

## Examining Experts' Arguments for Increasing the Minimum Wage: Insights for Social Work Advocates

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**Abstract:** *The struggles of low-wage workers have increasingly become the focus of public debate, legislative activity, and widespread advocacy. Advocacy can be viewed from the vantage point of claims-making, that is, how individuals and groups define and shape a social problem to influence policy. This paper describes the wage-related claims posted online by 17 experts who testified to a City Council Wage Review Committee in Pittsburgh. Our primary aim was to understand how experts constructed their claims; secondarily, we were interested in the rationales they offered for raising wages. We thematically analyzed the testimonies to identify how they shaped and defined their claims in favor of increasing wages. Experts described the challenges faced by minimum wage workers and their families as well as by the community. They cited economic considerations, social and economic justice concerns, and moral justifications for raising the minimum wage, often combining arguments. Social work advocates are important claims-makers, yet how they “speak truth to power” is not often systematically assessed. Our analysis suggests social work advocates must be prepared to provide multiple arguments and to put a human face to any data presented. Appeals should be made to both the heads and hearts of decision-makers, while keeping social and economic justice arguments front and center.*

**Keywords:** *Claims-making, minimum wage, low-wage workers, qualitative descriptive methods*

The struggles of American working families have become a focus of public attention, policy debate, and political campaign. Wages have stagnated, with the purchasing power of the average wage received by private sector workers in non-management jobs remaining unchanged for almost four decades (DeSilver, 2018). Concomitantly, income and wealth inequality has risen over the past 50 years. The top 1% of American families' incomes were, on average, 26.3% greater than the incomes of the other 99% of the country's families in 2015 (Sommeiller & Price, 2018). Moreover, the wealth of the top 1%, compared to that of the “bottom” 99% of the country's families, increased sevenfold between 1963 and 2016 (Urban Institute, 2017).

Proposed prescriptions range from raising the minimum wage to changing tax laws to implementing isolationist economic policies. In this article, we look at the arguments offered by a group of experts who voluntarily testified before a City Council-appointed commission that was charged with making recommendations about the situation of low-wage hospital service workers. We analyze the claims these experts made and identify the implications of this type of claims-making activity for social workers interested in advocating for the economic well-being of workers and their family members.

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## Background

The current federal minimum wage of \$7.25 per hour, set in 2009 (U.S. Department of Labor, n.d.), is not enough to keep a full-time, year-round single worker above the federal poverty threshold, no less a family (Cooper, 2017). Controlling for inflation, the federal minimum wage reached its highest value in 1968; between 2009 and 2016, inflation caused the \$7.25 per hour minimum wage's purchasing power to decline by almost 10% (DeSilver, 2017). The number of hourly workers in the U.S. earning such low wages is not trivial: approximately 2%, or 1.8 million people, earned at or below the federal minimum wage in 2017 (U.S. Department of Labor [US-DoL], 2018) and about 30%, or 20.6 million individuals, are considered "near-minimum wage" workers, defined as those making "more than the minimum wage in their state but less than \$10.10 an hour" in 2016 (DeSilver, 2017, fact 4, para. 1).

Low-wage workers face a multitude of hardships trying to make ends meet. They struggle to afford and maintain stable housing, experience difficulties making timely rent or mortgage payments (Heflin, 2017; Skobba et al., 2013; Warren, 2018). Food insecurity is also a problem (Gundersen & Ziliak, 2018; Neckerman et al., 2016), with 11.1% of all American households and 29.1% of those below 185% of the poverty line being food insecure for at least part of the year in 2018 (Coleman-Jensen et al., 2019). Further, many low-wage workers have little savings set aside for emergencies or retirement (Rothwell & Sultana, 2013). Fully 39% of respondents in a 2018 national survey reported they could not afford a \$400 unexpected expense and would have to borrow money or sell something to pay it (Board of Governors of the Federal Reserve System, 2019). Additionally, low-wage workers and their families frequently have problems accessing health care services and purchasing medications, resulting in more negative health outcomes (Heflin, 2017; Lenhart, 2017; Neckerman et al., 2016). To assuage these hardships, low-wage workers may seek financial and in-kind benefits from public sources or non-profit organizations (Allegretto et al., 2013; Guo, 2012; Purtell et al., 2012).

