

Zuberi, D. (2013). *Cleaning Up: How Hospital Outsourcing Is Hurting Workers and Endangering Patients*. Ithaca, NY: Cornell/ILR Press. 182 pp. \$19.95 (paper).

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Researchers sensitive to the plight of low-wage workers in advanced industrialized economies have long sought to convey the magnitude of the problem by retelling sorrowful tales of worker exploitation. Sadly, even their most sympathetic readers have numbed to these accounts. Author Dan Zuberi has found a clever way to transcend this apathy in his new monograph based on about 100 interviews plus behind-the-scenes observations of the impact of hospital support staff outsourcing on patients and workers. Through a well-developed understanding of the work process and changes in the employment relationship, he ties outsourcing and the resulting exploitation of hospital cleaners and food service workers to the spread of viruses, antibiotic-resistant bacteria, and other deadly pathogens. In so doing, he succeeds in delivering his intended take-home message that “worker exploitation hurts us all” (p. 124).

In short, the author shows that when hospital work is outsourced, contract employers are forced to privilege cost minimization over all other objectives. The result is a poorly rewarded, ill-trained, sweated workforce exposed to deadly disease-causing agents and ill-equipped to contain their spread. Workers are denied simple supplies as well as the training to manage and contain these pathogens. They are structurally prevented from even constructive communication with members of the care team. As a result, they are not only exposed to disease-causing agents, but they also involuntarily facilitate their spread. Thus, he argues that “knocking down germs” requires “lifting-up workers” (p. 125).

At first glance, Zuberi’s argument is familiar: The apparent financial benefits of outsourcing are a facade. Society-at-large assuredly fares worse, as employers’ “race to the bottom” with respect to wages and working conditions forces workers to rely on government transfers and to forego involvement in their children’s lives and in the communities around them. Even the benefits to the outsourcing employers prove fleeting, as upfront savings must be weighed against the increasing costs associated with declining service quality and stories of poorly treated contract workers, both of which erode at goodwill and brand value. However, the author’s strategic approach to case selection allows him to go further. By examining hospital cleaners, he can make a connection to public health and patient safety simply unavailable to those examining hotel housekeepers. And, by pinpointing hospitals, he never even needs to ask explicitly how much *worse* conditions must be in sectors we hold *less* dear and in which more of the work occurs outside of customers’ sight. Moreover, by studying the effects of a policy change in British Columbia—a progressive province in a labor-friendly nation with highly functioning unions and enforceable labor market regulations—he leaves it to readers to consider how much worse outcomes could be in the United States.

That is not to say Zuberi’s account is flawless. Despite his deep knowledge of the emerging literature on patient safety and care quality, he glosses over its fundamental finding as it relates to his argument. That is, the best way to get health care workers focused on safety is not so much to *motivate* or *incentivize* them with performance-based pay, but rather to *inspire* them by tapping into their innate, human commitment to others’ well-being. Zuberi relates stories of contract support staff workers caring deeply for patients and wanting to do more for them than their employers allow. But, he never makes clear that a person’s own baseline needs—namely for food and shelter—must be met before he or she can fulfill his or her natural need to help others. Furthermore, at times, the exposition borders on manipulative. For example, he draws a parallel between pre-9/11 airport security—staffed by undertrained, underpaid, and poorly treated employees of contractors—and the filthy state of the hospitals. He also pulls at our heartstrings by describing the birth of his baby: “Somebody had to clean that room—the very first room that my daughter would ever see” (p. 105).

But, perhaps, for those initially less sold on his argument, this imagery seals the deal.

Still, skeptical researchers could reasonably ask of the author, “Is the problem outsourcing *per se*, or is it outsourcing done poorly?” Agency theorists could argue that contracts should be structured such that employers compete on quality rather than cost. This would encourage contractors to elevate wages, benefits, and training investments, to motivate workers through positive incentives rather than fear of job loss, and to work with hospitals to integrate contract cleaners back into the care team. Zuberi would likely respond by saying the problem is outsourcing. He might add that by the time one tinkers with the institutional framework enough to “fix” outsourcing, even the supposed cost savings would disappear, eliminating what had been the impetus for outsourcing in the first place.

Rather than continuing to live in disbelief that the atrocities acted upon workers are an insufficient call to arms, we, like Zuberi, should be searching for new ways to reach those who—given the right sell—might empathize with the needs of the hardest working and most vulnerable members of society.