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David Wagner PhD, MSW & Haworth Continuing Features Submission

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Social Work and the Hidden Victims of Deindustrialization

David Wagner

ABSTRACT. As the American economy changes from manufacturing to service industries, millions of workers are suffering the effects of "deindustrialization." Based on a joint union/university project, this article explores the impact of a plant closing and subsequent transition to a service based economy for more than 450 predominantly female textile workers. It suggests that many workers will suffer severe economic and social problems even after re-employment, but that these changes as well as the breakdown in community life once rooted in the mills of New England tend to be "hidden" from view. The implications of deindustrialization for direct practice social work, for action-research, and organizing are discussed.

INTRODUCTION

Millions of manufacturing jobs have disappeared in the United States in the last two decades. Despite much rhetoric from political and business spokespeople about job creation, most new jobs in the last two decades have been in the service sector. In contrast to the relatively high pay and benefits of the manufacturing jobs that made

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up the core of the pre-1970s economy, these new jobs—in hotels and motels, bars and restaurants, convenience stores and other shops, hair salons and health clubs—provide low wages, low or no fringe benefits, and generally lack union representation.

As plant closings and other visible signs of “de-industrialization” (Bluestone & Harrison, 1982) have devastated different regions of the nation, a growing literature has emerged on the impact of plant closings and unemployment on the national economy, on local communities, on workers’ income, and on the health and mental health of workers (Bensman & Lynch, 1987; Bluestone & Harrison, 1982; Brenner, 1973, 1975, 1976; Buss & Redburn, 1983; Cobb & Kasl, 1977; Liem & Liem, 1979; Maurer, 1979; Rosen, 1987; Strange, 1977). Social work researchers and practitioners have in recent years increasingly focused attention on the social costs of plant closings and unemployment (Briar, 1980, 1988; Donovan, Jaffe, & Pirie, 1987; Keefe, 1984; Madonia, 1983).

Although there is wide agreement that workers, their families, and communities suffer losses when manufacturing jobs vanish, there has been far less attention to the fate of these workers once they are re-employed. Because of the drama of plant closings and devastation of mass unemployment, researchers have tended to focus only on the immediate impact of these events. There have been few long term follow-up studies of dislocated workers.

Official unemployment in America remains relatively low and most workers do indeed obtain new jobs. In contrast to the frequent assumptions by government, researchers, and even social workers that dislocated workers who are re-employed are no longer in crisis, several authors have proposed that high rates of re-employment may mask significant social and economic problems (Briar, 1988; Kopacsi, 1988; Rosen, 1987). Women workers, in particular, face a more difficult time securing adequate employment because of the ghettoization of women into low income jobs. Women may face more difficulty adjusting to new jobs because only jobs with high pay, adequate leave time, and benefits such as child care can allow them to maintain their dual role as caretakers at home and employees (Kopacsi, 1988; Rosen, 1987). Finally women are more likely than men to have a strong connection with social networks built up

in manufacturing workplaces which they want to continue even after the networks are shattered (Rayman, 1982).

This article, based on a joint project of a university department of social work and a major trade union, describes the plight of the hidden victims of deindustrialization. Over 450 workers (more than 90% female) who made the transition from textile workers to jobs in the new service-based economy were studied two years after a major plant closing. This article documents the social crisis of low wage work and the loss of community in New England's textile plants. It suggests this issue is one that remains hidden from most social workers. They are "hidden" in that most workers are re-employed rather than unemployed or on public assistance. They are "hidden" in that these workers rarely complain of their personal or social problems, and seldom enter the social service or mental health systems. The development of job re-training services for dislocated workers which places the burden on the individual worker to raise his or her own human capital, paradoxically individualizes the problem and may lower the self-esteem of the majority of workers who cannot regain their previous economic and social status. Practice implications are suggested including social work/labor partnerships for service provision, union organizing among the non-represented workforce, and raising demands for social policy changes.

