Democracy Denied at the Bedside: Union Avoidance in Minnesota's Nursing Home Sector

Columbia Labor Lab, Columbia University
March 5, 2026

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Abstract: This study reports on pro-union workers' experiences during a multi-year, statewide organizing campaign in Minnesota nursing homes between 2021 and 2025. It draws on contemporaneous, repeated worker interviews in nursing homes, as well as a 2024 survey of the population of certified nurse aides (CNAs) working in the sector statewide, linked to administrative data on their employing facility's characteristics. Drawing on interviews with workers involved in organizing campaigns, we document and characterize management strategies to resist worker unionization drives. In many cases, managers' efforts to resist unionization pull them away from their usual responsibilities. Drawing on the 2024 survey of CNAs, we describe which types of nursing homes are more likely to engage in union avoidance tactics, and we find that workers are more likely to report union avoidance tactics in facilities with larger shares of resident care financed by public funds.

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On an afternoon in early December of 2025, soon after "Operation Metro Surge" brought thousands of federal agents to the Twin Cities, workers at a nursing home facility in the Minneapolis suburbs heard rumors that a housekeeping worker had been detained by ICE at a bus stop near the facility. As the rumor spread, workers inside were alarmed by management's attitude: ICE might enter the facility, a housekeeping manager told them, and so workers should prepare to bring their papers with them to work. In response, several co-workers at the facility began to organize a petition demanding that the facility only let ICE officials in the building if they had a judicial warrant, and that management train staff on this protocol. More than fifty workers signed the petition, and – in mid-January – a group of five delivered it to the facility's Director of Nursing.

The next day, the facility's Chief Operating Officer and the Vice President of Human Resources summoned one worker involved in the petition to a disciplinary meeting. They interrogated the worker about who else was involved in the petition: "I'm asking you for the names of the employees that you're collaborating with," the HR Director said. She scolded the worker for talking to coworkers about the petition, because "employees who are busy signing these things are not doing their job." And she emphasized that the petition was "in violation of our handbook policy," which barred solicitation of any kind on the premises of the facility, even on breaks: "If you want to do something outside of this property, outside of the hours that people are working offsite, that's your right," she continued. "But not in here." The HR Director concluded, "We expect you to cease and desist." As Minnesotans stood up in the hundreds of thousands to the federal government's encroachment on their civil and political rights and a group of nursing home workers stood up together to push for safer working conditions, management resisted their efforts and sought to punish them for their organizing and self-advocacy.

The political philosopher Elizabeth Anderson (2017, p. 63) writes of "private government," of the fact that workplaces often "impose controls on workers that are unconstitutional for democratic states to impose on citizens who are not convicts or in the military." This is perhaps nowhere more evident than when workers try to organize unions. The loopholes within and weak enforcement of private sector labor law mean that managers are able to use their control over the workplace, and workers, to sway workers away from unionization. In the nursing home context, a large share of revenue comes from the public, meaning that public money may pay for the time and effort that managers deploy in combating union organizing, and thus that Minnesota taxpayers may be subsidizing the union avoidance activities of private employers.

This study documents the prevalence of union avoidance activities in Minnesota's nursing home sector. The Service Employees International Union Healthcare Minnesota and Iowa (HCMNIA) provided researchers with access to workers who were involved in union organizing attempts within the sector between 2021 and 2025, whom we interviewed about their experiences. Workers and the union also provided documentation of employer anti-union activities. We supplemented qualitative interviews with a statewide survey of certified nursing assistants, fielded during the summer of 2024, during which we asked questions about workers' support for unions and their awareness of employer anti-union activity within their facilities. We organize this report as follows. First, we provide in-depth case studies of employer anti-union activity across a sample of nursing homes in Minnesota. Then, we present aggregate evidence of employer anti-union activity. Finally, we turn to statewide survey data to explore the determinants of reported anti-union activity.

I. Background

In 1935, Congress passed the National Labor Relations Act, which established union elections as we know them today. Advocating for its passage, Senator Robert Wagner explained that the act "seeks merely to make the worker a free man in the economic as well as the political field." Just as Americans had the right to elect their community representatives in government, co-workers ought to have the right to elect whether they want someone to represent them at work. If a majority of co-workers wants no union, that is their right. If a majority wants a particular union to represent them, that is their right. The law gives the

employer no vote in this. Workers vote and decide. The law aims to create "laboratory conditions," in which the will of the majority of workers is measured and respected without interference from the employer.

Ninety years later, a robust academic literature has documented the ways in which the election framework established by the NLRA falls short of establishing the economic freedoms to which it aspired (Bronfenbrenner 2009; Bronfenbrenner et al Forthcoming; Comstock and Fox 1994; Freeman and Kleiner 1990; Getman 2010; Lafer 2005; Lafer 2007; Lalonde and Meltzer 1991; Logan 2013; Mehta and Theodore 2005). Aside from the secret ballot, on nearly every other indicator of democratic process – from parties' equal access to voters, to parties' equal rights to speech, to parties' equal access to media – the NLRA as currently practiced fails to live up to the principles of American democracy. Employers have access to worker information in ways that workers and unions do not; they are allowed to speak in the workplace in ways that workers and unions cannot; and their hiring and firing power means that they are able to shape workers' preferences – explicitly and implicitly – in ways that unions cannot (Lafer 2005; Lafer 2007).

Such inequalities in access, speech, and influence have grown more pronounced in recent decades, as employers have grown increasingly aggressive and sophisticated in their attempts to prevent workers from forming unions (Logan 2013); and as the penalties for violating the election laws that are in place have weakened (Kleiner & Weil 2012; McNicholas et al 2019; Stansbury 2021). In recent years, the environment has become so hostile to organizing in much of the private sector that unions have moved away from organizing in many industries entirely (Bronfenbrenner et al Forthcoming).

The NLRA was amended in 1974 to allow healthcare workers to unionize. While the bulk of healthcare is provided by private sector establishments (and hence governed by the NLRA), almost 50% of the revenue of these companies comes from public programs like Medicare and Medicaid. Thus, the public retains a significant financial and public health interest in the healthcare workforce, and whether healthcare providers are complying with the NLRA.

II. Four Case-Studies of Anti-Union Activity in Response to Worker Organizing

This section presents detailed case-studies of employer anti-union activity across a range of nursing homes in Minnesota, from a non-profit home within a large faith-based health organization, to a for-profit home run by a private equity chain, to a publicly-owned facility run by local government. Details of the anti-union campaigns were obtained through interviews with workers involved in the campaigns, as well as interviews with organizers from HCMNIA. In certain cases, we draw on sworn affidavits submitted to the National Labor Relations Board. We have anonymized the names of the facilities and workers involved.

Facility A

Facility A is a senior living community on the outskirts of Minneapolis, with approximately 30 long-term care beds, as well as assisted living residences. A faith-based non-profit system runs the facility. Workers at Facility A filed for a union election in the Winter of 2022. Although union elections are typically scheduled to occur within 60 or 90 days of the filing date, management at Facility A challenged the bargaining unit. They argued that it should be almost twice as big as the unit proposed by the union, including a number of categories of workers that the organizing committee did not expect to be included. This challenge to the bargaining unit failed, but the delay was pivotal. In the three months between filing and election, managers waged an aggressive and multifaceted anti-union campaign on the shopfloor. The substance and duration of this campaign likely created the conditions under which the union lost the election.

(1). Facility A leadership hung posters around the facility with misleading information about the union. One poster read, "A union takes away your right to speak for yourself about wages, benefits, and working conditions." (Figure 1). The flyer's design conveyed that the message was endorsed by Facility A leadership. It also had the message "Vote No" at the bottom, along with a red circle crossed out.

(2). Facility A management repeatedly distributed literature to workers with misleading information about the union.

- One pamphlet argued that a union would "take away employees' individual voices and transfer them to the union." It continued, "If, for example, an employee had a workplace issue that needed to be resolved, the employee would generally need to take it to the union (not their supervisor) and hope that the union determines if the issue is important enough to be worth its time and attention." (Figure 2).
- Another pamphlet suggested that unions were unable to play a role in increasing staffing in nursing homes: "A union cannot magically create more staff or force an employer to hire more staff. Because unions represent 'employees' and not 'applicants,' unions generally do not play any role in hiring." (Figure 3).

(3). In a poster hung around the facility, Facility A implied that they would provide pay, childcare, and transportation on election day to those who would vote against the union. The poster conveyed information about where and when the union election would take place, along with a promise that those not scheduled to work on the date of the election would be paid for their time in order to vote; and that Facility A would provide childcare and transportation for anyone needing assistance to vote. However, this poster was not neutral. The same flyer was clearly anti-union, including the message, "If the union wins, you will have NO CHOICE. Show up and vote NO to union representation." The poster also had a "Vote No" message at the bottom, along with the same red circle (Figure 4).

(3). In the midst of the union campaign, managers gave workers personalized gift baskets and hand-written "thank you" cards signed by their supervisors (Figure 5).

(4). Facility A leadership sent multiple letters to residents and their families that seemed intended to turn these constituencies against the union.

- Across multiple letters, leadership implied that a union was antithetical to the nursing home's Christian values.
- In one letter, the head administrator of the facility wrote that the threat of unionization was "requiring a great deal of my time and attention, so my availability has been more limited than is typical," implying that the unionization effort was interfering with her responsiveness to residents and families (Figure 6).
- In another letter, Facility A leadership asked residents and families to "help" defeat the union (Figure 7) by showing their gratitude towards staff in various ways.

These letters seemed to have an effect. According to interviews with workers at the facility, in early May of 2022, residents began to discuss their negative views about unionization with workers. One worker reported that she took off her union pin because she did not want residents to give her a "hard time about it" (Worker Interview, May 20, 2022). Another worker was confronted by a resident who told him that unions were "corrupt," and that they were weak because "they're no longer good to the people" (Worker Interview, April 7, 2022).

(5). In a letter sent to all staff on June 23, 2022, the head administrator wrote, "I… write to make my final request that you vote '<u>NO</u>' to union representation" [emphasis in original]. She wrote that voting for the union would likely deprive staff of "periodic wage increases and other programs that make [Facility A] a great place to work." She also wrote that a union would divide the facility, and that workers "should not pay union dues to a union in exchange for giving up your right to talk directly with your employer about workplace issues."

