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ABSTRACT OF DISSERTATION

Rebecca Adkins Fletcher

The Graduate School

University of Kentucky

2010

GLOBAL TRANSFORMATIONS, LOCAL ACTIVISM:
“NEW” UNIONISM’S ENGAGEMENT WITH ECONOMIC AND HEALTH CARE
TRANSFORMATION IN URBAN CENTRAL APPALACHIA

ABSTRACT OF DISSERTATION

A Dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Arts and Sciences
at the University of Kentucky

By
Rebecca Adkins Fletcher

Lexington, Kentucky

Director: Dr. Mary K. Anglin, Associate Professor of Anthropology

Lexington, Kentucky

2010

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ABSTRACT OF DISSERTATION

GLOBAL TRANSFORMATIONS, LOCAL ACTIVISM: “NEW” UNIONISM’S ENGAGEMENT WITH ECONOMIC AND HEALTH CARE TRANSFORMATION IN URBAN CENTRAL APPALACHIA

It has long been argued that the organization of the U.S. health care system is shaped by the struggles between capital and labor, and this relationship is of increasing significance today. Transformations from an industrial to a service economy, rising insurance costs, neoliberal social policies, and decreased labor union power have increased the number of Americans with reduced access to health care, especially for service workers and women. This dissertation is an ethnographic study of how workers in two leading unions in the “new” unionism movement, the Retail, Wholesale, and Distribution Service Union (RWDSU) and the United Steelworkers (USW) in urban Central Appalachia, characterize union membership and economic (and benefit) transformations that threaten security for working and middle class families. Using health care as a case study, this dissertation demonstrates the ways in which economic transformations are making health care less affordable for working and middle class families. Through a discussion of the importance of union membership that highlights job protection in the face of the expansion and increasing feminization of service work and the decline in work sponsored benefits, this dissertation details how these processes reduce access to and affordability of health care. In so doing, this research highlights individual pragmatic action and broader union activism in seeking economic and health security for their families. More broadly, new unionism tactics are described in the actions of a Central Labor Council as it seeks to renew community alliances and link rank-and-file concerns of job security to current labor issues, including the Employee Free Choice Act and Right-to-Work legislation, on local, state, and national levels. This dissertation links access to health care problems in this community to broader national issues (e.g. job protection, service work, and outsourcing) and highlights how union members, individually and collectively, are participating in “new” unionism tactics to maintain job security and secure resources, including health care, for their families.

KEYWORDS: “new” unionism, economic transformation, political economy, access to health care, Appalachia

Rebecca Adkins Fletcher

December 20, 2010

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LIST OF ABBREVIATIONS

AFDC	Aid to Families with Dependant Children
AFL-CIO	American Federation of Labor-Congress of Industrial Organizations
AFSCME	American Federation of State, County and Municipal Employees
BCOA	Bituminous Coal Operators Association
EFCA	Employee Free Choice Act
FMLA	Family Medical Leave Act
FPL	Federal Poverty Level
HERE	Hotel Employees and Restaurant Employees International Union
HMO	Health Maintenance Organizations
MMC	Medicaid Managed Care
PPO	Preferred Provider Organizations
PRWORA	Personal and Work Opportunity Reconciliation Act
RWDSU	Retail, Wholesale, and Distribution Service Union
SCHIP	State Children's Health Insurance Program
SEIU	Service Employees International Union
TANF	Temporary Assistance to Needy Families
USW	United Steelworkers
UCR	Usual, Customary, and Reasonable (health care charges)
UMWA	United Mine Workers of America
UNITE	Union of Needletrades, Industrial and Textile Employees
UNITE-HERE	Union of Needletrades, Industrial and Textile Employees - Hotel Employees and Restaurant Employees International Union (formed in 2004 through merger of UNITE and HERE)

Chapter One

Introduction:

Intersections of Political Economy, Labor, and Health Care

With the deepening of the recession that began in 2008, many families across the United States felt the strains of job insecurity or loss and increasing difficulties affording basic needs. While these problems were newly felt by some in the middle class, many working families have felt these strains for some time. In 2010, national unemployment rates hover just under ten percent, and uncertainty of what the future holds is palpable. While current economic conditions are devastating many families across the country, this situation is not new to Central Appalachia, where over the past few decades deindustrialization has resulted in the loss of many “good” jobs with benefits. Incoming jobs, overwhelmingly in the service sector, are often contingent, low paying and lack health benefits. While not unscathed by the concerns of insecurity in the form of outsourcing and benefit loss, the situation is less tenuous for those remaining in industrial and factory jobs where unionization provides a discernible level of protection from job and resource insecurity for working families.

I began this research with the intention of addressing the “crisis” in health care by asking what importance health insurance held in accessing health care for union families in an urban Central Appalachian community. In keeping with my training, I set off for the field with a project squarely grounded in medical anthropology. However, as I settled into the research, my interview participants emphasized the importance of union membership and economic transformation in the community more than health care problems. This was reflective of my informal conversations with union members, as they were as likely to be about economic transformation and union life as health care. In reality, this was how the union workers schooled me in what was really important about their lives and the community. So, although I set out to tell a story more directly about disparities in access to health care, it was not the main story I ultimately had to tell.

This ethnography is about what union workers in the “new” unionism movement in the Retail, Wholesale, and Distribution Service Union (RWDSU) and the United

Steelworkers (USW) in urban Central Appalachia have to say about economic transformation and health care. Put simply, this is a story about working people and some of the ways in which their struggles manifest in terms of job and resource security for their families. While issues pertaining to disparities in health care remain an important part of the story and are threaded throughout this writing, the focus of this dissertation is the processes of (and resistance to) economic transformation that account for increasing levels of insecurity (including access to health care) and the way in which labor unions really matter in their ability to help working families maintain a quality livelihood. Informed by political economy and feminist theoretical perspectives, I use health care as a case study to demonstrate the gendered ways in which economic transformations are altering the social contract between waged work and health care access, making it less affordable for working and middle class families. Ultimately, my intentions in this dissertation are to describe what union workers in these two unions have to say about the importance of union membership for job and resource security and how economic transformations tied to globalization and neoliberal ideology are transforming work relations and access to health care in this urban Central Appalachian community.

U.S. Economic Restructuring and the “New” Unionism

Economic Transformation and Neoliberalism

While industrial manufacturing was the cornerstone of the U.S. economy for most of the 1900s, deindustrialization processes that began in the late 1970s saw the closing and relocation (outsourcing) of many manufacturing plants in the U.S. to other regions and countries. Economic transformations taking place over the past few decades include the coupling of heavy industrial losses with the rapid rise of the service economy. While service work in many ways heralds the “new” global economy, modern understandings of service work as reproductive labor derive from Marx’s (1969) dichotomy of the production of goods and reproduction of tools and labor power. Broadly, the idea of service work (reproductive labor) today is understood as the moving of services required for the maintenance and reproduction of the household (social reproduction) into the market largely after the mid-1900s (Braverman 1974). Feminist analyses interpret reproductive labor as social reproduction in the work necessary to “to keep households

and communities functioning and to allow labor necessary to send productive members out into the world to work” (Collins and Mayer 2010:10). Following Glenn’s description, reproductive labor has been

“removed wholly or partially from the household and converted into paid services yielding profits. Today activities such as preparing and serving food (in restaurants and fast-food establishments), caring for handicapped and elderly people (in nursing homes), caring for children (in child-care centers), and providing emotional support, amusement, and companionship (in counseling offices, recreation centers, and health clubs) have become part of the cash nexus” (1992:5-6).

It is the commodification of this reproductive labor that is largely understood as service work in today’s economy, as many jobs once performed almost exclusively in the home (domestic sphere) by women have shifted into the market economy.

Service work is thus generally understood to be “women’s” work carried out by women and is devalued regardless of whether or not it is performed for wages. Resulting from global economic trends, service workers comprise over two-thirds of the economy and represent the fastest growing segment of the U.S. economy (Gray 2004; Pikulinski 2005). However, the service economy is polarized. A small segment of service workers are highly-skilled and often highly-paid professionals who work as private contract employees, such as in the information technology (IT) industry (Chet 2004; Davis-Blake, Broschak, and George 2003; Smith 1998). However, the majority of those in the service industry are low-wage, low-skilled workers who are increasingly casualized (temporary, part-time) and have reduced access to health insurance and other benefits. This segment of the service economy is most directly linked with reproductive labor as a type of care work (see Folbre and Nelson 2000; Tronto 1987) or emotional labor (Hochschild 1983). It also comprises the bulk of the sector, is the most stigmatized, and the poorest paying. The growth of what Folbre and Nelson term the “professional care services” (2000:126) from four to twenty-percent between 1900 and 1998, is all the more significant in recognition that approximately sixty-two percent of service jobs do not provide a living wage (Brocht 2000). In addition to being highly feminized, service sector jobs in a global economy are based upon racialized constructions of worth (Brodkin 2000; Chang 2000; Gunewardena and Kingsolver 2007; Sacks 1988; Salzinger 2003), where

“women’s” work carries a set of implications about the reduced value (economic and social) of the work and the worker (Castells 1996; Kessler-Harris 2001; Susser 1997). This is clearly visible in the forms of global neoliberal capitalism.

With its origins often credited to the writings of economist Friedrich August von Hayek in the 1930s, neoliberalism derives from classic liberalism ideology (e.g. Adam Smith, James Mill, and John Stuart Mill) that understands market economies to work best when unhinged from government interference (Gledhill 2004; Di Leonardo 2008). This is in opposition to Keynesian or “Fordist” economics, which argues state involvement is essential to provide security, such as through unemployment insurance or “welfare” for those unable to earn wages in the market (Braverman 1974; Piven and Cloward 1971). In essence, neoliberal policies promote economic and social growth through deregulated free markets, free trade, private property, and reduced taxation on the wealthy and corporations. These tenets are combined with devolution policies that seek to reduce and privatize the welfare state (Harvey 2006), such as the 1996 Personal Responsibility and Work Opportunity Act (PRWORA) that greatly reduced the safety-net for women and children (Newman 2001; Collins 2008; Morgen and Gonzales 2008). Within this logic, individuals are responsible for their own well-being, and poverty is understood to result from personal failings or irresponsibility (Katz 1989; Morgan and Gonzales 2008).

Reframings of neoliberal logic, such as “poverty on purpose” (Kingsolver 2002:23) and “accumulation by dispossession” (Harvey 2003:145-152) point to uneven processes of economic transformation resulting in the intentional impoverishment of certain regions and groups, especially women and people of color (Brodkin 2000; Buck 2001; Harrison 1995; MacLean 2008; Williams 2001). This is demonstrated in numerous U.S. anthropological accounts¹ that describe the changing economic structure and display its’ significance in limiting options for the poor and working-class over the past few decades. Collectively, this scholarship serves as a critique of neoliberalism.

A particularly important work in this genre is Susser’s (1982) *Norman Street* in which she describes the daily life of working-class people, emphasizing “life-styles, values, and activities as they change in response to political and economic conditions

¹ For examples see Anglin 2002b; di Leonardo 1998; Forman 1995; Kingsolver 1998; Lamphere 1987, Lamphere et al. 1993; MacLeod 1995 [1987]; Nash 1989; Sacks 1988; Susser 1982; 1986; Pappas 1989; and Newman 1988, 1999.

within a clearly delineated national and local political context” (1982:ix). In this manner, Susser describes how local issues and the impact of federal programs (and their cutbacks) relate to national changes in terms of economics and politics. In another example, *No Shame in My Game*, Newman (1999) solidly places the working poor in Harlem within, not separate from, American values centered on work as an integral part of identity. In so doing, she argues that attention to the labor-market forces that so negatively affect the working poor must be the priority, as “no amount of moralizing, proselytizing, or punishment will shore up declining families if they do not have jobs, especially jobs that pay a living wage” (Newman 1999:298). Finally, the essays in Goode and Maskovsky’s (2001) edited volume *New Poverty Studies* describe an anthropological approach to the “new” poverty studies with the purpose of:

advancing the argument that poverty is a direct outgrowth of uneven capitalist development, meanings, practices, and identities of those who are impoverished vary across geography, history, and multiple axes of difference, and that poor people engage in a number of collective and individual strategies that are designed not only to survive the conditions of poverty but to change them (2001:17).

These essays are significant in that they portray poverty as dynamic, heterogeneous, and linked to national and global neoliberal policies. In addition, these researchers draw attention to the ways in which the poor challenge stereotypes about poverty and assumptions about their morality (Goode and Maskovsky 2001:23). Hence, the authors in *The New Poverty Studies* are approaching poverty with an intentionality to re-politicize poverty and inequality, especially within academia and policy relations (Goode and Maskovsky 2001:17).

Although neoliberal ideology is too often referred to in monolithic and hegemonic fashion, recent scholarship emphasizes the multiplicity, instability and incomplete dominance of neoliberalism(s) (DiLeonardo 2008; Harvey 2005; Kingfisher and Maskovsky 2008; Ong 2006; Peck 2008). Critically, neoliberalism may be understood as a set of cultural meanings and practices (Comaroff and Comaroff 2000; Kingfisher 2002) that are created, re-created, and resisted in specific regional, local, and contextual ways. Resistance and dissent to oppressive structures and violences have been described in terms of “foot-dragging” (Scheper-Hughes 1992), critiqued as overly romanticized by

anthropologists (Abu-Lughod 1990; Lewin 1998), and as necessarily understood only in terms of intention (Kleinman 1998). However, not only do understandings of resistance describe the behaviors of the marginalized, it necessarily deconstructs the “workings of networks of power” (Lock and Kaufert 1998:12). While these and other ethnographic accounts describe active resistance against inequitable resource distribution, medical anthropology studies of activism (e.g. Anglin 1998; Maskovsky 2000; Morgen 2006; Mullings and Wali 2000) call attention to ways in which violence regarding health and access to health care are issues of social justice while adding nuanced understandings to public health statistics.

“New” Union Activism

The expansion of neoliberal economic practices are not going unnoticed. As many of the protections for workers attached to waged labor are being eroded, some labor unions are responding in strategic ways to counter changes that threaten security for working families. Savvy to the ways in which economic transformations draw upon gendered and racialized constructions of worth, some unions are shifting the focus of their organizing and political activism to include groups not traditionally included in organized labor, specifically workers in the service industry, women, and people of color. With the intention of re-politicizing issues of economic and benefit marginalization, unions serve as a site of resistance against harmful political economic processes. In so doing, “new” unionism activities directly respond to problems of inequitable resource distribution resulting from neoliberal economic restructuring. This also highlights the potential for workers to successfully address issues of resource marginalization, including access to “good” jobs, benefits, and health care.

Recent reshuffling among U.S. labor union organizations in response to dwindling union membership suggests a critical point has been reached in relation to the problems of deindustrialization and neoliberal policies that erode the New Deal social safety net. For example, the merger of the Steelworkers and PACE and the recent split within the AFL-CIO display an impatience among labor unions regarding declines in union membership to avert further loss of union bargaining power. These events are in keeping with Comaroff and Comaroff’s argument for organized labor to find “expansive ways to

deal with the emergent economic order [global capitalism]" (2000:335). This is being realized in aspects of the "new" unionism movement.

The "new" unionism movement gained traction in the late 1980s, as "a wave of fresh activist energy" (Turner, Katz, and Hurd 2001:2) began to erupt in response to economic transformation and stagnating union membership and power. The movement's legitimacy was unquestioned after the 1995 AFL-CIO election of the "New Voice" leaders, lead by the SEIU's John Sweeney, who called for revitalization and increased investment in organizing and in political activism. This was a move away from the business unionism that had dominated after World War II. Invigorated organizing efforts among some unions targeted workers not traditionally in labor unions, especially women and service workers. Political activism initiatives pushed for greater involvement with local grass-roots and community organizations as well as international trade rights and labor conditions. At the core, the "new" unionism is highly democratic and grounded in promoting social and economic justice, especially in conjunction with grassroots or community-based organizations (Fletcher and Hurd 1998:53; see also Bronfenbrenner et al. 1998; Moody 1997; Needleman 1998). While rhetoric about globalization can seem distant and abstract, the effects of economic restructuring are local, and the consequences manifest worker to worker, family to family. By working in local, on-the-ground community spaces, as well as across international boundaries, "new" or "social movement" unionism activists are challenging the processes that differentially leave workers, families, and communities with reduced incomes and access to vital resources.

While the combination of labor union and grassroots organizing is a revival of older tactics from the early twentieth century (Murolo and Chitty 2001), their current importance is unmistakable. These activities include new tactics for organizing low-wage workers to gain job security and safety, livable wages, and benefits, as well as increased political activities and broader community coalition building. For example, as part of their renewed efforts, the AFL-CIO pledged support for working-family legislation at the 2001 convention. Read broadly, this included legislation regarding not only the problems associated with the outsourcing of jobs, pension loss, and rising health care costs, but also the need for expanded childcare and universal preschool, and expanding the Family Medical Leave Act (FMLA) (Firestein and Dones 2007:142).

Union criticism against welfare reform (PRWORA) legislation led to coalitions with community groups to push for protections for workfare workers on the job site. These actions were in conjunction with denouncing the effects workfare has had on further decreasing wages in low-skilled jobs and in communities (AFL-CIO 1997; AFSCME 1996; Duggan 2001; Krinsky and Reese 2006).

In response to the rapid economic and social transformations, labor union activism has expanded in new organizing directions to follow suit (Durrenberger and Erem 2005; Durrenberger 2003; see also Derickson 2000; Herod 1995), with a newly energized political emergence apparent within organized labor. It is significant that service workers, the most diverse economic sector, are less likely than other workers to receive benefits including health insurance. However, union organization in the service industry greatly reduces gender and racial disparities by raising wages and benefits (Gray 2004; Smith-Nonini 2007). This has resulted in the increased membership of women and minorities among union roles, with increased efforts of some unions to target service workers (Robinson 2000). For example, pivotal victories, including SEIU's 1999 organizing of 74,000 home health workers in Los Angeles County and UNITE's 1999 organizing of Cannon Mills plants in North Carolina, demonstrate a tactical shift in union strategies intended to alter the overall trends of union membership decline, sluggish organizing, and decreased bargaining power (Bronfenbrenner et al. 1998; Murolo and Chitty 2001). Union membership in 2008 represents about 12.4% of waged and salaried workers (U.S. Bureau of Statistics 2009b).

Of the unions in the "new" unionism movement, the Service Employees International Union (SEIU) has received much attention for organizing campaigns, especially among low-wage and immigrant service workers, and community partnerships both nationally and internationally. In 2005 the SEIU lead several unions, including the Teamsters, United Food and Commercial Workers, Laborers union, and UNITE-HERE, to split with the AFL-CIO and form the Change to Win coalition. The impetus behind the split were disagreements about resource allocation for organizing campaigns, with the Change to Win unions pushing for increased organizing efforts, especially among low-wage service workers (Smith-Nonini 2007).

The SEIU represents workers in three sectors: health care (LPN's, doctors, lab technicians, nursing home workers, and home health care workers), property services (janitors, security officers, superintendents, maintenance workers, window cleaners, and doormen and door women), and public services (local, state, and government workers, public school employees, bus drivers, and child care providers) (SEIU 2010). The SEIU's Justice for Janitors campaign, established in 1984, is a coalition that works in more than thirty U.S. cities to organize workers and bargain for better wages, benefits, and job security for building and office cleaners (SEIU 2010; Voss and Sherman 2000; Waldinger 1998). The success of the movement is attributed to worker mobilization, community involvement and civil disobedience (Figueroa 1998). Pivotal Justice for Janitors victories include organizing campaigns in Sacramento and San Jose, where the labor activities lead to broader reforms and ushered in one of California's best living wage ordinances (Rudy 2004:148). Justice for Janitors is also an important model for organizing immigrant workers, with successes in many cities, including Los Angeles, San Francisco, and Silicone Valley, and Washington D.C. (Figueroa 1998). Taking these initiatives on an international scale, in 2004 the SEIU created a global partnerships unit with the purpose of building global strength in response to the difficulties of making gains for workers against transnational corporations. Examples include working with unions in Australia and New Zealand on the "Clean Start" campaign and on the United Kingdom's "Justice for Cleaners" campaign (Tattersall 2007:161-163).

UNITE-HERE provides additional examples of successful organizing in the service sector. UNITE and HERE merged in 2004 following their collaborative efforts in a strike at Yale University and in the Immigrant Workers Freedom Ride to Washington D.C. (Smith-Nonini 2007). UNITE-HERE represents workers in hotels, gaming, airports, food service, laundries, and textile, manufacturing, and retail industries. According to a report prepared by UNITE-HERE regarding growth and success since the merger, the union has made important gains in both organizing and contract negotiation efforts in both non-gaming and gaming hotels. For example, in 2006 renegotiated contracts for 60,000 workers in over 400 hotels in New York and San Francisco saw gains in wages and benefits as well as improvements in safety and workload. In addition to increasing union density at Hilton Hotels and in the Los Angeles and Boston metropolitan areas,

organizing efforts also turned to cities with high numbers of non-union hotels, including Phoenix and Atlanta. Since the merger, new contracts for 80,000 workers in gaming cities and states (e.g. Las Vegas, Atlantic City) gained significant wage and benefit increases. Such increases are important not only for workers and their families, but as part of UNITE-HERE's mission to move service sector workers into the middle class (UNITE-HERE n.d. a). Clearly, this agenda is one that seeks to challenge economic transformations that reduce wages, benefits, safety, and security for millions of workers.

Despite these reported successes, UNITE-HERE has been recently tarnished by internal strife between President Bruce Raynor and internal factions that claim he has misused union assets. Raynor sought to dissolve the merger between UNITE and HERE, arguing that the merged union was less effective than the separate unions had been. In response, factions within the union argue that Raynor's motives are about preserving power and control through dividing the union (UNITE-HERE n.d. a, b). In addition, UNITE-HERE alleges that the SEIU and its President Andy Stern have filed numerous petitions for raid elections (an election where an outside union attempts to increase its membership by "raiding" the membership of an incumbent union) and crossed territorial boundaries. These actions and allegations demonstrate that even unions with progressive agendas remain prone to strife within and between unions, undermining the broader scope of the "new" unionism. This fight that began in the spring of 2009 was settled in July 2010, with SEIU and Workers United gaining control of the labor-owned Amalgamated Bank and UNITE-HERE keeping control of the union's New York headquarters and most members from the merger (MacGillis 2010).

United Steelworkers (USW), AFL-CIO

The long history of USW activism is well-documented (Brown 1998; Krause 1992; Reutter 1988). While the PATCO defeat in the 1980s is often referenced as the precipitous declining moment of union power, Rosenblum (1995) argues that the USW defeat at Phelps-Dodge in 1983, which ended in the union local's decertification, was the strike in which corporate America perfected strategies for strikebreaking and union busting. The Steelworkers responded, drawing on their experience with their defeat at Phelps-Dodge to alter their bargaining strategies and create "new strategies." These new

tactics, strategies rarely seen among unions since the 1930s and 1940s, were first revealed in the Steelworkers battle with USX in 1986 and blossomed in the Ravenswood strike in 1990 (Bronfenbrenner and Juravich 2001:216). At the forefront of the new union tactics was a remarkable commitment to corporate research, especially regarding company finances, subsidiary holdings, and “shadow” front owners as revealed through tracing loans, materials suppliers, and trade agreements. Resulting from such research efforts and rank-and-file and community involvement, the USW victory at Ravenswood in 1990 has been heralded as “emblematic” of a “new revived labor movement” (Juravich and Bronfenbrenner 1999:201). In addition, the USW has also incorporated newer strategies of organizing workers in the broader service sector and increasing the diversity of membership in some USWA locals (Murray 1998). As evidenced in continuing efforts to revitalize bargaining and strike tactics in corporate campaigns, including Ravenswood (1990), Bayou Steel (1993), Bridgestone/Firestone (1996), the USW is recognized as a leader in the “New Unionism” movement (Bronfenbrenner and Juravich 2001). Importantly, the USW demonstrates the increasing difficulty of union-management bargaining with multi-national corporations and the need for careful research and diversified tactics to fit each bargaining engagement. Perhaps, most importantly, the USW has reminded us of the importance of rank-and-file and community involvement and support in such endeavors.

*Retail, Wholesale, and Distribution Service Union (RWDSU),
Change to Win, Canadian Labor Council*

An affiliate of the UFCW, RWDSU members are employed in diverse occupational settings, including retail, manufacturing, and health care. As their website proudly proclaims, they represent “poultry workers in the south, supermarket workers in Canada and New York, retail workers in the northeast, candy, juice, cereal and dairy workers in the mid West, soft drink bottlers in New England, and government employees in New Jersey” (RWDSU 2009a). The RWDSU was chartered in 1937 by the Congress of Industrial Organizations (CIO), merged with the Cigar Makers Union in 1974, and affiliated with the United Food and Commercial Workers union (UFCW) in 1993 (RWDSU 2009b). In 2005 the RWDSU, along with several other International unions,

disaffiliated from the AFL-CIO and joined the Change to Win coalition. As an active community member, the RWDSU actively supports local community food banks, voter registration drives, and disaster relief funds. As a strong defender of civil rights, the RWDSU was the first union to negotiate for Dr. Martin Luther King, Jr.'s birthday as a paid holiday and was among the first unions to pass a convention resolution to support black trade unions in South Africa (RWDSU 2009c). Notably, in 2008 in a contract negotiated with Tyson poultry in Shelbyville, Tennessee, the RWDSU became the first union in the U.S. to negotiate for recognition of the Muslim holiday Eid al-Fitr. The union also supported a New York City Council resolution to include the Muslim holidays "the Eids," Eid Ul-Adha and Eid al-Fitr, into the school calendar, which passed on June 30, 2009. In a statement supporting this resolution, RWDSU President Stuart Applebaum remarked:

Muslims make up between 10 and 12 percent of the student body, and they deserve the respect afforded to students of other religions. Just as important is the lesson that it teaches to students throughout New York City schools: Respecting diversity is a crucial part of modern life, both at home and on the global stage. Recognizing these holidays accurately reflects the makeup of the city and the students in its schools (RWDSU 2009d).

It is in this spirit of recognition of diversity and political support for civil rights and workers rights that the RWDSU is counted within the "New" Unionism movement.

Indicative of the RWDSU's stance within the "New" Unionism and of their commitment to worker's rights, securing health benefits for workers has figured prominently in recent RWDSU contract negotiations. This reflects the concerns of working families with broader issues of resource security in response to neoliberal transformations. This is exemplified by workers at Niagara Fiberboard in Lockport, New York, where RWDSU Local 139 negotiated a 38% reduction in health premium rates and extension of coverage to children up to age 23 (RWDSU 2007b). The successful negotiations of RWDSU local 705 with Heinz at the Holland Michigan plant serves as another example. Regarding the Heinz negotiations, local president Reginald Martin stated: "There days, everybody's health care is under attack, and we battled the company to make sure that we wouldn't become victims of management's cost cutting. We fought for and won a great contract, and nobody will have to worry about their health care

coverage for five years” (RWDSU 2007a). These two examples demonstrate how the RWDSU is responding to the concerns of working families facing the threat of declining benefits and health resources in a changing economy. It also reflects the historical and current importance of labor union locals in securing these resources for working families.

Unions and Health Care

It has long been argued that the organization of the U.S. health care system is shaped by the struggles between capital and labor (Gottschalk 2000; Himmelstein and Woolhandler 1984; Navarro 1976; Quadango 2005; Woolhandler and Himmelstein 1989), and this relationship is of increasing significance today. Labor unions provide a critical site for analysis of individual and collective actions in response to rising job and resource insecurity, including decreasing health care access, market-based medicine, and neoliberal health policy in the United States. Women and minorities, who face increased problems obtaining health care, represent a majority of recent gains in union membership in the service sector (Robinson 2000). Where historically health insurance has been primarily employment-based (Davis 2001; Glied and Borzi 2004), rates of employer-sponsored insurance are decreasing (Davis 2001; Hoffman et al. 2001; Kuttner 1999). The majority of the decline in employer paid health insurance is attributed to the shift in jobs from manufacturing to the service sector (Rakoczy 2001; Center for National Policy 2000), but rising health insurance premiums, neoliberal social policies that diminish the safety-net (e.g. Medicaid restrictions, welfare reform), reduced bargaining power of labor unions, and barriers to democratic participation have also contributed to this decline (Davis 2001; Holl et al. 2005; Newman 1995). The result is the creation of new or expanded categories of people, especially in the service industries, with reduced access to health care. Directly related and of particular concern is the rise in gender bias in health, as rates of uninsured women, most likely to be single, low-income, or an ethnic minority, are growing faster than rates of uninsured men (Lambrew 2001).

Access to health care is also a site of union activism, as it is related to economic transformation and collective bargaining. As organized labor’s power slowly declined after WWII, social welfare issues were carried by civil rights movements more than labor unions (Lichtenstein 1989:145). However, while labor has not been silent, they have

lacked the power of a united front. As a result, labors' overall support was inconsistent at best regarding recent discussions about national health care or a single-payer option. For example, USW President Leo Gerard co-chairs the single payer advocacy group Healthcare NOW. While Gerard clearly places health care within a civil rights framework, other prominent labor leaders do not. Both John Sweeney and Andy Stern (former SEIU president who led the 2005 revolt from the AFL-CIO to form the Change to Win federation) promote finding business solutions for America's health care problems.

Individual unions and locals continue to struggle with health insurance benefits during contract negotiation. For example, this was the case in the 2004 hotel workers strike in San Francisco, as the main grievance in the contract negotiations was the proposed increase in insurance premiums of over \$100 per month (Smith-Nonini 2007). The AFL-CIO has been vocal in endorsing the need for reform, and this is demonstrated in the AFL-CIO.org website, which offers links to various informational resources about health care in America. Links to reports from the Kaiser Family Foundation, The Commonwealth Fund, and Families USA, the Economic Policy Institute (EPI), and even the Journal of the American Medical Association are only a few examples of resources available through the website that seek to educate union members about the politics of health care.

The AFL-CIO's positioning on a "Medicare for all" system is ambiguous at best, as it acknowledges a necessary role of government in regulating and financing health care, but it clearly does not call for an end to private health insurance. While the AFL-CIO recently supported state led health care reform efforts, such as Wisconsin's single payer legislation, perhaps the most well-known example is the 2006 Fair Share Health Care bill (popularly known as the "Wal-Mart bill") enacted in Maryland. This bill requires corporations to either spend eight percent of payroll on health benefits or to pay the state for Medicaid costs of supporting their workers (Coie 2006). In other words, it required private industry to pay their fair share for health care costs (AFL-CIO 2006). However, the victory was short-lived, as Wal-Mart and The Retail Association claimed that the legislation defied ERISA (1974 pension reform legislation) and would prevent companies from establishing uniform health benefits for workers in different states

(Barbaro 2007). The Fair Share Health Care law was ruled invalid by a federal court judge, and the decision was upheld in an appeals court.

In 2009 the AFL-CIO and Working America (community affiliate of the AFL-CIO) conducted an online Health Care for America Survey. Survey respondents totaled 23,460 people, of which over 6000 wrote stories depicting their problems with health care costs, lack of insurance, and problems endemic within the health insurance system (AFL-CIO Working America 2009:3). The report was shared with Congress. The AFL-CIO supported President Barack Obama's health care reform initiative in 2009-2010 through public endorsements and through the activities of rank-and-file members who made phone calls and wrote emails and letters to their congressional and senate representatives (AFL-CIO 2010).

Regarding health care, the Change to Win coalition argues that "universal health care is the central jobs and economic security issue of our era" (Change to Win n.d. a) and calls for a "public-private partnership of unions and employers along with elected officials, health care providers and consumers to solve the crisis" (Change to Win n.d. b). Prior to the passage of President Obama's health reform in the House of Representatives in March 2010, Change to Win affiliated union members worked to "educate and mobilize their co-workers and neighbors, marched in towns and the nation's capital, and lobbied vigorously in every region of the nation" said Teamsters President, James P. Hoffa (Change to Win 2010a). Despite the efforts of some of the affiliated unions, Change to Win did not officially endorse the Bill until March 18, 2010 (Change to Win 2010). This, perhaps, demonstrates Change to Win President Andy Stern's position on drawing from already existing health systems, such as the military's TRICARE or the Federal Employee Benefit Health Plan, to develop a universal health care system. In so doing, Stern emphasizes the need for consensus building (public-private partnership) by corporations, health providers, consumers, and unions that would follow government parameters but remain customizable by individual states (Stern 2006:155-158).

For example, Stern's SEIU initiated a health care coalition with the Business Roundtable, a group of top CEOs who rallied against the Clinton plan in the 1990s, and the AARP, who endorsed the Medicare prescription bill in 2003. More publicly, Stern allied with Wal-Mart CEO H. Lee Scott Jr. to create the "Better Health Care Together"

business-labor coalition. Ironically, amid critics of the corporation's record on labor issues and health benefits, Wal-Mart tops labor's list of bad employers (Gottschalk 2007:943; see also Lichtenstein 2007). However, Stern's argument that the solution to the health care crisis lies in an alliance with corporate America is not well accepted among those who note the corporate investments in reducing collective bargaining rights and in passing trade agreements, such as NAFTA and CAFTA. Stern has been critiqued for his labor-management relations that look for "elite agreements between labor and management with little involvement from the rank and file, the government, and the wider public" (Gottschalk 2007:951).

Labor unions provide an important location for ethnographic research as they are a critical site for analysis of individual and collective actions in response to neoliberal economic restructuring practices, including outsourcing, that increase job and resource insecurity, including access to health care in the United States. Health is strongly linked to socioeconomic status, especially in urban areas where economic restructuring from a manufacturing to a service economy resulted in a loss of unionized jobs that were well-paying and provided benefits (Geronimus 2000:868). Despite these losses, union members remain among the most protected American workers because they are more likely to have benefits, including health insurance coverage and pensions, than non-union workers (AFL-CIO 2008). Hence, studying the functioning of social institutions, such as labor unions, in relation to job security and health care access, is a logical step in understanding broader economic and health care issues in the United States. For medical anthropology, the long relationship of labor unions within the political economic landscape of health activism makes organized labor an important but overlooked site of grassroots contestation of health disparities.

Health Disparities

Through structural and cultural processes, such as the distribution of health insurance, marginalization based on class, race/ethnicity, gender, age, and sexuality is written into the health care system in "invisible" but pervasive ways (Breen 2002; Geronimus et al. 1996, 2001; Goode and Maskovsky 2001; Hofrichter 2003; Schultz and Mullings 2006). For example, socio-economic status is implicated in reduced access to

quality health care, poorer health, and likelihood of premature death for the uninsured as compared with the insured (Aynian et al. 2000; Institute of Medicine 2001; Pappas et al. 1993). Likewise, gender bias in health is understood to encompass “unequal access for men and women to material and non-material resources, reproduced through symbolic cultural norms and values” (Sen, George, and Ostlin 2002:101). Inequalities in health as related to women’s unequal status in society are widely recognized (Cook 1994; Fee and Krieger 1994; Doyal 1995; Kawachi et al. 1999) as well as the intersectionality of race/ethnicity and socio-economics with gendered health inequalities (see Barbee 1993; Cooper 2002; Deaton and Lubotsky 2003; Geronimus et al. 1996, 2001; Harrison 1995; Krieger and Fee 1994, 1996; Mullins 1997, 2002; Mullins and Wali 2000; Ostlin, George, and Sen 2003).

The Financing and Affordability of Health Care

Difficulties associated with access to health care due to the high financial cost are increasing in the United States. Indeed, the lack of universal health coverage for millions of Americans has been described as the “single greatest barrier to ensuring equitable access to health care” (Davis 2001:46). Unfortunately, the problem has grown over the past decade, as the number of uninsured adults between ages eighteen to sixty-four increased from 30.0 million in 1998 to 37.1 million in 2008. While there were 6.6 million children under the age of eighteen without health insurance, this number was down from 9.1 million in 1998 (Heyman, Barnes, and Schiller 2009), largely due to the State Children’s Health Insurance Programs (SCHIPS). According to the 2008 Behavioral Risk Factor Surveillance Survey (BRFSS), the national rate of uninsured adults between eighteen and sixty-four is 17.1%, and in the Central Appalachian states, the rates are 17.2% in Kentucky, 14.7% in Ohio, and 19.8% in West Virginia. Fairing better than these state residents and the U.S as a whole, 84.8% of Meridian residents between ages eighteen and sixty-four have health insurance of some type, while 15.2% are uninsured (Centers for Disease Control and Prevention 2009).

Having health insurance does not necessarily make accessing health care affordable, as co-pays, deductibles, uncovered expenses, and prescription and over-the-counter medication costs often compete with basic necessities for many families. As a

result, the percentage of individuals not seeking health care due to cost rose from 4.2% in 1998 to 6.5% in 2008 (Heyman, Barnes, and Schiller 2009). While barriers to health care for the uninsured have received considerable attention, the problems of the affordability of health care among the insured are underrepresented. For example, between 1999 and 2008, the average health insurance premium for families more than doubled, rising from \$5,791 to \$12,680, far outpacing inflation rates of 29.2 percent (Families USA 2009a:5). This is largely attributed to rising premium rates and the shifting of premium costs to workers, further reducing take home wages (Medoff et al. 2001a). Nationally in 2009 the percentage of families spending more than ten percent of pre-tax income on health care numbered 14.8% of families with incomes over \$75,000, 48.7% of families with incomes between \$30,000-\$75,000, and 36.5% of families earning less than \$30,000. These numbers vary by state for families spending more than ten percent of pre-tax income on health care, with Kentucky at 28.6%, Ohio at 23.0%, and West Virginia at 28.2% (Families USA 2009b). This means that even some middle class, insured families are having trouble making ends meet in the face of rising health care and insurance costs, especially when dealing with chronic or catastrophic health care needs.

Regardless of insurance status, utilizing the health care system requires multi-step negotiations, where each appointment and procedure in the health care delivery process generally requires separate appointments, referrals, and locations, with separate payments for each (Breen 2002:236). Financial barriers for the privately insured include high co-pays, deductibles, and inability to pay for health services not covered by a health care plan (U.S. Department of Health and Human Services 2005). The critical point here is that while access to health care in the United States is overwhelmingly dependant upon ability to pay, employment and health insurance are not synonymous with ready health care access (Schoen and DesRoches 2000; Bronstein 1996).

Political Economy of Health Care

Anthropological approaches, such as political economic medical anthropology, critical medical anthropology, and critical anthropology of health frameworks have the ability to link explanatory and critical approaches by including analyses of people's expectations and actions within social context (Lazarus 1988:54). Important in the

political economy approach is the placement of the subjects (“other”) within particular historical and economic circumstances. In keeping with the paradigm that societies are connected through historical processes (Wolf 1982), a political economy framework historically situates culture within political-economic contexts. In so doing, power, control, and resistance are seen as central to understanding health (Morsy 1996). Here, the local and the global are (ideally) recognized as equally important as linked in historical and political-economic processes. Following this framework, this dissertation places the issues of economic transformation and resource (health care) provisioning among RWDSU and USW members within local and global economic processes.

Medical anthropological engagements with political economy often highlight resistance to inequitable power structures. While not all resistance may be intended as resistance and may simply be a form of “pragmatic action” (Lock 1998), this remains significant in understandings of the ways in which individuals and groups negotiate political economic systems. For example, some forms of critical praxis, such as those described by Singer as “community centered praxis” (1994:336), and by Mullings as “transformative work” (1995:133), acknowledge myriad ways in which people’s actions challenge systems as related to everyday, practical needs. This framework thus emphasizes analyses of actions and interactions, such as how the macro-level (global), national, community, and individual levels affect experiences with issues of health (e.g. Baer et al. 1986; Scheder 1988; Singer 1995; Manderson and Whiteford 2000; Morsey 1996; Whiteford 1993). Recognizing that societies are connected through historical processes, a political economy framework views culture as historically situated within political-economic contexts. Power, control, and resistance are central to understanding growing problems in health care access as linked to capitalist exploitation (Morsy 1996).

Much health inequity is directly related to class or socio-economic status and poverty, as the ability to pay largely determines access to health care resources (including prevention) within the U.S. biomedical system. While there is a correlate between poverty and health status, it is relative rather than absolute poverty that must be taken into account in studies of health inequality (Nguyen and Peschard 2003). This serves as partial justification for studying health inequalities in industrialized nations and for studying the differentially insured as well as the uninsured. While even poor residents in

the U.S. are not necessarily subject to the same (absolute) levels of poverty as those in the “developing” world, relative poverty and resource marginalization are clearly a major factors in the ability of people to access culturally appropriate resources, such as health care.

Despite the efforts of many, it is nearly impossible (if at all) to separate class from race and gender constructions. Ortner argues that “*at the level of discourse*, class, race, and ethnicity are so deeply mutually implicated in American culture that it makes little sense to pull them apart ...there is no class in America that is not already racialized and ethnicized” (1998:9-10). As argued by Mullings and Schulz (2006), lifestyle and cultural explanations for health inequalities often hearken toward culture of poverty constructions and tend to see racial categories as static, biological categories. Many black feminist scholars (as well as others) argue that race and gender categories are socially constructed and contextual (Collins 1990; hooks 1981; Mullings 1997; Schulz and Mullings 2006:5). For example, Mullings (1997) argues that race / ethnicity, gender, and class are not experienced separately and must not be viewed as simply multiplicative. Rather, viewing race, class, and gender as interlocking creates an analytic framework that allows not only for explanation but also for prediction of patterns of inequality (Mullings 1997:6). However, as Mullings and Wali argue from their study of the health effects of race, gender, and class through a framework of environmental stress, “highlighting the matrix of interaction is a necessary theoretical intervention, [but] it is not sufficient” (2000:161). This strategy underscores the ways in which these variables intersect and carry varying and fluid situational importance. This allows for a richer understanding of how social hierarchies are produced and reproduced in specific contexts and how these hierarchies are historically linked. Simply put, as race, gender, and class as positional groupings are intersectional there is need for anthropologists and health inequality scholars to not only unravel the matrix but trace the mechanisms that produce measurable disparities in morbidity and mortality.

Medical anthropological investigations seek not only to document the effects of health disparities but to highlight activism on many levels. In so doing, medical anthropologists of late emphasize activism that accompanies the biopolitical dynamics of health care. Three particular essays in the Schultz and Mullings (2006) edited volume,

Gender, Race, Class and Health, have important theoretical importance for this research. The essays by Mary Anglin, Emily Martin, and Sandi Morgen argue that social movements have much to contribute to theoretical frameworks. These authors give credit to the work of political activists in their attempts to address health inequities and acknowledge the potential contributions that their work and insights offer academia and public health in the effort to address health inequities. It is through this lens that I understand the activism of labor unions in Meridian to hold sophisticated knowledge of the power (and means of resistance) to exploitative workings of economic transformation.

Appalachian Labor and Activism

Although U.S. labor history literature is expansive, Appalachian labor history, arguably, takes center stage, playing host to some of the most famous battles between labor and capital during the twentieth century. Perhaps the best known Appalachian labor struggles involve the 1930s UMWA battles in West Virginia (e.g. Matewan) and Kentucky (e.g. “Bloody Harlan”) (Banks 1993; Corbin 1981; Dubofsky and Van Tine 1977; Savage 1990; Scott 1995; Williams 2002). Indeed, a mine strike at Blair Mountain, WV was the only time the U.S. government has ordered the military to fire on Americans (the miners and their families). Scholarship seeks to reevaluate Appalachian resistance, acknowledging grassroots organizing and activism as important forms of resistance to oppressive structures. As exemplified in Fisher’s (1993) edited volume, the range of actors and means of dissent in Appalachia since 1960 is complex. The essays in Fisher’s (1993) volume link dissenting actions to broader theoretical and national/global frameworks, countering stereotypes of Appalachians as passive victims and of their struggles as unrelated to national interests. Narratives of dissent in Appalachia discount notions of resistance (and work) as necessarily violent, male, and white (Anglin 2002a, 1993; Billings et al. 1999; Fisher 1993; Fones-Wolf 2004; Maggard 1990; 1998, 1999; Scott 1995; Smith 1987). For example, Anglin describes the ways in which women mica factory workers used informal means, such as ‘back talk’ and “work-based networks,” to navigate factory politics (2002b:104). Maggard’s (1999) account of two Kentucky strikes in the 1970s documents the primary role of women as strikers. A largely female workforce protested unsafe working conditions, serious understaffing, and low wages at

the Pikeville Methodist Hospital. Following nine months of attempted negotiation with the hospital, a picket line held twenty-four hours a day for two years (Maggard 1999). Many of the same women also played significant roles in the Brookside strike at the Duke Power Company, effectively shutting down the mine by turning away scabs (Maggard 1999).

Race relations within Appalachian labor organizations have been described as different from both the Northern and Southern regions in that organizational efforts among Appalachian unions expressed “persistent interracialism,” rather than intense racism in the South and a focus on ethnicity in the industrial North (Williams 2002:286). While avoidance of racial issues is described as the “universal approach” taken by many Appalachian organizations (Manning-Miller 1993:58), other accounts reflect union activism as confronting racism in significant ways. For example, contrary to the largely failed effort of the labor movement to effectively advocate civil rights reform (Boyle 1995; Draper 1994; Korstad and Lichtenstein 1998; Nelson 2001), West Virginia’s AFL-CIO, led by Miles Stanley (1957-68), became an advocate for civil rights in West Virginia (Fones-Wolf 2004). Indeed, Fones-Wolf ascribes labor’s role in the passage of the West Virginia Human Rights Act in 1961 (three years before the national civil rights bill passed in 1964) as its’ most significant civil rights political achievement (2004:122).

Important here is the understanding that issues of concern to Appalachian workers are integrated within, not separate from, national and global systems. While Appalachian labor unions have long been recognized as important sites of labor struggles, scholars also acknowledge grassroots organizing and activism as important forms of mobilization (Anglin 1993, 2002 a,b; Billings and Blee 2000; Fisher 1993; Maggard 1990; Scott 1995). These and other accounts link recent dissenting actions to broader theoretical and national/ global frameworks, countering stereotypes of Appalachians (and workers) as passive victims, and illustrating how Appalachian labor struggles are related to national and global interests (Couto 2004; Reid and Taylor 2002). Significant instances of resistance in Appalachia have had national implications. Examples include: changes in national legislation to better protect rights of workers (Maggard 1999), amending of the Possessions Tax Credit (Section 936 of the U.S. Internal Revenue Code) which closed a corporate tax loophole and saved taxpayers billions of dollars (Weinbaum 2001); Black

Lung reform (Smith 1987), and passage of the West Virginia Human Rights Act in 1961 (Fones-Wolf 2004). Taken together, union and grassroots mobilizations in Appalachia demonstrate the potential for significant change from the “ground up,” serving to re-politicize issues of access to resources in practical and significant ways.

Important for this study is the precedent of Appalachian union actions regarding health care. Significant examples are the struggle for Black Lung reform (Smith 1987) and UMWA Pittston strike, hailed as one of the most important labor battles in the U.S. in the early 1990s. Unwilling to accept concessions in pensions and health care benefits, especially the loss of health benefits for 1500 retired and disabled miners, miners’ widows, miners’ spouses, mothers, and children adopted nonviolent tactics from the Civil Rights Movement (Anglin 2002a; Couto 1993; Moore 1990a,b). Following the example from Brookside in 1974 (Maggard 1999), Pittston women became grassroots leaders, skillfully linking community and union interests in terms of human rights (Anglin 2002a:568; see also Sacks 1988).

A third example from the UMWA demonstrates how union activism can evolve into broader grassroots activism. As demand for coal declined in the 1950s, “sweetheart deals” were negotiated between the UMWA and the Bituminous Coal Operator’s Association (BCOA), allowing some union mine operators to forego payments into the Fund. The UMWA has been critiqued for these deals, as the union neglected the needs of the rank-and-file in favor of coal production (Black 1990:112). The combination of the sweetheart deals and the proliferation of non-union mines meant that the UMWA became financially unable to provide free health care for all miners, and miners unemployed for over one year or currently working in a non-union mine had their health cards revoked (Black 1990; Eller 2008). As Ronald Eller describes, in 1962 “miners in Eastern Kentucky had accepted lower wages, but the loss of their family health cards was too much,” and they countered with a “wildcat strike” (2008:68). These wildcat strikes became known as the “Roving Pickets,” as miners, along with their families and supporters, in the hundreds moved from mine to mine in an attempt to close non-union or sweetheart mines. While the Roving Picket Movement was not able to stabilize the UMWA health care system and restore union mining jobs, it transformed into something larger. As Kate Black describes, in 1963 “the Roving Picket movement changed from a

miner's resistance to an unemployed/poor people's movement" (1990:116). Indeed, the Roving Picket movement was the founding base for grassroots committees, most notable the Appalachian Committee for Full Employment (ACFE), which monitored War on Poverty spending by local elites, the Federal school lunch program, and the allocation of Office of Economic Opportunity (OEO) funds (Black 1009:117-18). The Roving Pickets exemplify the power of union and grassroots activism, and provide but one example of how the importance of health care access can mobilize into broader political action.

These examples demonstrate that the possibilities resulting from the combination of community and union interests are great indeed. Taken together, union and grassroots mobilizations in Appalachia demonstrate the potential for significant change from the "ground up." Hence, alliances between unions and community interests serve to re-politicize issues of access to resources in practical and significant ways. Explicitly, it is in the historical experience with participatory democracy that unions in Appalachia make a profound contribution to the "new" unionism (see Couto 1993, 1999; Hinsdale, Lewis, and Waller 1995). Largely due to the longstanding regional history of union activism and the relative strength of Central Appalachian unions today, workers in Central Appalachia are understood to be not just part of but formative in the "new" unionism strategies and movement. Appalachian unions, in addressing the needs of service workers today, demonstrate the importance of everyday praxis and collective resistance to inequitable political economic transformations that are transforming so many communities the world over. This type of union activism is vividly displayed in the more recent activities of the "new" unionism movement.

Tying It All Together

So how do I categorize this ethnography? I believe this ethnography sits astride both medical anthropology and the anthropology of work in a way that highlights the strength of cultural anthropology to make sense of complicated and interconnected processes and actions. Because so much of this ethnography reads as a treatise on economic transformation and "new" unionism, it seems necessary to outline how I understand it to contribute to medical anthropology. Informed by political economic and critical perspectives in medical anthropology, this research follows the understanding that

health is patterned not simply by biology but by cultural, gendered, race/ethnicity, class, and sexual orientation differences. These patterns are linked to local political and economic processes that create and recreate groupings to determine access to resources, including good jobs and health insurance. This ethnography places the actions of people within social contexts that, while rooted in history, are understood to be dynamic and contextual, thus highlighting power in processes of constraint and in resistance. Thus, as a political economy of medical anthropology traces mechanisms (processes) that produce disparities, this dissertation seeks to identify localized processes of economic transformation that lead to disparities in health insurance allocation and access to health care. In so doing, I am moving toward a social justice positioning that highlights processes that increase insecurity and health disparities. This is part of a larger effort among some U.S. and medical anthropologists to re-politicize disparities, including health and poverty, as linked to economic transformation and neoliberal ideology.

