To the Graduate Council:

I am submitting herewith a dissertation written by Laurel Long Holland entitled "The Role of Multiple Campaign Successes in SMO Maintenance: A Case History of Solutions to Issues of Concern to Knoxvillians." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Sociology.

Sherry Cable, Major Professor

We have read this dissertation
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for Robert G. Perrin

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Dean of The Graduate School

SMO Maintenance and Multiple Campaign Successes: A Case Study of Solutions to Issues of Concern to Knoxvillians

A Dissertation
Presented to
The University of Tennessee, Knoxville
for the Doctor of Philosophy degree

Laurel Long Holland
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DEDICATION

To Larry, of course.

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ABSTRACT

Social change is an integral topic of sociology. The formation of the discipline was prompted by rapid social change ushered in by the French Revolution and the Industrial Revolution. Social change was crucial to the development of the major sociological perspectives as early theorists struggled with the construction of a social science that would bring order to chaos. Autonomous, technological, historical, and planned change are addressed in social science research. Despite the intrinsic relationship between the discipline of sociology and social change, the sociological analysis of social movements as a form of social change has largely been neglected. This work attempts to redress that deficit.

The case study of Solutions to Issues of Concern to Knoxvillians (SICK) incorporates social psychological, resource mobilization, and new social movement perspectives to examine the factors related to the maintenance and success of the social movement organization (SMO). During its 18-year history, SICK has been successful in bringing about social change at the local, and state levels. I examine three internal factors that impact the maintenance and success of the SMO: organizational structure, participant characteristics, and internal dynamics.

Findings indicate that there were five stages in the developmental career of the SMO: Stage 1: Emergence, 1982-1986; Stage 2: Decline I, 1987-1991; Stage 3: Resurgence I, 1992-1994; Stage 4: Decline II, 1995-1996; and Stage 5: Resurgence II, 1997-2000. Each of the five stages were crucial to the maintenance and success of the SMO. Member and staff turnover, obtaining of stable funding, networks with other SMOs,

and the hiring of competent staff are analyzed as organizational factors that served to maintain the SMO and ensure success The diversity of participant characteristics also helped to foster maintenance and bring about multiple campaign successes. Charter and long-term members, short-term members, members with various demographic characteristics, and aggrieved and conscience constituents brought various strengths to the organization. Finally, the internal dynamics of the organization are analyzed by selection of appropriate political issues at the local and state level and effective strategies for affecting social change.

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List of Abbreviations

ACORN	Association of Community Organizations for Reform Now
CARE	Cooperative for Assistance and Relief Everywhere
CB	Collective Behavior
CRA	Community Reinvestment Act
DHS	Department of Human Services
JONAH	Just Organized Neighborhoods Area Headquarters
KAT	Knoxville Area Transit
KCIHC	Knox County Indigent Health Care
KWRU	Kensington Welfare Rights Union
MLB	Mechanicsville, Lonsdale, Beaumount
NOW	National Organization for Women
NSM	New Social Movement
PRP	Personal Responsibility Plan
RM	Resource Mobilization
SCB	South Central Bell
SMI	Social Movement Industry
SMO	Social Movement Organization
SMS	Social Movement Sector
SICK	Solutions to Indigent Care in Knoxville
	Solutions to Issues of Concern to Knoxvillians

SRP	SICK Resource Project
TDOT	Tennessee Department of Transportation
TFT	Tennesseans for Fair Taxation
TIRN	Tennessee Industrial Renewal Network
TJC	Tennessee Justice Center
TMI	Three Mile Island
TVEC	Tennessee Valley Energy Coalition
UNOS	Unified Network Organized against Stagnation

CHAPTER I

Introduction

The ubiquitous nature of social change makes the history of civilization a history of change at every level. Individuals are affected by change, as during a divorce, and entire nations undergo change, as during a political revolution. The discipline of sociology formed in response to the social change induced by the so-called "two great revolutions" of eighteenth and nineteenth-century Europe: the French Revolution and the Industrial Revolution. Sociologists have identified four types of social change: autonomous, technological, historical, and planned (Harper, 1989).

Demographic patterns are examples of autonomous changes that occur without direct human intervention, such as the "baby boom" after World War II. An example of technological change is the widespread use of e-mail, which has altered the communication patterns of entire societies. Historical social change involves an event that occurs during a fixed time period but which generates widespread, long-term consequences. An example of historical change is the Great Depression associated with the 1929 New York stock market crash.

Planned change is an idiosyncratic type of change. Planned social change stands in contrast to autonomous, technological, and historical change because it is characterized by human deliberation. Planned change is intended, brought on by the deliberate actions of intentional producers of change. One type of planned change is the top-down decision making by powerholders that occurs, for example, in the legislative process. Another type is that promoted by social movements. A social movement forms when relatively

powerless groups come together to influence the direction of change. Movement participants perceive a grievance that places them in opposition to elitist decision-makers.

Despite the centrality of social change to the emergence of sociology as a discipline, the sociological analysis of social movements as a source of change has taken a peculiar route. Collective behavior (CB) studies preceded the study of social movements (Smelser, 1963). The analysis of social movements as producers of change was neglected until the 1970s. Prior to the 1970s, CB studies included social movements as *one* form of collective behavior among others such as riots, fads, panics, and crowd behavior. Social psychologists studied movements such as fascism and communism and identified the psychological deficiencies that motivated individual participation or nonparticipation. The study of social change was lost in a sea of research emphasizing the psychological characteristics of movement participants.

The political climate of the 1960s ushered in a new wave of social movement theorizing characterized by sociological perspectives on social movements and more favorable characterizations of movement participants. Resource mobilization perspectives emerged, and the study of social movements became distinct from the study of collective behavior. The focus shifted from psychological (micro) to sociological (macro) variables. The emphasis on individual motivation was replaced with the social movement organization (SMO) as a vehicle for political and social change. Focusing on the organization, analysts assessed social change primarily as SMO success/failure in the achievement of stated organizational goals.

Analysts have lamented the difficulties in operationalizing SMO success. Turner

and Killian (1957) argued that success may have multiple meanings and be operationalized in different ways. A SMO can be considered successful if the number of members increases, if the organizational structure is maintained, or if the goals of the movement are realized. Gamson (1975) defined success as tangible benefits that meet goals and formal acceptance of the SMO by its antagonist. Zald and Garner (1987) defined success as attainment of the objective and stressed that the actual attainment of goals must be distinguished from the assumption of power that is perceived as a prerequisite to attaining goals (p. 129). Others define success as changes in the perspectives of individual participants (Travisano, 1981; Cable et al. 1988; McAdam, 1989) or institutional changes that redistribute wealth and privilege (Krauss, 1989).

The emergence and decline of SMOs has been amply addressed in the social movement literature. Early theorists proposed that social movements go through cycles that culminate in their demise (Blumer, 1951; Lang and Lang, 1961; Killian, 1964, Smelser, 1963). SMO emergence appeared as a topic of research interest among social movement analysts in the 1970s (McCarthy and Zald, 1973; Tilly, 1978). The decline of SMOs was also addressed (McAdam, 1982). Some theorists argued that social movement success is associated with movement structure (Zald and Ash, 1966; Curtis and Zurcher, 1973; Gamson, 1975). SMO maintenance has not been adequately addressed. Cable and Degutis (1991) note that, although much has been written about the emergence of a movement, only scant attention has been given to the consequences or outcomes of movements. In a comparison of two environmental citizens' organizations they identify the consequences of a SMO on its host community. Success was realized outside of the

achievement of SMO goals. The SMO was identified as having two positive consequences on its host community: enhancement of community solidarity and changes in the local political structure.

In this work I examine a SMO that has maintained its influence on local social change through periods of decline and resurgence. Throughout the history of the SMO, leaders and members built a positive reputation with local political elites and generated multiple campaign successes. SMOs differ from other voluntary organizations in a crucial way: while the goals of other voluntary organizations do not typically involve a challenge to political and economic authorities, the *raison d'etre* of the SMO is to present such a challenge and pressure authorities to make institutional changes. This difference carries important implications for SMO success. Persuading elites to make changes in a system that benefits them does not occur overnight– changes in laws, politics, and attitudes take time. Elites resist those changes and frequently deploy social control agents to impede the SMO's efforts. Consequently, in contrast to other types of voluntary organizations, organizational maintenance is a critical factor in the SMO's capacity to produce social change. But threats to SMO maintenance are not solely from external sources: a SMO's ability to survive long enough to overcome elite resistance and produce social change suggests the equal importance of the role of internal organizational factors.

Solutions to Issues of Concern to Knoxvillians (SICK) is a SMO that endured for 18 years and achieved a significant degree of success in effecting social change at the local level. The original organization formed in September, 1982, in response to a proposed $4 million cut in the local indigent health care program. The group helped raise the visibility

of the indigent care issue. In April, 1983, the Knox County Commission adopted a new indigent care plan with many of the elements that SICK had proposed. Initial success did not dismantle the group but, rather, prompted it to broaden its scope. Later, SICK members instituted other local changes including: halting an attempt to close six inner-city fire halls, rerouting hazardous waste trucks around the inner city, preventing hospitals from refusing to treat low-income patients, the restoration of bus service to inner-city poverty areas, and the protection of the rights of welfare recipients.

It seems likely that SICK's maintenance is related to its multiple successes. I hypothesize that a SMO that has maintained a level of success for 18 years is likely to have unique internal factors that distinguish it from other SMOs. The purpose of my project is to analyze the internal organizational factors contributing to SICK's maintenance. The organizational variables considered include: organizational structure, internal dynamics, and participant characteristics. The examination of organizational structure involves issues of membership and staff turnover, obtaining stable funding and support, networks with other SMOs, and the hiring of competent staff. Internal dynamics are examined for the selection of appropriate political issues at the local and state level and effective strategies for affecting change. Participant characteristics considerations include demographic makeup of the membership and shifts from aggrieved to conscience constituents.

The decision-making processes of SICK leaders and members inform this study of SMO maintenance. The organizational structure of the SMO was formed as the leaders and members addressed issues of membership, funding and support, organizational

networks, and hiring of staff. Research questions include: What prompted membership and staff turnover? Did stable funding impact the organizational structure? Did the organizational structure change with the hiring of professional staff? What is the nature of ties between SICK and other SMOs? What is the nature of SICK's relationship with political elites? What is the nature of SICK's relationship with institutional elites?

The internal dynamics of the SMO shifted as leaders and members addressed the selection of appropriate local and statewide political issues, the level of organizational conflict, decision-making style, and the selection of strategies. Research questions to be addressed include: How were strategies selected? Who made the appeal for a move away from local to statewide issues? Did issue and strategy decisions produce conflict? Were any strategies consistently successful? Were certain strategies preferred by the membership? Were certain kinds of strategies associated with particular leaders? Did strategies change with membership turnover? Did strategies change as funding levels and sources changed?

Participant characteristics are evaluated by the demographic makeup of the membership and the various shifts in membership composition between the aggrieved and conscience constituents. Research questions include: What is the demographic profile of the membership? Did demographic features fluctuate as the leadership changed? Did demographic features change with the selection of issues and/or strategies? Did particular issues and strategies prompt aggrieved members or conscience constituents to join the organization?

In the next chapter, I present a selective review of the collective behavior and

social movement literature. I compare the pre-1970s breakdown approaches to social movements with the post-1970s solidarity approaches. The comparison of breakdown and solidarity approaches emphasizes the shift from the analysis of social movements as a form of collective behavior to the analysis of social movements as agents of planned change. I then introduce the analytical framework which focuses on the internal factors likely to be related to SMO maintenance: organizational structure, participant characteristics, and internal dynamics. Chapter three describes the methodological approach of the study. Data sources for the study are described and indicators for each variable are identified.

Chapter four offers a chronological overview of the SMO. The chapter highlights four periods: initial emergence, the campaigns of the 1980s, the campaigns of the 1990s, and the current work of the SMO. In chapter five I analyze the three organizational variables contributing to SICK's maintenance: organizational structure, participant characteristics, and internal dynamics. Chapter six summarizes the study and illustrates the relevance of the study to social movement theory and activist organizations. Suggestions for further research are discussed.

CHAPTER II

The Literature Review

The field of collective behavior/social movements has a volatile nature. Internal paradigm shifts, external shifts associated with larger intellectual currents and external shifts associated with the phenomena themselves conspire to form a peculiar history (Garner and Tenuto, 1997). In the collective behavior (CB) model, social movements are seen as responses to major disruptions in the normal functioning of society (e.g., economic depression). Rapid social change introduces serious strains, especially widespread feelings of anomie. Social movements arise as a way of coping with this anxiety. The CB model does not see social movements as political action, but rather as coping mechanisms.

The shift from the study of social movements as one form of collective behavior to the more direct focus on social movements as change agents represents an epistemological break. The break is partially due to the activism of academics in the 1960s social movements. A sociological focus on social movements and social change was largely absent until 1970s analyses of the 1960s movements. Intellectual supporters of the 1960s social movement environment and other critics pointed to the CB model's lack of organizational analysis. These developments led the way to the more contemporary social movement theories, the most prominent being resource mobilization theories (RM).

In this chapter, I first review the collective behavior/social movement literature distinguishing between the breakdown approaches of the CB model and the solidarity approaches of RM theories. I then describe the analytical framework for my study, which draws on the literature to identify some factors likely to be related to SMO maintenance

and multiple campaign successes.

The Collective Behavior/Social Movement Literature

The history of social movement theory begins with CB models maintaining that rapid social change causes societal strains which can lead isolated and alienated individuals to participate in social movements (Oberschall, 1978). Such models are termed breakdown approaches, in contrast to the more recently elaborated solidarity approaches that emphasize the movement participant's integration into society (Useem, 1980). Breakdown approaches dominated social movement analysis until the 1970s. The change from breakdown models to solidarity models reflects a significant shift from the analysis of social movements as one form of collective behavior to the analysis of social movements as agents of planned social change. In this section, I review the history of social movement theory by examining these two eras marked by differences in analytical focus. The review is not meant to be exhaustive; rather, my intention is to provide a selective overview of the development of the field of study.

Breakdown Approaches, Pre-1970

Theories of crowd behavior preceded CB theory. Le Bon (1895) focused on the characteristics of the crowd, noting that "the rational faculties of the individual, his moral judgement and conscious personality, come under the sway of contagion and suggestion frequently originating with a leader" (p. 12). Tarde (1893) also denigrated the rationality of the crowd and stressed that crowd mentality is a direct result of the conviction of the leader. In the 1920s, Park and Burgess synthesized the early crowd philosophies into a systematic and sociological study of collective behavior. Their collaborative work

elaborated Park's earlier attempts to delineate the crowd and the public as distinct social forms. Park and Burgess introduced the term "collective behavior" and defined the field as a major area of sociological inquiry. The writings of Park and Burgess reveal the influence of Le Bon in the use of concepts such as suggestibility and contagion. But the normalcy of the relationship between social change and collective behavior was accented.

Park emphasized the relationship between social change and collective behavior as an integral part of the normal operation of society. Park and Burgess were instrumental in the shift away from macro to micro theories of social structure and social change. This shift oriented the field toward crowd behavior and social psychological explanations of movement formation rather than the role of movements in political and historical change (Park, 1972).

Breakdown approaches dominated social movement theory from the mid-1940s to around 1970. Breakdown approaches were characterized by strain theories used to explain multiple forms of collective behavior. These theories differ somewhat in their emphases on the factors responsible for social disorganization but rapid social change is at the core (Gamson, Fireman and Rytina, 1982). Crowd behavior was frequently viewed as a *consequence* of social change rather than as a *source* of it.

Cantril's *The Psychology of Social Movements* (1941), an early study from the breakdown approach, employed the individual as the unit of analysis. The focus of the research was participants' lack of psychological constraint, emphasizing the concept of suggestibility. Cantril's research involved an examination of the Kingdom of Father Divine, a black cult in Harlem built on the conviction that a black man, Reverend Divine,

was God. Central variables in his analysis were the participants' characteristics that spawned membership in the movement. These characteristics were attributed to personality needs that were satisfied through movement participation. The needs included: escape from material hardships, the provision of meaning to individual life and the world, and perceived increase in social status.

The first version of CB theory paralleled the symbolic interactionist paradigm. Herbert Blumer saw collective behavior as unregulated and rooted in the ways that social actors react to one another in response to a stimulus. Such behavior is most likely to occur as the result of some disturbance in everyday routines. When the action becomes contagious, it gave rise to social unrest characterized by randomness, excitability, apprehension, irritability, and suggestibility. The initial unrest spawns new forms of organized activity, including social movements (Buechler, 2000).

Adorno, et. al. (1950) used social psychological variables to explain participant motivations in *The Authoritarian Personality*. In a study of fascism, the researchers concluded that authoritarian personality syndromes predispose people to accept fascist ideology. The authoritarian personality was characterized by the desire to dominate people. Adorno asserted that blind submission to Hitler's charismatic leadership reflected the predisposition of the individual.

Other works in the breakdown tradition continued the theme of susceptibility to questionable political ideologies by the psychologically deficient (Hoffer, 1951; Almond, 1954; Almond and Verba, 1963; Christie and Jahoda, 1954; Lane, 1962; Lasswell and Lerner,1966). In the United States, anti-Communism in the form of McCarthyism became

a focus of sociological analyses (Stouffer, 1955; Shils, 1956; Festinger, Riecken, and Schachter, 1956). All of these studies shared a focus on the experiences, attitudes, and ideologies of the individual participant.

Early social movement theorists attempted to refine the terms used in the analysis of social movements. Special attention was given to the distinction between strategy and tactics. Heberle (1951) noted that the terms strategy and tactic were used to denote the ways that a movement attains its goals. He cautioned that "both terms should be used only in reference to the principles or doctrines concerning methods or techniques of action and not to designate the ways of action as such" (p.359). Expanding on the ways the terms are used in military science, Heberle stresses that the aim of strategy is to win a war, while tactics concern themselves with winning a particular battle, campaign, or action. Lang and Lang (1961) propose that strategy refers to the design for action while tactics have to do with "meeting day-to-day contingencies" (p.535).