(6). While Facility A leadership signaled their opposition to the union through posters that were hung on bulletin boards, and literature that they handed out to employees, residents, and families, they prohibited workers from signaling their support in similar ways (Figure 9). Their employee manual stated:

- "Distribution of literature is prohibited in working areas and in immediate resident care areas at all times."
- The health system "maintains bulletin boards to post information of interest and importance to employees. Employees and nonemployees are prohibited from posting or hanging literature or other materials on these bulletin boards or on the walls, windows or other surfaces located on company property."

According to interviews with workers at the facility, this point was reiterated at several of the daily staff "Stand Up" meetings.

(7). According to interviews with workers at the facility, soon after workers had filed for a union election, in early April of 2022, Facility A eliminated bonuses that they had been offering for staff to pick up shifts.

(8). According to interviews with workers at the facility, beginning in early April of 2022, Facility A administrators and leaders from the broader faith-based system began to focus on dissuading workers from supporting the union during daily, mandatory "Stand Ups," as well as smaller-scale one-on-one meetings between management and workers. One worker at the facility recalled being summoned into a one-on-one meeting with several administrators, during which the head of HR for the health system asked the worker to come to them if the worker ever had problems in the facility; the administrator then discussed proverbs from the Bible, which implied that union organizers were wolves in sheep's clothing. (Worker Interview, April 13, 2022).

Facility B

Facility B is a large, approximately 300-bed facility located outside Minneapolis, run by a for-profit company, which itself is part of a larger private equity company. Workers at Facility B have been engaged in an effort to form a union since the summer of 2022. They first filed for a union election in the Fall of 2022, but withdrew their petition in the face of an aggressive anti-union campaign. They filed for a union election again in early 2025, but in the face of a renewed and similarly aggressive anti-union campaign they filed blocking charges with the National Labor Relations Board and the election has been postponed indefinitely.

(1). Soon after workers first filed for a union election in the Fall of 2022, Facility B managers began to hold one-on-one anti-union meetings with people to persuade them not to join the union. According to interviews with workers, Facility B leadership also held several "captive audience" anti-union meetings with the full staff of the facility, including at least two that included the CEO of the for-profit system. These captive audience meetings contained misleading information about the union, such as the idea that a union contract was unlikely to make conditions of work better, and that negotiations over a contract might take as long as three years.

(2). During the Fall of 2022, the Assistant Director of Nursing approached a Certified Nursing Assistant, and asked her to lead an anti-union petition drive. As the worker put it, "She said I was good at convincing people or could do it easily." The worker successfully collected 80 signatures on the anti-union petition during her work shift, on work time. After the union withdrew its petition, the director of nursing gave the worker $500 in gift cards, as well as a raise.

(3). On the day that workers filed for a union election, the head administrator of Facility B sent an anti-union letter to all employees, in which she wrote, "…[A]fter learning <u>the facts</u> about the union, you will conclude that <u>union representation is not in your best interest</u>" [emphasis in original]. She continued that the union would "create an adversarial, complex, and stressful atmosphere," and that the union would "divert our attention away from continuing to meet the needs of our residents," implying that unionization was inconsistent with resident care (Figure 10).

(4). In August of 2022, soon before workers filed for a union election, a worker who supported the union was fired from the facility for trespassing and insubordination, after she visited the cafeteria on her day off

with the intention of speaking to her co-workers about the union. After the firing, several workers reported fearing that they would be fired on false pretenses – "caught in a trap," as one worker put it – if they supported the union.

(5). During the second unionization campaign, in the Spring of 2025, employers conducted a similar anti-union campaign. Facility B leadership again held group anti-union meetings with staff. The CEO travelled to Minnesota for one of these meetings just as he had done in the Fall of 2022. Approximately one week before the scheduled election, he expressed being "upset and angry" and "disappointed" that workers continued to be interested in the union. In response to the concerns that workers voiced, the CEO said that he was unable to make any changes because of the upcoming union election. He also said that "everyone needed to vote no."

(5). Facility B managers held anti-union one-on-one meetings with many workers in the facility. In a private meeting, the Director of Nursing asked one of the leaders of the union drive, "What can you do for the union not to come in here?" In a separate private meeting, the Assistant Director of Nursing told one of the leaders of the union drive that Facility B leaders had planned to give workers raises that Spring, but that the scheduled union election made such raises impossible. In a third private meeting, a worker reported that the Assistant Director "told me I needed to leave this union business." If she refused, the Assistant Director threatened to "tell [her] pastor," since the worker attended the same church as the Assistant Director. In a separate private meeting, a nurse manager called a worker into her office and handed him a pamphlet about saying "no" to the union. Other workers reported seeing this manager call multiple people into private meetings, which was unusual for her, who usually held meetings with staff in groups.

(6). In another reprise of management's approach from the Fall of 2022, during the Spring of 2025, Facility B managers recruited a worker to circulate an anti-union petition. This worker told co-workers that Facility B leaders had "made her" carry around the petition for workers to sign. She also told co-workers that they were at risk of being fired if they did not sign.

Facility C

Facility C is a medium-sized, approximately 50-bed, for-profit nursing home in a small town approximately 100 miles from Minneapolis, operated by a larger health system. Workers at Facility C filed for a union election in July of 2023. The election was held that August, and the union lost the election.

(1). According to interviews with the primary union organizer on the campaign, soon after workers filed for an election, the nurse manager on the night shift "pulled a bunch of different people… into her office and basically started crying and said, 'I'm going to lose my job if the union comes in. You guys can't do this to me.'" Within two days of this meeting, approximately 15 union supporters had changed their mind and said that they no longer supported unionization. When the organizer asked why they had changed their mind, some wrote back to say, "I'm not interested in my manager losing her job" (Organizer Interview, August 25, 2023). One wrote to the organizer, for example, "I can't believe you guys are coming in here and you're going to fire these people" (Organizer Interview, September 15, 2023). Workers also conveyed messages that the organizer suspected had come from managers, for example, that "residents were suffering because, since the union has come into our workplace, you guys have made the residents really uncomfortable" (Organizer Interview, August 25, 2023). One worker wrote to the organizer, "I'm sad because this has turned into such a big fight in the nursing home and the resident[s] are suffering because of it" (Organizer Interview, September 15, 2023).

(2). According to the organizer, managers surveilled pro-union meetings. During a large Zoom meeting one evening before the vote, when the organizer was updating workers about where they were in the union election process, one worker kept interrupting by saying, "No, they're listening, like management's listening." Apparently, the Director of Nursing had stayed late in the facility that evening, and one of the other attendees at the meeting "had herself on mute and no picture." According to another attendee at the meeting, that worker was "at work right now and management's standing right behind her" (Organizer Interview, September 15, 2023).

(3). Throughout the campaign, according to the organizer, rumors circulated about "lists of firings and they're going to fire you if you vote yes" (Organizer Interview, August 25, 2023).

(4). According to the organizer, the week before the election, a different manager began hanging anti-union posters outside the facility. Workers, in response, made their own signs in favor of the union, which they placed next to the anti-union posters. These pro-union posters soon disappeared and the union supporters "found them in the manager's car. She had taken them [down] and put them in her car." Union supporters wrote a letter asking that the signs be put back up, but an administrator in the facility refused (Organizer Interview, August 25, 2023).

(5). According to the organizer, in the week leading up to the vote, Facility C management held anti-union meetings for staff "two times a day, feeding them lunch, paying them for coming to it, and showing videos" to dissuade people from supporting the union. Managers also told workers to look at a website, seiuexposed.com, which contains misleading information about the union. One previous union supporter in the home said that she "went to the website" and as a result, "I can't vote for the union, I can't vote for SEIU, not with their sex scandals or their sexual harassment scandals" (Organizer Interview, August 25, 2023).

(6). After the union election and vote count, as union supporters and organizers were leaving the room in which the vote was held, managers referred to the organizer as "just a thug" (Organizer Interview, September 15, 2023).

Facility D

Facility D is a medium sized, approximately 50-bed, publicly-owned skilled nursing facility in a small town approximately 100 miles from Minneapolis. Since the passage of Minnesota's Omnibus Jobs and Labor bill in 2023, public employers in Minnesota are required to recognize a union once a majority of workers within a bargaining unit have signed union authorization cards – a process known as "card check neutrality." Workers at Facility D submitted cards for union recognition in the Spring of 2024. Their union was ultimately recognized by the state.

(1). According to an interview with a worker at the facility, the day after workers submitted their cards, the Director of Nursing and Director of Human Resources began telling workers that, as a result of unionization, workers would not get their bonuses, that they would not get raises, and that they would lose their health care. One manager told a worker that she would lose her health care and the worker could not "afford to do that because of your diabetes" (Worker Interview, March 22, 2024). Managers also threatened that the facility would have to close (Worker Interview, March 22, 2024).

(2). According to this same worker, after becoming aware of the unionization drive, the head administrator at the facility began approaching workers asking "what he did wrong," that he had "always been there for people" and had "been their advocate." He then followed a worker to the parking lot in order to tell the worker that the union was bad (Worker Interview, March 22, 2024).

III. Employer Anti-Union Activity Across Nursing Home Union Campaigns, 2022-2025

We can generalize beyond these cases by looking at the full population of union organizing campaigns in which HCMNIA was involved between 2021 and 2025. At the conclusion of every nursing home organizing campaign in which HMCNIA is engaged, organizers fill out an "end-of-campaign" report. In this report, organizers are asked a range of questions about the campaign, including questions about their awareness of the employer's use of union-avoidance tactics. This survey question is similar to the question used by Bronfenbrenner et al (2025) in their study of employer anti-union tactics.

Between 2021 and 2025, organizers from HCMNIA had initial meetings with workers from 19 separate nursing homes. At 13 of these homes, the union established an "organizing committee," meaning

that a group of workers met regularly to plan the union election campaign. We report the rate at which different types of anti-union activity was reported across these campaigns, conditional on an organizer having met with a worker (Figure 11) and conditional on an organizing committee having been established (Figure 12). These figures demonstrate the breadth and depth of union avoidance activities in Minnesota nursing homes. For instance, organizers reported that employers suspended or fired workers in well over half of all organizing efforts; conducted captive-audience meetings in approximately half of all organizing efforts; and gave gifts or favors to workers, in exchange for workers not supporting the union, in approximately twenty percent of all organizing efforts. If analysis is restricted to those campaigns in which union elections were actually held, the proportions increase significantly.

