

Community Benefits Agreements: Lessons from New Haven

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As union density continues to fall and employer opposition to unions intensifies, workers and organizers are searching for new approaches to winning representation in the workplace. Community Benefits Agreements (CBAs) are a new mechanism that have allowed the formation or solidification of labor-community coalitions, a chance to win leverage in unionization campaigns, and an opportunity to win broader demands for the community.

To date, Los Angeles has had the most success with CBAs, winning an initial agreement around the Hollywood and Highland economic development project in 1998. That agreement required the developer to provide on-site child care facilities for employees and community members; customized job training and first source hiring for local residents; compliance with the city living wage ordinance; and more. It also requires that the developer not use any contractor or tenant with a history of violating labor relations laws. Subsequent CBAs include language regarding green space and affordable housing. By 2008, the Los Angeles Alliance for a New Economy (LAANE) has worked with allies to win seven CBAs in Los Angeles, leading to concrete unionization and community gains. Activists in other cities have adopted the model, leading to some significant community and labor victories.

This paper examines a CBA campaign in New Haven, Connecticut. The campaign began in 2004, as a continuing effort to build a broad labor-community strategic alliance that could win real demands for community members, as well as put pressure on Yale-New Haven Hospital, which SEIU 1199 had been trying to organize since the late 1990s.

The paper chronicles an on-going struggle. While the coalition won its campaign for the CBA, a major element of that agreement, relating to a union election at Yale-New Haven

Hospital, did not come to fruition, at least as of early 2008, as will be detailed below. Therefore, this paper will provide background and current information about the campaign; however, a comprehensive analysis or lessons from the work remains limited until such time as the question of unionization of Yale-New Haven Hospital workers is resolved.

There is a rich literature examining the history of labor struggles in New Haven (see, e.g., Rhomberg and Simmons 2006; Rhomberg and Simmons 2005; Dahl 1961; Domhoff 1967; Warren and Cohen 2000). What we attempt to add here is a study of the Community Benefits Agreement campaign. In particular, we situate the campaign into the context of labor's national efforts to build regional power (see e.g. Reynolds and Dean 2008, Reynolds and Byrd 2006).

Background on organizing efforts in the city

The Community Benefits Agreement (CBA) campaign grew out of a long history of community and labor organizing in New Haven. New Haven has been a site of struggle for decades, in part because of the tremendous inequality that exists in the state and city. The city has approximately 124,000 residents as of 2005, making it the second largest city in the state.¹ Approximately 37 percent of the population is black, and 21 percent are of Hispanic or Latino origin. The median household income is far lower than the state average: \$29,604 in the city and \$53,935 in the state in 1999. While eight percent of Connecticut residents were living below poverty in 1999, 24 percent of those in the city of New Haven were.² The 2000 Census also shows 34 census tracts within New Haven County that have poverty rates of 20 percent or more, ranging as high 47 percent.³ In addition, the 2004 Census data shows that 31 percent of school

¹ U.S. Census Bureau, 2005 Population Estimates, Census 2000.

² All data in this paragraph comes from <http://quickfacts.census.gov/qfd/states/09/0952000.html>

³ <http://www.census.gov/hhes/poverty/20percent/connecticut2.html>

children aged 5-17 in the New Haven School District live in poverty.⁴ At the same time, New Haven is home to Yale University, one of the wealthiest universities in the world, with an endowment currently worth about \$18 billion.⁵ Yale not only has a lot of money: it is also the largest employer in the city, with over 11,000 employees. Yale affiliated institutions add to that total. Approximately 7,500 people work at Yale-New Haven Hospital.⁶

Yale University has been the site of some well-documented labor militant struggles. The service and maintenance employees have been organized into the Hotel and Restaurant Employees (HERE) Local 35 since the 1950s. The unions were quite active in the 1970s and into the early 1980s. When clerical and technical workers organized and struck for recognition in the 1980s, Local 35 workers refused to cross their picket line. The NLRB election was won in May, 1983, after 19 months of bargaining culminated in a 10-week strike in 1984.

Graduate teaching assistants organized in 1987, and in 1990, formed the Graduate Employees and Students Organization (GESO) and voted to affiliate with the other campus unions in a joint federation. The union spent the 90s working for gains for graduate workers, and fighting for the right to organize.