In 2012, fast-food workers in New York City walked off their jobs to demand union rights and an increase in the minimum wage to \$15 an hour. Organized by labor and community activists, this effort has come to be known as the Fight for \$15, reflecting advocates' aspirational minimum wage rate. The Fight for \$15 has become a nationwide campaign to raise the wages of low-wage workers and has targeted its advocacy at changing local- and state-level wage policies as well as those of businesses (Greenhouse, 2015; Rolf, 2016; Tung et al., 2015).

As of March 2019, 29 states and the District of Columbia had enacted state minimum wage rates higher than the federal minimum wage (US-DoL, 2019). Fully 26 of the 29 states that have raised their state minimum wages have done so since 2014 (Economic Policy Institute [EPI], 2019). In addition to these state-level changes, the minimum wage rates of 41 cities and counties are now higher than their states' (EPI, 2019).

Despite these gains, debate continues to surround the minimum wage. Opponents of raising the minimum wage suggest that doing so would harm employment, with businesses relocating to cheaper labor markets, reducing the number of employees or their work hours, or slowing the creation of new jobs (Congressional Budget Office [CBO], 2019).

Economists who have advanced these arguments often cite basic labor supply and demand theories to support their predictions (CBO, 2019; Lamman, 2014). Research conducted in Seattle since the city increased its minimum wage has found a decrease in employment hours and, consequently, worker income (Jardim et al., 2017).

Proponents of raising the minimum wage assert that the effects noted in Seattle may be exaggerated since the city-wide wage increase made it easy for companies to move outside the city's boundary (Long & Plotnick, 2017). Other studies have found little effect on employment following minimum wage increases (Devinatz, 2013; Tung et al., 2015), including in Seattle (Reich et al., 2017).

Those favoring a higher minimum wage see the increase as a way to alleviate many of the hardships faced by low-income workers. Minimum wage increases have positive effects on children in low-income families, particularly those in single-parent households (Cooper, 2017; Gennetian et al., 2010; Hill & Romich, 2018). Moreover, the use of public benefits has been found to decrease as a result of raised wages (Cooper, 2016a), although this could be a proverbially double-edged sword if the increase in pay does not compensate for the value of the benefits lost (National Conference of State Legislatures, 2019).

Advocates also cite economic and social justice rationales for increasing wages. Income inequality has increased in part due to wage stagnation (Bivens et al., 2014; Cooper, 2016b; Pietrykowski, 2017); had the minimum wage kept up with productivity, it would have been nearly \$19 an hour by 2016 (Cooper, 2016b). Moreover, low-wages disproportionately affect women and people of color (Bivens et al., 2014; Clark, 2014; Tung et al., 2015). Low-wage occupations are often associated with low skills; however, it may not be that these positions require skills that are "low," but ones that are not valued (Pietrykowski, 2017).

Finally, advocates for raising wages argue that there is a moral imperative and social responsibility to pay workers a decent wage (Anker, 2011; Konigsburg, 2017; Rogers, 2014). Quite simply, workers who play by the rules, these advocates argue, should not have to struggle to get by. Low-wage work demeans and exploits workers (Dobos, 2018). We have a collective responsibility as a society to return dignity to work and workers (Thistlethwaite, 2009). Raising wages would be one way to acknowledge the value of workers and the work they perform.

### **Applying a Claims-making Lens to Assertions About Wages**

Advancing these arguments in the public and policy arenas can be seen as a form of claims-making (Best, 2017; Loseke, 2017). Data and facts can create the basis for a claim, but it is their subjective interpretation as "problematic" that transforms a situation into a social issue (Loseke, 2017). Therefore, claims-making entails a subjective definitional process; claims are assertions made to persuade others "that there is a condition that should be recognized as troubling, that needs to be addressed" (Best, 2017, pp. 14-15).

Claims can be made by individuals or groups, laypeople or experts, or those with direct experience of the situation or those who know about it from a distance. "Activists often contribute enthusiasm, passion, and whatever organizational resources their movements

may control, whereas experts provide authoritative knowledge” (Best, 2017, p. 123). In the clamor of issues vying for a place on the public agenda, effective claims often are those that appeal to both the heads and hearts of decision-makers.

