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WON'T BACK DOWN
IF YOU CAN'T BEAT THE SYSTEM
BEAT UP A TEACHERS UNION

**WON'T
BACK DOWN**



AND IF YOU'RE A UNION TEACHER YOU GET TWO FREE BLACK EYES.

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Why Teachers Unions Make Such Useful Scapegoats

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In the last several election cycles, it has become de rigueur for right-wing candidates to express their anger at teachers and their unions, blaming them for any and all ills of public education, and characterizing them as resistant to change. These attacks have metastasized: formerly the rhetoric of conservatives who one might expect to hate unions, “taking on” teachers unions has become a popular activity for a number of prominent Democrats. At a time when education reform and health care reform are at the center of our national policy agenda, it is curious that there is so much blame and animosity focused on teachers unions, while nursing and other health care unions continue their work relatively unmolested by mainstream politicians.

Nursing and other health care unions continue their work relatively unmolested by mainstream politicians.

Nursing, like teaching, is a female-dominated profession, requiring a similar level of education, and commanding, on average, higher wages than teaching. Nurses provide a public service, and operate within the much-maligned health care system, a system motivated by either too much or not enough of a profit motive, depending on one’s ideological perspective. Yet with the exception of California, where former governor Arnold Schwarzenegger launched a now-famous broadside against the California

Nurses Association,¹ nurses and their unions have not been the target of nearly as much venom as have teachers unions. Republican Governor Chris Christie of New Jersey referred to the teachers union as “political thugs.”²

However, demonizing teachers unions is not only a sport of right-wing Republicans. Democratic stalwarts of the education reform movement include Arne Duncan, the Chicago Public Schools chief who became Obama’s education secretary; Chicago Mayor Rahm Emanuel; and former Washington, D.C., Mayor Adrian Fenty and his schools chancellor, Michelle Rhee, who proved more adept at making enemies than at making change. Fenty, after being voted out of office, said,

the teachers unions are going to have to explain why when every tough decision is made to reform the school system they are at the lead in opposing it . . . If you are going to be at the front of the line in preventing reform, then I believe that the bad outweighs the good.³

So why have these attacks been so relentless, and why have nurses escaped them?

Several factors are important in answering these questions. Some are material, because the

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corporate search for new profits is central to the education reform agenda. Others are institutional and structural. The material explanations suggest following the money to understand how and why those who demonize teachers are motivated by potential profit, and why this profit motive is absent in health care, where the private sector may have maximized its profits decades ago. In contrast, more institutional explanations focus on the nature of the relationship between education and health professionals and the populations they serve, while structural explanations focus on the different, historically determined organizational structures of education and health care. While nursing and teaching are similar professions in many ways, from education and credentials to employee demographics, there are key differences in these organizations that leave educators particularly open to attack.

Follow the Money

The education reform agenda has wrought an unholy alliance of liberals (or neoliberals) and conservatives to push for “flexibility” and freedom—in curriculum, teacher salaries, and hiring and firing—in the name of measurable student achievement. But while some people might be motivated by a desire to achieve better educational outcomes, there is clearly more at stake. In fact, the demonization of teachers unions is only the most visible element of a well-financed attack on public education (including but not limited to its unions) by a broad and deep coalition of the wealthy. Thus, like their Republican counterparts, the Democratic champions of “education reform” are amply rewarded by conservative billionaires (such as the Walton family) to support new policies and charter schools designed to upend the status quo—and privatize public education.⁴ The group Stand for Children contributes to the campaign funds of candidates from both major parties who sign on to their agenda of “education reform” that includes diminished teacher tenure and an emphasis on student testing. A similar organization, Democrats for Education Reform, is dominated by veterans of finance and investment banking, and supports Democratic candidates who support policies

such as school choice (through charter schools and voucher programs) and holding teachers accountable for student test results. The campaign finance system allows these wealthy backers to support candidates who, once elected, will create more opportunities for their members to profit. As one commentator put it,

why these corporate Democrats like Emanuel have it in for teachers when they comprise such an important bloc of the Democratic Party’s base is a puzzle that can only be solved if one takes a hard look at the profiteers and privatizers among their ranks.⁵