THE CONTEXT

In January 1987, the Health-Tex Corporation, a major manufacturer of children's clothing, suddenly announced the closing of its three major plants in the state of Maine, laying off about 1,000 workers without notice. These shops had provided a major source of employment in three different regions of Maine. The majority of the workers were represented by the Amalgamated Clothing and Textile Workers Union (ACTWU). In size, the scale of these permanent layoffs were among the most devastating suffered by Maine workers in recent years.¹ The magnitude and suddenness of the closings also led to considerable labor and political activity throughout the state. The union mounted a major protest with demonstrations in the state and in New York City where Health-Tex was headquar-

tered. As a result of the union action and a new state law on plant closings, Health-Tex was found to have violated the law, and a landmark severance award was later made available to the workers. The union also succeeded in winning certification for the employees under the Trade Adjustment Act (TAA) which allows for extended unemployment, training, and education funds. Further, because of the political impact of the closing, the newly elected governor formed a Rapid Employment and Training Initiative (RETI) which consolidated all job services and combined the resources of the state, business, and labor groups to provide job training services.

In contrast to many studies of plant closings, the economic situation in Southern Maine was not one of recession. Unemployment ranged from 2 to 3 percent between 1987 and 1989 and employers were complaining about a "labor shortage" in the service industries and strategizing about how to recruit new workers. Since most studies of worker dislocation are based on blue collar males (often in the Midwest) in a declining economic region (Briar, 1988; Buss & Redburn, 1983), studying this large group of dislocated female textile workers two years after they were laid off provided a unique opportunity. Are the worst features of plant closings and deindustrialization (poverty, family breakup, psychiatric, and medical problems) mitigated against when a strong regional economy exists and when there is a widespread provision of severance pay, job training, and extended unemployment benefits? Were workers able to be absorbed in the booming local economy described by Maine's political and economic leaders?

The Amalgamated Clothing and Textile Workers Union retained a strong interest in serving the Health-Tex workers. During the closing, its social service committee had developed a cadre of trained peer counselors who had assisted the workers and who were still interested in providing services to ex-Health-Tex workers still suffering from economic, social, and other problems. Moreover, ACTWU had developed an innovative model of attempting to keep its former members organized through an Associate Member Organization (AMO). The AMO idea, pioneered in the 1985 AFL-CIO report (AFL-CIO, 1985), was a strategy to fight the decline in union power and numbers by allowing workers deprived of representation at the workplace to join unions. For relatively low dues, ACTWU's

AMO organization provided social functions, political action, and some fringe benefits. According to the national AFL-CIO, ACTWU's efforts in Maine were among the most successful models of this strategy.²

THE RESEARCH STUDY

At the suggestion of this author, a research partnership between the University of Southern Maine's Department of Social Work and the Union was developed in the Fall 1988 in order to conduct research on what had happened to displaced Health-Tex workers. Later the partnership expanded to the provision of direct services to ex-textile workers, to assistance in the union organizing of members into its AMO organization, and the development of a social policy agenda for low-income workers.³ Between January and June of 1989, a team composed of social work faculty, students, and union peer counselors conducted a phone survey of all ex-Health-Tex workers who were non-supervisory and non-managerial and who had worked at any of the plants for three years or more.⁴ Because of the interest in documenting the needs of ex-textile workers and assisting them with social services as well as expanding union organizing, sampling was not employed. Rather, the research team attempted to contact each laid off worker. All told, 453 of the 494 members of the study population were contacted and interviewed (91.7%) with only six workers refusing participation in the study.⁵

A survey instrument was developed for use in an approximately 20 to 30 minute phone interview which combined the collection of quantitative and qualitative data. Closed ended questions included the employment status of the worker; the wages, fringe benefits, leave time and union status of the worker's new job (if any); the length of time the worker was unemployed; the housing status of the employee (had they been able to meet their mortgage or rental payments); their child care arrangements if any; and the participation in and satisfaction with job training services provided.

Because the experience of the transition from mill work to service work was important to document, the survey included a large number of open-ended questions. Subjects were asked to describe how they coped with the plant closing; how their lives had changed

after many years as stitchers and cutters; how their new jobs compared with their old jobs in terms of job security, working conditions, and co-worker relations; how they viewed the efforts of the union, the state, and other parties during the aftermath of the closing; and whether they felt the need for union representation.