According to the Labor-Management Reporting and Disclosure Act of 1959 (LMRDA), employers are required by law to file "persuader reports" when they hire third parties to influence employees' views about unionization. However, based on research we conducted in collaboration with *LaborLab US*, we found that employers had filed persuader reports in relationship to only two of the campaigns outlined in this report: Facility C (reviewed above), and Facility E, a religious non-profit facility in which workers voted to unionize in December of 2025. Facility C reported paying nearly $200,000 to a union avoidance firm in November of 2022, soon after workers withdrew their petition for an election. Soon after workers at Facility E announced their intention to form a union, the administrator of Facility E hired the firm Government Resources Consultants of America to assist with their anti-union campaign. Given our documentation of significant union avoidance activity across many different campaigns, we have reason to suspect that there is underreporting of persuader activity among Minnesota nursing home employers.

IV. Fear of Retaliation Across Minnesota Nursing Homes

Above, we have reviewed recent evidence of employer anti-union activity across a range of Minnesota nursing homes. But this does not capture the entirety of the effect of union avoidance activity on worker sentiments. First, employer union avoidance activity often occurs preemptively, outside of any union organizing taking place. Second, union avoidance activity has a chilling effect on workers beyond the specific facilities in which it occurs, making many workers afraid to consider organizing at all.

Researchers at Columbia Labor Lab conducted interviews with nursing home workers across a range of facilities in the state. These interviews, many of which were conducted at facilities in which there were no active union campaigns, highlight the ways in which the industry's pattern of union-avoidance undermines workers' freedom of association well before the beginning of a union drive.

For instance, one worker expressed fear about attending an initial meeting with an organizer. While she was supportive of unionization, she was on a green card, and worried that the employer would "sue us" if workers tried to organize. Another worker at the same facility, who was part of a large cohort of Filipino workers hired at the facility, said that she and her coworkers had been told "point blank to our faces, don't join a union. We don't do that here." The message had been effective, she continued, because she and her fellow Filipinos were "dependent on [the employer] for everything." More than 25% of health care workers in the health system for which she works are Filipino, a result of the system's International Nurse Recruitment (INR) program, which makes use of EB-3 visas.

A worker at a second facility said that she would have liked to be involved in organizing a union but was "so close to retirement that I can't do that," and that it was "hard to find a job," suggesting that she worried about being fired as a result of participation. A worker at a third facility, who was interested in unionization herself, reported that "everyone she talks to is scared." A worker at a fourth facility reported that she was "really for" a union, but that she "thinks people are really scared." This worker was Black, and suggested that other Black workers – particularly African immigrant workers – would be too scared to attend a meeting about the union. She worried herself that she might get reported to management if she were involved in an organizing campaign. Another worker at the same facility expressed that workers at the facility ought to go on strike, only to backtrack quickly and say that if workers took this kind of action

the facility would fire all of their full-time staff and hire temporary workers instead. A third worker at this same facility suggested that people needed to be careful about taking steps to unionize lest management find out and fire them.

A worker at a fifth facility said that she was "sick of [managers] making decisions for us," and thought that a union would help things run better. She continued that she would work to make that happen within her own workplace "if I wasn't scared of losing my job." And at a sixth facility, two women were interested in being part of a union drive, but were both made wary by their respective husbands, who warned them that they would get fired if they participated in a union campaign. At a seventh facility, a worker described being frustrated with staffing cuts but not wanting to advocate for themselves, since they remembered someone recently being fired for such advocacy.

Even at facilities where there were organizing campaigns, many workers drew on their past experiences when they explained their reluctance to be involved. At one of these facilities, one long-time worker explained that there had been an organizing attempt at the home more than twenty years earlier – before she arrived – but that the facility's reaction had made an impact. According to her, someone told managers that the organizing was taking place, a worker got fired, and everyone became too afraid to proceed. At Facility B, a worker explained that they had tried to ask for higher pay before the union drive, but that "if you push too hard, they get rid of you."

V. Facility Characteristics, Union Sentiment, and Anti-Union Tactics

In July and August 2024, we fielded a survey to all registered certified nursing assistants (CNAs) in the state of Minnesota. We obtained the names and contact information of CNAs from the state registry through a Freedom of Information Act request. We contracted with a professional survey research firm to recruit participants and conduct the survey. The recruitment process was designed to avoid bias in response. It was titled the "Columbia University Nursing Home Worker Survey," avoiding any language that would differentially affect recruitment by union sentiment. Respondents were recruited via SMS text message and offered a $10 gift card incentive. Of the 30,755 registered CNAs, 1,991 (or 6.5%) completed the survey. As part of the survey, respondents were asked to identify the facility where they worked, choosing from a prepopulated dropdown menu. These selections were used to match respondents to their facilities' administrative data, which we acquired through the U.S. Center for Medicare and Medicaid Services (CMS) and the Minnesota Department of Health. Figure 13 is a summary table of likelihood to respond to the survey on two characteristics: time since original certification as a CNA and geographic location. People were more likely to complete the survey if they had received their CNA certification more recently, and if they lived outside the Twin Cities.

In one question, the survey asked respondents to estimate the percentage of their coworkers who supported unions. Another question asked respondents to report whether they were aware of a range of union avoidance tactics being used within their workplace, which we aggregated into a four-point index. Specifically, CNAs were asked whether the employer:

- held group meetings about unionization
- distributed anti-union materials
- held one-on-one meetings with employees about unions
- hired a consultant to dissuade employees from unionizing

We find a strong, positive, and significant association between respondents' reports of anti-union activity within a facility and that facility's reliance on public money, as indicated by the percentage of resident revenue for that facility that comes from government sources like Medicare and Medicaid. This relationship is demonstrated graphically in Figure 14. In this figure, we divide the homes into twenty "bins" based on facilities' share of revenue from public funding. Each point shows the average level of public

funding for that bin along the horizontal axis, and the average level of reported anti-union behavior on the vertical axis. At higher levels of public funding, reports of union avoidance behavior are also higher.

This relationship is likely explained by the fact that the homes that rely on public funding are also those homes in which support for unionization is highest (and where there may be nascent unionization campaigns): employers are probably less likely to engage in anti-union activities when they do not think support for unionization is high. Figure 15 illustrates the relationship between public funding and union support, which is positive and significant. In turn, higher support for unions in these homes may be explained by the fact that homes with higher levels of public funding are more likely to serve residents who previously spent down their assets and are now poor; and so these facilities are most likely to have worse working conditions and worse conditions of care. Figure 16 illustrates the relationship between public funding and staffing levels. There is a strong negative association between the percentage of resident revenue that comes from government sources and the levels of staffing per resident within a facility. Figure 17 illustrates the relationship between public funding and CMS care quality ratings. In all cases, there is a strong negative correlation between public funding and ratings.

Together this evidence suggests that those facilities that disproportionately rely on public transfers for revenue (across for-profit, non-profit, and government ownership) are short-staffed, worse in terms of quality of care, and, possibly as a response, have higher worker demand for unions. In response, these disproportionately publicly-funded facilities are engaging in more anti-union behavior to thwart organizing efforts.

VI. Conclusion

The case studies presented here illustrate the obstacles faced by direct care nursing home workers attempting to exercise their legal right to form unions in their workplaces. These examples, drawn from facilities that vary in both size and ownership type (for profit, non-profit, and government), show a consistent repertoire of union avoidance tactics. Management delayed elections, shared misleading information, applied pressure individually and in groups, and in some instances mobilized residents and families to advocate against the union. Management occasionally admits that their time spent in anti-union activities diverts them from their normal activities. These strategies align closely with the broader literature on employer anti-union campaigns.

In statewide survey data, CNAs report ongoing employer anti-union efforts, even in facilities without active unionization campaigns. Merging these survey responses to facility administrative data from CMS and the Minnesota Department of Health, we find that reports of anti-union activity from management correlates with two facility characteristics: quality ratings (on all dimensions) and percent public pay. Facilities more reliant on public reimbursement through Medicaid and Medicare were significantly more likely to be sites of reported anti-union activity. These facilities also tend to have lower staffing ratios and weaker quality ratings. Not surprisingly, these dimensions also correlate with the desire to unionize. Put another way, facilities most dependent on public resources are also those in which conditions are worst for both residents and workers, and those in which workers face the most aggressive management opposition when they try to join together to push management to improve conditions.

Further research is warranted. Longitudinal studies linking worker survey data to facility-level administrative and financial records would help to identify causal relationships between anti-union activity, staffing, and quality of care. Further ethnographic research would illuminate how the threat of retaliation circulates across the sector, inhibiting worker organizing in facilities untouched by active union campaigns. Such inquiries would advance our understanding of labor relations and service quality in nursing homes specifically and more broadly in regulated, publicly subsidized human service sectors.

Appendix: Exhibits and Figures

Figure 1. Facility A Anti-Union Poster

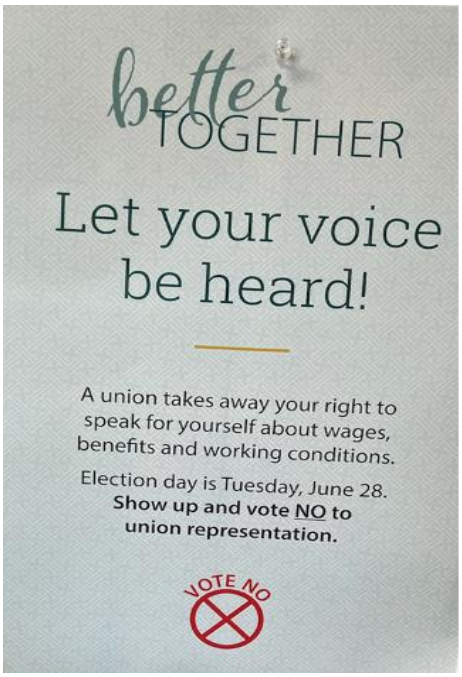


Figure 2. Facility A Anti-Union Literature, "A Voice"