K-12 education has been sheltered within the public sector since its inception, which means there is a great deal of profit that could be extracted, if only the private sector were allowed access to some of this taxpayer money. Private profit can be extracted in a number of ways, from running charter schools, to building new buildings, selling technology to school systems, and more. In Chicago, where the Illinois chapter of Stand for Children gave significant financial support to candidates in the 2012 elections, a massive round of school closings in 2013 was quickly followed by a request for proposals to open new charter schools, the exact policy that Stand for Children promotes, in the face of massive outrage from teachers and parents.⁶

The American Legislative Exchange Council is leading a wholesale campaign to privatize primary and secondary education.

In addition, the American Legislative Exchange Council (ALEC), which provides primarily state-level legislators with model legislation to further its conservative agenda, is now leading a wholesale campaign to privatize primary and secondary education, starting at the state level. Its model legislation, enacted intact or in only slightly modified form in several states, focuses on diminishing teachers’ tenure protections and paving the way for vouchers and charter schools.⁷

While in both health care and education, ALEC's focus is on privatization, especially pushing public expenditure toward private providers, its efforts to privatize health care do not include directly attacking health care unions. Most health care is already provided by the private sector, even when funded by taxpayers in the form of Medicare and Medicaid, which are essentially the kinds of voucher programs that ALEC would love to implement in education. Private profit is everywhere in the health care system—in insurance companies, in for-profit hospitals, and in private pharmaceutical companies and device makers. In contrast, health care simply has less scope for increased profit. Even publicly funded health care in the United States is marketized, with private providers competing in the Medicare and Medicaid marketplaces.

All (Education) Politics Is Local

The opportunity for profit, however, does not explain the appeal of education reform to voters, particularly at the local level. Also important is how schools are funded. Local citizens, whether or not they are public school parents or students, have a profound influence over the running of their local schools, including their budgets. In most localities, elected school boards are responsible for running the school system, and across the country, schools are funded primarily by local taxes. In a handful of states, voters must pass the school budget each year (e.g., at Town Meetings in many New England states), and in many others, the school board must appeal to voters to achieve additional funding through special levies and bond issues. Although the practice varies widely from state to state, and even between municipalities, in many places school tax bills are separate from property tax bills. Education (unlike, say, roads or policing) is a separate line item on such tax bills. These homeowners are aware of exactly how much the local education system is costing him or her and may consider whether or not the local schools are providing good value for this taxpayer investment.

There is no easy way for an individual citizen to look at her “health tax bill” in the same way

property owners see their “school tax bill.” In contrast to education funding, there are no health care line items on our tax bills. While a significant portion of the health care budget comes from federal and state taxation, it is not funded by local property tax. Local voters do not have the chance to vote on any health care oversight boards. Rather, health care is overseen by a patchwork of regulators at the state and federal levels, with publicly funded health care primarily regulated by the federal Centers for Medicare and Medicaid Services, as well as by state-level commissions. Similarly, as most health care regulators are appointed rather than elected, these boards cannot be as quickly colonized by new ideologically driven individuals, such as the Tea Party members who have won election to some school boards (or become vocal attenders of meetings when not on the boards) and have used this position to rail against unions and school spending.⁸ Indeed, the general notion of “liberty” promoted by these extreme conservatives has gone beyond lowering taxes by cutting spending, to include undoing racial integration policies and modifying the curriculum. Local electoral control over school financing and policy creates a strong bond between citizens and their local schools. There is simply no equivalent in health care.

