3 Health Care and the Unemployed

☐ Susan B. Rosenblum

On a chilly evening in March more than 50 residents of Calumet City, Illinois, gathered to hear the findings and recommendations from a survey conducted last fall by the South Suburban Task Force on the Health Impact of Unemployment and Low Income.

The Task Force had conducted interviews with unemployed workers in Calumet City and two other south Cook County communities. We wanted to find out the impact unemployment was having on people's health and their ability to get health care.

Turning to the residents of the once stable steelworking town where unemployment reached nearly 20% last year, Dave Ritchie of St. Victor's Job Search—a local church-sponsored support group—delivered the opening remarks:

> *"This meeting is held in behalf of those people present and for the countless number who couldn't show because of—personal shame of unemployment; to those who became entrapped in a bottle of drugs; to those who had mental breakdowns and to those who recently died because of the stress of unemployment and feeling lost and alone. . . I shall speak on their behalf."*

Also present in the chambers were three members of the city council's Health, Education and Welfare committee. They listened as the speaker continued:

> *"How can we become full assets to our community when the physical and mental health of our people constantly deteriorates?"*

The Task Force's 90-page report, *The Health Impact of Unemployment and Low Income*, was released in March 1984. It summarized key findings and recommendations based on interviews

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with unemployed workers and surveys of local physicians, dentists, and health and social service agencies. The Midwest Center for Labor Research (MCLR), along with four local health agencies, conducted the study.

One highlight of the Task Force study was its documentation of how unemployment has affected the "new unemployed," including many middle-income suburban residents. As middle-income people lost their jobs in the recent recession, they faced the same barriers to health care experienced for years by low-income and minority residents. The Task Force saw the opportunity to document their situation and to work across racial and economic divisions to improve the health care system.

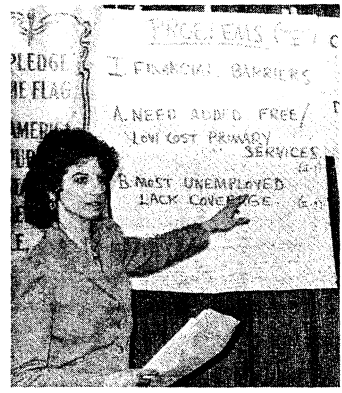
Interviews were done in three suburban Chicago communities—Chicago Heights, Calumet City and Park Forest, all located within 30 miles of downtown Chicago. We selected these three towns because, while they all are experiencing high unemployment, they are very different from each other in other respects and each was representative of other south suburban communities.

Chicago Heights represented one kind of town—an older industrial community with a large Black and Hispanic population. Unemployment and poverty had been persistent problems there and were made worse by plant closings and mass layoffs in auto and steel in the early 1980s. One scar of that high unemployment is an infant mortality rate of 22, higher than in some underdeveloped countries.

Calumet City and Forest Park, on the other hand, were the towns where we found the "new unemployed." Calumet City's population is primarily white, industrial and unionized. The shutdown of Wisconsin Steel in 1980, and layoffs at Republic, Inland and U.S. Steel South Works have devastated Calumet City, where unemployment soared to 16% in 1982. Park Forest residents are primarily professional, white-collar workers, but they were not immune to the recession. Layoffs at Chicago corporations where many worked, along with the closing of Goldblatt's (a Chicago-based retail store) and Johnson & Johnson, contributed to rising unemployment in Park Forest.

Our interviews documented what we expected to find: loss of one's job leads to reduced income and loss of health insurance, posing financial barriers to obtaining health care. In addition, we found that many people experience a profound sense of personal devastation and depression with the prospect and realilty of long-term unemployment. Older, industrial, unionized workers often appeared reluctant to use existing public health clinics. Even for those who went back to work, or had another adult household member working, affording health care was a problem. Part-time work and service-sector jobs don't carry the health benefits that full-time union jobs do.

After presenting the major findings of our study, I will discuss them in light of current economic and social trends, and will offer recommendations for action at both the national and state and local levels.



Findings

With the help of 15 trained volunteers from the affected communities, the Task Force conducted personal interviews with 284 persons—117 in Chicago Heights, 100 in Calumet City and 67 in Park Forest.[1] More than half the sample had previously worked in union manufacturing jobs, and close to 60% had become unemployed due to a plant closing or layoff. In addition to the interviews, telephone and mailed questionnaires were distributed to 20 physicians and dentists, 20 health provider organizations and 14 social service agencies.