### **Social Work, Low Wages, and Economic Justice**

The social work profession has a long history of working to alleviate the impacts of poverty and inequality on individuals, families, and society as well as advocacy for a more equitable and socially just society. The Preamble to the National Association of Social Workers (NASW, 2017) *Code of Ethics* speaks directly to the profession’s commitment to foster social justice, advocate for social change, and promote the well-being of both individuals – especially those living in poverty or facing oppression and marginalization – and society; in fact, one of the profession’s six ethical principles calls on social workers to “challenge social injustice”. One of the Grand Challenges for Social Work, an initiative launched by the American Academy of Social Work and Social Welfare, is to reduce extreme income inequality (Grand Challenges for Social Work, n.d.).

Social workers act as claims-makers with and on behalf of clients and constituents whenever they engage in advocacy. Yet how they “speak truth to power” often is not systematically assessed in terms of the formulation and effectiveness of their arguments. In what follows, we examine the testimony of experts who testified before a City Council-appointed Wage Review Committee to identify how they constructed their arguments to sway these decision-makers. We also examined the types of claims they made about low-wage hospital service workers’ wages and the rationales they offered in favor of raising the minimum wage.

### **Methods**

Although Pittsburgh has been repeatedly named one of the country’s most livable cities (Ebersson, 2018), there has been growing concern about whether it is a livable city for all of its residents. In 2015 the City Council established a Wage Review Committee charged with holding public meetings and making recommendations about service workers in the hospital sector, which includes the largest private employers locally and is dominated by two nonprofit health networks. The Wage Review Committee held public hearings on October 22 and 23, 2015, and heard from over 150 members of the general public as well as from a variety of experts (Wage Review Committee, 2015). The Committee’s final report, including the complete testimonies, was posted online and made available to the public. Given the public availability of the data, the University of Pittsburgh’s IRB approved this study as exempt.

We used a qualitative descriptive approach, which is a form of qualitative investigation consistent with naturalistic inquiry, though less “encumbered by pre-existing theoretical and philosophical commitments” than approaches such as grounded theory or phenomenology (Sandelowski, 2000, p. 337). Although all qualitative research entails interpretations, qualitative descriptive studies are less interpretative than other qualitative research traditions. Instead, qualitative descriptive studies emphasize “the presentation of the facts of the case in everyday language,” wherein analysis and interpretation stay close

to the data without the need to have them fit a priori conceptual abstractions (Sandelowski, 2000, p. 336). A qualitative descriptive approach was particularly well-suited for this study.

We analyzed the testimony given by the experts to understand how they constructed their arguments about workers' wages. Twenty experts spoke before the Committee; however, remarks by three experts did not touch on the situation of hospital workers and, therefore, were omitted. Thus, the data set for the present analysis consisted of the testimonies of 17 experts, including: 4 labor union representatives, 9 community/special interest advocates, 2 academics/researchers, 1 healthcare industry consultant, and 1 public official. Because there was no prescribed format, the testimonies varied in length, emphasis, and depth of content. The experts did not provide demographic information about themselves in their testimonies; however, based on their names, it appears that 10 were male and 7 were female.

A content analytic strategy was used to organize and code the data. According to Sandelowski (2000) and Colorafi and Evans (2016), content analysis is an appropriate analytic approach to use in a qualitative descriptive study. We treated the testimonies as stories told by the experts to the Wage Review Committee and read them for common as well as unique thematic elements.

Four coders participated in the analysis. One was experienced in qualitative research and served as the lead coder, providing guidance and giving direction to the coding process. Two were students whose involvement was designed to give them experience in qualitative methods. The fourth had some experience with qualitative research methods and qualitative coding; this individual also had given testimony at the hearing and is one of the 17 experts whose testimonies we analyzed. All members of the coding team were aware of this member's participation in the original hearing and were sensitive to how that could impact the process of coding and interpreting the expert testimonies. Moreover, because this was designed, in part, to be a training exercise, significant attention was given to disaggregating the steps in the coding process and involving all members in decisions.

The four coders read all of the expert testimonies and independently generated an initial list of codes. The four coders used these initial codes with three testimonies. The lead coder then compared how the coders applied the codes to the three testimonies. To ensure there was a common understanding of the codes, the group discussed and jointly decided how to resolve differences.

