Five dollars a day against three times that an hour now, but we are still here. We have a budget of 247 billion dollars for defense. In my opinion we don't have to destroy everybody in the world. I think we have to pay a lot of attention to where we are going. It would take more than the two of us to find the solutions. The question of how to live in this world, how to survive in this world is for the unions and others to think about and find answers to.

WEEKS:

I have heard about the Toledo plan. Has that had any...

DAVIS:

No. It came to life when hospital workers were successful in organizing unions in New York but it died. It never went any place with the workers in Ohio, either.

WEEKS:

Can I sound off a few names on you? Do you want to say anything about Victor Gotbaum?

DAVIS:

You can sound off. Victor Gotbaum is very ambitious and very able in his area of work. I know him very well.

WEEKS:

You told me about Henry Nicholas and how he came up.

DAVIS:

Right from a nurse's aide. He was a striker, an organizer, and a very able young fellow who has learned his service the hard way.

WEEKS:

Can you tell me anything about Sweeney?

DAVIS:

I find him a very honorable and a very decent man.

WEEKS:

He is fairly new in the position isn't he?

DAVIS:

He took over a year and a half ago from George Hardy. He had a big union in New York, Local 32. I have found him to be a very able, dedicated, and

decent person.

WEEKS:

We have mentioned Nelson Cruikshank. I don't know whether you want to add anything.

DAVIS:

I met him with our retirees. He came to talk to our retired members. I met him there. I knew about him all the way back. He's a very committed man. I respect him.

WEEKS:

I asked him how he got to be a union member. He was going to become a minister. During summer vacations he would work on the Great Lakes on ships. He became a member of the Seamen's Union. He was a Methodist minister for a while but he got into labor work.

DAVIS:

He is a very nice man.

WEEKS:

I like him very much.

Recently some union leaders have had bad publicity.

DAVIS:

The teamsters are getting the headlines--corruption and everything else. So the good things are never mentioned, unfortunately. That's too bad. Cruikshank deserves a eulogy for his very commitment. He has been working with retirees now for many years. He was at our union; it must have been five or six years ago.

WEEKS:

After he retired from the AFL-CIO he went to the Council of Senior

Citizens, or whatever it is called.

DAVIS:

The Council of Senior Citizens. George Meany probably asked him to talk to our people.

WEEKS:

When I interviewed him I went up to the Senior Citizens office. We used his former office; his successor was out of town. So I had a chance to see their offices. This was about two years ago. I was very much impressed with him. Do you have anything you would like to add?

DAVIS:

I have got together some background material that will help you learn more about the union. I believe that the organization of...

WEEKS:

May I just preface this? Before I interrupted you I asked you what your speculations were about the future in unionization in health facilities.

DAVIS:

I think that our organization, our union, is going to be very successful because there is a general disappointment among the nurses with the associations they have been members of. They are rebelling against the association from one end of the country to the other. I think they will join our union and be a part of a union that encompasses all the other workers in the health care field. In other words they will be a part of the service workers, a part of the technical and clerical employees and build real strong organizations that can deal with the nurses' problems. The nursing profession has gone through a great crisis. There is a great demand for nurses now and there are not enough of them available. There is a shortage of 10,000 nurses

in this country. I think the union will stimulate the training of more RNs--encourage and stimulate the training of more RNs because they are needed and essential to the health care field of this country. I think there is a great underestimation of the role of nurses in hospitals. Management has been negligent and ambivalent--almost ambivalent--to the needs and aspirations of the RNs. They have made a terrible mistake. The RNs are in rebellion and that's where they are going to go. I think our union is the logical avenue for the nurses to go to seek the answers to their problems. The problems are essentially lack of respect, lack of participation in the administration of hospitals, are not considered as a part of the professional workers of the hospital, and the doctors, unfortunately, do not give very much help to consider the nurses as effective aides in their work. The doctors have not been very helpful and that has turned the nurses away from the hospitals. In addition to that the schedules of the nurses, and the responsibilities of the nurses...hospitals have not rewarded the nurses with the kind of recognition that they deserve and the kind of economic conditions that nurses should have. So, that is where things are going to go. It will take a few years but I think the nursing association will find, as it has already found in many states, that nurses are resigning from the association, state by state--getting out and looking for some other organization to represent them.

WEEKS:

May I interrupt? Do you realize in all that you said about nurses that not once did you mention wages?