Of the 284 persons interviewed:

- 76% said they had health coverage when working, but only 47% had coverage during unemployment.*
- 40% reported a decreased use of primary, preventive health services since unemployment.
- 46% said they could not afford to buy necessary medication due to reduced income or loss of health insurance.
- 60% said that they did not know where to find free or low cost health services in their communities.

Behind these statistics are the experiences, struggles and pain of women and men who cannot find work or afford decent health care. Their plight, and at times desperation, is best described in their own words.

One woman saw a flyer about the survey and wrote to the Project:

"My husband has been laid off work for three years. We have no medical insurance at all. We just cannot afford to see our doctors. My husband should be seeing his doctor two times a year. I also should be seeing my doctor. I am taking blood pressure pills and diabetic pills. We would like to hold on to our doctors since they know our cases.

*"Health coverage" during unemployment included health insurance, hospitalization, Medicaid, veterans benefits or disability.

"I have not had a physical for over two years because we cannot afford it. We went to see if we could get a "green card" but couldn't get it because we didn't meet the spend-down. They wanted us to have the bills charged for six months and if we meet the spend-down, they would pay for part of it. But the doctors don't want to accept the green cards anymore. They say it takes so long to get the money and they don't get all of it.

"How can we stay healthy when we don't have the money to pay our doctors and lab work? Poor people take the punishment. Nobody cares anymore."

People know they should be going to the doctor, but they cannot afford it:

"When I became unemployed no hospital or clinic would have anything to do with me without a Medicaid card. I don't like being looked down on because I am unemployed. I'm beginning to believe no one cares."

But even those on public aid cannot always get the medical care they need:

"General assistance doesn't pay enough for me to see a doctor to get the necessary arthritis medication. Without medication my fingers curl up, slowing down my typing speed and making it harder for me to get a job."

A 59-year-old systems analyst was forced to take early retirement. He describes the stress he feels:

"We need more community mental health programs. Too many doctors just don't understand unemployment and what it means. They don't understand the emotional side of it. I need to find a good counselor or psychiatrist. I could be working."

There are programs but people don't know about them:

"I've been paying taxes for years. Now I need help and no one is telling me where to go. You have told me about a few places, but why don't they advertise it so everyone knows? My wife has medical problems, but where do I turn?"

And people offer their ideas for programs:

"We ought to get people together to talk about their needs. Let's take a vacant building and offer recreation to help people release their tension."

"They should pass a Bill in Congress to insure the unemployed so they don't have to do without health care."

Findings from our survey of health provider organizations, social service agencies and private practitioners indicated the following trends:

- *Several agencies reported an increase in patients suffering from hypertension, heart disease, depression, anxiety, homicidal and suicidal tendencies, family violence, child abuse, tuberculosis, alcoholism, drug dependency and malnutrition.*
- *Five agencies mentioned the critical need for emergency resources—food, clothing, shelter, transportation, medicine.*
- *Although most agencies could identify a few free or low-cost health services, no one could name all such services available in South Cook County.*
- *Respondents seemed to agree that unemployed and low-income people were delaying medical care, with preventive services being the lowest priority and parents attempting to get care for their kids even if they could not afford it for themselves.*

A few observations from agency staff highlight the ways unemployment has affected families and their decisions about health care:

"More fathers are bringing their kids to the well-baby clinics."

"Parents are diluting their children's formula to save money."

"Unemployed husbands are crushed when they are told that their wife must deliver at Cook County Hospital which prohibits husbands in the delivery room—'I've reduced her to this.' "

Doctors recognize the problems faced by the newly unemployed, but express frustration with the system:

"Patients delay getting prenatal care because they cannot afford to pay for care."

"Medicaid is reimbursing less and not reimbursing on time."

"Patients coming to me with green cards say they are turned away by other physicians."

How Unemployment Affects Health Care

In the United States—where there is no universal health coverage—unemployment affects people's health in two fundamental ways. First, when people lose their jobs they lose their health benefits, and reduced income means they cannot afford private medical care. Second, the stress of unemployment attacks both physical and mental health.