Two additional codes were proposed through this process and each group member reviewed the three testimonies in light of them. After a discussion and reconciliation of this coding round, each of four coders was charged with coding the remaining 14 testimonies. The lead coder again compared the coding and facilitated the group's discussion of coding decisions. The final coding scheme included seven themes shown in Table 1.

Reviewing these themes and subthemes with an eye to understanding how the experts acted as claims-makers revealed a complex story that did not always line up neatly with the themes identified. In our presentation of findings, some themes and subthemes have more prominent roles than others, and one theme appeared more than once because of its varying subthemes. For instance, the themes *things were better before, not the most livable*

*city, characterization of hospitals in the region, economic control of large employers, consequences of low wages, differential impacts of low wages* all contributed to the section on “Framing the Claim,” with *things were better before* and *not the most livable city* directly shaping the discussion of “Remembering History.” The theme *consequences of low wages* supported the discussion of “Individual Consequences,” whereas the theme *differential impacts of low wages* informed the findings section with that title. Multiple themes – *not the most livable city, characterization of hospitals in the region, economic control of large employers, consequences of low wages* – contributed to the “Community Consequences section.” The findings section entitled “Making the Claim: Justifying Raising Wages as the Solution” was based on the theme called *redress – reasons to raise wages*. Finally, given our focus on claims-making by social actors, we present our findings in relation to the general categories represented by those testifying, rather than by individual names; this rationale also applied to the hospital systems, which are identified as Hospital System A and Hospital System B.

Table 1. *Final Coding Themes and Subthemes*

I)	Things were better before
II)	Not the most livable city
III)	Characterization of hospitals in the region
	a. As wage setters
	b. As charities/nonprofits
IV)	Economic control of large employers
V)	Consequences of low wages
	a. Microeconomic
	b. Macroeconomic
VI)	Differential impacts of low wages
	a. Race
	b. Gender
	c. Intersection of Race and Gender
VII)	Redress – reasons to raise wages
	a. Need to address social and economic inequalities
	b. Economic rationales
	c. Moral arguments/conceptualizations of fairness
VIII)	Miscellaneous

We adopted several procedures to foster trustworthiness (Elo et al., 2014; Lietz & Zayas, 2010). First, all coders were involved in generating and refining the codes; all also had an equal voice in discussions to resolve coding disagreements. This participatory consensus approach to code development and application encouraged a more nuanced reading of the testimonies, while concomitantly strengthening the consistency of the coding. Second, to ensure transparency and definitional clarity, we maintained a detailed audit trail. Finally, we used peer debriefing to refine our analysis and elicit feedback on our interpretations. The analysis of the testimonies is a discrete investigation that is part of a broader effort to understand the impacts of low wages and wage changes on the lives of low-wage hospital workers. We presented our findings to our peers from the Pittsburgh Wage Study team and have incorporated their feedback.

## Findings

### The Claim: Low-waged Hospital Service Workers Deserve Higher Wages

All 17 experts advanced the claim that wages for hospital service workers should be raised. Although not all shared what they thought would be an adequate or appropriate wage range, several mentioned \$15 an hour as a minimum wage rate. The experts built cases for their claims for higher wages by showing why low wages are problematic and why they should be raised.

### Framing the Claim: The Problematic Nature of Low Wages

The experts cited historical comparisons as well as current indicators to demonstrate that hospital service workers' low wages were problematic and merited a response. They described the individual and community consequences resulting from low-wages.

**Remembering history.** The experts looked to Pittsburgh's past and compared the contemporary experiences of hospital service workers to those of steel workers when that industry dominated the local economy. According to a labor union representative, "hospitals are the new steel mills, the giant employers of our economy," a characterization he attributed to the City's Mayor.

In the early 20<sup>th</sup> century, the region's mills and mines were sites of significant labor struggles that culminated in the unionization of those industrial workers. Labor union representatives, in particular, described the power of unions in transforming the Pittsburgh economy during the 1900s, and drew direct parallels between the steel and healthcare industries. One said: "Just as an organized, eventually middle class steel industry lifted many industry jobs in this region up, an organized, well-paying hospital sector will lift the service industry."