This dissertation describes specific processes of economic transformation (e.g. outsourcing, expansion of categories of service work, feminization of labor) that increase resource marginalization as well as regional and health disparities, including access to health care. In addition, the challenges to these transformations by individuals and labor unions seeking job security, good wages, and health and other benefits are highlighted within their discussions of the importance of union membership. This framework places marginalization and activism (individual and collective) regarding work, economic security, and health care within broader national and global processes of economic and political policy restructuring that are resetting the social contract between work and resource allocation. In so doing, offered here is a counter to the stereotypes of Appalachians and poor and working people by placing them squarely and actively within the networks of globalization.

While aspects of access to care and political economy have been traced as correlated with specific disease or disability states, such as AIDS, breast cancer and genetic diseases, and their corresponding activist groups (e.g. Anglin; 1998; Bihel 2004; Comaroff 2007; Heath, Rapp, and Taussig 2004; Mole 2007; Owczarzak 2007; Petryna 2002; Rapp 1999; Rose and Novas 2005), this research traces access to health care through the allocation of health insurance as related to work. By following an

intersectionality approach that views race, gender, and class as fluid and contextual, political economy allows a greater understanding of the ways in which social hierarchies or status continuums are produced through the allotment of resources, including jobs, wages, health insurance, and access to health care. In so doing, this research describes the ways in which global market expectations are intensifying the hierarchies based on race, class, and gender. Certainly, this framework correlates with many recent efforts in U.S. anthropology, studies of “new” unionism activities, and in Appalachian studies to re-politicize issues of marginalization and inequity, including health care provisioning, and serves as a critique of neoliberalism.

Meridian, U.S.A.

Do you know anyone from Central Appalachia? Well, if you watch television, listen to radio, or are a fan of sports, music, film, or literature, chances are you do. Indeed, some residents from in and around Meridian have become household names across America. Included in this listing are: Jesse Stewart and Pearl S. Buck (authors), Booker T. Washington (civil rights activist), Chuck Yeager (pilot), Peter Marshall and Chuck Woolery (TV personalities), Noah Adams (National Public Radio host of “All Things Considered”), The Judds (Naomi and Wynonna), Kathy Mattea, Tom T. Hall, Ricky Skaggs, and Keith Whitley (country music), Michael W. Smith (contemporary Christian singer/songwriter), Billy Ray Cyrus (music, television, and film), Jennifer Garner (film), Randy Moss (NFL), Jason Williams and O.J. Mayo (NBA), Brandon Webb (MLB; 2006 Cy Young Award winner), Steve Yeager (MLB), and Jeff Morrison (professional tennis player). Slightly less well-known are Kennedy Womack, who appeared in the controversial CBS children’s reality show *Kid Nation*, and Andrew Dodson, who won the Heinz Top This TV Challenge with his award winning commercial “The Kissable Ketchup” which aired during the 2007 Emmy Awards. Other Meridian families have appeared on ABC’s “Extreme Makeover” and NBC’s “The Dr. Phil Show.” Three Meridian area restaurants, renowned for their “comfort food” were profiled on the Food Network’s “Diners, Drive-Ins, and Dives,” hosted by Chef Guy Fieri. More notoriously of late are Lynndie England, recognized from the photographs that indicted

her role in the Abu Ghraib prison torture incidents, and Anthony “Tony” Artrip, who was profiled in 2007 on FOX’s “America’s Most Wanted” for a multi-state robbery spree.

Although Central Appalachian residents are clearly within the mainstream of modern American culture, as the previous accounting indicates, the area remains plagued by stereotypes and misunderstandings that portray area residents as less-than modern Americans. Perhaps the most notable recent example of this was expressed by Vice President Dick Cheney, where he joked in a June 2008 speech to the National Press Club about being a distant cousin to Barack Obama, noting “So we had Cheney’s on both sides of the family – and we don’t even live in West Virginia.” Cheney further quipped that “You can say those things when you’re not running for re-election.” West Virginia Governor Joe Manchin, Senator Robert Byrd, and numerous West Virginia residents reproached Cheney for his damaging and stereotypical comments. Cheney’s office (predictably) responded with an apology (Nizza 2008). While this listing demonstrates myriad ways in which Appalachians are integrated within the American cultural landscape, the narrative accounts appearing in this work will demonstrate that, far from being stereotypic characters, Appalachians and the working-class represent the past, present, and future of work, health care, and resistance in America.

Location! Location. Location?

In Chinese medicine, meridians are energy pathways connecting parts of the body. Geographically, meridians bisect the earth, separating the two halves of the sphere. I chose “Meridian” as a pseudonym for the research site because this term encourages us to reconsider the ways in which bodies and regions are connected and divided, in this case through issues of labor and health care, within a globalizing world. In this study Meridian lays bare the intersections of political economy and health care within this urban Central Appalachian community, depicting the ways in which people are organized into groups with differentiated rights to health care. The use of pseudonyms is a tradition in anthropology to protect research participants to the extent possible. Because anthropologists often work with politically marginalized groups, caution is often warranted as we seek to provide a space for their voices while shielding them from the negative repercussions of speaking so candidly of their lives. In this dissertation, I follow

the tradition not for tradition's sake but from necessity. I am mindful of the current political climate and the sensitive political and health information shared in this research, and thus hold the identities of place and people in confidence.

So, where exactly is Meridian? Suffice it to say, Meridian has historically been an industrial center in Central Appalachia, proximally located to abundant coal supplies and swift flowing rivers once attractive to heavy industry. As in so many areas of the U.S. over the past few decades, Meridian's once impressive manufacturing and industrial base has yielded to jobs in the service and health care industry. Clearly, the job loss trends in Meridian are representative of trends within the U.S., as part of the system of national and global economic restructuring (Anglin 2002a,b; Couto 2004; Durrenberger 2003).

While nationally the percentage of wage and salary earners age sixteen and over belonging to a union was 12.4% in 2008, the rate of union membership was 8.6% in Kentucky, 14.2% in Ohio, and 13.8% in West Virginia. The percentage of union members in Ohio and West Virginia are higher than the national average and significantly higher than rates in Southern states, which range from 3.5% (North Carolina) to 9.8% (Alabama) (U.S. Bureau of Labor Statistics 2009a). Workers in the Central Appalachian region are concentrated in "blue-collar" occupations to a greater extent than workers throughout the U.S. (Seufert and Carrozza 2004:339), making this an ideal site to study the working-class. Issues of job loss and health care in this metropolitan region are integrated within, not separate from, urban national and global systems, reflecting national and global economic restructuring trends over the past few decades (Couto 2004; Durrenberger 2003).

Goals of this Research

It is clear that the processes for allocating necessary resources, including good paying jobs and benefits, are intertwined with systems of disparities along regional, gendered, racial/ethnic, class, and sexual orientation categories in a shifting world economy. Put simply, the structure of work and benefit allotment (including health insurance and access to health care) follow prescriptive ideologies about hierarchal values placed on bodies. Along these lines, certain groups, especially women and

children, fail to receive equitable resources. As the global can only be understood by unraveling local processes, this research seeks to describe local concerns and pragmatic responses to economic transformation and increasing insecurity among working and middle class families. To this end, this research asks a certain set of questions. First: Do union members identify access to health care or health insurance as a primary reason for joining a union? What other benefits do they identify as reasons to belong to a union? Second: Do members or households from one union describe more problems with accessing health care resources than the members of the other union? If so, is this attributable to gender, race, unstable or inadequate health insurance coverage, or limited union bargaining power? Third: What are the dynamics of access to health care (e.g. health concerns, barriers to health services) within union households, and how is this reflected in their strategies to obtain health care?

This dissertation is an ethnographic study of how workers in two leading unions in the “new” unionism movement, the Retail, Wholesale, and Distribution Service Union (RWDSU) and the United Steelworkers (USW), characterize union membership and economic (and benefit) transformations that threaten security for working and middle class families. Using health care as a case study, this dissertation demonstrates the ways in which economic transformations are making health care less affordable for working and middle class families. Through a discussion of the importance of union membership that highlights job protection in the face of economic transformations that include the expansion and increasing feminization of service work and the decline in work sponsored benefits, this dissertation details how these processes reduce access to and affordability of health care. Taking individual and union local activism a step further, this research takes a broader perspective of collective union activities in Meridian, describing how unions in Meridian are participating in new unionism tactics on local, regional, and state levels in regards to issues of economic transformation. Prioritized here are worker’s perspectives and the pragmatic actions of workers seeking economic and health security for their families. In so doing, this research spotlights access to health care among workers in the “new” unionism as a social justice issue with the potential to unify labor union, grassroots, and academic activists in articulating and responding to the growing crisis in disparities.

Organization of the Dissertation

Chapter Two, “Fieldwork as it Happens: On Methodology and Life in Meridian,” describes the methodology used in this study. Therein I discuss my introduction to the RWDSU and USW, participant-observation with the unions and within the community, and interview participant recruitment. I conclude with a discussion of identity politics as related to gender and race in Meridian.

Chapter Three, “Speaking up and Speaking out: Today’s Unions from Within,” highlights the views of the rank-and-file in these two union locals of the RWDSU and USW to illustrate the ways in which active union members describe the relevance of union membership in today’s global economy. This includes a discussion of the importance of union membership for job protection and why this is important for health care for workers in Meridian. This chapter concludes with a discussion of the ways in which the local issues of concern to the union members reflect national issues of Right-to-Work legislation and the Employee Free Choice Act.

Chapter Four, “Service Workers and Health Care: The Social Consequences of Outsourcing and Devaluing Labor,” contextualizes why job protection is increasingly important for workers in Meridian. By focusing on issues of outsourcing, this chapter describes: 1) the economic transformation in Meridian through a description of work opportunities and the availability of jobs with benefits (e.g. health insurance); 2) outsourcing as experienced by the RWDSU and USW; and 3) the future of employment in Meridian. This chapter ends with a discussion of the problems regarding the expansion of service worker categories and what this means in terms of the ability to secure resources, including health insurance and health care, for workers and their families.

Chapter Five, “Fractured Solidarity: Dismantling the Social Contract Between Work and Health Care,” looks at the problems workers have with securing resources, such as health insurance as a result of economic transformation. First, to transition from the previous chapters, this discussion will begin with a look at Medicaid health services as described in interviews and how policy changes in Medicaid and PROWA entitlements are tied to economic transformation and the feminization of service work (and increase vulnerability of low-waged, low-skilled workers, especially women). Second, by

comparing the descriptions of health care between differentially insured RWDSU and USW members, this chapter focuses on the ways in which work, wages, union status, and insurance level determine health care access and affordability. This chapter highlights how workers as individuals and members of unions work to secure health care resources for their families and serves to demonstrate how health care stands as a measure of increasing economic and social insecurity resulting from economic transformations.

Chapter Six reflects a portion of my ethnographic research with area local unions through participant-observation with a Central Labor Council (CLC). In that time, several issues of local, state / regional, and national importance dominated the actions of the CLC. This chapter describes the efforts of several labor unions, representing industrial, trades, and service workers, to become more involved in the community through participation in the Meridian Labor Council. Through descriptions of the Meridian Labor Council's involvement in the AFL-CIO sponsored Member-to-Member political canvassing for the Kentucky 2007 gubernatorial election and the council's renewed involvement in the community 2007 and 2008 Labor Day celebrations, this chapter describes ways in which labor unions involved in a Central Labor Council in urban Central Appalachia are repositioning themselves within the community by utilizing "new" unionism tactics, including renewed interests in community participation, charitable donations, and strengthening their political voice.

Chapter Seven, "Conclusion," ties together the threads of waged work, differentiated access to health care resources, and organized labor activism discussed in this dissertation.

Chapter Two

Fieldwork As it Happens: On Methodology and Life in Meridian

In the spring and summer of 2004, I worked as a research assistant on a pilot project, “Designing Strategies for Understanding and Decreasing the Burden of Cervical Cancer in Appalachian Communities,” that involved the collaboration of anthropologists and epidemiologists at the University of Kentucky. Our study site was a central Appalachian county whose rates of cervical cancer incidence and mortality greatly exceed those reported for the state and for the United States as a whole. The objective of the pilot study, which combined quantitative and qualitative research methodologies, was to develop a community-based survey that might better account for the reasons that women in Central Appalachia die from a preventable disease. This study was a response to the call for comprehensive, culturally sensitive research on cervical cancer as a health disparity. Despite the lower rate of poverty in this county, as compared with the region as a whole, economic barriers to health care were identified by the health care providers, community leaders, and focus group participants in this study. This study described how economic factors shape access to health care, in general, and women’s participation in cervical cancer screening, in particular. For example, gaining access to general health care was described by most participants as especially difficult for women without health insurance or Medicaid. As many in our study commented, it was difficult for low-income residents to obtain health care in non-emergency situations. Indeed, this means that some health situations go untreated until they become emergencies. This study was an early look into barriers to preventable health care in Central Appalachia, and the economic, political, cultural, racial/ethnic, and gendered concerns that jointly contribute to the persistence of health disparities.

Resulting from this experience as a research assistant, I began to think more broadly at the ways in which issues of access to health care, economics, and health insurance intersected in this community to limit health care access for some while

catering to others. Given the long history of labor and grassroots activism, I became interested in what union members, particularly the rank-and-file, had to say about the importance of health insurance in securing health care for their families. This seemed particularly relevant in light of the increasing numbers of working and middle class workers who were losing employer-sponsored health insurance each year, as unions across the nation struggle to maintain health insurance benefits for workers.

In addition to the RWDSU and USW, initially this research was to include the SEIU local in Meridian. Although I had a verbal commitment from a representative to work with the local, she was promoted and moved to Columbus, OH prior to the start of my research. The incoming representative was hesitant to grant permission for my research to proceed and referred the matter to his boss in Columbus, OH. In the end, the SEIU declined to participate in the project, and this is understandable for several reasons. The SEIU was getting ready to negotiate contracts with two of the hospitals in Meridian (during the time of my research), and a representative responded, “After much discussion and with our current project load that we have internally, we feel that this would detract from our work” However, I suspect their hesitancy and ultimate decision was based not only on concerns regarding time commitments, but also on a need to protect their members and control public relations during potentially contentious contract negotiations. Because the RWDSU and USW membership was largely male, losing the SEIU, whose membership in Meridian was mostly female, certainly limited the gendered perspective regarding union membership and health care that I had initially hope to achieve. To compensate and maintain a gendered perspective, I over sampled female union members among the RWDSU and USW and drew from participation-observation and casual conversations with women in the community when possible.

Methods

This research follows the “extended case method” of participant observation (Buroway 1991; Van Velsen 1967). Participant-observation is vital to adequately address research questions of union household dynamics regarding access to health care and how union actions correspond with union member and household concerns. In this manner, this research seeks to further contextualize what people say in interviews and, more

importantly, what they do in their daily lives (Sanjek 1998; Susser 1982), allowing a discussion of local issues within a broader framework. Thus, a focus on actions undertaken by union members in coping with the healthcare system and health concerns in this local setting allowed some level of generalization regarding the outcomes in the micro and forces in the macro (Buroway 1991:279). Although my ability to “hang-out” with the RWDSU was limited by the nature of their closed union hall (due to lack of full time representatives) and lack of union sponsored events during the research, this was an extremely important part of my work with the USW. Being present in the USW union spaces, including the union hall and other union related and community events was paramount. My presence allowed me to engage in informal talks with members, both active and retired, in addition to witnessing interactions between representatives and workers. In working with organizations such as labor unions, participant observation and informal discussions are the only ways to learn the dynamics of power and networking within the organization, such as that between members, stewards, and representatives (Durrenberger and Erem 2005:35; see also Schiffman 1991). In addition, the contacts made through the union local allowed access to potential interview participants as they dropped by the USW hall. As a means to understand the concerns and dynamics between workers, unions, and economics within the community, I attended union (including labor council) and community sponsored events, such as rallies, parades, health fairs, political events, and community festivals as I pursued an active researcher role and “direct personal involvement” (Wolcott 2005:94; Agar 1996; Spradley 1980).

The majority of data collection was semi-structured interviews and participant-observation but also included informal conversations, follow-up visits with participants, and community involvement. A highlight of this research is that drawing participants from two unions, RWDSU and USW, rather than within a single organization, affords this study access to a more diverse group of union workers and thus allows a more comprehensive look at community issues. The research was conducted over an eighteen month period, and in total includes seventy-four (in person; semi-structured) interviews with members of the RWDSU and USW. This includes fifty-seven interviews with rank-and-file union members, four spouses of union members, and thirteen union representatives. Union interview participants included women and men self-identifying

ethnically as white / Caucasian, black / African American, Asian / Pacific Islander, Jewish, Native American / black, and American. In addition to the primary interviews are sixteen completed follow-up interviews with rank-and-file members (and one spouse) and two partial follow-ups (have some follow-up information but could not complete the interview schedule). The follow-ups were completed either in-person or by phone. In addition to the “official” follow-up interviews, I have data from a few participants I was able to keep in touch with casually over several months. The sixteen complete follow-ups represent 26% of the rank-and-file / spouse interview participants.

All interviews and fieldnotes were coded, and I used ethnographic software (QSR NVivo 7) as a tool for organizing the coded data. The coding process began with open coding, to identify themes and topics and to create an initial codebook (Bernard 2002:517). Focused coding entailed a careful identification of codes within the data set and an expansion of codes within themes (Emerson, Fretz, and Shaw 1995:143). Using the software allowed me to rearrange codes and create hierarchical trees to show the relationships among codes and themes. Early in the coding process, I was able to track how often a code occurred or was referenced among the sources (interviews and fieldnotes), including the total number of times among all sources and within each source. It was at this point in the analysis that my thinking about the focus of my research changed. Although I had a plethora of information about health insurance and access to health care issues, these were not the most important topics the participants were relating. Although I could have written this dissertation with a greater focus on issues of health, this would not have represented the significant issues and concerns of the participants and the community. So, as I tried to make sense of data that was more about labor and unionism than directly about health care, I wrote about the issues that were most salient to the unions and within the community. In so doing, I began remaking myself into a labor anthropologist and breaking away from some of my earlier assumptions.

Laboring in Meridian

United Steelworkers

During the early stages of dissertation proposal writing, I called the USW union hall one day to see if they would be open to a conversation about my research on health care and union membership. Answering the phone that day was their health and safety representative, who kindly agreed to a meeting. My first in person conversation with the health and safety representative lasted about two hours, as we talked about local and national issues with organized labor and health issues in Meridian. As usually happened in these conversations, I was asked as many questions as I posed. My conversations with the health and safety representative and a few other union representatives in Meridian were pivotal in the structure of this research. These early conversations helped me formulate the research questions about the relevance of organized labor and the problems with access to health care in Meridian.

My second visit to the Steelworkers union hall was to attend a rally in support of the union's position in the contract negotiation with the steel mill corporation. The deadline for an agreement was drawing near and the negotiations were difficult. The meeting room, which holds several hundred people, was standing room only. Negotiations were not going well, and the union called upon their union members, both active and retired, as well as their labor "brothers and sisters," and labor-friendly local and State representatives. The well-coordinated event included speeches by the USW local president and other labor-friendly local and State representatives. Although they had hundreds of members, retirees, and supporters ready to march, the parade that was to follow the speeches was cancelled due to rain. From the beginning, the Steelworkers demonstrated their ability to rally support among the community and political base.

The USW local's union hall is a free standing building that is open roughly from 7 AM to 3 PM for business throughout the week. Because of this openness, the USW hall was a space I could "hang-out" and get to know many union members, both active and retired. My drop-in visits at the union hall were always welcomed, and I spent many hours sitting with the retirees in the coffee room, listening to them reminisce about their experiences of working in the steel mill. They recalled technological upgrades at the mill that have both reduced the number of Steelworkers necessary to run the mill and made

some jobs safer. They laughed as they told tales of pranks played on union brothers and sisters over the years, pranks that had served to relieve tension in a stressful work environment and to strengthen bonds between fellow union members. There were also occasional somber reflections of an accident that injured or killed a Steelworker. Depending on the mood of the day or the news headlines, discussion topics ranged from broad political discussions to matters of local and regional interest. For example, a retiree teased me one day for being a “health nut,” because my lunch consisted of a peanut butter and honey sandwich on whole-wheat bread. This prompted a twenty-minute discussion of the problems faced by local farmers regarding the diminishing population of honey bees in the area. A recurring conversation, however, closely followed the lottery drawings, as a group of retirees often pool their money to buy tickets in hopes of supplementing their retirement.

While the retirees “schooled” me in the history of the USW union local, my research focus was with the active union members. Activities at the union hall seemed to come in boom-or-bust cycles. On boom days, the phone rang continually, with a voice on the loudspeaker paging the caller’s recipient to pick-up on a certain line. Both active and retired union members called in or dropped by with questions ranging from grievance issues to requests for help with health insurance paperwork. On quieter days, several of the representatives spent time chatting with me about broad topics of “all things union,” general steel mill operations, and community life. They talked about their concerns regarding health and safety issues of working in a steel mill, such as environmental regulations and concerns about airborne particulate matter inside the mill. At least one representative linked the rates of heart disease with swing shift schedules. Some representatives elaborated on the grievance and arbitration process, union and management contentions, and general concerns with the economy. Unless they were in a closed meeting, many of the representatives waved me into their office or conference room. Sometimes I could feel the conversation shift, but even if it did, they usually picked back up after a few minutes, not minding my presence. While I am certain there were many topics not discussed in my presence, the representatives were rather open in their discussions on such things as specific grievance cases and company politics.

It was at the USW hall that I met an unlikely “Steelworker” and one of my most important key participants. Opaline is a retired Teamster who adopted this Steelworkers local as her “family” a few years back. Although in her eighties, she can be found most any given morning in the coffee room keeping the brew - and the conversation- fresh. While the USW representatives welcomed me to attend any events they hosted, it was Opaline who kept me updated on the upcoming schedule and made reminder calls, least I forget. Such events included the annual Christmas party, Family Appreciation Day (cookout), monthly meetings of the Steelworker Organization of Active Retirees (SOAR), Meridian Labor Council meetings, and the occasional Democratic political event held at the union hall. Opaline, more than anyone, enfolded me into her community beyond the union hall. She introduced me to her resident family, her nephew and great nephew, to her church family, and her Women’s Bible Study group. Since she does not drive, she invited me to pick her up so we could attend the monthly community church-sponsored Prayer Breakfast, the occasional health care appointment, and Meridian Labor Council meetings.

One morning over coffee...

It was my first “official” day hanging-out at the Steelworkers union hall. I had already met the secretary, Sissy. Every morning a group of retirees, “the regulars,” gathered in the small conference room to talk politics, swap stories about working in the steel mill, and gossip over coffee. Sissy swept back and forth between her office and the “coffee room,” chatting and holding her own against the Steelworker retirees (all male) endless teasing. On this first day, Sissy, carefully introduced me and my research to each person as they joined the group. After the room became about half-full, Sissy decided to make these introductions more interesting. When the next retiree came into the coffee room, she introduced me as “Becky Fletcher, the Governor’s niece.” Silence descended as all eyes turned toward me. Was Sissy trying to get me killed? Or worse - kicked out of the union hall? Clearly, being tied to an unpopular Republican Governor (at least among this group) who had made news headlines for political misdeeds would mean trouble for my research in this heavily politically Democratic audience. I reacted as only I could to Sissy’s declaration. I made a big to-do (to their delight) in denying I was in

any way tied to the Kentucky Governor. Everyone laughed, and Sissy was delighted. In fact, everyone was so amused by my response that for the next several weeks, I was introduced as “the Governor’s niece” to everyone I had yet to meet. This became a running joke, and was one way I eased into the union hall scene. However, funny as it was at the time, I realized that this was more than a joke. I was being tested. Although I had received prior permission to work among the Steelworkers from International and local representatives, my response that first fieldwork day was my test with the gatekeepers, the unofficial guardians of the union. How they judged me (and my politics), in part, determined the depth of my ability to interact with the heart of the union, the retirees and the rank and file. While my response showed I could hold my own with their respectful but edgy banter, I understood that I was being put in my place (leveling), reinforcing my outsider positionality. Control over the course of my fieldwork was as much in their hands as mine.

I quickly came to realize the importance of nicknames to the inclusiveness or “brotherhood” of the union. While most of the representatives were addressed simply by their last name, the retirees and the rank-and-file mostly seemed to go by their nicknames, such as “Crowbar,” “Bulls-eye,” and “Baby-face.” Following the “incident,” I became the “Governor’s niece.” While I was occasionally called other names, such as “Sunshine” and “Bones” (after a forensic anthropologist on a television show), this followed the custom of this union local and represented my accepted presence in the life of this local that has claimed no small role in Meridian’s culture-scape.

While the main purpose of this chapter is to describe the methodology for data gathering for this research, I believe it is equally important to describe the ways in which I lived in the community. While semi-formal interviews and participant-observation conducted among RWDSU and USW affiliate members comprise the majority of data, the broader framework from which I analyze this data comes from informal conversations with union and non-union community members as we went about life in Meridian between August 2006 and April 2008. It is through participant-observation as much as interviewing that I came to understand the lettering on the bright blue tee shirts I noticed at the first union rally I attended in Meridian that read: “*Family. God. Union. Country. Any Questions?*” This sentiment reminded me that it is impossible to understand the

politics of any group without first understanding their priorities. While sometimes priorities are itemized, such as in these tee-shirts, this is certainly the exception. Some priorities may be determined simply by asking, while others require careful observation.

Retail, Wholesale, and Distribution Service Union

My introduction and life with the RWDSU developed in a more circuitous way than my relationship with the USW. As luck would have it, my introduction to the RWDSU came from a very unlikely source- a company attorney. While still “shopping” for a second union willing to participate in my research, I visited a church in Meridian just before Christmas while I was doing preliminary fieldwork in Meridian. Just before the children’s Christmas play began, I was introduced to a young couple sitting nearby. When I answered their questions about where I was from and what I did, they became very interested. As it turns out, the man had just served as the company attorney in a contract negotiation where health benefits were a sticking point between the company and union. He gave me the union representative’s name and phone number, suggesting that I contact him, adding that “he is really up on all the issues.”

I called the union representative that afternoon. As luck would (again) have it, my contact turned out to be an international representative of the RWDSU. Although his office was in Columbus, OH, he would be coming to Meridian in a few days and agreed to meet with me. Over dinner he explained that the RWDSU had organized several small businesses in and around Meridian, with their members including truckers, cafeteria workers, store clerks, and workers in a food processing plant. When I asked about benefits such as health insurance, he said described it as the “toughest subject” and “very important to members.” He described contract negotiations as a “constant balancing act,” insisting that the negotiations over health insurance benefits were not always about greedy companies not wanting to pay for health insurance. Rather, he noted the dramatic rise in health insurance premiums over the past few years left many good intended companies unable to afford to maintain health insurance for workers. While he pointed out that service workers bear the brunt of the burdens of being uninsured, he said that the problem was growing for traditional workers who are now losing benefits. Indeed, health benefits are becoming a sticking point in contract negotiations because of the dramatic

rise in premiums charged by health insurance corporations, increasing 10-15% per year in the past few years.

After we had talked for about an hour, he invited me to the union local meeting that evening. The weather-worn hand carved wooden sign signaling the entrance stairway to the RWDSU union hall would likely be unnoticed by those not specifically seeking it. I followed him up the narrow stairway and into the small conference room. I was introduced to the local president, who welcomed me to stay for the meeting. I was given the briefest of introduction to the representatives in attendance, and the business meeting commenced. Most interesting was the lengthy process of evaluating all new grievance complaints. I was given the floor, and I carefully explained my research project and why I was interested in working with this union local. The international and local president were extremely open to having a student do research with the union. Indeed, the international representative commented that “academics and unions have a lot of potential common ground.” I could not agree more.

While I have no doubt that I was administered several “tests” throughout my early conversations and meetings with representatives from both the USW and RWDSU, especially regarding my politics and opinions of organized labor, I passed muster and was granted permission to interview their members. Easing my entry into the unions, I believe, was my own upbringing in a working-class union family in East Tennessee. Rather than being perceived as an elite academic, I believe I resembled the children and grandchildren many of these union workers had themselves put through college. However, I also want to emphasize the respect the union members held for higher education, as they were almost eager to help me, as a student, reach my goals. Critical here was a general “common sense” acknowledgement by the union representatives of the collaboration between organized labor and academics. Although I had initially worried that they might be suspicious of my research, they seemed to have no fear of my motives or presence. Moreover, the general understanding was that organized labor as a whole has been so degraded in the press and political sphere over the past few decades that, aside from a full-on negative assault, anything positive I might write could only help their reputation. Their attitudes correspond with “new” unionism ideology and the push for greater alliances between organized labor, grassroots organizations, and academics.

Meridian Labor Council

In addition to working with RWDSU and USW locals, I attended monthly meetings of the Meridian Labor Council, and AFL-CIO affiliate Central Labor Council (CLC). The council is comprised of several labor unions, representing industrial, trades, and service workers, with the intent to encourage better communication and cooperation among the area unions and to become more broadly involved in the community. Conducting participant-observation among this CLC provided a means to gain a broader perspective of organized labor's concerns and activities in Meridian. While the USW local is an active member of this Labor Council, the RWDSU participates in a different council into which I could not gain access. Attending council meetings for twenty-two months, this portion of my fieldwork extended beyond the completion dates of the rest of the fieldwork. Fortunately, there were no objections to my presence from any of the participating unions, and after only a couple of months they began inviting me to the "after meeting meeting" at the Lodge. I shortly settled into the routine of taking Opaline home and then joining the small group of mostly trade union representatives as they practiced their "six-ounce curls." Being a dry county until very recently, only a few restaurants are licensed to serve alcoholic beverages. This seems to be why the private "Lodges" remain popular in Meridian, as they do not have the same restrictions. In this after meeting group, I was one of two women among about six to eight men. My inclusion in the Lodge meetings allowed me great access to union representatives from several unions, and they were very open to my unending questions about labor and politics in Meridian. While getting a good look at the politics among area union locals, it was through the Meridian Labor Council that I documented "new unionism" tactics and the important roles Central Labor Councils can play in grassroots politics. In so doing, I participated in several political events sponsored by the council and the AFL-CIO, including Member-to-Member political canvassing for the Kentucky 2007 gubernatorial election and the council's renewed involvement in the community 2007 and 2008 Labor Day celebrations.

Participant Recruitment

Interview participants were identified through several means, including recommendations of union representatives, union members, and participants. I also pursued potential interview participants through first-hand meetings at union halls and through various community contacts and activities, such as attending union-sponsored activities (cook-outs, rallies, etc.). This worked with limited success. Because the RWDSU union hall is open only for monthly local meetings, it was impossible to recruit participants first hand from this union. There were also no RWDSU union-sponsored events during the course of my fieldwork, so this was also not an avenue for meeting union members. To make this project possible, the vice president became my “project helper” in recruiting participants. Working closely with me so as to get as diversified an interview pool as possible, the VP recruited union volunteers before and after his shift at the food processing plant. Emphasizing that their participation was voluntary, about half of those he asked agreed to talk with me. To facilitate matters, the VP opened the union hall on days we had a block (usually two or three) of interviews scheduled. This made it convenient for the participant to meet me as s/he got off work. Going well beyond what I could have expected of this union, the VP spent hours (often on his days off work) recruiting participants before and after his work shift. He opened and stayed at the union hall (but clearly out of hearing range) so I could use the hall to interview participants who chose that location. As a kindness, the VP always made sure ice cold water and sodas were available during the interviews, as participants were just getting off their shift in the plant when they met me. In the case of a “no show,” the VP chatted with me to fill the time. In truth, the VP and the union went above and beyond what I could reasonably have expected from them.

While snowball sampling was the intended method of participant recruitment because it enhances the analysis of social networks among the union workers (Bernard 2002:185), this did not work well within this labor union setting. While I had hoped that participants would recommend other union members, they were very reluctant to do this. I believe this to be due, in part, to the demanding work schedules of the food processing plant and the steel mill, with people reluctant to recommend someone with time so limited. But more importantly, participants appeared uncomfortable with asking a fellow

union member to talk with me, as this was “asking a favor” of them. As a result, the majority of interview participants from both unions were recruited to this study by union representatives and not through snowball sampling. I fully acknowledge that this is problematic in that it creates a potentially biased sample, skewing the data pool toward active, pro-union members and under-representing less active or disgruntled union members. Although problematic, the union tradition that encourages members to look out for each other made this bias unavoidable. The helpfulness and support of the union representatives of both the RWDSU and USW locals deserves special consideration. It is indeed a testament to the commitment of both RWDSU and USW locals and their International representatives to supporting higher education and working with academics on issues such as health care. I offer grateful acknowledgement to them.

While I had planned to meet RWDSU and USW rank-and-file members in public as well as union spaces to foster a more balanced union perspective, this proved impossible as well. Indeed, it was a needle in a haystack endeavor to identify union members outside of the workplace or union hall, as they do not exactly wear their “union labels” within the community. However, the few instances when I did meet a union member outside of the union space did not result in any interview. It seems that the same protectiveness that made getting referrals within the union difficult also held outside of the union. For example, I was introduced to Andy through a tennis acquaintance. Andy is a member of the USW local and agreed to do an interview the next week. I called to reconfirm the time a few days later, but in the meantime, Andy had changed his mind about doing the interview. He began explaining by saying that I probably already knew that there was a lot of tension between the company and the union. He told me that he had talked with several people at work, and they had advised him, “If it was me, I wouldn’t do it [the interview].” In truth, Andy’s explanation of why he did not want to be interviewed was a valuable asset to this research. I was left wondering if Andy feared some sort of retribution should the company (or union?) find out he had talked with me. At any rate, Andy’s refusal contextualizes the problems with recruiting union members outside of union space. Recruiting from within the union hall legitimized my presence, whereas recruiting in public outside of the union presence placed my requests under suspicion. As such, in-person participant recruiting was almost exclusively limited to the

USW union hall (where I could hang-out and meet members as they dropped by the hall) and representative and participant recommendations from both unions.

Although many of the participants were recommended by union representatives, efforts towards stratified sampling (Bernard 2002:148-150) were made ensure a heterogeneous sample of interview participants, such as in regards to racial/ethnic, gender, and age groups. In so doing, the participant pool effectively reflects union and community membership. Interviews were semi-structured and based on an interview guide (Bernard 2002:205), with the average interview lasting approximately one-hour in length. Interviews were conducted at a place and time convenient for each participant. While a few participants preferred to be interviewed in their home or in a public place, such as a fast food restaurant, most participants preferred to meet at their union hall as they got off their work shift. Following signed consent, interviews were tape recorded and transcribed in full if audio quality permitted.

The Faces of Meridian

While no single ethnography can provide a complete accounting of a culture or people, “careful ethnography” (Anglin 2002a:574) can create a deeper understanding of life in a particular region or place. Contrary to stereotypes of Appalachia, Meridian is home to life-long city dwellers, rural migrants² from nearby counties, factory workers, restaurant servers and cooks, hotel managers and cleaning staff, small business owners, union and non-union workers, politicians, college students and professors, high school drop-outs, stay-at-home and working mothers, single parents, nuclear and extended families, and a mixture of homeless and impoverished, working poor, working, middle class, and upper-middle class individuals and families. While it is not possible for this study to address all facets of life in Meridian, there are occasions and places where one can get the feel of a community’s pulse. In Meridian there are few places where the disparate intersections of a community come together as they did at the Diner, one of the few remaining family owned restaurants. The Diner offers a candid snapshot that makes

² The small but growing Hispanic population in and around Meridian is underrepresented in this research because of difficulties gaining entrée into the community. This was largely because they are absent within the union and public spaces in Meridian.

the intersections of disparate groups most visible. For example, one morning as I sat in one of the wooden booths reading the newspaper over a cup of coffee, a homeless man parked his cart on the sidewalk just a few feet away from my window booth. Although it was hot outside, he was wearing a jacket. He came into the Diner and joined three people dressed in casual business attire already sitting at a booth catty-cornered from me. A business man, impeccably dressed, was seated at a center table. His laptop open, he talked on his cell phone as he waited for his breakfast order. In another booth two women in tee shirts and shorts chatted over plates of eggs and toast. As it was not uncommon for televisions in public places to be tuned to conservative networks, the Diner's television was always tuned to FOX News. It was also not uncommon for the waitress to stop in the middle of the room, plates held high, to listen to the end of a story before continuing to a table. It was a place where people from all walks of the community gathered to eat and go about their lives.

Life in the Community

My participant-observation within Meridian was conducted with the purpose of living in the community as fully as possible. For most anthropologists, this is more than simply maintaining a residence and doing the work of fieldwork. Toward this effort, I actively sought to become a part of the community in many ways. This included the "ordinary" activities of grocery shopping, going to restaurants and coffee shops, going to the beauty shop, teaching adjunct at a small college, attending church and Women's Bible study, going to the public library, walking in the park, yoga class, playing in a public tennis mixer, attending and participating in holiday parades, attending the public library's Girls Night Out (movie night), attending numerous small arts and craft fairs, music festivals, a job fair, health fairs, and following area newspapers and local TV news broadcasts. I also attended numerous Democratic political events, including monthly meetings of the Democratic Women's Club, fundraisers (bean suppers and fish fries), and picnics. Due to the politicized nature of my work and the political leanings of the area unions, I did not attend Republican political events, as this potentially could have raised suspicion about my research motives and endangered my access to the unions. Needless to say, if you want to stay busy in Meridian, you most certainly can!

In an effort to give something back to the community during my fieldwork, I volunteered at Meridian's only free health clinic for uninsured residents in an impoverished neighborhood. At the director's request, I updated a patient satisfaction survey that would allow the clinic to evaluate patient opinions of care received and recommendations for how the clinic can further meet the needs of their clients. With the director's permission, a fellow graduate student (who became my research assistant for the summer) assisted in conducting the survey and used the data for her Master's project. It was through such community involvement that I actively participated in life and conversations with Meridian residents.

These "ordinary" activities are important, as they reveal how a community is organized. For example, grocery shopping at different stores reveals marked differences in socio-economic levels within the community. One "high-end" grocery store always has fresh fruits and vegetables. Conversely, another "lower-end" grocery store has a small produce section, and some vegetables, such as leaf lettuce, are often wilted or out of stock. These two stores also target different groups in their advertisements. For example, one weekend a sale flyer of one store promoted fresh steaks on the front page, while the other store's front page advertisement was for potted meat. This clearly contradicts notions of a homogeneous Appalachian population and is but one example of socio-economic stratification within the community.

People I met at various activities often invited me to visit other places or attend other events. Following-up on these invitations granted me a greater understanding of health issues within the community. For example, I toured the domestic violence shelter that serves several counties in the area. While my tour guide described a variety of health care and access problems experienced by the women and their children at the shelter, I witnessed several health "events" firsthand during the tour. For example, an elementary school age girl sported stitches around a black-eye received in a fall. A young woman complained about a rash she had been fighting for weeks while she waited for an appointment with a dermatologist. In another room, a teenage mother-to-be in the early stages of labor was biding her time on the couch watching TV. As the staff members explained, the women and children at this shelter represent a group with extreme health issues and difficulty getting health care. For example, children living with their mothers

at the shelter often lack standard childhood immunizations and exhibit the effects of poor nutrition and untreated broken bones. Many women residents suffer from persistent urinary tract infections (UTIs) and poor nutrition, while others suffer long-term effects of head trauma from domestic violence incidents. While these health issues go untreated because of the need to hide the situation or, in some cases, protect the violators, the women and children at the shelter lack health insurance and personal transportation, making health care harder to obtain.

On another occasion a young woman in her early 30s overheard my conversation with a nurse working at women's health information booth at a summer festival. She joined us and asked the nurse how she could get a mammogram. The nurse gave her some brochures, and I talked with her as we left the tent. She explained that her breasts have leaked ever since her son was born, about ten years ago, but she only became worried when she began having a pussy discharge a few months ago. While the doctor at the health department advised her to have a mammogram, as a member of the uninsured "working poor," she had no means to pay for a mammogram. She was unaware of the possibility (or eligibility requirements) of programs to assist with access to a mammogram, as neither the doctor nor the health department mentioned this possibility.

One "Evening with the Arts" at a local high school emphasized the depth of the community, as area schoolchildren from elementary to high school celebrated the arts through a display of their art, writing, singing and band performances. While the high school students' art carried many political and "gothic" themes, I was most drawn to the writing samples of the elementary children. While the more typically themed papers described a special time with mommy or the sadness surrounding the death of a pet, other children were clearly affected by harsher health realities of life. For example, one paper titled "Confused" was a little girl's story of being diagnosed with Type I diabetes after passing out at school and being taken to the emergency room. She wrote about feeling scared and struggling to understand her life-threatening medical condition. Another child wrote about dealing with her "papaw's" (grandfather's) death from complications with emphysema. These papers were striking in revealing the ways health issues affect children in everyday ways. These examples illustrate the informal conversations with people attending such community events afforded this research to have a broader

understanding of community health disparities regarding access to health care in Meridian.

The majority of these community events targeted working and middle class individuals and families, which overlapped with my targeted labor union demographic. While I did not neglect to account for the poor and working poor in Meridian, these demographics were not the focus of my research and are less well represented in this ethnography. However, to gain some perspective of the problems of the poor and working poor, I visited several local charities and service agencies, including two forums on hunger and homelessness in Meridian. It was at this first forum that I met Liza and Jon, which began a saga into the lives of a couple struggling to overcome homelessness and poverty in Meridian. I present a case study of my time with Liza and Jon to put a face on the problems of poverty and homelessness in Meridian.

Liza and Jon: A Case Study

While the target population of this research, union workers and their families, generally hold a working to middle class standing within the community, not everyone in Meridian is so fortunate. Throughout my fieldwork, I made many acquaintances and a few friends in Meridian. Two people, in particular, impacted me more than any others I met. This is an account in the lives of Liza and Jon, a married couple in their thirties. Unable to hold down waged work due to a heart condition resulting from a prescribed pharmaceutical drug, Jon's occupies himself with pastoring an online (Internet) Pentecostal church and dreaming of opening a community service center to fill in the gaps he has experienced in Meridian's charity services. In particular, Jon wants to address the needs of many jobless, homeless, and undereducated individuals by providing computer skills classes. While Liza never articulated her disability diagnosis, it was clear to me that she had cognitive disabilities. Liza and Jon struggled to survive on their disability entitlements, and often ran out of food at the end of the month. Their story encapsulates life for too many of Meridian's residents.

I first met Jon and Liza at a community forum to address hunger and homelessness in Meridian. This forum was intended to ignite community awareness of the needs of many within the community and to inform the public about services

currently available. A few minutes before the first speakers were set to take the stage, Liza came over and asked to sit at my table. Her clothes were outdated and too large for her body, and her hair looked dry and as if it had not been cut in a long time. After a few minutes, we were joined by her husband, Jon, who introduced himself as a Pentecostal minister. Although homeless until a few months ago, they now had a small apartment. They have used many if not all of the community service organizations represented at this forum tonight, including the food pantry and housing authority. Jon was quite critical of the service agencies, complaining that they were more interested in limiting the amount of help people could get rather than trying to meet actual needs. Jon was on the speaker roster, and he “preached” for greater “family style” networking among the agencies. Jon’s message was not respectfully received by the crowd of service providers, as I noticed several people around the room rolling their eyes and turning away during his speech.

Liza and Jon kept in touch with me after the forum, and I met them for coffee, visited them in their apartment, and picked up Liza for an occasional “Girls Night Out” for a free movie at the library. As they had no private transportation, they sometimes called me for a ride. One particular phone call changed my understanding of their situation. Liza called, obviously upset, saying that they had to move from their apartment. Their previous landlady sold the property that included their apartment building and a vacant building to a national pizza chain. This landlady collected their next month’s rent and then left town without telling them of the sale and without notification of eviction. So, Liza and Jon were surprised when the construction crew arrived one morning to tear down their building. Liza and Jon had to get a court order to get the pizza chain to stay demolition and give them thirty days to move. Over the next few weeks, Liza and Jon complained of harassment by the construction crew, and went without hot water for more than two weeks after the demolition crew severed their gas line. I stopped to check on them one day and to take them some boxes for packing. They had an “in case of emergency” note nailed on their door that stated that they (and their cat) were still living in the building. This note listed me and one other woman (and our phone numbers) as emergency contacts. This note rattled me, as I had not realized the importance (or usefulness?) of my occasional presence in their lives.

Moving day came a few weeks later. While their new apartment was a structurally safer dwelling, I could not help but feel that they were moving from bad to worse. During the afternoon of the move, several drug deals appeared to be happening in the alley behind their apartment building. The inside of the new apartment, especially the kitchen, had not been cleaned in some time. Rancid food was ground into the living room carpet, giving the entire apartment a very foul odor. The new landlord had not bothered to clean after the last tenants left. Liza, rather than being horrified, just seemed glad to have a home. It took only five small pick-up loads to move the entirety of their belongings, which included a mattress (without bed frame), couch and chair, small dining table and chairs, a few boxes of cooking pots, bowls, and food, a couple of suitcases of clothing, and boxes of miscellaneous papers, music, and movies. Last was their very upset cat. These five pick-up truck loads were, according to Liza, the most they had owned in years. Liza gratefully acknowledged that without our help they would have (once again) lost everything they could not transport on the city bus to their new apartment.

The second annual forum on hunger and homelessness was an outdoor event. Two fire engines, each draping an oversized American flag from the height of its ladder, sectioned off a block of Main Street to accommodate the stage and seating arrangements. Perpendicular to the stage and seating area hung a banner created by the community service organizations. About fifteen feet in length, it boasted the title “Do you know the faces of homelessness?” The “faces” on the banner included color photos of service providers and homeless / in need individuals within the community. I recognized many of the service providers, but I was admittedly a little stunned to see Liza and Jon’s photos on the banner. While I knew how difficult their lives were, still it rattled me more than a little to see them on this public display. I lost contact with Liza and Jon a few months later. Liza said a friend of theirs had stolen their rent money (kept in cash due to lack of a bank account) from their apartment. Due to this and other reasons that were unclear, they were again being evicted. This time, they moved out of the state to be near Liza’s sister, taking only what they could carry on the bus.

Identity Politics

Gender Relations

On more than one occasion in Meridian I experienced what I came to think of as an “identity crisis.” While I had been married for several years prior to going into the field, I was not used to having my public identity acknowledged in terms of my husband’s name or my family status. However, on more than one occasion how others labeled me made me rethink my perception of place in the community. For example, I took my dog to the veterinarian’s office a couple of months after moving to Meridian. I filled out the new patient forms, listing myself as “owner.” I wrote my husband’s name in the line in response to the question (halfway down the page) asking if anyone else might bring the dog in for care. As I was about to leave, I noticed that the receipt I was given to sign did not have my name on it. As it turned out, the receptionist, a young woman in her 20s, had created the entire account in my husband’s name. When I asked her why my name was not on the bill, she pointed to the account name saying that my name was on there. I asked the receptionist why my name was not on the receipt, since I brought in the dog and filled out the papers. Pointing to the receipt in my hand, she corrected me, saying “Your name is on it.” The receipt read “Mrs. Brian Fletcher.”

A similar situation occurred when I changed over the renter’s insurance when moving to Meridian. When I was given the revised form to review, I noticed that my occupation had been updated to “homemaker / stay-at-home-mother” by the female agent. When I asked the agent to correct it since that was not my occupation, she responded that “It doesn’t matter. It won’t change the policy rate.” In both of these encounters - in what turned into “feminist moments” - I had to press to get my name and information correctly listed on these business accounts. Although admittedly my feathers were a little ruffled in these instances, I have seen this within my own family. Although they had known me as “Becky” all my life, after I was married my fraternal aunts began addressing my birthday cards to “Mrs. Brian Fletcher.” With my aunts, I had attributed it to generational custom. However, in Meridian, this custom apparently remains alive and well among women my own age. While the women in these Meridian businesses were following local tradition regarding gendered identity politics, this by no means should signal that women in Meridian are wallflowers or somehow lacking their own identities.

In fact, it was very common for women to have more education and earn equivalent or greater wages than their partners. Much of this appears attributable to the larger percentage of women working in the health care industry.

Gendered identity politics also played no small role when it came to recruiting interview participants within the union locals. However, the way in which gendered politics played out was the opposite of the scenario I was prepared to find. While the final numbers of union women represented in this study reflects the percentage of women in the unions, this was not easy to accomplish. Although I was anticipating some gender-related difficulty in participant recruitment, I expected any difficulty to be in recruiting men rather than women into the study. Following Anglin's (2002b) description of the difficulty in interviewing male workers in a mica plant in North Carolina due to female gate-keeping, I anticipated any gendered recruiting problems to follow this example. Contrary to Anglin's experience, my difficulties were in recruiting women, not men, to participate in interviews.

While it is difficult to fully account for this problem, I believe this can largely be attributed to two likely factors. First, the problems of recruiting women and younger workers may be a reflection of gender and age relations within the unions. Because most of the interview participants were recruited by the union representatives (who were all men), the difficulty in getting women to participate may hint at women's fringe status within the male dominated locals. This may also be the case for the younger workers, who appeared to be less involved in the unions. One example to support this is found in my inability to gain access to interview in one particular amalgamated bargaining unit in the USW local. Although this bargaining unit's president and nearly all of the members are female, I did not gain access to interview among their members. This bargaining unit president met with me and professed support for my research, but she declined to interview owing to time constraints. Although she thought some of her membership might participate, I suspect they were advised otherwise. A second example from the RWDSU was my inability to interview any women in a female-dominated division in the food processing plant. As it turns out, the women in this division had very recently been organized into the union and were unhappy that their inclusion had not resulted in a pay raise. It is possible that these women declined participation in my research as a form of

protest against the union. Second, perceptions of class status may have intersected with gendered relations, making some women more hesitant to participate. This possibility became apparent as I talked to two women while on a tour of the food processing plant. While one of the women did agree to participate, another woman, who was missing several teeth, refused to make eye contact with me.

Race, Religion, and Politics: the Obama Factor

Trying to get an understanding of race relations in Meridian was no easy task. While Meridian residents overwhelmingly identify as White / Caucasian, this does not speak to the individuals that identify as Black / African American, Native American, Hispanic, Asian / Pacific Islander, and Jewish. For example, statistics that describe Meridian and Central Appalachia as largely White do not account for the young Chinese owners of the used appliance shop or the Chinese owners of several successful restaurants. It does not account for the Indonesian immigrant at Bible study, or the young Muslim woman taking classes at the community college. It also does not account for the small but growing community of mostly Mexican Hispanics in nearby counties. While interviews within the unions document some of this diversity, few people openly talked about racial politics. Indeed, more often questions about racial politics were dismissed (by white residents) who typically responded “we have no problems here.” It was not until the 2008 Presidential primaries that racial politics really came to the forefront in the community.