At least 85% of the American population depends on employment-based health plans to gain access to the private medical care system.[2] Consequently, job loss almost inevitably means loss of health coverage. A study by the Robert Wood Johnson Foundation reports that 33% of the currently "uninsured" population had their coverage reduced or dropped when they became unemployed. Overall, the study found that 12% of the American population—some 28 million Americans—have difficulty affording the health care they need.[3]

Unemployment also contributes to illness. Research by Dr. Harvey Brenner of Johns Hopkins University shows an association between increased unemployment and increases in death rates from cirrhosis of the liver and suicide. He also notes an increased incidence of child abuse, hypertension and mental illness.[4]

Communities as well as individuals suffer from unemployment. Entire medical care systems may be threatened. As patients can no longer afford hospitalization, local hospitals lose revenue and may even close. Nurses and other personnel are laid off. Communities, unaccustomed to high unemployment, may not have low-cost services established to serve those without health coverage. Whether hospitals and clinics cut back services or shut down, the "ripple" effect on people's health broadens.

The Prospect of Permanent Unemployment

Many workers, particularly older workers from auto and steel, face the prospect of long-term or even permanent unemployment. While they were among the highest paid workers with good benefits, they often expressed a tragic despair.

Those who earned extended benefits as part of severance contracts expressed anxiety as the expiration dates on the policies neared. A decision to keep the policy meant dipping into savings to pay the premiums or cutting back on food and clothing. The UAW estimates that less than a third of those workers eligible to continue their benefits actually do. According to the UAW, laid-off workers have to spend a fifth to a quarter of their unemployment benefits to maintain their health insurance.[5] The price is just too high.

Long-term unemployment may contribute to severe depression and

hopelessness. Steelworkers who reported having worked 10 to 20 years on their job expressed a belief they would never go back to work. "Who is going to hire a 55-year-old steelworker?" was a frequent comment.

Extended feelings of isolation and uselessness may lead to self-neglect. People who believe they may never work again postpone any kind of investment—even in themselves. Just when they may need it most, many unemployed workers consciously delay necessary medical care.

Impact on Women

The plight of unemployed women who must maintain families was dramatized in our interviews. They talked openly about discrimination and the difficulties in obtaining health care for themselves and their families.

Two women specifically mentioned that their previous employers had refused them health benefits because their husbands had coverage. Now these two women find themselves divorced, unemployed and without coverage. Our survey found that *more than a third of the women*, compared to less than a fifth of the men, had no health coverage at their previous jobs.

Although single women with families were more likely to have health coverage during unemployment due to their eligibility for public aid, this did not guarantee access to health care. One woman explained:

> *We're broke—nothing we can do about it. Everyday I look for work. I'm skilled as an auto mechanic, but men don't give up these positions, especially now, with the lack of work. I could do secretarial work, but because that's a woman's job, you get minimum wage and no benefits. My daughter needed a physical for school. I forged the doctor's name.*

A woman with five children described the stigma she felt when her husband died and she had to turn to the Township for help:

> *I think our community is the pits. When my husband died I got emergency money from the Township, but I had to shop at "certain" stores. The* minute *my husband died the medical insurance was cancelled by Blue Cross/Blue Shield.*

As long-term unemployment contributes to family stress leading to separation and divorce, there is an increase in the number of households headed by women. All three towns in the survey showed an increase of from 95 to 130% in the number of female-headed families with children between 1970 and 1980.

New Employment

As single women and dislocated workers try to re-enter the labor force, many find themselves in less-skilled, lower-paying non-union jobs with fewer benefits. Case studies of plant closings suggest that formerly unionized, skilled workers end up in the "secondary labor market"—retail trades, non-durable manufacturing and service industries.[6]

One survey found that those previously working in non-manufacturing, service-sector jobs were less likely to have health insurance during employment than those in manufacturing jobs. More than 40% of those with previous service sector jobs had no health coverage while employed, compared to less than 15% of those who had had blue-collar jobs.

Many jobs in the retail and service sector are part-time, offering no benefits at all, as this laid-off steelworker's situation shows:

Carlos, 45, lives with his wife and 2 children in Calumet City. He had worked at U.S. Steel South Works for 18 years but was laid off in mid-1981. The family's health insurance just expired a few months ago and they cannot afford to continue it.

Like many steelworkers, Carlos was laid off just before he became eligible for early retirement, which would have given him more benefits. "I never knew it was going to be this bad," he says angrily. "My wife has gone to work at Sears—but it's all part-time. That way they don't have to give you any benefits at all."

Several workers reported being laid off just before they would have become eligible for company benefits. This happened to one Calumet City man:

Ron has been in and out of work for the last three years. His last steady job was in Indiana where he got a job as an iron-

worker. At one time Ron had a health plan through his union, but when he got laid off he was unable to afford to continue the policy. Ron notices that every time he finds work he seems to get laid off shortly before he becomes eligible for benefits like health care.

