Crossing The Picket Line: Why Unions Oppose Single-Payer Health Plans

by Matthew Adarichev

No single national health insurance system exists in this country, though presidents dating back to the Truman administration have tried and failed to establish one. Instead, two-thirds of Americans receive healthcare through private programs. Employer-based health insurance programs provided the bulk of this number, insuring 54.5%.[1]

Major healthcare reform arrived in 2010, when President Barack Obama signed the Affordable Care Act (ACA, or Obamacare) into law, implementing a wide variety of reforms in an effort to increase the number of those insured, reduce the cost of private health insurance, and end discrimination against patients with certain health conditions.[2] After key provisions of the law were enacted in 2013 and 2014, the national percentage of those uninsured dropped by 5.9 percentage points in two years, from 16.8% in 2013 to 10.9% by 2015.[3] This rate remained stable from 2015 to 2022 and is now at 7.7% in the third quarter of 2023.[4] There is evidence that Obamacare succeeded in reducing the growth rate of healthcare premiums; the cumulate growth rate for family coverage insurance was higher in 2003-2008 and 2008-2013 compared to 2013-2018 and 2018-2023, after the implementation of the ACA.[5]

Interest in a national single-payer health insurance program has flourished since the 2016 Democratic presidential primary campaign of Vermont Senator Bernie Sanders, who brought the issue into the mainstream. However, all such universal health efforts have thus far failed. While opposition from health insurance companies (who stand to lose a lot of money if a national health program is enacted) is expected, strong resistance has also come from an unexpected source: organized labor. Unions have been decidedly split on the issue, even though as we will soon see, working people have much to benefit from a single-payer program.

Revived Interest in Universal Healthcare

Healthcare is unquestionably a big issue for most Americans. According to a 2023 national survey by Pew Research, 64% of Americans considered "the affordability of healthcare" as a "very big problem".[6] In fact, the issue ranked as the second most important concern for Americans, just below inflation at 65%. It is not hard to see why in the context of the far higher health costs in the US compared to other advanced economies. Actuarial services provider Milliman estimates that a hypothetical family of four covered by an employer-sponsored PPO health insurance plan pays $31,065 annually.[7]

It was this concern that nearly propelled Vermont Senator Bernie Sanders' campaign to victory in the 2016 race for the Democratic Party's presidential nomination. He campaigned for single-payer healthcare, a form of universal coverage where the government sets rates for covered medical procedures and pays doctors to administer them through tax revenue. After Sander's 2016 and 2020 campaigns, single-payer is now the model for universal healthcare proposals in the United States. However, with Sanders' failed presidential bids, and with a Republican-majority Congress failing to act, numerous states have begun putting forward their own bills to establish universal healthcare programs statewide.

Politics Strange Bedfellows?

New York is one such state. In 2021, the New York Health Act, legislation that would have established a single-payer healthcare network in the state, received enough sponsors to be passed into law. The law would have created a new tax system to provide every New Yorker, regardless of immigration status, age, or income, healthcare without co-pays, premiums, or deductibles. But the bill never became law, because neither Speaker of the Assembly Carl Heastie nor Senate Majority Leader Andrea Stewart-Cousins brought the bill up for a vote in their respective chambers. The legislative session lapsed and the bill died in committee, though a new version of the bill has since been reintroduced.[8] [9]

As expected, the bill received fierce pushback from the state's health insurance industry, which launched a "Realities of Single Payer" public campaign to sway voters with advertisements. But what may surprise outside observers is that some unions in the state also publicly opposed the New York Health Act of 2021 and signed onto the "Realities of Single Payer" campaign.[10] According to the website, at least 8 unions oppose the New York Health Act.[10] It is

Figure 1:
Unions, trade federations, and union conferences in opposition to the New York Health Act of 2021

American Federation of State, County, and Municipal Employees District Council 37
New York State Construction and Construction Trades Council
New York State Public Employee Conference
Police Conference of New York
Sergeants Benevolent Association
Uniformed Firefighters Association of Greater New York
Uniformed Sanitationmen's Association
United Federation of Teachers

Source: listed on the oppositional website "Realities of Single-Payer: https://realitiesofsinglepayer.com/

surprising to see unions opposing universal healthcare legislation because unions have much to gain, both practically and theoretically, from a national healthcare program.