A Long-Term Relationship

With regard to institutional and structural explanations, it is important to consider the relationship many parents maintain with their schools, one that can be fairly long term. In some places, children may attend a district's schools for up to thirteen years, and families develop an ongoing relationship with teachers and administrators. In most neighborhoods and communities, students attend the same school for between three and six years, cementing an ongoing relationship with the teachers in this school. This relationship fosters a long-term investment, which creates an interest in improving the school. A parent may prioritize resolving a problem because his or her child will continue to attend this school, or one in the same district, which in turn creates a space for Parent–Teacher Associations. In contrast, patient interaction with the health care system

tends to be sporadic. For most of the non-elderly population at least, visits to a doctor or hospital are only occasional, and only a tiny minority of the population has a daily relationship with a provider, let alone one that spans 180 days per year for over a decade. An equivalent patient or patient–family association group for a hospital would necessitate some sense that the relationship with this hospital would be long term.

Parent–Teacher Associations are subject to political influence and co-optation, by state and national organizations, or by parents with an ideological agenda.

Once Parent–Teacher Associations exist as organizational structures, they are subject to political influence and co-optation, whether by state and national organizations, or by parents with an ideological agenda. As Paul Pierson, whose work on dismantling the welfare state is well known, has shown, these interest groups become powerful and entrenched and shape the future of the very institutions that spawn them through a forceful policy feedback loop.⁹ The intensity of the *ongoing* relationship of citizens to their schools distinguishes this relationship from the relationship with their health care system; most Americans with school-age children hope their children will continue to attend a local school for the requisite number of years, while most of those who are in relatively good health hope their attendance at a hospital will be perfunctory and seldom repeated. Even when patients maintain a long-term relationship with a physician, there are no organized groups of patients of a particular doctor or hospital that are analogous to parent–teacher organizations.

The Blame Game

Another difference between schools and hospitals or clinics is essentially structural. Most teachers spend most of their time working alone, or with an aide. A school staff includes a team of educators, administrators, support workers, and other professionals (like counselors and social workers), just as a hospital or clinic staff includes a

team of nurses, doctors, technical staff, and support workers. However, a teacher is often held solely responsible for the performance of students in her class, as shown in the push to tie teacher evaluations to student test scores. By contrast, the structure of health care means there is no situation where a patient would be under the sole care of an isolated doctor or nurse for an entire year. While doctors may be held legally liable for egregious errors, neither doctors nor nurses are held individually responsible for lackluster clinical outcomes—the clinic or hospital may be rated poorly but not the individual provider.

Teachers are wrongly perceived as fully empowered to make all educational decisions.

However, the supporters of education reform have made clear that teacher tenure is the problem, and tenured “bad” teachers are the scourge of public schools. *Reason*, a libertarian magazine, published an illustration accompanying an angry article that asked “How Do I Fire an Incompetent Teacher,” which consists of a flow-chart parodying the concepts of just cause, due process, and progressive discipline for an imagined teacher “who is so inept that virtually no other teacher, parent or student would object” to the firing.¹⁰ The diagram presents the teacher as a free agent, rather than an employee whose performance and professional development should have been monitored by department heads, a principal, and other administrators, and whose work is routinely subject to accountability standards. Rather than portraying a teacher as a member of a team, the image of the individual teacher in the classroom has enabled the demonizers to hold teachers solely responsible for the educational attainment of their students, conveniently ignoring the importance of educational resources and environmental and social factors that determine student success. So-called education reformers and the media never consider oversight of teachers by principals (or department heads) equivalent to the oversight of nurses by doctors and administrators; teachers are wrongly perceived as fully empowered to make all educational decisions.

It is also important to note the different histories of teaching and nursing as professions, which have shaped the formation of their unions and the way the public has perceived them. Teaching has long been a salaried profession, with job protections (and a tenure system) in place for more than a century.¹¹ Nursing, however, was established as a voluntary endeavor; many of the earliest nurses were nuns who viewed this service as part of their religious vocation, rather than a form of conventional employment.¹² As such, teachers unions emerged early and protected their members as workers, while nurses unions often first had to convince their members that they needed the same protections as other employees, that they were not simply answering a higher calling to serve.