These findings are important in light of recent govenment reports that unemployment is down. Employment statistics hide the experiences of men like Ron and Carlos, and tell us little about the reality of working for lower wages and fewer benefits.

The Reluctance to Seek Help

Loss of income and health coverage are not the only bariers to obtaining health care during unemployment. Other barriers include perceptions among the unemployed that publicly supported health services offer second-rate care, and a reluctance to use public clinics in socioeconomically different communities.

Older industrial workers talked openly about the stigma attached to "receiving assistance:"

"People here were brought up to make it on their own. They would rather suffer than ask for help. I know that I would be more sick if I had to get help from someone than struggling on my own."

A laid-off welder from Park Forest expressed his anger about attitudes toward the unemployed:

"When I became unemployed no hospital or clinic would have anything to do with me without a medicaid card. I don't like being looked down on because I am unemployed."

Others made explicit reference to wanting to "avoid clinics" and the "stigma of the green card." Some just didn't want to ask for any help at all. They expressed a sense of pride in meeting their own needs privately after working so long.

Most Americans tend to believe that public health is reserved for "poor people," and in the United States "poor people" traditionally means Black people. Yet, the waves of plant closings and mass layoffs have displaced increasing numbers of white workers. Due to long-term unemployment, the proportion of whites living below poverty has increased from 7% in 1977 to almost 9% in 1981. While this is still significantly lower than for Blacks, it does show that economic dislocation is affecting sectors of the white population.

In their study of job loss in the aircraft industry in Connecticut, Barry Bluestone and Paula Rayman point to the reluctance of formerly unionized workers to seek professional help. They conclude

that unemployment is seen as a "personal matter" and that people try to cope themselves. They found:

> *Despite physical and emotional problems, workers tend to avoid professional help. Only 32% sought assistance from the family or in a few cases from the minister or priest. No one sought psychological counseling. . .While unemployment remains a social phenomenon, most of the coping mechanisms to deal with it remain private.*[7]

This reluctance by many unemployed workers to seek out free or low-cost public health programs should prompt policymakers to enact legislation authorizing health coverage for the unemployed. Anxiety about serious illness, injury leading to hospitalization and catastrophic bills is a number one concern for the unemployed. The fear paralyzes and isolates people, as expressed by these mothers:

> *"If something happened to one of the girls I don't know where I would go. I'm even afraid to let them go out on the playground. It has put us in a bind. We are more cautious about being around sick people. The children are in school and always exposed and might have an accident on the playground."*

Bluestone and Rayman suggest that unemployed workers are "high-risk" and that there is an urgent need for programs:

> *. . .Given the added medical problems related to job loss, it seems clear that workers may have a greater need of medical attention when they are unemployed than at any other times in their work cycles.*[8]

Ways must be found to deliver public health care and other services to the unemployed without stigmatization. People need to view publicly funded health care as a right, not a hand-out for the poor.

Recommendations and Action

In the final report, the Task Force issued eleven major recommendations. They call for action and implementation at the national, state and local/community levels.

National Policy

- Universal, comprehensive coverage to ensure basic health care to the entire U.S. population.
- Passage by the U.S. Senate of legislation already passed in 1983 by the House, authorizing block grants to the states to provide health coverage for the unemployed.

• Renewed federal funding in 1984 for the Jobs Bill, with some money allocated to pay for health services for unemployed residents in the south Cook County suburbs.

• Reorganization of the Medicaid program at the federal and state levels to allow more of the newly unemployed and near poor to qualify for health coverage.

State Legislation

• A law similar to that in Connecticut requiring companies of 100 or more employees to continue health benefits for at least 90 days if the company shuts down or relocates.

• Legal recognition of an expanded role for registered nurses in Illinois.

Local and Community Efforts

• Continued funding of existing free and low-cost health services in South Cook County.

• Establishment of a physician-and-dentist referral network in South Cook County to provide health care to unemployed and low-income residents on a free or sliding-scale basis.

• An inter-agency planning to determine how the public and private sector can best deliver free and low-cost health services for residents in the south suburbs.

• Establishment and funding of a telephone and information referral service to assist residents in locating free and low-cost health services.

• Assistance to legal aid attorneys in documenting hospitals' refusal to provide medical care for those who have no health coverage and cannot afford to pay.