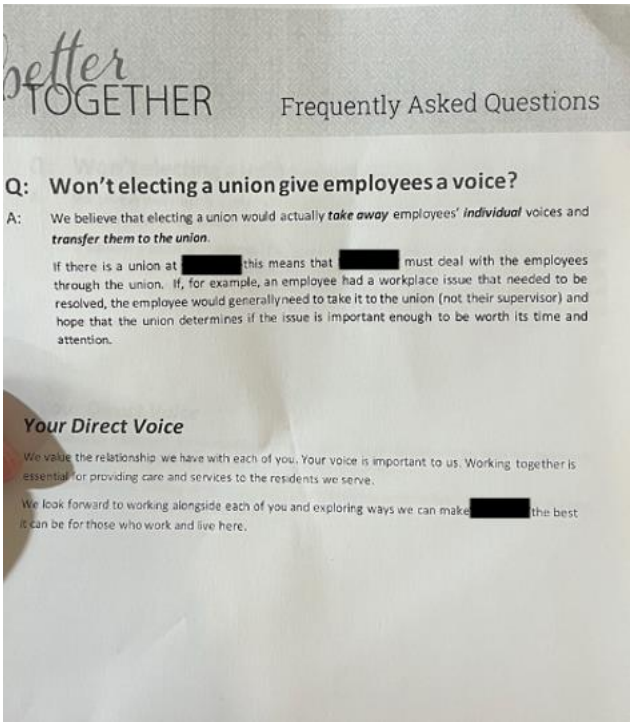
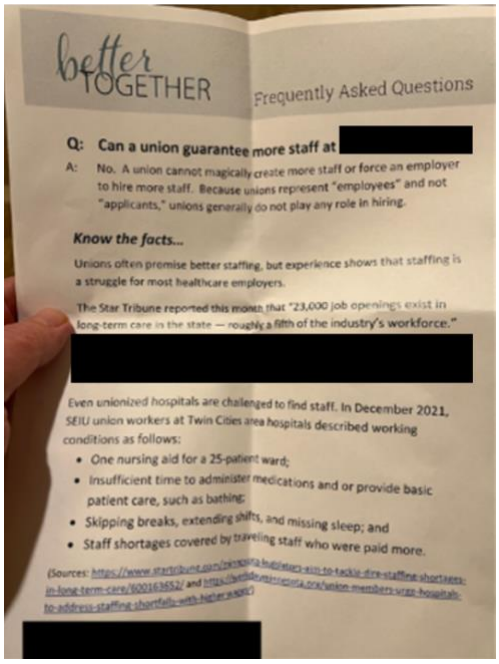


Figure 3. Facility A Anti-Union Literature, "Staffing"



better TOGETHER Frequently Asked Questions

Q: Can a union guarantee more staff at [redacted]

A: No. A union cannot magically create more staff or force an employer to hire more staff. Because unions represent "employees" and not "applicants," unions generally do not play any role in hiring.

Know the facts...

Unions often premise better staffing, but experience shows that staffing is a struggle for most healthcare employers.

The Star Tribune reported this month that "23,000 job openings exist in long-term care in the state — roughly a fifth of the industry's workforce."

[redacted]

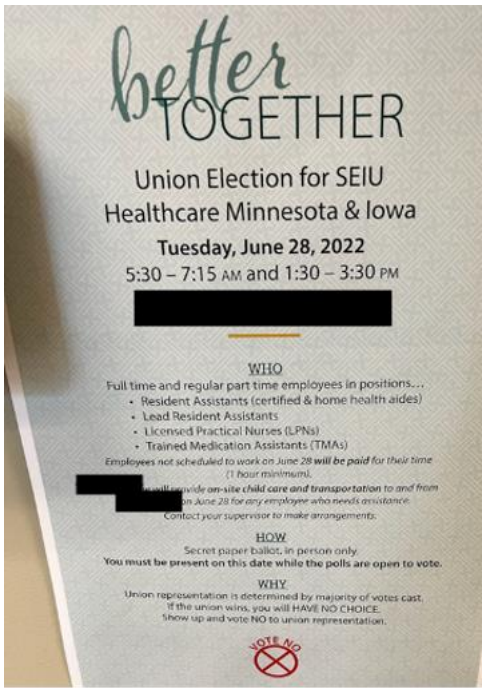
Even unionized hospitals are challenged to find staff. In December 2021, SEIU union workers at Twin Cities area hospitals described working conditions as follows:

- One nursing aid for a 25-patient ward;
- Insufficient time to administer medications and or provide basic patient care, such as bathing;
- Skipping breaks, extending shifts, and missing sleep; and
- Staff shortages covered by traveling staff who were paid more.

(Sources: https://www.startribune.com/minnesota-hospitals-aim-to-tackle-dire-staffing-shortages-in-long-term-care/600163652/ and https://bethedifference.org/union-members-urge-hospitals-to-address-staffing-shortfalls-with-higher-wages/)

[redacted]

Figure 4. Facility A Union Election Information



better TOGETHER

Union Election for SEIU Healthcare Minnesota & Iowa

Tuesday, June 28, 2022

5:30 – 7:15 AM and 1:30 – 3:30 PM

[redacted]

WHO

Full time and regular part time employees in positions...

- Resident Assistants (certified & home health aides)
- Lead Resident Assistants
- Licensed Practical Nurses (LPNs)
- Trained Medication Assistants (TMAs)

*Employees not scheduled to work on June 28 **will be paid** for their time (1 hour minimum).*

[redacted] *will provide **on-site child care and transportation** to and from [redacted] on June 28 for any employee who needs assistance.*

Contact your supervisor to make arrangements.

HOW

Secret paper ballot, in person only.

You must be present on this date while the polls are open to vote.

WHY

Union representation is determined by majority of votes cast.

If the union wins, you will HAVE NO CHOICE.

Show up and vote NO to union representation.

VOTE NO

Figure 5. Facility A Smores Gift Baskets & Cards

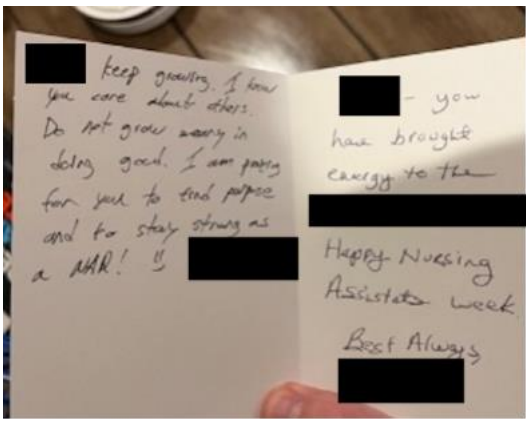
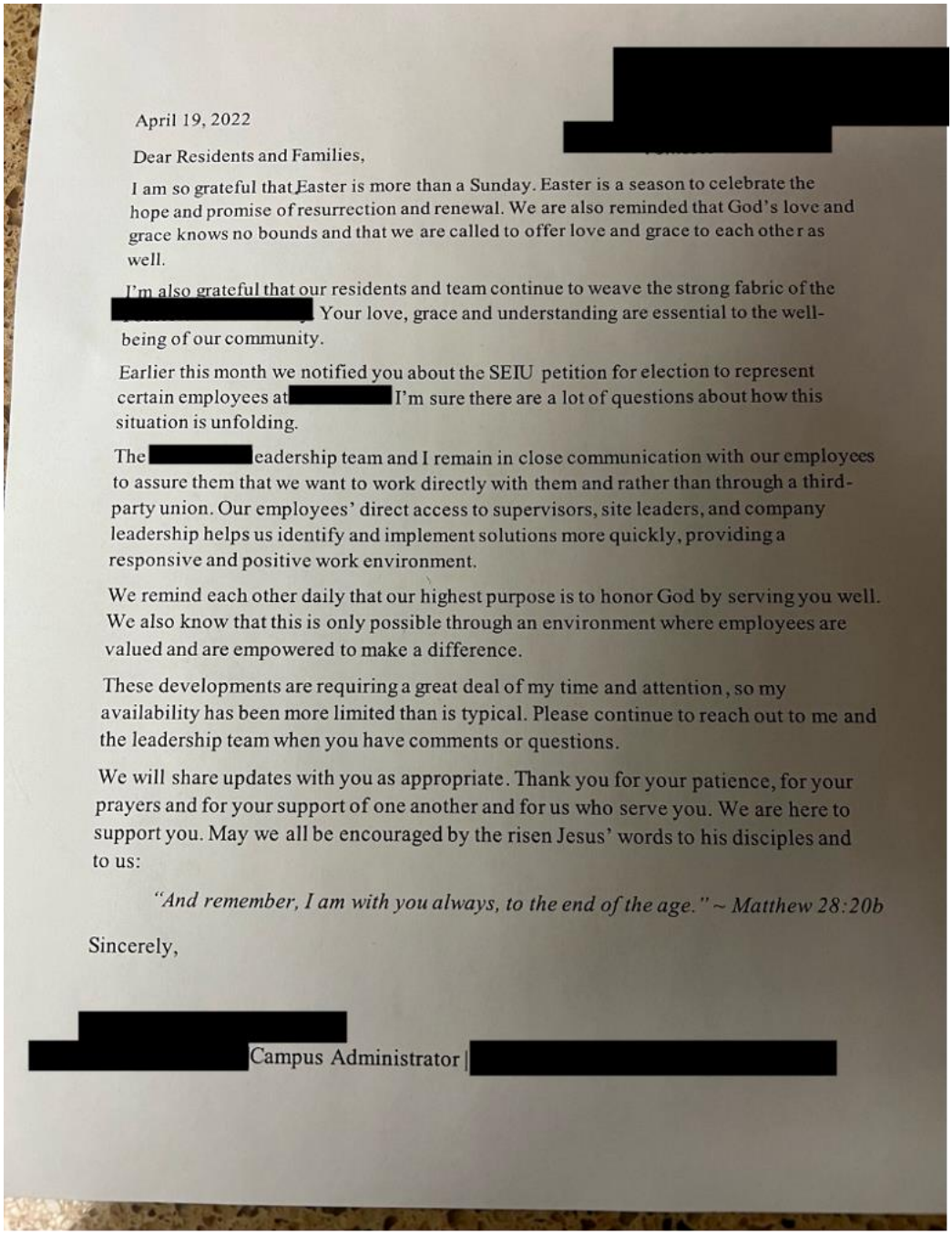


Figure 6. Facility A Letter to Residents and Families, #1



April 19, 2022

Dear Residents and Families,

I am so grateful that Easter is more than a Sunday. Easter is a season to celebrate the hope and promise of resurrection and renewal. We are also reminded that God's love and grace knows no bounds and that we are called to offer love and grace to each other as well.

I'm also grateful that our residents and team continue to weave the strong fabric of the [redacted]. Your love, grace and understanding are essential to the well-being of our community.

Earlier this month we notified you about the SEIU petition for election to represent certain employees at [redacted]. I'm sure there are a lot of questions about how this situation is unfolding.

The [redacted]eadership team and I remain in close communication with our employees to assure them that we want to work directly with them and rather than through a third-party union. Our employees' direct access to supervisors, site leaders, and company leadership helps us identify and implement solutions more quickly, providing a responsive and positive work environment.