In 1998, the alliance of unions began a new partnership, with District 1199/Service Employees International Union (SEIU), which represented some of the workers at Yale-New Haven hospital. The Federation of Hospital and University Employees (FHUE) was born. At the same time, SEIU 1199 undertook an effort to organize approximately 1800 additional workers at the hospital.

Since that time, the members of FHUE have struggled, on various fronts. To date, GESO does not have official recognition as the collective bargaining representative of graduate students

⁴ <http://www.census.gov/cgi-bin/saippe/saippe.cgi>

⁵ http://www.yale.edu/investments/Yale_Endowment_06.pdf

⁶ <http://www.ynhh.org/general/stats.html>

at Yale. In the most recent round of bargaining, Locals 34 and 35 (now UNITE HERE) engaged in civil disobedience, strikes, and negotiations in order to settle a new contract. Eventually, the unions won new contracts in 2003 after a 10,000 person march and pressure from the city's mayor, John DeStefano.

Meanwhile, the campaign to unionize the additional workers at Yale-New Haven Hospital has been extremely contentious. The hospital has made it clear that they don't want a union, and has taken many measures to keep the union out. Throughout a multi-year struggle, the union and its allies looked for new tactics to build their leverage.

After close to 10 years of efforts to organize the workers at Yale-New Haven Hospital, the most significant advance came in 2006 with the signing of a community benefits agreement between the hospital, the union and community groups. This CBA was the product of intensive community organizing, supported by labor, at a time when the hospital was looking to build a new cancer center and needed city permits and approvals to proceed. The work of the Connecticut Center for a New Economy and the coalition it created, Community Organized for Responsible Development (CORD) was pivotal in creating the climate for the CBA.

Connecticut Center for a New Economy

In the late 1990s, labor activists decided to build a center that would bring together labor, faith, civil rights and community groups, called the Connecticut Center for a New Economy (CCNE), modeled after similar organizations in Los Angeles and Oakland, California. Those organizations, founded through the Hotel and Restaurant Employees (HERE) unions, combined research, legislative work and community organizing to push and win local policies (such as

living wage ordinances) to improve the wages and working conditions of workers, and to improve the climate for union organizing.

In New Haven, with the contentious labor relations climate around Yale, the unions found themselves continually reaching out for community support during various strikes throughout the 1980s and 1990s. By 1996 union leaders saw that, given the living conditions in the New Haven community and the influence and impact of Yale on so many aspects of the city, a more reciprocal and enduring type of relationship had to be forged between labor and the community. HERE Locals combined resources to create a new full-time position of Community Organizer. This helped solidify relations between the unions and community members, and formed the basis for the creation of CCNE.

When CCNE was founded, it incorporated some of the remaining work of the Stamford (Connecticut) Organizing Project, a regional organizing project of the AFL-CIO whose funding was ending, as well as the unions at Yale (then-HERE affiliated unions) and SEIU affiliates in Connecticut. CCNE has organized most intensively in New Haven but also opened a Hartford office several years ago. The President of CCNE, Andrea van den Heever (formerly Cole) is an exceptionally talented labor leader who rose through the ranks of UNITE-HERE Local 34 and played a critical role in community outreach efforts for the Yale Unions during the 1980s and 1990s (see also Rhomberg and Simmons, 2006; Gopinath, 2005). Gradually the Stamford connection with CCNE ended (the unions involved have continued their work with membership in Stamford) and Hartford activities became more intensified, including work to strengthen the city's living wage ordinance, work on immigrant rights, universal health care, support of low wage workers' issues and other campaigns. Since Connecticut is a relatively small state and its major cities are "medium-size" in population (between 125,000 to 145,000), a more regional

focus that simply one city makes sense in Connecticut. Although New Haven and Hartford are quite distinct in many respects, they share many of the same problems and some of the same resources, particularly among unions.

The CBA campaign

In 2004 Yale-New Haven Hospital (YNNH) announced that it was undertaking a multi-million dollar expansion of its Cancer Center. This would involve a large building project, job creation and increased traffic in an already congested area. Community residents had concerns about how this project would impact the adjacent low-income community of color known as “the Hill”. The issues of how local residents could have access to jobs, possible gentrification, local crowding and environmental effects all began to surface. In response, CCNE formed a coalition, Community Organized for Responsible Development (CORD) to develop a campaign for a CBA to address these concerns, as well as the on-going organizing by SEIU of the hospital workers.