Phone interviewers were trained to engage the workers in open-ended dialogue as well as in recording as much of the workers comments as possible. Following the interview, a panel composed of the university and union researchers coded the qualitative data to assess the overall adjustment of the worker two years after the plant closing, based on their subjective self-reporting. For some workers, the new situations clearly represented an improvement:

Health-Tex did me a favor. I would have never left. But it was that kick in the butt . . . that got me to go to school. Get my education and a much better job . . .

Other workers found the experience devastating. A 60 year old woman unable to obtain full time work stated:

It was a shock [when Health-Tex closed] . . . I was just about to qualify for my pension and that's gone. I cried when it closed . . . what could I do? I looked for work, all over. I drew unemployment for a long time. I borrowed money. I still owe a lot of people a lot . . . and now because of how much I hurt [from tendonitis] I can't work full time. No, it's been an awful two years . . .

Workers such as the woman in the first quote, who had little trouble finding work, lost little or no income from the closing, having secured new employment that was satisfactory to them were coded as having suffered no or low distress from the transition to the service economy. On the other hand, the woman in the latter quote typified those who judged themselves as in high distress from the transition. Such workers may have been forcibly retired, still looking for work, or working part-time though they needed full-time work. Others had suffered severe income losses or lost their housing due to the closing. Still others experienced health prob-

lems, family conflicts, and marital breakups. And many were still unable to pay their bills with their new low-paying jobs.

A middle group of ex-textile workers had lost significant income over the years, expressed feelings of loss and depression, and had experienced various difficulties. But they appeared to have adjusted to their new situations. They did not report major family or health problems based on the closing nor serious dangers of poverty or bankruptcy at the time they were interviewed.

Table 1 presents a demographic profile of the research population including the number of workers judged to be in high, medium, or low/no distress from the closing.

STRATIFICATION AND THE HIDDEN VICTIM

The data collected in this study is not without its ambiguities. From the point of view of the State of Maine, which won a recent national award for its job re-training efforts,⁶ the aftermath of closing was not a disaster. State officials point to the high rate of re-employment (74%), the high rate of job re-training (about 45% of the workers entered long-term training and educational programs financed by TAA), and some success stories of workers from Health-Tex securing college degrees, social service jobs, and construction jobs.

Indeed, the lack of a major protest movement among displaced workers in this country suggests that certain factors continue to mitigate against widespread immiseration of workers, despite the recent attacks on unions and the poor. In this case union protests, state severance pay and plant closings laws, and political pressures to deliver job re-training cushioned some of the worst aspects of deindustrialization.

A broader view, however, suggests that the Health-Tex closing, like broader economic trends in the country, has increased the social stratification and inequality among workers. Those workers who benefited most from job re-training and education were younger, more educated, in good health, married to spouses with relatively high paying jobs, and located near jobs in urban areas. Workers who were older, less educated, single parents, geographically distant from labor markets, or married to low-paid spouses were

TABLE I

SELECTED DEMOGRAPHIC DATA ON EX-HEALTH TEX WORKERS INTERVIEWED, 1989

SEX		AGE	
Female	408 (90.1%)	35 yrs. or less	122 (27.1%)
Male	45 (9.9%)	35-44 yrs.	115 (25.6%)
		45-54 yrs.	98 (21.8%)
		55 yrs. or older	115 (25.6%)
		-----	-----
Total	453	Total	450
SENIORITY AT THE PLANTS		MARITAL STATUS	
5 or less years	94 (20.8%)	Never Married	66 (14.7%)
6 to 10 years	131 (29.0%)	Married	289 (64.2%)
11 to 15 years	117 (25.9%)	Separated/Divorced	67 (14.9%)
16 to 20 years	56 (12.4%)	Widowed	28 (6.2%)
21 years or more	54 (11.9%)	-----	-----
Total	452	Total	450
EDUCATION AT TIME OF CLOSING		CURRENT OCCUPATIONAL STATUS	
1st to 6th grade	15 (4.6%)	Working full time or voluntarily part time	335 (74.0%)
7th to 9th grade	51 (15.5%)	Retired (involuntary)	30 (6.6%)
Some high school	52 (15.9%)	Unemployed (looking)	22 (4.9%)
High school grad	125 (38.1%)	Not looking for work (non-students)	20 (4.4%)
Some college	85 (25.9%)	Part-time work (involuntary)	18 (4.0%)
		Full time student	17 (3.8%)
		Caretaker/Disabled	11 (2.1%)
		-----	-----
Total	328	Total	453
WEEKLY WAGE COMPARISON (1989 to 1987):			
Higher wages now	142 (40.6%)		
Lower wages now	163 (46.6%)		
"About the same"	45 (12.9%)		
Total	350		
ASSESSMENT OF DISTRESS FROM CLOSING			
High social distress	115 (29.9%)		
Medium social distress	132 (34.3%)		
Low/No social distress	138 (35.8%)		
Total	385		

