SOME MEDICAL ASPECTS OF UNEMPLOYMENT

REPORT TO RESPONDENTS

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In a current study we are looking at the physiology, the health and the mental health of blue collar workers whose jobs have been terminated. We saw these men before their jobs were abolished and followed them for two years afterward. The U.A.W. was most helpful in getting this research started, particularly in finding factories that were about to close.

At the present time we are in the process of doing the final analysis. Four preliminary scientific papers have been published:


Furthermore, Alfred Slote has published a book describing the first plant closing. This book, entitled Termination: The Closing at Baker Plant, is professionally written, and in the language of the day we might say "it tells it like it is." Slote has managed to capture the feeling of the whole exper-
ience of the death of a plant in a most remarkable way. The book reads like a novel; only the names and places have been changed. As time goes on, there will be further reports on the scientific aspects of the study; and later, if the money holds out, there will be a book describing the major results of our set of studies. This report is an impressionistic and evaluative summary of the trends that are appearing in the data.

The set of studies has involved two plant closings. The first took place in a large city and is described in the book Termination. The second was in a town of only 2,200 people, thus providing some urban/rural contrast. A third scheduled closing never came off, so we have an appreciable group of men who were observed through an extended period of anticipated job termination. In addition we observed a control group from several situations of stable employment. The studies focussed on married men aged 40 to 59 who had at least five years' seniority. We selected married men because of the added responsibility and the older age group because it was already known that older men experience more trouble getting employment. We were quite successful in getting men with a previously stable work experience; for example, in the Baker plant the average seniority among the men in our study was 19 years.

In looking at the experience these men underwent, it is convenient to divide it into several periods. The first is the period of "anticipation" which extended from the time the closing was first announced to the time it actually took place. The second is the period of "termination and unemployment" which ran from the closing date to approximately 13 weeks later. Obviously not all the men could be seen immediately after termination, but they were all seen within 13 weeks, on the average during the 6th week. Of course some men experienced no unemployment since they were able to arrange to start on a new job the Monday following their last paycheck from the closing company. Such men were only a lucky few. The third period, "readjustment," is of course variable in length, but for many men it extended to a year or more beyond the termination and often involved several job changes. Most of the men we observed, however, found
a new equilibrium by 24 months after the shutdown. The men in this study were interviewed in their homes by public health nurses before the closing, as soon as possible after the closing, and several times during the period of readjustment, up to 24 months after the closing.

Having a bit of a picture of the nature of the study, we can turn to a few of the physiological variables. We cannot tell you the whole story because only a few of the variables have been analyzed.

First let us tell you about uric acid. Uric acid in high concentration is the cause of gout. When it is deposited in the joints, it causes the acute pain characteristic of that disease. None of our men developed gout, although in many of them, during the anticipation and unemployment phases, the uric acid level was substantially and significantly raised. If these phases had lasted longer, we might actually have had some cases of gout. Fortunately, as the men were re-employed, uric acid levels returned to normal promptly. For the moment we do not have the exact explanation for this phenomenon, but we are seeking it in further studies.

Turning to blood pressure we found that both systolic and diastolic pressures were significantly higher during the periods of anticipation, unemployment and probationary re-employment than during the later period of stabilization on the new job. Those who had the most disagreeable experience and the most irritation had the greatest elevation of blood pressure during the stressful period. In addition it was interesting that there was a tendency for pressures to rise as the termination date approached; that following termination those who got new jobs before the next visit had a significant drop; and that those who were unemployed at the next visit had a significant rise. The changes were not large but were of the order of magnitude of the change resulting from ten years of aging. These findings are based on the analysis of the Baker Plant as well as preliminary analysis of the termination in the rural area.

Finally, a word about cholesterol changes. These are of interest because of the well-known relationship of high cholesterol levels to frequent coronary heart disease. In contrast to uric acid and blood pressure,
cholesterol did not seem to be significantly elevated during the period of anticipation but did go up with unemployment and returned with stabilization.

Thus we see that physiologic changes do take place and that, although the changes on the average are small, the changes for some men are large enough to have potentially serious consequences in terms of gout, hypertension and coronary heart disease. It is important to emphasize the "potentially" because we saw no cases of gout and could not detect an excess of coronary heart disease deaths, but we did see what seemed to be an excess of people needing treatment for hypertension among those who went through the termination experience.

To date examination of the psychological variables is just in a preliminary stage. However, the nurses brought back a clinical impression that those experiencing termination were depressed as was also suggested by Marie Jahoda in her study of a plant closing in an Austrian village. We have a suggestion, not statistically significant, that there was an excess of suicide during the period around the closing of the plant. There were two completed suicides, giving a rate about 30 times the rate expected among blue collar workers of this age. In addition we know of one man who threatened suicide and another who presumably made an attempt. Since suicide is known to be a correlate of severe depression, this is suggestive evidence.

Though our direct measures of depression do not show significant changes, the measures we used suggest that all those experiencing termination were low on self evaluation. When asked, "How much should a man with your experience and background be making," the terminatees fixed the rate consistently lower than those with stable employment did all through the first year. They only began to see themselves in a better light 24 months after the termination. When asked to evaluate their life situation and future chances for security, they started lower than the men with stable employment and got worse as time went on even though they had been re-employed. It is as if their experience had permanently uprooted
optimistic evaluations of their life and of their future.

Now let us turn to a few specific illnesses. The elevation of blood pressure has already been mentioned. This was on the average small, but we saw a fair number of distinct cases of hypertension. In fact hypertension was the most common reason for referring a man to his doctor for treatment and removing him from the analysis. (Obviously we could not stand by and let a man get progressively sicker with a life-endangering disease.) We have as yet an unsubstantiated impression that much of the problem may have centered around the aggravation of pre-existing hypertension.