According to Andrea van den Heever, CORD was a natural outgrowth out of the work CCNE had been doing for the previous four to five years. In May 2004, CCNE held a convention in New Haven, which brought together leaders from various struggles: housing, jobs, the right to organize, education, and the environment. The conference created an opportunity to develop an overarching framework for social and economic justice work in the city, through the idea of a “new social contract.” According to Reverend Scott Marks, the director of New Haven CCNE, the concept of the social contract arose when the Yale president called for a greater partnership between the university and the town. Marks noted that the concept was flawed, given the state of the community: “There can’t be a partnership if one is weak.” From this, CCNE knew it had to organize, and to demand its own agenda for any such partnership. Marks stated, “we are calling

for a new social contract to break the cycle of poverty, poor jobs, underfunded schools and create good jobs, strong communities and top notch public education.” (Fishman, 2002).

The Yale-New Haven Hospital announcement came shortly after 2004 convention, creating the space for the development of CORD. CCNE already had built relationships with many organizations, and so CCNE organizers were able to have one-on-one meetings with the leaders to talk to them about the CBA. CCNE organizer Gwen Mills notes that they used a power point that showed how coalition building worked in Los Angeles to bring churches, unions, housing groups and other together. Mills thinks that it was a natural next step for most of these groups to join CORD, as they were already involved in CCNE. In the end, the coalition included hundreds of individual residents of the Hill neighborhood, and 22 clergy, labor and community organizations.⁷

During the summer and fall of 2004 a team of five paid organizers, accompanied by dozens of neighborhood volunteers, went door to door, five days a week, to over 800 homes in the area around the hospital to talk to residents about their concerns. Mills said that this work was a deliberate effort to learn about the community and listen to those who would be affected by the expansion. The coalition first worked in focus groups to design the survey used in the door-to-door work. Shirley Lawrence, also with CCNE, helped coordinate approximately 70 volunteers to do the door-knocking and talk to residents, along with registering people to vote. The group received a grant which allowed the purchase of Personal Digital Assistants, which were used to track houses to visit and record survey data (Gopinath, 2005).

In addition to door-to-door visits, CORD organized focus groups, general CORD meetings, and issue-based subcommittees to build the campaign. Subcommittees reviewed survey data and met with community groups to gain more information about residents’

⁷ A full list of coalition members is available in Appendix A.

preferences and concerns. CORD enrolled new members in the process, growing to almost 450 individual and over 30 organizational members by the end of 2004 (Gopinath, 2005).⁸

Work on the political front also proceeded: CCNE and its allies succeeded in getting the New Haven Board of Aldermen to unanimously pass a non-binding resolution stating that it would take community benefits agreements into account when considering development proposals. Leaders within CORD began to work together, committees began to formulate a set of demands and a large neighborhood convention took place in December, 2004, to approve a set of issues that would be demanded in a CBA with the hospital. Organizers asked state and local officials in attendance one by one to endorse the CBA and all present did so. The coalition spent the next two years working to maintain support for the CBA proposals as various developments unfolded. They employed a variety of tactics, including: mapping out the membership of CORD and getting members to call their Alders; arranging meetings ranging from two to 15 people to meet with the alders and mayor; public education; and public testimony at City Council meetings.

CCNE and the FUHE also had been organizing around other issues in relation to the hospital, its practices in the community and its relationships with other institutions in the greater New Haven area. The issue of Medical Debt resulting from the collection tactics of Yale New Haven Hospital became a huge community issue, attracting national attention, and embarrassing the institution. CORD exposed Yale New Haven's practices of wage garnishments, placing liens on houses and foreclosures of those without medical coverage while it left free care funds underutilized. The campaign incorporated medical debt issues into the CBA proposals. Earlier, in

⁸ One challenge is that groups that joined the coalition after the initial stages were not part of the process to plan the survey. This meant their issues were not necessarily highlighted in the campaign. This is most notable with some environmental groups that joined the coalition later in the process, and then expressed concern that environmental issues were not a larger focus of the demands.

2003, a plan to “de-mutualize” a local saving bank on whose board of directors the YNHH president sat was brought to wide attention of the community. The New Haven Savings Bank announced plans to change its ownership from a “mutual” savings bank owned collectively by depositors to a stock bank, shifting to ownership by investors with less interest in the community in which the depositors live. With a team of researchers and organizers, CCNE and FUHE were able to keep the heat on YNHH from a myriad of pressure points.