Among union members in the USW and the Meridian Labor council, the racial political gloves came off in May of 2008. On a few occasions, sentiments of racism were intermixed with religious politics. For example, I met an active USW member for an interview just as Obama was decidedly pulling ahead in the Democratic primary. My participant was working on his computer when I arrived for the interview. He welcomed me in and began explaining that he was doing research on the internet about Obama. He was essentially searching for “dirt” on Obama, seeking to prove (I assumed to others) that Obama was tied to Muslim extremists. While proclaiming “I’m not a racist,” he viewed Obama supporters as “misguided in voting for a Muslim.” The mixing of race, religion, and politics also occurred within other segments of the community. For example, I talked

with a woman who belongs to a fundamentalist church shortly after Obama was elected as President. Rather than expressing dismay or resentment about his election, she saw his election in terms of the Rapture. Indeed, she believes that Obama's election marks him as the "Peacemaker" foretelling Armageddon. She enthusiastically asked me, "Isn't it a joyous time to be alive here at the End of Days to see how it will all work out?" The idea of Obama as the Anti-Christ was repeated to me by a USW retiree, as we talked at the USW party held the night Obama received the Democratic nomination. This retiree recounted an encounter with his neighbor. As this retiree was putting up Obama signs on his property one evening, his neighbor came over to ask him "What he was doing putting up those signs?" This neighbor told him that he should not vote for Obama because he was the Anti-Christ. The USW retiree claimed to have "lost his cool" with this neighbor, complaining that he hated it "when people stopped thinking for themselves." However, this neighbor's views cannot be attributed to lack of education, as he is reportedly a college educated high school teacher.

Such sentiments more obviously based on racial prejudice were seconded by another retiree I chatted with in the USW parking lot one day. This retiree was hoping the DNC committee would fight it out and give the nomination to Hillary Clinton. He explained this possible scenario to me as he got into his car. Backing out of his parking space, he stuck his head out of the car window cautioning me, "Us blue eyes gotta stick together; you remember that." This sentiment of white solidarity was reportedly rather widespread among the rank-and-file members of many of the union locals, and it was a large concern among the union representatives on the Meridian Labor Council. On more than one occasion the council members complained that race was clouding the election attitudes among many of their members. One trade union representative quoted a member who said, "It would hurt me to vote for a woman, but I'll be damned if I'll vote for a black man." Following the clinching of the Democratic nomination by Obama, a couple of union members chided another that Hillary Clinton's loss to Obama was not as bad as his own local two-time mayoral defeat by a "gay guy." In an attempt to get their membership to move beyond such racial and gendered prejudices, council representatives were encouraging their rank-and-file members to vote on the issues rather than by race. However, they feared their progress was limited.

Clearly, racial politics in Meridian took many forms, from the more “subtle” disguise of religious intolerance to outright “us vs. them” racial divisions. However, even among Democrats in Meridian, the response to Obama was tepid at best. This is perhaps most clearly seen in the Labor Day rally speeches in 2008. Following the Labor Day Parade, the Meridian Labor Council hosted a rally. Invited speakers included a state senator, congressional representative, the Lieutenant Governor, a District Judge, and the Meridian mayoral candidates. As each speaker addressed the crowd filled with Democratic and union supporters, they were remarkably careful to avoid using Obama’s name as they urged the voters to “get behind the Democrats” and “take back the White House.” Indeed, only one of the speakers actually mentioned Obama in name. As he urged people to “get behind Obama,” this speaker carefully qualified his support by making it known that he was “for Hillary in the primary.” A conversation I had over lunch one day with a black woman in Meridian further implicated the local Democrats for their unenthusiastic support. She was very frustrated with the attitudes that many people, including Democrats, have toward Obama. She gave an example from her observations at a recent Democratic picnic, where one (white) woman said to her, “there is just something about him [Obama]” that she did not like. However, when questioned, there was nothing the woman could definitely say about what “it” was. My friend called the woman on her prejudice, challenging that “it’s because he’s black.” My friend complained that “white people don’t want to see one black President, but I have lived through 40 white Presidents.” According to this lady, indecision about Obama was code for “he’s black.”

Other Meridian residents were less interested in hiding outright racial prejudices. This became most tragically apparent when I met several senior (white) women on their way to hear President Bill Clinton speak at a local high school, as he was stumping for Hillary Clinton’s Presidential bid. They were sitting across from me at the Diner, dressed head to toe in red, white, and blue and Democratic buttons. I asked to join them, asking if they were going to the rally. They, in unison, gave an enthusiastic “Yes!” Immediately, they began telling me why they disliked Obama. One of the women commented that if Obama gets the nomination we will be “[sitting] in the back and picking cotton.” Another woman responded, “I’m too old for that.” Amid other

unflattering comments, they blamed “young people” for Obama’s current status, saying “they don’t know Obama.”

It would be woefully remiss to assume that these harsh attitudes were shared by all Meridian residents, as there were many fervent Obama supporters, black, white, young and senior, who were excited about the potentials the Obama administration could offer. However, there are wide-reaching lessons to be learned from the “Obama Factor” in Meridian. While unpleasant and biting, these examples of mistrust and outright racism amongst some Meridians clearly demonstrate how the 2008 Presidential election brought racial issues to the forefront in Central Appalachia as in America. With the election of President Obama, many Meridians and the nation were forced to look into the depths of race relations, depths that for those not accustomed to being racially labeled, harbored anxieties about how resources are distributed, how disparate groups of Americans relate to one another, and age old power relations. Rather than pointing fingers and re-labeling Appalachians as racist, this is an opportunity to look into the depths of discrimination and factors informing this view (Anglin 2004; Hartigan 2004; Manning-Miller 1993; Smith 2004), realizing that race remains one organizing factor that we can ill afford to continue overlooking.

Welcome to Meridian...

As these vignettes demonstrate, residents in Meridian are a diverse population whose lives reflect broader issues of an American and global political economy. They represent different socio-economic classes, have a variety of opinions on politics, activism, and gendered and racial/ethnic identities. However, they live squarely in the center of national and global processes that are transforming lives and possibilities for much of the world. While grounded in a rich historical context, their narratives provide a modern, local understanding of life in Meridian, Appalachia, and the United States as connected to global transformations. The next few chapters are possible only because of the generosity of so many within the unions and the community who shared their time and knowledge. As much as possible, I let the eloquence of their voices tell the stories.

Chapter Three

Speaking up and Speaking out: Today's Unions from Within

The assembly began to take shape as mid-morning approached. Union locals representing Steelworkers, pipefitters, ironworkers, sheetmetal workers, electrical workers, coal miners, service workers, hospital workers, truck drivers, and teachers gathered by the riverfront around their respective banners, mingling and chatting. Most participants wore tee shirts showing their union logo. Many came prepared with signs that they would later carry in the parade. Beneath the shelter of several large trees, a volunteer union coalition made preparations for a luncheon cookout of hot dogs with chili and baked beans. A small tent sheltered a microphone attached to a podium. The group, at least three hundred strong, was called to order and pressed close to hear state representatives from the AFL-CIO, select local labor leaders, and political representatives from two states. With the crowd energized toward their task, they repositioned themselves into parade form. Flags of the United States, Kentucky, West Virginia, the AFL-CIO, and POW-MIA took their place of honor in the front, proudly leading the way downtown to a hotel where a state Republican conference was being held that weekend. Local police assisted in blocking off the street to traffic, as the marchers filled the hotel block. The chanting that carried them from the riverfront grew considerably louder as it was directed at the hotel.

The purpose of the protest was to oppose proposed legislation that would make the state a Right-to-Work state, a strategy understood by organized labor as a union busting tactic. Chanting, clapping, arm waving, and stomping continued in the street for about twenty minutes, adamantly yelling “No Right-to Work for Less!” A semi-truck draped in union banners pulled in from of the hotel, and the driver blasted the horn for several minutes before pulling away. The assembly peacefully returned to the riverfront for food and fellowship. Right-to-Work legislation was officially defeated a few weeks later, with the voice of organized labor playing a major role in the victory. What was so important about defeating Right-to-Work legislation for these union members? What do

union workers have to say about the benefits and drawbacks of union membership? What relevance do rank and file union members attribute to organized labor today?

Much has been made of late regarding the potential for the “new” or “social movement” unionism to address issues of social justice. As in the past, organized labor took the lead in issues such as workplace fairness, living wage, and health insurance coverage. Indeed, great hopes have been pinned on the actions of some leading labor unions and central labor councils to lead the charge, once again, for the rights of working people. Examples of such activities include an emphasis on organizing service workers so as to extend better working conditions and wages, job security, and benefits to unskilled workers, especially women and people of color. This is especially true among some Change to Win unions, such as the SEIU and UNITE-HERE. However, union involvement in economic and social justice issues also includes political activism. Examples include calls for legislation to expand childcare and FMLA to address pragmatic needs of workers (Firestein and Dones 2007) and criticisms against PRWORA legislation that jeopardizes the protections of workfare workers and depresses wage rates in certain jobs and within communities (AFL-CIO 1997; AFSCME 1996; Duggan 2001; Krinsky and Reese 2006). Such actions are deemed necessary, as workers are increasingly pushed into the service sector or out of the workforce altogether. The protest against RTW legislation by unions in Meridian clearly falls within this framework, as these unions challenged legislation that they believed would undermine security of working families on many fronts.

While it is easy to follow the international unions and track their actions, often overlooked are the daily “on the ground” actions of the many locals that comprise union districts and international unions. What is important about belonging to a union? What are the benefits of union membership? By privileging the views of the rank-and-file in these two union locals of the RWDSU and USW, this chapter seeks to describe the ways in which active union members describe the relevance of union membership to address issues of economic and social justice in today’s global economy. As a balance to the views of the active members, activities and concerns of a group of retirees as members of SOAR (Steelworker Organization of Active Retirees) demonstrates current tensions within the unions regarding age, community and work issues.

The Job Sites

RWDSU and the Food Processing Plant

Founded in the early 1900s as a family-owned business, the food processing plant is located on the North Side of Meridian, in what is generally considered the “poor” side of town. The plant facility, an unassuming brick building of just over 100,000 square feet, is situated adjacent to a gentrified area that has become the “antique district” and home to a farmer’s market in the summer. The food processing plant was sold to a national chain in the mid 1990s, and corporation stock is listed on the New York, Chicago, and London stock exchanges. The great grandson of the original business founders continues to serve as plant manager. Employing fewer than five hundred workers, including delivery drivers who are the higher-paid sales persons, the plant retains a small business working atmosphere. The facility’s food products are sold under both the original family name and the national brand to consumers in four states within a 250 mile radius.

The RWDSU local at the food processing plant was chartered in the 1930s. Just a couple of blocks from the plant, the RWDSU union hall is nearly hidden to the casual observer. Located on the upper level of an antique store in this district, the only sign of the union hall’s presence is a faded hand-carved wooden sign just above the doorway entrance. The union hall consists of one small meeting room with a table, chairs, desk, and a small refrigerator that is used for business and regular union meetings. A second, much larger room is used for large union meetings, such as those during contract negotiations. The union hall is not air conditioned, and box fans are used to manage the summer heat. Because the union representatives work full schedules in the plant and perform their duties on the shop-floor and after hours (for a small remittance), the union hall is open only for meetings and does not serve as a space for union fellowship.

The demographics of the thirty RWDSU rank-and-file research participants (including three spouses) are presented in Table 1 and include age, gender, race/ethnicity, time in union, and education level. In summary, the participants included twenty-three males and seven females ranging in age from twenty-two to sixty-seven, with an average age of forty-one. The participants self-identified their racial/ethnic identity as being white (23), black (3), American (2), American man of color (1), and Native American /

black (1). The length of time as a member of the RWDSU ranged from less than one year to thirty-three years for the participants. Regarding education, high school / GED was a minimal requirement for employment at the food processing, and this was the highest educational level for seventeen for the participants. However, five participants had received additional vocational training. Six had some college, one had an Associates degree, and one spouse had a college degree. Because most jobs in the food processing plant are either unskilled or involve on-the-job training, opportunities are open to individuals without post-secondary education or training.

The four RWDSU union representatives (Table 2) all identified as white males between the ages of forty-seven and fifty-four. In addition to high school, one representative had some college education. The RWDSU representatives had been union members between twenty-six and twenty-nine years.

The USW and the Steel Mill

The steel mill, known within the parent corporation as the Meridian Works, is one of several steel mills owned by a fortune 500 company. Scattered over approximately seven hundred acres of riverfront property, just a couple of miles past the South Side downtown and shopping mall area, the steel mill is a large part of the South Side Meridian landscape. The steel mill works include several dark and looming buildings and structures, a few of which emit billowing steam and blue-tinged flames twenty-four hours a day. These highly visible steel mill facilities include coke ovens, a blast furnace, basic oxygen furnaces, ladle metallurgy furnaces, a RH degasser, slab casters, and galvanizing lines. Railroad cars loaded with coal and other products are prominently visible between the steel mill and the highway, and commercial docking provides easy river access. The Meridian Works is an award winning facility, known for producing extremely high-quality carbon steel slabs and galvanized and galvanized coated steels used in manufacturing automotive and appliance products and in the construction industry. The steel mill currently employs over seven hundred Steelworkers, a fraction of the employment numbers surpassing 5000 in earlier decades.

The USW union hall is a free-standing brick building located prominently just a couple of miles from the steel mill. The union won their first contract in 1955. Because

the union representatives work paid full-time hours in the union hall, in addition to working several turns in the steel mill, the union hall is open during the daytime and serves as a space for fellowship for active and retired Steelworkers. The union hall is also available for community use in the evenings, and the spacious upstairs meeting room and lower-level kitchen facilities are often rented for parties and receptions or used for Democratic political rallies. Two nights a week the hall is home to community Bingo, and the space is filled with hopeful players.

The demographics of the thirty-one USW rank-and-file research participants (including one spouse) are presented in Table 3 and include age, gender, race/ethnicity, time in union, and education level. In summary, the USW participants included twenty-two males and nine females ranging in age from early twenties to sixty-four, with the average age being forty-two. The participants self-identified their racial/ethnic identity as being white (25), African American (3), Native American (1), Pacific Islander / Caucasian (1), white Jew (1). The length of time as a member of the USW ranged from less than one year to forty years for the thirty-one participants. Regarding education, high school / GED was a minimal requirement for employment at the steel mill. While this was the highest educational level for seven of the USW participants, most of the USW participants had attained education or vocational-technical training beyond high school. This included six participants with additional apprenticeship or vocational / technical training, eight had some college, six had an Associates degree, three had a college degree, and one spouse had a graduate college degree. Because of the variety of job types in the mill, there are some opportunities for individuals with high school /GED credentials. However, most jobs require technical/vocational training, some of which may be available on-the-job.

The nine USW union representative participants (Table 4) self-identified their racial/ethnic identity as white (8) and American (1). All the representatives were males between the ages of thirty-one and fifty-eight. All of the USW representatives had education or training above the high school level, with four representatives having additional apprenticeship / technical/vocational training, three having some college, one having a college degree, and one with an Associates degree. The representatives had been USW members between four and thirty-nine years.

Union Comparison

While there are similarities between the RWDSU and USW membership, including the average age of rank-and-file members being forty-one (RWDSU) and forty-two (USW) and the racial-ethnic demographics of the two unions, there are also significant differences in other demographic categories. Among the rank-and-file, the average education of the USW members was higher than among the RWDSU members. While a high school diploma or GED was the minimum requirement for working at both the food processing plant and the steel mill, 77% (24 of 31) of the USW and 43% (13 of 30) of RWDSU members had more than the minimum educational requirement. This difference likely reflects the higher technical skill requirements and higher pay for many positions within the steel mill than in the food processing plant. The education differential was even more exaggerated among the interviewed representatives, with 100% (9 of 9) of the USW representatives and 25% (1 of 4) of RWDSU representatives having more than a high school diploma/GED. In addition to education, the span of time of individual union membership differed among the two unions. Among the RWDSU, the time as a union member averaged nearly seven years for rank-and-file members and twenty-eight years for representatives. Among the USW, time as a union member averaged sixteen years for rank-and-file members and seventeen years for representatives. Here, the span of time of union membership among the USW representatives more closely resembles the overall USW membership than among the RWDSU. This is likely due to the change in the RWDSU membership composition, reflecting the recent organization of the part-time workers into the union that increased the overall union membership but lowered the average length of time in the union.

While the job sites and union halls provide different working and union experiences for the RWDSU and USW participants, the membership of these two unions differ in other ways that are difficult to quantify. For example, it was not uncommon to meet a Steelworker who was a second or third generation member of this union local. This legacy (generational attachment) seems to create an invisible but palpable layer of loyalty among the Steelworker membership that extends into the community. This is an especially powerful aspect, as the union numbered over five thousand strong at its peak and there are thus numerous community members with ties to the union. This level of

attachment to the union appears absent among RWDSU members, perhaps owing to an historically smaller workforce, reduced generational attachment, few opportunities for union fellowship outside of the job site, and the locals' minimal involvement in community events and politics. This difference also appeared in broad levels of knowledge about labor unions and historical and current union activity, which may be attributed to the greater efforts of the Steelworkers to educate their membership upon entry into the union.

Despite their differences in jobs, skills, and union experiences, the everyday concerns of workers in both the food processing plant and the steel mill were very similar and focused on issues of job security and benefits for themselves and their families. It was the similarity of concerns about job security and the advantages of collective bargaining that stood out as the main issues in interviews with members of both unions. Indeed, this shared emphasis demonstrates the degree to which workers across Meridian are experiencing transformations in economic security. To underline the symmetry of the positions and concerns of the rank-and-file in both the RWDSU and USW, this chapter and chapter four are written without formal separation of the participants according to union affiliation.

Voices in Action: The Importance of Labor Union Membership

The overwhelming majority of union members easily described one or more specific benefits they attributed to union membership. For example, when asked what is important about belonging to a labor union, Kyle (RWDSU) rapidly listed security, camaraderie, wages, vacation, medical, and pension as the benefits of union membership. One exception to this ease of describing union benefits came from Dean (USW) who said: "I can't really classify one thing [as a benefit]. Like I said, there's just so many advantages and I really couldn't classify one." In this case, the many benefits of union membership were understood as one, inseparable package and could not be subdivided into parts. Within the interviews, however, four major themes arose in the responses to this question. While benefits, including health insurance and retirement, and wages were commonly described as important benefits or reasons for union membership, the most frequent response regarded issues of job protection (Tables 5-8). Importantly, in their

descriptions of the importance and power of the union, the participants highlighted the empowerment they as individuals received as a benefit of union membership. Indeed, the union was described as a conduit for individual action, as they had a structure through which they could work to address issues they felt were unfair. Herein lies the power of the union and the importance of the union local.

Venerated as the most important benefit of union membership by rank-and-file workers in both the RWDSU and USW locals, the umbrella of “job protection” encompassed the ways in which union members described the importance and protection of collective action for individual job and family security.

Job Protection and Security

Job protection was the most commonly mentioned advantage and the most important aspect of union membership. First, job protection included the maintenance of the job site and employment for the workers for at least the period of the contract between the union and the company (five years for the USW and three years for the RWDSU). This is an important aspect in the context of today’s corporate outsourcing climate. Second, job protection reflected the potential tensions between employees and the company, where protection from company harassment or job termination for individuals and minorities was paramount. Many union members saw the union’s main function in providing security for the workers and their families. As Stan explains:

Well they [union] help you keep a job and also help you keep ... decent pay where you can, you know, buy things for your family. ... So the pay is usually ... right for the area. Also it gives you a little protection from things that might happen on a job or, you know, maybe things the company would want you to do that you shouldn’t be doing. It might be safety or something like that or overworking, you know. (Stan, USW)

It is clear that by securing the worksite and the safety of workers while at work, this in turn provides security on many levels for workers and the families. One of the ways in which unions and their members preserve these protections is by using their voice to speak up and speak out.

Couched in phrases such as “having someone to stand up for you,” “having someone to watch you back” and “you’re not just one person,” union members continued

the argument of protection as they described the importance of being in a union in terms of ‘not being alone.’ Highlighted in these descriptions is the understanding that fair treatment of workers as individuals was accomplished through collective action. For example, Paula (USW) stated that “the union is there to represent you as a person,” and Curtis (USW) said “They wouldn’t acknowledge me if we--if I didn’t have a Union.” Other union members described it in these terms:

To me the important part of being in a union is you’re not just ... one person; you’re a group of people sticking together to--I guess fight for what’s right ... You got someone to back you if something was to happen to you and--I could go on and on and on all day about the benefits of being in the union. I can't think of any disadvantages. (Dean, USW)

I think there’s more of a sense of family, um I’ve always felt that your union brother or union sister seemed like we all tried to look out for one another a little bit more, because of our unity, brotherhood, you know. (Marty, USW)

Signified in these statements is the importance placed on the power of the collective to guard individual worker rights in the workplace. While union membership cannot guarantee that worker rights in the workplace are always respected, these union members believe that it increases the likelihood that they will be and provides them with a means to address situations in which they are not. Thus asserted was the belief that individual rights in the workplace are more likely to be respected when enforced through collective action.

When asked about the most important benefit of union membership, Catherine (USW) simply said, “a common voice.” Having a voice and being able to speak up without fear of reprimand or job termination is clearly an important benefit of union membership. The protection of the union allowed the members to feel that they could speak up if they felt a situation was unfair, if they perceived a breach of contract, or if a safety issue needed to be addressed. Steve described the importance of expressing individual and collective voices as:

Yeah; having the voice is very important because you can't really you know set your paths ... unless you’re in the union and you prioritize which one is most important, whether it be healthcare, the short-term disabilities or this, that, or the other. (Steve, RWDSU)

As indicated in these passages, the freedom to have a say in the work environment, including the ability to express a problem or discuss a safety concern, is credited to the union. As such, these union members explicitly attribute the ability to use their voice and be contributing, responsible workers to the maintenance of a fair work promotion system, safe work environment, and as a way to direct and maintain job benefits. Implicit here is also the belief that without union protection the actions of speaking up and questioning aspects of the work environment would likely result in reprimand or termination. This sentiment was best expressed by Marty:

... What I mean is without using vulgarity, race, color, religion, sex, as long as you're not discriminative you can stand there and argue with your boss all day long and if you'ns don't agree on something – he says this is a foot and you say it's ten inches, you know, he ain't going to can you out the door for that. Otherwise if it wasn't a union, and he just was in a bad mood that day and you said something out of the way to him, "Well, you're fired." I've seen it. I've seen it. Your only recourse is to get another job ... most people in the area you know who are working in the shops can't afford to go out and get an attorney. And also, if you were to go out and look for an attorney, I've had people tell me that well you're looking at just hearsay. It's your word against theirs unless you have a witness or more that will be willing to stand up for you, which you more than likely will not get because they want to keep their job. So, it's kind of a Catch 22. (Marty, USW)

As Marty argues, the union protects individual workers from unfair dismissal and discrimination at the worksite by the strength of the collective voice. As with many cases of harassment and discrimination, it is extremely difficult even with legal council to prove wrongful termination. By helping to reduce the occurrence of unfair or discriminatory behavior on the part of the company, the union ideologically serves as a deterrent for these activities and as a safety net for members who experience unfair treatment. This is how many union members understand the union to give them, both as individuals and as a collective unit, a voice in the workplace. Although laws exist making discrimination illegal, defacto discrimination exists on the worksite as it does within society. Although they felt that the union served as a deterrent for discriminatory behavior, many Steelworkers expressed outrage at the harassment they still endure from the company supervisors and management. Richard stated it thus:

Yeah; I have never seen a place that would--I mean they'll go out and spend \$1,000,000 to fire you just to say they fired you. And it doesn't make sense and I

mean that's how that place is; it's awful. And they want to go up there and they want to harass you and they want to write you up and stuff for nothing just to say oh yeah; we got a write-up today. They're [the union] doing a good job fighting it, but you know we're constantly getting harassed by management ... You can't come in and do your job without harassment. (Richard, USW)

While the ideals of union job protection were described by the majority of union participants, the reality of the precarious nature of job security was made clear by a few union members. Certainly, being in a union does not mean that union workers cannot be fired. A union worker, as any non-union worker, may expect to be fired for poor job performance or breaking a rule as dictated in the contract. As workers do make mistakes, Franklin describes how the union may help a worker in this situation.

Well with a union any time you do something--when you bring me in there and you say you did this and you're writing me up you got to give it to the union and let them look over it and maybe they'll come to you and say you got to quit doing that. You need to go about it this way and stuff; they'll try to work with you because you might not know enough to know that well, I shouldn't be doing this. You may know it but you just need somebody to kind of shake you and wake you up and say don't do that no more. You got to get straightened out; you know let's get you straightened out. (Franklin, RWDSU)

There is no denial that workers sometimes break rules and get themselves into trouble. However, as Franklin suggests, the union may be able to "straighten out" the individual and get them on a path to being a responsible worker so they can remain employed and stay out of trouble. This may be in the best interest for both the worker and the union.

For some union representatives, especially the "grievance man" and the grievance committee, much time and care is required sorting out invalid grievances (no breach of contract and not actionable) from valid grievances (breach of contract). Valid grievances may be settled through negotiation with the company or may be taken to arbitration if no agreement can be reached. Due to the expense of arbitration, not all grievances can be arbitrated, and only the most serious or precedent setting cases go to arbitration. As many union members argue, high rates of grievance filings may effectively limit other union activities (such as organizing) and deplete the union funds, as arbitration costs are equally split with the company. Only a few (six) union members saw the grievance procedure as a drawback in itself, as they felt the grievance committee sometimes played

favorites in choosing which cases to send to arbitration or that they had to spend too much time dealing with a few repeat offenders. The story of Richard's job termination from the steel mill in what he refers to as an instance of medical harassment serves as an illustrative example of the grievance process.

I first met Richard one cold and rainy afternoon at the union hall just a few days before Christmas. He described himself as an athlete. He works out at the gym, likes to line dance, and boasts a low heart rate and good blood pressure. As evidence for his accusations that the company unnecessarily harasses the union workers, he described his current grievance against the company for medical harassment. A few weeks ago, Richard passed out at work. No one was hurt, and no equipment was damaged. His doctor determined his blackout was caused by an inner ear infection and cleared him to return to work in a few days. However, before the company would allow him to return to work, he had to be checked by the "company" doctor at the worksite clinic, which everyone refers to as the "hospital." In his own words:

I've been out with an inner ear infection that caused me to black out at work. ... The company's doctor is trying to tell me that I blacked out because I've got a heart condition and I don't. See that's what we have to deal with; they want to play with you too much. They want to come up and they want to change the rules all the time, you know just all that stuff. All they're doing is they're taking time out of my life They say I got to go back and clear it through their doctor. Well their doctor tells me that something else is wrong with me besides what my doctor finds, so--. I don't get that; you know that's what we fight with over here every day. We fight that hospital; that's one of our biggest issues. They change the rules on us all the time. (Richard, USW)

Although not a cardiologist, the company doctor insisted that Richard had a heart condition and blocked his return to work. As evidence that he had had appropriate medical testing and in fact did not have a heart condition, Richard showed me his EKG printouts. His frustration was palpable, but he was confident that the grievance procedures would clear him and get him back to work.

When I talked with Richard again a few months later, he had just returned to the steel mill after being off work for nearly six months throughout the grievance procedure. After much foot-dragging, the company offered him a deal and the union encouraged him to take it. The final verdict was that he got three days off on his record and was paid for

one month of the nearly six months he was off work. Although he was able to draw unemployment during this time, it was much less than his working income. He also did not have health insurance during the time he was off work. Ironically, if Richard had had a heart condition, then he would have been left unemployed and without health insurance, thus hindering his ability to acquire medical care. Why did Richard agree to this deal that left him with a reprimand on his record (as part of the conditions of returning to work) and a fraction of the pay he would have earned if working? As he said, “you never know what may happen” in arbitration. Indeed, if the arbitrator had sided with the company he would lose his job and would receive no back pay for the time spent in the grievance procedure. Thus even though he seemed to have an air-tight case, he was afraid to risk an unfavorable arbitration verdict. Richard returned to work, and the company made no apology and admitted no wrongdoing in the case.

What can be learned from Richard’s story? First, after (temporarily) losing his job in what he felt was unfair termination, Richard was able to utilize the union’s grievance procedure to fight to get his job back. Without the union, his options would have been limited to hiring a private attorney to fight the company or simply moving on to another job. Richard’s return to work can be viewed as a success in that he did get his job back. Secondly, while the grievance procedures offer recourse against reprimands and firings, the procedures are by no means able to completely redress these issues for all those who have legitimate cases. Although the workers have a means to redress problems, it is a difficult and uncertain process even with union backing. Clearly, the lengths to which some union workers are willing to go to retain their jobs underscores the value a job at this steel mill holds within the community. However, the reality for some workers, as Richard’s case represents, is that they may not be able to afford to see the fight to the end when they have family and financial obligations hanging in the balance. Accepting unfavorable deals may be in their immediate best interest, considering the circumstances and the possible outcomes.

Worker Safety as Job Protection

Brandon (RWDSU) likes to race motorcycles. Indeed, he has traveled extensively throughout the Mid-Atlantic States to compete in races. Last year he took a serious fall,

leaving him out of work from the food processing plant for fourteen weeks while his injuries healed. Although the union cannot keep him safe on the racetrack, Brandon credits the union with saving him during this time. He states: “And that was a benefit of the Union. I still got a set pay every week for while I was off. It was short-term disability so that helped out. That saved me. [Laughs] Instead of you know going from a good check to nothing. It would be bad.” While the money he received from short term disability was only a percentage of his usual earnings, it allowed him to manage until he could return to work. His health insurance also allowed him to access the level of health care to ensure a good recovery. He is back to racing, but he “takes it a lot easier now” since he and his wife had their baby. Of course, this type of security is, fortunately, not utilized by all union members but serves as a financial safety net for those who find themselves injured and temporarily out of work. Brandon’s example leads us to look at the ways in which the metaphor of a union as a broad “safety net” incorporates a wide range of health and safety benefits for workers and their families and serves as a type of job protection.

While short-term disability insurance provided Brandon with coverage for injuries sustained off the worksite, safety on the job was also described as an important benefit of union membership. Indeed, safety on the jobsite falls under the umbrella protections of union membership, and is afforded by the freedom of individual workers to report perceived safety issues without fear of reprimand and the power of the collective to demand appropriate changes to ensure better worker safety. While safety regulations are mandated by organizations such as OSHA, it is the daily watchfulness and enforcement of these laws that keep workers safe. Indeed, the union is credited as a key player in making sure the rules are followed. For example, Franklin comments:

Yeah; uh-hm even though you do have safety and you got OSHA and all that, OSHA isn't there every day. But the union representatives, they're generally at work. They're there every day, and they can see what's going on. And they can actually see and get other input on what they need to do (Franklin, RWDSU)

For Franklin it is the everyday vigilance of the union representatives that helps to ensure the safety of the workers on the jobsite. He went on to argue that a complaint by an individual worker about a safety concern may all too easily be disregarded by a company.

However, registered with the union, an individual's complaint or concern would be documented with the union's health and safety representative as well as the company, thus helping to ensure that the concern is addressed appropriately.

Kyle also commended the union for better health and safety standards in the food processing plant, as he described the union's involvement with getting a cooling system in a particularly hot section of the plant. As he described:

It [union] kept on them [company] to have so many breaks, especially during the summer. And I think they come in with some kind of water cooling system back in the--what they call the hot end to bring the temperature down somewhat in there. And that's helped because before they did all that ... there was quite a few people collapsing from heat exhaustion (Kyle, RWDSU)

In this instance, the union carefully documented incidences of workers who became ill from excessive heat exposure over shifts of at least eight hours. Using the evidence, along with threats to report the problem to OSHA, the union successfully got the company to address the safety problem and install a cooling system in a particularly hot section of the plant. By including the cooling system in the contract negotiations, the union ensured that the system would be installed and would remain in place. The threat of reporting a company to OSHA is something that both unions and companies take seriously. For example, in claiming that "OSHA is god around here; [*Laughs*] they have a very big foot," Kyle underscores OSHA's authority in the corporate world and the importance of this resource in regulating and enforcing a certain level of safety standards. However, calling OSHA is an action the union takes as means of last resort when an agreement cannot be reached and workers safety needs are not addressed. Reporting the company to OSHA would likely increase the animosity the company had for the union.

Richard asserts that the company does not necessarily want the safety rules fully followed if it slows down production. He states:

They [company] come in here and make up their safety rules but they don't really expect you to go 100-percent by them like if it shortens--slows your job down or causes [decreased] production. Well then they come in here and say wait a minute; well how come we lost so--you know? Hey it's your rules; the Union protects you too, you know. And if you abide by their rules and what they wanted then they can't holler at you. (Richard, USW)

He argues that the union buffers the workers by helping to enforce rule observance by both the workers and the company. As the company may be willing to overlook some safety procedures if it increases production, the union helps to oversee that rules and safety standards are followed. This reasoning is supported by Lucas, in describing job security as the number one benefit of union membership. He argues that the union works to keep the company providing a good standard of living to the workers and maintains a safe work environment.

I mean you may get a different answer from different people, that if we didn't have a union down there I mean we'd be working for nothing and for any little infraction they would get rid of us. The union keeps the company in check and makes them live up to decent wages and good living standards and safety also. If you didn't have a union there, I think the safety would be out the window. They would do whatever they wanted to. But their bottom line is to make money. They say it's for safety, but the bottom line is to make money. Period. (Lucas, USW)

Demonstrated here is the respect that the workers give to their RWDSU and USW locals for their ability to help protect workers from injury on the job. Central, however, is the right and ability of individual union members to speak up and report potential safety issues or violations and to use their collective voice to get results. It is the capacity of union workers to speak up regarding the safety of their work environment without fear of being fired that helps to maintain a safe working environment.

The ability of unions to help create safe working environments is not limited to the RWDSU and USW locals in Meridian. For example, on-the-job safety was also a concern for Leslie, the wife of an RWDSU member who was in the SEIU at the hospital before leaving her position to seek specialty training at a different (non-union) facility. She described the importance of union membership in terms of a friendlier working environment and more fairness in the way workers are treated. Regarding safety, however, her concerns mostly pertained to the safety of patients. For her, a hostile work environment in a health care setting creates anxiety and increases the potential for medical mistakes. As she stated, "It's like when you know that somebody is looking over your shoulder all the time and expecting you to make a mistake [then] you make more mistakes, and in my field that's dangerous." She credited her union for creating a more positive (and thus safer) working environment that was better for health care providers

and patients alike. Certainly, safety within the medical care environment is important for both health care workers and patients alike. While unions are often assumed to be limited to industrial work, the recent increase in the organizing efforts among health care workers has implications for both healthcare providers and patients.

Drawbacks of Union Membership

While the vast majority of union members were very knowledgeable about their union and perceived definite benefits of their membership, a few individuals saw the union from a different perspective. For example, when I asked Gail what was important about belonging to a union, she responded by saying: “I wouldn’t know. [*Laughs*] I wouldn’t have a clue.” As it turns out, Gail had only worked at the food processing plant for a few weeks at the time of the interview, and this was her first union job. According to Gail, there was no orientation for the new RWDSU members and no explanation of what to expect from membership in this union local. As she suggested, “if nothing else [they should] give you a little pamphlet and tell you what the union is and what it stands for, you know, and what you can expect from it.” This seems to be quite a reasonable request and would help new members better understand the importance of the union in the workplace. As the USW local has an introduction class that “educates” the new members about the union, total lack of knowledge of the union was not mentioned by any Steelworker participants. This may also be attributed to the nearly triple average span of union membership among the USW rank-and-file participants (15.8 years) verses the RWDSU participants (6.6 years) (Tables 1 and 3).

What are the drawbacks or negative aspects of union membership? The typical response to this question among both the RWDSU and USW participants was denial of any negatives of union membership, with half of the participants in each union stating there were no drawbacks to union membership (Tables 5 and 7). For example, some typical responses included: “No. Not Really” (Terrence, RWDSU); “I don’t--I don’t know of any if there is.” (Teddy, RWDSU); and “I haven’t seen any.” (Bertrum, RWDSU). Kelly (RWDSU) stated it thus: “I don’t think they have got any drawbacks. They offer so much stuff. The doors, they open doors for you to go through, so I thought it was pretty good. I haven’t had any complaints.” Only one union member (USW) even

mentioned having to pay membership dues as a drawback. Although the denial of negative aspects of union membership was overwhelming in direct response to this question, as often happens within interviews, a few concerns arose throughout the conversations that should be addressed.

Among the RWDSU members, the problems or drawbacks of union membership mentioned included: the lack of benefits for part-time workers (4 responses); seniority process not always honored or slowed worker advancement (2 responses); lack of member participation in the union / decreased union strength (3 responses). Other responses with single mentions regarded the grievance process, youth uninformed about the union; representatives slow to respond to members, and a complaint that the union agreed to an increase in the health insurance premium in the last contract (Table 5).

Among USW members, the problems or drawbacks of union membership mentioned included: complaints that the grievance process was time consuming, ignored past practices, and was clogged with repetitive rule breakers (5 responses); the seniority process slowed worker advancement (2 responses); and the presence of a union increased company hostility toward workers (2 responses). Other responses with single mentions regarded concerns over decreased union strength in fighting the company, decreased unity among the membership, inability to complain about transgressions of fellow union members (no tattling), threat of strike, and unfair media bias against unions (Table 7).

One particular conversation stands out for the participant's candor in criticizing his union. Harry's (RWDSU) response when I asked him about drawbacks to union membership was, "Oh yeah; I can tell you all kinds of things." For example, in complaining that his union does not always work as it should to protect the interests of its members, a male RWDSU member mentioned the case of a female coworker who was fired (reason unknown) from the food processing plant. He did not believe she was being properly represented by the union, alluding to gender bias and the union playing favorites in not standing up for her. This sentiment was echoed by Kelly (RWDSU), who also voiced frustrations with what she saw as the weakness of their union. For example, Kelly argued: "Our union needs to be a little stronger, you know with the company. They just let the company run over top of them. You feel like you don't have any backup." In her experience, Kelly felt that when she got into trouble with the company, the union

representatives were afraid of losing their job if they stood up to the company and thus did not argue her case very strongly. She stated: “No. They just think they are gonna lose their job if they do something, you know, or the company might not want the union anymore. That’s what they’re scared of.” What Kelly appears to be suggesting is that the union representatives fear they will themselves be targets of company harassment or that the company will move to have the union decertified if they push too hard. This speaks to the sometimes hostile and precarious nature of company-union relationships. Offered here is a reminder that unions, as companies, are not immune to biases and political maneuvering in member representation. It is significant, however, that such charges against the unions were extremely rare among the research participants.

Although the ability to use your voice at work has been described in this chapter as an important benefit of union membership, there appear to be a few exceptions. Early in her interview Rachel described the most important benefit of union membership as:

Protection. The right to speak your peace and not be fired for having an opinion. ... If I see an unfair situation, I’m going to say something. I mean I don’t like to be mealy-mouthed or whatever and usually it gets me in trouble. [*Laughs*]
(Rachel, USW)

While Rachael credits the union with her ability to speak up at work, she seemingly contradicts herself as she later describes her situation at the steel mill. Having a computer-based job, she spent her time at work in a small four by six foot room. Doubling as a break-room for those in her division, her workspace was often occupied by fellow workers taking a lunch or smoke break. Although a non-smoker herself, Rachael suffers from sinus and breathing problems, which she attributes to her exposure to second-hand smoke as a child by her parents, and as an adult by her husband and co-workers. As she described, Rachael worked in her smoke-filled room for years without saying anything to the men about smoking in her workroom. In her words: “And some days you couldn’t see across the room. And I had to be there because that’s where my computer was and that was what my work was, and that was their break room.” Although one of the men would not smoke while she was eating (and would hint to another man that he should wait to light up until Rachael had finished her lunch), the second man, undeterred, would remark “Ah, she don’t care” and light up his cigarette.

After these two men retired, Rachael requested No Smoking signs hung in her workroom. She explained,

It really bothers me. I don't know how I stood it all those years. I think I've developed allergies from the dust and oil mist that's in the air down there anyway. And I really didn't get as much flack as I thought I would for having them put up the No Smoking signs. We had one boy who would sit there and go take allergy shots twice a week and not say a thing about them smoking in that lunch room. He still would let them do it now. It's your health. Whose gonna raise your kids when you sit here and don't say anything about anything that they do and pay to have allergy shots twice a week because they smoke. (Rachael, USW)

Ironically, although Rachael complains about her young co-worker not asking the others to refrain from smoking in his presence, she was guilty of this as well. She would not ask her more senior co-workers to not smoke in her workroom, even though it was causing her health problems. It was only after she moved up in seniority in the group that she used her voice to claim her right to a smoke-free workspace. This is one example of how the union motto of looking out for your brothers and sisters does not always hold. In this particular case, Rachael was the only woman in the group and was not always respected by her male co-workers. Because a young male co-worker also refused to ask the senior members to refrain from smoking in his presence, this is not simply a case of gender bias. The irony Rachael presents is that while she feels empowered to speak up regarding company infractions or issues safety, she was inhibited in doing so for an issue of personal infringement. In this way, the union affords less protection against infractions by fellow union members than it does against the company.

In another follow-up with one female union member, we had an extensive discussion about her relationships with her male co-workers. As the only woman in the union in her department, she is teased mercilessly about everything from her appearance and weight to her personal life. While I would describe the stories she tells as harassment, she strongly denies that it is. Indeed, she is almost defensive of her co-workers, saying their feelings would be hurt if they knew how much their taunting sometimes gets to her. Clearly, in the case of these two female union workers, the loyalty they have towards their union brothers leaves them vulnerable. The problems women workers face regarding harassment, especially in male-dominated workspaces, are unfortunately not absent from male-dominated unions. For example, in her writings

about women coal miners in Appalachia, Marat Moore argues that problems faced by women in male-dominated unions include “female role stereotyping, excluded from the decision-making process, lack of recognition and the periodic failure by leadership to understand and support their needs as a group” (Moore 1990a:7; 1990b). This, at least in part, appears to apply in this case. The continuation of gender bias in some work spaces and unions is unfortunate and discouraging at best, as women’s activism in labor campaigns is often an overlooked but essential aspect of union victories (Maggard 1990, 1998, 1999; Moore 1990a,b; Sacks 1988).

Elaine provides another example, as she describes a problem that she sees as a drawback to union membership. Many of the jobs at the steel mill run as a continuous process, so one worker cannot leave until his replacement, or “buddy,” arrives to take his place. Below, Elaine describes a problem they have with a few habitually late workers who cause their buddies to have to work past their shift’s end.

We have a continuous process, so you can't leave until you get relieved. So your buddy --we call them buddies; they come in and they have to relieve you. Well we have a few people that tend to always be late. ... The person that he sticks--they call it sticking-- he's supposed to be there eight hours, and he ends up being there nine hours because he's got to work over until this guy comes in. The union won't do nothing about it, and as a union member you can't go to the company and say you know do something about this ... that's your union brother. You can't tattle on anybody, but yet you know you're supposed to deal with it. And the union says they don't know how to deal with it. But yet somebody needs to take that individual and deal with that individual (Elaine, USW)

In this case, the union worker appears to be caught in the middle of a problem. Neither the company nor the union is stepping in to deal with habitually tardy workers who are infringing on the rights of their fellow union members. As they are supposed to look out for one another, tattling on your union brother or sister is not an acceptable action, so Elaine feels unable to get help with this problem. As the stories from Rachael and Elaine indicate, while union membership allows workers to have a greater voice in the workplace in regards to the company, this may not always translate when it comes to resolving issues among union members. This is troubling because unions and many social movements promote solidarity and equality as a main ideology of fairness (Bailey 2005:116). While in many cases solidarity and union membership do promote fairness and discourage discrimination, there remains room for improvement.

Another drawback to union membership, especially as described by some union representatives in both the RWDSU and USW, pertains to the politics of the grievance and arbitration process. All union members have the right to have the union review any situation in which they think the company has breached the contract. Most commonly this includes reprimands (write-ups; suspension without pay), job termination, or health and safety issues. While the grievance and arbitration process is a hallmark of organized labor and one of the primary ways union workers are able to enforce contracted worksite regulations, this process is not without its problems. For example, union representatives in both the RWDSU and USW bemoaned the workload created by a small percentage of the membership. Describing them as “frequent flyers,” more than one union representative mentioned the problems of having to deal with union members that are continually in trouble. Some of these incidents are attributed to company harassment of certain individuals because they are known to be particularly active in the union. Other cases are described as company scapegoating, where a union worker is blamed for the breaking or malfunction of a piece of equipment. While workers do sometimes earn their reprimands, what would motivate the company to engage in frivolous harassment of workers who have committed no infraction or breach of contract? While such instances were related by members of both unions, Brandon articulated it best:

Well see, what they go by is if you do get in trouble and you have a write-up or put on probation or whatever they call it, then they can bypass you if they have something against you. What’s going on right now with one of my friends [is] he’s been bypassed twice for a job, and I just don’t think that’s fair. He’s been there a year and a half, and they’ve offered it to somebody that’s been there two months. (Brandon, RWDSU)

As indicated here, “having a record” means that a worker may be passed over (with “good cause”) by the company for promotion or for a bid on a job, denying the worker the ability to move to a more desirable or better paying job in the plant. While these reprimands may be well-deserved by some workers, many union members believe this is a strategy their company utilizes to harass individuals, who may be targeted by supervisors with a personal grudge, as well as the union.

While charges of company harassment may be very valid, a large percentage of the “frequent flyer” instances appear to be a handful of workers who seem to keep

finding themselves in trouble of their own making. As one USW member, Henry recalled, “We probably spend ninety-five percent of our time on five percent of the membership.” The union is not involved in the hiring process, and new hires are company decisions. As Henry explained:

We have no impact on the hiring, and then after they’re hired and after they become part of our organization, you just don’t pick out who you’re going to represent... (Henry, USW)

At both the steel mill and food processing plant, each new hire automatically becomes a union member at the end of their initial probationary period. Once in the union, each member has a right to union representation, including the grievance and arbitration procedures. Indeed, for some members access to the grievance process was the most important benefit of union membership. What this means for the union, essentially, is that they do not pick their own members and are obligated to represent all of their members equally.

Race and Gender Minorities in the Union

While jobs with good wages and benefits have long held the key to middle class status and access to resources, there are forces within the community that work to limit access to these jobs and resources for certain populations. For example, participants, mostly representatives, from both unions shared similar stories of how company hiring practices until very recently served to exclude ethnic minorities and women from jobs at both the food processing facility and the steel mill. The exception to this exclusion seems to be the white women employed as salaried (non-union) office assistants in both companies.

At the food processing plant, a few RWDSU members described how things had changed over the past decade, since women and ethnic minorities were now employed. This change was attributed to the buyout of the family owned food-processing facility by a larger corporation. For example, an RWDSU representative attributes some of the recent changes in employee demographics to this change in ownership.

Well recently since the [national company] came on the scene they’re really focused a lot on trying to hire minorities into this company. ... When I came to work here in 1978 there was one African American at the entire facility, and he

worked in the sanitation department, which they didn't even call sanitation at the time. They called it the porter department, which was a demeaning term. ... There were no females outside of the office staff; that was woman's work and clerical type work. But there was not a female. There was not another African American. There was nobody of any other race other than Caucasian male that worked at the plant in 1978. (Lewis, RWDSU representative)

Another representative, Joseph, discussed the diversity at the food processing plant in a similar manner.

Well, it has changed in the extent that we hire any [women and minorities] at all. We didn't up until 10 years ago. I don't think we had a woman working there in the plant. They were all in the front office. And there have been a few black men over the years but not a lot. Just a few. But now there is several, and the diversity I think is a good thing. (Joseph, RWDSU representative)

Clearly, long past the passage of Civil Rights, employment segregation in Meridian excluded women and ethnic minorities from the opportunity to work at the food processing plant. In fact, a change in hiring practices seems to have come only with the change in company ownership from family-run to a national corporation. Despite the increase in hiring of women in the food processing plant, Kyle (RWDSU representative) ventured to guess that the male to female ratio in the plant remains at fifteen or twenty to one.

In similar fashion regarding hiring practices at the steel mill, one USW representative stated that he felt the steel company was a "prejudiced company," noting that they seldom hired women or blacks. Given this, how important are unions for women's rights in the workplace and access to the better paying jobs in Meridian? Lana (USW) thinks the union made all the difference in her ability to keep her job at the steel mill. As she emphasized, "Yeah; the union--yeah if it wasn't for them there wouldn't be no women down there [steel mill] working at all." She believes that, because of anti-discrimination laws, the company has to hire women; however, they do not have to keep them as employees for long.

That's where the union comes in you know ... it was in [the big layoff in the 1990s] when-- I should not have been laid off then because there was contractors working--working overtime with me being laid off. The guy in the shop worked overtime, but the company didn't allow them to bring us back. But they got to the point where they had laid off so many people they had to bring somebody back in

the shop. So they had to bring me back before they hired anybody in our department. So when I did come back I got my 20 years in; that's one reason I did come back was to get the rest of it you know. I ain't going to retire. I'm going to stay down there and pester them. (Lana, USW)

Lana firmly believes that without the union benefit of recall rights by seniority, she would not have been recalled from retirement. She said, "No, no because at the time I had a boss that didn't want me to come back." Because her boss has a "personal thing with women," she believes she would have lost her job if not for the union. Lana firmly believes that women and minorities would not have the opportunity to earn better wages and benefits without the union, saying "we wouldn't have the opportunity to have a good job--to be out there in the so-called man's world." Granted, this does not mean that all union members were fair to the women. In addition to Lana's boss, she said "a lot of times there's a lot of them [men] that regret it that a lot of women do come in down there, and we just have to prove to them that we can do anything that they can do."

Lana's sentiments were seconded by Kelly (RWDSU), as she described difficulties for women to get full-time positions in the food processing plant. For example, she remarked "they kept passing me over because they think guys can do better." According to Kelly, there are fewer full-time jobs available to women, because more full-time positions are allocated to jobs that require greater physical strength, such as in lifting heavy pans. Hence, the gender gap between full-time and part-time positions appears to result from an organizational system based on gendered skill sets that privilege male workers. While this system may be the employers', the union does not appear to be adequately addressing this gender equity issue. Clearly, as Lana and Kelly demonstrate, gendered expectations of work roles and abilities on the shop floor contradict union ideology of equity and fairness on the shop floor. However, for Lana, the union is a way for women and minorities to fight for equal treatment and good jobs and benefits and the only reason women even have a chance at keeping jobs at the steel mill.

As a means to promote equity in the workplace, the USW has a Civil Rights board (volunteer participants from the union membership) that works to promote (methods unknown) fairness in hiring at the steel mill. Although the Civil Rights board appears to receive no public relations from the union local, one member of this board described its' activities.