Union Gains from Single-Payer

Since most Americans receive healthcare through their employer, the average worker does not want to see disruption to its provision. In the U.S., workers who are part of a union are not entitled to continued healthcare coverage from their employer if they decide to go on strike.[11] [12] Consequently, some workers in unions may be discouraged from voting in favor of a strike and may be more inclined to break a strike by returning to work. Employer-sponsored healthcare is used not just as a cudgel to prevent a strike, but to reduce the intensity, duration, and cohesion of any strike that does occur.

To enable workers to strike despite the loss of health benefits, unions manage strike funds which in some instances pay out money for health coverage or cover part or all the costs of COBRA insurance,[13] a government program meant to provide continuing health coverage after the loss of work. According to the COBRA website, the monthly COBRA cost for an individual runs from $400 to $700 a month.[14] An analysis by Morningstar Financial Services estimated that the UAW lost about $50 million in its strike fund (from $825 million to $775 million) in its 2023 strikes from September to October 15th.[15]

A cursory analysis demonstrates that universal healthcare could have saved the UAW a lot of money in its September 2023 "Stand Up" strike. At least 13,000 workers were on strike at any given time,[16] and assuming those 13,000 were on COBRA for a two-month period, we can estimate that the withdrawal of employer health insurance cost the UAW, at the minimum, between $5.2 and $9.1 million. On top of such savings, it may have allowed them to extend their strike, provide more cash benefits to members, or allow for more members to go on strike to put more pressure on the Big Three auto manufacturers, perhaps pressuring them into offering better benefits for UAW members.

Taking Health Costs Off the Table

Universal healthcare would not only improve unions' material and moral abilities to strike, but also improve their ability to negotiate a good contract. Unions regularly give up good raises and other benefits to maintain their health coverage. The Bureau of Labor Statistics estimates that, as of June 2019, "union employers averaged paying $6.33 per labor hour for health insurance."[17] While that is a generous health insurance contribution when compared to the average of $2.24 per labor hour provided by nonunion employers,[17] it also means $6.33 per labor hour is being taken out of potential wages, paid time off, and other benefit packages to fund health benefits.

The continual upkeep of union health benefits has historically led to a pattern of "concession bargaining" over the past few decades. Unions negotiate to minimize losses in their income, protection, and benefits package, rather than expanding or maintaining previous union benefits. Writing on the New York City strikes in the 1970's amid the financial crisis, Marc Kagan gave a historical account of several unions "concession bargaining" to keep health benefits:

> "Meanwhile, though, the unions laid the groundwork for concessions. According to historian Joshua Freeman, the Chase Manhattan demonstration [by unions in June 1975] "seemed to frighten [Victor] Gotbaum," the head of AFSCME DC37, New York's largest union. Behind closed doors, Gotbaum, Teamsters Local 237 President Barry Feinstein, and trusted consultant Jack Bigel negotiated the so-called Americana agreement (named for the hotel where the deal was struck); meekly, most other unions signed on. The agreement rolled back an earlier wage hike and pledged work rule concessions to fund health benefits [emphasis mine]."[18]

21st-century Concession Bargaining

The practice of concession bargaining to keep healthcare benefits is a continuing trend. According to Tom Liebfried, legislative representative for the AFL-CIO: '"In an awful lot of cases, workers are forgoing any increase in wages in order to keep their deductibles from going even higher[.]"[19] In the same article, Cornell University's ILR School Dean Alexander Colvin concurs: "[t]here's ... a growing trend of contract talks breaking down in part over health benefits[.]"

Healthcare benefits are frequently touted as a cherished advantage of unions, and union workers guard their healthcare benefits with great vigilance. But the excellent health benefits that unions negotiate are a double-edged sword: the coveted status of union health benefits make them a leverage point that bosses exploit to push down wages and other benefits coveted by unions. A universal healthcare framework which guarantees healthcare

coverage for all regardless of employment status would remove this leverage point, renewing unions to negotiate on other fronts.

Healthcare in labor relations

It is worth placing universal healthcare in a theoretical context regarding the labor movement in the United States. Due to the existing link between employment and healthcare provision, the continued access to affordable health services for most American workers is under the control of their employer. American workers are placed in a precarious "hostage situation" where they must continually satisfy their boss at work so that they do not fire the worker in question and lose their healthcare.

When we consider that access to affordable health services is essential to maintaining a worker's productive labor output (i.e. continued health maintenance keeps a worker mentally and physically capable to work) and that this output is essential for a worker's survival—if a worker does not work, they will starve—it is only logical that we have a workforce that is hesitant to challenge management. When we further factor into account that workers usually have family members relying on their health insurance, we should not at all be surprised that workers may put up with exploitation and abuse to live another day.