We remind each other daily that our highest purpose is to honor God by serving you well. We also know that this is only possible through an environment where employees are valued and are empowered to make a difference.

These developments are requiring a great deal of my time and attention, so my availability has been more limited than is typical. Please continue to reach out to me and the leadership team when you have comments or questions.

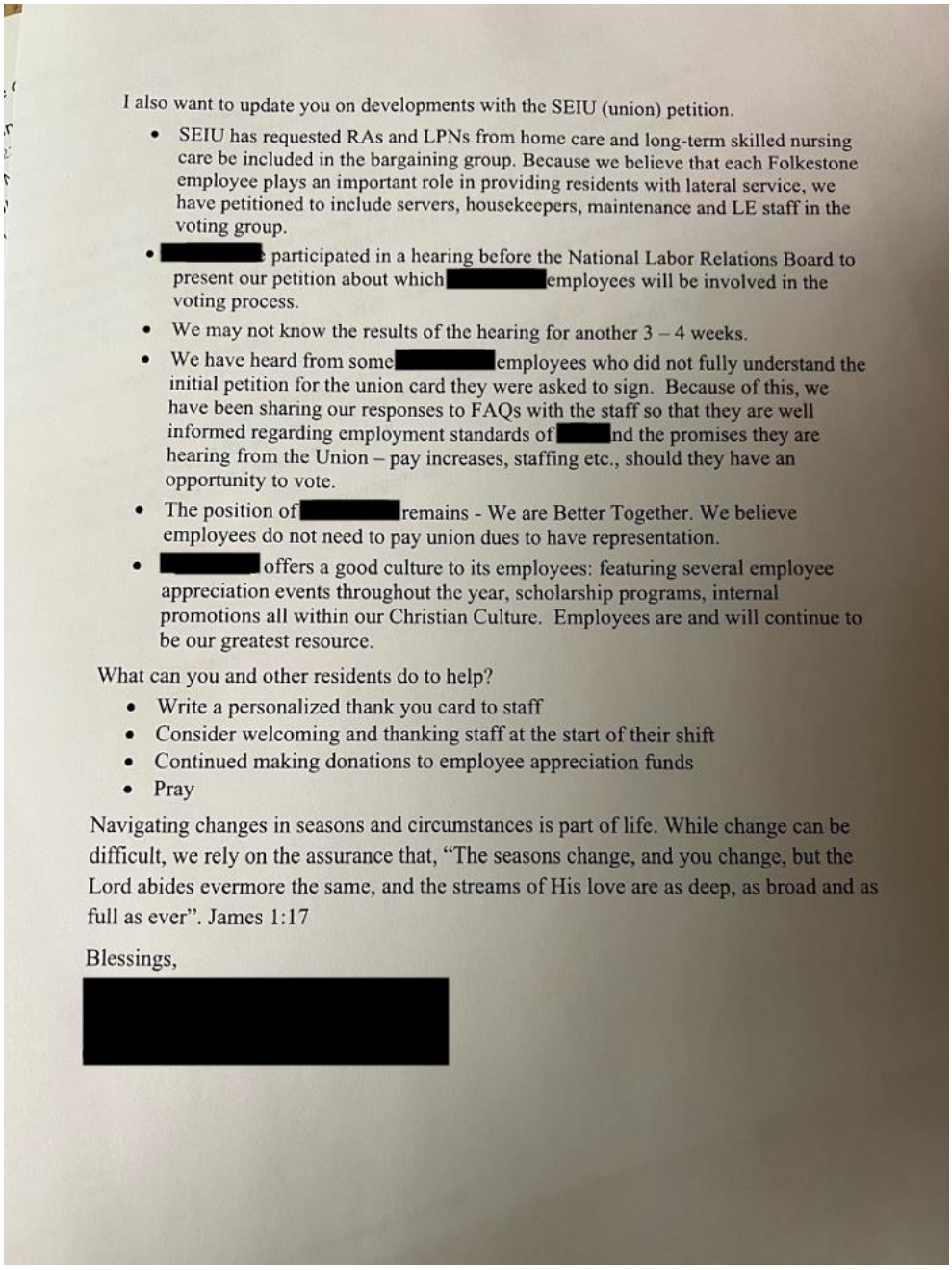
We will share updates with you as appropriate. Thank you for your patience, for your prayers and for your support of one another and for us who serve you. We are here to support you. May we all be encouraged by the risen Jesus' words to his disciples and to us:

"And remember, I am with you always, to the end of the age." ~ Matthew 28:20b

Sincerely,

[redacted] Campus Administrator | [redacted]

Figure 7. Facility A Letter to Residents and Families, #2



I also want to update you on developments with the SEIU (union) petition.

- SEIU has requested RAs and LPNs from home care and long-term skilled nursing care be included in the bargaining group. Because we believe that each Folkestone employee plays an important role in providing residents with lateral service, we have petitioned to include servers, housekeepers, maintenance and LE staff in the voting group.
- [redacted] participated in a hearing before the National Labor Relations Board to present our petition about which [redacted] employees will be involved in the voting process.
- We may not know the results of the hearing for another 3 – 4 weeks.
- We have heard from some [redacted] employees who did not fully understand the initial petition for the union card they were asked to sign. Because of this, we have been sharing our responses to FAQs with the staff so that they are well informed regarding employment standards of [redacted] nd the promises they are hearing from the Union – pay increases, staffing etc., should they have an opportunity to vote.
- The position of [redacted] remains - We are Better Together. We believe employees do not need to pay union dues to have representation.
- [redacted] offers a good culture to its employees: featuring several employee appreciation events throughout the year, scholarship programs, internal promotions all within our Christian Culture. Employees are and will continue to be our greatest resource.

What can you and other residents do to help?

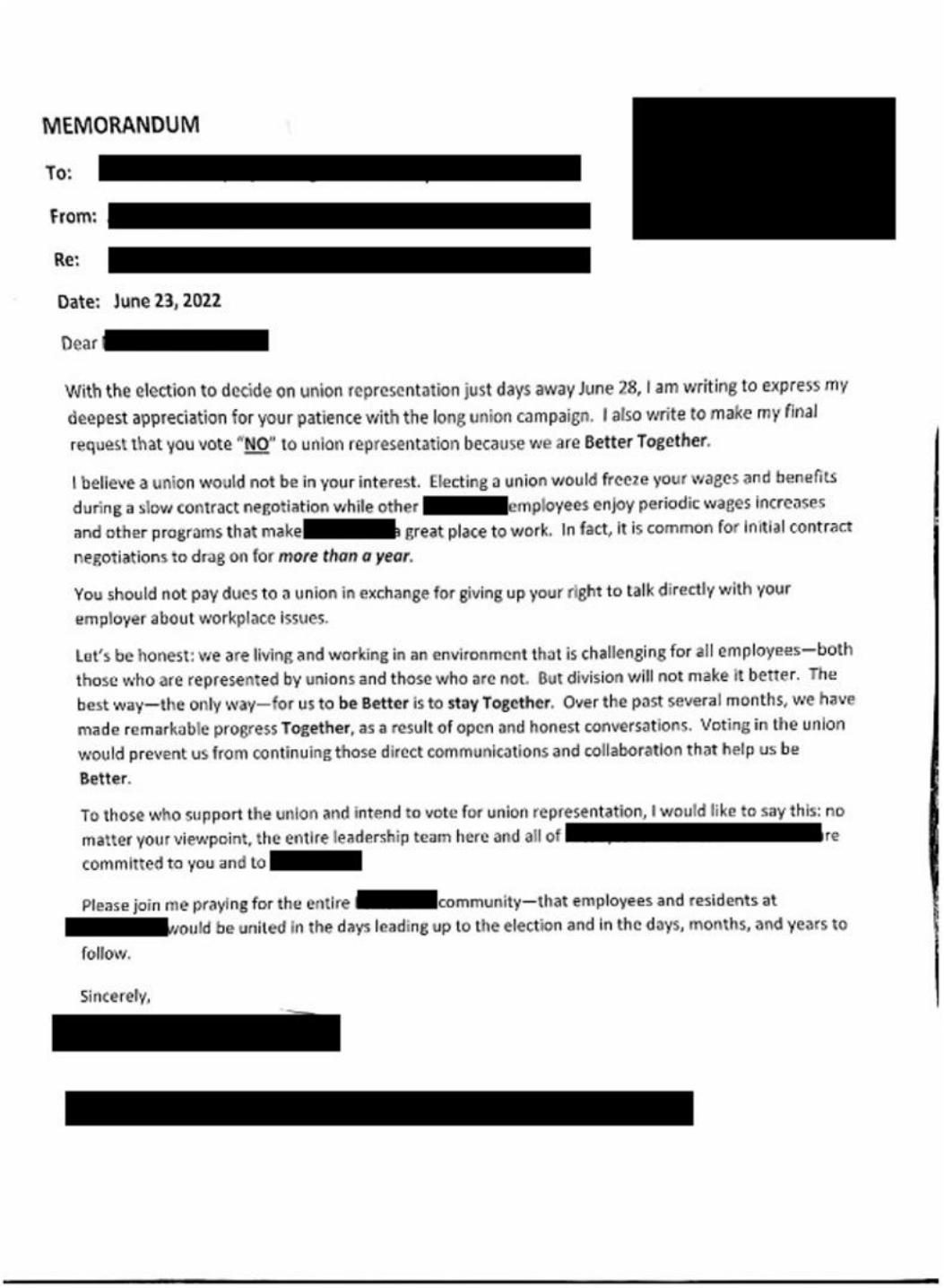
- Write a personalized thank you card to staff
- Consider welcoming and thanking staff at the start of their shift
- Continued making donations to employee appreciation funds
- Pray

Navigating changes in seasons and circumstances is part of life. While change can be difficult, we rely on the assurance that, "The seasons change, and you change, but the Lord abides evermore the same, and the streams of His love are as deep, as broad and as full as ever". James 1:17

Blessings,

[redacted]

Figure 8. Facility A Anti-Union Letter



MEMORANDUM

To: [redacted]

From: [redacted]

Re: [redacted]

Date: June 23, 2022

Dear [redacted]

With the election to decide on union representation just days away June 28, I am writing to express my deepest appreciation for your patience with the long union campaign. I also write to make my final request that you vote "**NO**" to union representation because we are **Better Together.**

I believe a union would not be in your interest. Electing a union would freeze your wages and benefits during a slow contract negotiation while other [redacted] employees enjoy periodic wages increases and other programs that make [redacted] a great place to work. In fact, it is common for initial contract negotiations to drag on for ***more than a year.***

You should not pay dues to a union in exchange for giving up your right to talk directly with your employer about workplace issues.