I'm on the Civil Rights Board for the union here and for the plant down there. I help with recruiting minorities and make sure they have the right amount of women that apply and get a fair chance of getting a job. Also [making sure] that blacks or Mexicans that speak English get a shot if they want to apply. Also we have ... a class to go through... and that's usually on diversity and discrimination and also on sexual harassment. (Stan, USW)

Despite the intentions of the Civil Rights board to increase diversity in job applications and hiring at the steel mill and to address issues of discrimination and harassment with all new hires into the mill, accusations of racial and gender discrimination persist. However, it is significant that it is the union, not the company, that is working to educate the workers about the ills of racial and gender discrimination. Despite these efforts, discrimination persists. For example, Lana's accusations of gendered discrimination at the steel mill were supported by a male Steelworker. He explained that the company hires women but unless they have someone to "look out for them," such as a brother or other family member, then management will try to get rid of them soon. He said this was especially true for black women, who, unless they were "good looking," would not last long in the mill. This speaks to the biases experienced by African American women in obtaining and maintaining "good" employment in Meridian. Despite these ongoing problems, one female union member credited the unions, arguing that without the unions, women and minorities would have no chance at getting and keeping these jobs. Indeed, it helps to "know someone" to get hired at the steel mill, and one woman described the company man who hired her as a friend of her family. While an estimate of the ratio of male to female workers in the steel mill is not available, it is likely close to that in the food processing plant.

As these two companies, the food-processing facility and the steel mill, are considered among the "best jobs" in the community in terms of wages and benefits, prejudicial hiring practices serve to exclude women and ethnic minorities from better wages and health insurance. Indeed, these charges highlight the difficulties, especially for black women, to gain and hold down good paying jobs. It is worthy to note that the charges of unfair hiring practices by the companies were made to me almost exclusively by white men and not by women or ethnic minority union member participants in this research. This indicates a couple of important points. First, this seems to indicate that

white men are aware that unfair practices continue. It is a credit to them that they were willing to relate this information regarding company practices to me (the outsider). Second, it is also important to consider why women and ethnic minorities either casually dismissed or were actively evasive of questions regarding discrimination issues. Indeed, realizing that women and ethnic minorities comprise such a small portion of the community and union workforce, for them to discuss these issues could make them vulnerable with the publication of this document. Indeed, they could have more to lose if their comments came across as accusations against the company or union.

While active union members were reluctant to discuss race relations or issues of discrimination, conversations with two widows of retired African American Steelworkers enabled me to gain a broader understanding of the inter-relationships among work, gender and race relations in Meridian. I first met Ramsey at the union hall. The widow of a Steelworker, she is very active within the community, and we also shared a phone banking shift at the local Democratic headquarters one afternoon prior to the 2008 presidential election. Ramsey and her husband built the house that remains her home. She explained that they were the first blacks to build a house in Meridian outside of the “black street.” She said that “they” wanted to keep all the blacks living on another street in town, but they built their house out of the black neighborhood. On the day I visited her in her home, she was having the gutters replaced. When I pulled into the driveway, she was outside talking to the workmen, as she said, “making sure they were Christians.” Ramsey’s late husband was quite active in the Steelworker’s union, serving as president of the local and going on to become a USW international representative. On several occasions I heard his name mentioned among the retirees, usually over morning coffee. He was fondly remembered by the retirees for his sense of humor. Because his retirement was through the USW international, Ramsey’s survivor benefits (retirement and health insurance) are better than those of the widows of the rank-and-file members.

Another African American steelworker widow, Nora, also kindly spent some time discussing work and racial issues in Meridian. Nora does not drive, but this does not slow her down. A friend dropped her off at the grocery store where she did her weekly shopping. She then walked the short distance to the restaurant, where she met me for lunch. I completed the circle by taking her home after lunch. Nora pushed her grocery

cart right into the restaurant, parking it in the corner with her umbrella carefully laid on top of her grocery bags. The cart went seemingly unnoticed by the restaurant patrons.

Nora was born in a small town about an hour from Meridian. Because her family was the only black family in the town before desegregation, she was not allowed to attend school simply because she was black. Wanting an education for her daughter, Nora's mother sent her to live with her aunt in Meridian until she could get work and a room and finally a house for them there. Nora described some details of her life in Meridian, mostly in relation to family and work. Having worked as a waitress in a hotel restaurant and then as a domestic for a prominent white family in Meridian, she stopped wage work after she married her husband and had her first baby. In the 1940s-50s, domestics made \$25 per week. Childcare cost half of that. Nora explained that some people worked and had family to keep their kids at no cost, but she did not have those resources. When her children were teenagers, she took a job as a caretaker for a woman who had suffered a stroke. Nora spoke very kindly about this family, noting that her mother had once worked for them as a domestic.

It is important to note that this ratio between low-waged work and child care costs have not changed much today. For example, the going rate for daycare in Meridian is \$90-100 per week. For a worker today earning the minimum wage of \$7.250 / hour for a forty hour week, weekly pay before taxes and withholdings is approximately \$290 per week. Childcare still costs roughly half of a worker's take home wages. One strategy to deal with this is for family, such as retired grandmothers or aunts, to take care of the child(ren) either full-time or part-time during the week. This can greatly reduce or eliminate child care costs, as some day care centers offer day rates (averaging \$24 / per day) that allow for multiple child care strategies. Still, for many daycare is not an option. For example, according to the National Association of Child Care Resource & Referral Agencies, the cost of child care for two children exceeds the average monthly mortgage payment in nine states (ME, MA, MN, MT, NC, PA, WV, WI, and WY), and is particularly unaffordable for single parents (2007).

Nora met her husband when he was a young waiter in a Meridian restaurant. Later, he worked as a janitor at the steel mill in the 1940s-60s during segregation, before moving up to the storeroom. Nora said that although he was qualified, the company

never recognized him as the one who “did the real work and had the knowledge,” never considering him for a foreman position. Rather, he did the work and ran the storeroom without the pay and the title to go with the work he did. While his skills were not rewarded by the company, he served as a shop steward in the union for several years. He died shortly after retiring from the mill in the early 1980s. This lack of promotion limited his pension and Nora’s survivor benefits.

While Nora attributed her husband’s lack of promotion to prejudicial management at the steel mill, she explained that race relations had changed to a certain degree in Meridian. Nora described that in the past blacks were not professional people and were not allowed to do anything but the lowest jobs, such as positions as wait staff, janitors, and domestics. As she said, “It was a way of life then. People lived and did the best they could.” Noting the changes in community over the years, Nora described the black community as “a village and [we] took care of each other, but we don’t have this village now. We have latch-key kids.” Describing prejudice as a “sore that won’t heal that gets pulled and picked at,” Nora admitted that things have improved in Meridian, but race relations are “not where they need to be or could be.”

Nora admitted that finances are tight, and she has to be very careful with her money. Nora said “they give the executives big buyout bonuses and have elaborate corporate lunches. They never cut back on them. It’s always the employees, the workers who take the cuts to save the company.” As a single woman, she has a hard time keeping up with the house repairs and taxes on her house. However, she said “there’s nothing better than owning your home. It’s mine and can’t nobody turn me out.” Her children moved away from Meridian for work and are not able to come home too often to help out. Nora’s main source of income, apart from Social Security, is the survivor benefits from her late husband’s retirement from the steel mill. She gets two pension checks, one for \$90 and another for \$65. These amounts have decreased as the cost of the insurance goes up and more is deducted from the pension check. For example, the cost for her insurance is deducted from the pension amount. Fortunately, the pension is enough to cover the major medical insurance, but she had to drop the dental and eye care. Even so, this leaves her with very little to live on after this is cost deducted.

As I spent time with many retirees, their spouses, and steelworker widows, I quickly discovered that Nora is not alone in her budget worries. At a SOAR meeting one spring month in 2007, I sat with Maddie over lunch. Widowed about ten years ago, Maddie receives a survivor's pension of about \$168 / month, which is about eight percent of the original \$2000 / month pension her husband earned. The cost for Maddie to keep her supplemental health insurance is about \$157 / month, leaving her a net pension income of \$11 / month. Because the pension depends on the particular contract under which the Steelworker retired as well as years worked in the steel mill, retirees and widows receive varying pension amounts. However, I did not talk with any widow who received more than \$200 / month.

While Maddie's survivor's pension fully covers the cost of her supplemental health insurance premium, this is not the case for all of the Steelworker widows. Each month many widows must write a check to the steel company out of their Social Security earnings to cover the cost of their health insurance premium. While she commented on tough financial times, she mentioned the profits of the steel mill and "all these companies." Maddie mentioned that last year the company overcharged the widows for their health insurance, and the widows received a refund sometime later. Maddie, like many of the other widows, retirees and their spouses, worry about losing their pension altogether in company efforts to increase profits by reducing "legacy costs."

Concerns about the welfare of the Steelworker widows were expressed by a few of the active union members. For example, Elaine (USW) has a friend, a woman in her 80s, whose late husband retired from the steel mill. This woman receives a pension check for \$76 per month from the company, but her medication costs average \$170 per month above what is covered by Medicare. Elaine feels that it is disgraceful that she and the elderly in the U.S. have to reduce their food budget to afford their medication or rely upon children to help her with some of her expenses. Because his mother is a Steelworker widow, Curtis (USW) also has a personal concern with this issue. He explained that in 2005 there were over 400 widows drawing a monthly pension ranging from \$85-120. Rather than just worry about the situation, he took action. He explained:

Now my biggest sticking point on that and--and I've talked to the Vice President and I've talked to the President of International and I've talked to the President of this local at that time. I said this is a personal issue to me. My mom draws \$90

widow's pension from the company.... She has to turn around and deposit it and write a check to the company for her insurance. She has to add \$84 onto that out of her Social Security money to pay for that insurance. It comes out of her food money to keep the healthcare, and she needs the healthcare. (Curtis, USW)

What developed from Curtis's appeals to the union representatives on behalf of his mother and other Steelworker widows? The union took action. When the next contract negotiation period came up, the union negotiators bargained for the company to cover the widow's health insurance premium in full, ranging from \$90-120 per month. In the end, the company agreed to cover up to \$40 of the premium but would not cover the entire cost. Although he was unable to get the entire health insurance premium covered for the widows, he and the union succeeded in reducing the premium cost by at least thirty-percent. For Curtis, the personal became political, and the union became the conduit for action.

While this reduction on the cost of the supplemental health insurance premium was indeed helpful, how grounded are the concerns of the retirees and widows about the future of their retirement and health insurance benefits? Given the corporate trends over the past few years, as they seek to reduce "legacy costs" (retiree benefits), their fears certainly appear warranted. However, the company is not the only source of concern for the retirees and widows. Indeed, with the approach of each contract negotiation, many retirees wonder if the active union members will negotiate away their benefits to save their own health benefits or wages. This was noted by one Steelworker representative, who explained why the older active members and retirees worry more as the age of the active worker population goes down.

They're not looking towards retirement because they've got 25 years to go for retirement. But they have the voting numbers to decide whether we put money into our retirement, whether we try to shore up our medical benefits or whether we take the money on the hour and live high on the hog now. So it's going to be an issue. The company is definitely and most assuredly going to come after our medical benefits and our retirements. And that's where they can cut costs. And it's where they can easily sell the hourly rate to the younger people. Because they're the ones buying the new cars; they're the ones buying the new boats, motorcycles and trailers, and, you know, campers and all that stuff. (Tony, USW)

Represented within the generations of union members are the problems of a shifting economy. While many of the more senior union members have enjoyed union jobs with

good wages, health and retirement benefits, the youth appear to be cautious about promises for the future when that future is tied to corporate profitability.

Pending Labor Legislation: “Right-to-Work” and the Employee Free Choice Act

So a union is valuable to people [but] ... it is not necessary in every workplace. It is not necessary; where it's necessary you never have to ask them--people know because they're being abused, they're laid off--they're laid off for two days and called back for one. They never had a good set schedule; they don't have a decent living wage. You don't have to tell somebody whether they'll need a union or not--they'll know. (Will, USW)

How relevant are the issues raised by the union members in Meridian to today's U.S. and global political economic arena? When asked what the most important issues labor unions today are facing, several union members expressed the difficulties unions, both locally in Meridian and on a national scale, are having with job cutbacks and an increasingly anti-union corporate and political sentiment. As related by the union participants, one primary aspect of being in a union regards the guarantee of employment (job security) for the union workers, at least for the span of the contract. This is understood as protection for the workers against termination without due cause or as a cost-cutting “outsourcing” measure. Of course, companies have the right to lay-off or terminate workers in response to economic and sales downturns or for due cause (e.g. poor job performance; rule violation). The protection of the union is, among other things, to safeguard workers against harassment and unfair job termination. While labor laws offer protection to workers regarding termination without due cause, these laws are easily skirted by employers. Hence, unions and workers argue that cases of undue termination and harassment are more abundant in non-union workplaces and are more difficult for a worker to fight.

Amid discussions of company aggression, anti-union sentiment, and problematic issues facing unions today were many references regarding Right-to-Work legislation. Right-to-Work (RTW) legislation, as it is known today, is a legacy of the 1947 Taft-Hartley Amendment to the Wagner Act. The Taft-Hartley Act, among other things, removed federal protections from collective bargaining by allowing states to ban the

“union shop” or collectively bargained contract agreements (Lichtenstein 2003). Incidentally, non-Right-to-Work states are referred to as “forced-unionism” states by proponents of RTW and as “free bargaining” states by RTW critics. Right-to-Work legislation has been passed in twenty-three states as of January 1 2008, with most RTW state legislation (either as constitutional amendment or statute) being passed immediately or soon after Taft-Hartley. For example, by 1955 sixteen states had passed RTW legislation, and another seven states passed RTW statutes between 1955 and 2001 (U.S. Department of Labor 2008). The distribution of RTW legislation is clearly patterned, dominated by Southern states along with select states in the Mid-West and West³. RTW legislation appears to be on the rise in the past few years, and it was introduced and defeated in Kentucky and West Virginia during the course of this research. Although union activism was the major force in maintaining free bargaining in Kentucky and West Virginia, RTW legislation will likely be introduced again in the near future in these states.

What are the arguments surrounding RTW legislation? The ideology behind RTW legislation is that individual workers should be able to choose to work either with or without a union contract; it also prevented unions from requiring dues from a worker in order to maintain employment. However, even in RTW states, airline, railroad, and federal employees are not bound by RTW legislation (Freedomkentucky.org 2009). This seems to recognize status differences among types of workers, with some workers entitled to the benefits of collective bargaining while others are not. Proponents for RTW laws argue that RTW states experience faster job growth than non-RTW states. For example, citing the manufacturing output gains (20.7%) in RTW states between 2000 and 2006 that were three times that of non-RTW states, an article in the *National Right to Work Newsletter* (2007) argues that RTW states excel in manufacturing due to their “superior competitiveness.” Emblematic of this “superior competitiveness” is the relocation (“capital flight”) of private sector companies to RTW states because of reduced labor costs. Arguing for the individual freedom of workers, proponents claim that “unless they are protected by a state Right to Work law, independent minded

³ These states include AL, AR, FL, GA, LA, MS, NC, SC, TN, TX in the South and AZ, IA, ID, IN, KS, NE, NV, ND, OK, SD, UT, WY in the Mid-West and West. In Indiana RTW legislation only applies to school employees.

employees have no power to fight back against greedy and tyrannical union bosses by withholding their financial support” (National Institute for Labor Relations Research 2008). Indeed, the stereotype of the gangster union boss and the threat of the loss of independence are the crux of the argument against collective bargaining.

Antagonists of RTW legislation argue that these laws are simply intended to cripple unions and union organizing efforts, and they offer multiple assertions regarding the problems with RTW laws. Citing lower wages and workers’ compensation benefits for all workers and a lower the tax base for cities and states, the AFL-CIO argues that RTW legislation benefits the profit margins for companies but does little to aid the paychecks or welfare of workers. Indeed, workers are not receiving an equitable share in RTW states. For example, Mishel (2001) describes the “wage penalty” of RTW laws and argues that RTW legislation has ‘statistically significant and negative impacts on workers living in right-to-work states.’ Mishel argues that RTW laws result in a 6-8 percent wage discrepancy, with an average wage 6.5% lower in RTW states. Even controlling for regional costs of living factors, wage reductions in RTW states average four percent. Important in this analysis is Mishel’s rebuking of arguments of financial gains for workers in RTW states, as he describes how the “real wage gains associated with right-to-work states is almost purely the result of border cities that benefit from their proximity to non-RTW state” (2001).

In addition to wage differentials, the AFL-CIO argues RTW weakens health and safety standards, as evidenced by a 51 percent higher workplace death rate in RTW states (AFL-CIO 2002). As indicated in this chapter many union members cited issues of health and safety and the importance of being able to speak up about concerning issues are valued benefits of union membership. Thus, the union members in this study argue that they are safer on the worksite because they have the union protection that allows them the freedom to speak up about potential health and safety hazards. In addition, while union workers are more likely to receive health insurance as a job benefit, RTW states have higher rates of people lacking health insurance than in non-RTW states (AFL-CIO 2008; U.S. Bureau of Labor Statistics 2009c).

As exemplified in the opening scene of this chapter, labor unions in Meridian take active stances on issues that directly affect the future of their job security and livelihoods.

They are particularly active on the local and state level, as Kentucky and West Virginia are targets for those promoting RTW legislation. The protection of the union, as these participants describe, is to protect workers from being fired without due cause. While the presence of the union does not prevent unfair job dismissal, it does provide each union worker a means to fight unfair treatment, reprimands, or job dismissal. For example, Gavin explains his views of right-to-work laws and corporate profitability.

But you know I've seen a lot of right-to-work states, and it has brought a lot of industry. But you know the industry that it's brought, you know they bring these plants in and they open them the same way. They rate their pay scale to the bottom so that they can get maximum profitability. They might offer healthcare insurance but is it as good? I don't know. But nine times out of ten it's going to be lower paying jobs, because there's not a company out there that's going to cut its profitability to give somebody on the bottom of the totem pole more money. I mean you have to be realistic; the company has to stay profitable. I want the company I work for to make millions. I want them to have a spectacular year. That's just more money I can ask for at the end of this contract. I expect everybody to do their job, because if they don't it hurts the union. And what I'm calling the union is local people; like I said, the international is a corporation. [Laughs] But like the guys and them, that's the Union. (Gavin, USW)

Acknowledged here is the need for companies to make a profit. Certainly, as it would be counterproductive for unions to bankrupt companies, Gavin says he wants the company to make a profit so they can all profit. However, he also understands that RTW laws allow companies to lower wage rates, paying well below prevailing wage. As the arguments over profitability and competition will likely continue to rage, Gavin reminds us that there is more at stake than the bottom financial line. Reminding us that unions are the workers, organization is an important way they fight for job security, health and safety, and the well-being of their families. RTW legislation limits their success.

How are unions coping with the state-by-state assault on free bargaining? With unions regaining some ground since the mid-1990s, they are leading the push for new legislation that would counter some of the crippling effects of RTW legislation and the harmful legacy of the Taft-Hartley Amendment. In March of 2009, legislation was introduced to the 111th Congress (H.R. 1409) to amend the National Labor Relations Act. Known as the "Employee Free Choice Act" (EFCA) this legislation has three main goals. First, it seeks to make it easier for workers to organize and join a union at their worksite

through “majority sign-up,” which allows recognition of a union if a majority of workers sign union authorization cards. Two, it encourages timely contract agreement, and provides for binding arbitration if an agreement between the company and union is not reached within 90 days. Three, it would toughen and enforce penalties for companies that violate workers’ rights in response to their union activity. This would include stricter fines (\$20,000) to companies that repeatedly fire workers for union activity and require companies to pay triple back pay to those workers. These penalties and pay retribution to workers are a much needed improvement, as current laws simply require companies to rehire those employees and pay back-pay (minus unemployment benefits). Currently, company violators of these laws receive no punishment for firing union activists. As David Bacon argues, this encourages companies to break the NLRA law and fire workers for their union activities, as the costs are less than negotiating a contract with the union. Importantly, this intimidates workers from participating in union organizing drives, as they know the company can fire them virtually without retribution (Bacon 2009a).

The importance of the EFCA must be understood in the context not only of renewed RTW legislative efforts, but also in terms of national and global economic trends. Union organizing since the Taft-Hartley has become extremely difficult, as the legislation has reduced the ability of workers to protect the security of their jobs and an equitable lifestyle for their families. As seen with RTW legislation, the ability of workers to join unions and have them legally recognized is not uniform in the U.S., with the right to collective bargaining especially limited for workers in RTW states. However, while several unions made gains and won some important battles in the 1990s (Turner, Katz, and Hurd 2001; Milkman and Voss 2004), corporate tactics have also escalated to new, modern levels. Such was the case for a woman in Meridian, who was fired from her job seven years ago as a nurse at a Meridian hospital after speaking out in a union / company meeting against the hospital’s increasing practice of hiring low-paid Certified Nursing Assistants (CNAs) instead of Registered Nurses (RNs). She attributed this hiring practice to the hospitals’ push for increased profits, but voiced her concerns about the implications this practice had for the quality of patient care. Although in the union, she was unable to get her job back. She claims to have been blacklisted by the area hospitals and unable to get a job as a nurse. When I met her at Meridian’s only free health clinic, she was

working a part-time job at a security company. Uninsured since the age of fifty-five when she lost her job, she described her situation as “being up against a wall,” as she was unable to afford her hypertension and cholesterol medications. Since she lost her full-time nursing job, she has “lived seven years by faith” and is immensely grateful for the health care she now receives from the free clinic.

A multi-million dollar industry has developed with the rise of consulting and law firms that specialize in union-busting. For example, with the weakening of NLRB laws through Taft-Hartley, even when a union wins an election, a company can forestall reaching an agreement with the union. If no agreement is reached within a year, the company is no longer required to negotiate with the union. In essence, the company does not have to negotiate in good faith and can walk away in a year without penalty. In addition, during this year of forestalled negotiations, the company will likely begin firing pro-union workers and try to stack the deck with anti-union workers to get the union decertified. For example, this was the case with the struggle between workers in a Lancaster, California drug warehouse and Rite Aid. As David Bacon (2009b) documents, following the NLRB certification of the union, Rite Aid began firing union supporters over minor disciplinary issues. Although the NLRB board acknowledged 49 separate violations of labor laws committed by Rite Aid, it only required them to rehire two workers and post a notice of its actions. During this first year, Rite Aid also hired a consulting firm, whose task it was to convince the workers, through “persuasion activities,” that organizing was not beneficial for them. Citing the union as ineffectual, Rite Aid blamed the union for not getting the workers a contract. Following the Rite Aid warehouse workers struggle, Bacon argues that the NLRB laws are ineffectual and allow companies to intimidate and fire workers, breaking the laws with out penalty. Bacon argues that the EFCA would allow workers to organize through signing authorization cards and prevent companies from declaring war on pro-union employees.

Taking a Stand

This chapter’s focus has been to highlight what union members describe as the importance of belonging to a labor union: job protection and security. The umbrella of job protection epitomizes economic security on many levels, including steady and

reliable employment, good wages, fair and safe working conditions, and health and retirement benefits. These are all necessary resources to not only maintain a good quality life but also to maintain health. The proactive stance of union members in working to secure these resources is visible on several levels. For example, union mobilization and political engagement efforts involving workers across a variety of jobs and union affiliations are highly visible. This was the case in organized labor's response to pending Right-to-Work legislation as described at the beginning of this chapter. Such mobilization underscores the level of perceived threat to livelihood security for workers across the board. It also reveals the power of collective action to effectively challenge forces that endanger security for workers and their families.

However, not all fights for security are so obvious. Indeed, most of the work in protecting the rights of workers occurs in the unsung daily exchanges on the shop floor. For example, workers experiencing an unfair situation or breach of contract on the job site can utilize the grievance system, such as in the case of Richard's (USW) wrongful termination. While the threat of the grievance process does not eliminate instances of unfair job dismissal which often target women, ethnic minorities, or union activists, it gives workers recourse to address these situations and thus a more secure attachment to their job. Working as a collective, the union can document safety concerns and effect necessary changes with the company. This was demonstrated as the RWDSU worked to get a cooling system installed at the food processing plant to protect workers from excessive heat. In another example from Curtis (USW), unions serve as a space for individuals to raise concerns that may result in collective action to address issues of injustice beyond the shop floor. In the case of the Steelworker widows, the union's action significantly reduced the cost of supplemental health insurance for this vulnerable population. Evident here is the space unions create for individuals and groups to effect changes leading to more equitable distribution of resources, many of which pertain to health and safety. This in turn leads to greater overall security and access to necessary resources for increased numbers of people.

While the unions have little to no involvement in choosing which workers are hired by the companies, they clearly are involved in creating a more equitable workplace. For example, the union structure (e.g. seniority, grievance), helps maintain a fair system

for promotion and recall following a work layoff or termination. While this is important for all union workers, it is especially so for groups who, in some cases, remain targets of discrimination on the job site. However, despite union ideology of equity and fairness, gender and racial relations within unions are complex. For example, as described by Nora, women and ethnic minorities (or unpopular workers) may receive less vigorous union backing in regards to slower promotion (being by-passed) by the company or differing levels of representation regarding grievances. Despite this, the ability to have their voices heard and the strength in “not being alone” was a highly valued benefit of union membership.

Historically, having a good job meant having wages and benefits that provided greater overall security. This is increasingly important, as transformations toward service sector employment serve to decrease job security and erode benefits that have historically been associated with full-time employment. Without good paying jobs with benefits, especially health insurance, individuals and families are less able to access needed resources, including health care. The importance of the quieter shop floor struggles and the public political mobilizations is that these forms of resistance allow workers to challenge processes that would undermine their security on different levels. By working toward a more equitable workplace, unions fracture systems that marginalize specific groups from resources, including the ability to maintain a good paying job. As we shall see in chapter four, union workers are facing increasing attacks on job security, as once stable jobs are being reclassified into the service sector with reduced wages and benefits. This economic restructuring is reflected in the importance union workers in Meridian place on livelihood and resource security and in the actions they are taking in response. Thus in protecting jobs, unions are securing more than employment and a wage. They are challenging the mechanisms that undermine the availability and distribution of good jobs with benefits. This is particularly important in addressing gender and racial / ethnic biases regarding employment and benefit allocation. It is this way that the union activities described in Meridian are understood to be in keeping with new unionism strategies aimed at promoting social and economic justice.

As Lewis describes, “Oh, what’s important about belonging to a Union? Well one of the things--one of the most important things about belonging to a Union is there’s

strength in numbers.” This is the heart and soul of the union. Through the flexing of their collective voice, labor unions have the power to negotiate with the company as a unit to increase job protection and security, improve the safety of the work environment, and maintain a good standard of wages and benefits, such as health insurance and retirement, for the workers and their families. The concerns of active and retired union members in these RWDSU and USW locals are indistinguishable from national labor issues, as they describe job security, health and safety, security for their families, and health and safety issues. In as much, the unions and community in Meridian offer a glimpse of their lives, concerns, values, and hopes for maintaining strength through numbers in a rapidly transforming landscape.

Chapter Four

Service Workers and Health Care: The Social Consequences of Outsourcing and Devaluing Labor

Standing sentinel over the river, abandoned and rusting factories are eerily quiet. If you take time to drive around the metro area, you cannot help but see vestiges of crumbling factories and buildings once home to small businesses boarded up and left to ruin. The pockmarks of deindustrialization around Meridian are easily visible to all who care to look. Such is the state of many neighborhoods in Meridian, where in some areas as many as one in five houses, once stately, are now abandoned and dilapidated properties. Industrial job loss is important enough that Meridian residents could, at the slight prompting, list numerous businesses and factories that had closed or relocated within recent years. For example, participants often offered examples of closed factories or businesses that once offered “good paying” jobs. As Billy illustrates,

... they had a facility over there that made parts for an American auto company, well they closed down; they had the chemical plant over there that shut the doors on them. And you’re talking about two employers that paid good wages ... I’m pretty sure both of them were union, and both of them are gone, you know. Lumber supply was in [Meridian] and it’s no longer in this area to my knowledge. ... But you know we’ve lost a lot of jobs in this area, a lot of the good-paying jobs, and we’re getting replacements of fast food jobs, service industry jobs that pay minimum wage or just a hair over minimum wage. So we lost a lot of good jobs in this area. (Billy, USW)

To be sure, a very diverse industrial base once existed in Meridian. These included such heavy industries as steel mills and metal extruding facilities, glass factories, a battery factory, a lumber mill, and a chemical plant, among others. The list of industries that have closed is longer than the list of remaining industries, and this has certainly altered the job possibilities for Meridian residents. As Quentin (USW) explained, back in the late 1960s and early 1970s “You could lose your job today and have another one next week. ... Right now you lose your job and see where you’re at? Not there.” Conversations with union and community members alike revealed similar accounts of job

loss due to industry closings and relocations. Many also mentioned the demise of small “mom and pop” businesses, lost to large corporate chain stores and restaurants. As many in Meridian will attest, the processes of economic restructuring are ongoing in ways that are not as obvious as the legacies of industrial closings of the past. The point here is that in these historical comparisons Meridian residents are describing a local and national economy that has been in decline for years. This means that it is progressively harder for workers and families to find stable jobs with benefits that afford an appropriate level of security for working families.

Following chapter three’s discussion of the importance of job protection, this chapter contextualizes why job protection is increasingly important for workers in Meridian. By focusing on issues of outsourcing, this chapter describes: 1) the economic transformation in Meridian through a description of work opportunities and the availability of jobs with benefits (e.g. health insurance); 2) outsourcing as experienced by the RWDSU and USW; and 3) the future of employment in Meridian. The problems associated with the rising service sector, however, are not limited to “new” or traditional service jobs. This chapter ends with a discussion of the problems regarding the expansion of service worker categories and what this means in terms of the ability to secure resources, including health insurance and health care, for workers and their families. Through an analysis of the ways in which the RWDSU and USW members discuss issues of outsourcing, or contracting-out, as corporate strategies to reduce labor costs, this chapter explores the consequences of these actions for workers and their families and how these tactics work to expand the service sector.

The rise of service workers as a rapidly growing segment of the U.S. work force is an uneven and highly gendered and racialized process. For example, the gendered construction of work is well documented among labor historians and social scientists (Anglin 1993, 2002b; Baron 1991; Cobble 2007; Collins 2003; Cooper 1987; Glenn 1992, 2002; Kessler-Harris 1990, 2001, 2007; Lamphere 1987; Lamphere et al. 1993; Milkman 1987; Sacks 1988). Although not a new phenomenon, the rise of service sector employment has intensified gendered divisions of labor. Glenn (1992:5-6), drawing from Marx (Marx and Engles 1969) and Braverman (1974), argues that institutional service work today represents the commodification of reproductive labor, including food service,

care work for children, elderly, and handicapped individuals, as well as a host of jobs involving health, emotional (counseling), and social care. Traditionally constructed as women's work, these jobs remained feminized as they moved into the waged labor market, relegating most women, especially women of color, to low-wage, low-status, and highly insecure jobs (Kessler-Harris 1990, 2004). As Boris and Klein argue, "endemic to feminization were the conflation of the characteristics of the worker with the work itself" (2007:178), and service work became associated with women, especially women of color. Put differently, women's labor is devalued and their skills are often ignored, as "service work" becomes conflated with unskilled and devalued work. Examples include the devaluation of the social skills required of waitressing and home health care (Cobble 1991; Boris and Kelin 2007).

While the processes of global economic restructuring are gendered and racialized processes (Brodkin 2000; England et al. 2000; Guenwardena and Kingsolver 2007; Kessler-Harris 1990, 2001; Mullins 1997; Salzinger 2003) that devalue labor (and the laborer), it is often not possible to disentangle gender from racial/ethnic constructions. Brodkin argues that "gendered constructions are what makes race corporeal, material, and visible" (2000:239). For example, through her description of the ways in which Jews were barred from union controlled skilled jobs, including printing and the building trades, Brodkin demonstrates the ways in which "job degradation and racial darkening were linked processes" (2000:241). Demonstrating the ironies of these racial, gendered, and class systems long ago denounced by Sojourner Truth, Leith Mullins (1997) argues that African American women have been defeminized so as to be unworthy of gendered protections afforded to white women (see also Collins 1998; Brah and Phoenix 2004). Thus, in complicated and contradictory ways, while service jobs are feminized, women of color continue to receive "women's" wages without women's protections.

These gendered and racialized labor patterns are evident in Meridian. While most of the RWDSU and USW members participating in this study do not consider themselves service workers, many of them, especially women, have previously held jobs in the traditional service sector. This speaks to the tendency to not view jobs in factory and industrial settings as service jobs, largely owing to the gendered ideology of industrial and factory work as "men's work." However, because many more participants had

previously worked in the traditional service sector, this also emphasizes the increasing difficulty for men and women to obtain good jobs out of the service sector. For example, when there were plentiful good paying industrial jobs in Meridian, finding a job was not too difficult for most able-bodied men in the area. However, opportunities for women in the industrial base were less solid. Depending on financial and family circumstances, women workers could be found in a variety of domestic, clerical, and food service jobs, and less often in factory jobs. While the loss of the industrial base has been devastating for the Meridian economy, job opportunities for women in the area may have actually increased in quantity. This is mostly attributed to the rise in jobs in the health care sector, as the hospitals are now the largest employers in Meridian. Reflecting changing economic and gendered landscapes, women's discussions of employment included service jobs more often than men's. There were exceptions, such as two senior women, now in their 80s, who worked in sewing factories mostly staffed by women. Because incoming jobs to Meridian are largely in the service sector, this means that the labor sector is becoming more feminized both in terms of the number of women working and in the types of available jobs. Thus, men tended to offer listings of factory closings, perhaps because these closings affected their job potential more directly than it did women's, as only recently could women expect to work in many of Meridian's factories.

Working in Meridian

Throughout my fieldwork, people were more than willing to talk about jobs and economic life in Meridian. Many such conversations inadvertently began after someone asked me why I moved to Meridian. As it turns out, the mere mention of the issues of jobs and health care incited nods of understanding and, quite often, a story of their own experience with a business closing or the growing problem of finding a "good" job with health benefits in Meridian. As related here, many jobs in small business and regional industries have been lost or are increasingly threatened by corporate competition. Conversely, while these jobs are declining, the bulk of job market growth in Meridian is in the health care industry. Indeed, the health care complex as industry is now the largest employer in Meridian, far surpassing the remaining jobs in the steel and energy sector and the school systems.

Mom and pop go corporate

What happens when large corporate chain stores begin moving into an area where the majority of (non-industrial) businesses are small and independently owned? I draw from two examples that relate the different perspectives of two small businesses, an office supply store and a landscaping business. A long-time small business owner of an office supply store had much to say about business in Meridian. She and her husband opened Meridian Office Supply when they were young. Now in her 80s, she continues to work a full day in the store, even though she passed ownership (legally anyway) to her sons following her husband's death a few years ago. I asked her about competition from the larger chain office supply store that opened in Meridian a few years ago. She explained that, on the contrary, their business had grown after the chain office supply store opened, and she thought that the chain store had been good for Meridian Office Supply. In an ironic example, she said that the large chain supply store sends a lot of customers to them because they have trained employees to perform specialty services that the large chain supply store cannot provide. However, almost as an offhand remark, she admitted that before the chain store opened there were about six to eight office supply stores in the area. Now only one or two of the other smaller stores remain. Apparently, Meridian Office Supply was the largest of the small office supply stores in the area and had a more diverse clientele that remained loyal even after the chain store opened. Meridian Office Supply's business increased as they absorbed some of the clients of the other small businesses.

The business boom for Meridian Office Supply appears to be the exception to the rule in Meridian regarding the fortunes of small businesses in the face of competition with recently incoming super chain stores. A very different perspective of corporate competition comes from Terry. For example, I met Terry at Landscaping Specialists, where she has worked for eight years. This company does mostly landscaping work and had a "booming" business until the super chain hardware and garden store open just down the road from them about four years ago. Terry said that they used to rent out the parking lot across the street to accommodate customer parking, as with people came from as much as 40 miles away to buy from them. As she said, they had the landscaping business "locked-up." When the Super Home & Garden store opened, Landscaping &

Nursery Specialists lost half of their business and reduced their employees from seven or eight workers to just Terry and one other person.

Alex, a Steelworker, described what happened to the mom and pop hardware stores he frequented:

Super Home & Garden Store ... built one in the county real close to my house and they ran several mom and pop hardware stores out of business. And after they went out of business, they shut that one [Super Home & Garden Store] down and moved it to [the next county]. And then that way they had a monopoly.... One Super Home & Garden Store shut down all the mom and pop hardware stores in two counties. Then there was--there had to be a lot of thought behind it you know. (Alex, USW)

Alex here describes what he saw as an intentional and systematic strategy to put small stores in two counties out of business so as to have a monopoly. Alex said that he does his business with Family Hardware, the only privately owned hardware store to stay afloat in the wake of Super Home & Garden Store. As he said, Family Hardware survived because, similar to Meridian Office Supply, "That's a lot of old, old family money. That's the only reason they were able to stay afloat." In his view, the loss of small, family owned businesses was "doing away with the middle class," as corporate stores such as Super Home & Garden Store target small businesses for direct competition. Just as Landscaping Specialists were negatively impacted by a competing super chain store, other small businesses will probably suffer the same fate as the super chain store expands the services and product line offerings. For example, every few months the Super Home & Garden Store posted a new sign. The first sign, advertising that "[we] now do fencing," was followed by "[we] now install decks" and "[we] now do roofing." These new Super Home & Garden Store offerings will likely impact other small businesses and specialty contractors, just as it has small plant nurseries and hardware stores.

Concern over increasing corporate dominance in Meridian was echoed by a RWDSU representative, Lewis, as he expressed concern about the competition from Supermart, a super chain discount and grocery store combination. The RWDSU (part of the UFCW) organized Foodco, a regional grocery store, several years ago. Indeed, a large percentage of international RWDSU members work at Foodco. Because Supermart

is a strongly anti-union corporation and is highly competitive with Foodco among other businesses, he worries that the closure of Foodco could also mean the end of the RWDSU. He explains it thus:

Well I mean obviously the UFCW is right up to its neck in after Supermart. I mean that--as a nationalized campaign UFCW--their number one priority in the world is to organize Supermart ... Of course now they've been in with Foodco for decades; our union or the UFCW has been affiliated with the Foodco Company for years and years. That's their predominant employer that they have. And so they see Supermart as a real challenge, because if anything happened to Foodco without organizing Supermart they may disappear as a Union. I mean ... we're talking about 90,000 people [in the RWDSU]. The UFCW has about two and a half million members, and we would be the only things left if something happened and Foodco would go out of business. So they realized that as so goes Foodco, so goes the UFCW as an international union. So their number one priority on this planet is to organize Supermart, because Supermart is taking so much of Foodco's business. (Lewis, RWDSU)

As discussed here, large (and anti-union) corporations, especially Supermart, threaten the continual decline of smaller, independently owned "mom and pop" businesses as well as the livelihood of larger regional companies, such as Foodco. Imbedded within these concerns are issues of union viability. As unionized companies close, the effects upon local and international unions can be devastating. It reduces not only the strength of unions through the loss of rank-and file members but also the numbers of jobs providing health benefits.

The Job Fair's in Town

A large billboard announced an upcoming job fair in Meridian in June 2007. Curious about the types of jobs available and the likelihood that these jobs offered health insurance, I attended the job fair. The job fair was held in a section of an entertainment arena, with rows of tables set up for the job vendors to display pamphlets and company information. For example, some employers at the job fair represented heavy industry jobs, but most jobs appeared to be in the service sector. Representatives from major department stores offered part-time retail jobs, some with the possibility of becoming full-time. Most interesting, and seemingly in keeping with local understandings of the booming health care field, several booths advertised jobs in the health care field, such as

nursing and group home care. As a student interested in the job market, I did a quick survey of the entire fair, searching for any discernable pattern in organization of booths, such as according to industry types. Finding no particular pattern, I began on the left side of the room and made my way through row after row of tables at the job fair. I was able to cover approximately half of the booths at the fair before it closed. At each booth I visited, I inquired about employment opportunities, including the availability of full-time and part-time positions and health insurance for employees. Below are descriptions of job offerings and benefit information from several employers representing various aspects within the health care services field, as edited from my Fieldnotes.

Youth Center: This nonprofit organization provides “a caring living situation for 32 severely emotionally disturbed, dependant / delinquent youth ages 12-18.” While the pay is slightly above minimum wage, health insurance is not offered to any employees.

Autism Care Center: Offers a 90/10 health insurance plan to all “eligible” full-time employees, with deductible options at \$250 or \$1,000. According to the employee benefit sheet, “eligible employees” are those who have worked “for nine consecutive months and work a minimum of 32 hours per week.” However, the benefit sheet further explains that “All other staff (Administrative, Residential and Community Managers, RN’s, LPN’s, and Service Coordinators) who work a minimum of 32 hours per week are effective the first day of the month following their hire date.”

Rehabilitation Services, Inc.: Full time employees are eligible for an 80/20 health insurance plan. Part-time employees are not eligible for health insurance benefits. The application paper notifies applicants (in bold type) that in signing the application they are stating that they “understand that is Rehabilitation Services is an at-will employer and that this employment application is not a contract of employment or a promise of job security.”

Nursing Home: Full-time employees are offered a 70/30 health insurance plan. Part-time employees are ineligible for health insurance.

As indicated in these examples of available health care jobs in Meridian, many of these positions are high stress, low pay positions. While full-time employees are eligible for health benefits at some companies, such as the Nursing Home and Rehabilitation Services, Inc., this is not the case for all. For example, employees at the Youth Center are not offered health insurance regardless of full-time or part-time status. Other companies make severe distinctions regarding which employees are eligible (and when)

for employee sponsored health insurance. For example, as described on the benefit sheet of the Autism Care Center, there is a serious discrepancy between the categories of workers at this center in accordance with eligibility for employer sponsored health insurance. While “professional” employees (nurses and administrators) who work 32 or more hours per week receive health insurance within a month of their hire date, all other full-time employees have a waiting period of nine months before becoming eligible for health insurance. Certainly, considering the low wages, it would be difficult if not impossible for workers to purchase health insurance privately.

While many of the employer representatives at the job fair were talkative and eager to tell me about the opportunities at their company, this was not always the case. For example, I approached one employer representative of a company that does custom machine and fabrication work to ask about job openings and benefits. While the poster advertised openings for machinists, drivers, drafters, and sales personnel, the male representative immediately asked me if I was interested in a receptionist job. I joked that I was a terrible typist so that might not work too well. He was dismissive and uninterested in talking with me about other job opportunities at this company. My guess is it that it might be difficult for a woman to get a job in the other (better paying) areas of the company, regardless of qualifications.

Contrary to the machine shop representative, two particular employer representatives were very talkative, especially about health insurance. For example, I talked extensively with a male employer representative of a tractor-trailer instruction company. In response to my questions about the health insurance the company offered, he told me that he was a licensed insurance salesman. He, in fact, had taken his current position with the tractor-trailer company for the health insurance coverage. As it turns out, he had made a career in selling insurance policies for an insurance company until his wife became ill with a serious chronic disease. While he had health insurance through his insurance company employer, his wife was uninsured because it was too expensive to add her to his plan. Once she became ill, they could not add her to his policy and she was excluded from privately purchasing health insurance because of her pre-existing medical condition. He seemed a little embarrassed to admit that he could write any kind of insurance policy, but he could not get (or afford) health insurance for his wife. Clearly,

they were in a bad situation. Unable to afford out-of-pocket payments for her expensive medical care and excluded from purchasing private insurance, she was unable to get medical treatment. The solution for them came in the form of a career change, with the man leaving his career at the insurance company and taking a job with a tractor-trailer company because they offered family health insurance coverage and his wife could not be excluded from the group plan.

Another employer representative, a female employee at the Nursing Home, told a similar story. When I asked her about the health insurance, she said that the plan was a decent plan for full-time employees. As a matter of fact, she said, "I work this job for the health insurance." She explained that the health insurance package offered at her husband's job would cost more than \$600 per month for the family plan, and it was not affordable. So, she works at the Nursing Home and carries the family on her insurance. Unfortunately, she said that part-time employees are not eligible for health insurance. Because the full-time positions are in high demand, it was sometimes difficult to get a full-time position at the Nursing Home. This is because the nursing home administrators limit the percentage of employees who can work full-time, thus limiting eligibility for health insurance benefits. A similar story was related by a young woman in her mid twenties who works in a group home. She works full-time hours but is considered a part-time employee and does not receive health insurance. She explained that while she is classified as a part-time employee, the company routinely requires part-time employees to work double-shifts (overtime) or work a day they were scheduled to have off of work. Fear of losing their job keeps many part-time employees, including this Nursing Home worker, working full-time hours.

The job fair indicated several things that were commonly discussed within the community at large. First, it supported the common understanding that available jobs in Meridian were largely located in the service industry. Second, it supported local understandings that full-time jobs offering health insurance benefits were hard to find in Meridian, especially for women. The next section will look more closely at community descriptions of the job market and benefit availability in Meridian.

Union Members as Service Workers

Many current members of the RWDSU and USW described previous job experiences in the service industry. These accounts were almost exclusively told as a way to compare their current (good) job situation with lower paying service jobs that offer no (or unaffordable) health benefits and lacked job security. For example, just before coming to the food processing plant a few months ago, Gail worked at a department store. She worked at this store for five years, spending the last three years as an assistant manager. Gail described frustrations with vague “write-ups,” such as “not satisfied with the way Domestics looks; she needs to get it in control and put it back in order.” After these non-specific write-ups were used to justify not giving her a raise, Gail decided to quit her job. She explained:

So my two-week notice stated first of all because of lack of acknowledgement for somebody who works hard; the second was lack of a pay raise because he decided since I got write-ups this year I wouldn't get a pay raise. ... I want to know why is my paycheck not going to increase; the cost of gas did. ... You know if you're good enough to not be fired in five years you deserve a raise. (Gail, RWDSU)

Gail's account of managerial criticisms exemplifies a common theme heard from service workers. Non-specific “violations” are used not only as an intimidation tactic, but they also mar the work record so as to justify future denials for wage raises or promotion. While Gail's decision to quit her job at the store was largely due to her stagnant paycheck, it was also a matter of respect for herself as a worker. Considering her work history and experiences, it is no wonder that she describes her job at the food processing plant as a “good paying job.” Indeed, full-time workers average \$12-13 / hour (about \$25,000 / year). However, with overtime, most workers average over \$30,000 / year.

Another union woman, Rachael, described her experience working in a hospital several years ago after she was laid off from the steel mill. Rachael had a job “scrubbing in surgery” at the hospital. While she liked the work, she did not like the disrespectful treatment she received from both nurses and doctors at the hospital. She stated:

I couldn't talk back to the doctors. I couldn't – you know – I took crap from the nurses. You didn't have that [union] backing. A lot of these guys [at the steel mill] have never worked anyplace else and they don't realize – they complain, complain, complain about the job but they don't realize what a good job they have. (Rachael, USW)

Rachael had to tolerate rude treatment which she mostly described as snide remarks and disrespectful attitudes, from other hospital workers because she “didn’t have a union to back me.” In these instances, she could not disagree or stand up for herself to the doctors and nurses. She holds her Steelworker union in great respect, and she believes it makes a difference in how workers are treated on the job site. While Rachael’s service employment experiences were limited, she takes responsibility for family members whose service industry employers do not provide (or offer unaffordable) health benefits. This includes her husband, as the family owned linen service he works for has never offered health benefits. Her sister cannot afford the health benefits offered by Supermart and is uninsured. As a result, Rachael worries that her sister is not getting some needed medical care, and she occasionally pays for prescription medications and medical bills that her sister cannot afford.

Part-time Employees, Full-time Workers

While outsourcing may best be commonly understood as geographically relocating a business, outsourcing in a global world has become quite complicated. For example, outsourcing also includes obtaining workers through an intermediary employer. While this may include highly skilled, well compensated contract workers such as in the Information Technology (IT) industry (Davis-Blake, Broschak and George 2009; Smith 1998), it typically includes less skilled temporary or part-time service agency workers. It is this type of outsourcing, obtaining workers through an intermediary, as practiced at the food processing facility (RWDSU) and at the steel mill and an industrial insulation factory (USW) that will be highlighted here. This section describes employer practices of outsourcing or contracting-out jobs, including the use of contingent workers, to depict how these are, in effect, expanding the category of “service worker.”

Contracting out labor is not a new problem faced by free laborers and labor unions, and the convict lease system serves as one of the earliest U.S. examples of outsourcing labor. The convict lease system was established, ironically, through the Thirteenth Amendment to the U.S. Constitution. While ending slavery, the amendment legalized involuntary servitude (coerced labor) as a form of criminal punishment (Hallett 2004). The result was the creation and enforcement of laws targeting emancipated slaves

as a means to increase the convict population to serve as a substitute for slave labor both in agricultural and new industrial settings (Sheldon 2001; Hallett 2004; A. Lichtenstein 1996). In this system, prisoners were contracted out to private industry, entrepreneurs, and plantation owners for a relatively small remittance to the state who, in return, was relieved of prisoner upkeep and oversight of prisoner treatment. As a result, treatment of leased prisoners, who were viewed as an expendable commodity, was in many cases worse than the brutalities of slavery (Mancini 1996). For the employer, the use of convict leasing served several purposes. These included keeping down wages, reducing absenteeism and turnover, and inhibiting labor organizing and the potential for strikes among free workers (A. Lichtenstein 1996:90). While decreased economic profitability certainly played a role in the transformation away from the convict lease system during the depression of the early 1900s (Mancini 1978), other influential forces included organized labor, convict resistance, and increasing state and civil rights stances against exploitation (A. Lichtenstein 1995, 1996; Hallett 2004; Oshinsky 1996).

Hallett (2004) largely credits the rise of organized labor in the early 1900s with the demise of the convict lease system. For example, in Appalachia and the South, labor historians have described the struggles of the United Mine Workers of America (UMWA) against contracting-out work to convicts (Lewis 1987; Williams 2002). While convict leasing by coal companies was fought by the Knights of Labor in Kentucky and abolished in 1886 (Williams 2002:263), perhaps the most notable example is the UMWA's fight against contracting-out mine workers in the form of convict leasing in Tennessee and Alabama. In Tennessee, the UMWA opposed the use of convict leasing by Tennessee Coal, Iron and Railroad Company (TCI), who had an exclusive contract with the state to lease and sublease convicts. Following agitation and state military intervention between miners and TCI, the Tennessee legislature moved to end the lease system within three years (Williams 2002:264). In Alabama, the UMWA carried out strikes in 1894, 1904, and 1908 against TCI but were unsuccessful in ending convict leasing. Although the convict lease system was thought by many to have ended in the early 1900s, a new version appeared in the 1970s in the form of the modern prison-industrial complex, which once again allowed private employers access to prison labor for pennies on the dollar (Nicholson 2004:305). It is also visible in the "public works" chain gangs and road crews

currently utilized in many U.S. counties (A. Lichtenstein 1996). These public works prisoner crews are present in Meridian, where they perform sanitation and grounds keeping work for the city.