A universal healthcare framework that severs the link between work and health would fundamentally reorganize labor relations between the worker and boss. Workers would have more power in collective bargaining, be less willing to put up with abuse, and companies less likely to perpetrate it. Workers would have an easier time searching for better work and pay, as they could quit their job and still have health coverage or be unemployed for a period of time and have health coverage. Having experienced a universal healthcare system, American workers may begin to view other social benefits and provisions as within the realm of possibility and may become inclined to agitate for them.

A Union Single-Payer Paradox?

Despite the plethora of benefits to unions arising out of a single-payer program, some unions nevertheless oppose universal healthcare legislation. Examples are not limited to the New York Health Act. In 2019 and 2020, a near-identical debate raged across the country regarding national union support for single-payer healthcare. Following Bernie Sanders' unexpectedly successful 2016 campaign for the Democratic Party's nomination for President, discussion of single-payer healthcare moved from the fringes and into the mainstream. The policy proposal became a hotly debated topic in the Democratic Party and unions alike, the latter of whom were split in their support.

As two examples, The National Nurses United, a union of 225,000 nurses, endorsed the proposal, while the Nevada-based Culinary 226 repeatedly issued statements in opposition. At the 2020 Democratic National Convention, a motion to include single-payer healthcare as part of the Democratic Party's 2020 platform failed, 36 for to 125 against.[20] Four top labor leaders were among the individuals to vote "No" on the proposed amendment.

What explains the opposition to universal healthcare from various unions? Some common concerns are what I call the "conventional" concerns about single-payer healthcare. These concerns are found broadly across the general population regarding universal or, in the American context, single-payer healthcare systems and are not necessarily related to union concerns or concerns regarding the nature of organized labor. Common concerns include the raising of new taxes and the anticipated political backlash, fears about doctors leaving regions due to anticipated declines in doctors' salaries and a subsequent lack of providers, and concerns over costs.

Figure 2:
Labor Leaders who voted against adding single-payer as part of the Democratic Party's 2020 Platform at the 2020 Democratic National Convention

Union Leader	Union
Randi Weingarten	American Federation of Teachers
Lily Eskelsen Garcia	National Education Association
Mary Kay Henry	Service Employees International Union
Lonnie Stephenson	International Brotherhood of Electrical Workers

Figure 3:
Some "Conventional" reasons given to oppose single-payer[21]

-The program will cost too much.	-The program will raise taxes.
-The backlash to the program will be too politically costly.	-Single-payer will lower doctors' salaries and cause them to leave their region/country for better pay, leading to doctor shortages.
-The American private/public multi-payer system works well.	-Most Americans are already insured.
-Single-payer forces everyone onto a government plan.	-Single-payer will take away your current healthcare.
-Single-payer is inefficient.	-Costs will be higher than anticipated.

On the Civil Service Employees Association New York's website, there is a page entitled "Stop the New York Health Act". It contains a titled "Stop the NY Health Act", in which Political Action Coordinator for Hudson Valley Southern Region 3 Chris Ludlow and Political Action Coordinator for New York Region 2 Matt D'Amico discuss feared tax increases and purportedly ambiguous cost estimates for the bill as reasons for the CSEA's opposition to the New York Health Act.[22]

These arguments are not only raised by unions. In a March 9th, 2020 interview with MSNBC, Joe Biden, then a candidate for the Democratic nomination for the presidency, said he would veto a Medicare-For-All (Sanders' name for a single-payer bill) proposal if it passed Congress and came to him, citing a "$35 trillion" cost that would "significantly raise taxes on the middle class."[23] In May of 2022, the conservative Cato Institute alleged that Medicare-For-All would worsen healthcare quality by reducing competition in the healthcare market.[24] *The New York Times* raises the issue of debates over cost in an October 2019 article.[25] John A. Nyman provided a scientific review of cost estimates in a January 2021 research paper, noting that the wide differences in cost estimates across studies "generates uncertainty and confusion regarding what to expect if M4A [Medicare-For-All] were implemented", even as Nyman goes on to argue that Medicare-For-All would lower "current national health spending, and eliminate the uninsured, expand coverage, and likely improve the health of Americans."[26]

The "Sunken Cost" of Negotiated Health Benefits

Moving on from "conventional" reasons why unions may oppose universal healthcare, we approach the most cited union-specific reason: resistance to a government health service supplanting union healthcare benefits. Unions have historically given up wage raises and other benefits to maintain their healthcare provisions. These historical concessions are viewed as a monetary "sacrifice" for good health insurance, and if single-payer is adopted, these unions feel they will still have a financial "gap" in their union benefits arising from previous wage increases that were foregone to receive good healthcare, which would now be available to them anyways.