Turner and Killian (1957) further expanded the social movement literature with an emphasis on the *collectivity* and the *individual*. The three theories of collective behavior developed by Turner and Killian stressed the role of the participant: convergence theory, contagion theory, and emergent norm theory. Their focus included characteristics and predispositions which individuals bring to a situation, psychological mechanisms through which behaviors are communicated, and individual participation from diverse motives. Examination of the collectivity as the focal unit of analysis emphasized the unanimity of the crowd and norms that emerge in crowd situations.

Smelser (1962) addressed collective behavior in the structural-functional tradition.

His contribution, value-added theory, focused on structurally induced strain. Smelser identified six necessary conditions that operate in an additive way in the emergence and development of social movements. The conditions were: structural conduciveness, structural strains, growth of a generalized belief system, precipitating events, mobilization of participants, and the operation of social control. Smelser is credited with systematically defining collective behavior and with standardizing terms such as strain, conduciveness, generalized belief, mobilization, precipitating incidents, and social control.

Gusfield (1963) conducted a micro-level study of prohibition. He emphasized the individual as the unit of analysis and asserted that strain associated with class could generate movements. The variables under consideration included the motivation of movement participants represented by their status incongruence. Strain theorists suggested that the motivation to participate in movements resulted from threats to one's status in society. Such a strain is likely to emerge in the midst of rapid social change, increased influence of formerly subjugated groups, or erosion of a cultural perspective which served to legitimate social status (Harper, 1989).

Few analysts in the CB tradition employed the *movement* rather than the *individual movement participant* as the unit of analysis. They argued that social movements follow a career, or stages of development, beginning with an incipient phase and culminating in stability (Blumer, 1946; Dawson and Gettys, 1935; King, 1956; Lang and Lang, 1961; Wilson, 1973).

Dawson and Gettys (1935) proposed one of the earliest conceptions of the "natural history" of social movements with an analysis of the Methodist movement. The

analysts argued that social movements follow a "fairly uniform pattern in their natural history, though they vary from that pattern in certain details (p. 690). The stages include: the preliminary stage of social unrest, the popular stage of collective excitement, the stage of formal organization, and the stage of institutionalization.

King (1956) later argued that any "analysis of social changes should include the phases or steps through which they pass" (p. 39). King referred to this process as the "career" or "natural history" of a social movement and noted that the progression may be based on any number of criteria. Size of membership, or degrees of advancement toward goals are examples of the kinds of indicators used to access social movement progression (p. 39). King proposed that the internal development of a movement moves through three stages: the incipient phase, the organizational phase, and the stable phase.

Wilson (1973) described social movement careers as "a typical pattern of unfolding or development, a regular sequence of stages through which each social movement typically passes as it matures or becomes more institutionalized" (p. 332). Particular attention is given to the idea that the transformation of social movements involves significant changes in the ways that members organize themselves. Wilson refers to this division of labor in the social movement as "structural differentiation" and defines it as "a trend toward more functionally specialized structures within the movement in the interest of adaptive upgrading" (p. 335). Examples of social movement structural differentiation include: the ways jobs are performed, who is expected to perform them, how people in various jobs relate to one another, and the priorities they set for themselves. Wilson argues that the result is a proliferation of offices, an objectification of rules and regulations,

formation of committees, delineation of duties, and the stipulation of reward and punishments.

At the micro-level of analysis, researchers using breakdown approaches asked why a person participates in movements. Psychological states that identified movement participants included unresolved emotional conflicts, authoritarian personality, alienation, and aggression. Movements that threatened public institutions and perceptions of democracy were of special interest. Fascism, Nazism, Communism, and McCarthyism dominated the research agenda. The focal unit of analysis was the individual; research focused on why and how individuals join social movements and the characteristics that distinguish them from individuals who do not join. Breakdown approaches to the study of social movements led to research variables that operationalized the personality traits of movement participants.

Solidarity Approaches, Post-1970

Prior to the 1970s, the CB tradition dominated the research agenda in the United States. With a few exceptions (Canetti, 1962; Rude, 1960) Western European analysts addressed collective behavior from a Marxist tradition. Both paradigms emphasized the irrational nature of social movement participants but there was no dialogue between United States and Western European researchers. In the early 1970s, social movement theorists turned away from an emphasis on the social psychological bent of breakdown theories to solidarity approaches.

Significant impetus for a shift away from social psychological explanations based on individual pathologies occurred when sociologists participated in and observed the

1960s movements. The breakdown models of the United States and the Marxist theories of Western Europe both failed to explain the proliferation of social movements in the 1960s. The theories of the 1970s, then, were markedly different from their predecessors. In the United States, RM theorists advocated a break with social psychological explanations in favor of a focus on mobilization processes and their resultant formal organizations. In Western Europe, New Social Movement (NSM) theories formed in response to the economic reductionism of classical Marxist theories.

Both RM and NSM theories reject breakdown approaches to social movement analysis, but they are not in complete agreement. The level of analysis differs for the two perspectives. RM was criticized for overly focusing on resources and neglecting the role of culture in social movements. Research from the RM tradition initially focused on a meso-level of analysis that excluded macro- and micro-levels of analysis (Buechler, 2000). A much debated distinction between RM and NSM approaches lies in the questions they seek to answer. RM is touted as explaining the "how" of movement mobilization; NSM theory explains the "why" of mobilization (Klandermans and Tarrow, 1988).

A major point of contention from United States researchers about NSM theory concerns "newness." Many argue that NSM theory has not proven that new movements substantially differ from "older" ones (Plotke, 1990; Tarrow, 1991). Buechler (1993) asserts that NSM theory is not a unified work, even though many NSM theory themes signify a divergence from Marxism and RM perspectives as well as a convergence with social constructionism. The emphasis of this study is that both RM and NSM approaches provide solidarity alternatives to the earlier breakdown theories that approach social

movements as micro-level phenomena to be explained in social psychological terms.

In contrast to breakdown approaches, solidarity approaches stress the rationality of social movement actors and use a combination of micro-, meso-, and macro-levels of analysis. In the United States, RM perspectives focused on the social movement organization (SMO) as the unit of analysis and asserted that grievances alone are not sufficient for SMO emergence. Instead, the key to mobilization is the accumulation of resources. McCarthy and Zald (1973, 1977) viewed social movements as a force for social change by means of the SMOs they generated. The determinants of SMO emergence included: levels of participation, SMO goals, organizational structure, and strategies/tactics. Case studies and comparative studies of SMOs dominated research. Many 1960s movements were analyzed from the RM perspective, including the Civil Rights Movement, the Berkeley Free Speech Movement, and the Anti-Vietnam War movement.

NSM theory is a solidarity approach that is somewhat complementary to RM perspectives. Habermas (1975) identified two distinctive features of NSMs. First, they have a defensive character, defending against intrusion of the elite system. Second, the conflicts in which NSMs engage are less about material reproduction than about cultural reproduction, social integration, and socialization. Melucci (1994) argues that the post-modern world brings new forms of social control, conformity pressures, and information processing to which NSMs respond in opposition.

For NSM theories, the SMO continues to be important in research, but NSM theories include participant ideology. Variables of interest include: SMO success/failure,

ideology, political structures, and counter-movements. NSM theorists argue that movement processes involve longer time frames than many RM theorists acknowledged. This emphasis along with a renewed interest in ideology marks NSM theory as a combination of micro- and macro-levels of analysis. NSM theory asserts that current social movements are substantially different from earlier movements. The term "new social movements" includes loosely organized movements on the left side of the political spectrum. European examples are the peace, women's, gay, and environmental movements. Common to these movements were anti-government and anti-capitalist sentiments.

My purpose is not to trace the history of the development of either RM or NSM perspectives. Here I present a selective review of both as solidarity approaches to the study of social movements in contrast to breakdown approaches.

Resource mobilization theory is divided ideologically. Tilly (1978) and McAdam (1982) represent the political version of RM theory while McCarthy and Zald (1973, 1977) focus on the organizational aspects of social movements. A review of the research of McCarthy and Zald is most appropriate for this work.

The charter work of McCarthy and Zald, *The Trend of Social Movements in America: Professionalization and Resource Mobilization*, defined the SMO and firmly established it as the primary unit of analysis in social movement research from the RM perspective. They stressed the structural conditions that facilitate the expression of grievances and defined SMOs as "the carrier organizations that consciously attempt to coordinate and mobilize supporters" (1973, p. 2). McCarthy and Zald dismissed

grievances as a critical variable, arguing that, in a stratified society, grievances are a constant and thus cannot be used to predict SMO emergence or participation.

McCarthy and Zald attributed the proliferation of SMOs in the 1960s to changes in funding patterns and the resulting changes in career patterns of professional social movement leaders. The professional SMO was not a new phenomenon in the 1960s; rather McCarthy and Zald argue that the era features larger numbers of such organizations. Professional SMOs are characterized by: 1) a leadership that devotes full time to the movement; 2) a very small or nonexistent membership base or a paper membership; 3) attempts to impart the image of speaking for a potential constituency; and 4) attempts to influence policy toward the same constituency. The professional SMO is presented as the most common form of recent movements (1973, p. 20).

The work of McCarthy and Zald during the 1970s set the tone for social movement research in the United States by arguing that social movement analysis must confront the infra-structure of SMO funding, the supply and demand of labor, and the interaction of SMOs with the media and elites. RM analyses dominated the social movement literature in the 1970s.

Ash (1972) focused on the SMO as the unit of analysis and emphasized movement goals as a crucial variable in determining social movement success. She asserted that "a movement that focuses on a single issue is more likely to succeed than is a movement that has broad goals" (p.12,13). Ash suggested that movement organizations face a series of "tactical" choices. They must choose between 1) single issue demands or multiple demands; 2) radical demands or demands that do not attack the legitimacy of present

distributions of wealth and power; and 3) influencing elites or attempting to replace elites.

Gamson (1975) criticized Ash's thesis as the "think small" formula (p. 41). Gamson offered the movement's relationship to its antagonist as a variable in determining success. He argued that SMOs pursuing nondisplacement goals, in which the antagonist is not targeted for removal, are more likely to be successful than SMOs pursuing displacement goals. He analyzed the success of 53 randomly selected SMOs operating in the United States between 1800 and 1945. The measure of success had two dimensions: "acceptance of a challenging group by its antagonists as a valid spokesman for a legitimate set of interests" and "whether the group's beneficiary gains new advantages during the challenge and its aftermath" (p.28,29). Gamson identified four possible movement outcomes: full response, co-optation, preemption, and collapse. Coopted organizations, defined as those that achieve acceptance but no benefits, tended to have larger memberships and formalized structures. Preempted organizations, defined as those that achieve benefits, but no acceptance were typically small, centrally controlled, and less active during crisis periods. Gamson identified the successful movement as bureaucratically structured, pursuing narrow goals, employing selective incentives for member recruitment, use of elite sponsorship, use of unruly strategies, and pressing demands during periods of sociopolitical crisis.

Gamson's research was criticized, but it generated useful debates about the appropriate variables for the RM analyses. Goldstone (1980) challenged Gamson on the nature of SMO goals, arguing that organizational and strategic considerations are irrelevant when controlling for other variables: displacement vs. nondisplacement goals

and the political orientation of the challengers. Since nondisplacement goals are more likely to be achieved, he suggested that the American polity is more receptive to reform than radical movements. He also suggested that movements have little control over their own effectiveness, since success occurs during periods of sociopolitical crisis.

Piven and Cloward (1977) used the SMO as the unit of analysis in a study of poor people's movements and challenged Gamson's claim that bureaucratically structured SMOs are most likely to succeed. They argued that poor people's movements derive their gains from mass defiance of the institutions with which they routinely interact. Consequently, the best way to accomplish goals is through a flexible, decentralized structure that is less vulnerable to the bureaucratic tendencies of an SMO, such as internal conflict and external co-optation. Piven and Cloward asserted that insurgency is the key to goal attainment; the end of insurgency is the end of the movement. They predicted that movements that survive become dependent on the resources of elites and soon cease to represent the aggrieved group adequately. Other examples of poor people's movements that effectively used formal organization include the United Farm Workers' Union and the Welfare Rights Movement.

McCarthy and Zald (1977) submitted the clearest conceptualization of the RM perspective, identifying a distinct set of concepts and propositions. They contended that RM approaches examined the variety of resources that must be mobilized, the linkages of SMOs to other groups, the dependence of movements on external support for success, and the tactics used by authorities to control or incorporate movements (p. 1213). They distinguished among the SMO, social movement industries (SMI), and the social

movement sector (SMS).

A SMO is defined as "a complex, or formal, organization which identifies its goals with the preferences of a social movement or a countermovement and attempts to implement these goals" (1977, p.1218). The civil rights movement is offered as an exemplar of the SMO. The movement contained a large population committed to change and several SMOs such as the Student Nonviolent Coordinating Committee, the National Association for the Advancement of Colored People, and the Southern Christian Leadership Conference. A SMI is defined as "the organizational analogue of a social movement" (1977, p. 1219). or "SMOs that have as their goal the attainment of the broadest preferences of a social movement" (1977, p. 1219). Examples include: the Young People's Socialist Alliance, Americans for Democratic Action, and the Women's Liberation Movement. The SMS is defined as "all SMIs in a society no matter to which social movement they are attached" (1977, p. 1220). Examples include: Common Cause, the American Friends Service Committee, and the Fellowship of Reconciliation.

McCarthy and Zald make an important distinction between the conscience constituent and potential beneficiaries of a SMO. Conscience constituents are identified as direct supporters of a SMO who do not stand to benefit directly from the success of the movement. Potential beneficiaries are those aggrieved members who stand to benefit directly from movement goal accomplishment. They hypothesize that a social movement organization which attempts to link both conscience and beneficiary constituents to the organization is likely to have high levels of tension and conflict (1977, p. 1221-1222).

A number of analysts criticized RM perspectives and advocated a combination of

micro- and macro-levels of analysis that included social psychological and structural variables for a synthetic RM model. Walsh (1981) criticized RM perspectives for excluding case studies of local mobilization processes and for considering discontent as a constant rather than a variable. He distinguished between longstanding grievances (e.g. poverty) and "suddenly imposed" grievances (e.g. Three Mile Island accident). He argued that grievances could spur protest when resources were available and that the collectivity had the capacity to use them when faced with a grievance. He analyzed the protest organizations that formed as a result of the Three Mile Island nuclear accident and concluded that both grievances and existing social structures should be included as variables in the analysis of social movements.

Walsh and Warland (1983) presented the first empirical test of the free-rider hypothesis in a natural setting: response to the Three Mile Island accident. The free-rider dilemma suggests that it is rational for each actor to let others win the goal and then share the benefits without incurring the costs (Olson, 1965). Examination of a random sample of free riders from the area revealed that the free-rider phenomenon was widespread. The researchers also compared the most active citizens with the free-riders on micro-level, social psychological variables such as solidarity, ideology, and grievances. These variables were shown to be independent predictors of activism. They conclude that "any attempt to explain SMO involvement without including both structural and social psychological variables is unrealistic and misleading" (p.779).

Cable, Walsh, and Warland (1988) combined a study of micro- and macro-levels of analysis and stressed the relative importance of both social psychological and structural

variables in accounting for the recruitment and commitment processes in four community SMOs formed in response to the Three Mile Island nuclear power plant accident. In the two smaller rural communities located within a few miles of the reactors, politically conservative activists formed alliances based on shared grievances. They were most concerned with the protection of their community during the cleanup and the prevention of the restart of the undamaged Unit I reactor. A second path to activism was evident in the two larger urban communities in which activists with prior protest experience were able to fit the accident into their existing ideological perspectives and to use existing friendship networks in their activism. Distinct differences persisted between the two rural communities (localites) and the two urban communities (cosmopolitans). Cosmopolitan activists tended to be younger, more educated, more weakly tied to community, more liberal in political preferences, and more likely to have previous social movement experience. Contrary to previous research, this study revealed that a degree of heterogeneity persisted between the localite and the cosmopolitan activists. Although the localites were determined not to alienate the majority of their fellow citizens in the TMI area, the cosmopolitans were inclined to ignore local sensitivities. Rather than seeking a single model of activist recruitment and commitment, the researchers suggested that analysts should assume multiple models of activism and proceed to describe them.

Ferree and Miller (1985) proposed a model giving causal weight to ideology without discounting the role of resources. They emphasized a micro-macro link and contended that, to discuss participation, RM models must make some social psychological assumptions. They identified three organizational strategies as variables for mobilizing

participants at a social psychological level: conversion, coalition, and direct action. With the coalition strategy, the movement attempts to mobilize the ideological commitments of members in pre-existing groups. The conversion strategy seeks to create new ideological commitments, using existing social networks for recruitment. The direct action strategy mobilizes individuals to act without reference to ideology and may use rewards or constraints to induce action. They concluded that incorporation of social psychological explanations of participation is compatible with a macro-level organizational focus.

McAdam (1982) argued people organize because they are left out of the political process and that movement participation is a way to enter this arena. Social movements emerge during times of political instability. McAdam's political process model emphasized that movements are political rather than psychological. The model emphasizes three variables: political opportunities, organization, and cognitive liberation. McAdam asserts that the political process model "rests on the fundamental assumption that wealth and power are concentrated in America in the hands of a few groups, thus depriving most people of any real influence over major decisions that affect their lives (1982, p.36). The political process model is distinctive because it views aggrieved groups as having the power to resist the political status quo.

Cable and Degutis (1991) propose that a SMO generates unintended consequences outside of any effects related to the achievement of goals. With the use of the SMO as the unit of analysis, unintended consequences were disclosed at both the micro- and macro-level. In a comparison of two environmental citizens' organizations, they identified the consequences of a SMO on its host community: enhancement of community solidarity and

changes in the local political structure. Other analyses of grassroots environmental movements focus on local changes in the political structure and individual empowerment, but do not identify them as factors that facilitate social change.

Collective identity is a key concept in distinguishing NSM perspectives from RM perspectives. Taylor and Whittier (1992) define collective identity as the shared definition of a group that derives from members' common interests, experiences, and solidarity. In a study of the contemporary lesbian feminist movement in the United States, the researchers illustrate the significance of collective identity for mobilization and argue that collective identity is a significant variable in all social movements. Three factors that contribute to the formation of collective identity are identified: the creation of boundaries that insulate and differentiate a category of persons from the dominant society, the development of consciousness that presumes the existence of socially constructed criteria that account for a group's structural position, and the valorization of a group's essential differences through the politicization of everyday life.