A recent example of union opposition against contracting-out labor (among other issues) is found in the UMWA battle with Pittston Coal Company in West Virginia. In 1987 Pittston withdrew from the Bituminous Coal Operators Association (BCOA), which had negotiated contracts with the UMWA since 1950 (Moore 1990b). While citing the need to compete in the global market to explain the BCOA withdrawal, Pittston executives also pushed for union concessions. Among Pittston's elimination of payments into the industrywide BCOA benefits and pension fund, they pushed for other changes that would decrease job security and reduce miners' input into work rules (Anglin 2002a; Couto 1993; Eller 2008; Sessions and Ansley 1993). Additionally, in an attempt to circumvent the union, Pittston established a non-union division called Pyxis, to which they transferred large amounts of coal lands previously designated for union mines (Moore 1990b). However, the most important issue for the miners was Pittston's plan to end health benefits for 1,500 retired and disabled miners and UMWA widows at the end of the contract (Anglin 2002a; Couto 1993; Green 1996; Moore 1990). The UMWA countered Pittston's attempts to break the union through a strike. The key to the union's stance was their following of Civil Rights movement resistance tactics, which included acts of civil disobedience such as sit-ins. Paramount to the resistance and success of the strike was a strong UMWA women's auxiliary (Moore 1990b). The Pittston strike became emblematic of a social movement that drew heavily upon community activism and support (Anglin 2002a; Couto 1993; Moore 1990a, 1990b). In the end, Pittston reinstated the benefit and retirement contributions. Non-union outsourcing was limited (but not ended), as Pittston conceded to hiring unemployed UMWA miners for four out of five jobs in the company's non-union mines and for nineteen out of twenty subcontracted jobs (Couto 1993).

As the UMWA examples attest, union fights against outsourcing have a long history in Central Appalachia. While the RWDSU and USW's struggles against contracting-out labor do not involve the use of prison labor or long strikes, their concerns are tied to political economic forces that continually seek to reduce labor costs and have

social consequences for workers and their families. In response to my question regarding the most important issues facing unions in Meridian, several Steelworkers at the steel mill described the growing problem of company practices of contracting-out work to private contractors that, they argue, should be done by union workers. For example Lucas described how the steel mill and many other industrial factories in the area make it an increasingly common practice to outsource work to private contractors rather than allowing the union workers to do the work. Lucas described the company's reasons for contracting-out work as one way for the company to reduce the union workforce. He explained:

...For us, for our mill [a concern] would be to keep our guys working and the contractors out. That's the way I look at it. And what I mean by that is we want to keep our people doing the work down there; we don't want the company to outsource the work. (Lucas, USW)

Hence, while the company routinely hires skilled independent contractors for industrial maintenance (repair) work in the steel mill, the efficacy of this practice is disputed by the union for financial and safety reasons. First, contracting out is contested because this allows the company to keep fewer full-time workers and reduces the union rolls. Indeed, many USW members argue that the main reason for the contracting-out of maintenance work is to limit the number of union members and to limit the strength of the union. They base this argument on the financial costs of hiring private contractors. As USW members explain, the practice of contracting out work is more expensive for the company and potentially compromises safety in the steel mill because of lower work quality standards of contractors. Having worked as a manager, Richard stated that it costs the company more to hire ten outside contractors than to hire twenty full-time workers and pay them benefits. However, he explained that companies prefer to hire contractors because "it's 100-percent tax write-off for them [to bring in contractors]."

Another Steelworker, Lucas, described it thus:

It costs them more to do the job [with private contractors] number one and number two, the quality of work the guys are doing So most of the time what happens is they just get done as quick as they can and they give the appearance that the job is done and we have to go back and fix it. And I say *we* because I work in maintenance. So there are a lot of times we have to go back and fix what they've fixed. (Lucas, USW)

While supporting Richard's argument regarding financial cost, one problem noted above regards contracting-out as a union-limiting tactic by the company. However, the Steelworkers' concerns go much further. Indeed, one allegation that Lucas made regarded how contracting-out raises safety concerns within the mill. He worries that because the contractors do not have to work routinely in the mill with the equipment they are hired to repair, they will prioritize a quick fix over a thorough one. In other words, contracting-out places the union workers at unnecessary and increased danger on the worksite. Both of these Steelworkers disagree with the fiscal soundness of the company's argument. Indeed, Lucas' and Richard's arguments highlight corporate trends to utilize independent contract workers, as they see it, to undermine the union while also potentially compromising the safety of the union workers in the mill.

The arguments made by these two rank-and-file members were supported by Will, a former USW local president. Will explained that after what is known among the Steelworkers as the "big layoff of 1992," the company began drastically downsizing the workforce and the capabilities of the mill, largely through shutting down certain sections of the mill and outsourcing the work to non-union companies. He explained that the union conceded some union jobs in the 2000 contract, allowing the company to use private contractors for some jobs, mostly in maintenance. He describes the changes within the mill after it was sold to a Japanese company as thus:

Right; the downsizing--the company was downsizing at that time. They started gutting the Mill, taking the building out, equipment--really for no reason. The people that took over [the steel mill] hated Steelworkers, and it's the truth. They started downsizing us and taking out vital equipment that we were still making a profit with--not to send it overseas but to downsize. They wanted to downsize and hurt us, and we were very strong--especially at this local union ... we were one of the fighters. So they wanted to weaken us considerably. So they did; they had taken us down. When I was President we had 5,100 members ... now you're down to [around] 700 members. (Will, USW)

As Will describes, the company began downsizing in earnest in the 1990s, and many union jobs, lost in contract negotiations, were sent to non-union facilities. However, the union has been slowly trying to get those jobs back under union control by arguing that union labor is actually less expensive than the cost of private contractors. He explained,

Before we used to fight over the fact that the contract gave us rights to those jobs solely; now we fight with the idea that we're cheaper than a contractor. So that's

how we're beating them this time is by showing them hey, why are you spending that much money when we're cheaper? And we can prove it by the cost and that's what's been helping us. ... If they're a company that wants to make money, then why in the hell wouldn't you want to make more money? If I can show you how to make more money, why wouldn't you listen, you know? So we used that philosophy. (Will, USW)

While the Steelworkers may be correct about the short term increased costs of using contract workers in the steel mill, the long term financial gain of a reduced union workforce also reduces the company's responsibility to provide health and retirement benefits for active workers as well as future retiree legacy costs. The real savings for the company may be in a weakened union with less strength at the bargaining table. This is similar to the UMWA's fight with Pittston in that the steel company was seeking to bypass the union by outsourcing work to non-union workers. The USW has been slowly trying to get those jobs at the steel mill back under union control through the financial and safety arguments, but this remains an ongoing struggle for this union local.

A different outsourcing situation was described by Gavin, a representative of one of the Steelworker local's small amalgamated bargaining units, which is a separate company that was organized by this Steelworker local. Gavin works for a company that makes insulating materials for industrial companies, including the steel mill. Actually, this company was established to perform work that was being outsourced from the steel mill. To keep the jobs union, the Steelworkers organized the company, making it an amalgamated bargaining unit in the local. When the company started hiring workers through the temporary agency to replace union workers in the bargaining unit, the union took action to contain this practice as he describes:

Well that's like down there; we fought tooth and toenail. I had grievances filed and everything over the company using a temporary agency to replace bargaining unit employees, and we were prepared to take it to the arbitration. And whenever we negotiated the contract we negotiated in there that they could use them [temporary service workers] but under the condition that, you know, it says in our contract. [In] our language they get their hiring pool from wherever they want up until their ninetieth day [when they become full-time employees]. But regardless, they have to pay them our wages if they bring them in there, and not only that, they [temporary service workers] have to be drug tested the same as us [union workers] ... (Gavin, USW representative)

In this case, while this USW bargaining unit did not end the company's practice of hiring through the temporary service agency, after ninety days the temporary workers now become full-time union workers. The union's actions effectively reduced some of the disparities between the union and non-union temporary service workers in two ways. First, the union bargained to raise the wages of the temporary service workers to equal those of the union workers. The union also required the temporary workers be drug tested in accordance with the requirements of the workers in the bargaining unit. By threatening to take their grievances to arbitration, the union got the company to agree to their terms. In so doing, the union diminished the financial motivation for the company to utilize temporary service workers and reduced some discrepancies between the union and non-union workers.

Union struggles against contracting-out issues are not unique to the bargaining units of this Steelworker local or to the steel or insulation companies. In truth, the practice of contracting-out labor took on a slightly different form at the food processing plant for the RWDSU, with the same results of limiting union numbers (at least for a while). For several years the food processing plant only hired new employees through a temporary service agency rather than hiring workers directly through their own human resources office. In this manner, the temporary service workers (labeled as part-time workers) at the food processing plant were employees of the temporary service agency and did not receive health insurance or retirement benefits from either employer. As a RWDSU representative, Lewis, explained, the part-time jobs were increasing at the expense of full-time positions at the food processing plant. Lewis remarked, "We wasn't getting any full-time people; we were just getting more and more part time people."

While the issue of contracting-out through the temporary service agency was a problem for the RWDSU, this was in conjunction with the increasing use of part-time workers at the expense of full-time union positions. Over a period of several years, the food processing plant increased the percentage of employees classified as part-time. Significantly, the "part-timers," as they are commonly known among the union members, received lower wages and no benefits but worked in excess of forty hours per week. As Lewis, explained, the company began using part-time workers in the 1980s as a way to deal with requests from union employees for workday time limits. The union requested

the ability to limit their workday to nine hours from the thirteen hours sometimes necessary for a food processing run. To accommodate this, the company began using part-time workers to fill in the last four hours of a processing run, as well as temporary replacement for full-time workers on vacation or medical leave. However, as one union representative stated, “it’s grown far--far beyond what the original intent of that was,” and currently twenty percent of the hourly employees at the food processing plant are “part-time” employees who work full-time hours. This was explicitly stated by James, who said of part-time classification, “That’s just a label of what you’re there for. It’s not how much time you put in there.” Certainly, problems developed when part-time employees worked forty hour weeks alongside full-time employees, but made a fraction (about half) of their wages, received no health insurance, vacation time, or sick days. As described by current and previous part-time employees, there is no such thing as “part-time” work in the food processing plant. All but one part-timer estimated the number of hours they work per week between fifty to seventy, averaging sixty hours work a week. This practice effectively established a two-tiered worker classification system that supported a two-tiered system of health insurance allocation (see Becker 2004) that is representative of neither job skills or requirements nor hours spent on the job.

In an effort to reduce the discrepancies between the two categories of employees, the union organized the part-time workers just prior to their contract negotiations in 2005. At the bargaining table, the union negotiated an end to the company’s practice of hiring through the temporary service agency and won a significant wage increase from \$6/hour to just over \$9/hour for the part-timers. In addition to these wage increases, the part-timers gained access to the union’s grievance procedure and seniority system. Samuel explained the importance of the seniority system:

We have part-time seniority lists and every job is a chain. Like the first three jobs are bid jobs, which you have to be full-time to bid on a job, but every fourth job is a placement job which goes to straight to part-timers. And it goes down the seniority list, and they ask if you want to take it. And you have the chance to take it or [not]... , and if you don’t want that particular job you can wait until the next time around. (Samuel, RWDSU)

Because the full-time positions are coveted, many workers stay on as part-timers for years waiting their turn. While one man said he had worked as a part-timer for six years

before getting a full-time job, this does not necessarily mean that a worker will take the first full-time position offered to him/her. For example, Samuel has turned down full-time positions seven times because he is waiting for what he considers a “desirable” job (probably less physically demanding) and schedule that will not conflict with his other family and social obligations. The fact that many workers wait years in some cases to get a full-time position at the food processing facility not only highlights the value of employment there, but it also testifies to the careful measures taken to balance economic and family / social obligations for many workers in Meridian.

The organization of the part-time workers was largely considered a positive development by former and current part-time employees. However, one issue remained particularly contentious among the membership. While the part-time employees were now in the union, they did not receive all of the benefits associated with union membership. Because of their part-time employment status, they did not receive health insurance. In essence, as some union members declared, the part-time employees became “part-time union members.” While problems with wage differentials were partly assuaged and the union gains for the part-timers were a significant step toward parity, many part-timers remained upset about not having health insurance. Importantly, union members, both full- and part-time, believed that if you were a union member, you ought to get health insurance. For example, Russell complained that he works full-time hours, is a union member, but earns part-time wages and receives no benefits. He and his three children are uninsured, and he describes the situation thus:

Right; and [you] pay union dues and no benefits of that. You get to file the grievances, but you don't get the health insurance. So that's the main thing. If you pay union dues [it] ought to be mandatory to give you healthcare. ... So I think it's wrong for the company to not let the part-timers have it [health insurance]. And the union is crazy for letting the contract even to be written up that way. (Russell, RWDSU)

Here, Russell argues that it sometimes hurt part-timers to have a union, because they are paying dues, although at a reduced rate from the full-time members, but not getting all the benefits. Importantly, he also places blame for the situation with the union, not the company, for the health insurance discrepancy. This is in keeping with an understanding that benefits, especially health insurance, are entitlements of union membership. A full-

time union member, Franklin, agreed that organizing the part-timers was not good for the union. He states:

I don't think it was a good thing. ... I don't think they're [part-timers] benefiting nothing. And truthfully when it comes voting time--to vote on the new contract they're not going to vote for the insurance policy. They're not going to vote for vacation time or getting sick days or holiday days. They're going to vote to get more money, because actually they're going to start hurting us.

(Franklin, RWDSU)

Because the part-timers as union members have voting rights regarding the union's contract with the company, Franklin worries that this may cause problems down the road. As he relates, the part-timers are unlikely to vote in favor of maintaining or bettering the health insurance or retirement benefits if they are not eligible to receive them. Instead, the part-timers are likely to support wage increases, which are a lower priority for full-time members.

This dichotomy of union member interests according to worker classification and benefit allotment could undermine union solidarity and the quality of the benefits held by the full-time members. Indeed, the company may view this as a union busting or weakening strategy. While the company is responsible for the classification and benefits given to the part-timers, Russell and Franklin fault the union for not pushing the company to eliminate the part-time category and provide health benefits. In truth, these criticisms of the union are emblematic of anti-union sentiment, albeit it rare, heard among some RWDSU and USW members. Such criticisms represented ways in which some union members felt the union limited their individual ability for advancement or did less than they should to improve worker conditions and benefits.

The RWDSU members considered health insurance the hallmark of union membership. Thus, being in the union but not having health insurance was generally viewed as incongruous with standard understandings of union membership. In fact, the problems of this disparity in health insurance allocation went even further. This dichotomy of union member interests according to worker classification and benefit eligibility had the potential to undermine union solidarity, and the full-time members worried that part-timers would vote for wage increases at the expense of health benefits. As a result, the union bargained for and won health insurance benefits for the part-timers

in the next contract in 2008. Significantly, although organizing the part-timers into the union was complicated and somewhat controversial, by allowing for all workers to voice their needs and to have a say in the contract bargaining, the union raised the standards for all of the workers at the food processing plant. As Steve stressed, “having the voice is very important because ... you prioritize which one [benefit] is most important, whether it be healthcare, the short-term disabilities or this, that, or the other.” Being in the union allows workers to prioritize their needs and bargain accordingly.

While the practice of utilizing temporary workers to replace union workers was described by the RWDSU and USW locals, the practice appears rather common among employers in the metropolitan area. For example, the trend of contracting-out work and hiring through temporary agencies was the topic of conversation among the Steelworker retirees one morning over coffee at the union hall. Lenny mentioned that his son-in-law’s job at the auto plant was through the temporary agency. He explained that his son-in-law received lower wages than the regular “full-time” workers at the plant, and he did not receive health insurance because he was a “temporary worker.” Lenny complained that the state in which the plant is located had given the auto plant financial incentives and tax breaks in exchange for the plant providing good paying jobs. However, Lenny felt the plant fell short of its promises, as only a small, fixed number of jobs are full-time, with the majority of the jobs filled by workers hired through the temporary service. Another Steelworker, Ronnie, described the hiring practices at the auto plant.

...the practices that they do, you know, there’s only a limited number of full-time people there and everything else is done through an outside [temporary] service that they own. And [if] you worked there for five years, you were pretty much guaranteed a full-time position with--under the auto plant but they rotated their services out and servicemen would not get the contract ... So you had to start your five years all over again. And the state [authorities] stepped in about three years ago.... So they did win a little bit, but they use temporaries to battle off union and insurance, you know injuries and stuff like that. (Ronnie, USW)

This practice by the company meant that a worker at the assembly plant would be promised a full-time job (with benefits) with the auto plant after they worked for five years through the temporary agency (which this Steelworker alleges is owned by auto plant). However, Ronnie claims that before the five years is over, most of these workers are “rotated out” or “laid-off” work and have to start their five years over. Indeed,

seniority does not carry over and the company, as argued here, often undercuts their promises of benefits and greater job security by relegating workers to “permanent” temporary status.

Given the seemingly unfair employment practices at the auto plant, these jobs are highly coveted within the area. For example, Ronnie claims that he has known several people who worked at auto plant whom he described as “high production people.” However, he said that one of the men he knew there broke a finger on the production line but refused to report it. Rather, he just taped it up and kept working to keep the assembly line going. This man feared that if he reported his injury he would be fired. While this sounds extreme, this fear of being fired was echoed by Maria, a Hispanic woman I met at the free clinic. She explained that her husband had worked at the auto plant but was fired when he took a day off work to take her to the hospital for her gallbladder surgery. Even while he was working at the auto plant they did not have health insurance. She is being treated at the free clinic for orthopedic problems, and her husband is receiving treatment for diabetes. Her husband is on the free clinic’s waiting list for badly needed dental care, where his wait is currently two years. When I asked Ronnie why the union had been unsuccessful in organizing the auto plant assembly plants, he responded:

You might take offense, but they hired so many elderly people you know my age and up and so many women that they consider as easily influenced and dominated. You know scared into keeping their jobs--they just pretty much put the scare tactics out there that they’ll close up and go somewhere else you know--you’ll be out of a job if it goes union. (Ronnie, USW)

Paramount here are issues with discriminatory hiring practices, where women and the elderly are targeted as preferred employees because they are assumed to be more easily intimidated and less liable to complain about unfair employment practices. Here again, the term (or classification) “full-time” worker is reserved for those who are hired directly through the company and not the temporary agency and are provided with health insurance and retirement benefits. This title of “full-time” worker is not extended to part-time or temporary workers, although they also work forty or more hours per week. Because the workers are employees of the temporary service and not of the auto plant directly, they are paid much less and receive no benefits for performing the same jobs as the full-time auto plant employees.

This pattern of re-labeling and devaluing workers at the auto plant is the same strategy incorporated by the food processing plant until the union negotiated an end to the practice. There appear to be several advantages to the companies in replacing full-time with “temporary” employees. As described here, hiring workers through the temporary agency relieves the company of the responsibility of providing benefits and better wages, as the part-time or temporary workers are not their employees (Gonos 1997). It also serves to undermine the union, as it limits their numbers (organizing) and bargaining power (Perry 1997). Additionally, since the auto plant is a non-union plant, this also speaks to the reasons union autoworkers through the United Auto Workers (UAW) have traditionally held better benefits than workers at non-union assembly plants.

This trend, such as described here regarding the auto plant’s hiring practices, is not endemic to Meridian and has been described within the broader North American auto industry (Holmes 2004). This movement, reflecting the broader corporate trend toward using a contingent (temporary, part-time, etc.) workforce in the U.S., was described by Time Magazine as “The Temping of America” (Morrow 1993) when Manpower, Inc. was proclaimed the largest private employer in the U.S. (Castro et al. 1993). Through the rise in temporary agencies, contingent workers are hired out to a multitude of businesses for routine service and business jobs, including janitorial services, payroll, benefits administration, medical transcription, and food services (Davis-Blake and Broschak 2009). The prevalence of outsourcing has also been described in industries such as banking (Palm 2006) and high-tech and information technology (IT) (Chet 2004, Palm 2006; Smith 1998; Smith and Neuwirth 2008). Not limited to the U.S., this trend surfaces as a global aspect of economic transformation. Similar trends were recently described by Mole (2008), as Italian workers saw long-time job protections vanish in the name of economic restructuring in the late 1990s, and by Shire et al. (2009) in the use of temporary contract workers in call centers in Austria, Denmark, France, Germany, Spain, and Sweden.

As described in this chapter, the linking of waged work to benefits in Meridian has been undercut by employer practices that limit full-time employees through the use of contingent workers to differentiate groupings of workers who are not entitled to benefits. How do the issues described by members from the RWDSU and USW compare within

the larger Meridian community? How do community members perceive and negotiate the issues of benefits with small business employers in Meridian? While the corporate trends describe by the RWDSU and USW members are largely representative of broader U.S. trends incorporating the increased use of outsourced labor, it is unfair to subsume the problems of small businesses, especially regarding the allotment of health insurance to workers, in the same category. Two conversations with community members in an early phase of my fieldwork reminded me of the complexity surrounding the rising costs of health insurance premiums for employers and employees. The first such conversation was with my dog's veterinarian. Having answered his question of why we (my dog and I) had moved to Meridian, the veterinarian responded by asking, "What are we going to do to solve the problem [of health care]? Are we going to socialized medicine?" He explained that his employees at the clinic have insurance, and he pays half the premium cost. However, one of the female employees was going to drop the health insurance plan, because she could not afford to continue paying her half (Fieldnotes March 2007).

Reflecting this sentiment, Terry from Landscaping Specialists explained that her employer currently provides health insurance to the employees. However, Terry complained that the quality of the health insurance has decreased over the past few years. She explained that the insurance premium rates rose 20% a couple of years ago, and the owner dropped the amount of coverage to avoid paying a larger premium. The next year the rates rose an additional 30%, and the owner again reduced the insurance coverage to avoid a premium increase. The next year the premium rates rose again. However, this time Terry confronted the owner about the health insurance coverage. She told the owner that she had been promised a certain level of health coverage as part of her job, and if he lowered the amount of coverage again she was going to quit and find another job. Because of her longstanding relationship with the owners, she was able to bargain for maintaining her level of health insurance for the next year. Terry worries. Will she be so lucky next year? Would she have been so lucky negotiating as an individual with another employer?

While these problems are increasingly common among many small business owners as premium rates soar, ironically, many workers within the health care field itself do not find themselves or their family members any better off. Many service workers in

the health care field have compromised access to health care as a result of being uninsured. For example, Janice has worked for over twenty years an assistant office manager for a local doctor who cannot afford to provide health insurance for his office staff. A similar story comes from an RWDSU member, whose ex-wife (his children's mother) works full-time in a doctor's office but is not offered health insurance. Because he and his ex-wife both lack employer sponsored health insurance and cannot afford to purchase health insurance privately, they and their children are uninsured. These stories serve as a caution against demonizing all employers for failing to offer affordable health insurance to their employees, as many well intentioned small business owners are effectively financially unable to afford to offer health insurance to their employees do to high and quickly rising premium costs. Indeed, these tales are indicative of the problematic linking of health insurance to waged work. The problems of access to health care resulting from underinsured or uninsured statuses are not simply about stingy employers and corporate greed. These are highly complex issue without simple answers, where even those working within the health care field may have reduced access to health care as a result of being uninsured or underinsured.

Fighting Devaluation: The Work of the Unions

Devaluing workers, as we have seen, is not a new phenomenon. However, the devaluing described in Meridian from the steel mill, the food processing plant, and the auto plant, is different from deskilling due to technological innovation, where the job requirements are altered through the use of technology. As forms of devaluing workers described here take the form of re-labeling or re-categorizing groups of workers without altering the job requirements, they are clearly part of broader corporate strategies to reduce costs by creating new forms of "flexible" workers. Certainly, these RWDSU and USW locals are not the first unions to experience corporate attacks on benefits, wages and job security through the use of contingent workers. However, these stories are emblematic of broader global trends to devalue workers.

The significant effect of collective bargaining is transparent in the potential for unions to raise the standard of living for workers across diverse job profiles. In Meridian, as the RWDSU and USW locals demonstrate, the processes of the global market are

visible in the company restructuring efforts to devalue the workforce. Of significance here are the current issues of devaluing skilled workers as a means to undermine the union. This is the case at the steel mill, as independent contractors are hired to perform jobs that many union members are qualified to perform. At the food processing plant the use of “part-time” and “temporary” workers to do the same jobs alongside full-time workers reduces the company’s labor obligations and undermines the union. Both the RWDSU and the USW locals have fought back and reduced the effects of contracting-out, at least to some extent. The RWDSU’s battle to contain the company’s strategy of using part-time workers has been a multi-step process. With each contract negotiation of the past few years the union has improved the conditions for the part-timers one step at a time. By first organizing the part-timers into the union, they gained rights to seniority and the grievance process as well as a substantial pay increase. In the next contract, the union gained health benefits for the part-timers and better retirement for the full-time union workers. In truth, while not fully removing the disparities between the two groups of workers, the union’s actions reduced the gap among the workers in the food processing plant, creating a more equitable and fair workplace.

The USW local has also made progress against corporate outsourcing tactics. For example, a few years ago the steel company closed the steel mill’s in-house fabrication shop (made industrial parts to order) and contracted a local non-union fabrication shop to fill the mill’s orders. In this way, the mill’s needs were met at a reduced cost for the company, but union jobs were lost. Alex describes the situation as such:

They throw crumbs out there on a lot of these non-union shops to get qualified skilled workers that hasn’t been lucky enough to land a good union job. And those guys from the fabrication shop, they’re welders, they’re pipe-fitters, they’re riggers, they’re maintenance people just like we’ve got. But their whole idea ... we can contract it out and it will only cost us x-amount, and that way we don’t have to pay the defined pension, and we don’t have to pay health benefits no longer. So they basically just shifted the workforce. ... Yeah; they took what was good-paying health benefit jobs inside the facility and turned it over to a service company that was willing to provide a service with hardly no health benefits. And if you did want them it cost so much you actually was working for your health benefits instead of a good wage.... So that’s why it’s so easy to actually go to these facilities and organize them, for the simple reason we can show them what we’ve had before and what we can get for them. (Alex, USW)

While the skills and job requirements of fabrication work had not changed, the relationship between the steel company and the fabrication workers was redefined through outsourcing the mill's fabrication needs. In this manner, the steel company paid lower wages and no health or retirement benefits for the same fabrication products, thus devaluing the workers. In response, the Steelworkers organized the non-union fabrication shop, making them an amalgamated bargaining unit within the local. The fabrication workers received increased wages and a better benefit package in their next contract. In addition to raising the wages and benefits for the fabrication workers in their next contract, the union maintained the fabrication jobs as union jobs. In truth, the union's actions also sent a clear message to the steel company that demonstrated their intolerance for outsourcing union jobs. If the steel company outsourced more work that cut union jobs, the union would follow and organize the non-union workers, effectively negating the savings for the steel company.

Other instances of workers fighting outsourcing were related by Steelworkers. For example, Gavin described the efforts of workers at a company in Meridian that manufactures insulating materials for steel mills. As he described, the parent company, which is a holding company that trades on the London Stock Exchange, closed down two union plants that made monolithic refractors (an insulating material used in steel mills) and opened a non-union plant in Meridian. After Gavin was hired at the plant, he realized "it wasn't what they promised," as the company was paying below industry standard wages. Seeking help from the union representatives at the Steelworkers local at the steel mill (the main bargaining unit), Gavin led the difficult fight to organize the plant. Following the successful campaign, the workers at the insulation plant became an amalgamated bargaining unit within the Steelworker local.

Another example of workers organizing their worksite in response to a company not living up to their promise comes from Macy. Macy described her efforts to organize a cellular phone company in Meridian, prior to her job at the steel mill.

When they first brought cellular phone to this area, they had this ad in this local newspaper stating that their wages would be like \$14 an hour after your 90 days of probationary employment. Well, on that 90th day, someone would come get you, and take you to human resources and offer you the job. But [emphasis], they would get you to the door and say, literally, "Before you step in this door I need to let you know that you are not going to get a raise." Now, you can come in if

you want to still take the job. Now like I said, jobs around here are pretty scarce and it did pay pretty well. It was like \$10 an hour at the time. If you had a degree or experience at customer service, they would give you a dollar or two. So my sister-in-law and I, her mom is an active member of SEIU, at the medical end of it. So we started talking to her about how they had that ad and we felt that it was wrong. So she got us in contact with communication workers and set up shop and got it going. We got everybody signed up, got it going in three days. It was fabulous, and we got those raises.

(Macy, USW)

Macy describes an organizing drive that was a response to the failure of the company to honor their promises. In this case, the organizing effort was quick and successful because it was not opposed by the company. However, few organizing drives are this easy. These two cases demonstrate the possibilities for collective bargaining to raise wages and benefits for workers, forcing companies to honor promises and prevailing wages within an industry. While there was no fanfare for these victories, the actions of the RWDSU and USW locals are perhaps more telling of the ways unions, through collective bargaining, work to improve the well-being of workers and their families.

Future of Employment in Meridian

What is the future of employment in Meridian? What are the promises of city politicians and planners? How are the employment and economic concerns of citizens in Meridian being addressed by the city? What strategies are area labor unions using to deal with economic transformations? While Chapter Six will take a close look at labor union activism through an AFL-CIO sponsored Labor Council, let us here get a glimpse of how Meridian's Mayor and the City Council envision Meridian's economic future.

The Mayor was the invited guest speaker at a SOAR (Steelworkers Organization of Active Retirees) meeting one day in April of 2007, where he elaborated on Meridian's upcoming economic development projects. The Mayor explained the city's plans for three upcoming city projects, a Riverfront Development Project, Library Commons Area, and a Town Square Renovation. The intent behind these projects was to beautify the city, increase foot-traffic, and to draw families back to Meridian. The largest and most expensive project, the Riverfront Development Project, involves a transformation of a large area of the riverbank into usable land through expanding a section of the riverbank

over one-hundred feet into the river and adding a larger boat ramp. The area will also receive benches, walking and bicycle trails, and public restrooms designed for individual use, as the Mayor described, so as to prohibit congregations of people in the restrooms and deter or control drug and other criminal activities. The hope is that an altered Riverfront will draw pleasure boaters to Meridian from the surrounding area and provide a space for residents to enjoy the outdoors. The cost of the Riverfront Development Project is estimated at \$30 million dollars. The second city project, the Library Commons area, was intended to create a family friendly space between the Meridian public library and the City Park. This project specifically seeks to create a space for young families with children, including a walk-through fountain, lighted walkways, benches, and trees. The cost of the Library Commons project is estimated at \$100,000. The third city project, the Town Square Renovation, proposes the addition of a permanent stage for public events, such as musical acts, plays, and political speeches. While trees, brick flower boxes, and benches would adorn the surrounding town square area, the grand feature of the Town Square Renovation, according to the Mayor, was to be a new town clock. As the Mayor said, “We’re Mayberry, we need a town clock.” However, the cost and financing of this project were not available.

Thus, these three city economic development projects are, it seems, designed around the creation of an idyllic Meridian. According to the Mayor, these projects are intended to entice young families to not only stay in Meridian but, perhaps, to draw other young families, most likely those with family ties in the area, back to Meridian as an ideal city with the “small town” feel. Indeed, the economic development seems to be an attempt to sell Meridian as the ideal city in which to raise a family. As suggested in the Mayor’s own words, the city’s solution to the deepening economic problems of Meridian is to project the image of “Mayberry” by creating outdoor recreation and entertainment areas. While the city projects sound lovely and would probably be enjoyed by many residents, how does this address the issues of low paying jobs and the struggles to find jobs with health insurance, and even decent and affordable housing, faced by many residents?

The second part of the Mayor’s presentation was a description of companies the city is courting to come to Meridian. In his presentation to SOAR, the Mayor described

Meridian as the “hub” for the area in terms of health care, banking, entertainment, and the arts. He highlighted Meridian’s regional “hub” status, proudly stating that over seventy trains pass through Meridian daily and over 31,000 cars pass in front of the Meridian shopping mall. The Meridian shopping mall’s occupancy rate is 110%, making it one of the most successful malls per square foot in the U.S. on any given day. The Mayor bragged that at present Meridian is home to the second largest Supermart store in the U.S. Indeed, while the Meridian Supermart guarantees a minimum of 600 jobs, it currently has 1200 employees. The Mayor proudly exclaimed, “People love their job at Supermart!” I was left wondering if Supermart is able to employ twice as many people as promised because the majority of them are restricted to part-time hours without benefits? The City is also apparently in talks with a couple of other retail chain stores, including a clothing department store and an electronics store to build new stores near Supermart (creating a new shopping complex), and he noted that they would offer full benefits and good salaries. The Mayor and city council fully expect economic developments such as new retail stores to help the tax base, control property taxes, and increase the quality of life in Meridian.

Most recently, the city proposed building a water park in the county to generate jobs. While a majority favored the project, one retired Steelworker spoke out at the city council meeting against the water park. Having done extensive research, he pointed out that similar water parks have failed in other cities, resulting in major losses of city capital. His concern was that the building of a water park, especially one undertaken without feasibility studies, would be an economic disaster for Meridian. Arguments for the water park sounded similar to the ideals behind the Riverfront Development, Library Commons, and Town Square Renovation projects in that they are ways to sanitize the aesthetics of Meridian and appeal to middle class families.

While the Mayor’s presentation was informative, the proposed economic development projects are regarded as beautification projects rather than economic development projects by some Meridian residents and are not always met with enthusiasm. For example, Althea, an African American woman who serves on the Meridian community board, discussed economic development with me one day over lunch. Althea described an issue that came up recently on the board. Each board

member was asked to make a suggestion for a community development project. Althea's project involved the creation of a computer skills training center that would allow individuals to gain or polish computer skills necessary for many "better" jobs. Althea knew someone in the computer business, so she got an estimate of costs for her project, including computers, software, and installation, and presented it to the board.

At a following meeting, each board member was asked to take 100 points and divide them up to represent how they rated the importance of community projects that the other members had suggested. Although Althea's project cost the least amount of money of all the suggested projects, it was ranked last in importance by the other board members. The top ranked project was a proposed walking trail to be built in the county. Unimpressed, Althea questioned how many people are going to drive out to the county to walk on a trail and how this would address economic development in Meridian? Althea's frustration lies in her belief that the other board members are not interested in projects that would help poorer and less educated people with practical job skills or address real economic and practical daily needs of area residents. Describing Meridian as "park poor," Althea thought it was ridiculous to build a walking trail when, as she stated, people do not have decent housing. Indeed, while many of the city's economic development projects are intended to attract young families to move into the area, Althea warned that they will not move here because of a trail or park if there is not decent housing for them.

Absent from the majority of the city's economic development plans, as argued by Althea, are pragmatic steps toward addressing persistent poverty and unemployment. Althea's is not the only voice in the area wanting more than superficial improvements for Meridian. A concern that was often expressed regarded the loss of manufacturing jobs and limiting of new jobs to the service sector. For example, Billy described the problems of living in Meridian on minimum wage as such:

Right; that's what I hate--lot of times you'll hear people go well, oh the unemployment rate is down. The people are back to work. They've created x-amount of jobs? What is \$5.15 or \$5.50 or \$6.00--whatever minimum wage is at this time, can you survive on that income? I know I can't. ... That's \$240 a week for a 40-hour week at \$6.00 an hour. You take your taxes and your Social Security and all that out of there, and that gives you nothing to live with. How do you pay rent? ... But you know I know when I was renting a house it was \$450 a

month. I don't think these jobs are great jobs, and I get tired of hearing people bragging about the jobs they've created when they're in the service industry and nobody has benefits and nobody has retirement you know. (Billy, USW)

Indeed, the economic problems for residents in Meridian are unlikely to be solved by the courting of retail, restaurant and other service jobs. As described here, the introduction of corporate chain stores and restaurants have resulted in the systematic demise of several small businesses and the loss of jobs and middle class income levels for the owners.

While the incoming of corporate chain stores is touted by the Mayor and city council as a way to create jobs, in actuality, this may only serve to shift workers from employment in one business to another, often with lower wages and no benefits. Who is this economic development really benefiting?

Expanding Categories of Service Workers

What have we learned from the Steelworkers and RWDSU members? What do their stories tell us about economic restructuring and the category of service worker? The issues of outsourcing (contracting out) labor presented by the union members give us reason to rethink how service workers are defined and categorized and how this category is being expanded by re-labeling or reclassifying workers to devalue their labor. This, in effect, reduces employer obligations by reducing worker's wages and benefits and, hence, access to material resources. While most of the RWDSU and Steelworker members participating in this study do not consider themselves service workers, this is likely due to the fact that they work in more traditional factory and industrial settings and that the majority of the union participants were white males (not typical service workers). However, the concerns expressed by the union members regarding contracting-out labor clearly place many of these union participants into new categories of service worker.

Devaluing workers is certainly not a new phenomenon. The use of technology to devalue through deskilling labor has been widely described, especially in terms of changing gendered constructions of work (Baron 1991; Blewett 1988; Cooper 1987; Downs 1995; Green 1996; Milkman 1987; Rose 1991). With technological innovation, companies seek to reduce the overall workforce and/or replace higher paid "skilled" workers with "less skilled" or devalued workers, most often women and racial/ethnic

minorities. This has also been described as the feminization of work (or sweatshop model), where gendered notions of strength, skill, and worth are used to devalue jobs, devaluing higher paid skilled jobs (“men’s” work) into low-skilled low-paid jobs (“women’s” work) (Collins 1995, 2003; Duggan 2001; Fernandez-Kelly 1983; Gannage 1995; Green 1996; Gunewardena and Kingsolver 2007; Nash and Fernandez-Kelly 1983; Maggard, 1990, 1998, 1999; Neetha 2002). Definitions of skill are not only based on technical ability but on gender constructions, with the skill value of a job depending on the expected gender of the worker. Hence, jobs that are defined as feminine (“women’s work”) are understood to be less-skilled and worth less (Collins 1995; Neetha 2002; Kessler-Harris 2001). However, how femininity (and thus job skill) is defined is highly variable and situationally constructed within the context of country, region, and job site (Salzinger 2003). For example, not all women experience technological advancement as deskilling, and women and workers in underdeveloped countries may experience an increase in certain skills in their first waged work experience (Sinclair-Jones 1996). Although the feminization of work is generally considered a negative for women and workers, Caraway argues, based on her research in Indonesia, that it does not necessarily have to lead to gender inequality and has the potential to be a positive force for change for women (2007).

Corporate tactics such as outsourcing work in the steel mill to private contractors, utilizing workers from a temporary agency and over utilizing part-time workers at the food processing plant are not deskilling in the technological sense. However, these tactics serve the same purpose of reducing employer wage and benefits obligations through worker devaluation but without altering job skills or requirements. In these two cases, the jobs were not outsourced to “other” workers, such as to workers in another region or country, to women or racial/ethnic minorities, or even to automated devices. Indeed, the majority of the workers at these companies are white males. Rather, the workers themselves were devalued through worker (not job) reclassification. Thus, jobs that were once full-time jobs with benefits come to parallel service jobs in terms of lower wages, lack of benefits, and lower status or prestige. In other words, these jobs are feminized. As the service sector expands into jobs traditionally in the industrial or manufacturing (and usually male) sector, the gendered nature of work is changing. This

corresponds with Cobble's arguments that work "is feminizing in the sense that women's often substandard working conditions are becoming the norm, particularly for those without a college degree, still some three-quarters of the workforce" (2007:3). As understandings of skill, gender, and race/ethnicity are re-constructed at the local level, differentials in job allocation, wages, and benefits must be understood within local and broader contexts (Collins 2003). In the examples given here, economic restructuring mechanisms in Meridian are part of broader processes of globalization that seek to devalue workers.

As demonstrated in numerous accounts, employers utilize multi-pronged approaches to reduce costs, especially labor costs, within a global market economy system. Examples cited from the United States (Collins 2003, 2009; Collins and Quark 2006; Gunewardena and Kingsolver 2007; Lamphere 1987; Palm 2006; Nash 1989; Newman 1988, 1995, 1999; Pappas 1989; Susser 1982), Asia (Ong 1999, 2006), Brazil (Holston 2008), Ukraine (Phillips 2008), and Italy (Mole 2007) highlight the pervasiveness of these global market processes through which the "free market" functions to reformulate the relationships among workers, employers, and the State (Harvey 2003, 2007). Emphasizing the globalized nature of economic restructuring strategies as they happen on the local level, Collins (1995) case studies of fruit and vegetable production in Chile, Brazil, and Mexico depict the ways in which feminizing a job denotes it as low status or low-skilled, even when these jobs were historically skilled positions. These economic restructuring efforts, sometimes described as creating a "flexible" workforce (Rothstein and Blim 1992), thus reduce (or strip away) the social contract of liveable wages and benefits expected of union jobs, in essence relegating them to the service sector. In turn, this re-makes or feminizes previously full-time and benefited (and largely male) jobs, with correspondingly lower pay and benefits regardless of the gender of the worker. This follows a seemingly natural but culturally created division of labor which supports lower pay for "women's" work. However, Collins cautions that "firms rarely seek labor that is simply cheap... firms require workers with varying degrees of skills" (1995:193). This is clearly the case with the independent contractors at the steel mill, who are skilled workers but, because of their status as contract workers rather than full-time (and union) workers, receive no benefits. At the

food processing company, the part-time workers do the same jobs for the same number of hours as the full-time workers but received less pay and (at least for some time) no health benefits. In both cases, the job skills were unchanged but the workers received no benefits and, at the food processing plant, significantly lower wages, and greater job insecurity.

Certainly, the RWDSU and USW members are not the first to experience corporate attacks on benefits, wages and job security through the use of contingent employment strategies. However, the experiences of these workers demonstrate the continued and increased drive to devalue workers and reduce wage and benefit responsibilities. Both the RWDSU and the Steelworker locals have fought back and reduced the effects of continuing efforts to devalue workers, at least to some extent. These efforts are in keeping with many battles by unions to gain and preserve job security, safety, living wages, and health benefits for low-wage workers.

Prominent examples are seen in Teamster and SEIU campaigns seeking to end two-tier wage and benefit systems. The Teamsters battle with UPS in 1997 was over the company's increasing use of part-time workers and subcontracting to whittle away the obligations toward full-time union employee wages and benefits. Witt and Wilson describe UPS's attack on job security as "a fight for all working families against the corporate shift to more 'throwaway,' low-wage, part-time, temporary, or subcontracted jobs without pensions or health coverage" (1998:180). With slogans like "Blow the Whistle on UPS" and "Part-Time America won't Work," the Teamsters worked to unite the full-time and part-time UPS employees while taking their story to the community through media and rally venues. In the end, the Teamsters and UPS agreed to 10,000 new full-time positions, a significant wage and pension increase, and the elimination of subcontracting without union consent (Witt and Wilson 1998:183-186).

Another prominent example comes from the Service Employee International Union's (SEIU). Their longstanding Justice for Janitor's movement, founded in 1985, is a social movement that seeks to form coalitions with community, political, and religious leaders in an effort to gain fair working conditions, benefits, and job security for janitors (SEIU.org 2010). Justice for Janitors has organized janitors in large cities, including Los Angeles, New York, Chicago, as well as in smaller suburban areas. In 2003, a campaign

in Boston sought “conversion of part-time jobs to full-time jobs, expansion of health care coverage, increased wages, and the end of a two-tier structure that paid workers in the suburban tier less” (Eckstein 2003). Notably, the Boston campaign addressed disparities between part-time and full-time workers by working to end the two tier pay system and extending health insurance to an additional 1000 workers. Recently, the SEIU won a contract in Minneapolis-St. Paul that secured eight-hour, full-time jobs by 2012, improved single and family health insurance coverage, maintained affordable premiums, and promoted the use of environmentally friendly (“green”) cleaning products (Vandeveter 2010).

The RWDSU’s battle to contain the company’s strategy of using part-time workers is not nearly as dramatic as the Teamster’s and SEIU’s campaigns. However, with each contract negotiation of the past few years the RWDSU local has improved the conditions for the part-timers one step at a time, while stabilizing full-time benefited positions. By first organizing the part-timers into the union, they gained rights to seniority and the grievance process as well as a substantial pay increase. In the next contract, the union gained health benefits for the part-timers and better retirement for the full-time union workers. In truth, while not fully removing the disparities between the two groups of workers, the union’s actions reduced the gap among the workers in the food processing plant, creating a more equitable and fair workplace. The Steelworkers have reduced the outsourcing to private contractors, largely through following the outsourced work and organizing the workers at the smaller companies. They continue to fight against contracting-out maintenance jobs through financial feasibility and safety arguments. These two unions demonstrate the possibilities for collective bargaining to raise wages and benefits for workers, forcing companies to honor the social contract of the past and prevailing wages within an industry. The actions of the RWDSU and Steelworker’s locals are emblematic of the ways unions, through collective bargaining, work to improve the well-being of workers and their families and stand against corporate strategies intended to devalue workers in a global market.

Among the USW membership many of the workers considered by some to be service workers include mechanics, electricians, and crane operators, among others inside the mill who are contracted to perform industrial maintenance. These workers have

historically been considered skilled labor rather than service workers. So, depending on whose opinion is solicited, this steel mill includes anywhere from a very few service workers to nearly half of the workforce. How can this be? This is a reflection of the re-labeling of groups of skilled workers into devalued categories of “service” workers. In this manner, a worker’s job responsibilities and required skills are not reduced. Rather, they are simply reclassified so as to justify decreased job security, wages, and benefits. A Steelworker representative, Alex, sums up the changing identity of workers in the U.S.

Our nation has become a nation of service workers. Now every operation services another operation. Just like we talked before; you know these guys in the work mill. That’s a service they provide to the steel mill. The steel mill makes it into a slab which makes it into a coil. And then that coil then becomes a service for the auto industry, where they can stamp out cars and appliance industry or the roofing industry now you know. I mean metal goes a long way now-a-days. And it’s just one of those things; even though you think you’re in the general industry and you’re just a plant, and every plant provides a service. And even going with the steel in the auto industry once that car is put on the showroom floor, now it becomes another service item that is sold to an individual that has to be serviced back to our mechanics when something is wrong or something goes wrong. Then you know, so it’s a constant service from the very first piece of coal or ore that goes into that product until it completely becomes a product and then that product still needs to be serviced every so often. (Alex, USW representative)

While Alex’s view of the expanse of service workers is perhaps extreme, it is indicative of the trends described in this chapter to devalue laborers through re-labeling job relationships. When the private contractors are non-union, they have less ability to negotiate the terms of work and benefits. As will be addressed in Chapter Five, this is especially visible in the reduction or loss of health insurance coverage and reduced access to health care resources.

While women and racial/ethnic minorities in Meridian are no longer (always) excluded from the better jobs in the area, social obstacles to getting and remaining in those jobs still exist. Certainly in Meridian, race, gender, and class have been and remain organizing principles regarding access to jobs and material resources, including health care. Put simply, describing the devaluing of workers in terms of re-labeling or reassessing their value allows us to follow the social consequences for groups as well as individual workers and their families. While the skills and job qualifications may not change, their ability to access resources and to fully participate in market-based social

systems, including accessing health care. This follows Kessler-Harris' notion of "economic citizenship," which she defines as "the independent status that provides the possibility of full participation in the polity" (2001:5). Through the daily political-economic processes of market transformation, work becomes the avenue for obtaining social and economic rights (Marshall 1964). However, especially for women and minorities, work does not afford the same social and economic rights as granted white men. This ability is further reduced for poor women, as described through welfare reform and the lowering of wages in service and low-skilled jobs ("women's" work). However, with the increasing utilization of contingent workers, we see the further spreading of processes that devalue or feminize jobs long considered "men's" work. This has been described by Boughton and Walton as "emasculating the American dream," in their description of outsourcing jobs at Maytag (2006:6). While deskilling and devaluing workers is not a new phenomena, the outsourcing described here demonstrates ways in which these processes continue to reduce the abilities of poor, low-wage, and working-class workers to fully participate in social institutions that are increasingly market-based. With reduced or fluctuating purchasing power (including wages and health benefits) workers (especially poor women and increasingly white men) and their families are less able to access necessary material resources, and this includes their ability to maintain the basis of their livelihoods --- their bodies.

Chapter Five

Fractured Solidarity:

Dismantling the Social Contract Between Work and Health Care

As chapters three and four describe the importance of labor union membership for workers in Meridian to secure resources in the face of economic transitions, this chapter describes the consequences of linking health care to waged work in the face of destabilizing job security and the dissolution of health benefits from waged work. First, to transition from the previous chapters, I begin with a description of private health insurance and Medicaid health services, including a discussion of how policy changes in Medicaid and PROWA entitlements are tied to economic transformation. Second, by comparing the descriptions of health care between differentially insured RWDSU and USW members, this chapter focuses on the ways in which work, wages, union status, and insurance level determine health care access and affordability. Highlighted here are the ways in which health insurance allotment and health care access issues reflect increasing economic insecurity among working and middle class families and how workers as individuals and members of unions act to secure health care resources for their families.

Politics, Economics, and Health Care

Overwhelmingly, the majority of the health care problems Meridian residents described, regardless of insurance status, involved health care affordability and concerns about going into debt for medical treatment. These concerns are not unfounded. For example, one participant had been sued by a local hospital for outstanding medical bills. Another participant with three children had his wages garnished by a hospital. Several other participants described how their credit was “ruined” (lowered credit scores) by outstanding medical bills, with one participant describing how this prohibited his family from purchasing a house. Although it is often possible to establish a payment plan with a hospital, the maximum repayment time is eighteen months to twenty-four months for two of the area hospitals. For large bills especially, monthly payments in the hundreds of

dollars to fit this time frame are unaffordable. This demonstrates that concerns about paying medical bills are quite a serious matter, as medical debt has the potential to affect not only their credit rating, but also a family's livelihood and ability to pay for basic needs.

While complaints about the quality of health care available in the area were almost nonexistent, sentiments regarding the priority of payment and billing over health concerns on part of the health care providers were common among union and community members alike. For example, one Steelworker commented:

Something that always bugs me is that you call and make you an appointment and that's the first thing they want to know, you know, is what type of insurance do you have? It's not like, you know, are you afraid you're dying of cervical cancer? It's like do you have insurance you know? ... Where is your wallet? Give me your card; we're going to make a copy before we do anything ... But just -- you think they could ask you how you're doing before they just ask you for your health insurance card. (Crissy, USW)

As Crissy's sentiments attest, a commonly held belief that health care is dependant upon health insurance, which stands as a measure of ability to pay for services, is reinforced by health care facility gatekeepers (often receptionists and office administrators). As important as health insurance is for accessing quality health care in a timely manner, obtaining medical care is intertwined within multiple and intersectional cultural and political-economic processes.