The sentiment of unions "giving up raises" to achieve excellent health care benefits was a reoccurring theme in my research of union leaders' public comments, and was one echoed by the labor leaders that I spoke with Caroline Boardman, a spokeswoman for the CSEA, told me that the New York Health Act would "negate decades of CBAs [collective bargaining agreements] where we gave up raises to maintain $0 (or low cost) health insurance premiums."[27] Under a single-payer system, union healthcare plans would gradually be phased out and replaced with the government health insurance program. But any potential concessions unions made to receive their healthcare before a national healthcare framework would be foregone. Bernie Sanders, anticipating union opposition, promised in 2020 that companies would have to "pass along savings resulting from Medicare for All to workers in the form of raises or other benefits."[19] In addition, unions "would be allowed to maintain their clinics and provide supplemental coverage, as long as it doesn't duplicate the benefits available under Medicare for All."[19]

Another reason some unions oppose single-payer is that some of them have negotiated very high-quality healthcare plans with employers, providing excellent healthcare at little to no cost to individual union members, and worry that a single-payer, Medicare-For-All system would actually provide worse healthcare, more expensive healthcare (via taxes), or both if union members received healthcare as part of a government system, rather than through a union. The Local 226 Culinary Union in Las Vegas, Nevada was critical of Sanders' single-payer proposal when he was running for President in 2020, describing his efforts to pass single-payer as an effort to "end Culinary Healthcare", a reference to the star-studded healthcare provisions offered by the local.[28] A *Los Angeles Times* piece describes this healthcare in detail:

> On a recent Friday, the parking lot was full as union members and their families visited the facility for primary and pediatric checkups, dental procedures and eye tests and eyeglasses, almost all of which are offered at no cost. There's no emergency room, but X-ray, ultrasound and CT scan equipment awaited use in the building's 24-hour urgent-care wing, free of cost to union members, along with a pharmacy that offers free generic medications.[29]

Considering that Local 226 members receive high quality healthcare with just 3% of contributions from union members funding it,[29] it is understandable why unions may feel hesitant to sign onto the Sanders plan, which offers a variety of revenue sources to fund its healthcare such as a 4% income tax.[30] As healthcare costs are unpredictable, it is not absurd to conclude that individuals may end up having to pay more than the originally promised tax rate under the Sanders plan, and given the political challenges of passing the funding methods that Sanders proposes (such as a tax on wealth), it makes sense why some may be skeptical of the promises made by Sanders. As the Culinary Union stated in a flyer tacitly attacking Sanders in 2019:

> Some politicians promise ... 'You will get more money for wages from the company if you give up Culinary Health Insurance.' These politicians have never sat at our bargaining table or been on a 24/7, 6 years, 4 months, and 10 days strike line—like we have to make an employer pay for healthcare. We will not hand over our healthcare for promises."[31]

New York Health Act (NYHA): Public vs. Private Unions

When comparing unions who support the NYHA vs. those who do not, a pattern quickly emerges: those unions in New York which oppose the NYHA are mostly public-sector unions, whereas those New York unions that support the NYHA are almost uniformly private-sector unions. Private-sector unions represent workers employed by private firms, and any union benefits negotiated by a private union are taken out of the employer's revenue. Public-sector

unions, on the other hand, represent government employees, and as such their employer is the government. Any benefits negotiated for government employees are paid for out of government budgets, which are ultimately paid for by taxes.

Various factors can explain this phenomenon. First and foremost, New York public-sector unions are subject to the Public Employees' Fair Employment Act, commonly known as the "Taylor Law". Section 210 of the Law reads plainly that "No public employee or employee organization shall engage in a strike, and no public employee or employee organization shall cause, instigate, encourage, or condone a strike."[31] By outlawing strike action by public-sector unions, this New York state provision nullifies any potential benefit to strike vitality gained from universal healthcare to public-sector unions.