DAVIS:

I think that is not the most essential part of it. The nurses are looking for recognition, participation, and the respect they are entitled to for

performing their job. I think along with that will come proper rewards for their services.

WEEKS:

As a union can 1199 do anything to change the role of the nurse?

DAVIS:

I think to get nurses better schedules is a must. Nurses can't function in the hospital and at home properly unless the schedules in the hospitals are so adjusted that nurses can serve as mothers, as wives, and as homekeepers, as well as nurses. This is an essential element that management must recognize, and has not. In addition, they perform an essential service and they should be rewarded financially. So I think this is going to change. I also believe that as a result of the Medicare situation as it is now, pulled back by the government--the fact that Medicare and Medicaid is being practically destroyed by the Reagan administration will make greater attention being paid by the people of this country for a national health program where every American can receive adequate and complete health care services financed by the government. Every civilized country in the world is doing it. United States cannot ignore that. The government cannot ignore that responsibility. I hope the present administration will be tuned to the needs of the American people and that health care will be recognized as essential and will be honored. It is the government's responsibility to the people. It's going to come and it's going to have to come in the next five or ten years at the most. Obviously doctors will have to play a different role. I don't think they can peddle their wares to the public as they did at the beginning of the century. In the next century I think they will be employed strictly for their skills. I don't want to minimize the skills they have as a profession because I think they are

highly skilled, highly trained. I think the American medical profession is the best in the world. The only thing that is lacking is that that skill is not used for the service of the people of this country. We should be fully committed to the people of this country. I think we will come to that as a result in the next few years.

WEEKS:

I agree with you that we have got to do something to change our system but can we do it as long as the physician feels no one should criticize him, that no one but another physician knows enough to criticize him? And that he should have free rein and that he should get fee-for-service, and that he should not abide by any schedule of fees set up by the government on the advice of his peers? It seems to me that we have got to overcome that stubborn, stonewall attitude in order to accomplish what we want to accomplish.

DAVIS:

Doctors may begin to search in their own minds that they ought to correct the manner in which they practice. Their role in society is to take care of sick people in this country. I hope that will come before any compulsion, or any legislation that will compel them to do that. I wouldn't give it up. I think eventually people are going to come to their senses, even doctors will come to their senses.

WEEKS:

I think the younger men who are coming out now would like to be able to work a forty-hour week, would like to have all their office taken care of, all their insurance problems taken care of, malpractice insurance, all the paper work that has to go through--then they could come in and work, be doctors, and not worry about all these peripheral things.



DAVIS:

That might be a fair exchange, a fair exchange for society to provide the doctors with their needs, and for the doctors to provide the communities with the communities' needs. That would be a fair exchange for the community to assume the responsibility for the doctor for his income and his way of life and, on the other hand for the doctor to assume his responsibility for the health care of the community. I think that would be a fair exchange and not necessarily destroy either one.

WEEKS:

I read an article one time by Dr. George Crile, Jr. of the Cleveland Clinic in which he said he didn't believe in fee-for-service for surgery. So I went to see him. He made a very good case.

He said, "Everyone in our Cleveland Clinic works on a salary. Nobody has to operate in order to make a living. We try not to have any unnecessary surgery. It doesn't matter to a doctor whether he operates or not, he makes a decent income. So all the pressure is taken off to do unnecessary surgery."

DAVIS:

It might be that special rewards should be given to doctors with certain specialties. We were able to solve some very fantastic human problems in this country. This country has developed from backwoodsmen to highly sophisticated--a country that can fly to the moon and come back. It's just inconceivable that we can't resolve the problem of the doctor and the people. It may take many adjustments; on how the doctor lives, what his expectations are, and to meet those expectations. There will be bureaucracy, there will be an area of bureaucracy that gets in and is a problem--in a sense bureaucracy can be dangerous, not only helpful. I can't say that we should throw our

hands up and say we can't resolve that relationship between the doctor and the community. It will be difficult.

WEEKS:

I think, in general, medical care in Britain isn't too bad. I had a man visit me while I was at the University of Michigan. I had been in England the year before and met a woman who referred a doctor to me when he came to this country. He came and visited me. He was a general practitioner up in Yorkshire. I thought he might like to talk with a general practitioner from a small town in Michigan. So I brought a doctor in that I knew from a small town. This doctor from the Michigan town was sort of a brash kind of a guy. He took a liking to the Englishman and he said, "Doctor, how would you like to live in America." He said, "We have three men in our office, practicing together and we need a fourth. I can offer you a very good thing if you will come to America and work with us." He said, "How much do you make?"