Health Insurance

The links between waged work and private health insurance were forged in the early 1940s as a consequence of the Revenue Act of 1942. The Act was intended to prevent excessive wartime corporate profiteering and excluded pension and health benefit contributions from being counted as profits or as wages. Labor unions incorporated health benefits into collective bargaining following the failure of the Wagner-Murray-Dingell bill for national health insurance in 1942 (Gottschalk 2000; Derickson 1994; Stevens 1984, 1988, 1990). However, there is also no mistaking the changes in this relationship as felt by many working families, as rates of employer-sponsored health benefits have fallen dramatically since the 1980s (Medoff et al. 2001a,b).

For those with private health insurance, reimbursement rates paid to providers and the amount for which health consumers are held responsible are quite variable and depend on the type of insurance, such as traditional (indemnity) insurance or managed care. For example, according to CareCounsel, a health advocacy company, traditional or indemnity insurance plans reimburse for health services based on “usual, customary, and reasonable” (UCR) charges. UCR rates are largely determined for geographic regions through statistical databases for which there is no regulated standard. Under this formula, traditional insurance companies establish reimbursement rates at different percentiles, leaving health consumers responsible for differential charges, including their deductible and, depending on the percentile paid by their insurance plan (e.g. 80% or 90%), the remaining difference between the health provider’s charge and the UCR rate. Under managed care plans, such as Preferred Provider Organizations (PPOs) and Health Maintenance Organizations (HMOs), rather than relying on UCR rates, insurance companies contract with “in-network” health providers and set a negotiated price for health service reimbursement. Reimbursement rates are higher for providers “in-network” than for un-contracted providers (“out-of-network”), and health consumers are held responsible for these differentials (ConsumerCare n.d.).

While “out-of-network” reimbursement rates under managed plans remain determined by UCR rates, this determination has recently come under scrutiny. For example, a Senate Commerce Committee staff report for Chairman Rockefeller by the Office of Oversight and Investigations regarding health insurance payment practices found “in every region of the United States, large health insurance companies have been using two faulty database products owned by Ingenix, Inc., to under-pay millions of valid insurance claims” (Senate Committee on Commerce, Science, and Transportation 2009:1). Because Ingenix is a subsidiary of UnitedHealth Group, one of the largest health insurance companies in the U.S., the database used to determine UCR rates was “internally flawed because the information it disseminates to the insurance providers is based on value data provided by those insurance companies in the first place” (Health Capital Topics 2008). Due to this conflict of interest, class action lawsuits in New Jersey, Connecticut, and New York, have yielded a \$215 million settlement between Health Net, Inc. and the plaintiffs (Health Capital Topics 2008) and UnitedHealth agreed to close the

Ingenix database (Hood 2009). Additionally, UnitedHealth and Aetna collectively paid \$70 million to create an independent database to be administered by a nonprofit organization (Hood 2009).

Despite inconsistencies in health service reimbursement rates, private health insurance often pays better rates to health providers than public insurance (Medicare and Medicaid), with Medicaid rates being the lowest among the insurance types. For example, in 2008 Medicaid reimbursement rates for all services averaged seventy-two percent of Medicare reimbursement rates and only sixty-six percent for primary care fees in the U.S. The Medicaid to Medicare reimbursement percentages in the Central Appalachian states of Kentucky (86%) and West Virginia (85%) are above the national averages but are lower in Ohio (69%) for all services (Zuckerman et al. 2009). These differentials in reimbursement contribute to problems with access to health care, especially for those on Medicaid, as physicians limit their Medicaid caseload. For example, about fifty percent of physicians accept all new Medicaid patients as compared with more than seventy percent of patients with private insurance or Medicare. While lower reimbursement rates contribute to access to health care problems for those on Medicaid, increased administrative loads, including long delays in reimbursement, claim rejection, or specific preauthorization requirements, also deter physician acceptance of Medicaid patients (Cunningham and O'Malley 2008; Zuckerman et al. 2009). This is particularly troubling, as this leads to fragmented and inconsistent care for Medicaid patients. In too many cases, the source of their health insurance matters and may have drastic effects on health care options. This is most apparent among individuals and families with Medicaid ("medical card") coverage, as among the uninsured.

Medicaid ("Medical Card") Patients and Welfare

Stereotypes are abundant, with individuals on public health insurance (Medicaid) all too often assumed to be "irresponsible" and "undeserving" because "they don't want to work." Such sentiments are commonly heard within the Meridian community as well as among some union members. However, as revealed within the comments by two union women, it may indeed be more responsible to remain on "welfare" and retain Medicaid for access to medical care. For example, Gail, an RWDSU member, talked

about having had Medicaid in the past for her children. She was on welfare and had a Medical card for the children at one time because she lived in the country and lacked transportation that would allow her to hold a paying job. She explains:

No; when they were little we were on Medicaid, but as soon as I was able to get a car that was legal that I could get back and forth to work and got a job they were cut off. [*Laughs*] It's like if you live on welfare you're doing okay; you get your check, you get your Food Stamps, you get your medical. If you try to help yourself and get yourself going, they're going to take it all away, and you're not going to have any medical. (Gail, RWDSU)

In her account, although her new wages may have afforded the family to cover basic living and food expenses, they were now uninsured and without “any medical” and thus less financially secure. Similarly Crissy (USW) said, “I mean then they wonder why some people just don't work, and well if they can't get a job working somewhere where they can get health insurance--you know. I mean you're better off to quit and get the medical card.” As these comments indicate, for many families jobs that do not provide health insurance may leave them financially worse off than they were on public assistance. This is especially so if they or their children have chronic medical problems that require frequent medical care, as only about one in three former welfare recipients find jobs that provide health insurance (Boushey 2005; Curtis 2007). Although work supports, including Medicaid and child care subsidies are extended to workers leaving welfare, these have varying state determined time limits. For example, Medicaid is extended for a federal minimum of six months, and twenty states limit child care support ranging from two months to three years, averaging sixteen months (Boushey 2005:720). While children of low-wage or working poor families may qualify for SCHIP, coverage rapidly decreases as wages rise, even when employee-sponsored health insurance is not available. Thus, higher earnings are negated by benefit loss, and the loss of health benefits is a deterrent to leaving TANF.

Crissy and Gail's sentiments reflect broad understandings of welfare reform and the problems of poor and working-poor mothers in particular. Anthropologists and social scientists have critiqued welfare reform for its resurgent moral devaluing of the poor, especially poor women with children, and for the escalation of devolution, the dismantling of federal responsibilities toward citizens (Katz 1989; Morgen and

Maskovsky 2003; Piven and Cloward 1993). Officially known as the Personal and Work Opportunity Reconciliation Act (PRWORA) of 1996, the rhetoric of the political debate surrounding the reform measures revolved around reducing dependency. However, the reform initiatives were more about controlling labor markets than reducing poverty (Piven 1998). As a result, reform measures set a five year lifetime limit to benefits (with states having limited override abilities), reduced Medicaid and food stamp benefits (from eighty to sixty-six cents per meal), denied entitlement to legal immigrants, and included specific work participation requirements (“workfare”) (Henwood 1996; Morgen 2001; Piven 1998; Schneider 2001).

Broader economic consequences remained specific to women and low-wage workers. For example, McCrate argues that welfare historically served as a “flexible social control over the supply of low-wage labor,” where a guaranteed minimum income allows the poor, especially women, some control over the conditions of work in which they sell their labor and avoid some of the worst conditions and lowest-paying jobs (1997:430-31). Piven and Cloward argue that the safety-net of unemployment or welfare benefits allow workers to be “a little bolder and more demanding in dealings with their employer” and bargain for better wages and conditions (1987:6). Welfare reform measures reduced this option. Further, reform measures that reduced benefits and required recipients to work benefited employers, as it allowed for a reduction in wages among low-paying, unskilled jobs. This means that women move off assistance and into a low-wage job market already flooded with job seekers (Mishel and Schmitt 1995). Thus, following supply and demand, employers can reduce wages, even going below minimum wage for workfare participants as their wages are subsidized by the state (Piven 1998:145). This decreases job and economic security for all low-wage workers, especially women, with wages for women with a high school degree or less falling by three percent for every one-hundred dollar drop in welfare benefits (McCrate 1997).

Workfare also has the potential to undermine unions. For example, in 1997 Sprint replaced 177 Latina workers with workfare workers eight days before a union vote (Jobs with Justice 1997). Examples from Wisconsin’s Wisconsin Works (“W-2”) program indicate that public and private companies sought subsidized workfare participants instead of renewing contracts with (unsubsidized) workers (Piven 1999; Boris 1999).

Although federal and Wisconsin laws include “nondisplacement provisions” intended to prevent worker replacement (Collins 2009:290), the American Federation of State, County, and Municipal Employees (AFSCME) argued that these provisions were meaningless. This is evidenced in the state requests for waivers that would allow “filling job vacancies with welfare recipients, would allow private companies to administer the new program, and would deny labor law protections for welfare recipients” in the program (AFSCME 1996). At question here are issues of job replacement that would undermine wage rates and the loss of legal protections (labor laws), making already vulnerable welfare workers, mostly women, less safe on the job. Although addressed by the 105th Congress, who proclaimed that welfare participants were “covered under minimum wage laws and entitled to health, safety, and fair labor protections,” welfare participants are not entitled to unemployment insurance, worker’s compensation for injuries, and have minimal protection against sexual harassment (Collins 2009:290-291).

Part of the ideology behind welfare is to give recipients work skills that will help them obtain employment. However, the work skills they receive on the job may be unrelated to the local labor market (Latimer 1998), may provide no skills, or be beneath the skills a participant already has (e.g. picking up trash or shrubbery along the road) (Collins 2009). Rather than gaining experience and skills in welfare programs that would lead to better wages, women’s earnings after leaving welfare are equal to or below entitlement benefits (Moffitt 2008:22). As Gail and Crissy related, for low-skilled women making ends meet is difficult, especially when returning to work means losing health insurance for their family. This indeed makes staying on assistance a reasonable and often necessary choice, especially for single mothers. Because the success of welfare reform necessitates the availability of jobs with adequate pay for recipients to remain off assistance, it is not surprising that reform efforts have failed for many women. For example, Zimmerman and Garkovich (1998) estimated cost of living in Kentucky for a single mother with two children to be \$10.61 / hour for 2000 hours per year to meet necessary expenditures. While this estimate is from over a decade ago, it remains considerably above the current minimum wage and in the range of what is considered a “good job” (\$10-12 / hour) in Meridian today. Indeed, this wage is on par with the wages at the food processing plant, which means that their individual wages are roughly meeting

cost of living needs but little more. Similarly, Latimer argues that in West Virginia job availability is two-tiered and that with the loss of industrial jobs, most available opportunities are either in the low-wage, unskilled service economy or in higher-wage, higher education sectors. In this scenario, women on welfare lack the necessary skills for “good” higher-wage jobs but cannot make ends meet on low-wage service jobs (1998:85). What is clear is that through combined devolution measures and a market economy where health care has been repositioned as a consumer product (West 2006; Gordon 2003; Tomes 2001) and as an unobtainable “luxury” for those in poverty (Pheley et al. 2002), the ability of poor and low-income individuals and families, especially those headed by single mothers, is increasingly in jeopardy.

Several union members, while they may currently have private health insurance, have at previous times had a medical card. As a result, stories of unpleasant or negative encounters with health care providers or office staff were described, as well as general suspicions of less aggressive medical care attributed to their payment type. For example, Paula (RWDSU) has had health insurance for about one year through her husband, a union railroad worker. Prior to his getting a job with the railroad last year, they both had medical cards. When asked if she felt she was treated differently depending on her method of payment, Paula answered: “Yes; well yes because with a medical card I guess you do get treated differently. I guess--they’re more likely to do more tests on you if you have regular insurance you know--more expensive tests and stuff I would say.” This is congruent with other stories of delayed or reduced medical care for those paying with a medical card. While Medicaid has paid well for some services, including blood work, in the past, falling reimbursement rates and delays in reimbursement account for some physicians reducing their Medicaid patient load (Cunningham and O’Malley 2008; McNerny et al. 2005). This could account for Paula’s perception of differential treatment in being offered fewer services when on Medicaid.

The difference in medical treatment according to type of insurance was described by Gail through her experiences of getting health care for her grandchildren. She attributed the ready access and fast appointments for her daughter’s children to the good quality health insurance through her son-in-law’s employer. Conversely, Gail complained that her other grandchildren with medical cards (her son’s children) do not

get the same level of care as her grandchildren with private health insurance. She believes this difference is based on insurance type. For example, Gail's three month old granddaughter (her son's daughter who was on Medicaid) was very sick, and Gail was helping her daughter-in-law care for him. When the baby stopped eating, the baby's mother took her to the doctor. Three times she was told to go home and bring the baby back when she got worse. Gail described the situation thus:

So I had her [baby's mother] meet me at the Emergency Room with the baby. We took her in and that doctor went to walk out and I said uh-uh; I'm going to tell you right now. You find this baby a hospital bed. I don't care if it's in Kentucky. I don't care if you have to take her Cincinnati, Children's Rainbow Hospital. I don't care. You find this baby a hospital bed, and you better make sure she lives. Because if she don't live, [this hospital] is going to be sued big-time. I said you cannot turn a baby that's dying away three times and expect their mom to just sit there and say okay, now what?

They put her in the very last room in that pediatric ward all they way in the very last bed and they kept telling her [baby's mother] your baby only looks gray because of the lighting in here. No; the baby looks gray because she's not breathing. And the respiratory therapist came in and checked her respirations and they were so low they had to hurry--do an emergency vent right there on that bed. And then they got her to ICU. (Gail, RWDSU)

Gail believes that this baby was not given proper medical care and the mother was not taken seriously when she expressed concerns about the baby's well-being because they were on Medicaid. Gail contrasted the struggle to get proper medical care for her son's three month old baby with the ease of getting medical care for her daughter's one-year old son (on private health insurance). She described her one-year old grandson's condition as including mild dehydration, a fever, and a cough. However, he was rapidly admitted to the hospital and spent ten days in the ICU. While Gail expressed some doubt as to the need for the grandson to be in ICU, she believes that each child was provided medical treatment according to the method of payment. In as much, she believes that the medical professionals nearly let the granddaughter (Medicaid) die while going overboard with the medical care of the grandson (privately insured). In her words:

My daughter-in-law had Medicaid [for my granddaughter]. My grandson went to the hospital, and this is the difference I think it made. He's got insurance. Let's put him in ICU. She's got Medicaid. Let's send her home. She was three times sicker than he was. (Gail, RWDSU)

The struggle to get proper medical care for a child on Medicaid was a familiar one for Gail, as she continued to tell about the similar struggles she endured when her children were young. For example, Gail described her struggle to get appropriate medical diagnoses and treatment for her daughter who suffered with chronic ear infections between the ages of two and eight. Gail was unhappy with the treatment her daughter was getting from her doctor, and she describes the scenario of a particular confrontation with her daughter's doctor:

I took her into the clinic, and her temperature was 104 and she was on the strongest antibiotic you could take. And he's like, I don't know what you want me to do. I threw the medical card at him, and I said ... if this was your daughter that you had to nurse every single night and you had to watch her cry with her ears hurting, if you heard that all day long, would you continue to put her on medication and not do something about her ears being so tore up? Send her to a specialist. Let them put tubes in her ears. He goes, "Well, I don't know that--that always works." I said, well obviously the antibiotics don't. But I told that doctor off right there. I threw that medical card at him, and I told him. I said if I had \$3,000 in my pocket, I bet she'd get some good care. (Gail, RWDSU)

Clearly, Gail believes that her daughter was given inferior medical care because she paid with a medical card, and she attributes the reluctance of the doctor to refer her daughter to a specialist to her method of payment. Importantly, Gail, as do many parent participants, demonstrates the continuing struggles of families and mothers on Medicaid and with limited financial resources to get appropriate medical care for their children. As is the case with Gail, she continues to fight for health care for her family.

Although many stories portray paying with a medical card as second-class within the medical system, not everyone believed they received inferior medical treatment as a result of paying with a medical card. For example, Kelly described her treatment by health care staff and medical professionals as: "It's still the same- just that the medical card pays for everything. No matter what it was, prescriptions and all that good stuff, the medical card did [pay]. In the union, you have to pay for some of your services. That's expected I guess, if you work, you know." Significant in Kelly's statement are two points. First, she did not experience the negativity described by many other medical card recipients, either regarding the attitudes of medical professionals or staff or in terms of proffered medical treatment. Notable here is her comment that the medical card paid for

more services that her current private health insurance does. This is likely true, depending on the treatment she sought and the exclusions and reimbursement rates of her insurance plan. While Kelly notes that “in the union” she has to pay for some of her medical services, this statement does not appear to be a negative perception of union membership. Rather, this reflects a community-wide understanding that if you work you are expected to pay more for health care services. In addition, Kelly’s statement serves as one example of how the quality of private health insurance can be less than that of public health insurance (Medicaid).

Regarding type and quality of health insurance coverage, administrative barriers, including reimbursement rates, timeliness of reimbursement, and coverage for specific health services are also important factors in health care provider insurance participation and patient access to health care. These types of administrative barriers are important in the accessibility of health care for adult and pediatric Medicaid recipients, as physicians restrict new patient uptake largely due to reimbursement rates, cumbersome paper-work, and variables in coverage as determined by states for specific health care services (Cunningham and O’Malley 2008; McInerney et al. 2005; Weissman et al. 2008). What this means is that policies that seek only to extend health insurance coverage without attention to the quality of coverage as well as affordability, including premium rates, deductibles, co-pays, service exclusions, and administrative issues, will only partially address health care disparities.

This is demonstrated in examples of Medicaid managed care (MMC), where the extension of coverage to low-wage (working poor) individuals / families, such as Tennessee’s TennCare program, means that in order to cover more people the quality of health insurance coverage is diminished (Kuttner 1999:167). New Mexico’s MMC program (Salud!), which emphasizes competition, efficiency, and individual choice, have been critiqued for increasing complexity and creating additional barriers to health care for already disadvantaged patients. Such actions include cutting prescription drug benefits, restricting eligibility, complicating application procedures, increasing co-payments, and reducing or delaying provider reimbursement, which in turn, results in some providers reducing their Medicaid case loads (Horton et al. 2001; Lamphere 2005; Lopez 2005; Quigley 2004; Rylko-Bauer and Farmer 2002).

Demonstrating how privatization in effect decreases efficiency and reduces health care access, anthropologists have established how individual providers and staff as well as federally funded safety-net providers buffer the effects of MMC. Buffering strategies include nurses and clerical workers taking time to address an eligibility or auto-assignment problem, taking time to explain the MMC rules of the system, and even writing letters to address a patient's impending benefit loss (Lamphere 2005:15). These strategies to some extent hide the inefficiency of MMC by allowing (some) patients to get necessary health care (Boehm 2005; Lamphere 2005). However, amid efforts to buffer the effects of MMC for some patients, providers may no longer continue to accept no-show patients and may refuse to accept uninsured patients (Horton 2006).

The Self-Paying (Uninsured) Patient

For uninsured service workers, health care is expensive. While most of the USW and RWDSU members participating in this study currently have health insurance, several of them have previously been without health insurance and shared their experiences of being uninsured in the health care system. Typically, they responded by saying, "I just didn't go," and avoidance of the health care system is a common action of the uninsured (Becker 2004). Often if suffering with a relatively minor acute illness, such as a sinus infection or the flu, the person just "toughed it out." This might result in missed work, as for one man who missed a day of work because he could not open his eyes due to pain from a sinus infection. However, sometimes a situation arose that required medical attention. For example, one USW member had previously held a job in an industrial cleaning company, where he worked cleaning in an ethanol plant. He was burned on the job, but since his employer was not paying into workman's compensation, the hospital held him responsible for the bill. In this case, not only was this worker vulnerable to high medical bills from being uninsured, but he was also held financially responsible for the company's negligence. The company paid a small fine for non-compliance with workman's compensation, and he spent years paying off the hospital bill.

While some uninsured persons are eligible for financial assistance through the hospitals or State programs, many of the "working poor" are not. For example, one RWSDU member who is a single father lamented that he cannot afford for his daughter

to have the tonsillectomy that would rid her of chronic infections. At a wage of nine dollars / hour and without health insurance, the SCHIP program only covers 15% of the surgery costs, and the remaining balance is too expensive for his uninsured family. This father was hopeful that he would get a full-time position with the company soon so he could get health insurance and his daughter could get the surgery she needed. Clearly, for many children, simply being enrolled in the SCHIP program does not guarantee health care, as the remaining out-of-pocket costs remain unaffordable for many parents.

Further, a doctor's diagnostic ability may be limited if unable to do the appropriate tests due to cost. Without health insurance to pay for testing, this step in medical care may be unavailable if the patient cannot afford it and without insurance to help pay for it. Indeed, diagnostic testing simply may not even be offered to a self-pay patient. This is exemplified by Macy (USW) as she describes her experience at an urgent care clinic a few years ago.

Again I was working at the fast food place and my throat kind of closed up on me. And I went to one of those urgent care [clinics], where they make you pay cash. So it was like a \$70 thing that I had to pay in the end. But, I got no medication, the doctor looked at my throat and that was it. I mean I was like, is it "strep" throat? Or you know, they didn't do any cultures or anything like that. They just did the tongue depressor, looked in there and said your throat is pretty closed up. That was it. ... No testing, nothing. No medication, nothing. Over the counter suggestions, like throat spray like what's that stuff you spray, Chloraseptic. That was it. It's bad when you don't have insurance. ... I just got over it eventually. I used the Chloraseptic and it eventually went away. And I never went back to the doctor again. As a matter of fact I just started going to the doctor again since I started work at the steel mill. I figured it was pointless if I'm not going to be treated for anything that bothers me. Which I don't really have any issues too often, but when I do I would like to know what they are when I go. I would like to know what the reason is or what it is that I'm carrying around. (Macy, USW)

In Macy's account, she believes she received inferior medical treatment because she lacked health insurance. In this case, for \$70 she received no diagnosis or prescription and thus felt she did not receive appropriate medical treatment. Macy felt that because she was uninsured she was not even offered diagnostic testing (such as a simple strep throat swab) or given the option to pay for such testing. Was it because of her uninsured status that she was not entitled to such procedures? Macy believes this was the case. Fortunately, Macy's access to health care has greatly improved, and she has since had

more positive experiences since she became a Steelworker (and gained health benefits). However, she has just recently started going for health care, including preventive care. Apparently, after being so scorned by the health care system for so many years, she remains reluctant to go for care, even though she now has health insurance. Sharply contrasting her story at the urgent care clinic a few years ago, Macy described her most recent health encounter as follows:

I just used it [health insurance] the other day, as a matter of fact. I had an appointment last week and that was real easy. Here's your \$15 dollars [co-pay] and here's your doctor's excuse that you can go back to work. They did all that they were supposed to do. Gave me my little prescription, got me better. It was great. ... They treated me like a patient, a real patient. They actually checked on my little ailment. [laughs] (Macy, USW)

With health insurance, Macy describes being treated like a “real patient.” Here, she describes the ease of paying her co-pay, getting her excuse for work and her prescription, and most importantly, getting actual treatment for her ailment.

Such stories are easily found throughout the community. For example, Rose, an African American woman who currently works as a women's health coordinator (and currently has health insurance) described her previous interactions with health care providers as an uninsured woman. At the time she had full-time employment that did not include health benefits, and she paid cash for health services, including her yearly well-woman visits to her gynecologist. While she was able to get an appointment, she complained that she was treated like “cash was not as good [as health insurance].” For example, Rose has high blood pressure and was given orders for blood-work by her doctor. When she went to get the blood-work done, they refused to see her because she did not have health insurance. In her words, she was “treated as a nobody” and, although she had a physician's order and could pay cash, she was denied this medical testing because of her uninsured insurance status. Drawing from her experiences, she added that self-paying (uninsured) persons are charged more for services when they do get them. Indeed, in her view, health care providers “get more out of you but still treat you like you're no good” simply because when you are without health insurance you're not in “the system,” which means you are treated like you are “no good.”

Indeed, this idea of not being “in the system” was echoed by Janice, an assistant office manager for a local surgeon, whom I met in a women’s *Bible* study class. Janice has over twenty years experience in medical office management, and described billing as a “big issue” for uninsured patients. Janice explained that the health insurance companies determine billing rates for insured patients by setting prices that medical offices can charge for reimbursement and bundling medical procedures for pricing discounts. This is congruent with managed health care, such as HMO and PPO plans. However, Janice insisted that if you are uninsured, the medical office is under no obligation to bundle services in accordance with health insurance guidelines. Basically, as Janice explained, there are no rules regulating how medical offices charge uninsured patients for services. Janice described this bundling and pricing service of health insurance companies as a hidden benefit for health insurance holders, as they essentially get a better price for medical services rendered. However, while Janice said the surgeon she works for usually charges uninsured patients the lower “Medicaid rate,” she added that “the [uninsured] patient has no advocate” (e.g. are not “in the system”). Further, not all physicians are so kind as to charge the lower rate.

Another example of the unregulated rates for medical procedures comes from a retired Steelworker (Fieldnotes March 2007). I chatted with him in the coffee room one morning, and our conversation turned to health care access and insurance. He said that he did not think it was fair that doctors / medical facilities gave discounts to the health insurance companies but people without insurance had to pay full price. He supported this statement with a couple of examples. His adult daughter does not have health insurance, and she recently had a medical procedure for which she was billed over two-hundred dollars. His wife had the same procedure (performed by the same doctor), and the doctor accepted \$30 as payment in full from their health insurance company. His daughter could not pay the bill and was quickly sent to collections. His wife paid the bill for their daughter to protect her credit. He described this as the medical system setting up different classes of people, the have’s (insurance) and have not’s (uninsured).

As these accounts illustrate, an uninsured individual is often able to get an appointment, so being uninsured does not mean a person is without access to a health care provider. However, the level of medical treatment and the timeliness of the

appointment may very much depend upon the person's insurance status. Both Macy and Rose experienced reduced levels of health care, with Rose actually being denied a physician's ordered procedure (blood work) because she was uninsured. Such actions can have very consequential outcomes for the uninsured individual, including extending the amount of time spent sick or in pain, increasing amount of lost work time, and denying diagnostic procedures that could prevent or limit future health crises. It is no wonder that uninsured individuals describe postponing seeking health care until absolutely necessary. Indeed, having such trouble getting medical treatment when sick may at least partially explain why many uninsured individuals do not participate in preventive health screenings, even when they are free.

While these examples relate the difficulties of obtaining medical treatment for injuries and acute illnesses, the consequences of being uninsured for those with chronic, debilitating, or life-threatening illnesses are incalculable. For example, the wife of a Steelworker who works as a health educator explained the problems with accessing health care for the uninsured in this manner:

Well you know number one if you don't have healthcare insurance you have nothing to start with. I mean your choices for healthcare are Emergency Room care and you're at the mercy of whoever is in the Emergency Department and it's going to be you know out of pocket and it's going to be episodic and there's not going to be any preventive maintenance, there's not going to be any follow-up care, you know and if you have something chronic, you know, you're screwed. So if you have no healthcare insurance, you really are in a bad situation in this country. (Catherine, USW)

While the examples of perceived negative interactions within the health care system are well documented in the above accounts, Catherine's example illustrates the additional difficulties of getting health care to manage a chronic illness. Without health insurance, an individual may be able to make routine appointments with a health care provider (such as a family doctor) and they will receive some medical treatment if they go to the emergency room. However, the problem of timely and appropriate care for both acute and chronic medical conditions remains a considerable problem with significant consequences for individuals and their family members. Significantly, the majority of the stories regarding difficulties accessing health care come from women, who had been differentially insured and uninsured at different points in their lives. Certainly, as one woman acknowledged,

some doctors “help people” [without insurance] (Joan, USW). However, while the health care provider may accept self-pay patients, payment for services must be made up-front prior to each appointment. Indeed, every physician’s office I visited had this clearly stated in writing at the check-in window. Any testing or blood-work (which could cost several hundred dollars) must also be paid upfront, and the expense of this (especially if needed on a regular basis) is simply not affordable for most people. It is in this manner that maintenance care for chronic illness is extremely difficult for the uninsured. While the dangers of being uninsured are very real, individuals may seek more affordable precautions to avoid unaffordable health care expenses.

Responsibly Uninsured

I first met Kara, a white woman in her early 50s, at a community fair in April of 2007. Kara manages a local branch of a chain women’s fitness center, and she was at the festival to promote the business. Kara and I began chatting, and I told her about my research in the area. She was excited and wanted my opinion on her “insurance situation.” Although she works for a women’s fitness center, the company does not provide health insurance for employees, including the managers. For the past few years, she has purchased a “catastrophic” health insurance plan privately at a cost of \$170 per month. Although she is insured, she says she “can’t use the insurance, can’t go to the doctor” because of the \$2500 deductible. Because all of her medical expenses are out-of-pocket until she spends \$2500, she only sees her doctor for acute illnesses when absolutely necessary. She explained that she recently received a notice that her monthly premium would increase by \$30 per month, a price she cannot afford. Having no choice but to drop her health insurance, Kara was clearly worried about being uninsured.

A few months later in early 2008, Kara started having chest pain. Because she had no health insurance, she waited (in pain) for four days. She waited, she said, because she thought it might “just go away.” However, when the pain, which she described as a twenty pound weight on her chest, became so bad she could hardly breathe, she called her doctor. Kara drove herself to the emergency room and was admitted to the hospital overnight for monitoring (23-24 hours of observation). Fortunately, Kara was released from the hospital with her pain and breathing problems diagnosed as “stress related.”

Shortly thereafter, Kara received a hospital bill for \$7500. She called the hospital billing department and tried to get a discount. She described this process as “no easy task.” She submitted copies of her tax records and her bank statements to the hospital, but she waited weeks to hear anything from the hospital. In the meantime, she had agreed to a payment plan and had made a couple of payments on the bill, all the while still trying to get the bill reduced. One day when she called hospital billing, she was told that her bill had been “taken care of in total.” She was informed that the “hospital writes off certain streets,” and she happens to live on one of these streets. Although Kara’s apartment building is HUD approved, she does not receive HUD and pays the full rent amount. Nevertheless, because she happened to live in the “right” neighborhood, the hospital “wrote off” her bill in full. In addition, Kara was told she qualified to receive free health care for one year, giving her informal health coverage. When I talked to her in June of 2008, she said she wants to “take advantage of this and get some health care while she can,” and she had scheduled a mammogram and pap test. Laughing, she added that she should also schedule a physical, her first since the seventh grade.

While Kara’s decision to drop her health insurance may seem irresponsible to some, she clearly gave careful thought to the consequences of being uninsured. For example, although she was forced to drop her health insurance due to cost, she sought to protect herself in another way. She purchased disability insurance. As she said, she worried that if she became ill and had to miss work, she would not only be unable to pay the medical bills but also unable to pay rent and utilities. Her disability insurance would pay \$150 per day for the days she missed work as a result of hospitalization for illness. However, when she contacted the disability insurance company, her claim was denied. As it turned out, Kara had spent approximately 24 hours in the cardiac observation unit (sharing a bathroom down the hall with several other patients) in the new cardiac wing of the hospital and had thus been admitted as an “outpatient” rather than an “inpatient.” Her disability insurance did not cover “outpatient” care. Kara said that she had no idea of the different statuses of hospital admittance, and she assumed that “in the hospital is in the hospital.” Apparently, this is not so. Had Kara been admitted as an “inpatient” she would have received \$600 from her disability insurance for lost time from work, but due

to the “outpatient” hospitalization status she received nothing, because she was only there for testing and observation.

Kara is not the only person in the community to seek ways outside of health insurance to protect herself from the financial devastation of an expensive medical event. While Kara purchased disability insurance to protect her ability to pay basic living costs, a Steelworker described the efforts he and his wife undertook to be “responsible” when previously uninsured. Here Marty describes the care taken to prevent accidental injuries while he worked full-time as a truck driver without health insurance:

When me and my wife got married, I did not have insurance because the company I was working for at the time did offer it, but it was so expensive. With me and my wife working at the time it would take up almost 100% of my check. ... It was terrible insurance to begin with. It wasn't even worth having. ... That is why I couldn't do a lot of the things I wanted to do, because I was afraid I'd get hurt. I couldn't exercise and play basketball or backyard football ... because I was afraid of getting hurt, and then I wouldn't be able to work. I tried to be responsible, because I had bills to pay.... (Marty, USW)

At the time, Marty worked as a non-union truck driver and his wife worked full-time, making minimum wage at a department store that did not offer health insurance. Notably, even though Marty and his wife were both working full-time jobs, they could not afford to privately purchase health insurance. As Marty describes, he and his wife were careful to avoid activities, including healthy activities such as sports, that might lead to injury and emergency room visits. While avoiding exercising is not beneficial in the long term for good health, this may have been a reasonable choice in the short term to prevent unaffordable medical bills. The examples from Kara and Marty serve to counter negative stereotypical images of the uninsured as “lazy” and “irresponsible.” Indeed, while their stories exemplify thousands of stories of the working poor and uninsured across the United States, these examples also demonstrate the thoughtful actions and careful planning that many uninsured individuals undertake in an attempt to be responsible for themselves and their families.

RWDSU and Health Insurance

While having health insurance is important for accessing health care, merely having insurance did not always result in some RWDSU families receiving health care when they needed it. While most RWDSU members with health insurance had few complaints about accessing health care, the cost of medical care made this resource sometimes unaffordable for some families. What this means is that simply having health insurance is not enough to guarantee one's ability to access health care when necessary or desired. Notable here is that the health insurance the RWDSU members have could be considered a very reasonable plan by today's insurance standards, as at the time of the interviews it was a 90/10 plan with individual and family biweekly premiums of \$16 and \$38 respectively, and individual and family deductibles well under \$1000 (\$300 individual, \$600 family). As indicated in Table 9, the insurance coverage changed in the 2008 contract negotiations (after interviews were complete), and members saw their coverage further reduced to an 80/20 plan along with higher premiums (over time) and deductibles.

The Underinsured Patient

Although Medicaid recipients and uninsured individuals and families have difficulties accessing health care, affordability sometimes limits the use of health care for those with private health insurance. In the following example, Lance described the reasons he postponed seeking medical care.

You start thinking, hey can I wait this out and can I do this? Do I really have to go? As a matter of fact in this area I would say that people that do have healthcare and have insurance is the most likely not to use it, because we know we're going to have to pay the difference. So me, myself, to give you an example, I went two to three years of really feeling bad [unexplained], and I thought it was night shift and absolutely wouldn't go to the doctor until it hit me in the face. ... Somebody that actually has insurance is sitting there thinking I can wait this out because I've got to pay my half, so actually the people that have insurance is probably the least likely to use it unless it's an absolutely emergency. The facilities are here. I can drive 15-minutes in any direction and get the best care you could want. It's the paying for it [that's the problem]. (Lance, RWDSU)

In this case, although he is insured, wages and the cost of health care are an undeniable part of the health care equation for this union member and his family, and he is unlikely

to seek health care in the absence of a medical emergency. Like many other people in the community, his frustration lies in the fact that he is working, has health insurance, and still finds payment for medical care sometimes beyond his reach.

Another example comes from Terrence, a black man in his early 30s. Terrence has been working at the food processing plant for just under two years and was very recently hired into a full-time position. Although he was offered health insurance with the full-time position, he declined to take out the insurance. I asked Terrence about this decision. Since he had a medical card until age eighteen and had never had private health insurance, he had two concerns regarding the health insurance. First, he was concerned that the quality of care his daughters would receive would decrease with private insurance in comparison to the health care they received with medical cards. Second, he was reluctant to spend the money on premiums, co-pays, and prescription costs (since the children's health care was free with the medical cards), and said he wanted to instead use the money to "save-up." However, after he declined the insurance at work his children lost the medical cards (because he made too much money to qualify) and were placed on the State Children's Health Insurance Programs (SCHIP) program. Terrence is less pleased with the SCHIP program than with the Medicaid cards because the program covers less, and he has to pay a percentage of the children's medical services, including office visit costs and prescriptions, because of his income level. (Without knowing his exact income, the amount of SCHIP coverage and his expected payment portion are unknown.) Terrence is concerned that the children may no longer qualify for the SCHIP program, as they have not received a new card. Because of this, he is "thinking about signing up" for health insurance so his kids will be covered. Hence, for Terrence, increased costs for private health insurance (including premiums, co-pays, and prescriptions) (Table 9) were a major factor in his decision to decline the insurance and keep the girls on their medical cards, at least as long as the cost was less. This decision should not be read as simply a matter of Terrence not wanting to pay for his children's medical care but rather a careful consideration of affordability. He is, however, unwilling to risk his daughters being uninsured and plans to enroll in the insurance.

Terrence's concern about health care coverage for his children is a rational one that is shared with other families. For example, Phillip and his wife Beth, a young white

couple, described the problems they have negotiating health insurance for their children. Phillip is a RWDSU member, and he put his wife and children on his insurance when it became available to him. Prior to that, his children were on Medicaid. Phillip and Beth have since regretted putting the children on the insurance because of the numerous exclusions. For example, while Medicaid paid 100% of the medical bills for the kids, they claim the private insurance does not cover all childhood vaccinations and has limits on well-child visits. Because of the increased out-of-pocket expenses with the insurance verses Medicaid, they signed up for SCHIP to help pay part of the costs. Phillip talked with the Department of Health and Human Resources about taking the kids off his insurance and putting them back on Medicaid and thus described the conversation:

But I talked to somebody about getting help and they said well where they're on your insurance, if you take them off your insurance there could be a six-month penalty because you've had them on there and you knowingly had them on there and knowingly took them off to get this insurance. ... They said you have a chance of you know losing out on insurance for six months until we put them on it, and that--that got me. I was like well if I had known that I would have never put them on my insurance to begin with. Penalized, yeah; like I'm in the wrong for dropping my insurance because they [Medicaid] pay better. [*Laughs*] That don't make much sense you know. You'd think they'd want something better for your family. (Phillip, RWDSU)

While Phillip and Beth regret taking the children off Medicaid and putting them on the insurance, they may have had little choice in the matter. Like Terrence, Phillip probably made too much money to keep them fully covered on Medicaid, and the state would have likely reduced the children from full Medicaid coverage to SCHIP anyway as part of benefit phase-out (Boushey 2005). However, Phillip and Beth felt like they were being punished with higher out-of-pocket expenses for doing the “responsible” thing and insuring their family. The six month waiting period, where a child must be without private health insurance for a state determined length of time before returning to SCHIP is a policy intended to prevent private insurance “crowd-out” as a way to limit the substitution of private insurance for public coverage (Lee et al. 2008:388). As it turns out, the couple's private insurance also limits pregnancy coverage, so Beth has a medical card to cover her current pregnancy. As Phillip and Beth are quick to point out, they pay for insurance coverage that pays very little for the health care their family needs.

Medicaid and State Child Health Insurance Plan (SCHIP) eligibility for children is determined individually by states, which set eligibility at percentages of the federal poverty level (FPL) ranging from 160% (North Dakota) to 400% (New York). In the Central Appalachian states, SCHIP eligibility for children under age nineteen is currently (2009-2010) set at 200% of FPL in Kentucky and Ohio and 250% of FPL in West Virginia (The Kaiser Family Foundation statehealthfacts.org 2009). States have a great deal of latitude in constructing their SCHIP program, making comparisons across state lines difficult. For instance, each state has the option to expand Medicaid, set up a separate program, or combine two programs. States also set eligibility thresholds, and establish a time a child must be uninsured before qualifying for the program (Wolfe et al. 2003:3). Depending on the state, coverage for children decreases as they age. For example, in 2000 in Kentucky children less than one year are covered at 185% FPL, children ages 1-5 covered at 133% FPL, children age 6-14 covered at 100% FPL, and ages 15-19 up to 33% FPL (U.S. Department of Health & Human Services 2009). Note here that the eligibility for children less than one year was decreased in Kentucky from 185% FPL in 2000 to 200% FPL in 2009 (The Kaiser Family Foundation statehealthfacts.org 2009; U.S. Department of Health & Human Services 2009).

Medicaid eligibility for working parents (with eligible children) is set at 62% of FPL in Kentucky, 90% of FLP in Ohio, and 33% of FLP in West Virginia. In all three states, childless adults are ineligible for Medicaid coverage in the absence of qualifying illness, disability, or pregnancy (The Kaiser Family Foundation statehealthfacts.org 2009). Thus, many working adults remain uninsured, as they are not offered affordable employer-sponsored insurance but make wages too small to purchase private coverage. Depending on parental income, children may qualify for full Medicaid coverage or reduced benefits on SCHIP, with coverage percentage depending upon income. As related by Terrence and Phillip and Beth, this can leave privately insured families with reduced health care accessibility for their children.

Significant in these examples are the concerns with paying for health care, even for those with reasonable health insurance coverage. This is a growing concern for many families with private health insurance, as they may delay or forgo health care due to financial concerns. Because of this, many working families with health insurance are not

protected from barriers due to cost (Banthin et al. 2008). Many of the RWDSU members and their families have previously been on public health insurance (Medicaid and SCHIP programs), and a few, such as Phillip and Beth must rely on public assistance to fill in the gaps in their private health insurance coverage. While perceptions about the quality of health care afforded to public insurance recipients vary considerably, the examples here indicate problems with private health insurance exclusions (a type of underinsurance) that create access barriers for many, especially children and pregnant women.

USW and Health Insurance

In contrast to accounts of the difficulties accessing health care due to insurance and cost, the significance of having “good” health insurance was made clear by the Steelworkers, many of whom described the importance of insurance in getting health care appointments (albeit perhaps quicker and easier), receiving appropriate medical evaluations that include any necessary diagnostic testing, and receiving appropriate (and sometimes excessive) treatment in the form of procedures or medications. They also stressed the importance of having medical treatment costs covered, at least mostly, by health insurance, thus limiting financial costs for families and assuring health care providers of payment for services.

“Cadillac” Health Insurance Plans

A striking theme in the interviews was the way in which the Steelworkers talked about their health insurance and health insurance cards, with many of them referring to their health insurance as the “Cadillac” plan. But what exactly is meant by having “good” health insurance? As used by the participants, “good” health insurance allows firstly, the bearer access to choice health care by, secondly, assuring the health care provider that they will not only get paid but that they will receive a “good” rate for their services. While health insurance companies and plans pay differential rates for services, “good” health insurance pays higher rates for certain health services and may also pay a larger percentage of the billed expenses than less comprehensive private health insurance plans or public (Medicaid / Medicare) health insurance.

In the case of the Steelworkers, their health insurance pays 100% of medical costs following a \$10 co-pay and a \$250 individual or \$500 family deductible (Table 9). Hence, the Steelworkers are patients who have “good” health insurance plans that promise first-rate compensation for health care services. Additionally, the “good” insurance may also reduce the amount or percentage of services to be paid by the patient (as with 100% coverage that the steelworkers have), hence reducing the service provider’s billing expenses and the likelihood of non-payment for services. This includes lower co-pays and deductibles, more extensive coverage, higher reimbursement rates for health services, and a higher (or no) lifetime expenditure limit. This is well understood by people in the community, as they describe the “business” of health care.

A routine question I asked participants was if they had had any trouble (barriers) getting health care when they needed or wanted it. Answers from Steelworkers often included a mention of their health insurance card, such as one laughing reply of, “Not as long as you show that insurance card” (Lowell, USW). Other union members talked about their health insurance in similarly telling ways, as they described their health insurance card as their pass to getting health care. For example, Dean described it as “...it’s like flashing a gold card. Oh he’s got good insurance, we’ll take care of him; we really will” (Dean, USW). Steelworkers often imbued their health insurance cards with authority that signified their health care purchasing power. For Joan, the “good” health insurance she had was equated with having “unlimited freedom” (class privilege) to access health care (Joan, USW). Another Steelworker, Henry, described the great lengths to which he relies on his insurance status to be assured a medical appointment.

If I have to go to somebody I always tell them my name and I tell them where I work and I tell them [name of health insurance company] --before they ask me anything. That’s just part of my hello to them and it kind of opens doors you know. ... Yeah; and there’s probably some kind of law somewhere that says, you know, they can’t absolutely refuse somebody so I don’t even put them in the predicament or the position to have to guess whether I have good healthcare. I tell them. So that’s probably helped my chances; it hasn’t hurt anything. ... I’ve always told them that; I just kind of thought it was a door opener, because they know that they’re going to get their money and might be a little more--little more ready to take care of me. So I just do that for selfish reasons ... I want them to see me. I want to give myself the best chance possible of them seeing me, or I wouldn’t be wasting my time. ... I always tell them I have a good insurance, and in other words, you will get paid. Will you please see me? (Henry, USW)

Henry's account is significant for several reasons. By assuring the provider that there will be no problems with payment for services, Henry actively works to reduce the chance he will be refused access to the health care system. By stating that he does not want the provider to have to guess if he has "good healthcare," he conflates "good healthcare" with "good health insurance," where his insurance status and quality entitles him to their services. Implicit in his statement is an understanding that without his "good insurance" he might be turned away.

Another very telling example of the importance of good health insurance for getting a timely appointment comes from Macy (USW). Macy's adult, uninsured son had a bad tooth. He called several dental offices about an appointment but was told it would be several weeks before he could be seen at a cost of \$400-500 for a single tooth extraction. For Macy's son, who did not have a regular dental provider, getting a timely appointment was not possible – at least as long as they believed he was uninsured. However, when Macy took action and called the dental office (previously called by her son) and told them he was on her insurance, he had an appointment scheduled the next day. In this example, this mother actively worked to get her son a timely appointment with a dentist. She accomplished this by lying about his insurance status, effectively using her "gold card" insurance status to get her son an appointment within a couple of days rather than weeks. They admitted that she had lied about his insurance status at the appointment and paid cash upfront for the office visit. Interestingly, the cost of his tooth removal was \$177, less than half of the cost initially quoted over the phone to the uninsured son. These accounts clearly point to the importance of health insurance for accessing health care, especially obtaining timely health care appointments.

This idea of being able to flash a card for entrance to something reserved for the elite is common in American culture. For example, flashing an insurance card as a membership "gold card" or "golden ticket" harkens to the way one might flash a backstage pass to gain entrance to special privileges at a concert or special event. Indeed, in a recent American Express television commercial featuring comedian Tina Fey and film director Martin Scorsese, Tina Fey is denied access to the lounge area (and her opportunity to talk one on one with Scorsese) until she flashes her American Express card. With the proper credentials (the American Express card) revealed, Tina is cleared

to enter the lounge and continue talking with the famous movie director. It is in this same way that these union members describe their health insurance card – an item that signifies their membership, thus allowing them access to otherwise potentially restricted services. This pop culture example demonstrates how commonplace and acceptable it is within American culture for certain services to be restricted to those with appropriate statuses. Certainly, health care services are not excluded from this conception.

Perhaps the best example of the importance with which a “good” health insurance care is regarded in the community is related in the following story:

Uh-um when they look at this [insurance name] card it's like having a platinum Master Card and every doctor in this area knows what procedure he can charge for, you know, and what he's going to get out of it. ... Oh take care of this gentleman; get a wheelchair. Don't make him stand you know. See they used to way back in the early--late '60s or early '70s like some of these old guys they'd walk through a bar and hold up their damn medical cards and try to pick up women with them. [Laughs] ... Oh no; I'm not kidding. Yeah; you want to move in with me and get some insurance coverage? [Laughs] Yeah; they knew Steelworkers had all the best benefits ... (Quentin, USW)

As portrayed in this scene, a health insurance card is likened to a platinum credit card, signifying the bearer as an exclusive “customer” with superior credit allotment (or purchasing power) and entitled to high levels of medical services. This insurance card held by the steelworkers was so highly prized within the community that, according to this Steelworker, it signified the bearer as “elite” in a way similar to possessing an expensive car signifies a certain financial (and perhaps gendered) status. As stated by Quentin, “It's like if you're a multi-millionaire you don't worry about how you're going to pay your bills next month because you got money. I got good benefits, so I don't worry about it” (Quentin, USW). These examples demonstrate the importance of having “good” health insurance for the Steelworkers and for other community members.

In light of all of this, I wondered how much social capital an insurance card really could carry outside of a medical facility. One day several months later, I got an answer. I was in line at the post office, and a woman at the window next to me was trying to get a post office box. The postal worker told her she would need two forms of identification. One could be a driver's license or social security card, but the second ID would need to be something else with her name on it. He asked if she had a health insurance card,

saying that would work. She flashed her health insurance card to the postal worker and received a post office box. Here was an example of a health insurance card vouching for this woman's status and, in this case, her right to a post office box.

Drawbacks to having "good" health insurance

With health insurance being described as such a highly prized commodity, are there any drawbacks to having "good" health insurance and elite insurance status? Certainly, there are some concerns to be addressed. For example, "good" health insurance may lead to unnecessary testing or health care services. This trepidation was expressed by two USW members:

And sometimes it's even been a problem for people to have insurance that good. Well, I'm going to get you in here and I'm going to do every test--this hasn't happened to me--but I'm going to do every test I can do to get money. (Joan, USW)

No; when you work at the steel mill and you got [insurance company name], they don't mind getting you in because they know they're going to get big bucks. Yeah, when you got good insurance, they don't hesitate because they know they're going to get paid. ... They're in the business [to] make you well or halfway make you well and continue on having you come back. And every time you go through the door it's \$75 bucks. (Matt, USW)

As related in Joan's statement, she sees the possibility that because she has "good" health insurance that doctors will order unnecessary testing or procedures simply because they are covered by the health insurance and are "easy money." However, Joan also offered that this may be reduced by the patient's willingness to "speak up" to the doctor and ask questions about the suggested services. Both of these participants are suspicious of doctors' motivations (or the structure of the health care system), and make clear the double-edged sword of having "good" health insurance. Even with "good" health insurance, there are limits to accessing health care, and some acknowledge that even a well insured patient may not get the best health care possible. This is clearly understood by Quentin (USW), as he explained health care in terms of the larger American economic system:

Well it may not be the best [health care] there is, but it's as good as a working person could afford. I'm not Rockefeller; you know Rockefeller is going to get

the best you know. When you make a quarter of a million dollars a day everyday seven days a week you can afford the best. But see like I said we have a limit on our [insurance]. He don't have a limit on his. That's your difference between a working person and a rich person. A working person eats when he can; the rich person eats when he wants to. As long as you understand, you know, the economics of the United States of America you can pretty well understand why this is done this way and why that is done this way. It's who, you know--the haves and the have-nots. (Quentin, USW)

There are limits to health care, even for the well insured. While health insurance benefit packages buffer the costs and increase the likelihood of accessing health care services for most people, Quentin implies that there are differential levels of health care, with access to better health care being mitigated through health insurance status. Thus, while the Steelworkers have some of the best health insurance available to working people, it is not without limits. Quentin's words provide a political-economic understanding that health care is a business, an industry, and access to it may be limited and tenuous, depending on one's combination of employment, health insurance benefits, and personal wealth. In as much, regardless of health insurance status, the ability to access and utilize health care services cannot be fully separated from income and wages.