least likely to enter job re-training programs or secure high-paying jobs, even with training. Even relatively efficient job training programs did not overcome the power of the labor market. Instead, the development of job training services often led to highly individualistic interpretations by dislocated workers. For example, those who could not avail themselves of job re-training or who gained little from training often blamed themselves for problems encountered in the aftermath of the closing.

The initial news of the closing brought the workers together as the shock of the closing and the possibility of economic catastrophe seemed eminent. But neither the workers nor the union were well prepared for the more ambiguous long-term results of a closing. Hence, it is not surprising that most workers began their comments to interviewers by minimizing their losses, since the "worst case scenario" of destitution had not actually happened to them:

It could have been worse. Yeh, I was pretty broke for awhile, but I wasn't as bad off as others I know . . .

I guess if I had been younger, I would be OK. I guess it's my own fault for not continuing in school . . . Well I just have another few years.

I cried and cried. But what are you going to do? I guess you have to move on. Start all over. You survive . . . At least my husband has a job.

The "hidden" injuries of the closing are best understood in the context of the disappointments of working-class life. In only two years since the Health-Tex closing, more than 10 percent of those re-employed have again suffered a plant closing. The matter of factness with which at least some people referred to their second (or third or fourth) layoff suggest the "leveled aspirations" that factory life produces (MacLeod, 1987). While workers showed strong unity in early protests against the company when it deserted them, two years later, they tended to see their own fortunes subsequent to the closing in very individualistic terms. As Sennett and Cobb (1973) described so well, the societal stress on individual abilities and the belief that failure is an individual "badge of shame" for a working person leads workers to see their failures as reflective of

their own inabilities or lack of education or culture. This feeling of shame was reinforced among those former Health-Tex workers who knew of former co-workers who did achieve success since the plant closing. The general denial in our culture of the primary force of social and economic factors in determining individual success reinforces the tendency of workers not to reveal personal problems or ask for services or help.

As interviewers probed beyond the initial "It's OK" statements of subjects, many workers did display clear and cogent understandings of how the economic changes in the labor market and the stratification system had severely hurt them.

SOME HIDDEN INJURIES AFTER THE CLOSING

Few groups suffered as drastically from the closing as the "older" workers, a category which included all people over 50. These workers suffered serious age discrimination and nearly one quarter felt forced to retire prematurely ("nobody would hire me"; "I couldn't get a job"). Many workers felt that the emphasis in service jobs on physical appearance as well as stamina led to discrimination against older women. An older woman told an interviewer:

They won't admit it, of course. But when you go in for a job in restaurants, clubs, the tourist traps, they don't want you . . . They want a young attractive woman who looks good and can stand on her feet all day . . .

Older workers who found new jobs in the service economy had nearly as many problems as those who gave up looking:

(A 60 year old married worker who previously earned \$8.50 an hour as a stitcher): My husband was retired and living on his pension. I have no choice but to work. But I get \$3.65 an hour now . . . working at the school cafeteria. It was the only thing I could get. We had to sell our house. It was beautiful! I still can't talk about it. To move to a one bedroom apartment twenty miles away, so I can work near this school. . .

(A 62 year old man who was previously making \$8 an hour as a maintenance man): It took me 8 months of looking around trying to get a job. I can't do standup work, but I finally took this job at (the) hardware store. I make \$4.20 an hour, but the worst part is [I have] no benefits. My wife has been ill for years and now I have no health coverage . . . and then when I had no work, my kids, who I was living with, they just decided to move away. No notice. We had nowhere to live! . . . I feel like I've lost my identity. And then we had nowhere to live . . . We moved in with my sister . . . and I can't stand her, but right now that's the choice or be homeless . . .