In the summer of 2005, the president of the hospital, Joseph Zaccagnino, resigned and the YNHH board selected Marna Borgstrom to be the next president. This change in leadership presented some opportunities to shift the debate. Leadership of Yale University was eager to proceed with the construction of the Cancer Center since the university had an interest in the academic aspects of the center. In the fall and winter YNHH would be seeking approvals from various public authorities for its plans. At the municipal level, the hospital needed a special development zone created that would cede control from the city to YNHH. At the state level, the hospital sought public bonding to help finance the construction. At both levels, with the assistance of key elected officials it was made clear to the institution that it had to deal with the community and the unions in order to proceed with the construction of the Cancer Center. The State Treasurer’s Office was instrumental at the State Bonding Commission, the New Haven Board of Alderman and Mayor John DeStefano were critical at the municipal level. Community sentiment was also building against the hospital and for the CBA. As one union representative, explained, “the debate shifted from the union is holding up the Cancer Center (a theme that was used continually by the hospital) to Yale is arrogant against the community”⁹. Thus, the leverage over the future of the Cancer Center came from the local community and unions through their relationships with these local and state officials, even from numerous New Haven officials who

⁹ Interview with Larry Fox, SEIU representative, 2/9/2007

were themselves divided over local political alliances. The Board of Aldermen and the Mayor (who desired labor's help in a 2006 run for governor) threatened to hold up required permits until a CBA was negotiated. Although leverage like this is rarely attained, this strategy was extremely effective in preventing the hospital with proceeding unless it decided to finally negotiate with the labor and community forces.

Serious discussions started in the beginning of 2006 between YNHH and the unions, with the mediation of the Mayor's office. DeStefano was insisting on the CBA that included a community demands and labor demands. Finally, after many weeks, days and hours, with the steadfast support of the Mayor and the solid unity between CCNE, CORD and the unions, the CBA was finalized on March 22, 2006. Seven areas were included in the agreement as outlined on the CCNE website:

- 1) AFFORDABLE HOUSING: YNHH will provide \$1.2 million for housing and economic development in the area around the hospital.
- 2) JOB TRAINING and LOCAL HIRING: YNHH will hire 500 area residents over a five year period. To insure that people don't get stuck in the lowest paying jobs, a comprehensive training program will be established that includes at least 50 career ladder opportunities and \$300,000 in funding per year. A Project Labor Agreement will insure that A Project Labor Agreement will insure that local residents (25%), women (7%), minorities (25%) and apprentices (15%) will build the project.
- 3) YOUTH: YNHH agrees to contribute \$100,000 per year for a minimum of five years to the City of New Haven's Youth Initiative.

- 4) ACCESS to HEALTH CARE: To address issues about free care and debt collections practices, YNHH agreed to establish a Citizen's Advisory Committee to review issues and advise on "free care" policies. The Hospital will also publish an annual report and prepare a comprehensive program to enhance the number of patients receiving financial assistance. YNHH agreed to fund two outreach positions - one for asthma and one for uninsured children - through the City of New Haven Health Department.
- 5) TRAFFIC and PARKING: A major issue identified by residents was too many hospital affiliated people parking on neighborhood streets. Also of significant concern was the amount of pollution created by idling cars and traffic. The one solution that addresses both issues is to reduce the number of cars coming to the neighborhood. Now, the hospital is initiating and funding a comprehensive program aimed to reduce by 10% the number of employees that drive to work. The hospital's initial proposal included a 1300-space, six-story parking garage. In the agreement, the hospital agreed to a maximum garage size of 850 spaces. The development of the garage site will also include retail, office and housing and will be designed to blend in with the surrounding neighborhood. The ultimate approval for development of the garage site will not be granted until the City of New Haven - with public input - has approved the design and selection of developers.
- 6) UNION ORGANIZING RIGHTS: Employees at Yale-New Haven Hospital now have an opportunity to improve their lives at work and the care for their patients. Employees can choose to unionize in a fair secret ballot election, free from threats and intimidation. An agreement between YNHH and Connecticut's health care union 1199/SEIU prohibits conduct that would otherwise be allowed under the National Labor Relations Board

(NLRB), such as “one-on-one” antiunion meetings. Union organizers will have access to the hospital to speak to employees, and disputes over conduct will be resolved by a neutral arbitrator within 48 hours, neither of which is required by the NLRB.