An academic/researcher also looked to Pittsburgh's industrial and union organizing history:

*The good jobs in the highly concentrated steel mills that powered Pittsburgh's economy in the last century didn't start out as good jobs. . . . That gaping inequality disappeared because workers – the grandfathers and grandmothers of many people in this room – stood up and organized, because the community supported them, and because elected officials promoted policies to reduce poverty and income inequality.*

A public official compared current economic conditions to those of the past:

*That's [US Steel's starting salary of \$18.15 in 1968] just a different world from what we have now. It meant people had more money to spend, which meant more thriving businesses in our neighborhoods. But the more fundamental story is that too many people are just not getting paid enough to live a self-sufficient life and sustain a healthy economy for our city.*

**Individual consequences.** The experts looked not just to the past, but also discussed how low wages affect people's lives today. A community/special interest advocate refuted

the contention that Pittsburgh is one of America's most livable cities, arguing: "it can't be the most livable city if we don't have the ability to enjoy the wonderful things this city offers." According to one academic/researcher:

*We estimate that the median wage for service workers in Pittsburgh hospitals is about \$13.00/hour, or \$27,000/year. To put this wage in economic context, the Economic Policy Institute calculates that a single childless adult in the Pittsburgh metro area needs just a bit above \$13.04/hour to live a no-frills existence (no savings, no education, no travel outside of to and from work, all meals cooked at home and so on) without recourse to public assistance. This means that half of all hospital service workers in Pittsburgh do not bring home enough to meet this basic childless, never-get-ahead standard.*

The experts identified a multitude of negative impacts that low wages have on individuals and families. The other academic/researcher noted:

*We know that low income is associated with poorer health, more chronic conditions, obesity, smoking, lack of access to health services. Low income is associated with higher rates of school drop-out and poorer math and reading scores. It is associated with increased incidences of mental health [problems]. We know that life expectancy declines for low income individuals.*

A community/special interest advocate asserted, "Many of us were particularly upset to hear that people working full time at [Hospital System A] still had to rely on local food pantries to provide for their families."

A labor union representative spoke specifically to the impact of parental wages on children. She commented on the influence that a family's socioeconomic status has on a child's academic success: "family income is the #1 predictor of a child's educational success. The #1 predictor. It's not fair, but it is true. And it is not because rich children are smarter or harder working or better in any way." According to her, parental low wages have a direct influence on children, because parents have less time and resources to dedicate to them. Thus, the effects of low wages cast a wide net, crossing generations and creating long-lasting consequences.

**Differential impacts of low wages.** The experts noted that women and people of color are especially likely to experience low wages and to be negatively affected by them. A community/special interest advocate noted the connection between low wages and race, saying:

*Low wages for hospital workers contribute to debilitating rates of poverty in Pittsburgh's African American community. Pittsburgh has the third highest rate of poverty among working age African Americans of major U.S. metropolitan areas, and average wages for African Americans in Pittsburgh are second and seventh lowest in the country for men and women, respectively.*

Others described the insidious consequences of low wages for women, especially women of color, and the undue burdens they experience. A community/special interest advocate pointed out that "single women's share of the low-wage workforce (43%) is

nearly double their share of the overall workforce (23%). And it is no secret that Black Women make less than white women.” Another community/special interest advocate commented: “In Pittsburgh, low wage employers play a central role in institutionalized racism and gender discrimination. The majority of hospital workers are women and low-wage service workers are disproportionately people of color.”

**Community consequences.** The effects of low wages are felt not only by those who work at these jobs but also by the region at the macroeconomic level. The experts identified implications for public benefits and services as well as for wages in other sectors. For example, to make ends meet, workers who earn low wages may use public benefits to cover food, housing, or health care expenses. The public official noted:

*[Hospital System A’s] own advertised start rates are \$11 an hour in the city; at that rate, working full-time, a single parent with one child would still be eligible for food stamps. We know that some start rates are even lower than that, some under \$10 an hour.*

Further, despite being among the biggest landowners in Pittsburgh, the hospital systems’ nonprofit status exempts them from paying property taxes. The experts claimed that this affects not only the hospitals’ employees, but also the city at-large.