Limited access to health care due to health insurance limitations, especially the limit of \$500,000 per contract term, is a very real possibility for one Steelworker family. Rome told me the story of his wife, Julie's, illness as we sat having coffee one afternoon at the union hall. Julie nearly died after suffering a stroke in her early 30's, and she continues to suffer crippling migraines and limited mobility. Her daily medication regimen includes twenty-seven prescriptions, and while the health insurance prescription coverage is very good, the out of pocket co-pays for twenty-seven medications per month add up quickly. While Julie is insured under Rome's plan, her health care expenses are extreme, and Rome worries that they will reach the pre-set limit of their health insurance coverage (\$500,000 per five year contract span) and be "cut off" from health insurance benefits. Although they have excellent health insurance, Rome describes their efforts to ration healthcare services:

If you work you still have to think about that; do I really need to go to the doctor? Do I really need to go to the Emergency Room tonight or can I just wait and call and get me an appointment to the doctor? In my situation I always have to go to the bank and get the ceiling cost and how close I'm getting to it, you know. She

has an oxygen machine she's supposed to wear when she sleeps--not sleep deprivation; she doesn't breathe deep enough. Her percentage of oxygen is low so she's supposed to [wear it]. Well she's been a little bit reluctant to use it; she said I forget. I said okay; so it sits and it's like \$300-some a month to rent the machine. I said if you're not going to use it then let's don't waste your insurance coverage on it, because every three months it's \$1,000; every year that's \$4,000. You know the contract is good for five years, and you're at \$20,000. (Rome, USW)

This Steelworker clearly has legitimate concerns about his wife's ability to get the health care she needs. Because she has a rare and expensive medical condition, this couple runs the very real possibility that they will exhaust their insurance coverage. Hence, their efforts to ration their health care utilization are reasonable. For example, he mentions returning an oxygen machine she is reluctant to use in an effort to save on health care expenses. He also mentions checking the bank account (for co-pay money) as part of the decision making process in whether or not to go see a doctor. A chronic illness has the potential to financially ruin even a well-insured family. While most people will never "use up" their insurance coverage, this is a possibility for those with extreme medical conditions. The way the health care system is tied to the economy was explained by Quentin:

That's why the average person that don't have good healthcare benefits is going to die early. No; they're not going to touch you [if you can't pay]. ... Here we have a half million dollar limit. You reach your limit in three years, you're done. ... You have to wait until we get a new contract to reload that--you know that--that maximum is only good through the length of the contract. ... We've got a five-year contract--\$100,000 a year is all they're going to spend on your sorry ass in five years. You don't have unlimited coverage. I keep mine pretty well maxed out. [*Laughs*] (Quentin, USW)

While the Steelworkers health insurance is negotiated by the union at contract renewal time with the company, the level of health insurance coverage is guaranteed only for that contract period of five years. Hence, all terms are subject to renegotiation at each contract renewal. It is in this way that the benefits of the union workers are determined, with much riding on the contract negotiators abilities. So, for Rome and his wife, their insurance coverage allotment is renewed with each new contract. All Rome has to do is

to make sure he and Julie stay beneath the preset maximum allotment for health care (\$500,000) – and remain employed at the steel mill.

As described here, many of the Steelworkers recognize their preferential treatment due to their health insurance and their ability to pay premium rates for services. While there is sometimes a little bravado as they acknowledge these privileges in accessing health care, there is also sometimes humility. Because most of the Steelworkers have not always had this level of coverage, or have uninsured family members, their bragging is not necessarily meant to flaunt their advantage over others. Rather it is to credit their union for earning their benefits and their right to good health care. In truth, many of them admonish health care providers for ranking patients according to ability to pay. While it is often difficult for those with privileges to recognize their status, many Steelworkers are able to do so because they see their privileges as earned benefits that provide security and access to a vital resource -- health care.

Health Care and Family Choices

For Steelworkers and other community members with good health insurance coverage, many of them have extended family members without such coverage. Undeniably, families experience difficult situations, as uninsured family members struggle to access and pay for health care and worry about the consequences of losing their own health insurance coverage. These family members often have very different experiences accessing health care than their better insured family members. While the Steelworkers can add spouses and children onto their insurance coverage at no cost, they are unable to extend coverage to any other family members. What this means is that health insurance privileges and status are fixed and are not transferable even to same-sex partners. At least for the USW members, their health insurance status and benefits are based on work, union membership, and “traditional” nuclear family affiliation. This also means that some USW members have witnessed family tragedies regarding the health care system. Two particular accounts stood out among the union interviews. Ironically, these two accounts come from Steelworker families. Although the two individuals have excellent

health insurance coverage at present, they have deep concerns about the ability of other family members to get appropriate and affordable health care.

The first account continues with the story of Rome and Julie. Despite all the medications, Julie's migraines are not fully controlled, and when she gets a migraine she loses her memory. As Rome described, "She don't know who she is, and all she wants to do is go home and find her sweetie--which is me." Because of her illness and the side effects from the twenty-seven prescription medications she requires, Julie is unable to work a paying job. The story is best heard in Rome's own words, as he explains his worries about losing health insurance coverage for Julie and the potential consequences for their family life:

No; no ma'am--no she doesn't work and she does--she tries her best to do light housework in the house, but it wears her out with the caseload of medicine she has and she can't do that. I work, and I take care of her and I take care of the house. That's the way it is. In the event I would lose my job tomorrow, she would have probably about 27 days worth of medicine left to run her. During that 27 days, I would have to get divorced so she could get insurance [Medicaid] to cover her. If I lost the insurance, I couldn't pay for one of her prescriptions--that one prescription--\$4,000--some a month --and that's the negotiated price. I don't know what it would be without the insurance. ... That's the worst scenario, and there's no way that I could see her going without medicine. I would get divorced--yes; I'd stay right there and take care of her--yes, but she would have her medicine--yes until I got back to work or something to get her off of it or whatever. That's just the thing that has to be; she has to have her medicine. (Rome USW)

As related by Rome, the worst case scenario for he and Julie includes not only the loss of health insurance, but the loss of the ability to pay for (and thus acquire) Julie's medications and other medical services. It is clear that Rome has given this some thought, and this is not just an off the cuff response. It is because of Rome's status as a worker and a union member that he and Julie have their current level of health insurance. Indeed, Julie's ability to receive the health care she requires is dependant upon Rome's continuing employment at the steel mill. Without his job and the union, both Rome and Julie might have a very different story to tell – and his ability to provide this status for his wife is a constant worry for Rome.

If the scenario Rome describes sounds far fetched -- that for his wife Julie to get health care he might have to divorce her if they lost health insurance coverage-- it is anything but impossible or unrealistic. Indeed, this scenario happened to Jared and Ruby,

the parents of Crissy (USW). Jared was a veteran (not a Steelworker) and received health care from the Veteran's Administration. When Ruby, an uninsured life-long homemaker in her 50's, developed cancer of the kidney, she was in trouble. Ruby fell into a category where she was not old enough for Medicare and did not qualify for a medical card (Medicaid) because Jared's income placed them just above the poverty guidelines. A social worker unofficially hinted that Ruby would qualify for a medical card if the couple were separated or divorced. As a last resort to getting treatment for her cancer, Ruby and Jared filed separation papers and established "legally" separate residences after nearly forty years of marriage. Crissy emphasized that Ruby and Jared were church-goers, explaining that they were not trying to cheat the system. They were just trying to get treatment for Ruby's cancer. Ruby received her medical card, and her doctor removed her diseased kidney.

Stories such as these, as tragic as they are, are not limited to extended union families. Indeed, they are indicative of the struggles of families within the community at large. What these striking stories illuminate is how one's ability to get health care is explicitly tied to one's social and economic status. For these families, the ability to get appropriate health care for their chronic medical conditions is tied directly to their health insurance status. In Julie's case where a chronic and serious medical condition prevents her from employment, she must either be married to a man who can provide health insurance, or she must be single and a ward of the state, in order to receive the health care she needs. Julie does not warrant health insurance coverage for herself as an individual because she is unable to work at a paying job. Rather she must be subsumed beneath the coverage of a husband or effectively become a ward of a paternalistic public Medicaid system.

As access to health care is stratified through uneven capitalist development, the importance of class, gender, and race/ethnicity within the struggles between capital and labor become increasingly important (Navarro 1976; Himmelstein and Woolhandler 1984; Woolhandler and Himmelstein 1989). Hence, the inability to consume (access) health care marks individuals and groups as second-class citizens. While the Steelworkers have excellent health care benefits, they are the result of years of negotiations between the union and the successive owners of the steel mill. Indeed, what

was striking about my conversations with the Steelworkers was their recognition and acknowledgement of their privileged status, based on their union membership, and of the superior social and medical treatment they were afforded thereto. The denial of groups of people to culturally acceptable standards of health care is indeed a political action. Just the same, the expansion of benefit recipients, such as through labor organization, is also a political action. In the case of the Steelworkers, collective bargaining as a means to resist inequitable economic forces is central to understand their high levels of health benefits and access to health care. This is congruent with Morsey's (1996) argument that power, control, and resistance are central in understanding health. As struggles for democracy and social justice are congruent (Navarro 2002:26), so too are the struggles for health care within the labor movement. As any Steelworker will tell you, their benefits are earned through union negotiations and do not result from company generosity. In this way, the unions have expanded the numbers of families with entitlements to certain levels of material resources. Notably, collective bargaining reduced the gendered and racialized disparities in wages and health insurance benefits for women and minority workers, and this was especially apparent for USW families such as Rome's wife Julie, who would not be able to appropriately manage their chronic diseases without good insurance, and for Macy, who described problems accessing health care previously as an uninsured person.

Indeed, the ways in which the Steelworkers talked about their health insurance reflect several issues. First, this addresses the power of their union local in negotiating and securing their health insurance benefits. Importantly, the Steelworkers readily note that their insurance is well-known for its' quality both within the medical community and the community at large. As many of the Steelworkers describe the link between their access to health care and their insurance card, this reflects a status symbol effect of the insurance card. Hence, collective bargaining expands the numbers of individuals and families receiving health insurance, with their status noted through the possession of the insurance card. Implicit in these actions is the allocation of an upgraded status in the ability to access health care for working-class or "blue-collar" workers through union actions, as compared to workers in similar non-union jobs.

Health Insurance and Job Choice

How important are health insurance benefits to individuals seeking a job? One Steelworker representative described the health insurance benefits as a major feature of the attractiveness of jobs in the steel mill. He stated:

It is to me--it is absolutely essential that we have medical benefits. It takes away considerably the attractiveness of our jobs without the medical benefits. It is one of the things that draws people to wanting to be employed here, because we do have good medical benefits. And until you have been around someone who has not had medical benefits, and [you] see how they have to suffer and what they have to do without. The burden of the cost of medical coverage is staggering. So it will always rate one or two on the top of my list as far as should we have it. Should we give something else up to keep it? Yes. (Tony, USW representative)

For this union representative, health insurance is an important feature for drawing applicants and retaining employees at the steel mill, especially in light of the numbers of uninsured and underinsured in the area.

A couple of union members held differing opinions on the importance of health insurance and job seeking. Billy regarded job security more than health insurance as an incentive for working a union job. He stated:

Well, I can't say that healthcare caused me to work for a union job. Of course my dad worked at the steel mill, and that was a big influence on my going to work at the steel mill. But then also you know I had been fired from the car dealer ... for things that weren't my fault. So job security came into play as well, the fact that they just can't walk in and fire me for any reason. And then retirement, that was a key factor. Retirement, benefits, job security--that's probably the three biggest factors you know. ... job security with the union, and having to get a union job and having job security that was an excellent benefit for all of it. (Billy, USW)

While health benefits were not the incentive for applying for a union job, for Billy they were part of the greater package that included greater job security, retirement and health insurance benefits. In a similar discussion with an RWDSU representative, I asked if he thought people looked specifically for union jobs for the health insurance. He stated:

I don't think they generally look for the health insurance. I think that is pre-assumed. So they generally do it for the wages and the security, job security. As far as insurance, like I said, everybody knows that most unions, where it's unionized, they provide it anyway. It's not something they are seeking out. It is just automatic. They don't change jobs just to get health insurance, because union

wages [are higher] So they are really after the wages. The insurance is just a fringe benefit. (Joseph, RWDSU representative)

Contrary to the importance placed on health insurance by many union members, this RWDSU representative emphasizes the primacy of wages over other benefits. In so doing, he also emphasizes another important point -- people assume that union jobs will provide better wages and health benefits. Thus, while individuals may directly seek union jobs because they offer better wages (and not necessarily for health insurance), they do also assume union jobs will offer health benefits.

As important as many union members believe their health insurance to be, it should not be surprising at the lengths to which many of them have gone to gain or maintain health insurance benefits. For example, several participants discussed how their job choices and options have been influenced by health insurance benefits. Lance stated that “The only reason I’m still there [food processing plant] is for the health insurance for my baby and my wife.” Indeed, Lance described the lack of affordable health insurance coverage by many local employers as a barrier to his getting a better or more fulfilling job. Lance speaks of looking for another job in these terms:

What keeps me there is the little bit of healthcare we do have. ... I had two or three other jobs--interviews. I still could; I could leave tomorrow and go get a job and making pretty close to what I’m making. But when you go and they don’t offer healthcare or the deductible is so high or they take so much out of your check, you’re right where you’re at, you know. What’s the reason for leaving when you’re not bettering yourself? Oh you can go around here and find jobs at \$10--\$12 an hour, but if you get looking--they got such a big giant deductible or they won’t offer it to your families. It will be just to the employees, and then they [food processing plant] do at least give it to our families. (Lance, RWDSU)

Hence, while there are other jobs in the area offering comparable wages, the benefit packages may be more expensive or more limited. For Lance, the family health insurance benefits offered at the food processing plant is enough to keep him from taking a job elsewhere. Another RWDSU member, Christopher, worries that changing jobs might mean that his pre-existing medical conditions might not be covered by a new health insurance plan, as he stated: “I’ve often wondered if I switched jobs if any problem I have would be covered by another insurance.... That’s one reason I don’t walk out the door sometimes [*Laughs*] when you get mad.”

While health insurance may be a benefit priority for someone seeking employment or a job through which to better their situation, having good health insurance may also be a limiting factor that hinders an individual's ability to change jobs (job mobility) or pursue a new career path for fear of losing adequate health insurance coverage. This is a phenomenon known as "job lock" and is particularly limiting to working parents near the poverty line (Nansak and Raphael 2008). For example, for Helen (USW), health insurance benefits are an important consideration and a potentially limiting factor regarding her future career aspirations. Helen's husband, also a Steelworker, is several years older and will retire in the next few years. While she would like to consider a career change in the near future, this may not be financially feasible because of health insurance costs. As she explained, when her husband retires, they will have two options: she can either add him to her insurance at no cost or he will have to pay approximately \$350 / month to maintain his health benefits. If she changes jobs, then the costs of insuring her husband (and probably herself) are likely to drastically increase. For Helen and her husband to maintain their good health insurance coverage at minimal cost and without dipping into retirement savings to do so, she feels she must stay in her present job until she retires. This means that while this woman is in her mid 40s and with plenty of time for a second career, she feels this option may be closed to her because of health insurance.

In a similar fashion, Lowell (USW) elaborated on how health insurance had influenced his career choices. Lowell, as were so many others, was laid off from the steel mill in the 1990s. He described how his career choice path at this point in his life was based on insurance and benefits. After being laid off, Lowell decided to go back to college to become a nurse. Indeed, after he signed up for nursing school, he began worrying about the consequences of being unemployed and without health insurance for his family while he was in school. At this time, he said, "another opportunity came my way," and an evening program for training chemical operators would begin soon. This would allow him to work a job during the day and attend classes at night, so he could maintain health insurance coverage and a better income for his family. As fate would have it, soon after he completed the chemical operator program, he was called back to the steel mill. Lowell decided to return to the steel mill rather than pursue the chemical

operator position so as to “stay right here and continue with my seniority and things like that instead of starting in a new profession.” In other words, the benefits of returning to his job at the steel mill outweighed the opportunities offered by his new training as a chemical operator or his desire to attend nursing school. For Lowell, the need to maintain health insurance coverage for his family was a deciding factor in his career path.

Remaking the Politics of Health Care

Access to health care, all too often, is not based on scientific or biological categories of medical need. Rather, it is based on culturally construed groupings. Categorizations such as gender, racial/ethnic, sexual orientation, age, and region may limit job possibilities as well as other benefits tied to waged work, including health insurance. Thus, fully recognized rights to social and material resources, including health care, are vested in one’s status as (or attachment to) a certain category of employed worker. Rights to timely and appropriate health care are largely determined through employment type and health insurance status. Where having an insurance card serves as a symbol of one’s preferred patient status, inversely having a Medical card (Medicaid) serves, according to some, to mark an individual as an undesirable or undeserving patient. Within this, a tension exists, where medical card holders are granted a certain level of rights to health care (typically more than the uninsured), although they are held in lower social standing. Examples from uninsured and underinsured union (RWDSU) and community members reveal examples of the ways in which these processes operate at the regional/local and individual/family level.

In the U.S. one’s status as a paid employee largely determines one’s rights to material resources, including health care. Indeed, levels of access to specific treatments and diagnoses are determined by health care providers often based on the patient’s method of payment. As demonstrated here, employment in certain jobs, especially unionized jobs, grants certain types of workers and their immediate family members’ access to certain privileges. However, uneven access to the “better” jobs and to health benefits means that certain populations, often women and minorities, are excluded or have reduced opportunities for appropriate health care. Examples here include the inadequate health insurance coverage for well-child and pregnancy care, as described by

Phillip and Beth, as well as the inadequate coverage for health care for many children under Medicaid and the SCHIP programs, as described by Gail and Terrence.

Clearly these health care exclusions are linked to particular historical processes (economic transformation) and are situated in particular political-economic contexts within regional (Appalachia, Meridian) and local venues (steel mill and food processing plant) and are the results of job and benefit allocation. As it becomes increasingly difficult to afford and access health care due to rising costs, lower take-home wages, and the expansion of the service sector in the form of feminization of work, it is clear that blame cannot rest on culture and individual lifestyle choices (Mullins and Schulz 2006). Rather, these patterns are predictable owing to job and benefit allocation patterns along hierarchical patterns and linked local and global political-economic processes (Mullins 1997).

Seen here are newly evolving bases from which to justify decisions for extending or withholding medical treatment. The better quality insurance an individual or family has, the more likely they will be able to obtain culturally appropriate medical services in a timely manner. The stories of the fears of Rome and Julie and the lived experiences of Jared and Ruby emphasize the devastating social and family consequences for the uninsured with catastrophic medical needs. Getting appropriate health care required Ruby (a non wage earner) to earn her health care rights from the State. However, the price was dear, as she had to legally relinquish her social rights, including the right to be married, in order to access health care.

As revealed in numerous examples, health insurance, as tied to worker status, largely determines access to appropriate and timely health care. Those with “good” private health insurance, such as the Steelworkers, are afforded the best and most appropriate health care. While the Steelworkers described few current problems with obtaining and affording health care for themselves and their immediate families, this was not always the case among RWDSU members. While the RWDSU members, by many standards, have reasonable insurance coverage, many describe the difficulties of affordability. RWDSU members pay more for health insurance premiums and have larger co-pays and deductibles than the Steelworkers, thus reducing their take-home wages (Table 9). With wages estimated to range between \$25,000 and \$35,000

depending on overtime (approximately half those of the Steelworkers), RWDSU members have less “expendable” finances with which to pay premium, co-pay, deductibles, and uncovered percentages. In some cases, this means that seeking health care is postponed, even for those with health insurance, because of the difficulties in paying these uncovered costs (Litaker et al. 2005).

Indeed, while having health insurance mitigates wage differentials to some extent, clearly the level of health insurance coverage and base wage rates are critical factors in determining the affordability and thus access to health care, especially in non-emergency situations. These factors may be minimal for individuals and families seeking only preventive care and occasional treatment for acute illnesses. However, the financial burden can be catastrophic for those with chronic diseases or accident or illness requiring surgery. To put this in perspective, a recent study estimates health care affordability at less than eight percent of income for median income households in California, with the eight percent including insurance premium and all out-of-pocket totals (Gabel 2007). Following this guideline, while health care quickly becomes unaffordable for single median income workers and single low-income workers, the problem is greater for families. At an eight percent affordability rate, a family of four is unlikely to be able to afford individual and small-group insurance plans (Gabel 2007:w496). Although the RWDSU full-time workers earnings approximate the median household income in Meridian of \$31,000, health care affordability for them was sometimes in question. In other words, while having health insurance is an undeniably important aspect, the type and quality of coverage as well as wage rates (expendable income) are also important in determining affordability and access to health care for individuals and families.

As indicated in this chapter, the ways in which Meridians describe differentiated access to health care services based on health insurance status and method of payment mirrors gendered and racialized social, political, and economic conditions. Following Schoepf’s contention that AIDS reflects the “global body politic” (2001:354) as it reflects the discourses that support differential distribution of the disease, I argue here that differentiated access to health care reflects the “global body politic” in that it is a direct result of the ways neoliberal market forces support inequitable access to biomedical resources. This is clearly seen in the reform efforts to privatize public health insurance,

which results in reduced access and greater inefficiency in health care delivery. This phenomenon has been described through accounts of the ways in which employment type, access to “good” jobs, union membership, wage rates, and health benefits contribute to differential health care access. Especially important are the policy issues, including reforms in “welfare” (PRWORA) and the privatization of Medicaid services that increase barriers to means-tested assistance. In addition, these reforms have the broader effects of increasing low-wage job insecurity and decreasing the likelihood that poor and working families, especially those headed by single mothers, can maintain a cost of living wage and health benefits. Thus, intertwined are economic transformations that make it harder for low income families to be self-sufficient and the destruction of the social safety-net through devolution.

Anthropological accounts describe transformations in accessing health care in broad relation to neoliberal market transformations (Biehl 2004; Comaroff 2007; Martin 1994; Mole 2008; Ong 1987; Phillips 2008). A common thread among these accounts are the ways in which individuals engage in health risk management in relation to changing neoliberal economies and state governance. Indeed, it is in the intersections of political-economy and medicine that we see the ways in which individual abilities to maintain health are determined by ties to the global job market and ability to consume (purchase) health care. As described here, individuals with less comprehensive or socially desirable insurance status along the continuum face exclusions from medical services, as they may not be offered timely appointments, or receive appropriate tests, treatments, or prescriptions largely due to their uninsured or underinsured insurance status or inability to pay for services upfront. Thus, correlating with the transforming economy are differentiated and shifting categories of people whose ability to access health care is tenuous and dependent upon job status and classification. Within this framework, the ability to manage one’s health is increasingly tied to market principles that increase vulnerability regarding health care. Following Mullins (1997), cultural and lifestyle explanations do not hold as the patterns of marginalization are clearly predictable in the processes of economic transformations and in job and benefit allotment as linked to local and global processes.

The processes through which waged labor and health insurance allotment determine rights to the biomedical system are fluid and contingent upon type of employment as well as cultural factors including gender, race/ethnicity, age, sexual orientation, and union membership. In this manner, depictions of proffered medical services, especially access to timely children's health care, differ markedly, but correspondingly, with health insurance status. Uninsured participants describe inferior social and medical treatment even when they were able to pay cash upfront for services, thus signifying a "status symbol" effect of having a (private) health insurance card.

Indeed, these instances may serve to further limit access to health care by refusing patients who cannot pay or by private insurers or States scaling back their insurance coverage. This demonstrates how many of the factors used to determine access to health care are fluid rather than static, and these may change on the individual, household, or system level, as ability to obtain and pay for health care services depends of multiple factors, not necessarily biological need. In as much, this may provide some insight into the dynamic and wide-spread opposition to the Health Care Reform efforts of 2009-2010 and speak to broader understandings that while health insurance is important for access to health care, it is only part of the equation. Specifically, as health insurance and health care costs continue to increase faster than inflation rates, these resources become increasingly unaffordable. This leaves many individuals and families less financially secure if they must sacrifice other necessities to pay health care and insurance expenses. However, reform measures to end lifetime coverage limits and discrimination due to pre-existing medical conditions promise to ease some concerns, especially those described by Rome (USW).

Union membership appears to provide greater levels of control over access to the health care system for certain wage earners and their dependents than experienced by many (but not all) non-union workers. However, as the examples detail the benefits of having "good" health insurance as related to ease of access to health care and affordability, other examples of access difficulties offer a counter-balance that is, unfortunately, increasingly representing the norm in the U.S. While the RWSU members have above average insurance coverage, their descriptions of affordability of health care exemplify the problems in accessing health care for increasing numbers of insured

working and middle class families. Examples from the USW and RWDSU demonstrate both individual and group activism, as people negotiate within the health care system to obtain health care for themselves or a family member. Such was the case with Macy, as she sought timely and affordable care for herself and dental care for her adult son, and Kara, as she postponed care even in the face of a potential heart attack. However, the importance of collective action is apparent in the sustained ability of the USW to bargain for top-notch health benefits and, in the case of the RWDSU, to gain health benefits for part-time workers (chapter four).

Let me be clear. It is not that union members have benefits they do not deserve. Rather, it is often the case that they have increased their health benefit status and rights to health care because they have collectively fought to obtain and maintain these benefits, often in lieu of wage increases. By following the examples from these two unions, we see here the potential for labor unions to reorganize or “unmake” minority groupings by reallocating access to resources, including health care. As labor unions, particularly those in the “new” or “social” movement unionism, actively organize marginalized workers, such as in the service sector (especially women and ethnic minorities), they offer avenues for expanding social rights, including rights to health care, by raising economic status (through negotiated wages and health insurance) and increased purchasing power. In so doing, union negotiations serve to help “unmake” minority groupings and reorganize social contracts by gaining particular benefits that accord members certain rights and access to particular culturally allocated resources, including health care. In this way unions have the potential to expand access to resources as a matter of social justice.

Chapter Six

The “New” Labor Movement in Central Appalachia: Claiming Community Space in a Privatized Public

The air was cool and crisp that early fall morning in October, as I walked door to door through several neighborhoods in Meridian. Inspired by a spirited rally and energized with coffee and donuts, union members and other community volunteers had scattered over a two county area to knock on the doors of labor union members, encouraging them to get-out-to-vote (GOTV) in the 2007 November general election. This event was one of two scheduled Member-to-Member political canvassing events in Meridian, sponsored by the AFL-CIO in conjunction with Central Labor Councils across Kentucky. I was in a small group with two delegates from the Meridian Labor Council. As it turned out, our group had the “media packet.” We were accompanied by a staff writer from a local newspaper, a free-lance photographer, and a Swedish labor journalist whose article about the event appeared in the LO (“Swedish National Organization of Labor Unions”) newspaper. While local news coverage of this event was expected, as this was part of a statewide undertaking, the presence of the Swedish journalist was not. As Swedish labor unions have a growing interest in U.S. labor union political activism, he viewed the Central Appalachian Member-to-Member walks as a prime example for a great news story. This journalist confirmed what I already knew – that organized labor in Appalachia has something special to offer locally, nationally, and globally.

Through descriptions of the Meridian Labor Council’s involvement in the AFL-CIO sponsored Member-to-Member political canvassing for the Kentucky 2007 gubernatorial election and the council’s renewed involvement in the community 2007 and 2008 Labor Day celebrations, this chapter describes ways in which labor unions involved in a Central Labor Council in urban Central Appalachia are repositioning themselves within the community by utilizing “new” unionism tactics, including renewed interests in community participation, charitable donations, and strengthening their political voice.

Accounts of labor activism on the state and local level, especially the activities of CLCs in rural or smaller metropolitan areas and CLCs not participating in the Union Cities program, are underrepresented (Targ 2002). This chapter reflects a portion of my ethnographic research with area local unions through participant-observation with a Central Labor Council (CLC) over a period of twenty-two months (other research activities were completed at eighteen months). My intention here is to place the actions of the Meridian Central Labor Council and its affiliated unions within the broader “new” or “social movement” unionism activities and activities of Central Labor Councils and look to the ways in which organized labor provides space for challenging hegemonic power.

The activities of the Meridian Labor Council serve as one example of the abilities of a CLC, although not a member of the Union Cities program, to make important contributions to the “new” or “social movement” unionism agendas on a local and regional level. While the USW local is a member of this CLC, the RWDSU local is not. During the course of my fieldwork, several issues of local, state / regional, and national importance dominated the actions of the CLC, and members and union affiliates participated in political events and rallies in both Kentucky and West Virginia during the course of my research. This demonstrates their understanding that union and working family interests as well as regional positionality are not limited by state lines. Described here are the efforts of several labor unions, representing industrial, trades, and service workers, to become more involved in the community through participation in the Meridian Labor Council.

Central Labor Councils and the “New” Unionism

Defined as a “voluntary federation of AFL-CIO locals in a particular U.S. city, county, or region” (Gapsain and Wial 1998: 54), Central Labor Councils were established by the AFL in the 1890s as a means to unite labor unions on the local level and to provide a support system for local organizing drives and for labor-friendly politicians in their political campaigns (Targ 2002:752). Described by Immanuel Ness as “the only existing body capable of organizing the common interests of workers -- whether they belong to unions or not” (2001: 13), CLCs hold promise and the potential for powerful political and

social mobilization (Cobble 1997). Indeed, one of the most important roles of the early CLCs was to direct centralized mobilization efforts to assist individual unions in confrontations with companies (Eimer 2001). CLCs actively organized workers into unions in the nineteenth century, but following World War II, shifted their focus toward political activities and away from organizing (Gapasin and Wial 1998: 54-55). This shift in focus was due, in part, to the longstanding ideological battle between industrial (vertical) and geographic (horizontal) unionism.

As industrial unionism came to dominate, the AFL-CIO shifted resources from the CLCs to the national and international unions, reducing the power and finances of the CLCs (Ness 2001:14; Eimer 2001). CLCs are further financially constrained by the voluntary membership (“open shop”) status for AFL-CIO union locals, as dues paying union affiliates can (and do) withdraw from the CLC in response to personality and political rivalries (Eimer 2001:54). This is ironic, as unions fight against the open-shop in employment settings, referring to employees not in the union as “free-riders” because they benefit from union wages, benefits and increased job safety without contributing to the union through dues paying or personal involvement. It is also contrary to their fight against Right-to-Work legislation that promotes open-shop status. Thus, while today there are approximately 600 AFL-CIO sponsored CLCs, they vary greatly in size and budget as well as organizing and political activity (Gapasin and Wial 2001).

The election of the “New Voice” triad of John Sweeney as President, Richard Trumka as Secretary-Treasurer, and Linda Chavez-Thompson as Executive Vice President has been heralded as a much needed move toward revitalizing organized labor (Bronfenbrenner et al. 1998; Ness 2001). As part of the effort to bolster the roles of the CLCs in the new leadership’s agenda, the AFL-CIO enacted the Union Cities program in 1997. The intention behind this CLC revival was, in part, to assist in renewed efforts to organize workers into labor unions as well as to increase community outreach and education activities (Ness 2001). Rather than “new” strategies, these tactics are a revival of twentieth century strategies (Murolo and Chitty 2001; Voss and Sherman 2000; Cobble 1997), when labor councils initially held such a role under AFL leadership. These changes call on CLCs to once again play a fundamental role in this transformation, or “culture shift” of organized labor from a servicing to an organizing model (Gapasin

2001: 80). However, because the Union Cities program is voluntary, only about 27% of the CLCs signed up for the Union Cities program (Eimer 2001: 69). While there are a variety of reasons why many CLCs did not sign onto the program, the most likely causes appear to be the lack of finances and support from the state federations (Ness 2001). However, age old issues that have long plagued unions, such as unsettled tensions regarding contract servicing (“business unionism”) verses organizing priorities and the daily realities of restricted human resources should not be overlooked as reasons why many unions have not supported these efforts (Voss and Sherman 2000; Milkman and Voss 2004).

Academics have documented the movements of organized labor with special attention given to the recent emergence of “new” or “social movement” unionism (e.g. Bronfenbrenner et al. 1998; Horwitz 2007; Milkman and Voss 2004; Turner et al. 2001; Voss and Sherman 2000). Recent accounts of Central Labor Council interactions with issues of social justice, such as activism regarding living wage initiatives and food stamp expansions, suggest labor’s potential to form powerful community alliances. For example, the New York Central Labor Council joined with several community allies to push for a raise in minimum wage rates (Allen 2004) and later joined with the City Council and anti-hunger advocates to fight hunger in New York City (Allen 2007). In San Diego, the Central Labor Council allied with members of the religious community as they negotiated the 2002 contract between the Graphic Communications International Union and the *San Diego Union-Tribune* Newspaper and later played an important role in pushing the San Diego City Council to implement a living wage ordinance in 2005 (Horwitz 2007). Indeed, Central Labor Councils have played major or substantial roles in living wage ordinance campaigns in about half of the campaigns across the U.S. (Luce 2001:142). However, it is difficult to know how successful these ordinances have been in terms of raising wages. This is because implementing the law is difficult and monitoring is the responsibility of the city. However, in Los Angeles the LA Living Wage Coalition, supported by the local CLC, works to educate workers about the living wage ordinance and pushes the city toward implementation of the law. Also, in Oakland, CA and Chicago, community groups allied with the CLC’s remained vigilant in ordinance implementation monitoring. The key to success may be the perseverance of the CLC’s

and/or community groups to make sure the laws are followed (Luce 2001:145). While the Union Cities program “may become a vehicle for deeper and broader realignment and redefinition of the labor movement as an urban social movement” (Johnston 2001:55), the activities of CLCs outside of the Union Cities program should not be ignored, as they also have important contributions to make.

Meridian Labor Council

Meridian Labor Council meetings are held monthly at a Steelworkers union hall. Delegates chat with one another, often sharing events from the day’s work or just joking around, while they wait for others to arrive for the meeting. Provided a quorum is met, the meeting commences. The president calls the meeting to order, with the first order of business being the Pledge of Allegiance to the flag. Never mumbled, the words are said with seriousness, hand over heart, without fail by all attendees. The Pledge is followed by a roll call of officers and trustees, reading and acceptance of the minutes from the previous meeting, listing of bills and communications, old business, new business, good and welfare (charity donations and solicitations), drawings (door prize and split-the-pot), and meeting adjournment. The council is then re-opened under Committee on Political Education (COPE) for discussion of political activities.

During the nearly two years I attended meetings, attendance was somewhat inconsistent. For example, on two occasions (out of twenty-four) the meeting was cancelled due to lack of a quorum, and on a few important occasions, attending delegates numbered in the tens. However, the average council meeting attendance was about twelve delegates. While there were male and female delegates on the council, the council was dominated by men. Two women, representing the Service Employees International Union (SEIU) and the Steelworker Organization of Active Retirees (SOAR), were always present. Although a few other women delegates were sworn in at meetings I attended, they never returned to other meetings. Typically, the other regularly attending delegates represent the Plumbers and Pipefitters Union, the Sheet Metal Workers, and the United Steelworkers. While several other unions are affiliated with the council and pay their dues, they do not typically send delegates to the meetings.

Member-to-Member Politics

One of the largest activities in which the Meridian Labor Council participated was the AFL-CIO sponsored Member-to-Member walks (political canvassing) for the 2007 Kentucky gubernatorial race. Organized labor considered this an important election, as the incumbent Republican governor, Ernie Fletcher, had introduced Right to Work Legislation (which was not passed), tried to repeal the prevailing wage laws, and worked to eliminate collective bargaining in Kentucky. Hence, the actions of organized labor in promoting the Democratic candidate, Steve Beshear, in this election must be understood as part of a larger state and national process to remove anti-union politicians from political office. In so doing, organized labor believed they could greatly influence the election results, and with the removal of Governor Fletcher, improve conditions for working families. The State and National AFL-CIO believed they could remove Governor Fletcher from office if they could get the union membership in Kentucky to the polls. Thus, the AFL-CIO undertook a massive coordinated campaign, in conjunction with several CLCs throughout Central Appalachia and Kentucky. Although Fletcher had been weakened by scandal and would likely have faced a difficult re-election, the removal of the Republican governor was a major objective of the AFL-CIO. Through a multi-faceted GOTV campaign, CLC and union members mobilized volunteers for Member-to Member walks (political canvassing), phone banking, worksite leafleting, and local union mailings.

The Meridian Labor Council was one CLC involved in this endeavor, and they participated in two canvassing events in October and November prior to the election. At one planning meeting prior to the first Member-to-Member walk, the Meridian Council president reminded the delegates that “they [AFL-CIO] can plan and plan but they need us to put the plan into action.” As such, the CLC president acknowledged that the weight of these efforts in the election fell to the members of the council and the union locals to make it happen. A State AFL-CIO representative reported that about 25% of all popular votes cast in Kentucky are from union members. Thus, a mobilized union voting block would carry great weight at the polls and could influence the election. Indeed, the Kentucky governor’s race was so important that the GOTV efforts were partially supported through special funding allocations (amount unavailable) from the national

AFL-CIO. This influx of money supported the utilization of new technology strategies, such as a computerized mapping system for the walks, bar-coded phone lists, and an e-IVR phone system. However, the most important and effective strategy was the Member to Member walks, which allowed for in-person contact, member to member.

Over 120 volunteers representing at least ten different labor unions came to the Steelworkers union hall for the first Member-to-Member walk in October. The volunteers cheered a panel of political and union rally speakers, including the AFL-CIO district president, a Steelworker local union president, three congressional representatives, two area mayors, and an executive judge. In his rally speech, the Steelworker president reminded the volunteers that “we are here today not just for unions but for working families.” Indeed, the sentiment of the rally reinforced the power of labor to improve the well-being of working families. In grassroots fashion, elections are “won on the ground,” and the volunteers were reassured that their efforts would make a difference in the lives of working families across the state and region. The volunteers, forming groups of two to four people, were equipped with packets that included a map of a neighborhood they were to target, flyers to give to the household members, and a suggested script for talking to the union household members to encourage them to vote in the election. Upon completion of their assigned neighborhood(s), the volunteers returned their packets to the union hall and participated in a barbeque luncheon.

In November, the second walk had fewer than one-hundred participants, and there was generally less enthusiasm about the canvassing event. Some of the Meridian Labor Council delegates believed this was symptomatic of the projected lead in the polls for the Democratic candidate, and they worried that people were too complacent. They reminded the volunteers that the “only poll that counts is on Election Day.” So once again, the volunteers hit the neighborhoods and promoted their candidate. It is important to note that volunteer base for both walks was largely comprised of rank-and-file union members, many of whom were accompanied by a spouse and / or their children. On Election Day, Governor Fletcher was defeated by the union supported Democratic candidate, Steve Beshear. As a result, the newly elected Democratic governor, Steve Beshear, holding to his word, reinstated the Labor Cabinet that had been dismantled by Governor Fletcher. This was perhaps the biggest motivation for the level of AFL-CIO

involvement in this election, as it changed the political climate for organized labor in the state. The participation of hundreds of people in Member-to Member canvassing, phone banking, and worksite leafleting prior to the 2007 election reaffirmed the relevance and ability of organized labor to incite grassroots activism and to encourage union members to let their voice be heard in the 2007 governor's race.

Labor Day: Rallying for Working Families

As part of my preliminary research, I attended the Labor Day festivities in Meridian in 2006. I watched the parade, admittedly disappointed by the under-representation of labor unions. Indeed, the only unions with floats or other representation in the Labor Day parade were the Plumbers and Pipefitters, the Ironworkers, and the Outfitters union locals. Dominating the parade were beauty queen pageant winners and fire and rescue departments. The pageant winners included an array of "wee miss," "tiny miss," "little miss," "junior miss," and "fairest of the fair" winners from several small festivals and county fairs from at least two counties. Over sixteen fire and rescue departments from all around the region were represented by fire engines and rescue squads, lights flashing and horns blazing. Scattered amid the beauty queens and fire trucks were church floats, high school bands, cheerleader squads, baton and dance teams, and the occasional politician walking and waving to their constituents. Aside from the parade, the festival had a carnival-like atmosphere, with food vendors, large inflatable play toys for children, and host of musical entertainment. A notable feature was the prominence of paid advertisements from local and national businesses, with sponsoring company names and logos displayed on cars of parade participants and at sales and promotional booths among the food vendors, games, and children's carnival rides.

The "problem" with Labor Day from the Meridian Labor Council's perspective is that the celebrations have become disconnected from the labor movement. Instead, the holiday has become a time for family reunions and vacationing. Labor Day had truly become a "day of play" rather than a time for honoring the strength and ideals of workers and organized labor. In many ways, organized labor itself has taken a vacation from Labor Day, allowing the holiday's public persona to be one of commercialized vacationing rather than a celebration of workers' rights. As in Meridian, organized

labor's participation in the parade for many years has been reduced to two or three floats entered by a couple of the trade unions. This is not an isolated happening. For example, Pappas described the Labor Day parade in Barberton a year after the closing of the Firestone plant as dominated by the Jaycees and local businesses (1989). More recently, in 1994 the New York Labor Day parade was cancelled, and the 112 year old parade was moved to a bi-annual schedule. Regarding this move, the secretary of the New York CLC explained that the parade was "a victim of our own success," owing to the desire of union members, as other workers, to have a weekend holiday (Kaufman 1994). Indeed, in Meridian, Labor Day has largely become a family holiday, with the weekend a popular time for "homecomings" and family reunions, as announcements in the local newspaper attest. This "holiday" attitude is reflected in the atmosphere of the Meridian Labor Day festival and parade, as the vast majority of activities and parade participants were not connected with or reflective of organized labor. It is in response to this atmosphere that the Meridian Labor Council pushed to re-establish labor's place in the Labor Day parade and celebrations, and they began steps toward "taking back" their holiday.

Labor Day 2007

The council began planning for the 2007 Labor Day events in March, and this included forming a parade float committee, appointing a person in charge of the food preparations for the Barbeque, and coordinating the design and ordering of Meridian Labor Council Labor Day tee shirts. Tee shirt proceeds would help finance the supply costs for the parade float and Barbeque. Affiliated council unions agreed to donate \$100 each toward the Labor Day event fund, and donations solicited from area businesses would cover the remaining portion of event expenses. The council also invited labor-friendly politicians (mostly but not exclusively Democrats) to speak at the rally following the parade and Barbeque. However, one of the most important features of the event was the inclusion of a charity give-away drawing to be held at the rally. Council affiliated unions each nominated a local charity for inclusion in the drawing. At the end of the rally, the council president would draw a name from a hat, and the winning charity would receive a check for \$1500.

While discussions of internal conflicts and rivalries within the council were not openly discussed in my presence, murmurs of personality clashes and inter-union rivalries have apparently hampered such efforts in the past and may explain why the council has not participated in the Labor Day parade in many years. This may also partially explain some of the ongoing problems with participation among some affiliated unions and delegates. Indeed, a USW delegate openly cautioned the council during one meeting, reminding them that that as members of organized labor and the labor council, “we represent all workers” and must show unity to the public. This statement was a warning against negative public attention or failure to give full effort to the event. Indeed, this year’s participation was intended as a push for the council to “take back Labor Day” and was a part of a newly forming strategy (although loosely coordinated) for the labor council to become more involved within the community. It was clear that several of the council delegates, especially the USW delegates, intended for the Labor Day events to represent the council’s strategy of “pushing for community awareness.” As such, the council’s renewed participation in Labor Day was one way to implement this strategy. By showing the strength and unity of organized labor in the parade, the council would portray a united labor front to the public. Equally important, however, were the barbeque and rally. While these were not “public” events, they provided a space for union families to socialize and mingle with their elected political representatives. It was through the three-part event (parade, barbeque, and rally) that the council sought to promote the strength and unity of organized labor, promote greater socialization (interactions) among the union locals, increase outreach toward the community, and influence pending political issues.

On the eve of the parade, rank-and-file union members gathered along with union representatives and labor council delegates to decorate the float (a flatbed truck) and the rally stage, draping them in red, white, and blue banners. The new Meridian Labor Council banner was proudly displayed on the side of the float, identifying all affiliated union locals. Much of this decoration work was completed by apprentices from the Plumbers and Pipefitters Union. On Labor Day morning, about 120 people, including union members and many of their family members gathered for the parade, either walking or riding on the float. At the parade’s end, the participants made their way to the

Barbeque and rally. Members from several unions worked together to prepare and serve the pork loin sandwiches, hamburgers, hot dogs, baked beans, and homemade potato chips. The barbeque was followed by “stump” speeches of labor-friendly politicians in the State Senate and House of Representatives, as well as the Democratic candidates for Governor and Lieutenant governor. Following the speeches, the council held their charity drawing and donated \$1500 to the local hospice. This presentation was made with an oversized check purchased especially for the presentation. Unfortunately, there was no press coverage of the rally or the charity drawing, although the press had been notified of the event. This was discussed at the next meeting, with the understanding that this lack of news coverage reflected the local newspaper’s bias against unions. This understanding seemed merited, as the local newspaper coverage from the previous year’s (2006) Labor Day events also failed to show anything to do with labor. This was a missed opportunity for the council, as it would have been an excellent public relations acknowledgement of their efforts.

At the next labor council meeting later than month, the delegates evaluated the Labor Day event. The council president expressed his pleasure with the events, noting that the “float looked sharp.” A Sheet Metal delegate echoed this sentiment, adding that the event was “very successful this year and it will work out better next year.” Several delegates were disappointed in the turnout at the rally, and they believed that the problem resulted from having the picnic and the rally in two separate locations. Enjoying the Barbeque, many people did not walk to the separate rally location. The council delegates applauded the float and stage assembly, and the council as a whole appeared pleased with what they saw as an example of “all different unions working together.” In all, the council members agreed that their efforts were a positive reflection on union relations in the area. As an addition to the event, two Steelworker delegates made a motion, which easily passed, for the council to donate \$100 to all the charities that had participated in the drawing.

Labor Day 2008

Although the council had intended to begin planning the 2008 Labor Day events in March, they did not reach a quorum and could not meet. At the April meeting the

council president appointed two delegates to co-chair the Labor Day event planning. In May one co-chair updated the council on the Labor Day planning progress. While many of the details would remain the same as in 2007, this year the picnic and stage for the rally would be held in one location, the parking lot of the Laborer's union. In 2007 the Barbeque and rally were in separate locations, so they hoped to increase the rally attendance with a single event location. Other event details, including the Barbeque and the float and stage decorating, would be unchanged from last year. Council union affiliates once again agreed to donate \$100 each toward the Labor Day event. Additional financial support again included donations from local businesses, and proceeds from the sale of 2008 Meridian Labor Council Labor Day tee shirts among the union locals. One addition this year was a raffle to raise additional funds to finance the event. The winner would receive his or her choice of a shotgun, fishing equipment, or equal value cash.

The June meeting was cancelled, once again, for lack of a quorum. The July meeting was not well attended, with only eleven delegates present. While this was close to an average meeting turnout, the small attendance was noticeable considering that this meeting was understood as crucial for finalizing Labor Day event details. Most importantly, the event co-chairs were not present, and little could be done without them. At the August meeting there were six delegates present, and the council barely made quorum for the meeting. Again, the Labor-Day event co-chairs were absent, so the council assumed the plans for the barbeque and rally were well underway. Apparently, the planners were recreating last year's event and were reproducing the plans for the float, barbeque, and rally without any significant additions or alterations. This should not be understood as less-well intentioned, indeed the financial support from the union affiliates was strong, with over ten unions contributing over \$2000 to the event fund. However, enthusiasm, at least as measured by labor council attendance, was notably lessened from the previous year. While the reasons for the delegate's decreased enthusiasm are unclear, it may be that many delegates were happy with the 2007 event were happy to maintain status quo.

Labor Day 2008 arrived. The Meridian Labor Council float and rally stage were decorated the previous evening (once again spearheaded by Plumbers and Pipefitters Union apprentices) in red, white and blue banners. As the time for the parade

approached, thousands of people lined the streets, standing or sitting on the curb or in folding chairs on the sidewalks. At least 120 participants walked or rode the float, throwing bubble gum to onlookers young and old as the float made its way through the streets. Sandwiched between two buildings, the Barbeque and rally stage were set up in the alley behind the Laborer's union hall. Union members- many with their families- and politicians totaled over 200 strong. Most of those present wore their Meridian Labor Council 2008 tee shirts, and many also wore caps or shirts with their various local union logos. The most prominent unions represented were the USW (two locals), International Brotherhood of Electrical Workers (IBEW), SEIU, Plumbers and Pipefitters, and Sheet Metal Workers. The political speakers, sporting their labor council tee shirts, included the Lieutenant Governor, a state senator, state congressional representatives, and candidates in the local mayor's race. While the enthusiasm at the labor council meetings this year for the Labor Day events appeared less than last year, the event was a success. Indeed, the turnout was larger than in 2007. This, I believe, can be attributed to some behind the scenes tensions developing among some of the council members.

(Re)Claiming Public Space as Free Space

As one Meridian labor council delegate remarked, "Money gets things done, but leg work does too." As such, labor union and grassroots mobilization have great potential for social reform. Both the Member-to-Member election canvassing and the Labor Day celebrations were clear efforts of the Meridian Labor Council to show the strength and relevance of organized labor on a state, regional and local level. Although the Meridian Labor Council is small, the impact on the Kentucky gubernatorial election was definite. While this election was in Kentucky, the politics of this state were viewed as extremely important in the daily lives and livelihood abilities of working families in the region, including the neighboring states of Ohio and West Virginia. Hence, although ineligible to vote in the Kentucky elections, union volunteer participation from Ohio and West Virginia helped to make this effort successful. Indeed, several families traveled many miles to participate in the Member-to Member walks, with one family (a man and woman and their two children) driving over 120 miles to participate in the canvassing events. Because the affiliated unions were able to mobilize their membership for the

political canvassing events, they were able to influence the election to their benefit. This type of political mobilization is a hallmark of organized labor and demonstrates their ability to draw upon their members and family supporters to directly affect elections and public policy.