- 7) ENVIRONMENTAL ISSUES and COMPREHENSIVE PLANNING: YNHH will register for LEED (Leadership in Environmental and Energy Design) Certification. YNHH will participate in a planning process for the “Medical Area” which includes Yale University Medical School, other institutions and residents. The goal is to develop a long term, publicly available plan for Medical Area expansion that the community can engage with. The City of New Haven will establish a comprehensive planning process for the Hill neighborhood that will engage residents and CORD members.

<http://www.ctneweconomy.org/cbavictorypdf.jpg>

Supporters celebrated the CBA as a huge victory but the euphoria only lasted a short time. In order to concretize the union organizing provision of the CBA, SEIU and YNHH signed an “Elections Principles Agreement” that spelled out the role of the arbitrator and other specifics. In June, 2006, all permits were granted for the construction of the Cancer Center. During the summer of 2006, the hospital management began to turn up its anti-union campaign, despite having signed the agreement. Anti-union leaflets, anti-union discussions at staff meetings, mandatory meetings – all against the spirit of the “Election Principles Agreement” – were forced on workers. During the ensuing months union supporters discovered that YNHH President Marna Bergstrom had written a masters thesis on how to beat union election drives which essentially concluded that whatever a management could get away with is the way to handle union organizing. By the winter, it became clear that YNHH had grossly violated the agreement.

In December 2006, an independent arbitrator ruled to cancel the election based on the violations. Although SEIU had been pushing for a secret ballot election, it pulled out the election in the Spring of 2007 and the NLRB issued charges against 10 supervisors and Bergstrom. In the Fall of 2007, after months of waiting, the arbitrator issues her findings. In a bewildering ruling, she supported the union's claim that the hospital had violated the agreement. However, since the agreement had been time-limited through 2007, she held that it was no longer in force and ordered monetary damages to both the workers and the union, but did not issue a bargaining order for which the union had argued. This has left the union with few organizing alternatives since, as it has asserted, the "well is so poisoned" that organizing is currently impossible.

In the months immediately following the CBA victory, CORD and CCNE focused on supporting SEIU's organizing efforts. According to van den Heever, "it was literally all hands on deck, which took lots of focus and resources." However, CORD knew it also needed to shift attention to enforcing the other pieces of the CBA.

CORD pushed the city to establish committees for each part of the CBA, including: 1) long-term planning; 2) a "citizen's advisory committee" to monitor the free health care provision; and 3) parking issues. The Alders appointed 12 members to each committee, including CORD members and allies. Each of the three CCNE staff members were appointed to one of the committees, but the hospital appeared slow to take up the issues in the CBA.

In May 2007, city officials wrote a letter to YNHH demanding that they cooperate in implementing the CBA, including appointing a representative to the health care implementation committee, get the committee to meet, and begin a comprehensive report on the hospital's plans to start the free health care (Bass 2007). YNHH vice-president Norman Roth responded with a letter stating that it had already put \$100,000 towards internal career-development programs, and

that it had paid \$200,000 to Gateway Community College for related training (as the first installment towards the \$1 million investment over five years) (Kral, 2007).

Roth also claimed that since signing the CBA, it had held a job fair aimed at hiring Hill area residents. Roth's letter notes that the hospital met its agreement by hiring more than 100 people for the year, although he acknowledges that many of these are part-time and "casual-status." (Bass, 2007). However, CORD later discovered that most of these were temporary or casual laborers, violating the spirit of this agreement.

The first committee to meet was the health care committee, which would oversee free health care provision and to deal with the issues of medical debt. The hospital agreed that it would stop suing low-income people for medical debt: instead, they would send letters to seek payment but then drop the case after a few letters. The committee then took up the issue of medical care for undocumented residents. The hospital refused to do this unless CORD representatives could show that other hospitals were doing this. When CORD offered such proof, the hospital still refused. In the course of this dispute, they turned over a list of all of their policies to the committee. Committee members saw in this list that the hospital was, in fact, still suing people for medical debt. They explored records from small claims court, and found 175 lawsuits from the hospital, for medical debt, just from that court and that year. The committee members were outraged, and took the issue to the media.

This, in addition to the violation of the union vote agreement, proved to CORD members and others serving on the committees that the hospital was not operating in good faith. Gwen Mills says that they will continue to work on implementing the CBA, facing each committee as a mini-campaign, fighting the hospital to get the agreement implemented. While there are CORD

allies on each committee, they are not necessarily political leaders. CORD has done some informal training with people in preparation of meeting with city officials.