*These corporations [Hospital Systems A and B] are the region’s two largest employers, and they also receive multi-million-dollar subsidies from taxpayers, directly and through the publicly funded services like food stamps and energy assistance needed by their low wage workers. (community/special interest advocate)*

*Right now, a giant institution like [Hospital System A], which is considered a “charity,” is not paying taxes toward the public services that support it, including Port Authority. Without our transit system, how could the workers and patients get to the hospitals? . . . In effect, we are all paying to provide for the transit system that helps subsidize [Hospital System A] to be a poverty wage employer. (community/special interest advocate)*

In addition, the hospital systems’ position in the economy allows them to dominate the local labor market, determining the wages not only of their workforces but also influencing the wages of service workers in other sectors. An academic/researcher described this situation:

*It’s important to understand that dominant firms play a decisive role in setting employment standards not only within their own facilities, but in their industries more broadly, and indeed across the entire service sector. In Pittsburgh’s labor market, hospitals are what economists call a price-maker – and, in this case, a “wage-maker.”*

A labor union representative asserted:

*The biggest low wage employers in Pittsburgh are the hospitals. A hotel may employ hundreds of workers, but a hospital employs thousands, and many of those workers are in low paid service positions. Their low pay dominates the local labor*

*market, and effectively keeps down the standards for the rest of us in the service sector.*

### **Making the Claim: Justifying Raising Wages as the Solution**

Having framed their claims – demonstrating why low wages are problematic – the experts then asserted why hospital service workers' low wages need to be redressed by raising wages. The arguments fell into three categories: appeals to a moral imperative, appeals to social and economic justice, and appeals based on economic calculations.

**Claims of a moral imperative: Conceptualizations of fairness.** Appeals to a moral imperative focused on the social contract that forms the basis of society. Such arguments are premised on the ethical commitments that exist among individuals and between individuals and the state. It is an emotional appeal to people's sense of what is "right."

According to a community/special interest advocate: "In my opinion, if we want to indeed say as well as indeed do care for the workers in this city, then indeed we will make every step possible to raise the floor of the minimum wage hospital workers." An academic/researcher more bluntly and explicitly challenged the Committee, saying:

*The overriding question of our community is DO WE HAVE A MORAL OBLIGATION TO ENSURE [emphasis in original] that workers and their families can meet their basic needs? We need to ask ourselves if someone is playing by the rules of our society, should they have sufficient income to find adequate housing in safe neighborhoods?*

This expert continued, asserting that: "support[ing] higher wages for hospital workers . . . is the right thing to do."

**Claims based on social and economic justice.** The second argument premised raising wages on principles of social and economic justice. Power relations and inequality are expressed in the low wages hospital service workers receive. Therefore, higher wages and better treatment for low-wage workers are part of the larger struggle to create a fairer, more equitable society.

*We have to correct this economic system whereby we are all clear that there are many people doing very well, increasingly so, but at the same time there is a huge and growing population that's rubbing two nickels together trying to make a dollar out of ten cents. (community/special interest advocate)*

*The profound social inequality and poverty we see in so many neighborhoods of our city is a product of this low wage service economy hospitals have shaped. Quite simply, there is no way to make Pittsburgh a livable city for all without transforming this injustice and lack of accountability at the heart of our economy. (community/special interest advocate)*

For a number of the community/special interest advocates, higher wages for hospital service workers was linked to their organizations' social justice missions. Whether concerned with the environment, housing, transportation, or reproductive health, advocates' assertions rooted both their particular issues and the situation of low-wage

workers in the struggle to create a more just society. One community/special interest advocate said:

*We see poverty level wages in major employers like hospitals as part of the public health and environmental challenge of this region. Low wages interact with the problems of poverty and pollution, requiring a comprehensive analysis and a sophisticated policy and regulatory response. We call this environmental justice.*

Another reported:

*Reproductive Justice is a when a woman has full access and ability to control her body. This includes when and how she can have children and how she raises them. I can't say that we have Reproductive Justice if I can't pay my rent, buy food, pay for childcare and a host of other needs like transportation and healthcare.*

**Claims drawing on economic rationales.** Finally, some of the experts based their appeals for raising wages on economic calculations citing the benefits higher wages would have on the economic health of the city. Higher wages, according to them, would result in increased consumption and economic development throughout the region.