While the Meridian Labor Council's activities in re-energizing their Labor Day participation were smaller in scale and had a less measurable impact than the Member-to-Member canvassing, their efforts to re-engage with the local community in new and expanding ways speaks to the abilities of smaller CLCs and union locals to engage more informally in some of the "new" unionism strategies. While it would be easy to be critical of the Meridian Labor Council for poor participation in past Labor Day celebrations, this is not a phenomenon unique to this council. CLCs across the U.S. suffer from significant structural barriers (e.g. work and overtime issues, primary obligations to their union, family, and other social obligations) that make it difficult to operate. For example, Jill Kriesky argues that severe time constraints on the part of council presidents mean that "labor council activity is the primary concern for virtually none of the CLC presidents ..." (2001:146), meaning that labor council activities often take a backseat to other obligations. Indeed, following Kriesky (2001), not only are the Meridian Labor Council officers under time constraints, but so are most or all of the council delegates. For example, most of the delegates work over forty hours per week, have additional responsibilities in their union local as officers, representatives or shop stewards, and have a full calendar of family and social obligations. It should therefore not be surprising that for Meridian and other CLCs operating solely with "volunteer" human resources (without paid positions within the labor council), large scale activities are necessarily limited or non-existent. Because the Union Cities program is not a viable option for the Meridian Labor Council and many other CLCs, this should not obscure the initiatives and activities individual CLCs are able to accomplish. Despite the problems the council suffers, most importantly participation problems by union affiliates and delegates (often to the point where the monthly meeting cannot be held due to lack of quorum), small operating budget, and lack of any permanent staff, the council was able to mobilize sufficient union members and their families to make a strong public showing in both the Labor Day parade events and in the Member-to Member Walks. Indeed, while

the Labor Day event planning became the burden of a handful of council delegates, the events were successful mostly due to the tremendous support and turnout of the rank-and-file and their family members, along with various community and political supporters. Indeed, the importance of family and community networks for organized labor is a recurrent and vital theme in Appalachian labor history and activism, where gender, class, and networking are intertwined within issues of work and activism (E.g. Anglin 1993, 2002b; Hall 1986; Hinsdale, Lewis, and Waller 1995; Maggard 1990, 1998, 1999; Moore 1990a,b). This remains evident in Meridian, as it was the “informal” participation of the union families that made the events a success. The political capacity of organized labor and of Central Labor Councils is great indeed, as the activities of this labor council indicate. Although there are significant barriers to these types of coordinated campaigns, the foundation of the council’s success was their ability to mobilize an “informal” family network.

By attempting to re-instate labor’s presence in the community Labor Day celebrations, the Meridian Labor Council was not only looking to re-claim space for labor’s voice in the public celebration but also to re-claim space for democratic exchange within the public dialogue. In a cultural climate where it is common for public events to have private (corporate) sponsorships (often by the very companies that are most hostile to union activities), there seems little space for the voices of the “commons.” Following Evans and Boyte (1986), I argue here that what the Meridian Labor Council created at the Labor Day events were “free social spaces.” Evans and Boyte define free spaces as “public spaces in the community ... in which people are able to learn a new self-respect, a deeper and more assertive group identity, public skills, and values of cooperation and civic virtue” (1986:17). Parades, especially strike parades, are classic mediums for the temporary claiming of public space and creation of free social spaces. For example, describing the 1929 strike parades of the Rayon workers in Elizabethton, Tennessee, Tedesco remarks that “Not only did the parades allow workers to assert their class identity and solidarity, but they allowed workers to claim their share of the public space that business and civil elites had staked out for themselves” (2006:55). It is therefore no coincidence that the Meridian Labor Council chose the Labor Day Celebrations and Parade as the place to take a stand. In the view of the Meridian Labor Council, the Labor

Day celebration had been co-opted, with the celebration no longer a free space for the exchange of political, economic, and community dialogue. Rather, the celebration had become a vacation weekend, filled with paid corporate advertisements and vendors that undermined the tradition of the celebration. By (re)claiming territory for democratic dialogue (in opposition to paid space for advertisements and promotions), the council created free spaces that allowed union families and community members an open ideological space in which to bring forth issues of importance to working families.

Critics of the acceleration in the privatization of public space have looked to the ways in which public community spaces have been eroded in the name of security. Examples include descriptions of the rise of the gated community (Low 2003; 2006), harassing regulations of the homeless in American cities such as Berkeley (Mitchell 2003) and New York (Smith 1996; 2001), and increased surveillance measures since September 11, 2001 (Low 2006). However, as the maintenance of and access to public space requires continual struggle, the struggle of the Meridian Labor Council toward “taking back” Labor’s holiday must be understood as part of a broader and dynamic effort to maintain and regain free social spaces. Indeed, following Mitchell’s assertion that struggle “is the only way that the right to public space can be maintained and the only way that social justice can be advanced ...” (2003:5), the Meridian council’s efforts squarely fit within the parameters of “social justice” unionism actions. As decreased community connections limit labor’s power, it also limits its’ ability for community mobilization. According to Fisher, free spaces “supply critical experiences in democratic sociability and become the foundation for mass-based social movements” (1993: 319). In keeping with the “new” or “social movement” unionism, the free spaces created by the Meridian Labor Council at these events serve to put labor-community alliances (and an increased potential for mobilization) back on the community table. As Mitchell argues regarding the efforts of women, ethnic minorities, and activists to claim public space, “the fight to claim the streets, parks, courthouses, and other public spaces of the city is precisely the fight to reclaim their rights as members of the polity, as citizens who have both the duty and the right to reshape social, economic, and political life ...” (2003:74). It is in this spirit that the Meridian Labor Council worked to create free spaces through

which, in small ways, local union affiliates and working families could create and expand social connections in a democratic space.

What is significant about the actions of this council is that they were proactive. The creation of free spaces were not in reaction to any particular crisis, such as those created during the Massey and Pittston labor strikes (Anglin 2002a; Couto 1993; Moore 1990a,b) or by community-based groups, such as the Appalachian Ohio Public Interest Center (AOPIC) as they fought poverty and environmental destruction or the Western North Carolina Alliance (WNCA) in its opposition to plans for a nuclear waste facility and plans for clearcutting by the Forest Service (Couto 1999). The Meridian Labor Council's free spaces had two purposes. First, the council's presence in the parade functioned to offer a free space to the public in which to contemplate the possibilities and offerings of organized labor in the area. Second, the free spaces at the barbeque and political rally allowed union members and their families to socialize and voice their local concerns within the context of the upcoming elections. It is because of their proactive activities and intentional creation of new free spaces that the Meridian Labor Council, although not a part of the Union Cities program, can be understood to be within the parameters of the "new" or "social movement" unionism. This was demonstrated not only in the Labor Day activities, including the encouragement of networking between the community and the unions and among the unions themselves, but also in their broader reaching efforts to engage with the community, including the charity drawing at the political rally. In both the Kentucky governor's election activities and the Labor Day events, the mobilization of the rank-and-file was the key to the labor council's successes. Although this CLC is small, it demonstrates the strength and potential of organized labor when it sticks to its grassroots know-how. It is through the Meridian Labor Council's fight to "take back" Labor Day that new free spaces for democratic dialogue within the community are being created. These free spaces are of increasing importance, especially in uncertain economic times. As Helen Lewis states in the epilogue of *It Comes from the People*, "democratic participation is more difficult in this country than our propaganda and democracy admits" (Hinsdale, Lewis, and Waller 1995: 333). It follows that free spaces provide networking and opportunities for democratic socialization that hold

promise for broader civic engagement, better community citizenship, and activist mobilization.

There is a growing recognition that organized labor must be more involved in the communities in which their members live and work, such becoming involved in community organizations, grass-roots efforts, community celebrations, and initiatives aimed at particular local issues of injustice. This recognition is apparent in the activities and discussions of the Meridian Labor Council. Beyond the council's engagement in political canvassing and the Labor Day events, the council presented an increased interest in sponsorships and donations to local community events and organizations during the past couple of years. However, monetary donations should not be in lieu of member participation in community activities. A motivating factor behind much of the council's new agenda was the need to reach out to the area youth. For example, as part of the "Good and Welfare" business at one month's meeting, a USW delegate proposed that the council sponsor a hole in an upcoming high school golf tournament. He elaborated on the need for the council to "get out in public," and he talked extensively about the need to reach out to the youth. As he stated, "they [youth] are the future" and we must "look to the future." Indeed, why should labor not be represented in the same way in which companies are represented (such as through sponsorships), and sponsoring a hole in this tournament was one such opportunity. Agreeing with the USW delegate, a Plumbers and Pipefitters delegate echoed the need for labor and the council to be in the public eye, especially that of the area youth. Education is a component of the Union Cities program agenda, but this discussion and subsequent sponsorship of a school tournament serves as one example of the ways CLCs can reach out to the public and the youth. As the USW delegate suggested, "maybe they [youth] won't know what the central labor council is, but maybe they will ask -- and learn." Motion made and seconded, the council unanimously agreed to the golf tournament sponsorship.

For "new" or "social movement" unionism to succeed, local unions and CLCs must seek avenues to merge their specific interests with broader interests of the community. This will better ensure community support not only during times of strife, but also encourage long-lasting alliances that will create stronger, more equitable communities. The majority of the push toward "new" or "social movement" unionism

originated with international unions that organize ethnic minorities, women, and service workers (most notably the SEIU). In their wake, the push for organizing these once shunned groups and becoming more active in community coalitions has been taken up by other international unions. A notable example is the unlikely pairing between the United Steelworkers (USW) and the Sierra Club in the “Blue-Green Alliance.” This alliance addresses global connections and seeks to “unite the American people in pursuit of a global economy that is more just and founded on principles of environmental and economic sustainability” (USW 2006). This is an example of what Appadurai labels an “unpredicted grouping” between organizations that can create political “depth” in struggles for democratic citizenship rights (Appadurai 2002:25, 45-46), and it squarely places the USW within the resurgence activities of organized labor. This “new” emergence of the USW is apparent in the responses of the USW delegates on the Meridian labor council, as they continually pushed (and were often supported by delegates from other unions) for greater community involvement, especially engagement with the area youth.

While the Meridian Labor Council is far from a powerful voice within a “new” unionism movement, it is a voice nonetheless. The Meridian Labor Council is not unlike many CLCs, especially small ones struggling with minimal financial and human resources. By making small inroads toward increasing their unified public presence and community outreach, it is clear that the Meridian Labor Council is rethinking their agenda and seeking change. Altogether, the most important lessons the unions in this small Central Labor Council in Central Appalachia have to teach the nation and the world lies in the importance and power of (re)claiming public spaces as free spaces.

Chapter Seven

Conclusion

The Little Union Local that Could

As I had done so often over the past couple of years, I dropped by the Steelworkers union hall early one morning. It was July 2009, and the much anticipated ruling from the arbitrator was in. Making the front page of the local newspaper and national news on CNN and MSNBC, the arbitration ruling had sided with the union's effort to keep the company from shutting down the steel mill. It seemed too good to be true, especially in consideration of the economic recession that began the previous year. Since the recession began in 2008, over three-thousand Meridian residents have lost their jobs. Were the Steelworkers to be next in the unemployment line?

It all started a few months ago, when I received a phone call from one of the union representatives, asking me if I knew what was going on with the mill. He said he wanted me to know before it hit the newspapers: the company was laying-off the workers and "idling" the mill for an unknown amount of time. While this was not entirely unexpected, as orders for steel had been down for a few months, the union was not going to accept this without a fight. Although the union said the company was breaking the contract by idling the Meridian mill, they agreed to keep their grievance in abeyance for two reasons. First, the company promised the idling would be temporary, lasting only a couple of months. Second, the company agreed to maintain health insurance for all laid-off union employees, including several new hires that had not worked in the mill long enough to earn the benefit. The mill was idled for about two months, and all but a handful of workers were called back to work in the steel mill or in the company's coke plant within a few weeks after the mill's restarting. But bigger problems loomed when the company announced just a few months later their intention to idle the Meridian steel mill for the last six months of 2009. As this was not tolerable, the union proceeded with the grievance to arbitration.

In a maneuver that now seems prophetic, the union negotiated a clause in the last contract to "guarantee" that the company will run the Meridian steel mill at "full

capacity” so long as there is customer demand. In other words, the Meridian mill received a virtual “first in line” clause giving them priority over the company’s other steel mills, which are not USW worksites. In this case, “full capacity” was defined by market demands and is an objective measure (e.g. tons of steel, including both steel orders and production capabilities). These supersede subjective judgments by the company regarding inefficiency, inconvenience, and prohibit the company from closing the Meridian mill as long as the company has orders for steel. Although tied to market demands, this clause was a “guarantee” of job protection for this collective bargaining unit. It was a company concession to the union for contractual agreements made by the USW that helped the corporation survive the steel industry crisis that began in the late 1990s. The union concessions at that time included, among others, the elimination of minimum staffing requirements for maintenance employees and agreement that many jobs within the collective bargaining unit (“union jobs”) could be contracted out to non-union workers. Although the arbitration ruling favored the union, it does not necessarily mean the company will honor the agreement. However, at this writing the mill is still operating, and as steel orders have increased as of late, the rising market demand may remedy the situation without further litigation.

As the events around this arbitration continue to unfold, I am again reminded of the importance of overt and covert acts of resistance in maintaining well-being on many levels. The victory for the USW local meant that hundreds of workers kept their jobs and their health benefits, at least a little longer during the recession. For those families, this was crucial. Those who argue that labor unions are relics of history ignore the importance of these small battles in the lives of workers and their families today. When the arbitration announcement made the national news, the scene before me that July morning was not boisterous or prideful. Rather, the atmosphere that morning had a kind of hat-in-hand reverence, with a palpable collective sigh of crisis averted, or at least postponed. Indeed, it is in this way that such strategic victories by organized labor mirror the battles waged over equitable access to good jobs, “saving wages,” and retirement and health care benefits. It mirrors the no less courageous battles of women working in male dominated mills and factories so as to make a better life for themselves and their families. It mirrors the struggles over appropriate and timely health care for a sick child or a

spouse or partner. It mirrors the quiet struggles of the elderly to live within their means, even when doing so leaves needed food or prescriptions on the store shelves. In Meridian, these battles are fought daily (but unevenly) and, unlike the arbitration decision, rarely make the news. As argued here, these victories matter a great deal in the lessons they offer about localized manifestations of globalization processes and the specific actions of individuals and groups to negotiate their complicated intersections. Demonstrated here is the knowledge that neoliberal and global market ideologies are not hegemonic. Rather, evidence of convictions otherwise are perceptible in the realized struggles of the residents of Meridian.

Global Meridians

This dissertation describes the ways in which global economic transformations are unfolding in an urban Appalachian community. The importance workers place on union membership for job protection (chapter three) is characterized in the context of the expansion and increasing feminization of service work into traditionally industrial (and male) jobs with corresponding reductions in work sponsored benefits (chapter four). Chapter five details the ways these processes of economic transformation reduce access to and affordability of necessary resources, such as health care, along proscription lines. Taking individual and union local activism a step further, an accounting of Central Labor Council activities provides a broader perspective of collective union activities in Meridian, describing how unions are participating in new unionism tactics on local, regional, and state levels in regards to issues of economic transformation (chapter six).

While job “flexibility” is touted as liberating for individual workers, the reality is that most workers are left vulnerable, as market trends push to reduce labor costs regardless of the social consequences. For residents and workers in Meridian, these trends did not stop with deindustrialization. Rather, they continue in newer forms of outsourcing that seek to expand categories of service workers in ways that reduce job and resource security for working families. Corresponding to Kingsolver’s “poverty on purpose” (2002:23) or Harvey’s “accumulation by dispossession” (2003:145-152), I have traced the creation of differentiated groupings by describing specific, localized neoliberal economic transformations that are altering how workers are categorized and, thus, valued.

For example, devaluing workers by re-labeling their status as contingent (e.g. part-time, temporary, contractor) reduces the value of workers without altering the skills or requirements of the job. Congruent with this non-technologically driven deskilling and feminizing of work are the subsequent reductions in job protections, wages, and benefits for workers. Hence, the importance union workers place on their membership for maintaining job and resource security is grounded in their recent experiences with outsourcing on the jobsite. While the re-labeling schemes are expanding the numbers of workers in the service economy to include skilled and educated working and middle class workers (especially men), it is clear that the allocation processes for vital resources are intertwined with systems of disparities along regional, gendered, racial/ethnic, class, and sexual orientation categories in a shifting world economy.

Far from being hegemonic, neoliberal transformations occur in differentiated forms and are resisted in multiple and corresponding ways according to practical needs. For example, the RWDSU made progress one contract negotiation at a time to reduce inequality among workers, first bringing part-time workers into the union and then gaining health insurance for them. The USW followed jobs as they were outsourced from the steel mill, organizing workers to reduce disparities in wages and benefits and to signal the corporation that they would not stand for such actions. These union responses correspond to forms of critical praxis, such as Singer's "community centered praxis" (1994:336) and Mullings' "transformative work" (1995:133), as they challenged harmful systems in pragmatic ways. This also resonates with other ethnographic accounts (Susser 1982; Newman 1999), demonstrating how processes of resistance to marginalization are dynamic, local, and in response to political and economic conditions.

By highlighting the voices of the rank-and-file, this research describes the ways in which rights to vital resources are conceptualized and allocated and how people actively engage (individually and collectively) in these processes. For example, we see both individual pragmatic responses in seeking healthcare resources, such as the efforts described by Macy and Gail to get care for their children and grandchildren, and larger scale activism, such as the RWDSU's push to extend health benefits to part-time workers and the USW's actions to reduce the supplemental health insurance costs for the widows. As labor unions emphasize the group over the individual, they play important roles in

countering the individual meritocracy model perpetuated by neoliberalism, especially for groups that remain marginal, including women, ethnic minorities, and working class families. For example, union membership provides an added layer of protection against unfair job termination for women and minorities (if not always harassment) on the jobsite and thus access to benefits offered by the “better jobs” in the area. It is in the right to engage in collective bargaining for better wages and benefits that the potential and ability for workers to limit losses and to gain (and maintain) better benefits, wages, and working conditions is greatest. It is in the struggles to maintain job security, a safe working environment, good wages, health insurance, and livable pensions that the relevance of organized labor is revealed. As the union members argue, it is in their ability to collectively bargain that union families obtain a higher level of well-being.

Through long-term participant-observation with the Meridian Labor Council, this research demonstrates the continued importance of union fellowship and grassroots activism. While there have been no Roving Pickets in Central Appalachia for some time, this CLC reminds us that labor activism remains a powerful way to stand up to harmful political economic policies and practices. It also reminds us of the vast networks through which a labor movement can quickly transform into a broad-based movement for social reform and social justice. Indeed, the Meridian labor unions remind us of the power of free social spaces for democratic action, and remain “schools of democracy” (Sinyai 2006:3) for grassroots activism. Indeed, following Guano (2004) and Couto (1993, 1999), the Meridian Labor Council exemplifies the ways in which unions function as forums or arenas of free social spaces where citizens exercise their rights and gain social and political visibility. Indeed, free spaces created by unions may foster quieter, individual acts of dissent, as members know the union’s “got their back.”

The vignettes shared here are more than “just interesting stories” (Heggenhougan 2000:1171) in that they provide a critical look at the broader context of lived experiences with economic transformations and resource marginalization as related to the production of health disparities. Through a social justice gaze, I have sought to place individuals and groups within larger processes of economic transformation and activism that contextualize work and health in terms of political economics. By following the concerns and processes regarding work, economic transformation, and activism, we see how

individual pragmatic actions for everyday needs and broader collective responses have the potential to challenge systems that produce disparities. This moves toward a social justice paradigm where issues of health and poverty are re-politicized in relation to economic and neoliberal transformations.

A Note on Health Care Reform

Commonly referred to as “health care reform” or more critically as “Obamacare,” the Patient Protection and Affordable Care Act (H.R. 3590) was signed into law by President Barack Obama in March of 2010. Although my fieldwork was completed just prior to the debates preceding this groundbreaking legislation and did not directly address health care reform, the issues of access to health care and health insurance provisioning among union members and in the wider Meridian community lend an understanding about the importance of and the concerns regarding the reform measures. The intention and reach of the Affordable Care Act is multifaceted and looks more broadly at health and affordability issues than appears in popular accounts. For example, the Affordable Care Act includes nine titles that address health care affordability, quality, and efficiency; expanding prevention and chronic disease management measures; improving public health; expanding community living assistance services and supports (The Patient Protection and Affordable Care Act Detailed Summary 2010). However, the most touted promise of the legislation is to extend affordable health care access via health insurance coverage to over thirty-two million citizens (about 95%) who are currently uninsured (Doherty 2010). While the reform measures go well beyond simply expanding health insurance coverage, concerns regarding affordability, cost control, and the requirement (mandate) that most citizens be covered by health insurance became key criticisms in the national debate (Doherty 2010; Rosenbaum 2010).

Overwhelmingly, in Meridian the majority of the health care problems related were not in regards to health care quality issues; rather, they involved health care affordability and concerns about going into debt for medical treatment. So what might the Affordable Care Act mean for families in Meridian? Depending on the family, specific health care needs, health insurance status and level of coverage, and employment expendable income, the Health Reform Act has different potential implications. Positive

changes from the reform measures are most obvious for the uninsured and those with chronic medical conditions. For example, reform measures that would end lifetime limits and unreasonable annual limits on benefits, rescissions of health coverage, and exclusions due to pre-existing conditions (The Patient Protection and Affordable Care Act Detailed Summary 2010) would ease some financial worries about health care accessibility and affordability. This is clearly the case for Rome (USW), as his wife Julie requires frequent and expensive medical care to manage the debilitating effects of a stroke. This would also benefit other families with uninsured members excluded from coverage due to pre-existing conditions. Such was the case for the wife of the former health insurance salesman I met at the job fair; she gained coverage only after her husband changed careers in order to gain access to a group family coverage plan from which she could not be excluded.

While the full implications of the Affordable Care Act are unclear, the stories of health care access problems shared here by Meridian residents helps to contextualize some of the popular criticisms. While having health insurance is an undeniably important aspect to accessing health care, factors such as the type, quality, and cost of coverage as well as wage rates (expendable income) are also important in determining affordability and access to health care for individuals and families. While having health insurance is often a necessary first step in acquiring timely and appropriate health care, simply having health insurance does not necessarily guarantee this. This is clearly demonstrated by some of the RWDSU members who experience difficulty obtaining health care even with employer-sponsored coverage. This was seen in Phillip and Beth's description of limitations on well-child care and prenatal exclusions on their private insurance. Because many with private insurance already are struggling to pay premiums and out of pocket costs (e.g. Phillip and Beth), they can ill afford further increases in premiums or health care, as they would be responsible for a larger and more unaffordable percentage of health care costs.

While the Steelworkers described few problems accessing and affording health care, their "Cadillac" insurance is subject to the excise tax on high cost employer-sponsored health coverage under the Affordable Care Act provisions (The Patient Protection and Affordable Care Act Detailed Summary n.d.). The concern of the

Steelworkers and others with these “good” plans is a reduction in their level of coverage, which they see as an earned and chosen benefit because they have bargained for it in lieu of higher wages and other benefits. As companies or individuals may seek to reduce insurance coverage to avoid this tax, a concern for working and middle class families is a reduction in their access to health care due to lower quality health insurance and increased out-of-pocket costs. This is a legitimate concern. If the cost of these high-end plans becomes unaffordable, less-comprehensive coverage plans may be chosen to reduce premium costs (Gruber 2010).

While extending health insurance coverage to a large percentage of the uninsured is an important step in reducing health disparities, there are also other factors to consider. Roughly half of those to gain health insurance coverage (up to 133% of the federal poverty level) through the Affordable Care Act will do so through the expansion of Medicaid (Doherty 2010). As described here, problems receiving timely and appropriate health care are not uncommon for those on public insurance. For example, problems described in this research include long waits to get an appointment or find a provider, stories of inappropriate and stereotyped care (Gail’s story), and insufficient coverage, such as in the inability for the family to afford the recommended tonsillectomy for their child on SCHIPS. These concerns were realized elsewhere in examples of Medicaid managed care (MMC), where the extension of coverage to low-wage (working poor) individuals / families, such as Tennessee’s TennCare program, means that in order to cover more people the quality of health insurance coverage is diminished (Kuttner 1999:167). This serves as a caution that steps to add individuals onto the health insurance rolls must also include attention to quality of insurance, reimbursement rates to health care providers, and stereotyping of patients receiving public health insurance to effectively address disparities in health care.

The complexities for working families to manage basic necessities, including health care, in an uncertain and shifting economy are clearly visible in Meridian. While health disparities are a very real problem in Appalachian and throughout the U.S., the experiences of the participants in this research speak to broader understandings that while health insurance is important for access to health care, it is only part of the equation. Their stories remind us that policies that extend health insurance coverage without

attention to the quality and affordability of health insurance and health expenses, including premium rates, deductibles, co-pays, service exclusions, and administrative issues, will only partially address health care disparities.

What does this mean for the Affordable Care Act? In a practical sense, working and middle class families are caught in a bind. On one hand, they are being priced out of affordable and reasonable health insurance coverage, as insurance premiums and health care costs increase faster than inflation rates. As these costs rise, the burden is being increasingly shifted to workers, as corporations are spending less of their after-tax profits on health insurance premiums (Bybee 2009:69). On the other hand, the promises of the Affordable Care Act to make health care more affordable are viewed skeptically, as working people and economists are unsure if the reform measures will go far enough to reign in costs (Doherty 2010). While not perfect, the Affordable Care Act compares favorably against the status quo, where expected increases in health care expenditures are predicted at 6.6% of GDP per year from 2010-2019. In comparison, if the measures of the Affordable Care Act are realized, increases may be held to 2% by 2016 and 1% or 0.2% of the GDP by 2019 (Gruber 2010). Through the lived experiences of Meridian residents, offered here is a discussion of concerns over health care reform measures that contextualize problems of health care affordability within broader issues of economic transformation and rising resource insecurities for families. What Meridian residents seem to be saying is that they cannot keep pace with rising insurance and health care costs, but they also cannot afford reform measures that might decrease their quality of insurance coverage and leave them responsible for an increased (and unaffordable) proportion of health care costs.

Contributions and Future Steps

In keeping with anthropological tradition, this research highlights the realities of life in a local setting, emphasizing the linkages between health care, economic and labor issues. In so doing, this research contributes to medical anthropology, feminist (gender) anthropology, anthropology of work, anthropology of the U.S. and North American, and Appalachian studies. This ethnography humanizes health care statistics and the news reports of the “crisis” of the U.S. health care system in terms of everyday individual and

collective praxis. Because the majority of the participants in this research represent working and middle class residents in this community, this research provides a “view from the middle” and makes the findings relevant to the majority of Americans. Importantly, this research highlights underrepresented voices of rank-and-file union workers, particularly those of women. Moreover, this research, following Anglin and Lamphere, provides analyses of the “complex negotiations” (2008:279) of political economic, gendered and racialized cultural forces that allocate access to resources, particularly as related to health care. However, as this research focused on unionized workers, future research among non-union working and middle class workers and unionized service workers would allow for further unraveling of the interconnections of global market processes in the making of bio-political distinctions in accessing health care. While participants describe barriers to health care largely in economic terms, their stories and discussions are framed in the social and familial responsibilities and concerns of their everyday lives. This research describes the ways in which access to appropriate and timely health care depends upon one’s status as allocated through cultural systems. In so doing, this research demonstrates the ways in which labor union and community members at large, especially women, actively engage the health care and health insurance systems through individual pragmatism and group activities. In this manner, this research focuses on health care and labor issues in a specific urban Appalachian community, with a culture that is historically situated within political-economic contexts.

As the global can only be understood by unraveling local processes, this research seeks -- at least in part -- to address health care provisioning as an issue of social justice and activism. By highlighting the underrepresented voices of male and female rank-and-file union workers, this research demonstrates their sophisticated understandings of the local, national, and global economic milieu in which health care and economics are intertwined. Hence, this research demonstrates how this urban Appalachian community serves as a political-economic example of how underinvestment in health resources manifest in issues of health. The stories told here serve to expand the scope of our gaze toward a more complete understanding of how cultural systems and disparities are created, maintained, and interconnected within Appalachia, the United States and around the world.

APPENDIX

Table 1. RWDSU Rank-and-File Demographics

name	age	gender	race/ethnicity	union	years in union	education
Adam	40+	male	American (white)	RWDSU	<5	high school
Anna	20+	female	white	RWDSU	NA	some college
Archie	30+	male	white	RWDSU	<5	high school
Bertram	50+	male	white	RWDSU	30+	high school
Bobby	30+	male	white	RWDSU	<5	some college
Brandon	20+	male	white	RWDSU	<5	high school
Casey	60+	male	American man of color	RWDSU	<5	high school; vocational
Christopher	50+	male	white	RWDSU	20+	associate degree
Don	60+	male	white	RWDSU	10+	high school; vocational
Elizabeth	30+	female	white	RWDSU	NA	high school
Franklin	40+	male	black	RWDSU	5+	some college
Gail	40+	female	white	RWDSU	<5	high school
Genevieve	40+	female	white	RWDSU	<5	high school
Hank	40+	male	white	RWDSU	<5	high school
Harry	50+	male	Native American/black	RWDSU	<5	some college
Jason	30+	male	American (white)	RWDSU	10+	high school
Jim	40+	male	white	RWDSU	10+	high school; vocational
Lance	30+	male	white	RWDSU	5+	some college
Larry	40+	male	white	RWDSU	10+	high school; vocational
Leslie	40+	female	white	RWDSU	NA	college
Paula	30+	female	white	RWDSU	<5	some college
Phillip	30+	male	white	RWDSU	<5	high school (GED)
Reggie	30+	male	white	RWDSU	10+	high school
Russell	40+	male	white	RWDSU	<5	high school
Sabrina	40+	female	black	RWDSU	<5	high school
Samuel	30+	male	white	RWDSU	<5	high school
Sean	20+	male	white	RWDSU	<5	high school
Steve	40+	male	white	RWDSU	10+	high school
Teddy	30+	male	white	RWDSU	<5	high school; vocational
Terrence	30+	male	black	RWDSU	<5	high school

Table 2. RWDSU Representative Demographics

name	age	gender	race/ethnicity	union	years in union	education
Danny	50+	male	white	RWDSU	20+	some college
Joseph	40+	male	white	RWDSU	20+	high school
Kyle	40+	male	white	RWDSU	20+	high school
Lewis	50+	male	white	RWDSU	20+	high school

Table 3. USW Rank-and-File Demographics

name	age	gender	race/ethnicity	union	years in union	education
Billy	20+	male	white	USW	<5	some college
Catherine	40+	female	white	USW	NA	graduate degree
Crissy	30+	female	white	USW	<5	high school; vocational
Curtis	50+	male	white	USW	30+	some college
Dean	20+	male	pacific Islander/Caucasian	USW	5+	high school
Eddie	30+	male	white Jew	USW	5+	high school; technical
Edward	50+	male	white	USW	<5	some college; technical
Elaine	50+	female	white	USW	5+	high school
Helen	40+	female	white	USW	10+	high school
Henry	50+	male	white	USW	20+	associate degree
Jake	30+	male	white	USW	5+	some college; vocational
Joan	50+	female	white	USW	30+	college
Lana	50+	female	white	USW	30+	high school; apprenticeship
Leo	50+	male	white	USW	40+	college
Lowell	50+	male	white	USW	30+	associate degree
Lucas	40+	male	white	USW	5+	high school
Macy	40+	female	African American	USW	<5	associate degree
Marty	30+	male	Native American	USW	5+	some college; vocational
Matt	50+	male	African American	USW	30+	associate degree
Melvin	50+	male	white	USW	20+	high school; vocational
Quentin	60+	male	white	USW	40+	some college
Rachael	50+	female	white	USW	30+	high school
Richard	30+	male	white	USW	<5	college
Rome	50+	male	white	USW	20+	high school; vocational
Ronnie	40+	male	white	USW	<5	associate degree
Stan	50+	male	African American	USW	10+	high school
Theo	30+	male	white	USW	10+	associate degree
Timmy	20+	male	white	USW	<5	high school
Trace	30+	male	white	USW	5+	high school; vocational
Vicky	50+	female	white	USW	5+	some college
Wade	30+	male	white	USW	<5	some college

Table 4. USW Representative Demographics

name	age	gender	race/ethnicity	union	years in union	education
Abe	30+	male	white	USW	5+	some college; apprenticeship
Alex	40+	male	white	USW	20+	some college
Andy	30+	male	white	USW	5+	college
Gary	30+	male	American (white)	USW	5+	some college; apprenticeship
Gavin	30+	male	white	USW	<5	vocational training
Kevin	30+	male	white	USW	5+	vocational training; apprenticeship
Randy	40+	male	white	USW	20+	vocational training
Tony	40+	male	white	USW	20+	associate degree
Will	50+	male	white	USW	30+	some college

Table 5. RWDSU Rank-and-File Benefits and Drawbacks (responses to Question 1)

name	benefits of union	problems (drawbacks) of union
Adam	wages; can't fire without reason; health benefits	none
Anna	no data	no data
Archie	grievance process	none
Bertram	benefits (health insurance, disability); job protection	none
Bobby	job security; representation	seniority process slow
Brandon	representation; collective bargaining; voice	union strength
Casey	voice; representation	not as strong as used to be; too political
Christopher	package deal (health insurance; wages)	people don't participate
Don	stand up for you; voice	none
Elizabeth	no data	no data
Franklin	job security; representation	representatives sometimes drag their feet
Gail	job security	none
Genevieve	grievance process (unfair treatment); seniority	none
Hank	job security; wages	none
Harry	wages	no benefits for PT workers; union strength
Jason	job protection; health benefits; pension	grievance process
Jim	representation	seniority not always honored
Lance	job security; collective bargaining; health benefits	none
Larry	solidarity; job protection; fair treatment	youth uninformed about unions
Leslie	health benefits; better working environment	none
Paula	representation; wages	no benefits for PT workers
Phillip	job security; representation	none
Reggie	fair rights; wages; health and prescription benefits	none
Russell	grievance process (prevent mistreatment); health benefits	no health benefits for PT workers
Sabrina	job security; health benefits; emails from union	none
Samuel	grievance process; seniority	no paid vacation for PT workers
Sean	wages; health insurance	health insurance premium increased
Steve	can't fire without reason; voice; collective bargaining; health benefits; retirement	none
Teddy	have your back; pension	none
Terrence	job security; can't work over 16 hours/day	none

Table 6. RWDSU Representatives Stated Union Benefits (Question1)

name	benefits of union	problems (drawbacks) of union
Danny	voice; health benefits; wages; retirement	Not asked
Joseph	job protection (deter discrimination); health benefits; collective bargaining	Not asked
Kyle	benefits (wages, vacation, health insurance, pension); job security; camaraderie	Not asked
Lewis	strength in numbers; collective bargaining; health benefits	Not asked

Table 7. USW Rank-and-File Benefits and Drawbacks (Question 1)

name	benefits of union	problems (drawbacks) of union
Billy	job security; benefits; representation; deter discrimination	union should fight company more
Catherine	power of the group / collective; advocate for retired workers; common voice	none
Crissy	job security; wage increases; collective bargaining	strike potential
Curtis	health insurance; collective bargaining; union as family	union dues issue for very few
Dean	not just one person; job security; health benefits	none
Eddie	job security; wages; health benefits; vacation time; part of something with history	sometimes do not stand together
Edward	grievance process	no comment
Elaine	health benefits; union support; security	can't complain about union brothers
Helen	Job security; health benefits	grievance (represent rule breakers)
Henry	power of the group	grievance process (time spent)
Jake	collective bargaining; voice; no company favoritism; grievance process	none
Joan	job protection; collective bargaining	don't advance on own merit (seniority)
Lana	job protection; fight for wages, benefits; protect from company discrimination	none
Leo	seniority; health benefits	don't advance on own merit (seniority)
Lowell	quality of life; health care; safety; voice	none
Lucas	health benefits; job security; standard of living; safety	none
Macy	job security; grievance process; collective bargaining	none
Marty	blanket protections; seniority	unfair media bias
Matt	job protection; health benefits; fair treatment	none
Melvin	health insurance; job protection; better working conditions	none
Quentin	job protection	grievance process (ignore past practice)
Rachael	health benefits; seniority; collective bargaining; voice	none
Richard	job protection; grievance process; sticking together	company hostility towards unions
Rome	health insurance; security (benefits, retirement, health)	none
Ronnie	security (health benefits, job security, fairness)	none
Stan	seniority; collective bargaining	politics of grievance process
Theo	job security; seniority; wages; health benefits	none
Timmy	ND	ND
Trace	job security; health benefits	company hostility towards unions
Vicky	job protection; security	grievance (represent rule breakers)
Wade	job protection; security	none

Table 8. USW Representatives Union Benefits (Question 1)

name	benefits of union	problems (drawbacks) of union
Abe	standard of living; wages; safety; pension; health care	not asked
Alex	safety; health benefits; wages; pension; vacation; seniority	not asked
Andy	stronger voice; working conditions; safety	not asked
Gary	representation; protection; benefits	not asked
Gavin	fight unfair labor practices; wages; health benefits	not asked
Kevin	collective bargaining; health benefits; representation	not asked
Randy	seniority; better standard of living; safety	not asked
Tony	job protection; wages; working conditions; retirement	not asked
Will	health benefits; family time	not asked

Table 9. Health Insurance Coverage for RWDSU and USW

RWDSU Health Insurance Coverage: Fully-insured funding, where employer (food processing plant) shifts entire risk to insurer.

Biweekly Premiums (rounded dollars)	2007	2008	2009	2010
Employee (single)	19	13	16	20
Employee + spouse	31	27	33	39
Employee + dependant	26	23	27	32
Family	41	36	44	52

Deductibles: \$300 individual, \$600 family (in-network);

\$600 individual, \$1,200 family (out-of-network)

Coverage: 90% at time of interviews (reduced to 80% in January 2008 contract);
maximum out-of-pocket cost is \$1500 individual / \$3000 family per year

Co-Pay: \$15 (at time of interviews) increased to \$20 after January 2008 contract

Prescriptions: \$10 generic; \$20 preferred brand; \$30 non-preferred brand

Lifetime Cap: \$2 million (increased to \$3 million in 2008 contract)

Dental: Yes (gained in 2005 contract; details unavailable)

Vision: New Discount Program in 2008 contract (details unavailable)

Coverage extended to part-time employees in 2008 contract. Retirement increased significantly in this contract from \$16.00/year worked (previous contract) to \$32.00/year worked (beginning 2010)

USW Health Insurance Coverage: Self-insured funding, where employer (steel mill) pays insurer only for administrative functions and retains full responsibility for paying claims.

Premiums: none (includes family coverage)

Deductibles: \$250 individual; \$500 family (no deductibles prior to 2005 contract)

Coverage: 100% following deductible

Co-Pay: \$15

Prescriptions: \$5 generic; \$10 preferred brand; \$50 non-preferred brand

Lifetime Cap: \$500,000 (renews with each contract)

Dental: Yes (details unavailable)

Vision: Yes (details unavailable)

Interview Schedule A :
rank-and file union members or adult member of their household

Demographics:

How long lived in the area? _____
Where do you work? _____ How long there? _____
Gender _____ Age _____ Race/ethnicity _____
Married / long term partner? _____
Children? _____
Other dependents? _____
Household members? _____
Education level _____
Union affiliation? _____ How long? _____

A) Labor Union Membership and Benefits

1. How did you become to be in the union? What is important about belonging to a union? What benefits does it offer? What is the most important benefit (s) of union membership? Are there drawbacks to union membership?
2. What are the most important issues facing labor unions today? Nationally? Locally?
3. What types of union events or activities do you attend or participate in?
4. Is your union local involved in any community activities? Would you describe these? Are you involved in any of these activities?

B) Access to Health Care / Health Insurance

1. How would you describe your health? (e.g. fair, poor, good, excellent)
2. Do you have specific health care concerns for yourself? For your household / family (e.g. children, parents)? Would you list those concerns?
3. Have you experienced any barriers to health care? What are they? What do you do?

Is transportation or proximity to a health care facility a problem?

Do you have a usual source of health care / provider?

Do you ever have difficulty making health care appointments (refusal, long waits, referrals, etc.)? Examples?

4. Do you have household / family members who have barriers to health care?
What do you /they do to overcome these barriers (get health care)?
5. Do you or your household members ever have difficulty (or worry about) paying for health care services (e.g. high co-pays, prescriptions; procedures recommended by doctor but not covered by insurance plan; preventive care, follow-up care etc.) How do you handle these problems?
6. Is health insurance offered through your job or union? Do you consider health insurance an important benefit? Why / why not?
7. Do you currently have health insurance?
[If has insurance]
 - Are you insured through a private source (e.g. work, spouse) or public source?
 - How long have you had your current insurance?
 - Have you had gaps in your health insurance coverage? When and why? Consequences?
 [If no insurance]
 - Why are you uninsured? (e.g. cannot afford, not offered, does not need, etc.)
 - Have you ever had health insurance? When and where?
 - When were you last insured and for how long?
8. Are the members in your current household uninsured / insured (public or private)? Is access to health care a problem for any of your household members (e.g. problems getting health care for children, elder family members)? Examples? What do they do to get care?
9. Do you or you household members ever forego or postpone care due to cost? Other reasons? Example?
[If so] What were the consequences of foregoing / postponing care?
 - Problem caused pain or difficulties?
 - Interfered with ability to work or care for others (# number of work days lost?)
 - Still have problem? Was the problem ever treated?
 - Went without care more than once?
10. How satisfied are you with your health care access overall? For your household / family?

C) Closing

1. Is there anything I haven't asked about that I should be aware of?
2. Would it be ok for me to contact you again later for a follow-up interview?
3. Is there anyone (adult) in your household that you would recommend I interview?

Interview Schedule B : Union Representatives, Stewards and Staff

Demographics:

How long lived in the area? _____

Union affiliation? _____ How long in union? _____

Union title / position? _____ Full time position? _____

Gender _____ Age _____ Race/ethnicity _____

Education level _____

1. Would you describe your role / position in the union local? How long have you been a representative / staff? What are your responsibilities?
2. Would you describe the demographics in your local and the region (e.g. gender, race/ethnicity, age)?
3. What businesses / companies do you represent? What types of jobs do your members do / where are they employed?
4. What is important about belonging to a union –benefits of union membership? Why is unionization important to service workers?
5. What issues are of greatest concern to your union members?
6. Does the union local ever collaborate with community groups in the area? If so, please describe. Are there any issues where a collaboration between the union and a community group would be beneficial?
7. How important is health care access / health insurance to union members?
Problems?
-What percentage of you local union membership has health insurance?
Insurance union or job sponsored?
-Are there different levels of health insurance offered? How determined? Cost?
8. Does the union have difficulty in keeping or getting health insurance for members? What are insurance negotiations like? What is the union doing to gain or preserve health benefits?
9. How does the union address member needs regarding access to healthcare problems? What other resources do union members utilize?
10. What do you think is the most important issue with access to health care in this area/ region? With labor unions?

Closing

1. Is there anything I haven't asked about that I should be aware of?
2. Can you recommend any members or representatives that I should talk with?
3. May I contact you again if I have follow-up questions?

Interview Schedule C : Follow-up interview with union members

Work, union, and community life

1. Has anything changed with your work or union membership since we first talked? Have there been changes in your household?
2. What community groups / organizations / clubs do you belong to? What types of activities do they sponsor? (e.g. health fairs, screening events, help with health care bills, etc.)
3. Are there any [other] community issues / problems that might be benefited through a collaboration between the union and a community group?

Health care practices follow-up

1. Has anything changed in terms of your health or health insurance status since we last talked? Any changes with other members of your household?
2. When / how often do you need to see a health care provider?
3. Do you receive preventive health care (when age appropriate) (e.g. check-ups, BP & cholesterol checks, cancer screenings- mammogram, pap test, prostate exam, colonoscopy)? How often? Why / why not? Where do you go?
4. Where would you go for health care for an acute problem (e.g. flu, sore throat, accident injury)?
5. Where would you go for health care for a chronic problem (e.g. hypertension, heart disease, diabetes, arthritis)?
6. Would you have any problems obtaining follow-up care if it was recommended by a doctor? Examples? What did you do to get care?
7. Have you ever gone to the health department for health care? Health fairs?
8. Can you recall how many times in the past six months/ past year you have been ill or felt you needed medical care? How many of those times did you receive medical care? Why or why not?
9. Do you use alternative forms of care (chiropractor, herbalist, acupuncture, OTC meds, home remedies, etc)?
10. What other resources do you use to obtain health care?
(e.g. family members, community organizations, church, government programs, etc.)

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Zuckerman, Stephen, Aimee F. Williams, and Karen E. Stockley

2009 Trends in Medicaid Physician Fees, 2003-2008. *Health Affairs* (web exclusive). April: w510-w519.

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Education

- 2009 Graduate Certificate
Gender and Women's Studies
University of Kentucky
May 2009
- 2003 Master of Arts, Anthropology
Thesis title: *An Investigation of Women's Health Care
and Childbirth Practices in Twentieth Century Eastern
Kentucky*
Advisor: Mary K. Anglin (Kentucky)
- 1999 Bachelor of Science, Sociology and Anthropology
East Tennessee State University (Johnson City,
Tennessee)
- 1998 Master of Science, Biological Sciences
East Tennessee State University (Johnson City,
Tennessee)
Theses title: *Tardigrade Distribution Within A Moss
Cushion*
Advisor: Diane R. Nelson
- 1994 Bachelor of Science, Biological Sciences
East Tennessee State University (Johnson City,
Tennessee)

Grants and Scholarships

- 2007 National Science Foundation Doctoral Dissertation
Improvement Grant
- 2007 James S. Brown Graduate Student Award for Research on
Appalachia

Honors and Awards

- 2008 Invited speaker at the Graduate Student Seminar on Funding for the Departments of Anthropology, Geography, Political Science, and Sociology, sponsored by the University of Kentucky Arts and Sciences College Grants Program and the Proposal Development Office. University of Kentucky, October
- 2006 William Y. Adams Award for Excellence in Teaching by a Graduate Student, Department of Anthropology, University of Kentucky, April
- 2003 Sylvia H. Forman Prize, Honorable Mention (Association of Feminist Anthropology), November
- Lambda Alpha, National Anthropology Honor Society
- 2000 Department of Sociology and Anthropology Acknowledgement for Outstanding Achievement, East Tennessee State University
- 1995 Libby Hyman Memorial Scholarship: Division of Invertebrate Zoology, American Society of Zoologists
- Gamma Beta Phi Society, Academic Honor Society
- 1993-94 Ronald McNair Scholar
- 1991 Beta Beta Beta, Biological Sciences Honor Society

Publications and Technical Reports

Nelson, D.R. & Adkins, R.G. 2001. Distribution of Tardigrades within a Moss Cushion: Do Tardigrades Migrate in Response to Changing Moisture Conditions? *Zoologischer Anzeiger*. Vol. 240, Issue 3-4 [Special Issue on the Tardigrada]; p.491-498.

Jensen, J. Goldstein, B. Fletcher, R., White, J. 2003. *Life Choices and Adult Education: Living and Learning as an Under Educated Adult*. Report prepared for the Kentucky Council on Postsecondary Education.

Presentations

- 2010 Rebecca Adkins Fletcher. "The Politics of Health Care Reform: What Working Families in Urban Central Appalachia can Teach us about the Debate." Paper presented at the Association of American Anthropologists, New Orleans, LA, November.

- 2009 Rebecca Adkins Fletcher. "Part-time Employees, Full-time Workers: Reinventing Service Work through Employee Devaluation, Paper presented at the Anthropological Association, Philadelphia, PA, December.
- Rebecca Adkins Fletcher. "The "New" Labor Movement in Central Appalachia: Claiming Community Space in a Privatized Public." Paper presented at the Appalachian Studies Association, Shawnee State University, Portsmouth, Ohio. March.
- 2008 Rebecca Adkins Fletcher. "Substantive Citizenship Rights and Health Care Among Unionized Workers in Urban Central Appalachia." Paper presented at the American Anthropological Association, San Francisco, CA, November
- 2005 Rebecca Adkins Fletcher, Mary K. Anglin, Amy Christian, and Claudia Hopenhayn. "Health Disparities And Cervical Cancer In An Eastern Kentucky County." Paper presented at the Society for Applied Anthropology, Santa Fe, New Mexico, April
- Rebecca Adkins Fletcher. "Crisis in Health Care: Appalachia in the National Scene." Paper presented at the Appalachian Studies Association Annual Meeting, March
- Claudia Hopenhayn, Amy Christian, **Rebecca Adkins Fletcher**, and Mary Anglin, "HPV and Cervical Cancer in Appalachian Kentucky." Poster presented at the Chronic Disease Prevention and Control Conference, March
- 2003 Rebecca Adkins Fletcher. "Catchin' Babies in Eastern Kentucky: Nurse- Midwife Descriptions of Childbirth and Issues of Control." Paper presented at the American Anthropological Association, Chicago, IL; November
- Rebecca Adkins Fletcher. "Up the Creek When the Creek was Up": An Investigation of the Role of Women Health Care Providers in Twentieth Century Eastern Kentucky." Paper presented at the Appalachian Studies Association, Richmond, KY; April
- 2001 Rebecca Adkins and Stevan Jackson "Davy Crockett and Cuchulainn: Kings of the Folk Frontier." (revised edition) Paper presented at the Southern Anthropological Society, Nashville, TN; April

- 2000 Diane R. Nelson and **Rebecca G. Adkins**. "Distribution of Tardigrades within a Moss Cushion: Do Tardigrades Migrate in Response to Changing Moisture Conditions?" Paper presented at the 8th International Symposium on Tardigrada, Copenhagen, Denmark; July/August 2000; Presented by Diane R. Nelson
- 1998 Rebecca Adkins and Stevan Jackson. "Davy Crockett and Cuchulainn: Kings of the Folk Frontier." Paper presented at the Twelfth Ulster American Heritage Symposium, Cullowhee, NC; July/August
- 1996 Rebecca Adkins and Diane R. Nelson "Tardigrade Distribution Within a Moss Cushion." Paper presented at the Association of Southeastern Biologists (ASB) 57th Annual Meeting, Statesboro, GA; April
- 1995 Rebecca G. Adkins and Diane R. Nelson. "An Ecological Survey the Tardigrades of Greene Mountain, Tennessee." Paper presented at the Association of Southeastern Biologists (ASB) 56th Annual Meeting, Knoxville, TN; April
- 1994 Rebecca G. Adkins and Diane R. Nelson, "Survey the Tardigrades of Greene Mountain." Paper presented at the 6th International Symposium on Tardigrada, Cambridge, England; August
- Rebecca G. Adkins and Diane R. Nelson, "Survey the Tardigrades of Greene Mountain." Paper presented at the Tri-Beta (Student Biological Honors Society) Annual Meeting, Orlando, FL; April
- 1993 Rebecca G. Adkins and Hugh A. Miller, III. "Identification of the Proportion of ANP Secreting Cardiomyocytes in Each Atrial Chamber of the Rat Heart." Paper presented at Ronald E. McNair Program Summer Research Conference, Penn State University; August

Academic Service

- 2010-2012 Steering Committee, Appalachian Studies Association
- 2008 Session Chair for panel "Post Industrial Realities: Work, Welfare, and Health Care," American Anthropological Association Annual Meetings, San Francisco, CA, November
- 2005 Session Chair, "Strategies for Cancer Care & Prevention," Society for Applied Anthropology Meetings, Santa Fe, New Mexico, April 6-10
- 2002 Treasurer of the Anthropology Graduate Student Association (AGSA), University of Kentucky

Student Chairperson of the Medical Anthropology Research Group
(MARG), University of Kentucky

1992 Secretary-treasurer of Beta Beta Beta, Biological Sciences Honor
Society, East Tennessee State University

Professional Affiliations:

American Anthropological Association (AAA)

Association for Feminist Anthropology, section AAA

Society for Medical Anthropology, section AAA

Society for the Anthropology of Work, section AAA

Society for the Anthropology of North America, section AAA

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