The United States and South Africa are the only two advanced industrialized countries in the world without some kind of comprehensive health coverage. In calling for universal comprehensive coverage for the American population, the Task Force reflected views expressed by the unemployed. People want to be treated with dignity:

> *"There's a whole segment of us who fall through the cracks. There isn't any decent health care. There should be a government subsidized health plan for a small amount of money. I can't see people dying in the streets."*

In December 1983 the Johnson Foundation sponsored a conference in Racine, Wisconsin, entitled "Towards a National Jobs Policy."

Conference participants ranged from academics and economists to labor representatives. In their summary paper, they argue that the critical question to be addressed is not capital mobility and disinvestment per se, but rather the social costs of those decisions:

> *The United States is the only industrialized nation where there are no restrictions on capital mobility that reflect public concern over the social costs of corporate decision-making.*[9]

While there are no government statistics on the number of workers affected by plant closings, Bennett Harrison estimates that between 1978 and 1982, 800,000 Americans a year lost their jobs due to plant closings.[10] Such figures, and the human suffering which underlies them, should offer sufficient evidence that the U.S. needs plant closing legislation.

But by the end of 1983, laws requiring companies to give advance notification prior to closing or relocating had passed in only two states—Wisconsin and Maine. Two cities—Philadelphia and Pittsburgh—also have passed some form of advance notification laws, but these laws currently face modification or repeal. In 14 other states laws requiring advance notification are being debated. Connecticut, however, is the only state with a law specifically requiring companies which close or relocate to continue health benefits for their workers.

The Connecticut law, which does not require advance notification, requires that firms of 100 or more employees must pay in full for continuation of group health insurance plans for up to 90 days for workers who lose their jobs due to plant closings or relocations. Following the 90-day period, companies must also continue to offer dislocated workers the option to continue membership in the group health plan for up to 39 weeks. This option requires that employees pay the premium themselves.

This law appears to be the only such legislation in the country. While it seems minimal, it represents one of the few steps any state has taken to formally require private companies to reckon with the social costs of unemployment.

How Organized Labor Can Help

During the project we learned about several efforts by organized labor to meet the health care needs of the unemployed.

One such program is a joint venture between the AFL-CIO and the Indiana Society for Internal Medicine.

Under this arrangement, participating doctors see patients for free once the Indiana AFL-CIO screens them and verifies that they have been unemployed at least 90 days and are not eligible for Medicaid. Recipients do not have to be prior union members.

In addition, the AFL-CIO in Indiana received Federal Jobs Bill money to pay for medical care for workers during retraining. To date some 300 workers have benefited from this arrangements.

According to Harold Stark, Community Services Representative for the AFL-CIO, the Indiana program is important to developing an effective dislocated workers program. "We're making it possible for hundreds of people in training who may have some medical problems to get assistance so they can continue and get a job," Stark observes.

Since the referrals are made to private doctors through a labor-affiliated organization, many of the unemployed, especially long-time union members, seem more willing to seek out medical help through this program. "It's difficult—especially among the steelworkers and others who've earned their own way," Stark says, "for them to go anywhere they think they'll have to take a handout. The program here saves them that stigma and embarrassment. It's not dehumanizing. We simply check their background to make sure they are on layoff and not eligible for Medicaid. They get service—quick

and easy." Another innovative approach by a union to meet the health and social service needs of unemployed workers is being spearheaded in Chicago by the Steelworkers Research Project, which involves members of USWA Local 65.

Working with Hull House, a major social service agency in Chicago, the Project is sending a questionnaire to approximately 6,000 laid-off steelworkers from U.S. Steel South Works, where the work force has been reduced since 1978 from 8,000 to 800. The survey will help identify major health, mental health, legal, financial and housing problems that workers have experienced since their layoff. The findings will be used to make recommendations about the need for extended benefits in such areas as unemployment compensation, health care and legal aid.