Additionally, because public-sector unions ultimately derive their increased benefits from tax revenue. As a result, public unions are much more sensitive to legislative proposals like the NYHA, which are estimated to produce a "156-percent increase over projected total state tax revenue in the status quo" to pay for single-payer.[32] Should the NYHA be passed, there are two ways in which public-sector unions' benefits can be attacked. First, funding for the New York universal healthcare plan may become a legislative priority for policymakers over funding the union, causing the union to "compete" with a major healthcare proposal that impacts every New Yorker. Second, the NYHA can lead to significant taxpayer resentment towards public-sector unions. Taxpayers will be paying for universal healthcare as well as public-sector union benefits that they cannot access, opening an avenue for politicians eager to claw back municipal funds to cut public-sector union funding. Private-sector unions do not face these challenges.

SCOTUS Janus Ruling

Further exacerbating the problem for public-sector unions at-large is the 2018 Supreme Court ruling Janus v. AFSCME that "[eliminated] what are called "fair share fees" or "agency fees" within public sector unions." These are fees that constitute "a percentage of total union dues paid by an employee covered by a collective bargaining agreement but who chooses not to join the union as a member."[33] Such fees "cannot be used for political purposes and [are] paid to the union for the services provided to the employee through collective bargaining and for the administration of the contract."[33] In essence, Janus made it unconstitutional for public-sector unions to require non-union members represented by the union to pay dues. This resulted in a loss of revenue for public-sector unions. Since they must cover everyone in a bargaining unit (even if they are non-members of the union),[34] public-sector unions must now expend money representing workers who do not contribute to the union. This has made public-sector unions weary of losing any incentive for workers to pay dues.

This is not the case with private-sector unions. The Taft-Hartley Act of 1947 "allows states to enact "right to work" (RTW) laws that ban union security clauses ... that enable labor organizations to collect dues, or "agency fees," from workers that unions are legally obligated to represent but that choose not to be union members."[35] These RTW laws have the identical effect on private-sector unions as Janus has on public-sector unions; however, states are not required to pass RTW laws. Twenty-four states do not have right-to-work language codified by statute or in their state constitutions,[36] and New York is one of those states. As such, private-sector unions in the state may set up agreements with employers where all employees in a workplace contribute to the union in a way that public-sector unions cannot. This makes private-sector unions less cautious when considering the potential losses of union dues compared to public-sector unions. In the context of the universal healthcare debate, this makes public-sector unions more weary of a policy proposal that will largely remove their union healthcare benefits as a method to encourage workers to willingly join their union and pay dues.

Health Benefits as a Union Recruitment Tool

Considering the limitations on public-sector strike action and difficulty in securing and maintaining dues-paying union members, unions often rely on healthcare benefits as an effective tool to entice workers to join their union. According to Caroline Boardman of the CSEA, "CSEA negotiates a robust health insurance package for nearly all of its members and is definitely a reason why many people join the union."[32] Simon Davis-Cohen, spokesperson for local SEIU affiliate 32BJ (which supports the NYHA) said that "Maintaining our members' quality affordable healthcare is a top priority for our bargaining committees."[37] Unions are proud of their healthcare benefits, and many workers are willing to pay dues to obtain good healthcare benefits from their unions. Thus, healthcare benefits go beyond a point of pride and are in fact a negotiating tool.

On the question of why union membership in the West is declining, Visser writes that one reason workers join unions "is that they want something that they cannot readily secure on their own."[38] Unions can fail to attract workers when "other organizations—the welfare state, employers, insurance companies, law firms, mandated work councils—provide the benefits and goods that once were the domain of unions."[41] Though Visser's study was focused on Europe, his hypothesis is applicable to the U.S. In a country that does not provide healthcare for all its citizens, healthcare benefits are a tool to bring workers join a union and pay dues.

The benefit of universal healthcare is that healthcare is taken off the bargaining table. The drawback (from the union perspective) is that they lose something uniquely attractive to workers to get them to sign union cards. Public-sector unions in New York, unable to strike, are doubly concerned. There are legitimate fears from the management of some unions that if healthcare benefits are not unique to unions, then unions will be viewed as unnecessary. The thinking goes that unions will then lose their funding base, become insolvent, and ultimately become defunct.

Universal Healthcare: Part of the Broader Class Struggle?

In *Hard Work: Remaking the American Labor Movement,* Voss and Fantasia write that "in the United States there is a private system of social provision, which is limited principally to those who work in unionized companies."[39] The higher rates of healthcare coverage, more frequent medical visits, and lower out-of-pocket costs are no doubt a "union advantage".[20] But what about those outside the unions' walls? Should we really shunt universal health coverage for the sake of bettering unions' organizing efforts?