The English doctor said, "I make about seven thousand dollars (American) a year which is different from seven thousand dollars here. It's about the same as an attorney would make, or an architect would make, and any of the other people I might socialize with."

The American doctor said, "If you would come here I could offer you forty thousand." [This was twenty years ago so that was a lot of money then.] "I can offer you forty thousand dollars a year."

The Englishman said, "But I don't need forty thousand dollars a year. I am making as much as my friends. I work with two other doctors. We take turns spelling each other off. These two are covering for me now while I am on my vacation in the States. I'll go back and cover for one of them when he wants to go away." He said, "I am very happy. I have everything worked out."

I have no pressures. I have a nice practice. I am paid on a capitation basis. I don't have to worry about collecting bills. I don't think I would want to come even for forty thousand dollars a year."

DAVIS:

No hassle. An orderly life. Your income is guaranteed. A nice pension at the end of it. You can retire at a certain reasonable time. A lot of vacations and holidays involved. You don't have to have emergencies, running all night, because other people would pick it up. It's a matter of a mode of life. I know I could live that way. I would have no problems. I wouldn't want a lot of money. I have a pension and Social Security. It's enough to cover all our basic needs. If they need me for some special thing, they pay my expenses. That's all I need. I don't think that doctors are so out of this world that they have to have two cars and a boat and whatnot. I do not think that doctors, generally, are so out of this world that they cannot adjust themselves to a reasonable way of life that will not be in conflict with what they have to provide.

WEEKS:

I think they are getting a little fearful now because the ratio of doctors to population is increasing.

DAVIS:

There will be more because the income is so attractive.

WEEKS:

Just yesterday in the Ann Arbor newspaper there was an article saying that the University of Michigan Medical School was going to cut student admissions by thirty next year. They have been running over two hundred admissions, so if they cut 15% it is probably is in line. For a while they were increasing

enrollments, and for several years practically all Michigan graduates were going on into specialties. It seemed nobody ever thought of general practice.

DAVIS:

That was it, doctors were all becoming specialists. That was the wrong turn and we encouraged it. I blamed that to the general practitioner. He encouraged specialization. Something wrong with your throat, go to the specialist. They made referrals even if they didn't get part of the income. They just didn't want to burden themselves and learn how to take care of a patient completely and shifted it over to the specialist.

WEEKS:

I think this pressure of more and more doctors coming into the field is worrying them a little bit, so maybe they will be glad to get a job on a salary--a good salary with all the fringe benefits.

DAVIS:

On the other hand the country has got to adjust itself and decide on a budget in that case. It will require a lot of money.

WEEKS:

I think you said your union was self-insured. Did you offer your members an option? HIP or something like that?

DAVIS:

We are self-insured and do better than HIP. We watch the hospital stay.

WEEKS:

How do you encourage people not to overdo things?

DAVIS:

We have a staff. They know approximately what the hospital stay should be. If a hospital keeps people too long, we will go to the hospital and say,

"Hey, the patient's hospital stay is too long. If the standard is eight days and your hospital stay is twelve that's four days, fantastic, additional income." They are able to police it a little more. The hospitals are more careful, they know they are our patients. They are not going to keep them there because they have empty beds.

WEEKS:

What about the physicians? How do you pay them? Do you have a schedule?

DAVIS:

We have a schedule. We pay them according to the schedule with a major medical. If they charge more, it is 80% of the major medical. We will pay a surcharge over the schedule. It's a problem dealing with doctors. Doctors live differently, they act differently.

WEEKS:

They are taught to think differently.

DAVIS:

You take Medicare; most of the doctors here (Florida) won't take Medicare at all. They wouldn't take a Medicare patient. So people have to dig into their Social Security to pay for health care.

WEEKS:

Pay the bill and then bill Medicare?

DAVIS:

Medicare doesn't pay the whole thing.

WEEKS:

No. But even if the doctors would agree to the schedule and the people only had to pay 20%, that would be something.

DAVIS:

We have got to find reasonable answers with doctors' participation to develop programs that are sensible, reasonable. It's not impossible. Get even the AMA to participate in the formulation of it. They may want to be participants instead of somebody doing it for them. They may want to be a party in developing a program.

WEEKS:

AMA doesn't like to have to be second party to any agreement.