Green (1999) explores the role of collective identities in the origin, development, and impact of the Christian Right. He argues that the concept of collective identity enriches the understanding of the movement by characterizing the sectarian identities of the movements origins, the identities crucial to its development, and the Republican party identification as its major impact. This analysis helps explain religion as a potent force in a secular polity in generating collective identities that serve as the basis for political action.

Analysts employed solidarity approaches in the study of left-leaning European movements and right-wing movements in the United States: the Peace Movement, the

Women's Movement, the Animal Rights Movement, the Civil Rights Movement, the Berkeley Free Speech Movement, and the Environmental Movement. Early solidarity approaches used a macro-level of analysis but researchers were criticized for neglecting the role of culture and grievances. Later research employed a meso-level of analysis. The SMO became the unit of analysis in solidarity approaches and variables of interest included: SMO emergence, participation, goals, strategies, tactics, and movement success.

Analytical Framework

This review of the literature highlights the differences between breakdown and solidarity approaches to social movements in the kinds of movements studied, the levels of analysis, the units of analysis, and the variables examined. While breakdown approaches focused on movements that were perceived as a threat to social order solidarity approaches focused on movements aimed at promoting social change. Breakdown approaches adopted a micro-level of analysis in the study of movement participants and the particular characteristics they exhibited. Solidarity approaches adopted a meso-level of analysis in the study of the SMO and its distinctive features.

The breakdown and solidarity approaches significantly differ on the role of social change. Breakdown models view social change as undesirable because it leads to social movements and other forms of irrational, collective behavior. In contrast, solidarity models view social change as the deliberate product of social movements. In a study of SMO maintenance, breakdown models are irrelevant except for the social psychological level of analysis – if SMs are viewed as bad, then the shorter the movement, the better. Solidarity models view SMOs as conscious vehicles of social change, but neglect the role

of SMO maintenance. The focus of solidarity models on the SMO as agents of social change provides some clues to factors associated with maintenance.

My analytical framework focuses on internal factors that are identified in the literature review and which are likely to be related to SMO maintenance: organizational structure, participant characteristics, and internal dynamics. Breakdown approaches to the study of collective behavior will be helpful in comparing the participant characteristics of SICK members with the early depictions of movement participants found in the work of LeBon, 1895; Tarde, 1893; Park, 1972; Cantril, 1941; Adorno, 1950, Turner and Killian, 1957; Smelser, 1962; and Gusfield, 1963. The literature review on solidarity approaches to social movements will be helpful in the analysis of the organizational structure and internal dynamics of SICK. The work of McCarthy and Zald (1973, 1977) should be useful in understanding the emergence, organizational structure, and strategies/tactics of the SMO. Ash (1972), Gamson (1975), Goldstone (1980), and Piven and Cloward (1977) will be beneficial in analyzing the success and goals of the movement. The analysis of participant characteristics will be informed by the distinctions of McCarthy and Zald between the conscience constituent and the aggrieved (1977). Walsh (1981) and Walsh and Warland (1983) will be useful in the analysis of grievances. Studies linking the micro- and macro-levels of analysis will be helpful in the analysis of organizational structure and participant characteristics (Cable, Walsh, and Warland, 1988; Ferree and Miller; Cable and Degutis, 1991). McAdam's work (1982) will inform the analysis of the political processes of the SMO. Finally, the research on collective identity will be useful in the analysis of participant characteristics (Taylor and Whittier, 1992; Green, 1999).

I adapt the idea of the social movement career and the concept of structural differentiation in the analysis of SICK. I propose that the career path of the SMO follows five stages: Emergence, Decline I, Resurgence 1, Decline II, and Resurgence II. In each stage I analyze the three organizational variables contributing to SICK's maintenance: organizational structure, participant characteristics, and internal dynamics. When distinguishing between the concepts of strategy and tactics, I draw on the research of Heberle (1951) and Lang and Lang (1961).

The next chapter describes the methodological approach of the study. Detailed information is given on the data sources for the study and the relationship of the researcher to the organization. Specific indicators for each variable are identified.

CHAPTER III

Methodology

Since this project is not a relational study, the relationships between SMO maintenance and the set of independent variables (organizational structure, participant characteristics, and internal dynamics) will not be quantitatively assessed. Rather, it is a descriptive study. My purpose is to describe the internal factors associated with the maintenance and multiple campaign successes of this SMO.

Data sources for this study include participant observation, field interviews, and historical documentation. The first data source is participant observation. Vogt defines participant observation as "a kind of investigation in which the researcher participates as a member of the group she or he is studying" (1993, p. 166). Participant observation was appropriate because I have a working relationship with the organization under studied. I have been an active member of SICK since 1996, serving as a board member and member of the Welfare Rights Committee. I also attended many general membership meetings and fund-raising events.

My placement in the heart of the organization's processes heightened my understanding of phenomena as perceived by general members, leaders, and staff. Various points of interaction allowed observation of the internal dynamics of the organization related to decision-making processes. My participation in general membership meetings gave insight into the democratic approach used to elect organizational officials, amend by-laws, and approve budgets. Participation as a board member broadened my understanding of the relationship between organizational leaders and staff and between older and newer

members. Board meetings were also a source of information for understanding budget decisions and funding sources, selection of issues, and the role of the board to organizational committees. As a member of the welfare reform committee, I observed the informal workings of the organization and member-to-member interactions. Committee meetings were helpful in understanding the development of tactics and strategies.

The second data source is 42 field interviews. Each interview was tape recorded and averaged one and one-half hour in length. Babbie (1992) describes interviews that take place in the field as "unstructured:"

> "An unstructured interview is an interaction between an interviewer and a respondent in which the interviewer has a general plan of inquiry but not a specific set of questions that must be asked in particular words and in a particular order. An unstructured interview is essentially a conversation in which the interviewer establishes a general direction for the conversation and pursues specific topics raised by the respondent. Ideally, the respondent does most of the talking" (p. 293).

My level of participation and acquaintance with members enhanced the interview process. Interview participants were selected by way of snowball sampling. Participants were informed that participation was voluntary and that they had the right to discontinue their participation at any time without penalty. Participants were asked to sign a written consent form designed in accordance with the "Informed Consent Checklist" provided by the Office of Research Compliance (Appendix A).

The third source of data is archival. Babbie (1992) states that organizations

generally document themselves, the researcher should request access to its official documents. I documented SICK's history via archival materials including: newspaper articles, board and committee minutes, and organizational newsletters. A chronological analysis of the documentation allowed me to trace changes in the organization over time. This tactic provided information about why the organization has endured and how it has affected social change.

Research strategies have been determined based on consideration of the variables under investigation: organizational structure, participant characteristics, and internal dynamics. I assessed organizational structure from information contained in the archival documents and from participant observation. I tracked the following general indicators of organizational structure over the course of the 18 years: membership and staff turnover; obtaining stable funding and support; networks with other SMOs; and hiring of competent staff. I identified participant background characteristics over time from in-depth interviews with current and former SICK staff and members. The general indicators for demographic characteristics included: age, race, length of membership, prior activism, and level of activism in SICK, and grievance level (e.g., member of the aggrieved group or a conscience constituent). Variations in internal dynamics over time were assessed from information contained in the documents, participant observation, and in-depth interviews with current and former staff and members. The general indicators were: selection of appropriate political issues at the local and state level; level of conflict; decision-making style (e.g., staff-initiated v. consensual); and strategies for affecting change.

In the next chapter, I present a general history of SICK before turning my attention

in Chapter 5 to the analysis of SICK's internal factors that contributed to the SMO's maintenance and multiple campaign successes.

CHAPTER IV

The Case History of Solutions to Issues of Concern to Knoxvillians (SICK)

The purpose of this chapter is to provide a selective history of Solutions to Issues of Concern to Knoxvillians (SICK) in which I focus on the organization's campaigns. I emphasize leadership, organizational structure, tactics, budget fluctuations, and staff turnover. This chapter highlights four distinct periods: initial mobilization for health care in 1982, the adoption of new campaigns in the 1980s, the synthesis of new campaigns with a revitalized interest in health care in the 1990s, and the current work of the organization. Each period is characterized by the ability of the organization to impact social change through periods of growth and decline.

Emergence: Indigent Health Care

In September 1982, 14 representatives of several grassroots Knoxville coalitions met at a cafeteria to discuss the local indigent health care situation. Long time community activist Bill Murrah called on the group to address the issue. Murrah came to Knoxville in 1972 after graduating from Union Seminary in New York. His desire was to participate in urban, community-based organizing in the South. Murrah, who was raised in a rural farming community in Alabama, recalls:

> "I wanted to come back to live and organize more around my kind of culture that I grew up in. So, my ex-wife and I literally had our belongings in a car and drove around the South talking to people and looking at different possible places to live and work and so we were making a choice, eventually, between Greensboro, North Carolina and Knoxville and we

were at a farm over in North Carolina and trying to decide which way to go when we got to the end of the road. So, we finally decided to come to Knoxville and we moved into the Fourth and Gill neighborhood and I started organizing in the neighborhood in 1972."

Murrah described the Fourth and Gill neighborhood in the 1970s as urban Appalachian. Today the area is in the last stages of gentrification. The residents are a mixture of young urban professionals, college students, and working class families. Largely due to Murrah's work, the residents of the Fourth and Gill Neighborhood Association gained a high level of respect from city officials that is still viable. Murrah has worked with thirty to forty community based organizations in Knoxville, providing technical assistance, serving as a board or executive committee member, and helping in the founding of many organizations.

In 1982, Murrah accepted a position with the Knoxville Legal Aid Society to work on a newly formed project involving pro se advocacy. Murrah says of the position:

"They wanted pro se advocacy from community organizations, in other words, assistance with community organizations in developing their own voice, their own ideas, their own effectiveness. It was a quite good vision and they didn't know how to do it, they're lawyers, so when I applied and they explained it to me, I said, 'Yeah...I know how to do that' and they knew I did because I had worked with Legal Aid on projects..."

The example that Murrah gave of the kind of assistance he thought he could bring to Legal Aid was the failing Knox County Indigent Health Care Program (KCIHC). Once

hired, Murrah brought together several cohorts from his many years of organizing experience and presented to them KCIHC's problems. Under his leadership, the group organized as: "Solutions to Indigent Care in Knoxville" (SICK). During the first two years, SICK had no source of funding but benefitted from Murrah's significant expertise to improve health care.

The Knox County Indigent Health Care Program (KCIHC) had been a $4 million per year program under which the city contracted with local hospitals to provide health care for indigent patients. In 1982, the program was jeopardized because of disagreements among hospital administrators and city officials about how the funds would be dispersed. Murrah remembers:

> "...(KCIHC) had a contract with UT [the University of Tennessee Hospital] to provide the health-care and UT had a blank check—'You serve them and we pay for it.' Well, KCIHC didn't want to do it that way and UT didn't want to do it any *other* way."

Since no affirmative requirement existed to force the county to provide such health care, KCIHC, seemed to be headed for oblivion. The demise of KCIHC potentially impacted 1,200 people who would have lost their access to health care.

SICK members worked from September, 1982 to April, 1983, pressuring Knox County officials to reinstate the indigent health care program. In media coverage of the campaign, 37 of 65 newspaper articles on indigent care noted SICK's efforts. Approximately 150 people were actively involved in the issue. Tactics included pressuring key officials from the Knox County Health Department and forming alliances with

individual county commissioners. A county commissioner informed the group that a new indigent health care program was being proposed by the city in which all local hospitals must agree to participate. All but one local hospital, they were told, had agreed to the plan. Fort Sanders Hospital refusal's to cooperate prevented the implementation of the program. In response, SICK members wrote a letter to Fort Sanders administrators describing the importance of indigent care and requesting a public meeting to discuss their refusal to participate. The letter stated, "Meeting with you is of such importance that if you are unable to meet with us at the MLB center [a local community center], we're going to have our community meeting at your hospital." The letter was hand-delivered on a Wednesday; the answer came by way of Thursday morning's front page headline in the newspaper: "Indigent Health-Plan Approved." The Knox County Commission's Finance Committee Chairman praised the work of SICK members: "There wouldn't be an indigent care program without the SICK organization. You are better organized than the County Commission is." About twenty-five SICK members gathered to celebrate their victory. During this celebration, they determined that they would continue their community work and re-christened their organization, "Solutions to Issues of Concern to Knoxvillians."

The 1980s: Fire Halls, Phone Rates, and Taxes

In 1983, the grassroots movement tackled new issues. While keeping a watchful eye on the operation of the new indigent health care program, SICK also worked on a fire hall issue and proposed rate increases by the local telephone company. Inner-city fire halls became an issue when the City of Knoxville proposed building a larger, more efficient fire-hall to replace six existing inner-city fire halls. Opposition to this proposal recruited new

SICK members from the potentially impacted neighborhoods. SICK member and Fourth and Gill resident Barbara Simpson recalls:

> "They were going to close several small neighborhood fire halls and build this mega fire hall, except it was going to be over on the other side of Baxter Avenue which meant that it had to cross the railroad tracks to get to the neighborhood and that concerned me greatly. So that's how I first got involved. We were trying to keep our fire hall open.

Research conducted by SICK volunteers revealed that reliance on one centrally located fire hall would result in longer response times to fires in many inner-city neighborhoods. This research was used to counter information from city officials and to fuel public interest. An informal coalition was formed between SICK members and local firefighters. The local firefighters' union supported SICK because members believed that the proposal would cost some firefighters their jobs. Murrah recalls:

> "We used to have dinners (at a local fire station). They would back the trucks out and we would have dinners and bluegrass music and stuff. We had a honeymoon relationship with the firemen..."

SICK's research findings were the basis for mobilizing non-members to oppose the closing of the fire halls. Approximately 200 Knoxvillians attended city council meetings during the four month campaign. In August, 1983, the council voted 7 to 2 to keeping the fire halls open. Mayor Tyree inadvertently praised SICK when he chided city council members for their vote: "The only reason you voted the way you did...was because of the pressure of these citizens here."

SICK's next campaign involved opposition to proposed rate increases by South Central Bell (SCB)—their first statewide issue. Members feared that, if the requested $280 million rate increase was passed, many low-income and elderly folks would lose their telephone service. SICK members undertook their first petition drive and formed their first statewide ally with the Memphis, Tennessee chapter of the Association of Community Organizations for Reform Now (ACORN), a national organization that works to organize low-income communities. The petition drive yielded 7,000 names recorded on a stack of paper about 7 or 8 inches high. Murrah recalls,

> "They did this petition drive, and they were stacked in here on the table in our library, there were like 7,000 names and they were like seven or eight inches high and I sat there and looked at them and thought 7,000 is only 7 inches, that just doesn't seem right. All that work and all those names, there's got to be a better way...I wonder what it would be like to glue these things end to end, I wonder how long that would be. So, we got rubber cement glue and glued all those things together and rolled them up and then unrolled them down Gay street and had the petition drive continually with people signing it, and of course, the TV, the newspaper (were there). The police at first were like, 'You can't block this sidewalk.' So, the leaders got out there and said, 'This is about the phone rate.' South Central Bell had an office over there, across the street. And so, the policeman said, 'Well, here, let me hold it up!'"

SCB subsequently decided to reduce the size of the proposed rate increase from $280

million to $39.4 million. The Chairman of the Public Service Commissioner announced the change to the Knoxville press, flanked by SICK members. The Commissioner praised the work of SICK members:

> "I think they had a great effect on Congress. I think they have had a great effect on the Federal Communications Commission. I think they have had a great effect on the Public Service Commission. I think it is very sobering and positive for us to hear from consumers and not just the utilities that we regulate" (Channel 10 news broadcast, December 9, 1983).

In 1984, SICK received its first foundation grant from the Stern Fund in the amount of $15,000. Members decided that the best use of the funds would be to hire a professional organizer. But they were cautious about the potential changes that paid staff might bring to the organization. It was important to the membership that a new employee be sympathetic to the grassroots mission of SICK. A strong sentiment was expressed that the structure of the organization remain democratic. They waited for six months before they hired Monroe Gilmour. A new resident of Knoxville and a former worker for the Cooperative for Assistance and Relief Everywhere, (CARE) in South Africa, Gilmour recalls his introduction to SICK:

> "When we came there [Knoxville], I...had decided that I would like to do more work on structural change. It had been frustrating to me, working as a 'guest' in a country and seeing social justice issues and yet not being able to fully participate with them. While I was looking for work [in Knoxville] I read the paper and I saw about this group that was arrested for

registering voters in the surplus cheese lines.[1] That really struck me because, I thought, here I've been overseas telling people about democracy and this and that and here are people arrested for registering voters in a cheese line. So, I went out and volunteered to help them register voters...I went out and volunteered two or three places over the week or two and then they asked me if I would consider being the staff person.

Some SICK members were reluctant to change the dynamics of the organization by introducing a staff person. Gilmour recognized the difficulty of this transition:

> "So, they [the Stern Foundation] had, out of the blue, given because they [SICK], had done some dynamite stuff under Bill's guidance before I got there. $15,000. They had put it in the bank and had not touched it, they were so scared that they would mess it up. So, this money had been sitting in the bank for several months. They were waiting till they found somebody that they felt comfortable with."

Murrah's involvement in the hiring process and his commitment to work with Gilmour eased the transition to an organization with a professional organizer. Murrah says of Gilmour, "He was great. He was very thorough. He would work all night...He and I

[1] The registration of voters in the surplus cheese lines refers to SICK's participation in "Get Out the Vote," a national, non-partisan, voter registration project. SICK members carried out the campaign in local neighborhoods, inner-city shopping malls, and at surplus cheese distribution lines. A controversy ensued as local officials tried to stop SICK from registering voters in the cheese lines. The issue went to the U.S. District Court and an injunction was handed down giving approval for voter registration to take place at federal food commodity distribution sites. The issue received national press attention.

worked together for a couple of years." Monroe recalls: "The whole concept of SICK and how it was and why it was, has to go to Bill Murrah, the vision for it, that willingness to go and sit on somebody's porch and talk with them for two hours to get one additional thing. I learned everything I know about organizing from him."

A full-time staff person led the way to a more formal organizational structure. Gilmour recognized the need for a space where the group could come together. He remembers: "I think that, fairly quickly, we knew that we needed an office and a place and we got that place at 2611 East Magnolia...It's a little building and we, at first, rented one room. At different times we had that whole first floor. I think we had the whole building at one time." The new office was located in the East Knoxville community where many of the group's low-income constituency lived.