Voss and Fantasia trace the history of American union ideology and outline the idea of the "social union" that was first championed by the American/Canadian Knights of Labor.[40] The social union does not seek only to represent its workers, but also to advance a broader "class struggle" and support political initiatives that strengthen the working class. In recent decades, and especially in recent years, the "social union" has seen a resurgence.[41] Simon Davis-Cohenof local 32BJ that "While our [32BJ's] bread and butter work is winning great contracts, organizing new workers [sic] and fighting for economic, racial [sic] and immigrant justice for our members and working people generally, our fight for rights is not limited to the workplace."[40]

What has also been dominant since the 1950's is the so-called "service union". This type of union focuses on looking after its own interests and is primarily concerned with "servicing" [union members] in which members have their dues deducted in exchange for a staff that would handle their grievances."[42] Driven by ideology or forced into service unionism due to institutional constraints, service unions are not inclined to receive the idea of universal healthcare warmly. At best, universal healthcare has the potential to improve negotiations; at worst, it is an obstacle that prevents the service union from offering exclusive health benefits (a service) to union members. Machado and Azevedo e Silva give an example of service unionism during the efforts to implement public universal healthcare in Brazil, the Unified Health System (known in Portuguese as SUS). When it came to supporting SUS, the authors note that "unions and doctors' organizations tended to focus on their specific group interests" as opposed to offering unified support for SUS.[43] Doctors' organizations, for example, were liable to switch sides, "[joining] together to defend their collective interests—career, autonomy, remuneration—whether engaged in dialogue with public authorities [over SUS] or in their negotiations with private providers and healthcare corporations."[46]

Rank-and-File vs Leadership

It should be noted that from publicly available data, no union in New York held a vote of the rank-and-file to determine its public position on NYHA, no matter whether the union was publicly in favor or against. As such, promulgation of support or opposition and the direction of lobbying efforts has been spearheaded by union leadership. In some instances, rank-and-file and leadership have sharply disagreed on whether their union should support universal healthcare. In the 2020 Democratic primary, many unions chose to stay neutral in endorsing candidates. This was a break from 2016, when "several big unions endorsed Hillary Clinton early on, only to witness a revolt from their rank-and-file members who supported Sanders" over the union's endorsement.[44]

To the unions that oppose the NYHA, the Act would present a threat to union leadership's ability to oversee its healthcare funds. The NYHA 2021, known legislatively as S5474, would have established a regulatory board to implement New York's universal healthcare provisions. The board would be composed of 48 members representing various political constituencies.[45] In a May 2021 letter to Speaker of the New York Assembly Carl Heastie, the Municipal Labor Committee (MLC), the federation of public-sector unions in New York City, expressed its opposition to the NYHA 2021, stating that:

> We have no desire to cede the structure of our health benefits to a large committee in which we would have little representation. Indeed, only 5 of the 31 board members represent the people who will pay for this program – employers and unions.[46]

The 31 members in this instance is a reference to the 31 members of the NYHA's Board appointed by the Governor under Clause 2b, Section 5102 of the Act, of which three members are "representatives of organized labor" and another two of whom are "employers ... who pay the payroll tax under this article."[48] So while union rank-and-file will be able to access universal healthcare benefits under the law, the distribution of healthcare benefits to union members would no longer be at the sole discretion of union leadership.

Rank-and-file members have sometimes launched campaigns to support single-payer over the desires of union leadership. In the 2020 Democratic Primary, over 1,200 members of the International Brotherhood of Electrical Workers signed a petition demanding the union retract its Biden endorsement in favor of Sanders.[47] [Note: for some reason I can't cross-reference 47 here.] In New York, a "reform" faction of the United Federation of Teachers entitled the "Movement of More Rank & File Educators" (MORE) excoriated UFT President Michael Mulgrew for opposing the New York Health Act in 2021 despite a 2015 public statement endorsing the contemporaneous legislation.[47] MORE alleges that President Mulgrew opposed the New York Health Act out of personal, rather than strategic or ideological, interest.