Let's be honest: we are living and working in an environment that is challenging for all employees—both those who are represented by unions and those who are not. But division will not make it better. The best way—the only way—for us to **be Better** is to **stay Together.** Over the past several months, we have made remarkable progress **Together**, as a result of open and honest conversations. Voting in the union would prevent us from continuing those direct communications and collaboration that help us be **Better.**

To those who support the union and intend to vote for union representation, I would like to say this: no matter your viewpoint, the entire leadership team here and all of [redacted] re committed to you and to [redacted]

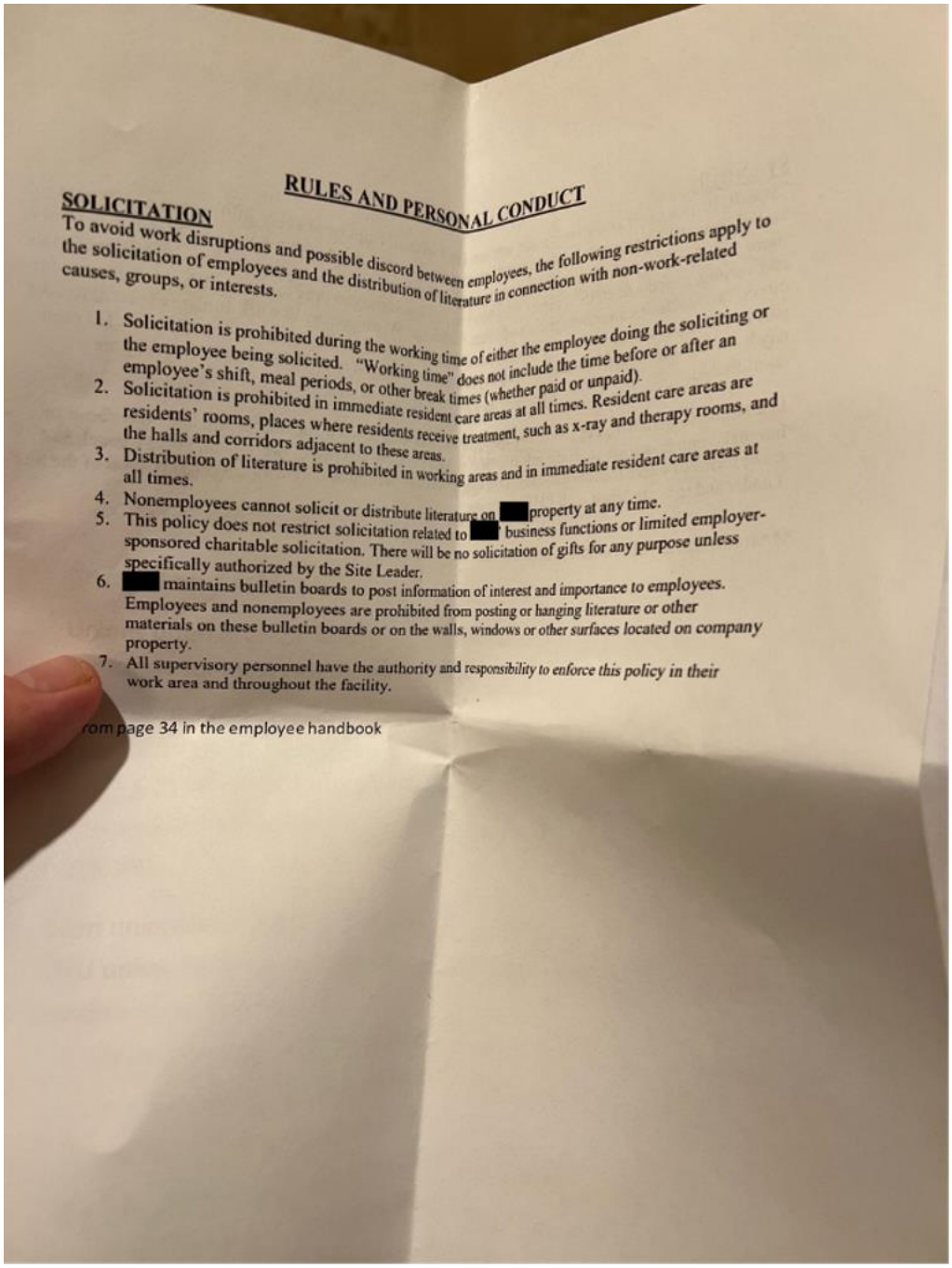
Please join me praying for the entire [redacted] community—that employees and residents at [redacted] would be united in the days leading up to the election and in the days, months, and years to follow.

Sincerely,

[redacted]

[redacted]

Figure 9. Facility A Anti-Solicitation Policy



RULES AND PERSONAL CONDUCT

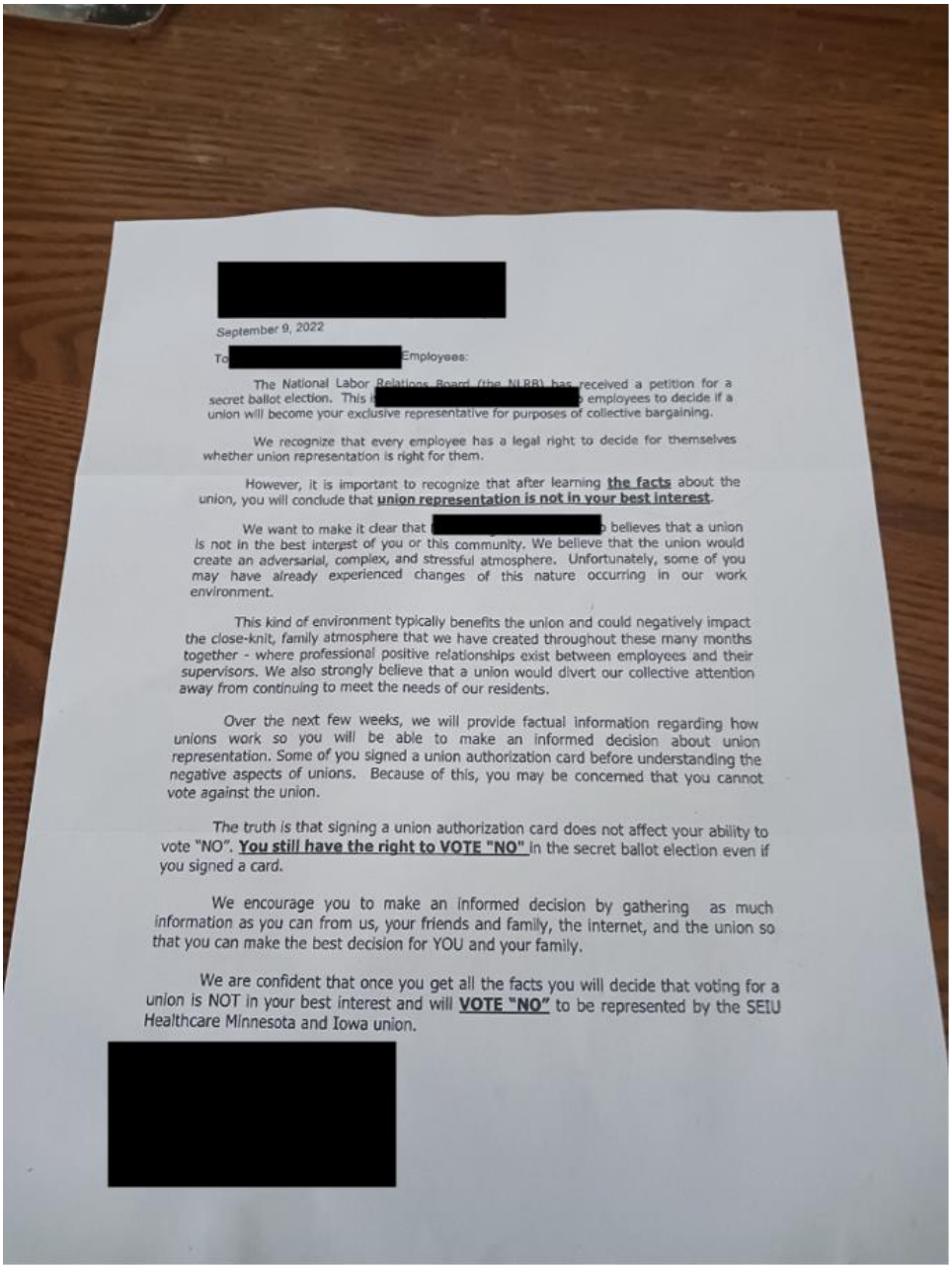
SOLICITATION

To avoid work disruptions and possible discord between employees, the following restrictions apply to the solicitation of employees and the distribution of literature in connection with non-work-related causes, groups, or interests.

1. Solicitation is prohibited during the working time of either the employee doing the soliciting or the employee being solicited. "Working time" does not include the time before or after an employee's shift, meal periods, or other break times (whether paid or unpaid).
2. Solicitation is prohibited in immediate resident care areas at all times. Resident care areas are residents' rooms, places where residents receive treatment, such as x-ray and therapy rooms, and the halls and corridors adjacent to these areas.
3. Distribution of literature is prohibited in working areas and in immediate resident care areas at all times.
4. Nonemployees cannot solicit or distribute literature on [redacted] property at any time.
5. This policy does not restrict solicitation related to [redacted] business functions or limited employer-sponsored charitable solicitation. There will be no solicitation of gifts for any purpose unless specifically authorized by the Site Leader.
6. [redacted] maintains bulletin boards to post information of interest and importance to employees. Employees and nonemployees are prohibited from posting or hanging literature or other materials on these bulletin boards or on the walls, windows or other surfaces located on company property.
7. All supervisory personnel have the authority and responsibility to enforce this policy in their work area and throughout the facility.

rom page 34 in the employee handbook

Figure 10. Facility B Anti-Union Letter



[redacted]

September 9, 2022

To [redacted] Employees:

The National Labor Relations Board (the NLRB) has received a petition for a secret ballot election. This [redacted] employees to decide if a union will become your exclusive representative for purposes of collective bargaining.

We recognize that every employee has a legal right to decide for themselves whether union representation is right for them.

However, it is important to recognize that after learning **the facts** about the union, you will conclude that **union representation is not in your best interest**.