After the demise of their factory jobs, many workers faced the worsening of prior medical and psychiatric problems. Workers with physical or mental disabilities remained in long-term jobs at Health-Tex by developing supportive relationships with co-workers, and/or with supervisors, employers, and union officials who helped them manage their problems. The loss of jobs destroyed these workplace based support systems, particularly important for long-term employees.

For example, a worker, in her early 50s and a veteran of 14 years at a Health-Tex plant, had a mild case of diabetes. The worker confronted many difficulties at the time of the closing including not being able to drive (a co-worker previously drove her to work), lack of education, and low self-esteem. She obtained a position with a small company after the Health-Tex closing and four months later, this shop also closed. The worker spoke of increasing health problems due to her stressful situation. She now has been told by her doctor that she cannot work due to the worsening of her diabetes.

Another worker, also in her fifties, described a history of psychiatric problems which did not interfere with her career of more than 20 years at the Health-Tex plant. The worker told the interviewer of increased emotional problems since the plant closed, compounded by her lack of health insurance. She is now thankful just to have a part-time waitressing job which brings home \$80 a week "because it is a job anyway" and her employer is "nice to her."

The single most devastating result of re-employment for many was the lack of benefits, particularly health insurance. Forty-per-

cent of the respondents had no paid health insurance. Some women workers were pregnant and delayed prenatal care because of this. One woman's husband became disabled, but she could not afford special equipment because she lacked insurance. Some women who were working part-time without health insurance delayed going to physicians despite serious health problems. In many cases, workers who were otherwise making progress after the plant closing were stopped in their tracks by a medical disaster:

(A middle aged woman): I had finally got to go to college! You know, through the TAA benefits. Things were going great! But then . . . my son, was diagnosed as having a brain tumor . . . it was awful . . . and meanwhile we had never picked up insurance after the closing. I had to borrow a whole load of money for his care . . . and now I've dropped out of school . . .

Workers were well aware of the low pay and benefits of most service sector work. Following the closing, the option of taking low-paid and high stress service work caused many family conflicts. Some families blamed divorces on the stress of the closing and subsequent poor job options. For example, a 47 year old woman said:

[My husband] kept nagging me. [He] kept saying I wasn't really trying to get a job . . . but I was, I just didn't want to accept a minimum wage job. He wanted me to take just any job! It all wasn't happening fast enough for him . . . the bills were piling up . . . it started a process that ended in our divorce . . .

For others, family conflict arose from new work hours, the need to work two jobs, or from putting in many hours of overtime to compensate for the low wages provided by new jobs:

(A 33 year old single mother now working at a bakery): I began having trouble with my daughter [14 yrs. old]. It was gradual. But you know now I need to work 55 hours to make ends meet. I'm a single parent. I used to be home after school, that's part of why I worked at Health-Tex. Well, I think she

felt abandoned, and we've had loads of problems. Last year she ran away from home for a month . . .

Many of the hidden social problems are related to the close link between work and family. Factory work was originally chosen by many women not only because of its relatively high pay, but because the hours were stable. The day shift from 7 a.m. to 3 p.m., Monday through Friday fit well with child care responsibilities and the mills were close to home. The union contract further provided for a large amount of "leave time" in the form of holidays, vacations, and personal days. About 70 percent of the workers interviewed had less leave time from their new jobs than at the unionized factories. This, combined with mandatory weekend and overtime work at some new jobs, evening or night shifts, and longer commutes led a majority of workers to negatively answer the question "On the whole, how does the time you have with your family, or to yourself, now with the new job, compare with the time you had when you worked at Health-Tex?"

New work had to be weighed against the costs of child care, commuting, and loss of time with family. For some, the costs of child care relative to the pay of a new job or the commute were disincentives to working:

(A man in a married couple both laid off from Health-Tex with 3 young children): My wife went to work at a day care center and then it was sold . . . the pay was going to be \$3.65 an hour. It wasn't worth it, with the cost of [our own] child care . . . she's very unhappy about not working and we need the money, but she can't see working for peanuts or commuting 30 miles each way to get a job . . .