In 1984, three new issues kept the approximately twenty core members busy: voter registration, "patient dumping," and the formation of Tennesseans for Fair Taxation (TFT). As part of the 1984 "Get Out the Vote" campaign, the Tennessee Valley Energy Coalition (TVEC) joined forces with SICK to register voters in inner city Knoxville as they waited in line to receive government food commodities. The two groups were challenged for their efforts by local authorities. The conflict was described in *Southern Exposure* magazine:

> "The Knox County law director, Dale Workman, a Republican who referred to SICK as a 'front for the Democratic party,' informed the activists that the government cheese distribution lines were off limits and warned that anyone who continued to register voters there would be

> arrested. After conferring with SICK's own legal counsel and the Tennessee attorney general, a few defiant registrars challenged the law director's edict...That day three lawyers representing SICK and TVEC presented their case before a federal court in Greenville, Tennessee—and won. The federal judge ruled the law director's order unconstitutional." (Neely, Jack. "Tennesseans Fight for Social Justice: Grassroots Power." Southern Exposure, March 1985: 40-45).

The work yielded 7,500 voters in Knox County, representing 30% of newly registered voters.

Some SICK issues were spawned by local concerns, but then were expanded in scope to statewide issues. Throughout the 1980s, SICK members stayed abreast of concerns about "patient dumping"—economically motivated patient transfers by hospitals. In 1986, the "SICK News" reprinted an article from the Knoxville News Sentinel relating the story of a man who was turned away from a Somerville, Tennessee hospital because of outstanding doctor bills and lack of health insurance. The man died the next day. In December, SICK members testified in Nashville before the Tennessee Board for Licensing Health Care about such involuntary transfers of patients. They were joined by members from two other statewide allies, including Just Organized Neighborhoods Area Headquarters (JONAH) from Jackson, Tennessee, a confederation of 10 community organizations that represents low-income residents in rural areas. During the meeting, SICK members chided a Chattanooga hospital administrator on the Board for conflict of interest. The administrator, who served as chairperson of the committee drafting the

proposed regulations, was accused of offering the least amount of indigent care in the entire Chattanooga area. Activists held up posters during the meeting of "The Fox Guarding the Hen House" to relay the message that the administrator was unfit to chair the licensing board. In February, 1987, SICK and their allies were successful in pressuring the Tennessee Board to adopt "anti-dumping" regulations, prohibiting patient transfers in emergency rooms for economic reasons.

Another statewide effort in which SICK was instrumental was the founding of Tennesseans for Fair Taxation (TFT). This coalition was formed in 1984 in response to efforts to restructure a regressive state tax. SICK worked independently and with TFT throughout the 1980s to pressure Tennessee legislators for progressive tax reform. The agendas of TFT and SICK included removing the sales tax from food, reducing the general sales tax, and implementing a graduated income tax. In a February, 1985 Knoxville Journal article, SICK member Joyce Marshall was quoted: "Research has shown that Tennessee's tax system is the most unfair in the country, because a family earning $5,000 a year spends twice the percent of its income for the sales tax as a family earning $50,000" (The Knoxville Journal, February 1, 1985).

To educate the public and generate interest for SICK's first public hearing on tax reform in August of 1984, members dramatized the percentage of food money that goes to sales tax by handing out play money at local shopping centers . The following week, SICK held a forum for candidates running for state office. SICK members presented the candidates with market baskets filled with the amount of food a family of four could purchase with the money being spent on food sales tax. During a later public hearing

sponsored by the Special Joint Legislative Task Force on State and Local Tax Structure, SICK members dramatized the impact of the sales tax on food by unrolling a 74 foot long roll of 147 one dollar bills, the amount a family with a $10,000 income pays each year in sales tax on food. The tax issue remained relevant throughout the decade. SICK members attended statewide tax forums, coordinated local tax forums, testified before legislators, conducted letter writing campaigns, and kept the membership informed of the tax reform issue. SICK members remain active with TFT in the battle to abolish the sales tax on food.

SICK members began to form the organizational structure in 1985 with the development of a Steering Committee. The twenty-six member committee included: Nettie Ballenger, Ronnie Ballenger, Thelma Ballenger, Pete Barnhill, Lucy Clark, Mossie Cole, Anna Corum, Alfreda Delaney, Barbara Dodson, Elsie Hamer, Joe Marshall, Joyce Marshall, Malinda Mostella, Edna Owens, Sam Peake, Sarah Scott, Cecelia Thomas, Lucille Thornburgh, and Sylvia Williams. Within the Steering Committee existed a seven-member Executive Committee comprised of 5 officers and 2 executive advisors. All officers were elected to one year terms by the Steering Committee. In 1986, SICK increased the level of organizational structure when the Steering Committee was dismantled and the first Board of Directors was elected. The members of the first board were: Nettie Ballenger (Chairperson), Lucille Thornburgh (Vice-Chairperson), Barbara Dodson (Secretary), Linda Colquitt (Assistant Secretary), Ralph Armstrong (Treasurer), Ruth Ragland (Assistant Treasurer), Joyce Marshall, Sarah Scott, Sylvia Williams, and Sam Peake. The majority of board members were females from neighborhoods potentially impacted by SICK issues.

The organization's activities were related to the membership via a monthly newsletter generated by volunteers. Twelve monthly issues of the newsletter were distributed in 1986. The newsletters had a homespun appearance. Pete Barnhill suggested the "SICK News." In the December, 1985 issue, he shared some of his thoughts about the newsletter:

> "When I first joined SICK back in 1983 when it was a fledgling operation, I started to drop hints and ideas about the newsletter. I could see the potential to it...that SICK would have a better shot at accomplishing the things it was working on and that a newsletter would add punch to what we were trying to do."

The level of organizational activity significantly increased as three prior issues were reinvigorated and three new ones were adopted. In 1985, SICK members opposed a second effort by South Central Bell (SCB) to increase local telephone rates. SICK members informed the public of the proposal and once again vocalized their opposition to SCB officials. During a January public hearing, SICK members protested the newly proposed rate increase of $80 million. Approximately fifty SICK member were present to release a red helium balloon to symbolize the rising costs of telephone rates. One member sang her original song, "Phones on the Raise," sung to the tune of "Home on the Range." Presiding PSC Commissioner Bissell said of this event, "This was the most informative and best attended public hearing...It was certainly sobering to hear stories from people who couldn't afford phones." In February, SICK won a partial concession when the PSC, the state's regulatory agency for public utilities, issued its decision: no increase in

residential phone bills; no charge for local directory assistance; a reduced deposit from $100 to $50; and twelve monthly payments for installation fees. Of the $80 million rate increase requested by SCB, the PSC approved only $18 million, most of which affected business customers.

SICK members also remained active on the sales tax reform issue. In March, 1986, two SICK members attended a Nashville tax forum sponsored by Tennesseans for Fair Taxation, a statewide coalition that SICK helped to found. During a press conference, SICK members handed over one dollar bills to effigies of Governor Alexander and Speaker McWherter, indicating that the officials had "passed the buck" on tax reform. Representative John Bragg, Chairman of the Joint Legislative Tax Force on Tax Reform, commended of SICK's inventive tactics: "I remember your Knoxville hearing well, when you unrolled that $147. You all surely are effective, and it is obvious you must have a lot of fun when you get together."

Following the Nashville tax forum, SICK held its own local "Tax Forum '85" in April. About 100 people attended, including representatives of 17 allied organizations, State Representative Mike Murphy and City Councilman Hoyle McNeil. Individuals from statewide grassroots organizations that attended included: the National Organization for Women (NOW), Mechanicsville Citizens for a Better Tomorrow, and Tennessee Valley Energy Coalition. Children of SICK members created a cardboard train with the message, "Keep the sales tax on the right track." In May, the legislature voted to retain the 5.5% sales tax on food. SICK members pledged to continue their tax reform work. In a letter-writing campaign to state legislators, they thanked those officials who had supported

removing the food tax and expressed their disappointment to those who did not. SICK held a press conference in September responding to a report released by Citizens for Tax Justice on the low rate of corporate income tax. SICK again urged elected officials to eliminate the tax on food. This event was followed by a meeting with the Tennessee Speaker of the House of Representatives, Ned McWherter, in which members requested support for lowering the tax on food. Later in the year, SICK invited Governor Alexander to a Thanksgiving Dinner with SICK members at Montgomery Village, a local housing project. They planned to describe to the governor the effects of the food sales tax on low income families. The governor did not respond to the invitation, but TV and newspaper covered the dinner.

In February, 1985, SICK began its work on re-routing truck traffic around the inner-city. In April, SICK, along with the Fourth and Gill Neighborhood Association, and other potentially impacted inner city groups, made a presentation on the diversion of heavy truck traffic to the I-640 bypass to the Knoxville City Council. During the 1982 World's Fair, signs were erected along interstate I-40 to divert trucks to the I-640 bypass in an effort to alleviate the heavy flow of traffic coming through the city. SICK members, using the Fair as precedent, requested that the signs be erected on a permanent basis. Later in the month, the City Council passed a resolution requesting the State to study the diversion request. On July 1, 1985, a railroad tanker carrying liquid propane overturned and prompted the partial evacuation of downtown Knoxville. SICK members used the incident as evidence of the need to re-route trucks carrying hazardous materials. As a member of "Citizens for Interstate Safety," SICK helped to organize a press conference at

the site of the accident. A public hearing was scheduled by the Tennessee Department of Transportation (TDOT). In typical fashion, TDOT was prepared to have two court reporters take comments while allowing no citizen to voice his opinion or ask questions during the hearing. SICK charter member Barbara Dodson recalls:

> "The hearing of the Department of Transportation was to be an open hearing for comments both pro and con for the re-routing of trucks from I-40 to I-640 bypass. After arriving, Citizens for Interstate Safety found two court recorders who were to take individual's comments. Period. No one was to speak their opinion and ask their questions, nor were others to answer those questions, from either side."

Aware of TDOT's typical mode of operation for public meetings, SICK members brought their own podium and microphone to the hearing and, after much booing and shouting from SICK members, the public was allowed to speak. Long-time activist and SICK member Barbara Simpson remembers the issue and the public hearing:

> "There were signs during the World's Fair and there was a city ordinance that said that all through traffic must use 640...which kept all that truck traffic off of I-40...A couple of years after the World's Fair when McWherter came into office, because he was in the trucking business, all of a sudden there was this order from the state to take these signs down and of course, we said, 'you can't do this, there's a city ordinance that says thru traffic cannot come through the city of Knoxville and that takes precedence over the State'"...We got petitions signed. We had thousands

of names. We had a public hearing, if you can call it that, with TDOT. All the neighborhoods involved sent people to this hearing and SICK knew that TDOT's idea of a hearing was to have recorders sitting at tables and you could go up and give them your comments on a tape recorder. There were people from TDOT there to answer questions but there was not open dialogue. So, we went to this meeting with our own sound system and just kind of took over this meeting and these people from TDOT were up there trying to say that we couldn't do this and we just said that we were going to do this. 'This is a public hearing, in a public place. Your idea of a public meeting is not ours. There are people here who want to discuss this issue.'"

During the hearing, SICK members presented TDOT with a 140 feet long petition suspended by 26 red balloons and containing 2,700 names of individuals who wanted the trucks re-routed. In October, TDOT completed its study of re-routing truck traffic to I-640 and TDOT Commissioner Robert Farris announced that signs would be placed along Interstate 40 designating Interstate 640 as the route for all trucks carrying hazardous materials—a compromise to SICK's request that all trucks be re-routed.

In June, 1985, SICK members requested the removal of decaying cadavers from the Body Farm, part of a University of Tennessee, Department of Anthropology experiment in forensic anthropology. Several bodies were discovered during the construction of a parking lot near a local mental health center. SICK members claimed that the corpses posed psychological and health threats to nearby residents and to thrill-seeking school children. They stressed that they were not opposed to the research but,

rather, to location of the Body Farm. During this campaign, SICK members held a banner outside the site with the words, "This Makes Us SICK." When University of Tennessee Professor William Bass, nationally recognized forensic anthropologist, was selected as the best college professor in the country in 1985 by the Council for Advancement and Support of Education, a SICK representative left a telephone message to congratulate him and to ask why he did not see the incongruity of his public acclaim with his disregard of the public sensibilities by not advocating moving his experiment station to a more remote site. There was no response from Bass. A compromise was reached later that year when University of Tennessee administrators agreed to construct a more appropriate fence designed to close off the area and keep out trespassers.

SICK members stayed abreast of the indigent health care issue. In June, 1985 members attended a meeting of the Knox County Indigent Health Care Advisory Board. The focus of the meeting was the neglected dental care component of the indigent health care project. SICK members were asked to leave the meeting before it ended because the County Director of Welfare asserted that the meeting was exempt from Tennessee's "Sunshine Law" that allows public access to government meetings. In August, SICK members gathered stories from those who were denied dental care under the indigent health care program in preparation for a review of Knox County's Indigent Health Care Program. SICK members worked with local hospital officials in conducting the review. In the August edition of the Baptist Hospital's newsletter, Knoxville citizens were informed that SICK was gathering information about dental care in Knox County. The "SICK News" related that "Our phones have been ringing ever since...and the stories of pain and

ill health we have heard do not speak well for our society's concern for those unable to afford dental care." By September, the Knox County Health Department and the Second District Dental Society, a local group concerned about the lack of access to dental care, had worked out a volunteer dentist's program to be carried out in the newly built Knox County Health Department Dental Facility. SICK members Nettie Ballenger and Sarah Scott, along with staff person Monroe Gilmour, toured the new facility prior to the opening.

The hard work of SICK members did not go unrecognized. In 1985, the organization received a letter from Ralph Nader's "Public Citizens' Congress Watch" with these words of praise:

> "In our efforts with consumer organizations across the country, we have not witnessed a community based organization that exudes so much enthusiasm, that cultivates so much citizen leadership, and has had such a huge success in a very short period of time. In our view, SICK represents the greatest ideals of community organization; namely, community-based efforts which help citizens develop skills necessary for positive community change."

The internal dynamics of the organization changed when Gilmour resigned in October, 1986 to be a stay-at-home father to his first child. He now resides in North Carolina where he continues to do organizing work. Several grants from national and local foundations were secured during Gilmour's tenure. By 1986, the budget was over $51,000 and three new staff persons, including two organizers and a secretary/bookkeeper, were

hired to replace Gilmour. Monthly newsletters continued to carry information to their constituency, which had reached a high of over 700 members and supporters. The charter was formed and adopted in June, 1986 and the first steps were made to incorporate the organization. In February, the "Center for Community Change" in Washington, D.C. sent their General Counsel to advise SICK on the best way to get IRS tax exempt status. Health care, tax reform, and telephone rates remained on the active issue list from previous years. The new agenda included the establishment of a local Martin Luther King, Jr. Day observance, regulating tort reform, and ensuring the continuation of a commodities program.

SICK continued interest in indigent dental care, recognizing that a long term solution would only be realized with the expansion of Medicaid to include general dental care. Their efforts prompted County Executive Dwight Kessel to pledge to include adult dental care in the upcoming 1987 county budget. The County Commission voted unanimously to approve SICK's recommendation that "pain and infection" be included in the Indigent Care Contract dental provision. Previously, the contract read that "Dental care will be provided for adults only if the condition constitutes a major and immediate threat to the general health of the patient." When a state representative later sponsored a failed bill to expand the state Medicaid program to include dental costs, he buttressed his argument with SICK's efforts in Knox County.

In June, 1986, over 100 SICK members attended a Knoxville meeting of the Joint Legislative Committee on Indigent Health Care. The committee was to make a recommendation to the full legislature on how to deal with the lack of health care for

nearly 500,000 Tennesseans. Several SICK members performed a skit to illustrate the point that they expected legislation in the next session to extend adequate health care to more Tennesseans. Long-time SICK member Sarah Scott played the role of a sick person unable to get a response from the her mock legislature except, "study." Charter member Lucille Thornburgh played the part of a rural, non-profit hospital administrator who is faced with the task of treating indigent patients who had been denied treatment by for-profit hospitals. She, too, received a legislative promise for further study. The skit illustrated the point that SICK members believed that the committee had been given ample time to study the issue, and it was now time for action. State Senator Bill Owen responded to the public, "The only way we've been able to keep the issue current before the legislature is to continue having the studies until the issue is passed."

SICK continued its tax reform efforts. In January, 1986, two SICK members joined The Tennessee Hunger Coalition and Manna, a Nashville direct service and educational organization, for a Washington, D.C. "Tax Justice for the Poor" workshop. While there, they met with Tennessee Representative John Duncan and voiced their concern for tax reform. Of special interest was the proposed Gramm-Rudman bill, which proposed to cut many social services while keeping the defense budget intact.

SICK continued to criticize the Public Service Commission for allowing South Central Bell to make excessive profits. A local newspaper reported that SICK "blasted the Public Service Commission...for helping South Central Bell, 'reach out and rob someone.'" (The Knoxville Journal, July, 19, 1986). To increase public awareness, SICK members performed a skit during a Public Service Commission meeting in Nashville. Then

SICK secretary, Barbara Dodson, wore a sign around her neck with the words, "Tennessee Citizens" while SICK treasurer, Ralph Armstrong, wearing a "South Central Bell" sign, sneaked up behind her to pull money out of her pocket. In August, the PSC agreed to a $24.3 million rate reduction.

SICK was involved with tort reform at the statewide level. Members were concerned about the proposal to limit compensation awards to the injured. In November, 1986, SICK members traveled to Nashville to hear Jay Angoff of the National Insurance Consumers Organization in Washington, D.C. speak on building a tort reform coalition. A letter-writing campaign to elected officials stressed the message no cap on liability claims and affordable insurance coverage for all.

Also in November, SICK responded to a phone call from a concerned citizen about a little-known rider to a state legislative bill which would cut out transportation funds for food commodities. SICK members acted quickly, holding a petition drive at commodity distribution sites for two weeks in November that yielded 7,000 signatures. The rider was subsequently defeated in the U.S. House.

The last issue of the year involved planning for Knoxville's annual Martin Luther King, Jr. Day observance. SICK sponsored a program in honor of Dr. King's birthday on the campus of Knoxville College in January, 1987, timed to coincide with the first official *national* celebration of King's birthday. The event was attended by over 600 Knoxvillians. SICK has observed the event every year since its inception with a parade attended by local organizations and citizens from all over the city.