We want to make it clear that [redacted] believes that a union is not in the best interest of you or this community. We believe that the union would create an adversarial, complex, and stressful atmosphere. Unfortunately, some of you may have already experienced changes of this nature occurring in our work environment.

This kind of environment typically benefits the union and could negatively impact the close-knit, family atmosphere that we have created throughout these many months together - where professional positive relationships exist between employees and their supervisors. We also strongly believe that a union would divert our collective attention away from continuing to meet the needs of our residents.

Over the next few weeks, we will provide factual information regarding how unions work so you will be able to make an informed decision about union representation. Some of you signed a union authorization card before understanding the negative aspects of unions. Because of this, you may be concerned that you cannot vote against the union.

The truth is that signing a union authorization card does not affect your ability to vote "NO". **You still have the right to VOTE "NO"** in the secret ballot election even if you signed a card.

We encourage you to make an informed decision by gathering as much information as you can from us, your friends and family, the internet, and the union so that you can make the best decision for YOU and your family.

We are confident that once you get all the facts you will decide that voting for a union is NOT in your best interest and will **VOTE "NO"** to be represented by the SEIU Healthcare Minnesota and Iowa union.

[redacted]

Figure 11.

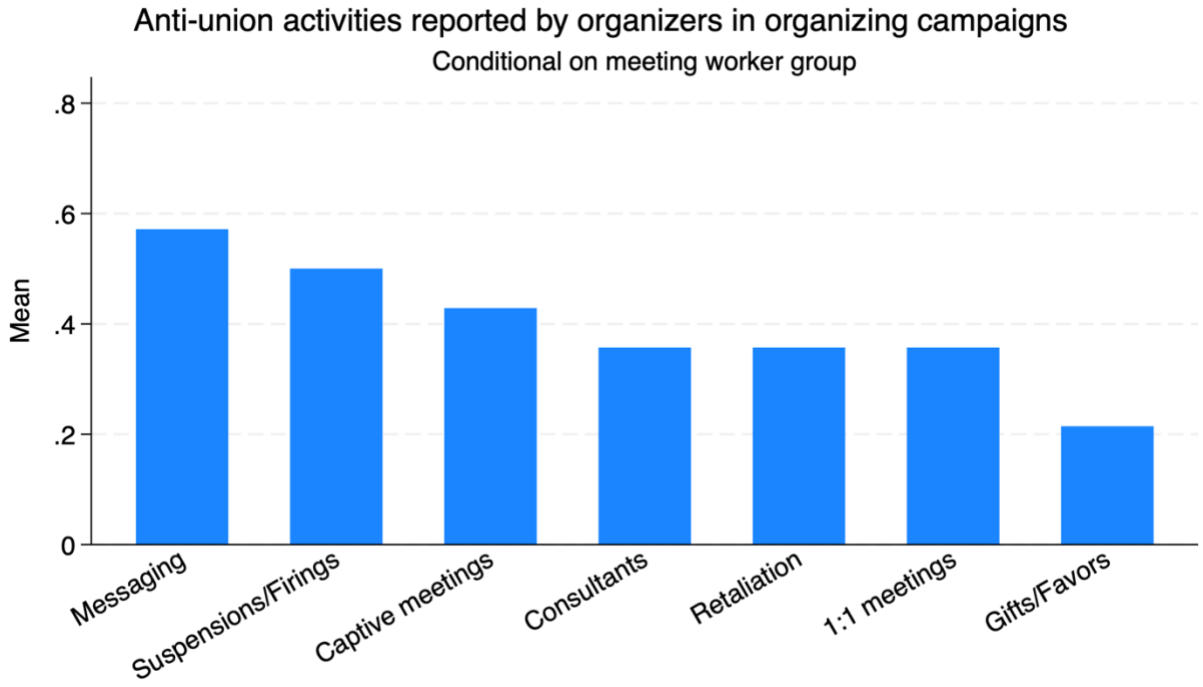


Figure 12.

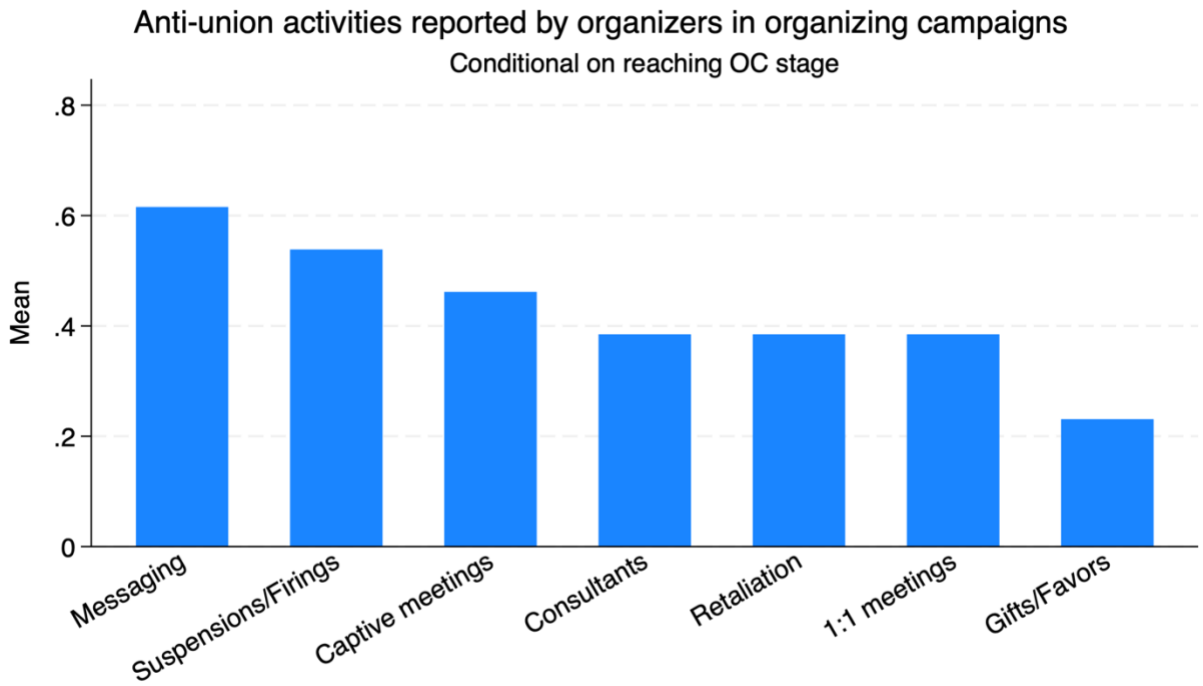


Figure 13.

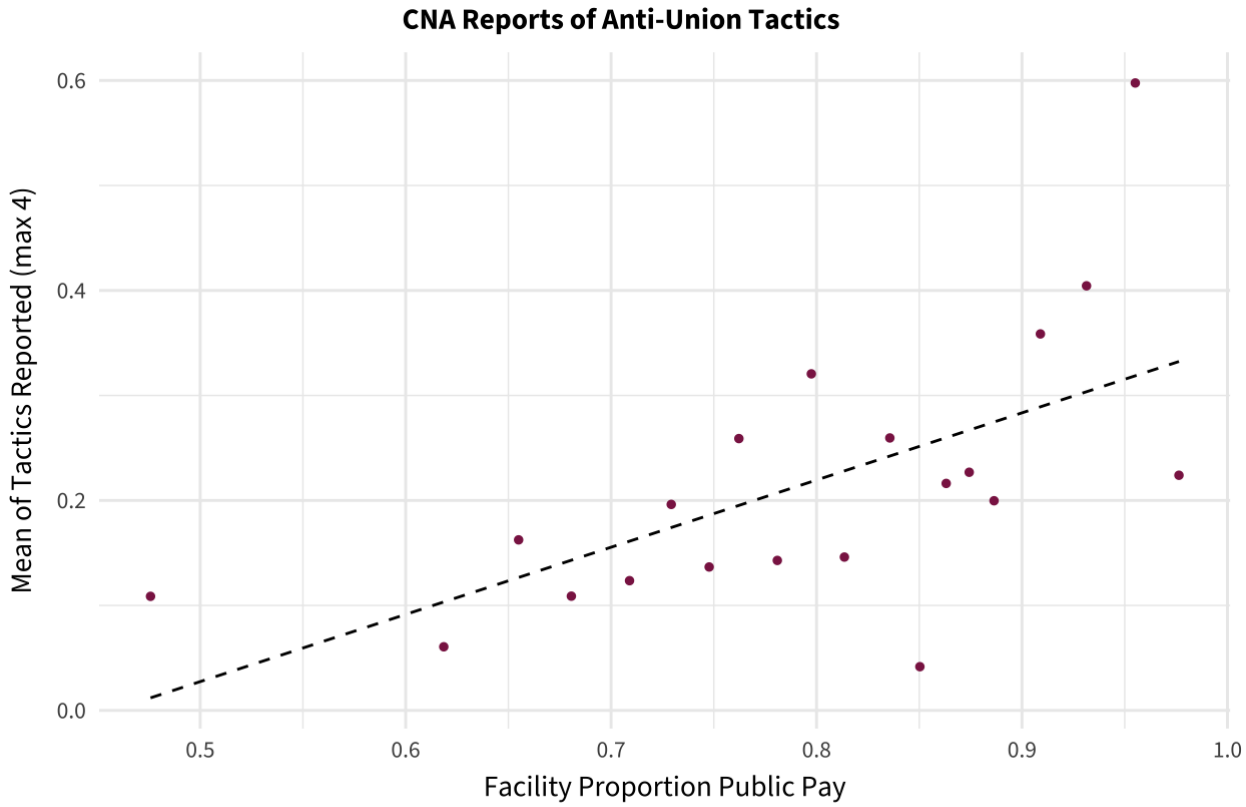
Survey Response Predictors

Survey targeting the Minnesota CNA registry in July 2024

Characteristic	All targets N = 29,212	Respondents N = 1,882	Response Model* Coef (SE)
Experience			
Years since certification	9.64 (8.63)	7.30 (8.15)	-0.002 (0.000)
Location			
Minneapolis - St. Paul	0.26 (0.44)	0.18 (0.39)	-0.030 (0.003)
Greater Metro	0.17 (0.38)	0.13 (0.34)	-0.028 (0.004)
Greater Minnesota	0.56 (0.50)	0.68 (0.47)	Reference