*If we assume that the lowest-paid hospital service workers see their wages rise to \$15 an hour, and the wages of other service workers rise accordingly, then we would see over \$100 million more in the pockets of hospital service workers, which would be a powerful stimulus to our local economy. It would also mean another \$1 million for our city budget, and another \$2 million for our public schools, just from those 11,000 workers. . . . The result of an across-the-board wage increase at these two large employers would mean that other lower-wage employers would have to raise their own wages as well in order to hold on to their employees.*

*That's the kind of economic development we want in the City of Pittsburgh: a virtuous cycle where the frontline workers (that young man or woman with a high school diploma (or not)) have more money in their pockets to spend and stimulate our economy, encouraging the formation of new businesses and the creation of new jobs that also will pay better wages, and so on. All of this would also mean more money in the city's coffers to fund our city services, as well, but the best part of all might be that actually would need less of those public services. (public official)*

The macroeconomic consequences of increased wages for hospital service workers could create an “economic impact [that] ripples through the entire economy and all wage-earners see an increase” (labor union representative).

## Discussion

As examples of claims-making, the testimonies proffered by the experts represented their efforts to build a case for increasing hospital service workers' wages. Constrained by time and the Wage Review Committee's attention, the experts had to make succinct arguments, yet ones that would be persuasive. Their testimonies typically followed a pattern of laying out the problematic nature of low-wages, using value-laden and/or

economic justifications for raising wages, and concluding with the benefits associated with increased wages. Few offered their opinions about what would be an appropriate wage. Their reluctance to do so may be a reflection of the lack of consensus about what a “sufficient” wage would be for service workers (Anker, 2006; Hirsch, 2017; Kaufman, 2016).

Some experts used examples commonly reported in the literature about the consequences of low wages for individuals and families, such as food insecurity (Coleman-Jensen et al., 2019; Gundersen & Ziliak, 2018; Nord & Parker, 2010), negative health outcomes (Heflin, 2017; Lenhart, 2017; Neckerman et al., 2016), and the impacts on children (Albelda & Shea, 2010; Hill & Romich, 2018). Others described differential gender and race/ethnicity impacts, stressing that women and people of color are more likely to receive low wages and be directly impacted by them (Clark, 2014; Cooper, 2017; Tung et al., 2015).

Yet, the expert testimonies went beyond framing the consequences of low-wages for individuals and families. Their testimonies also described the implications of low wages for the broader community, citing, for example, the cost of public benefits, a significant expenditure considering that between 2009 and 2011, 56% of state and federal spending on the Earned Income Tax Credit, Medicaid, Children’s Health Insurance Program, Temporary Assistance to Needy Families, and food stamps went to working families (Jacobs et al., 2015). Essentially, the taxpaying public is subsidizing the low-wages paid by employers.

The experts also considered the dominant role of the two local nonprofit health systems on wage structures, identifying impacts for service workers’ earnings that reach well beyond the hospital walls. The low wages offered by the two major local hospital systems allow other service sector employers to pay low wages too, and the pool of workers competing for these jobs has little recourse but to accept these low wage rates. Thus, food servers’ and sales clerks’ incomes are affected by the hospital systems’ wage rates.

The experts’ justifications for their solution – pay low-wage workers more – were consistent with the three broad arguments for raising wages found in the literature: economic considerations, social and economic justice concerns, and moral rationales. In making economic-based arguments, the experts referred to the negative economic effect of low wages, such as the reliance on public benefits, the reduced purchasing power of consumers, and the ability of these dominant institutions to undercut wages across the workforce, factors also discussed by Allegretto and colleagues (2013) and Kaas and Madden (2010). To argue low wages are a social and economic justice issue, the experts stressed the importance of recognizing how low wages impact people of color and women more directly than other groups (Bivens et al., 2014; Cooper, 2017; Tung et al., 2015) as well as how historical legacies find expression in current forms of wage inequality (Pietrykowski, 2017). Some also tied the issue of low wages to the social justice missions of their advocacy/special interest organizations. Finally, experts putting forth a rationale based on an understanding of social morality argued there is a moral imperative to raise wages; these arguments were reflected in the literature about the social responsibility to pay decent wages (Anker, 2011; Konigsburg, 2017; Rogers, 2014).

Although the experts may have used one argument more prominently, none used one type exclusively. For example, arguments focusing on economic justifications for increasing wages also incorporated an underlying moral reasoning. Similarly, arguments based on social and economic justice rationales often had economic and moral elements interwoven.