The issues of 1987 included continued work in five areas: fire halls, tax reform,

indigent health care, the federal food commodities program, and telephone rates. The fire hall issue resurfaced in April, 1987 when the Knoxville Mayor Kyle Testerman proposed closing inner city fire halls. SICK worked with Unified Network Organized Against Stagnation (UNOS), a group of East Knoxville citizens formed to work for community revitalization. UNOS was especially concerned about the loss of potential investors for their project should the fire halls be closed. The majority of the homes in the area were wood frame structures and a delay in responding to a fire posed a serious threat. In April, SICK members burned two cardboard houses during a press conference held at the SICK office to symbolize how quickly pre-1940s houses in the at-risk area would burn. SICK member Nettie Ballenger was quoted in *The Knoxville News Sentinel*: "To reduce the quality of fire protection is a slap in the face to the folks who have invested time, money and sweat in building a better future for Knoxville's inner city." After the symbolic house burnings, a two week petition drive was launched. SICK and UNOS members, as well as citizens from local inner city neighborhoods, attended Knoxville City Council meetings and City Budget Hearings. The citizens succeeded: the fire halls remained open.

SICK member Barbara Dodson and staff person Earl Prat, met with Billy Ascend of the Governor-Elect's transition team in January, 1987 to voice their concern that the new administration address the issue of statewide indigent health care. Also in January, SICK and other statewide organizations again attended a meeting of the Tennessee Board for the Licensing of Health Care Facilities in Nashville to urge the adoption of anti-dumping measures in hospitals for indigent patients. SICK members attended a July, 1987 Nashville meeting of the Tennessee Health Care Campaign Coalition. Tennesseans from

Memphis, Nashville, Johnson City, Columbia, Henderson, Woodbury, and Madison also attended. The groups opposed new rules under consideration which would eliminate regulations related to hospital accessibility. Previously, the applications had to address the accessibility of their service or facility to women, ethnic or racial minorities, low income, the elderly, and handicapped. Members of the group advocated for the restoration of accessibility criterion. In November, 1987 SICK members attended a meeting of the Governor's Cabinet on Indigent Care at the East Tennessee Baptist Hospital. SICK members arrived in wheelchairs carrying oxygen tanks and large bottles of multi-colored pills to urge the council not to approve economically motivated transfers.

After the Reagan administration cut federal funding for social programs and increased defense spending, SICK expanded its efforts on tax reform. In February, 1987, SICK initiated a letter-writing campaign to remind state representatives that many Knoxvillians depended on the food commodity program for basic nutrition. In May, SICK members sent a powerful message to local and federal officials by preparing a "military lunch" on the steps of the Federal Building in Knoxville in response to Reagan's proposal to divert money for food commodities transportation to the military budget. The lunch included: particle beam sandwiches, F16 soup, marinated M-1 Tanks, and assorted military hardware stew. During the lunch, the group unfurled the petition that contained signatures of commodities recipients gathered in a November, 1986 campaign. The petitions were later mailed to Tennessee Senators Sasser and Gore.

In June, 1987 SICK applied for a 501 (c) 3 IRS tax-exempt status as a newly chartered corporation. The new entity was named "SICK Resource Project, Inc" (SRP).

The formation of SRP ensured that the organization would be able to receive and administer foundation grants and so that individual contributions to the organization would be tax deductible. The tax exempt status was received in 1988. The charter and bylaws for SRP were adopted in the same year. The May, 1988 newsletter relayed information about SRP to the membership:

> "SICK Resource Project was formed so that our major funders could grant money for SICK's use without going through another tax-exempt organization as we have had to do in the past. When another organization has to administer grants to SICK they must charge a fee which decreases the amount of funds SICK has to use in their work. Therefore, SICK Resource Project will in effect cut out the middleman...There are some limitations to the work which the Resource Project can do though. SICK Resource Project cannot lobby...This only affects the SICK Resource Project, not SICK. SICK can advocate as a voice of the people it represents in favor or against legislation" (SICK News, May, 1988).

The organization began to experience a downturn in late 1987 that continued through 1990. The decline was evident in loss of membership, staff and funding. In 1988, the board was mostly comprised of the same individuals as the previous year. The budget dropped from over $51,000 in 1987 to $13,786 in 1988. The failing budget negatively impacted staff retention and newsletter distribution. The staff was reduced to one organizer and the budget was stagnant. Membership dues were increased from $1/year to $5/year. Newsletters were distributed more infrequently.

During this period, five to seven dedicated volunteers kept the organization afloat. All were females who were either charter or long-time members, and most were African Americans from low-income neighborhoods. Following a purging of the 450 persons on the newsletter mailing list, the organization consisted of 150 dues paying members. Health care, redlining, and a proposed incinerator siting were the active issues.

Health care remained a major issue of concern. In March, 1988, SICK members contacted state senators and representatives urging their support of Senate and House of Representative bills to broaden the qualifications for Medicaid. The bills were specifically aimed to help over 40,000 elderly and disabled Tennesseans who live at or below the poverty guidelines and do not qualify for health care under the states Medicaid program.

Redlining was a new issue in 1988. SICK joined members of the Community Reinvestment ACT (CRA) Regional Steering Committee in a protest of redlining practices at local banks. The federal Community Reinvestment Act of 1977 had been enacted to ensure that financial services be available to all people and required that financial institutions meet the "convenience and needs of the communities they serve." The local CRA Steering Committee wanted to ensure that local banks met the needs of their service areas by investing money in low and moderate income neighborhoods in Knoxville. In January, the CRA held a public meeting at the MLB (Mechanicsville, Lonsdale, and Beaumont) neighborhood center. Attendees planned a February rally and press conference at the First Tennessee Plaza on Gay Street in downtown Knoxville. The site was chosen because of bank officials' reluctance to negotiate with the committee. The CRA urged the city administration to revise their bid criteria to include CRA recommendations, believing

that city tax dollars should not be deposited in any bank that does not reinvest in the inner city. A highlight of the rally was a SICK skit in which a banker carried a sack marked "Taxpayer Money." Another actor walked up to an inner-city house and placed a sign on it that read, "Condemned Unfit for a Loan, signed (the local bank)." Protestors then raised a sign in front of the bank that read, "Condemned Unfit for the Deposit of Taxpayers Money, signed Citizens of Knoxville." They distributed forms to passers by that requested pledges to withdraw funds from banks with inadequate CRA records.

In 1989, SICK was part of a city-wide coalition of neighborhood groups that helped to expose redlining practices of some local lending institutions. This effort produced a loan program whereby inner-city residents could obtain a loan with a 5% down payment. SICK members contributed to the planning and implementation of a Neighborhood Development Center to provide training and technical assistance for community improvement projects.

A second new issue for 1988 involved a proposed incinerator siting in an inner-city Knoxville neighborhood. SICK became a member of the Alliance for Incinerator Review (AIR) due to concern for the procedure that the Solid Waste Authority used in planning for the proposed incinerator. The project was estimated to be the costliest in the history of Knox County. In 1986, $176 million in privately marketed bonds for the project were sold without the public's knowledge or consent. Funds not raised from the sale of bonds were to be supplemented by citizens through fees added to utility bills or taxes. The Solid Waste Authority neglected to inform the public that, even with the incinerator, a new landfill would be needed. In February 1988, over three hundred people met at the Central United

Methodist Church for the first public meeting between the Solid Waste Authority and members of AIR. After presentations by both constituencies, the meeting was adjourned with no time for discussion. SICK members thought that, since the public had to pay for the incinerator, they should be given a clear idea of its effects. SICK members joined other Knoxvillians to speak out about the project during a Citizens Advisory Committee meeting in January, 1990. Due to continued protests from the community, the Solid Waste Authority stopped the project and the incinerator was never built.

In 1989, efforts to reinvigorate the organization proved ineffective as the one staff member resigned and no replacement was found for approximately six months. In 1989, the budget reached its lowest point since 1984. With few resources, the group acted primarily as an information clearinghouse, but continued involvement with tax reform and the Community Reinvestment Coalition.

The group remained most active in health care issues. SICK members were especially concerned about the tax-exempt status of profit motivated hospitals in Tennessee. A state appeals court ruling in Fall, 1988, overturned a law that had been in effect for over half a century. The old law granted tax-exempt status to any non-profit hospital. Many hospitals had moved away from providing charity care yet continued to receive tax breaks as long as they were labeled "non-profit:" The non-profit status only meant that the hospital did not distribute profits to shareholders. Among Tennessee hospitals earning the largest profits, nine out of ten were classified as "non-profit." Until the new ruling, non-profit hospitals would be treated as tax-exempt only if they provided charity care to the needy. The ruling was designed to eliminate the tax-exempt status to

hospitals not providing indigent care. In March, 1989, SICK members set up a mock hospital on a busy downtown street. The message was that too many Tennesseans cannot afford health care insurance. SICK members argued that elimination of the tax-exempt status would save the state an estimated $60 million annually that could be used for health care.

For SICK, the decade of the 1980s was characterized by cycles of growth and decline. The organization worked on 15 campaigns including: indigent health care, fire halls, SCB rate increases, re-routing hazardous waste, voter registration, "patient-dumping," tax reform, the body farm, indigent dental care, MLK observance day, tort reform, the commodities program, redlining, incinerator siting, and Medicaid. Throughout the decade seven individuals were on the payroll. The first income was received in 1985 when the Stern Foundation awarded a $15,000 grant. The budget continued to grow throughout the decade with some years being more prosperous than others. Many of the foundations from which SICK received funds had local connections. These included: The East Tennessee Presbyterian Local Self-Development Fund, Commission on Religion in Appalachia, and Knoxville United Ministries. A few were national in scope: The Stern Foundation, Mary R. Babcock Foundation, and The National Self-Development of People Fund. During periods of peak grant income, grassroots fund-raising abated. On the average, approximately 17 percent of the total income generated in the 1980s came from grassroots fund-raising.

Membership levels also fluctuated throughout the 1980s and seemed to correlate with the issue work. More exciting and newer campaigns generated a larger membership

base. By the end of 1982, about 150 individuals were members of SICK. By 1987, while the organization was working on fire halls, redlining, SCB rate increases, tax reform, "patient-dumping," and, the commodities program, 850 individuals received the newsletter. By the end of the 1980s, the paying membership dropped to 150. Membership composition was initially comprised of majority females, from low-income neighborhoods, and over the age of 40. The board reflected the membership with more females than males, and more low-income than moderate, but was almost equally divided between blacks and whites. A milestone was reached in 1989 when the organization elected its first male chairperson.

The 1990s: Pre-Natal Care, Public Transportation, and Indigent Health Care

Late 1990 and early 1991 was a difficult period for the organization. During much of this period, SICK had no paid staff and the budget reached its lowest point in the history of the organization. Newsletters consisted mainly of announcements for community meetings related to SICK's work. SICK's reduced efforts were directed at health care.

SICK members continued their communication with the governor about affordable health care for all Tennesseans but their efforts did not include the intensive campaigns and protest work that characterized the 1980s. The crux of SICK's efforts was the endorsement of the work of other agencies. SICK supported the Tennessee Health Care Campaign, building support for the passage of the Family Care and Supportive Services Act. The bill was established to provide home and community based care for the elderly, hospice care, nursing home care, and care for the disabled. It also enabled families to care

for loved ones at home by providing them with medical and other supportive services. SICK members also helped the newly opened Interfaith Health Clinic identify the needs of people in the community. The main goal of the clinic was to increase the availability of primary health care services to the Knoxville community.

In 1991, SICK experienced a rebirth with the hiring of staff person, Cindy Tanner, and the adoption of pre-natal care as an issue. The budget had reached an all-time low of $8,988 in 1990, but foundational grants were secured and the budget grew to over $22,000 in 1991. Five new members were added to the board in 1992. In 1993, an additional staff person was hired when the budget rose to over $30,000. Cindy Tanner, organizer/director from August 1991 to 1993, offers her opinion on the rebirth:

> "A hot issue and a strong staff person. I could write grants. That's where the money started back up. We went for that six month period with no staff and then I came on and then Rebecca (Rader) was hired...it's not just because it's me, it was the issue, everything culminated together. If I hadn't been there, somebody else might not have taken it and run. But, then, Bill Murrah was real interested in that issue and he started getting real involved again."

SICK addressed the state's Medicaid program and tax reform proposals but the issue to gain the most attention and energy was pre-natal care. The fall 1991 issue of the newsletter introduced the need for prenatal care and the lack of access for Medicaid mothers. Surveys of 57 obstetric-gynecologists in the Knox County area revealed that only two doctors were both taking new patients and would accept Medicaid, while forty-one

were accepting new patients but refused to take Medicaid patients. The burden of prenatal care was borne by the University of Tennessee Obstetric-Gynecologist Clinic and the Knox County Health Department. A huge burden since approximately half of the 5,500 births in Knox County in 1989 were to Medicaid recipients. At the time of the survey, UT hospital had a three-month waiting list for a first visit and the Health Department had a two-month delay. The problem particularly affected low-income and black women. According to the Children's Defense Fund for 1989, the incidence of no or inadequate prenatal care in Knox County was 50.3% for black women, twice the rate for white women. The rate for black women delivering low birth weight babies was 12.3% and 6.9% for white women. The neonatal mortality rate was 7.6% for blacks and 4.1% for whites.

In August, 1992, SICK coordinated a "Focus on the Future" forum at the MLB Center to present pre-natal care concerns. The forum was co-sponsored by 16 organizations including: the state's Black Health Care Commission, the Knox County Community Council, Headstart, the Tennessee Health Care Campaign, March of Dimes, and medical and legal professionals, including the board of the Knox County Community Health Agency. Women from across the state shared stories of inadequate pre-natal care. The forum prompted commitments from key decision makers. State Legislator, Joe Armstrong, representing the Select Committee on Children and Youth, and Mary Prat, Chairperson of the Black Legislative Caucus, agreed to use their influence to promote a policy to ensure access to pre-natal care. Dr. Michael Caudle, Chairperson of the Department of Obstetrics and Gynecology at the University of Tennessee Hospital,

committed to organizing and administering the plan. Linda Norman, Assistant Dean of the College of Nursing at Vanderbilt University, agreed to continue her commitment to a training program for nurse midwives.

Tanner left SICK in 1993 and her experienced organizer, Rebecca Rader, took the position of organizer/director. An office manager was hired later in the year. The name of the newsletter was changed from "The SICK News" to "The SICK Speaker" and was computer generated to give a more professional appearance. With a strong staff and a growing budget, SICK kept watch on the newly developing health care system in Tennessee, TennCare, and continued to work on the prenatal campaign. Public transportation concerns were added to the list of issue work.

In 1994, SICK joined 25 other organizations in signing a "Friend of the Court" brief to oppose the potential demise of TennCare, the Medicaid replacement program for Tennessee. The Fall 1994 edition of the newsletter alerted the membership that a lawsuit filed against the Federal Secretary of Health and Human Services by the National Association of Community Health Centers, threatened the future of TennCare. The TennCare reform issue impacted 63,000 enrollees in Knox County. Some of the problems experienced by TennCare enrollees in Knox County included: finding a provider that accepted their TennCare Managed Care Organization (MCO), lack of transportation to providers, non-coverage of prescriptions, non-coverage of psychotherapy, lack of communication between primary care physicians, specialists, and MCOs, and long waits to see a doctor. SICK worked in conjunction with a University of Tennessee College of Social Work professor and the University of Tennessee Community Partnership Center

(CPC), a non-profit organization that links university resources with urban and rural grassroots community groups to understand and address problems of low and moderate-income communities. Together, they developed and implemented a survey of the pre-natal care providers accepting each of the seven MCOs under TennCare in Knox County. In March, 1994, SICK received a copy of a memo from the State Finance Commissioner directing the Assistant Commissioner to proceed with the Prenatal Care Improvement Plan (PCIP). The plan provided for a statewide system of pre-natal care. PCIP, the plan that SICK helped develop, was adopted and funded by the state.

In March, 1994, SICK members received news from the State Finance Commissioner to proceed with the Prenatal Care Improvement Plan (PCIP), a statewide system of prenatal care. The plan was the result of SICK's efforts to bring the issue to the attention of the public and state officials. Public awareness efforts included: public forums, distribution of fliers, newsletter articles, presentations, and telephone calls to the governor and state representatives. SICK members worked on the issue for two and one-half years. SICK staff were successful in strengthening the organization by informing the public of the need for pre-natal care and recruiting new members to work on the issue.

The resolution of the pre-natal care issue prompted SICK staff to encourage members to adopt a Knoxville transportation problem. The transportation issue kept the growing membership in an active mode. In 1994, SICK staff and members conducted a survey of over 100 K-Trans (Knoxville Transportation) riders. Findings indicated that more than half of the bus riders used the bus to get to work and to shop. The main concern was that bus service ended after the 6:15 p.m. routes and no service was offered

on Sundays. K-Trans officials blamed the lack of service on federal government cuts in public transportation. Members of SICK presented their findings to the City Council, stressing the need for increased bus service in Knoxville. By March, 1995, K-Trans became Knoxville Area Transit (KAT) with the intention of developing a new image. Some improvements included extending evening service and cross-town connecting routes. The residents of the inner-city neighborhoods of Mechanicsville and Lonsdale suffered a decrease in service. SICK joined forces with neighborhood groups and, in an April, 1995 meeting of the Knoxville Transit Authority, presented a petition with over 100 signatures protesting the lack of service. Due to these efforts, KAT restored bus service in four inner-city neighborhoods.

In late 1995, SICK experienced another organizational decline. Several long-time leaders and strong activists vacated their leadership roles; many were seniors suffering from health problems. Few trained leaders were available to take their places. Those members who had been active in the pre-natal care and transportation actions left the organization when the issues were resolved. Lack of community leadership prohibited the organization from adopting any new issues. With only one staff member, the organization was resigned to providing information to the membership, and few opportunities for community action. Previous issues that remained of concern to the membership included: TennCare, prenatal care, and transportation.