Other workers continued to work, but complained of increased stress and family crises:

(A 52 year old woman working odd hours at a general store): We were more of a family back then [working at Health-Tex]. We did things together. We were a unit. [We] went camping. Now, you know the money pressures . . . I'm making \$4.50 an hour compared to about \$8 at Health-Tex. My hours are

crazy. The family has fallen apart and I think we're not going to make it. . . .

THE LOSS OF COMMUNITY

The social problems endemic to the new service economy go beyond low wages, low benefits, and less leave time. Bensman and Lynch (1987) note that the loss of manufacturing jobs denotes a loss of community, a way of life and traditions for people:

Manufacturing firms have been the economic backbone of cities all across America. More often than not, such firms have sunk deep roots into a community. Generations of the same families have worked for them. Labor unions have been shaped and sustained. And individuals have found not only their daily sustenance but a measure of personal meaning. As industries die, these industrial communities unravel . . . (p. 5)

Without glamourizing factory work, Ellen Rosen (1987) notes that the concentration of women in New England's mills for many generations created a strong women's community. Women worked together closely, as the work process in factories is highly interdependent. Workers often lived near the plant, shared rides and child care arrangements, and had longstanding friendships with each other. Indeed, in the comments made by former Health-Tex workers, revealed close social ties from the factory.

Many Health-Tex workers did not drive, but walked to work, car-pooled with co-workers, or were driven by family members. Maine, like most of America, lacks adequate public transportation, and commuting to major labor market areas in this semi-rural state is virtually impossible without a car. Fully one-sixth of those studied did not drive. Some workers adjusted to the situation, and learned to drive, albeit with trepidation, and regret over the money spent on cars and commuting:

Health-Tex was only a block away [from my home]. It was great . . . I knew everyone. I had everyone over. Well, my husband and I were both laid off. We had to get two cars right away. I hated it. Boy did I panic the first winter after I learned to drive . . . I hate it still . . .

Other workers who depended on the peer network to get to work and the socializing on the job have still not recovered. A 49 year old woman living in a rural town whose husband works at a “good paying job” expressed sadness over this loss when interviewed:

I really miss it. You know I don't need the money to be honest. But what do I do with myself now? I don't drive. I miss my friends from Health-Tex. And I can't even make it to the reunions . . .

Most workers stated they vastly preferred their former co-workers at the factory to their new colleagues. Typically, workers compared their friendships at Health-Tex to a family:

It was like a loss of family [the closing]. A way of life . . . what could you do? . . .

Health-Tex workers were my family. [I] always liked all the people. Now I just kind of stay home . . .

The social importance of the factory work group is evident in still other ways. Many women workers experienced stress in their new jobs because of the lack of other female co-workers. For example:

(A 29 year old woman working as a security guard): I work alone. And I don't see anyone . . . I hate it . . . there's no camaraderie anymore. It's boring. Or worse, it's scary. But Health-Tex was like a family . . .

(A 32 year old woman working as a carpentry apprentice): I really loved Health-Tex, I would still be there today if I could. I'm the only girl on the job here. It's hard! [I] have to force them to treat me as a co-worker. It's a real struggle to come into work each day . . .

Interestingly, those new jobs which carry greater status than factory work were often devalued by the workers. A woman employed as a unit clerk in a hospital contrasted factory work with her new job:

You know its funny. At Health-Tex, everyone was equal. And you treated people that way. You got to know everyone. Here its (pause) like class lines. You have classifications at a hospital and you don't cross it. You're looked down upon by the professionals. This group can't talk to that one and so forth. It's deep seated. Factory people are a whole different breed . . .

And a worker now at a bank comments:

I guess maybe it seems like I've advanced myself . . . I don't know. I don't make as much money as I did. And I was much closer to people [at Health-Tex]. Maybe that's because there we were so equal. Here it's everyone in the office out for themselves . . . I don't know, I'm not sure if I've advanced myself . . .