The preliminary analyses also suggest that symptoms of peptic ulcer were unduly common around the time of the termination. This seemed to involve flare-ups of old ulcers as well as the appearance of new ones. As a matter of fact we even found what would appear to be an excess of ulcers in the wives. Just being in the homes collecting data on the husbands, we found out about three wives who in the four-month period surrounding the termination came down with peptic ulcers and were hospitalized. This is an extraordinarily high incidence of ulcers in women, and yet it is presumably an underestimate because the data on this point were not systematically gathered.

We were also interested in arthritis and so watched for swollen joints and other arthritic manifestations. This matter has not been fully examined, but there was in the first company to close a distinct excess of joint swelling during the months immediately following the closing. We did not see so much joint swelling in the second company, but the analysis has not yet proceeded to the point where we can tell if this is a real difference or simply a difference in sensitivity of the staff working in the two areas.

There are impressions that more common illnesses such as colds and "intestinal flu" increased in frequency, but this will be difficult to separate from the increase in complaints which we know occurred. Not only did those who lost their jobs have increased complaints during anticipation,
termination and readjustment but also they sought more medical care and used more medicines than did those stably employed. Clearly there was some increase in real illness. We suspect that there was also an increase in the complaining and seeking of medical treatment that was out of proportion to the actual illness, but this may be hard to prove from the data we have.

A few of the men were so hard hit that rehabilitation may be impossible. On the other hand, some men ended up with better jobs than they had before termination. All agreed that the transition was tough.

What can be done to ease the transition? In testimony before the U. S. Senate Subcommittee on Employment and Retirement Incomes, Dr. Sidney Cobb cited some of the issues made apparent by this study and offered the following recommendations:

1. **Portable Pensions**
   
   Not one of these men was ever hungry. Money was not a major issue except for those over 55 years of age who mostly lost their pensions. Portable pensions are a must for the protection of older workers whose jobs are abolished. The Teachers Insurance and Annuity Association which provides portable pensions for academic people is a good model. We cannot understand why unions have not worked toward this more vigorously.

2. **Health Insurance**
   
   It is clear that people going through this kind of experience need more medical care, yet this is a period during which most men have no health insurance. They usually feel that they do not have the money to continue their insurance at the increased rates set for individual subscribers. So at a time when they have increased demand for service, they have no way to get it. It is our view that health insurance should be an automatic part of unemployment compensation. There is some reason to believe that this may happen soon.
3. Social Support

The above two points are straightforward and it is obvious that we can do something about them. However, they are trivial beside what we consider to be the real issue, namely, the anxiety, anger and depression that result from job loss. We believe that these are associated with physiological changes that contribute to illness and that they contribute directly to an increased tendency to seek medical treatment. We are convinced that the solution to these problems is an interpersonal matter involving active expression of concern and continuous reinforcement of the point that the man is not to be blamed for his temporary misfortune. This should involve the family, the union, the company and the community.

We have preliminary evidence that those men whose wives took a psychologically supportive position and did not change their roles fared better from several standpoints than did those men whose wives simply went out and got a job. Incidentally, when the wife could find a job while the husband was unemployed, there was presumably a strong potential for lowering his self-esteem. He might quite naturally, and probably did, feel inadequate in his assigned role of family provider as a result of this reversal.

The unions surely can do something for their members who are temporarily unemployed. The union is for many blue collar workers the principal organization to which they belong, and yet it seemed to the men in our study that after the last check off was taken from their pay the union did not give a damn about what happened to them. We have the impression that the men were right because instead of increasing activity on behalf of those in trouble the union simply left the men entirely alone. At the very least this can be construed as meaning "Now that you are out of work you are not worth fussing over." We do not see why the unions cannot take some responsibility for their members who happen to be between jobs and therefore are unable to pay dues. In the process of working on what they consider more important tasks, they tend to lose sight of the importance of plain and simple everyday humanity.
In any closing the company in question has a real responsibility for the men and women they have employed, but on the whole the company officials are more concerned with the stockholder's money than they are with their employee's health. In some senses this attitude is appropriate to their function because every business manager knows that his first duty is to make money for the company. Since money is the issue, financial leverage will probably have to be brought to bear on company management. It has been our observation that severance pay is really very detrimental to the men for it forces them to leave at the convenience of the company, not at a time suitable for them to make an orderly transfer to a new job. We believe that in the long run the employees would be better off and the company would lose little if it arranged for flexible termination during a period of 30 to 90 days rather than giving severance pay for termination on the day most convenient to the company. This would permit a man to leave the dying plant when his next employer is ready for him. Surely that is a humane approach, but it is probable that nothing will be done until enlightened unions impress this fact upon companies about to close. Perhaps a substantial fee paid to the union welfare fund for each man still unemployed at the end of the termination period would encourage the company managers to work hard at helping the men find new jobs.

Finally, at the community level there are improvements that can be made. For example, the men in our study soon learned that the employment agencies would not help them until they had actually terminated. Worse than that, government retraining programs were not available to them until they were out of work or already re-employed on a new job for which they were inadequately trained. We submit that this is an inhumane way to run employment and training agencies and hope that these policies will soon be changed.

We feel strongly that we should not legislate against change or progress. Rather we should learn to deal openly, honestly, humanely and constructively with the problems that are created by factory closings or changes to automation. If we fail, there will be a demand for protection of the status quo and thus an inhibition of industrial progress.
[The full report by Dr. Cobb can be obtained by writing to the U. S. Government Printing Office in Washington, D. C., or your U. S. Congressman or Senator and requesting:


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