Julie Putterman, director of the project and herself a steelworker laid off from South Works, explains the significance of the union undertaking the research and follow-up programs:

> *"We need to think about programs for dislocated workers, many of whom have fallen through the social welfare cracks and aren't getting any kind of benefits or minimal benefits. Whatever programs we set up will have to be worker-run and worker-oriented with policy decisions made by the workers themselves. It's a unique population, not used to utilizing public social welfare or being dependent. One of the ways to help people get back on their feet is to help each other."*

Suggesting some concrete ways that the union can help former members who face long-term unemployment and who need both jobs and support services, Putterman outlines some possibilities:

> *We might set up good referral systems with health agencies in the county, especially mental health agencies. We may even try to secure training options for people in the health service professions. Certainly there is a lot of paraprofessional health training. We can try to make some of the money, presumably for training, be more immediately responsive to the immediate needs of people in the community."*

Another possiblity is for local public health agencies to offer free blood pressure screenings and information tables at the regularly scheduled district and sub-district union meetings. According to Larry Stringfellow, USWA District 31, Local 5344, such outreach through the unions is critical. "Organized labor has a lot of people laid off. We need to increase the awareness—people need to know what benefits they are entitled to."

Building a Coalition For Action

In April 1984 the Task Force re-organized as the South Suburban Action Coalition on Health, Unemployment and Low Income. Three working committees formed to follow-up and implement the recommendations: an information and advocacy committee, health services committee and legislative committee.

At the Calumet City meeting aldermen said they plan to investigate applying for 1984 Jobs Bill money which will bring $2.5 million to Illinois for health care services for those unemployed who do not qualify for Medicaid.

Health Partners of South Cook County has applied for a three-year grant to establish and staff a telephone information and referral service for the south suburbs. Staffed by a full-time professional and trained volunteers, the service will make referrals on health care and other human services.

The legislative committee has met with a state representative who plans to introduce legislation similar to the Connecticut bill requiring the continuation of health benefits in cases of plant closings and relocations.

While the issues of reindustrialization, advance notification on plant closings and economic development continue to be long-term solutions, the immediate needs of the unemployed cannot be overlooked. As the Task Force report shows, plant closings, layoffs and long-term unemployment wrecks lives and cripples entire communities.

As economic dislocation continues and fewer skilled, high-paying jobs are created, good health care coverage will not be an automatic benefit of full-time work. Julie Putterman incisively summarizes the challenge to labor and those concerned about human services at a

time when the U.S. government offers no commitment to full employment or universal health coverage:

> *"With the kind of dislocation taking place there may be millions of industrial workers out of work who will never be trained and placed in the 'new employment.' So we're talking about people who may never work again, unless the government makes a commitment to having people work."*

The South Suburban Task Force hopes that our study has contributed to the dialogue among labor, elected officials, health providers and the unemployed about what should be done. We hope the report provides a tool to secure quality health care for our communities and the millions of unemployed and low-income people whose lives are at stake.

Notes

A full copy of the Task Force report, "The Health Impact of Unemployment and Low Income," may be obtained by writing to the South Suburban Cook County-DuPage Health Systems Agency (Suburban HSA), 1010 Lake Street, Oak Park, Illinois, 60301, (312) 524-9700.

[1] Interviewees were identified through a variety of sources: canvassing at local unemployment offices, shopping centers, and door-to-door; mailings; unions; community service centers, and local health departments.

[2] Cited in *Health Benefits: Loss Due to Unemployment: Hearings Before the Committee on Energy and Commerce and the Subcommittee on Health and the Environment,* House of Representatives, 98th Congress, Jan. 24 and April 22, 1983, p. 12.

[3] Report by the Robert Wood Johnson Foundation, "Updated Report on Access to Health Care for the American People," Number One, 1983, p. 9.

[4] See Harvey Brenner, "Estimating the Social Costs of National Economic Policy: Implications for Mental and Physical Health and Clinical Aggression," a report prepared for the Joint Economic Committee, U.S. Congress (Washington, D.C.: U.S. Government Printing Office, 1976).

[5] Barry Bluestone and Bennett Harrison, *The Deindustrialization of America* (NY: Basic Books, 1982), p. 65.

[6] Paula Rayman and Barry Bluestone, *Out of Work: The Consequences of Unemployment in the Hartford Aircraft Industry* (Boston: Social Welfare Research Institute, October 1982), p. 173.

[7] *Ibid.*, p. 300

[8] *Ibid.*, p. 303

[9] "Towards a National Jobs Policy," A Conference Report Based Upon a Wingspread Conference, December, 1983, (unpublished). Conference sponsored by the Johnson Foundation, Racine, Wisconsin, December, 1983, p. 8.

[10] Bennett Harrison, "Coping with Structural Unemployment by Anticipating It: The International Movement for Corporate Disclosure and Advance Notification of Business Shutdowns." Paper presented at the 36th Annual Meeting of the Industrial Relations Research Association, San Francisco, California. Dec. 28, 1983, p. 35.