The hiring of a new organizer/director, Lea Alexander, in late 1995 signaled a second rebirth. Three additional staff members were hired in 1996. The 1996 budget was a slim $46,000 but grants had been secured for 1997 in excess of $86,000. Foundation

grants included: Appalachian Community Fund, Community Shares, Commission on Religion in Appalachia, Community Partnership Center, The Kellogg Foundation, Public Welfare Foundation, and the Tides-Carbonel Foundation. An additional $10,000 from grassroots fund-raising was projected. Alexander proposed to strengthen the organizational structure by merging the SICK, Inc. and SRP boards. This initiative bridged the faction among the members of the SICK, Inc. and SRP boards that was created when the organization began to have a separate board of directors and separate meetings in 1994. Alexander worked to further strengthen the organization with the selection of new board members and staff that were diversified by race, gender, and sexual orientation.

In 1996, SICK continued to work on TennCare and adopted two new issues: Families First (welfare reform) and the proposed privatization of the University of Tennessee Hospital. SICK members testified in Nashville before the TennCare Bureau about the long delays in reconciling grievance claims. During a May health care workshop sponsored by SICK, the results of a health survey of over 180 East Knoxvillians were released. The survey revealed some unfavorable comparisons of TennCare to Medicaid. Of those interviewed who were pregnant, 85% had not seen a doctor for prenatal care. Other concerns included the lack of an obstetric-gynecologist for East Knoxville, difficulties in seeing specialists, and a lack of pharmacies accepting certain TennCare MCO plans.

In January, 1996, SICK began a campaign to inform the public about the potential privatization of the University of Tennessee Hospital. SICK members wrote letters to the hospital Board of Trustees. When the board voted unanimously in February to introduce

privatization bills in the state legislature, SICK's efforts intensified. Members met with State Representative Tim Burchett in March who subsequently agreed to hold a public hearing on the issue. News of the upcoming hearing prompted approximately 10 hospital employees to contact SICK and join in their efforts to stop the privatization. Other allies included the Tennessee State Employees Association, and the League of Women Voters, Tennessee Industrial Renewal Network, and Tennesseans for Fair Taxation. Over 250 Knoxvillians attended the public meeting. SICK and their allies made three trips to Nashville to voice their concerns to the Senate Education Committee. SICK member Sharon Wilson presented information about the effects of privatization on poor people. University of Tennessee nurses testified on the impact on hospital employees. The group was successful in procuring important changes to the privatization bill that gave security to hospital employees.

Tennessee's welfare reform program; "Families First" brought new concerns to Knoxvillians and SICK members. In August, 1996, the Welfare Reform bill decreased anti-poverty programs by $55 billion and decisions on welfare benefits were assigned to the states. Each state had the responsibility to decide how federal block grant funds would be used under the Personal Responsibility and Work Opportunity Reconciliation Act. In Tennessee this charge took shape in the form of "Families First" legislation. "Families First" is a temporary cash assistance program which emphasizes work, training, and personal responsibility. SICK members argued that the new program was punitive in nature. For example, some Families First recipients had to drop out of school because of an 18-month cap on benefits. SICK formed a Welfare Reform Committee consisting of

concerned members of the community and those directly impacted by Families First legislation. The committee discovered that not all Tennessee Department of Human Services (DHS) caseworkers in Knoxville were informing applicants of the full extent of their rights and failing to provide information on available transportation, child care, education, and job training. Applicants were not informed of their right to have an advocate with them while discussing their "personal responsibility plan" (PRP) nor the steps to follow in filing a grievance. The PRP obligated Families First participants to seek employment so that the state could end their benefits in an 18 month period. Participants were forced to seek temporary solutions to their poverty without regard for the long-term impact.

In 1996, during the 99th Tennessee General Assembly of the State Legislature, SICK members focused on improving Families First legislation. They highlighted the need for adequate childcare, public transportation, and health care. SICK members encouraged officials to pass key amendments to lessen the damage of Families First, including the addition of a "good cause" exception to extend benefits beyond the 18-month time limit. SICK and other allies, including the Tennessee Industrial Renewal Network (TIRN), prevented Governor Sundquist from allowing temporary agencies to profit from welfare reform. The governor had sought approval of a pilot program in four Tennessee counties that would redirect food stamp and AFDC money to temporary employment agencies. The agencies were to use the funds to place Families First recipients in minimum wage jobs. The jobs offered no benefits or job security. SICK members argued that welfare reform should be a permanent, not temporary answer to poverty. They advocated funds to be

used for the creation of full-time jobs with adequate wages and benefits. SICK, along with statewide allies, were successful in preventing the governor's alliance with temporary employment agencies.

In February, 1996, SICK joined non-profit organizations from around the state in Nashville to voice their concerns on a variety of issues. SICK members visited the offices of elected officials to present their position statement on Families First. In September, SICK members participated in an intensive door-knocking campaign in local low-income neighborhoods to gather information from those directly affected by Families First and to invite them to join the SICK Welfare Reform Committee. Later in the year, SICK members worked with the University of Tennessee's Center for Literacy Studies and the Legal Aid Society of Middle Tennessee to develop a "Families First" handbook. SICK members advocated for revisions to be made in the Department of Human Services regulations to require caseworkers to inform applicants of the full extent of their rights.

A more stable staff and increased membership helped to strengthen the organization. After 13 years in their original office, the organization moved in April, 1997, to a new location to accommodate the needs of a growing staff and membership. The newer members, consisting of a less experienced and younger constituency (under 40), worked well with the long-term activists. This sense of working together was a part of the staffs' efforts to build coalition during a Visioning Retreat in August, 1997. Forty-five members met to review the past and create a vision for the future. New member Barbara Soliday said of the retreat: "There's an incredible sense of camaraderie. This is what government should be." Long-time member Pauline Johnson noted the diversity of the

group: "We've done a good job getting different people together today. We've accomplished a lot already." All agreed that SICK should continue to work for social justice and the needs of the community as presented by the membership.

In September, 1997, SICK members took their TennCare message to the streets. They marched in downtown's Market Square, aided by crutches and wheelchairs. They spoke to the press in an area they had converted to a mock graveyard. Engraved stones were carved with epitaphs like, "Here lies the truth," and "Not resting in peace." They relayed the message that the TennCare Bureau was failing to ensure that their MCO's were providing enrollees with access to adequate health care.

In 1997, SICK members attended several meetings of the Knox County Families First Council, an advisory group created by the Families First welfare reform legislation. They expressed concern that recipients were not being informed of their rights. In February, 1997, each member of the Families First Council signed a letter of support to change DHS regulations in a way that granted recipients the right to be informed of their options before agreeing to training or work. Later in the month, SICK members and representatives from the Knoxville Legal Aid Society presented a workshop for anyone interested in advocacy training for Families First recipients. Trainees were prepared to assist recipients requesting support during their visits with DHS caseworkers. Special emphasis was placed on making recipients aware of their legal rights and options before signing a Personal Responsibility Plan (PRP).

In 1998, SICK continued to work on Families First, UT Hospital privatization, and TennCare. The Welfare Reform Committee worked with statewide allies to convince the

Department of Human Services (DHS) to put $6 million into the Families First program for child care needs. Some of the allies included: Manna, the Tennessee Industrial Renewal Network, the Tennessee Hunger Coalition, and the Tennessee Justice Center. In June, SICK and their local allies sponsored the Kensington Welfare Rights Union (KRWU) as it caravanned through Knoxville on its way to the United Nations. The supporters gave financial and moral assistance to the Philadelphia-based group of poor and homeless families that worked to bring attention to human rights violations in the United States. KRWU gathered testimonies on human rights violations in thirty cities throughout the U.S. Local supporters greeted the group at Knoxville's Chilhowee Park where they shared a meal and learned of the KRWU mission. Members of the caravan heard stories about human rights violations in Tennessee related by SICK Welfare Reform Committee members.

SICK sponsored a "Campaign Forum" in October. Four candidates for seats in the Tennessee state legislature were confronted by an audience of 75 SICK members and supporters. Questions were asked on racism, welfare reform, living wages, TennCare, UT Hospital privatization, tax reform, and accessibility to elected officials. SICK's moderator, Welfare Reform Committee member Michelle Nored, held up a plate of waffles and explained to the politicians audience that she would use the edible props to call attention to attempts to avoid answering tough questions or "waffled." Previously prepared questions from the audience caught the politicians off guard and revealed that they were not in tune with many issues of concern to low-income Knoxvillians.

In 1998, SICK faced many organizational changes. The sustained growth of the

organization was exemplified by the purchase of a new home for the organization in 1999. The inclusion of many younger members into the organization prompted SICK to review its name and propose a name change to—Solutions. Younger members felt that the new name portrayed a more positive image to the community. This met with some resistance from long-time members who recalled the many victories that had been won under the name of "SICK." It was decided that either name would be appropriate.

In 1999, Families First and TennCare remained important issues. It was agreed that the group would continue to fight for health care rights on an "as needed" basis without a standing committee. In February, SICK members protested at the Department of Human Services for the failure to inform Families First participants of their legal rights. A second protest was staged in May. A February letter from the DHS Assistant Commissioner Mike O'Hara promised that a welfare rights handbook would be ready in a few days. It was still not available in May. This failure prompted SICK members to stage another action in honor of Mother's Day at the downtown Market Square Mall. Members performed a street theater production of "A Mother's Day Carol" in which DHS officials were portrayed as Scrooges. Throughout the year, SICK members worked with the State Welfare Allies group to persuade the governor to add over $15 million for improvements in Families First transportation.

SICK members continued the battle for the rights of Families First participants with a "Stop the Clock" campaign in August, 1999. The aim of the protest was to urge the U.S. Congress to enact a moratorium on the national 5 year lifetime limit for people receiving welfare benefits which was established in 1996 as part of the Personal

Responsibility Act. SICK members met to demolish clocks and watches with hammers before television cameras. Some of the smashed clocks were mailed to Tennessee Senators Bill Frist and Fred Thompson and to Representative John Duncan.

In October, 1999 local community leader Oshanna Deathridge directed concerned child care providers to SICK for assistance. In reaction to a decision by DHS and Knoxville's Community Action Committee, child care providers in the Knoxville area were denied in-home child care funding if they or anyone in their household had ever been charged with violence or a drug offense. The child care providers were particularly enraged about the "no exceptions" and "no appeal" procedures. In November, a community meeting was held to voice concerns of child care providers and parents. A press conference was scheduled later in November but the press did not show. The group of child care providers and community activists protested at the offices of two news stations, but only one reporter came out and covered the story.

As with the 1980s, the decade of the 1990s, was cyclical in its growth. Members of the organization worked on 12 campaigns, some carrying over from the 1980s and some new issues. They included: The Interfaith Health Clinic, incinerator siting, health care reform, pre-natal care, tax reform, local transportation, TennCare, welfare reform ("Families First"), UT Hospital privatization, living wage, and childcare. Even though the issues were fewer in number than the decade of the 1980s, more staff was on the payroll. Fourteen paid staff worked at SICK at some time in the 1990s. The budget grew to new highs during the 1990's. The majority of funders were foundations with a national scope including: the Abelard Foundation, the Public Welfare Foundation, Tides-Carbonel

Foundation, Ben and Jerry's, the Jewish Fund for Justice, the Kellogg Foundation, the Needmor Foundation, the Ford Foundation, and the Catholic Campaign for Human Development. Local funders included: the Appalachian Community Fund, Commission on Religion in Appalachia, and the Community Partnership Center. In the 1990s, grassroots fund-raising dwindled to an average of 6 % of the total budget.

The average membership for the 1990s was 200 individuals. The membership became increasingly comprised of individuals with moderate income who were not directly impacted by the issue work. Newer campaigns including "Families First" and the childcare providers campaign, attracted a younger constituency. Board composition in the 1990s remained mostly female but income levels, racial composition, and age was diverse.

SICK Today

In its belief in equality and work for social justice in Knoxville and throughout the state, SICK remains much the same organization today as it was in 1982. But, with the passage of time, some things have changed. Throughout its 18 year history SICK has lost some of its charter and long-term members to death and illness. This loss has been somewhat eased as newer members have enrolled. The purchase of a new home gave the organization a sense of permanence and provided a place where members feel comfortable making plans for new endeavors and celebrating victories. Three full-time staff persons and a $160,000 budget attest to the stability of the organization.

The number of victories at the local and statewide levels reveal that SICK was successful over time in generating change. A total of 27 campaigns were mounted. At the local level, they included: fire halls, re-routing of hazardous waste trucks, the body farm,

MLK observance day, incinerator siting, the Interfaith Health Clinic, transportation, UT Hospital privatization, and childcare. At the statewide level, the campaigns included: indigent health care, SCB rate increases, "patient-dumping," tax reform, indigent dental care, tort reform, redlining, Medicaid, pre-natal health care, TennCare, welfare reform (Families First), and a living wage. The first campaign, indigent health care was a local endeavor, but the organization began to work on a statewide issue in 1983 with the adoption of the SCB campaign. Many victories are recorded in the history of SICK. Some of these include: the initiation of a $4 million indigent health care program in Knox County, worked to keep six inner-city fire halls open, persuaded SCB to decrease rate hikes, registered over 7,000 new voters in Knoxville, forced state officials to adopt "anti-dumping" regulations for hospital patients, influenced the city council to re-route hazardous waste trucks around the inner-city, persuaded the Knox County Health Department to develop a dental program for the low-income, worked to defeat a bill that would cut transportation costs for federal food commodities, helped to expose redlining practices at local banks, initiated the development of a pre-natal care program for Knox residents, and persuaded the governor to add $6 million to "Families First" for childcare and $15 million for transportation.

SICK's long-term success has not been an easy road. Periods of financial crisis, staff turnover, internal strife, campaign defeats, and membership declines are also a part of the history of the organization. Multiple campaign successes have sustained the organization through these periods of decline, as well as times of resurgence. In the next section, I analyze the three organizational variables contributing to SICK's maintenance:

organizational structure, internal dynamics, and participant characteristics. Organizational structure will be analyzed by: membership and staff turnover, obtaining stable funding and support, networks with other SMOs, and the hiring of competent staff. Internal dynamics will be analyzed by: the selection of appropriate political issues at the local and state level and effective strategies for affecting change. Participant characteristics will be analyzed by: demographic makeup of the membership and shifts from aggrieved to conscience constituents.

CHAPTER V

Emergence, Decline, and Resurgence:

Stages of Development as Factors of SMO Maintenance and Success.

This research examines the maintenance and multiple campaign successes of a Knoxville based SMO: Solutions to Issues of Concern to Knoxvillians (SICK). During its 18-year history, SICK was successful in effecting change in local social structures. The organization's maintenance is a crucial requisite for its success; such change could only be brought about by long-term perseverence and a credible reputation in the community with both citizens and political elites. A SMO that has accomplished multiple campaign successes for 18 years is likely to have a faithful membership base, stable funding and staff, and familiarity with political issues at the local level. Much has been written about SMO emergence and decline, but few analysts have examined SMO maintenance. This work focuses on SMO maintenance via multiple campaign successes as a factor related to SMO success. The case study suggests that maintenance is not equivalent to success but is, rather, a factor related to success. The purpose of my project is to analyze the internal factors contributing to SICK's maintenance.

From Decline to Resurgence: Back to the Future

In this section I analyze the career path of SICK as it moved through five stages that include periods of emergence, decline, and resurgence. For each stage, I focus on three internal factors related to the evolution of the SMO : organizational structure, participant characteristics, and internal dynamics. During alternate periods of decline and resurgence, the organization experienced structural differentiation characterized by shifts

in staff, membership (see chart 1, p. 136), budget (see chart 2, p. 137), and campaign work. Examples of these shifts will be explicated for each variable in the summary sections. Particular emphasis is given to the adaptability of the organization during these shifts and the ways in which leaders and members adapted to periods of decline and focused on stabilizing the internal dynamics of the organization. The issues addressed include: membership and staff turnover, stable funding and support, networks with other SMOs, hiring of competent staff, selection of appropriate political issues at the local and state level, and effective strategies. As these questions of organizational structure and internal dynamics are analyzed, the demographic and ideological (e.g. aggrieved vs. conscience constituent) shifts in the membership are noted. Much has been written about the birth-death cycle of the SMO. This work establishes the possibility of a long-term SMO's avoidance of this cycle by way of multiple campaign successes.

Stage 1: Emergence, 1982-1986

Stage one traces the early history of SICK. The organization was initially mobilized in 1982 by Bill Murrah, a Knoxville Legal Aid Lawyer. Murrah was hired to work with grassroots groups in the community. His first task was to organize support for the ailing Knox County indigent health care program. He garnered support from community activists and the group became Solutions to Indigent Care in Knoxville (SICK). After the resolution of the initial campaign the group made a commitment to organize for change in other areas, and they became Solutions to Issues of Concern to Knoxvillians.

Organizational Structure

For SICK, the first five years could be described as a honeymoon period. Much excitement was generated from the organization's initial success. Murrah's charismatic leadership and experience optimized the dynamics of the group. Murrah built the membership base, and helped the group to define the issues during the first two years. In 1984, Monroe Gilmour, the first organizer/director paid by SICK, continued to work in the democratic style initiated by Murrah. Approximately fourteen individuals decided to fight the potential collapse of the Knox County Indigent Health Care Program (KCIHC). By the end of the first campaign, over 150 individuals had joined SICK in their efforts to keep indigent health care available in Knoxville.

SICK had no operational funds for the first two years. In 1984, the organization received its first foundational grant of $15,000 and hired a professional organizer. The incorporation of four new issues in 1983 required hiring a staff person. In 1984, shortly after SICK hired its first staff person, the organization rented office space in a low-income part of Knoxville. These changes moved the organization toward a more formal organizational structure. In that same year, a six-member Executive Committee and a twenty-six-member Steering Committee were formed. The members were nominated by the membership and elected by majority vote. The news of the success of the organization was disseminated to the community in its first newsletter in December, 1985. More foundation grants and a minimal amount of grassroots fund raising increased the budget to over $50,000 by 1986. When Gilmour resigned in 1986, he was replaced by three staff persons. The first official Board of Directors, organizational charter, and by-laws were

formed in that same year. Between 1982 and 1986, SICK worked on eight local issues and four state issues.

The group became well known to the media. The frequent use of mock theater was popular with SICK members and with the media. Members used the tactic to bring campaigns to the attention of the public and political elites. The media used the tactic in generating sensational headlines, photos, and stories. Thus, the relationship between SICK and the media was symbiotic. Sarah Scott, a member since 1983, recalled:

> "Oh yes, we were very popular with the media. They would call us up with something and say, what are ya'll going to do about it? They depended on us and we depended on them."