As of spring 2008, Mills states that the hospital has lived up to all monetary commitments, but has not implemented much beyond that. “It will take real organizing and an investment of resources to push on the other items,” she says. “The hospital has transferred money, but has not moved on those which require a fundamental shift in attitude.”

New Haven Politics

In addition to the CBA, CORD also was able to build relations with New Haven political leaders through the course of their campaign. CORD knew that they needed at least a two-prong strategy, as all development projects with major funding must be approved by the Board of Alders and the Mayor. CORD developed a strategy to relate to the Board of Alders, and another to deal with the Mayor and the city planning commission.

A number of unions – 1199, the UNITE HERE Locals, and a few others - had already built an alliance in New Haven, as mentioned previously. This alliance was crucial for CORD’s chances of dealing with the mayor. DeStefano planned to run for governor and would clearly need union support for that effort, particularly from 1199 statewide. CORD was able to connect the CBA campaign to support for DeStafano’s gubernatorial aspirations.

At the same time, CORD worked put pressure on the Board of Alders. There were already three Alders from the Hill neighborhood on the Board, who were solid allies of CCNE due to the work CCNE had already done in the area. In other areas, Gwen Mills had a one-on-one meeting with each Alderperson, and arranged a meeting of the Alder and a group of their

constituents comprised of CORD and union members. In some cases, CORD arranged neighborhood meetings with 20-30 people meeting with an Alder, or a few Alders from an area.

This strategy paid off. As mentioned earlier, in June 2004, the Board passed a non-binding ordinance that required the developer in any large project to discuss community needs in neighborhood meetings. Six months later, CORD held its founding meeting, and invited all the Alders to come and ratify the demands. 24 of the 30 Alders came, and all that showed up agreed to sign on to support campaign and the community.

Mills says that there is no doubt that the CBA campaign helped build and sustain a political coalition in New Haven. CCNE is now looking to form a 501(c)4 organization, to be the political branch of CCNE. Mills notes, “We wouldn’t be in a position to talk about doing this if we hadn’t had the campaign that had built up the coalition.”

Lessons from the New Haven CBA campaign

The New Haven victory offers several important lessons for activists engaging in campaigns for Community Benefits Agreements. First, the initial CBA campaigns were all based in California, in areas with stronger economies. The victory in New Haven shows that CBAs are possible to win outside of California, and in areas with high unemployment and poverty.

Second, the case shows some of the real challenges to this work. Dave Pickus was clear about the stresses of building this kind of coalition. Even though SEIU 1199 and CCNE have similar interests and seem like natural allies, there were many times throughout the campaign that the relationship was tested. There are pressures on each party to pursue their individual interests, which are intensified if the employer uses traditional anti-union tactics against the coalition, such as efforts to divide and conquer the coalition. Activists cannot underestimate the

challenges and tensions of building this kind of coalition and holding it together. CCNE staff recommend that CBA campaigns include from the start a strategy to fight these kinds of employer tactics. Who might the employer try to co-opt, in the workplace, but also in the community? What divisions exist within the community that the employer might exploit? Are there individual leaders that can be neutralized or co-opted to the “other side”?

In addition, the CORD coalition faced a challenge of a fractured labor movement. Although the Building Trades and CCNE work together cooperatively in other venues, and CCNE unions work with them in the Labor Council, the Building Trades never supported the CBA campaign. The Trades won the Project Labor Agreement at the very beginning of the process, and then chose not to support CORD’s efforts. In fact, representatives would attend hearings and testify in favor of the hospital zoning, in order to get the construction started. This kind of division happens frequently within similar kinds of labor-community campaigns, weakening the power of the coalition.

Third, the New Haven case shows the degree to which some employers will fight a CBA. Although Yale-New Haven Hospital eventually agreed to the CBA, they immediately began to fight its implementation. It is clear that they violated the agreement in terms of the union election inside the hospital. It also appears that they have been slow, if not resistant, to implementing other parts of the CBA. This is important to highlight, because it suggests that many employers may never truly “buy-in” to the idea of a “win-win partnership.” Yale-New Haven Hospital signed onto the CBA not because they were truly persuaded that it was the right thing to do, for economic, political or moral reasons. They signed on because they were eventually forced to do so against their will. CBA activists should understand the depth of opposition they may face from many or most employers.