The California Nurses Association (and now National Nurses United) is an important exception and has skillfully straddled this line, emphasizing the professionalism and service of their members, while asserting that nurses need the same protections as other workers. This is in sharp contrast to some of their predecessor and rival unions (sometimes ambiguously perceived to be professional associations or licensing organizations) that have frequently acquiesced to management's wishes and have de-emphasized collective bargaining.¹³

Union Structure and Strategy

The targeting of unionized teachers, but not unionized health care workers, by ALEC and others, is also illustrative of a number of organizational factors. Teachers are massively unionized, with three-quarters of teachers unionized nationwide and density over 90 percent in many states where they have full collective bargaining rights.¹⁴ While nursing union membership varies dramatically by state and region, that national density figure is only around 20 percent.¹⁵ In short, nursing unions are nowhere near as powerful as teachers unions; they do not (yet) have the national coverage and the numbers to advocate for the whole massive profession. In other words, teachers unions are a target because they are well resourced and powerful, as shown in the 2012 Chicago Teachers Union strike. In contrast, nurses unions are powerful in certain locations, but do not hold

the national power or influence of the American Federation of Teachers and the National Education Association, presenting a much less powerful threat to ALEC's interests.

Nurses unions do not hold the national power or influence of the American Federation of Teachers and the National Education Association.

The fact that nurses lack the same degree of union protection also means that nursing unions are still "organizing" unions and are consequently putting much more effort into framing their issues, for example, by focusing on patient care to increase strength. Teachers unions are not emphasizing new organizing of teachers, and their servicing mode tends to be a more protective mode, with a focus on existing members.¹⁶ With so few legally *organizable* non-members, teachers unions have for decades focused on bargaining and serving their existing members. They have simply not needed to face outward. However, led by the forthright California Nurses Association (and now National Nurses United), over a dozen unions have targeted nurses as a profession ripe for new organizing. Attracting new members in an industry where employers are spending millions if not billions of dollars to keep unions out, the unions must present their most positive, publicly palatable face. This means a focus on high-quality patient care and the role a union can play in improving health care outcomes for everyone, rather than emphasizing the more quotidian elements of union work, like bargaining and grievance administration. The difference between the strategic orientation of teaching unions and nursing unions is the difference between organizing and servicing, or between protecting one's ground and making forward progress. Over the past several decades, teachers unions have only had to preach to the choir, while nurses unions have been trying to recruit a larger and larger choir.¹⁷ In addition, strikes by teachers have occurred periodically for years, in some cases drawing widespread public anger,¹⁸ while historically, nursing strikes have been quite rare.

The combination of materially, institutionally, and structurally driven factors—including historically determined union strategies—means that education, still mostly sheltered from private profit, is primed for attack. The wealthy interests driving these attacks are well aware that unions are not used to honing their message for the general public, and that other interest groups, like school boards and parent–teacher organizations, tend to be controlled by a small number of people and are fairly easy to co-opt. While teachers unions should not be blamed for being under siege, they can still learn from the organizing strategies of nurses unions, focusing on a broadly relevant message that resonates with the public as well as with their members. It is notable that when the Chicago Teachers Union acted as a social movement union, utilizing many of the standard practices of nursing unions, it emerged victorious and with broad public support.

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Notes

1. Upon taking office, Governor Schwarzenegger suspended mandatory minimum nurse–patient ratios, a law that the California Nurses Association had fought for, for over a decade. The CNA began to protest Schwarzenegger at all of his public appearances, causing him to refer to the nurses as “special interests.” For more, see Mark Brenner, “California Nurses Lead the Fight against Arnold Schwarzenegger’s Anti-union Ballot Measures,” *Labor Notes*, February 18, 2006, <http://www.labornotes.org/2006/02/california-nurses-lead-fight-against-arnold-schwarzeneggers-anti-union-ballot-measures>
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