This type of multi-faceted presentation is not as commonly found in the academic literature, where specialties have become ever more narrowly focused and discipline-specific. Yet, the experts who gave testimony were tasked with appealing to a broad audience, not only to those in their field. We cannot know the extent to which these rhetorical decisions were conscious, but from the perspective of claims-making, it makes sense that the experts employed multiple arguments to advance their claims. By doing so, they increased the likelihood that their arguments would appeal to audience members' varying interests, thus enhancing their claims' persuasiveness.

Best (2017) suggested that activists and specialists may play distinct roles in the claims-making process, with activists bringing passion and specialists providing factual information. But both passion and data are needed to appeal to decision-makers' hearts and minds. Many of the experts testifying exemplified this approach, offering both factual and emotional appeals. For example, researchers/policy proponents provided much "hard evidence" - statistics, charts, and citations - but also invoked moral arguments, essentially making an emotional appeal that raising wages "is the right thing to do." Labor union representatives and community/special interest advocates offered emotionally evocative testimonies, along with some facts.

### **Limitations**

The findings in this research are limited by two factors. First, as is common in qualitative research, the data analysis and assignment of meanings are subject to the interpretations of this particular team of researchers. Despite a coding process meant to limit personal biases, it is possible that another team of researchers could review the same data and identify other themes or interpret the themes in other ways. Moreover, although we do not think the dual role of one of our team members as testifier and coder swayed the coding or interpretation, it is possible that subtle influences existed. Second, these findings are not generalizable. The testimonies were offered by a self-selected group of experts (i.e., those who were willing to testify at a public hearing regarding hospital service workers' low wages). As Couper and Miller (2008) and Parkinson (2004) have suggested, people who voluntarily participate in satisfaction surveys or opinion polls, or public hearings for that matter, tend to hold strong positive or negative positions, and this certainly appears to be true of the experts who gave testimony to the Wage Review Committee. Thus, the study's findings should not be taken as representative of the opinions of all experts with similar qualifications either in this region or in other parts of the country.

### **Implications for Social Work**

This analysis suggests a number of implications for training social work students and professionals as advocates. Social workers need to understand different facets of an issue,

be prepared to use multiple arguments, and be able to cite different forms of evidence. Given that those who sit on decision-making boards are likely to come from diverse backgrounds, using several arguments will increase the likelihood of finding something that resonates with as many members of the panel as possible. Similarly, having command of data is critical, but so too is being able to put a human face on the statistics, which is why sharing stories from our practice, clients, and constituents (as well as encouraging them to advocate publicly for themselves) are so powerful. Appeals to decision-makers' heads and hearts can be particularly effective.

Given the wide variety of social issues addressed by social work, practitioners are in a unique position to link inadequate income to a large number of other issues, as did the community/special interest advocates. Whether the concern is for the environment, public transportation, education, health, or nutrition, connections can be made to the lives of low-income workers and their families. It is important for social work students to learn about the intersection of income with such issues both in the classroom and in field placements. Acquiring a commitment to and skills in advocacy should be a central feature of professional identity that students develop (Bliss, 2015; Figueira-McDonough, 1993; Gilster et al., 2020; Hasson & Sellers, 2019).

Finally, social work advocates should be careful in how they articulate recommendations; they need to avoid promising too much if the evidence is not there. The experts did not identify what an appropriate wage rate should be perhaps realizing that increasing wages even to \$15 per hour minimum wage would reduce, though likely not eliminate, all of the hardships and challenges experienced by low-wage workers.

### Conclusion

Social workers play an important role in the fight to increase the wages of low-income workers. Regardless of field or form of practice, social workers share a professional and ethical commitment to advancing social and economic justice, mitigating the impacts of poverty, and advocating for policies and programs that would enhance the well-being of individuals, families, and communities. The continued rise of income and wealth inequality in American society adds urgency to taking action to realize these professional commitments. While their contributions may have been overlooked in the past, the COVID-19 pandemic has laid bare how essential not just hospital service workers are to health care but how important low-wage workers, such as grocery clerks or delivery people, are to ensuring our personal and societal well-being. As active claims-makers, social workers are uniquely situated to describe the intersection of low wages with a variety of other social issues. The experts testifying exemplified constructing an effective argument by using a combination of emotion and fact in their testimonies and by employing more than one rationale as justification for their assertions. This is a model that can be emulated by all engaged in advocacy.

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