During a 1999 child-care campaign, SICK members used assertive tactics to remind the media of the importance of SICK issues to many Knoxvillians. A press conference was scheduled for November 15 at the SICK office. About 40 members were prepared to share concerns with the press of recent restrictions placed on child-care providers by DHS. No reporters were present. SICK members decided to take their story to the news stations. After prolonged chanting, singing, and shouting, a news reporter came outside and agreed to cover the story. Founder Bill Murrah says:

> "So, SICK built a reputation...of being hard hitting and bold and a clear-cut advocate for the poor, but doing its research. Sort of like the smart bomb approach, trying to focus in but not being afraid of anybody."

In the Spring of 1983, Knox County adopted a new $4 million indigent health care

program and SICK members gathered to celebrate. They decided to continue their work under a new name: "Solutions to Issues of Concern to Knoxvillians."

A summary of the organizational structure of Stage One reveals that stable funding impacted the organization by allowing for the hiring of a professional organizer. Under Murrah's leadership a more formal structure was put into place and exemplified by the rental of office space, formation of an Executive Committee and Steering Committee, distribution of a newsletter, increased issue work, and an aggressive drive for additional grant funding.

Participant Characteristics

The first members of the organization came together under the volunteer leadership of Bill Murrah, a professional organizer doing pro se advocacy work with Knoxville Legal Aid. Those present at the first meeting included four males and ten females primarily from low-income neighborhoods in Knoxville. Everyone agreed to organize around the KCIC issue. They gave themselves the name, "Solutions to Indigent Care in Knoxville" (SICK).

Throughout the initial mobilization stage, the membership was comprised of a fairly homogeneous aggrieved group of African American females over the age of 40, residing in low-income Knoxville neighborhoods. During campaign events, a heterogeneous cadre of conscience constituents added their support to the aggrieved membership (McCarthy and Zald, 1977). Initially, the core membership was comprised of experienced social activists, the result of the membership being selected from Murrah's associations in other activist organizations. But the first issue drew an eclectic membership

of male and female, low and middle income, white and black, young and old, and experienced and novice activists. Initial leadership was provided by white males, Murrah and Gilmour. An intentional effort to hire a black organizer when Gilmour resigned failed.

Internal Dynamics

The internal dynamics of the organization were relatively healthy during the mobilization stage. Charismatic leadership helped to mobilize the organization. Some minor personality differences did not hamper the strong relationship between staff and activists. Decisions were made in an egalitarian manner. The resolution of issues provided opportunities for the group to develop its decision making policies. It was agreed that each member would have a voice in issue selection. It seemed to be clear to everyone that they needed each other. The charter members and other volunteers, as their resources of time and experience ran short, recognized the need for a staff person. This transition was somewhat easier because the volunteers felt that they had a hand in shaping the role of the first organizer. Sarah Scott recalls:

> "Monroe, when we got him, I knew that he wasn't an organizer but he was a manager. So, we sent him to Midwest Academy and we had very little money but we invested in him and I think it was a wise investment..."

Murrah and Gilmour made continual efforts to build a democratic organization. Intentional strategies were used to intensify grassroots leadership. Murrah recognized his perceived leadership role and purposefully made the decision to take a back seat. He states:

> "People talk about a good leader, you brainstorm the criteria for a good

leader—they can speak in public, they're not afraid, or whatever, but the thing that you don't hear is that they develop other leaders. To me, a good leader is somebody who develops other leaders and who is able to be out front but at the right moment steps back and says, why don't you do it? So, what you find a lot of times is people's ego getting so involved, and I see that in myself. Then, other people see a grassroots leader, and the more they do it, the more effective they are, the more they're known and therefore the more effective they are and on and on until other people say well, let's let her do it because she's really good..."

Gilmour also recognized the need to act more as a trainer and administrator than as an executive decision maker. When asked about his role in the organization, Gilmour replied:

"As the glue. As the person who picks up all the pieces after a board meeting and has a list of what has to be done and then ensures that those things get done, not that you do them, but that people get reminded if they've made commitments to do something. That sort of thing. That's why it was called staff person, and not executive director. You basically operated as the executive director, but an executive director that was not, and *consciously* not, the spokesperson for the organization.

A summary of the internal dynamics of Stage One reveals that issues were selected in a democratic fashion, usually suggested by the professional staff, and voted on by the membership. Most of the campaign issues during Stage One were local but some statewide issues were taken on as the SMO began to form networks with other SMOs. A

variety of strategies were used: mock theater, letter-writing, press conferences, and lobbying. Increased funding levels allowed for slightly more aggressive campaigns (e.g. more visits to state legislatures).

Stage 2: Decline I, 1987-1991

The second stage in SICK's career was a period of decline marked by internal strife, budget difficulties, high staff turnover, and minimized issue work. A committed cadre of volunteers kept the organization alive during one of its most difficult periods. This problematic time caused the dwindling membership to rethink the structure and purpose of the organization.

Organizational Structure

In 1987, the first year of Stage Two, the budget was at a record high of $51,851 (see chart 2, p.137). This income allowed the organization to hire three new staff persons—two organizers and one office administrator. But the loss of the first organizer and subsequent difficulties in finding a replacement proved to be disruptive to the organization. By 1988, the staff had been reduced to one person; by 1991, the organization had no staff. The high rate of staff turnover and the decreasing budget were cyclical, working together to negatively impact the progress of the organization. With no staff, few grants were written, and with no grants, staff could not be hired. By 1990, the budget dipped to $8,988, an all-time low. The 450 member organization was reduced to 150 dues paying members.

Two measures were taken to improve the financial standing of the organization. In 1987, SICK applied for a 501(c)(3), under a newly chartered corporation known as

"SICK Resource Project, Inc" (SRP). The SRP received the IRS, tax-exempt status in 1988. This new entity administered the funds of SICK, Inc. The formation of SRP ensured that SICK could administer its own grant money. The separation of the organization into two entities allowed SICK to continue its lobbying work while maintaining tax-exempt status. The second initiative to increase the budget was a more direct, micro-level approach. In 1988, membership dues were increased from $1 to $5 per year. The February newsletter carried information about the change: "In order for SICK to one day be self-sufficient through our grassroots fund-raising efforts, this increase has become necessary. Those who are unable to pay the new amount should apply for a voucher to allow them to pay a reduced amount according to their ability to pay." Other grassroots fund raising activities included a "St. Patrick's Day Stay At Home Tea," a rummage sale, direct mail campaigns, and church donor drives.

Minimized issue work, a decrease in the number of newsletters published, and the kinds of information that the newsletters covered reflect the period of decline. From 1987 to 1991, SICK decreased its issue work from six to two campaigns. Bill Murrah says of this time:

> "There was some work through SICK then about community reinvestment, redlining and stuff but that was carried mostly by (a local neighborhood group) in the mid 80s."

During most of the first stage, newsletters were published monthly. In 1987, the monthly newsletters decreased the amount of reporting of SICK actions and increased announcements for meetings of marginal interest to the work of SICK. By 1991, the

newsletter distribution had dropped to twice yearly.

A summary of the organizational structure of Stage Two suggests that staff turnover was harmful to the membership and financial stability of the organization. The new staff members hired were not professional organizers. This lack of competent leadership led to a decrease in funding, membership, and issue work. Long-time members made organizational adjustments to stabilize the SMO: formation of a new entity, and grassroots fund raising.

Participant Characteristics

In Stage Two, member participation dropped significantly. The remaining active membership continued to be mostly aggrieved African American females with prior activism experience. The board of directors was composed of predominately females and was mixed racially between whites and blacks and low and moderate income members. Approximately half of the board members were representatives of the aggrieved population and the other half were conscience constituents. On the fringes of the membership, a small number of conscience constituents kept abreast of SICK's activities via the newsletter. During six months in late 1986, the organization had no staff. The loss of charismatic, professional, staff created a leadership void . This situation prompted several members, particularly five older females, to take a more active role. On one hand, their intensive involvement was perceived by staff as damaging to the member/staff relationship. On the other hand, this committed cadre kept the organization alive. The conflict can be seen as a clash of ideologies between the "old guard," comprised of charter and long-term activists working under the ideas developed during the first stage of

leadership, and the "new guard," comprised mostly of new staff members. Tank Strickland, the board chairperson during this time, gives credit to the "old guard" for the maintenance of the organization: "...we had a lot of dedicated people that put their time, their money, into doing things that normally the organization would have paid for."

Internal Dynamics

Internal strife emerged when the first paid organizer, Monroe Gilmour, resigned. After a sustained period of success and cooperation, it was difficult to pass the mantle on to a new leader. In Stage Two, board/staff relations were strained. The dynamics that characterized the first stage began to break down.

Bill Murrah remembers:

> "The first four years of the organization, the first two years when there was no paid staff and the two years Monroe was there, that was like a really good time. Then after Monroe left, there was money and there were like three organizers hired and one guy that was hired was...very disruptive...he was very divisive. He didn't work. He was not stable...So, I think there for a while, it was sort of tumultuous, organizers came and went. SICK got a reputation of being bad on its staff...The board was very hypercritical, not really nurturing and supportive of the staff."

Stage Two internal dynamics illustrate the conflict that can ensue with the lack of professional leadership. The loss of professional leadership resulted in a dwindling of issue work, funding, and membership. New, inexperienced staff could not keep the organization operating at a level that was expected by the membership. This decline created conflict

between members and staff. Members perceived the new staff as incompetent. Staff perceived the lack of support from the members as setting them up for failure. Such a high level of conflict impeded the goals of the organization.

Stage 3: Resurgence I, 1992-1994

Strong staff and community leadership were crucial to the period of resurgence that came in the early 1990s. The combined efforts of long-term activists and new, professional, staff members resulted in an increased budget and membership growth. The internal growth of the organization prompted a renewal in the number and intensity of issue-related campaigns.

Organizational Structure

The organization began to pull out of its first period of decline in 1991. The first resurgence period was marked by increased issue work, financial stability (see chart 2, p. 137), and professional, staff leadership. The budget grew from $32,000 in 1992 to $43,800 in 1994. Most of the funds came from foundation grants, but efforts continued to supplement the budget with grassroots fund raising. By 1993, the newsletter was sent to almost 800 members, member organizations, and interested individuals. It was estimated that approximately 50 members were active in the issue work.

Efforts were made to express to the constituency that the organization was experiencing a time of renewal. The chairperson related this message to the membership in the Fall edition of the newsletter:

> "I know that you think SICK is dead, but that is not the case. We are well and working hard. Right now, we are working on improving prenatal care

for Medicaid mothers-to-be, on finding out why they can't get in to see a doctor. That is our big issue these days. Another thing we're working on is trying to get our membership built up. If you are a member and haven't paid your dues, we'd like to hear from you one way or the other on whether you want to continue to get our newsletter for another year. Please let us know if you're still with us, because to keep SICK going strong we need everybody to help on dues and to volunteer their services, too..."

The hiring of new, professional staff was key to the rebirth of the organization. A more professional, experienced staff generated grant income and renewed the confidence of the membership. Member and staff relations improved, issue work increased, and the membership grew. Campaigns had a more statewide focus as the new leadership encouraged aggressive networking with other SMOs throughout Tennessee. Issue selection remained a member-based decision but was strongly influenced by the staff. Successful strategies remained popular with the membership (e.g. mock theater) but more formal strategies were adopted as suggested by staff (e.g. surveying).

Participant Characteristics

The demographic characteristics of the membership and board remained much the same during the early part of Stage Three. More females than males and more low income than moderate income individuals comprised the general membership and Board of Directors. In the later part of Stage Three, the pre-natal care and transportation campaigns stimulated an increase in involvement and membership among conscience constituents.

Moderate to upper income individuals became more involved. The racial composition shifted to include more whites than blacks. Staff reflected this shift in the constituency. Cindy Tanner, organizer/director during Stage Three, recognized the discontinuity of the general membership and the staff. She recalls:

> "...when they hired me, who are they hiring? A white women who's getting a Masters degree. My heart was in it but I am not the constituency that either the board is made up of or should be made up of or the population that we're supposedly empowering. I look like another social worker to a low-income woman with 3 kids...On the other hand, at least in my case, it took somebody as dynamic and pushy as I am to make an issue like pre-natal care really happen."

Internal Dynamics

The hiring of a new organizer/director in late 1991, and the emergence of a new issue, pre-natal care, sparked the first period of resurgence. After almost a year, during which the organization had no staff, Tanner was ready to tackle an organization that was perceived as "dying." Tanner says of the pre-natal care issue:

> "It was a great issue to work with and I was lucky as a staff person in that way...There was a woman who spoke to the Knoxville Obstetrics Society and those guys had tears in their eyes. They came to her after and said, 'I'm not like that. What can I do to help?' It was such a powerful issue, anybody that was dynamic, wanted to put the energy into it could have made it happen."

The staff recognized that their task to bring new life to the organization would not be easy. Rebecca Rader, who was hired in 1993 as an organizer and later became director, recalls:

> "It was a very, very small budget. The organization was really, like I said, it was rising from ashes...SICK has the two entities, the 501(c)3 and the 501 (c)4. The 501(c)3 had people on the board who hadn't met in over a year and some people who were listed on the board were dead."

Aggressive staff leadership was initially met with skepticism from the active membership. The pre-natal care issue attracted the attention of founder Bill Murrah and he renewed his involvement with the organization. For many old-timers, Murrah's involvement gave credibility to the new leadership. According to Tanner:

> "There was still some resentment from certain members of the board and understandable, again I was this white, well-educated person coming in and saying, 'I know how to get it done'...That low ebb had gone on for a while, maybe because of the in-fighting, maybe not having an issue to really hang your hat on, a strong issue that you could mobilize people around and that you could pull out legislators and doctors, the private sector, and the women who were affected. It was the perfect issue for people to coalesce around, social workers and public health officials."

Tanner was also instrumental in bringing SICK out of its financial slump. She recalls:

> "I could write grants. That's where the money started back up."

A healthy budget allowed for a second organizer to be hired in 1993 and an office administrator was added to the staff in 1994. Improved staff-member relations were important to the resurgence of Stage Three. The aggressive push by staff for the selection of the statewide issue of pre-natal care, brought apprehension from long-term members. The successful leadership of the new staff assuaged the fears. Hastings (1987) notes that long-term members of an organization may serve either to sabotage new leadership or to serve as bases of information. After a period of adjustment, the long-time members and staff worked together successfully to rebuild the organization.

Stage 4: Decline II, 1995-1996

A second period of decline occurred in the mid-1990s. The resolution of a prominent campaign and the loss of both staff and community leadership precipitated the decline. Not willing to let the organization die, several charter and long-term members applied the lessons they had learned during the first period of decline to bring the organization out of its slump.

Organizational Structure

When the pre-natal care issue abated and the organization experienced another staff turnover, SICK fell into its second period of decline. Rader had been successful in keeping the momentum of the organization going with a new transportation issue in early 1995, but a glaring lack of leadership was present when she resigned. For the second time over the course of nearly a year, the organization had no professional staff leadership. Community leadership was also waning. The cadre of committed members that had helped to bring the organization out of the first period of decline were all but exhausted.

Although some committed long-time activists remained, their numbers were dwindling. Many charter and long-time members were in ill health or had passed away. New members were not available to take their place. Long-time members recognized the gap in staff and community leadership. This gap made the push for a new staff with professional organizing skills more urgent. The budget remained somewhat stable during Stage Four, dropping from $59,000 in 1995 to $46,000 in 1996. The relative budget stability was the result of grants that had been secured during Stage Three. A strong budget was insufficient for keeping the organization healthy. Both professional leadership and a stable budget were required for success.

Participant Characteristics

Board composition during Stage Four incorporated members from the first stage of mobilization and the first period of resurgence. The organization was represented by those who joined during the mobilization period and the first stage of resurgence. Board composition was much the same as during Stage Three. The board had more females than males and was mixed racially and by income categories. A purging of the mailing list of members who had not been involved for a sustained period of time gave evidence of an organizational crisis. The 800 member newsletter list was cut to 80 members. About fifty of the newsletter recipients were active members from the aggrieved population and the remainder were conscience constituents.

Internal Dynamics

When Lea Alexander was hired as organizer/director in 1995, she was faced with some difficult decisions. A failing membership and lack of issue work signified the

impending demise of the organization. Individuals from across the state who had worked with the organization on various issues since its inception saw SICK as a dying organization. Alexander made a deliberate decision to try to bring new life to the organization based on the appeal of the few committed members who remained. Her efforts included building the budget, strengthening the organizational structure with the formation of committees to work on internal growth and issue committees, reinvigorating the long-time members, and recruiting a younger constituency from the aggrieved population.

Stage 5: Resurgence II, 1997-2000

Today, SICK is experiencing a second period of resurgence that began in 1997. A more diverse membership makes this stage unique. The membership base currently includes more moderate income individuals. The adoption of the welfare reform and childcare providers issues brought a younger constituency to the membership. The combination of long-time and new members strengthened the organization.

Organizational Structure

Alexander's efforts along with the work of the few remaining hard core members were successful. The last stage of decline was relatively short lived. Organizing, training, and education proved key in bringing about the second stage of resurgence. Murrah compared the past leadership with the current:

> "Cindy was a one person show, she was answering the phone, typing the letters. She wasn't really an organizer but she did the best she could by herself. She got very frustrated with the bickering and all on the board.

> There was a lot on internal strife. She got some things going but when Lea came, it seems from a distance, she knows about organizing, she's professional in a sense, she's hooked up in some larger networks. We used to have lunch together every now and then and I definitely got the impression that Lea knew what she was doing and was trying to wrestle with some of the big issues about board composition and so on."

By 1996, SICK was growing stronger in membership (see chart 1, p. 136), was financially stable (see chart 2, p. 137), and was taking on three new issues. Alexander reported that the membership more than doubled from 80 individuals in 1995 to over 200 individuals in 1997. The budget made a jump of approximately $50,000 from 1996 to 1997. This financial stability allowed SICK to hire three new staff persons. The SICK office was relocated to a larger building to accommodate a growing membership . The new location was only a temporary solution for a growing organization: in 1998 SICK purchased its first permanent office space, a home in East Knoxville. The shift from renting to owning provided an even stronger sense of security for the group.