DAVIS:

They wouldn't be a party to it but be helpful in developing a program without assuming responsibility. (They could say,) "Take it back and do what you want."

WEEKS:

In the past thirty years the AMA hasn't been very cooperative on health matters.

DAVIS:

Perhaps union members think doctors serve the members who pay best.

WEEKS:

As I said before, I think the economics of it with more doctors and younger doctors coming up may...

DAVIS:

England had a problem where the doctors struck for one day or two days or so. There was a conflict developing about reimbursements and fees.

WEEKS:

I went over to England in 1964 and spent quite a lot of time in talking with people in hospitals, and I even talked with some general practitioners. I came away with the feeling that 95% of the people are enrolled in this

program and are satisfied in the sense that maybe it isn't as fast as they want but they are getting pretty good care. A doctor will go into a home on a house call. I believe that sometimes when you go into a home and learn how a family lives you can better prescribe a treatment for them than if you just see them in the office.

DAVIS:

I would not exclude that as a real issue and problem. I think that the policy of the union now should be to make health care a national issue. A big national issue. Get people thinking about it. What's going to happen to them when they get sick? Everybody eventually gets sick. It's not something that is not going to happen to you. Everybody gets sick. Financial problems for a sick person are just...

WEEKS:

Did you or your union get involved in the Committee of 100, Walter Reuther's committee, back when he was alive?

DAVIS:

When he was alive, we were. Politically I think the country has a right to an examination of the problem. If Congress would only appoint commissions for hearing problems of this, it would be a big thing.

WEEKS:

It is so hard to estimate the cost of these things. I talked with Daniel Pettingill who was vice president of Aetna. He is an actuary. He was telling me that he and a man by the name of Robert Myers, who was with Social Security, another actuary, honestly tried to come up with a good estimate of what Medicare would cost. The first year they were off fifty percent--under. They honestly tried to figure it out in advance but they had no way of

accurately predicting until they had some experience with it.

DAVIS:

Well, once a doctor knows about Medicare, he doubles his goddamned fee. It's like a dog catching his tail. You never can catch it. You are trying to catch something that moves up at a fantastic pace. In the past four years health care costs have gone up about fifty percent. Nobody's income went up fifty percent.

WEEKS:

The doctors fought Medicare and Medicaid tooth and nail and yet it made them rich when the two programs came it.

DAVIS:

They consider the medical fee is a bonus to the people and their fee becomes more--sixty percent or forty percent. Obviously doctors need indoctrination on this issue. They ought to carry the ball. It ought to start with a committee of doctors carrying the ball.

WEEKS:

Now and then you find a doctor who is far-sighted enough to realize what the picture is.

DAVIS:

If you look for them you will find them.

WEEKS:

If you could pick out a dozen men like that.

DAVIS:

I would name a man who is now retired, Dr. Martin Cherkasky. He would be a fantastic man in that.

WEEKS:



I have heard of him, but I have never met him.

DAVIS:

An outstanding man on social medicine and the delivery of health care.

WEEKS:

The first time I heard of him he was very famous for his home care program. He developed that.

DAVIS:

I would put him as the chairman of a committee of six or seven people to carry the ball for the delivery of health care to the people. He would be a wonderful person to start it. He has a real knowledge of the delivery of health care. He was the head of one of the finest hospitals in the country.

WEEKS:

He is about at retirement age now, isn't he?

DAVIS:

He is retired. That's the time to lasso them. They have a mind full of ideas and they want to do the right thing for a change.

WEEKS:

There are a lot of sharp men, sharp doctors, in New York. Right in New York you probably could find a dozen who could...

DAVIS:

But you have to pick them here and there and everywhere.

WEEKS:

I realize that you have to have a cross section of the country.

DAVIS:

If I had to start it, that's what I would do. A dozen doctors who would be responsive to the program. Get together, let them work on a program,

sponsor it, then go to the press and television...

WEEKS:

Maybe this would be a good thing for you to do in your retirement, like the former Secretaries of the Treasury who are getting together to try to find an answer to our economic problems. There must be a lot of men of good will in this country who...

DAVIS:

When I go back to New York I'll have lunch with Cherkasky and find out who could sponsor it.

WEEKS:

I'd like to interview him some time.

DAVIS:

He would be happy to see you. Tell him I told you. He's a very fine man. I have a lot of respect for him.

WEEKS:

I see our time is up. I have enjoyed this interview. Thank you very much.

Interview in Lake Worth, Florida

February 23, 1983

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