Related to this, a fourth lesson is that despite the challenges of building and maintaining a coalition, and the challenges of CBA campaigns, the New Haven case suggests that they may be the only option. Rob Baril of 1199 says, “It has to be done. There seems to be no other way to fight a powerful employer like this.” Pickus agrees: holding the coalition together was absolutely necessary, because it was the only remaining avenue available to win anything for workers at the hospital. Larry Fox, formerly the head of the Health Care Division of SEIU and currently a consultant to union who is still involved with the Yale campaign, asserts that “it can’t be overstated how integral the community alliances and the CBA has been” and that “it is really the community that got them (SEIU) the agreement and held up the cancer center”¹⁰.

Finally, the New Haven CBA was fought for in a larger context of a campaign to win a new social contract between residents of New Haven and Yale University and other employers in the city. The CBA around the hospital cancer ward was an important campaign, but it is only one piece of a larger strategy. In addition to the components of the CBA, the campaign for a new social contract involves organizing around good jobs, access to health care, immigrant rights, affordable housing, public education, and environmental stewardship. Organizing for a CBA may be easier when it is under a broader framework for social change. In 2008, CCNE leaders decided to launch a new campaign for an “Economic Blueprint for New Haven” that attempts to lay out alternatives for development in New Haven that maintains opportunity for current New Haven residents to stay in the city and improve their living standards, rather than face gentrification and displacement. This is likely the next phase in both organizing for a new social contract and in continuing a public debate about the role of locally dominant institutions, particularly Yale and the Yale-New Haven Hospital.

¹⁰ Interview with Larry Fox, 2/9/2007

Conclusion

The New Haven case presents a striking example of the complexities of CBA campaigns. The community organizing aspects of this campaign were comprehensive and masterful, utilizing door-to-door outreach and mobilization of inner city residents living in the shadow of a globally influential institution and rival work of the well-known national organizing networks. Local grassroots leaders were identified; they received training on municipal government processes, urban environmental and planning issues, political organizing and more. Local organizations were brought into the umbrella of CORD. Moreover, even despite divergent preferences in local elections at times, CCNE and the unions developed effective political strategies and amassed crucial political support owing to their organizing prowess that had both won over and impressed political leaders. The CBA that was crafted offered a promising opportunity that after years of turmoil, a corner had been turned and a new type of town-gown-hospital relationship would be established. Yet, Yale-New Haven Hospital's intransigence and unwillingness to live up to the CBA reveals not only its arrogance, but a strategy on the hospital's part that perhaps never intended to make good on the agreement with regard to union issues once the Cancer Center approvals were obtained and construction began. Comparable situations may not exist in other CBA struggles where the developers or corporate interests have more at stake in living up to these agreements, yet the New Haven example is a cautionary one. It demonstrates the need for on-going political pressure, continual organizing, corporate research, monitoring of CBA implementation and other campaign strategies.

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Appendix A: Organizations in CORD

Who is CORD?

CORD is a city-wide coalition. It was founded by the Connecticut Center for a New Economy and includes hundreds of Hill residents as members, as well as 41 different local community groups, faithbased organizations and local unions, including:

Asociación Ministerial Evangelística Hispana de New Haven

Amistad Catholic Worker

Bridge of Life Ministries

Bristol Street Blockwatch

Brookside Tenant Council

Brookside Youth Alternative

Cathedral of Higher Praise, Church of God of Prophecy

Cedar Hill Block Watch

Centro Cristiano Restauración

Coalition of Black Trade Unionists

Common Ground for Good Government

District 1199 NEHCE, SEIU

Essex TRC

Grandparents on the Move

Hospital Debt Justice Project

Iglesia Cristiana Fe

Iglesia Unida al Calvario

Knowing God Ministries

Liberty Square Cooperative One

Mt. Zion Missionary Baptist Church

New Growth Outreach Ministries

New Haven Green Party

New Haven People's Center

New Haven Student Fair Share Coalition

People Against Injustice

Radio Amor

Regalo de Dios

Sacred Heart RC Church

Second Star of Jacob

Sisters With A New Attitude: SWANA

St. Andrews Episcopal Church

St. Martin DePorres Church

Trade Union Plaza TUP

Trowbridge Renaissance

Undergraduate Organizing Committee (UOC)

Unidad Latina en Acción

UNITE HERE Locals 34, 35, 217 and GESO

Urban Design League

Varick A.M.E. Zion Church

Vecinos en Acción/Neighbors in Action

West Village Resident Council

Westville Progressive Action

Source; Involving Our Communities in Economic Development N.D. (Brochure, Community Organized for Responsible Development, New Haven, CT)