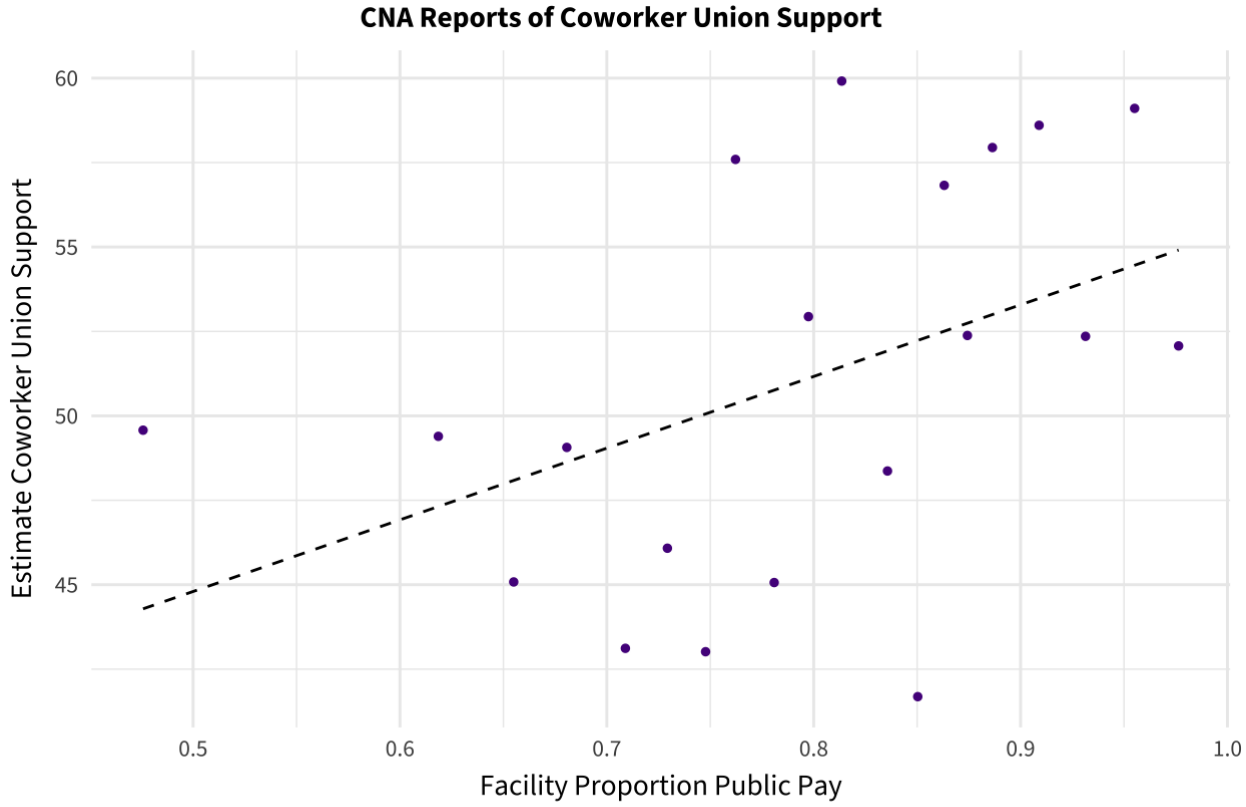
Summary columns show means and standard deviations.
Minneapolis - St. Paul is defined as Hennepin and Ramsey counties.
Greater Metro is defined as Anoka, Carver, Dakota, Scott, and Washington counties.
*Linear probability model with standard errors clustered by county.

Figure 14.



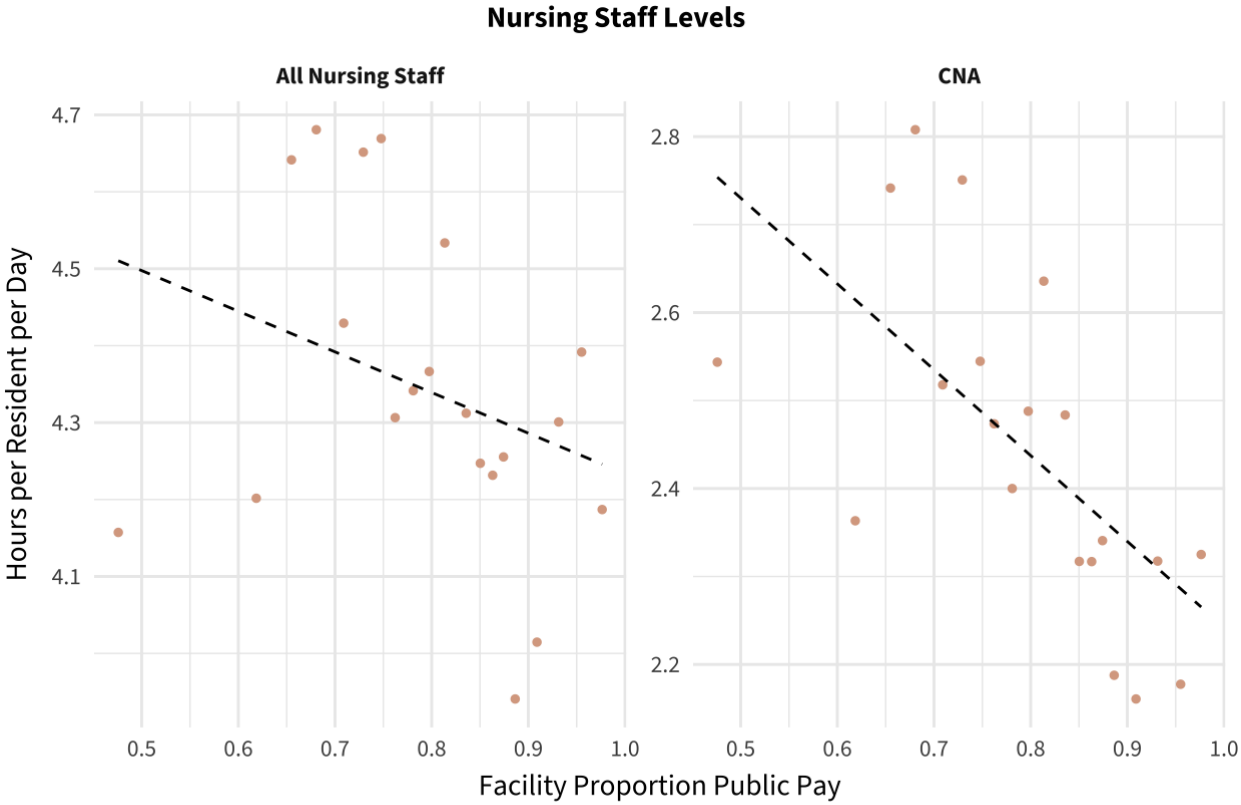
Survey of 1,991 CNAs in 189 Skilled Nursing Facilities, July–August 2024.
Points show binned averages of facility-level means.

Figure 15.



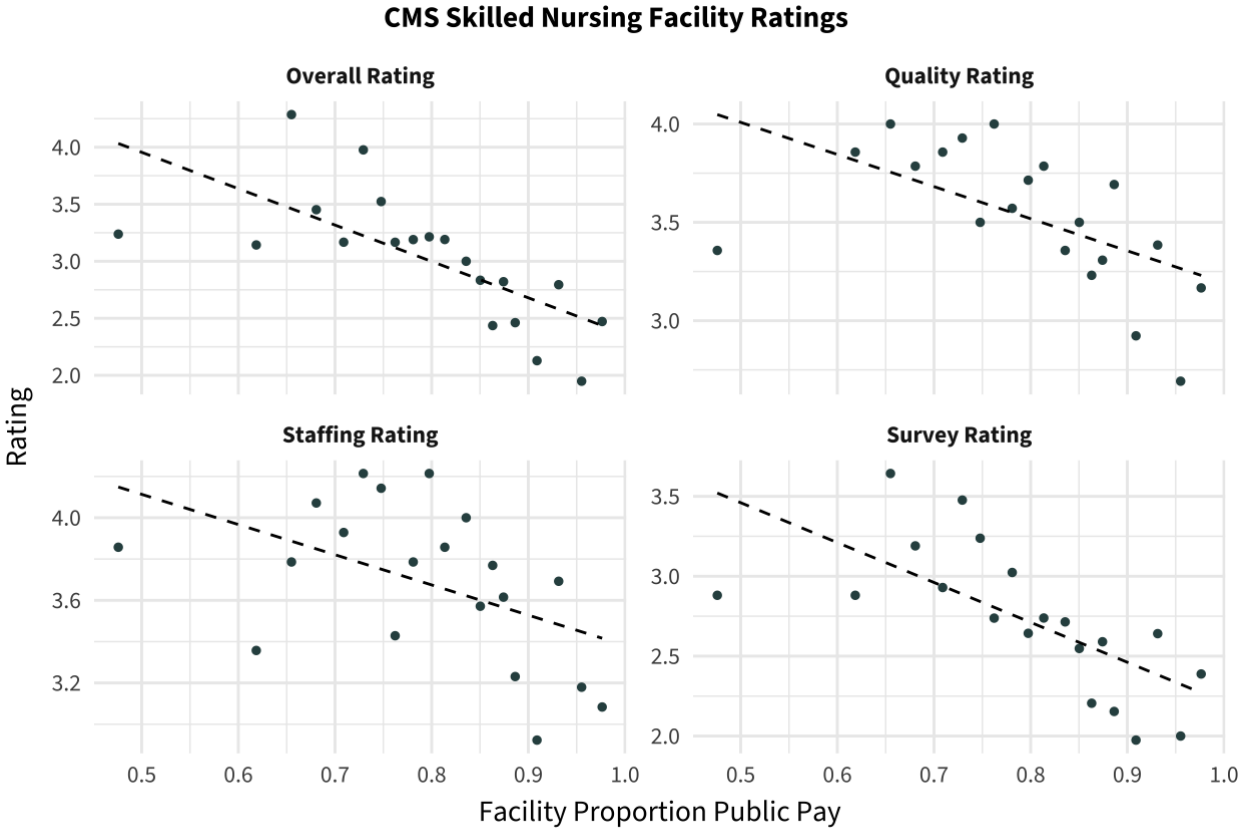
Survey of 1,991 CNAs in 189 Skilled Nursing Facilities, July–August 2024.
Points show binned averages of facility-level means.

Figure 16.



Staffing levels from Center for Medicare and Medicaid Services.
Facility percent public pay from Minnesota Department of Health.

Figure 17.



Facility ratings from Center for Medicare and Medicaid Services.

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