Conflicts of Interest

The allegations made against Mulgrew by MORE bring up a larger point; namely, that some of the unions that oppose single-payer in New York or nationally have documented conflicts of interest with the healthcare industry. In union-heavy Michigan, eight out of thirty-three board members of Blue Cross Blue Shield of Michigan, a private healthcare company, are union leaders, including Ronald Bieber, President of the Michigan chapter of the AFL-CIO.[48] Blue Cross Blue Shield New York is listed on "Realities of Single Payer" as being opposed to the NYHA.[13]

Gregory Floyd, Secretary of the MLC and President of Teamsters Local 237, serves on the board of private health insurance company Emblem Health.[49] As it publicly opposed single-payer for New York, the MLC struck a deal behind closed doors with New York City to move nearly a quarter of a million union members from Medicare to private Medicare Advantage plans.[50] These plans would greatly increase maximum out-of-pocket costs, force retirees to search for new doctors, and move retirees onto healthcare plans with high claim denial rates.[50] Such revelations put into question whether the union leadership in the various opposition unions oppose the NYHA on ideological or strategic grounds, or whether union leadership is opposing legislation that materially harms their personal financial and political capital, especially considering the undemocratic nature by which many of these opposition unions arrived at their opposition.

From the NYHA 2021 to the NYHA 2023: Where Do We Go From Here?

Though the NYHA of 2021 died in committee, Senate Democrats have not given up on their efforts to pass a NYHA. Seeing opposition from some unions as a major reason for the death of the 2021 bill, cosponsors of the legislation Senator Gustavo Rivera and State Assemblymember Amy Paulin have introduced an amended NYHA. The 2023 version of the bill as amended clarifies and "protects" the status of union benefits, including for retirees and public workers, and adjusts the contribution plan to put the emphasis of payment on employers.[51] It is not clear if union healthcare would be carved out of the overall healthcare plan.

There is no evidence that those unions who opposed the NYHA of 2021 have switched their support. No union that was in opposition to the bill has issued a public statement or spoken to the press about having changed their position. When I asked whether the bill as amended satisfied the concerns of CSEA, Caroline Boardman replied "No", because the bill "only addresses benefits, but not pay that CSEA members sacrificed to achieve lower cost insurance. The raises given up over the past 30 years will not be returned."[30]

It is not entirely clear what would need to be done to bring the unions currently in opposition to the bill to support it. The offices of Senator Gustavo Rivera and Assemblymember Richard Gottfried released a joint memo back in 2018 that attempted to assuage any concern some unions may have had against the NYHA,[52] seemingly to no avail. How the battle over the NYHA of 2023 develops, and whether those unions in opposition switch their support, unions that support the bill waver, or both, remains to be seen.

Unions play a major role in shaping health policy and the health outcomes of their members. Since the United States does not provide government-sponsored healthcare to every individual, various presidential candidates such as Senator Bernie Sanders have tried pushing the issue at a national level to build on the reforms implemented by President Barack Obama in 2010. After Sanders' unsuccessful campaigns in 2016 and 2020, several states have taken up the issue.

New York is attempting to pass a single-payer bill. There were enough votes in the State Legislature to enact single-payer healthcare in New York in 2021, but the bill died in committee after significant opposition not only from health insurance executives and business organizations but from several unions within the state. The action is surprising, considering the potential benefits to unions from single-payer healthcare. A variety of reasons informed and continue to inform such opposition: some unions oppose single-payer on ideological and strategic grounds, with the loss of healthcare benefits as an organizing tool being of critical concern. Significant differences exist between public-sector and private-sector unions in their support for single-payer legislation. Unions find themselves in a difficult legal and institutional framework that puts them in "survival mode", and in some instances corruption and leadership/rank-and-file friction inform the debate within unions over single-payer.

It is worth looking into how single-payer legislation has fared in other states where such bills have stalled, such as California. Though it is brushed upon in this paper, expanding upon the legal constraints on "social unionism" or union activism beyond Janus would be helpful. An international perspective to see how unions in different countries reacted to varying universal healthcare reforms (multipayer, regulation, single-payer, nationalization, etc.) and how the governments in those countries fought (or won over) unions which opposed healthcare reform would add an excellent comparative political angle to this paper. In summary, there is ample opportunity for further research and dialogue with union staffs and leaders over the relative merits of universal single-payer healthcare.

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Notes

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[21] I want to make it very clear that the unions that do or have opposed a single-payer system do not do so for most of the reasons listed. The graphic contains common objections to a single-payer system in the United States that were and continue to be found in the popular discourse surrounding the issue. The unions I studied when writing this paper gave a shortage of doctors and tax hikes as "conventional" reasons to oppose single-payer.

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