The workers' comments suggested that most former textile workers miss the plants and their co-workers not simply because of these longstanding ties or nostalgia. Rather the sharp differences between their new jobs' social environments and their old ones played a key role. The lack of union representation also contributed to their alienation. Consistent with national trends of the last decades, less than one-in-five of the re-employed workers (18%) are now in unionized workplaces. While not every worker mentioned unions, the workers overwhelmingly praised ACTWU as the only reason they secured severance pay and other benefits when the Health-Tex plants closed. Moreover, most missed the job protection of the union and social activities which structured many peer networks.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

The relatively high paying manufacturing jobs and the strong social ties based in the “blue collar” community are becoming vestiges of the past. The problems associated with the new service based economy remain hidden; they receive little media attention, except at dramatic moments such as plant closings. Most dislocated workers, expressing strong pride and a disdain for traditional social agencies, will not present their problems to the social service system. Nevertheless, social work’s commitment to the working poor and its historic tie with unions demands new and innovative strategies to assist workers.

Direct Practice

Working people express a distinct hesitancy about using social services. As in Buss and Redburn’s (1983) study of the low use of community mental health centers after plant closings in Youngstown, Ohio, few former Health-Tex workers had presented to local social service or mental health centers. Yet, although only one-in-twenty workers responded in the affirmative to a general question about using social services, when they were asked if they would make use of the union as provider of service, 44 percent of the population said they would: “Oh, services from the union, not welfare. That’s different. That I would use”; “Yes I would like to use union services. As long as this wasn’t like going to the [department of] human services.”

Union-based services—whether through peer counselors, union social workers, or university affiliated social workers working under the union’s aegis—seemed to reframe the discussion of receiving help. Social welfare became viewed as a matter of entitlement as a union member, rather than as charity or the “dole.” Despite the prior low use of services, through the joint university/union project, 35 former Health-Tex workers received direct aid from the Associate Membership Organization relief fund established from contributions from other unions and through unclaimed severance pay. More than 70 workers were directly assisted with information

and referral about a wide range of services including legal services, credit and financial counseling, Medicaid, Social Security, and General Assistance. In addition, 15 other workers were linked with service providers for more intensive services.

These findings reinforce the importance of making services available and accessible to working people through trusted co-workers. The existence of trained peer counselors who had worked with the target population greatly facilitated the service engagement of the former textile workers. They were able to rely on their connections with co-workers and their families to encourage them to use available resources and services and to advocate strongly for some workers who had suffered maltreatment when applying for social services.

A rapid intervention model in which peer counselors and social workers are available to immediately assist laid off workers is clearly necessary. The effectiveness of the peer counseling model is evident in this study as well as in a few other union/social work ventures elsewhere in the country.⁷ Since problems in the new service economy are long term and persistent, however, these models in themselves cannot resolve the systemic problems of deindustrialization.

Action-Research

As reported elsewhere (Wagner, 1990), this collaborative study between the University of Southern Maine's Social Work Department and ACTWU used action-research – a social work model that has received little attention in the last two decades. Action-research is activist, partisan research which relies upon both professionals and indigenous leaders in data collection for the purpose of transforming consciousness, organizing, and affecting public policy (Biklen, 1983; Rubin & Rubin, 1986).

Rather than focus only on gathering data, the research team used its contacts with former Health-Tex workers to provide services, to inform workers of the AMO organization, and to develop policy recommendations which received wide media coverage and some legislative response.

This study focused its policy recommendations on issues of uni-

versal health care, job protection and services for the older worker, and transportation and other linkages for those who were geographically isolated. But a wide range of other activist policy changes can be supported by social workers using action-research to highlight the impact of the changing economy on workers. While Maine's media and political system may be easier to permeate than in other areas of the country, there is no reason why a variety of social work organizations cannot be enlisted in innovative action/research projects. Such research should not be ashamed of its partisanship in an age where universities and secondary school systems accept millions of dollars in corporate support.

The hidden nature of many of the social problems of dislocated workers, and the tendency of the service system to individualize problems, further presents an obligation to social workers and labor organizations to publicize these problems and to develop and frame issues in a *collective* fashion. Action-research can keep the major social issues of plant closings and declining income and community before the public eye.

Organizing and Re-Organizing

Union activists and social workers involved in the Health-Tex project strongly felt that the problems discussed in this paper, from low wages and low benefits to loss of community and social networks, could only be resolved through organizing. Indeed working people historically have achieved many of their economic and social gains over the last century through labor organizing. The vast decline in union membership and diminished power in recent decades has been a major cause of impoverishment and declining per capita incomes throughout the nation.⁸

Although many social workers hold pro-labor views, there has been a relative paucity of assistance to labor organizing battles from social workers. The potential exists for social workers trained not only in community organizing, but in all modalities, to be valuable allies to the labor movement, using their work roles to support labor organizing.

In this study, social work students and faculty provided indirect assistance to the fledgling AMO group by offering information and

by giving names of interested workers to the union. Organizing workers who are not represented by collectively bargained contracts can be very difficult for labor activists in this country. Most American workers, unlike workers in other countries, view the purpose of unions solely in economic terms. They tend to be apathetic about or even hostile to some aspects of social or political unionism. And simple maintenance, such as dues collection, is vastly complicated by the loss of the automatic dues deductions for unions who must scurry for contributions.

Despite these obstacles, AMO members saw themselves as part of a broader social and political cause and felt a strong sense of community and affiliation with their past peer networks. Whether such organizations will grow and serve as a new model for organizing or as an interim step towards new organizing strategies in the service industries is not yet clear. Some Health-Tex workers were so financially strapped that even AMO's low dues seemed prohibitive, and others, who worked in new employment areas (particularly younger women), felt the group was too anchored in their past. Some of these workers were interested in organizing unions at their current places of employment. Through the use of survey questions about unions, the action-research team was also able to identify pro-union workers who were not interested in AMO, but who might be willing to be involved with ACTWU or other unions in workplace organizing efforts.

Clerks and cashiers, waiters and waitresses, hair stylists, food handlers, launderers, domestics, home health aides, and others, form a growing impoverished segment of the American workforce. Only through organizing for economic gains, political power, and group identity can the hidden social problems in the new growing service sector be reduced.

NOTES

1. Although the number of layoffs may seem unimpressive by the standards of large metropolitan areas, the Health-Tex workers alone constituted about .07% of the entire labor force in Southern Maine.

2. Personal communication, Michael Cavanaugh, Assistant Manager, New England Region, Amalgamated Clothing and Textile Workers Union, September 1989. Cavanaugh reports the national AFL-CIO has made plans to visit Maine in

order to write up the ACTWU/AMO as one of the most successful of such ventures. Evidently, few other successful AMO organizations have yet to get off the ground.

3. For a complete review of the different social work interventions utilized in the project, see Wagner, 1989 and 1990.

4. Management and supervisory personnel were not unionized and were clearly beyond the scope of the project. Employees who worked at one of the plants for less than three years were excluded under Maine law from most post-closing assistance, such as severance pay. The omission of these two groups reduced the research population from approximately 1,000 to 495 people. Further research would be of interest to assess if managers and supervisors would have similar difficulties with dislocation, and if newer employees are as affected by the closing given their weaker attachment to the trade, the company, co-workers, and the union.

5. The original total was reduced by one as a result of a confirmed recent death. Of the 494, 453 people were interviewed (91.7%) and only 6 refused participation (1.2%). Over the life of the project (January to June 1989), considerable efforts to locate ex-Health Tex workers were carried out by phone (including calls to potential relatives, friends, neighbors) and then by mail. At the study's conclusion, the location of 35 workers (7.1%) was still unknown.

6. Press release, Governor's Office of Maine, July 26, 1989. See also "Finding Work the Jobless" *Portland Press Herald*, May 14, 1989, p. 1C. Governor John McKernan of Maine has made job re-training and education for displaced workers as well as welfare recipients and others a key pillar of his political campaigns.

7. Lee Schore's Center for Working Life in Oakland, California has done a notable amount of work with trade unions in training peer counselors, and in bringing social work expertise to the problems of plant closings and deindustrialization.

8. Leslie Dunbar (1988) notes the key role that unions play in social welfare and economic inequality and the impact of the weakening of unions and organizing on both the poor and working class people (pp. 13-14, 221-222). He also makes the critical point that both conservatives and liberals tend to underestimate this key factor in shaping American inequality.

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