An organizational name change was proposed in 1998 by the newer members. It was suggested that the organization change its name to "Solutions" because it had a more positive sound. This proposal was met with resistance from the old guard who felt that a lot of history and pride was associated with the name SICK. A compromise was reached. The organization could be referred to as either SICK or Solutions. Today, most of the active membership refer to themselves as "Solutions" and the name of the newsletter has been changed from "The SICK Speaker" to "Speak Up!"

Participant Characteristics

In 1997 staff and members combed the low-income neighborhoods of Knoxville to inform potential members of the work of the organization. The newsletter presented the campaign as, "based on the notion that without new members, old members may burn out and there will be a shortage of new ideas—and also that recruitment should not be solely the responsibility of the staff." The door knocking campaign was very labor intensive and did not produce a good yield. Members and staff were puzzled about the difficulty in getting people from the aggrieved population to join. When asked why more people don't join, Scott replied:

> "That's my question. I have no idea about that and I've wondered, I've agonized...Lea seems to think that people are looking at it like this, they have all on their platter they can do, why take on anything else. I just don't know. I've fished for the answer. I've agonized over why don't they want to be involved or why won't they come forth. I have no answer."

Despite the low return rate of the door knocking campaign, a small measure of success was observed. Friendship networks proved to be the most effective measure for bringing to members to the organization. By 1998, three new staff persons with prior community organizing experience were hired. The new members and new staff used their community ties to recruit other members. During Stage Five, the composition of the board and membership changed dramatically. Although still largely female, efforts were made to recruit more males to the board and the general membership. The newer membership was considerably younger and had less activism experience. The recruitment efforts of the staff

yielded an increase in the number of conscience constituents. These members were mostly moderate income whites.

Internal Dynamics

The new leadership met little resistance. Many of the charter members were no longer involved and those who were realized the need to move the organization in a new direction. Alexander initiated a "Visioning Retreat" in 1997 to gain advice from the membership on the desired future direction of the organization. The retreat was attended by members from each stage of activism and represented the old and the new guard. The group experienced a real sense of working together toward common goals. The group reviewed past accomplishments and created a vision for the future.

The use of two names: SICK and Solutions, mark the two waves of activism symbolically. This distinction implies that the long-term and newer activists have not fully integrated. The charter and long time members, which make up the first wave of activism, are more likely to call themselves SICK members. The newer and younger members, which comprise the majority of the second wave of activism, are more likely to call themselves Solutions members.

Here are some comments about the proposed name change from both first and second wave activists when asked which name they prefer or what they think of the name change.

Responses from 1st wave activists:

—"Solutions is too vague. It ought to be Solutions to something."

—"I particularly don't like it. I think what brought you to the table, what got you

fame, what got you your notoriety, stick with it. I think Solutions is just like a different organization. SICK got you there, not Solutions."

—"Good idea, just because SICK has a negative connotation with some people but I always liked it O.K. I knew what it stood for and it was alright. It never troubled me. I hope they don't leave it completely out."

Responses from 2nd wave activists:

—"Excellent idea (to change the name). It's more positive."

—"I think that's good. Just because SICK sounds sort of sick, although some of the things they're trying to help out with are sick things. Still, Solutions to those sick things is better."

—"I think I like the name Solutions because that's what we've got to do in our work, we've got to figure out a way to become more pro-active and so we need to start talking about solutions."

—"I think that Solutions sounds a whole lot healthier than SICK does."

Discussion

Each of SICK's five stages of development have proven crucial to the maintenance of the SMO. The recurrent periods of decline and resurgence led to the involvement of a diverse constituency that included: aggrieved members, conscience constituents, and professional staff. In this section I give a chronological summary of the three internal factors associated with the development of the organization: organizational structure, participant characteristics, and internal dynamics, and discuss how they fostered maintenance by way of multiple campaign successes.

Summary of Organizational Structure

In this section I focus on the changing organizational structure of SICK during its 18-year history. I pay particular attention to the structural differentiation of the organization as a consequence of membership and staff turnover, changes in funding, and the hiring of professional staff.

SICK began as a grassroots organization with no formal charter, by-laws, or board of directors. A formal organizational structure began to develop in 1984 when the SMO rented office space, hired a professional organizer, and began to distribute newsletters. In 1986, the Steering Committee evolved to become the Board of Directors and a charter was established. Statewide alliances with other grassroots organizations began to be formed in 1983. A second, non-profit, tax-exempt entity was formed in 1987.

Several committees were formed in the 1990s to oversee the operations of the SMO. These included: The Personnel Committee, The Publications Committee, and The Finance Committee. Permanent office space was secured with the purchase of a home in 1999. In the 1990s, the organization increased its staff and began to produce newsletters with a professional appearance. In the 1990s most issue work was statewide rather than local.

During periods of decline, staff and member turnover was high, staff tended to have less experience, more conflicts ensued between staff and membership, and funding dropped. During periods of resurgence, the staff tended to be stable, and more professional, less conflicts between staff and members ensured, and funding was secure. During the history of the SMO, the budget has grown, despite periods of decline (see

chart 2, p. 137). This growth correlates with greater dependency on foundation grants and less grassroots fund-raising. In the 1980s, grants tended to be locally based. More national grants were secured in the 1990s.

The hiring of professional staff and a stable budget remained important to the success of the organization in each of the five stages of its history. During the mobilization and resurgence periods, professional staff led the membership in acquiring grants. The stability of the budget allowed the organization to hire additional staff and take on aggressive strategics. The necessity of professional staff does not detract from the importance of community leadership. During periods of decline when professional leadership was absent, the organization most certainly would have died if not for the efforts of a committed cadre of members.

Professional staff leadership was also key in membership turnover and networking with other SMOs. During resurgence periods, staff lead the way in generating and sustaining networks with local and statewide SMOs. These networks gave additional support needed for winning important campaign goals. The membership was influential in keeping abreast of long-standing issues but new campaigns were usually generated by staff. New staff meant new campaigns and new campaigns increased the membership (see chart 1, p. 136). The waxing and waning of professional leadership suggest a potential threat to the goals of the organization. This is not the case. Long-term members contributed to the maintenance and success of the organization by serving as living reminders of the mission of the organization. New staff was hired on the basis of their commitment to these goals.

During SICK's 18-year history, the adaptive organizational structure of the SMO helped to bring about multiple campaign successes. Professional staff leadership and member commitment were crucial to the maintenance of the organization. Using Wilson's concept of structural differentiation, the organization exhibited several characteristics of institutionalization in its organizational structure during the last stages of its career. Some of these include: the rental and purchase of property, a greater division of labor, a proliferation of offices and committees, members relations based on roles as functionaries, an increased focus on funding, and the elaboration of an administrative staff. The SMO followed a career path from general social movement to specific social movement (Blumer, 1939). General movements are described as "gradual and pervasive changes" in values which constitute a shift in the conceptions people have of their rights and privileges (p. 100). A specific movements is goal oriented and develops an organizational structure, leadership, membership, and division of labor (p. 102).

Despite changes in the organizational structure, I argue that the SMO did not become fully bureaucratized. Periods of decline in which the organization was led by community members, aided in the avoidance of bureaucratization. In chapter six, I utilize the Weber-Michels (Gerth and Mills, 1946; Michels, 1949) model and more current research (Zald and Garner, 1987; Staggenborg, 1988; Cable and Degutis, 1991) to argue that SICK has avoided bureaucratization. A redress of Zald and McCarthy (1973) is used to argue that SICK does not meet all the criteria for a professionalized social movement.

Summary of Participant Characteristics

In this section I focus on the changing participant characteristics of SICK during

its 18-year history. I pay particular attention to demographic and ideological characteristics. Demographic characteristics to be discussed include: age, race, gender, and income. Ideological characteristics compare activism and membership levels for the aggrieved and conscience constituent populations.

Demographic features of participants shifted throughout the career of the SMO. Staff turnover and selection of issues were influential in this shift. The demographic makeup of the early membership was majority older, females from the aggrieved population and of mixed race. This population was drawn to the early charismatic appeal of Murrah and Gilmour and tended to prefer campaigns with a local emphasis. In the 1990s, the membership shifted to include a mix of young and old, and low to mid-income. The organization remained mostly female and mixed racially among whites and blacks. The shift to a younger constituency was due in part to selection of statewide issues. Younger females impacted by changing welfare legislation were attracted to the organization's appeal for the rights of welfare recipients.

The ideological characteristics of the participants also shifted over time. The early members of SICK were experienced activists from the aggrieved population and tended to be core members of the SMO. By the mid-1980s, the membership had expanded to include some conscience constituents with less activism experience who worked episodically. In the 1990s, the membership consisted of a mixture of aggrieved and conscience constituents. The move away from majority aggrieved to a combination of aggrieved and conscience constituent, parallels the shift from predominantly local to predominately statewide campaigns. Conscience constituents were more likely to join as the organization

hired increasingly professional staff. Increased appeals to the community for support and increased visibility, emphasized by professional staff, were influential in the increase in conscience constituent membership.

Aggrieved members remain more active in the campaign work than conscience constituents. When asked about their knowledge of SICK, conscience constituents were less likely to be aware of the particular issue work of the organization but felt drawn to the overall goals. Below are some samples from conscience constituents when asked about the mission of SICK:

—You try and solve problems as you see them. And the first one was about health care and we got that taken care of and moved on.

—To help out and show concern and activism for people that are under-represented.

—To be alert to social justice issues that affect poor people, if I can call them that, people that are powerless more or less and somehow empower them to do something about changing and correcting the condition.

— I guess I would say that it's mission is to involve all members of the Knoxville community in issues of importance. I think they try to involve everyone, from all socioeconomic backgrounds.

—A community action group, basically just getting community together.

—In my own words, it's to voice concerns of the people who are living with the system but don't really have an immediate way of decision-making.

The diversity of characteristics among SICK participants is another factor that

ensured the maintenance and success of the organization and the avoidance of bureaucratization. Changes in participant characteristics do reveal that the SMO has not avoided a level of institutionalization. Wilson (1973) argues that as a movement develops the membership begins as a "coterie of like-minded people" that is optimistic about their goals and devoted to a charismatic leader (p.332). This was true during the emergence stage of SICK. In the last stages of the SMO, the constituency was more diverse demographically and ideologically. This change in membership attest to a level of institutionalization. But, members remained intentional in their efforts to keep the decision-making processes of the organization democratic. I expand on this relationship in the summary section by providing quotes related to the various strengths that the diverse membership and the staff have contributed to the organization.

Summary of Internal Dynamics

In this section I focus on the changing internal dynamics of SICK during its 18-year history. I pay particular attention to selection of political issues at the local and statewide level and effective strategies for affecting change.

In the early 1980s, the organization worked on more local issues than statewide issues. By the late 1980s the issue work was more oriented to statewide issues than local issues. The campaigns of the 1980s tended to focus on issues that yielded a short-term resolution. Early campaign strategies included small-scale protests, press conferences, petition signing, letter-writing, and mock theater. Public forums were coordinated in the mid-1980s. Campaigns in the 1990s required more long-term, strategic planning. The hiring of more professional staff changed the nature of strategies over time. Strategies in

the 1990s incorporated the successful strategies used in the 1980s that were popular among members (e.g. mock theater) and expanded to include more sophisticated measures such as surveys and legal action.

The internal dynamics of SICK is the final factor that has helped SICK to achieve multiple campaign successes. I argue that a level of institutionalization in the organization has not led to formal bureaucratization. Wilson (1973) stresses that some movement activities "differentiate out" before others (p. 37). He posits that the movement concerns that receive primary attention are those that are considered most important and troublesome: fund-raising, recruitment, decision-making, and socialization. The formation of fund-rasing committees, and the high number of fund-raising events, and increased budgets testify to the importance of funding to the SMO. Recruitment efforts have also commanded a high level of energy and time. These factors are indicative of a formalized SMO. The democratic nature of the SMO prevents its classification as bureaucratic. A bureaucratic SMO sacrifices goal attainment for continuity. This is not the case for SICK. Using McCarthy and Zald's definition of professionalization, I assert that SMO remains democratic in scope. I add to this assertion in chapter six by providing members perceptions of why SICK has been successful.

CHAPTER VI

Summary and Conclusions

The SMO in this study was maintained by a history of multiple campaign successes. Success was most often identified by concessions of local political elites and were most likely to be aimed at preventing political decisions rather than reversing previously enacted decisions. In those campaigns where established political actions were in conflict with the goals of the SMO, compromises were sought. The successes of SICK were more frequently realized at the legislative level rather than at the institutional level. Political decision-makers were viewed as the antagonist and were targeted for action. SICK established a reputation with political leaders as a formidable opponent. Institutional leaders, for example, medical doctors and insurance executives, were more likely to perceive SICK negatively. The history of campaign successes has endeared the name SICK to many political leaders and long-time members.

In the following section I summarize the internal factors related to the maintenance and success of the SMO: Organizational structure, participant characteristics, and internal dynamics. Then, I discuss the significance of the SMO name to long-term and newer members, contributions of the study, and areas for future research.

Summary of Internal Factors Related to Maintenance and Success

Organizational structure including a level of institutionalization and the avoidance of professionalization and bureaucratization, contributed to the maintenance and success of SICK. Several social movement theorists argue that movements go through a process of development or a "career" that is characterized by a sequence of stages (Dawson and

Getty, 1935; Blumer, 1946; Lang and Lang, 1961; Wilson, 1973). The analysis of SICK reveals five stages of development: Emergence, Decline I, Resurgence I, Decline II, and Resurgence II. Using Wilson's (1973) concept of structural differentiation, a pattern of institutionalization can be seen throughout the career of the SMO. Bureaucratization was avoided by intentional efforts of staff and members to remain democratic in nature.

A measure of institutionalization, avoidance of bureaucratization, and multiple campaign successes at the local, political level ensured the maintenance of the SMO. Theorists disagree when attempting to define social movement success. Success may be defined as achieving the goal of affecting social change but organizational goals are not always associated with social change. The Weber-Michels model (Gerth and Mills, 1946; Michels, 1949) asserts that when a SMO attains an economic base and loses its charismatic leadership, a bureaucratic structure emerges which serves to accommodate society. For SICK, during periods of decline, there was a concomitant loss of charismatic, professional, leadership, and funding. But, bureaucratic structures did not emerge. Throughout its career, SICK remained democratic in nature and purpose. Rather than the accommodation of society, social change was consistently achieved at the local and state level.

Zald and Garner (1987) argue that organizational maintenance occurs when the primary activity of the movement becomes the maintenance of membership, funds and other requirements for organizational existence. This transformation is accompanied by conservatism in that the original goals are accommodated to societal norms. This has not been the case for SICK. During Stage Five, the key to reviving SICK was the hiring of

professional staff, a strong recruitment initiative, and securing additional funds. While the success of these initiatives created a level of institutionalization, the goals of the organization remained the same.

Staggenborg (1988) explored the consequence of professional leadership in a case history of the pro-choice movement. Her data suggest that career activists tend to formalize organizations toward the goals of financial stability and a specified division of labor. Throughout the history of SICK, various levels of leadership have been involved in the day to day workings of the organization. Alexander, the current organizer/director has the most experience in organizing than any of her predecessors. This high level of staff professionalism has not negatively impacted the organizational goal of social change.

Institutionalization has not been avoided. Currently SICK has a large budget, an increased number of staff, a permanent office, computer generated newsletters, an increased emphasis on following the procedures as set forth in the by-laws, and an increase in the number of committee meetings. The membership has responded somewhat negatively to these changes. One member spoke of writing an article for the newsletter and having it edited by the staff. She says:

> "...initially I believe issues were addressed and they were local and they affected peoples lives, the membership's lives and they felt good about winning...today it's (the mission) to be very well organized." Many members spoke of having too many meetings and not enough social interaction.

Another long-time member says of earlier issues:

"We would have punch or just something to get together without looking at books and papers and that type thing, just get together and let our hair down...It has changed because we never do that, we say we're going to but we don't."

Despite its institutionalization, the grassroots democracy of the organization has remained intact throughout the life of the organization. The "near death" experiences contributed to a more grassroots organizational structure and proved to be a positive influence on the maintenance and long-term success of the organization.

Participant characteristics is the second factor related to the maintenance and success of the SMO. SICK has achieved a measure of success outside of the stated goals of social change (Cable and Degutis, 1991). The history of the organization reveals that much change has been accomplished but the empowerment of those individuals involved in the issue work is harder to substantiate.

Michelle Nored, a young, white, female who joined during the stage five recruitment initiative shares her story:

"One of the things I've gotten from Solutions is my self-respect back because the things that I was able to do, that I'm interested in doing, were acknowledged, yes, you are a person with skills, and I wasn't treated like on I'm on food stamps and welfare, and I feel like I've gotten my 'self' and for a mom in the situation that I've been in, it was really hard to get back."

Comments from interviewees give some insight into the strength of the organization via its grassroots structure and hints to the lack of professionalization and

bureaucratization. Below are some responses to the question, "Why do you think the organization has been around so long?"

—"They've had good leadership."

—"It seems like it really is made up of the community that it helps to represent."

—"Probably because it has very dedicated people. I don't know how membership fluctuated but those people had the initiative to keep it going."

—"I think it's the individuals who are involved. To endure means that someone has to be on the inside and they passed the torch on to somebody else. The original members were able to pass the torch enough to enlighten and fire up someone else to keep on."

—"You've had people like Sarah, Mattie, Ruth and Lucille that wouldn't give up. They went till they couldn't go..."

Monroe Gilmour, SICK's first organizer/director sums it up:

"One, I would say the foundation that Bill Murrah gave it and the philosophical kind of base of what SICK is and how it operates. I'm sure that things have changed over those years but I think that that foundation probably helped give it strength to get through those lean times and also just the ability of people like Sarah Scott to keep it going, even in just name, for those years. Sarah couldn't do some of the things physically herself but she could always go to a meeting of CORA or a meeting or SEP or a meeting of whatever, and SICK would have a presence...I think also,

not getting too highfalutin'...in the sense of having a big organization backing us or working out of a big organization. That rule about the staff person not speaking, and calling the staff person a staff person, it maximized stuff being done by others, now that doesn't mean that the staff person wasn't doing a heck of a lot in making it happen in many ways, but it wasn't a one person show, it couldn't be, it wouldn't work."

Internal dynamics are the third factor related to the maintenance and success of SICK. During Stage Two and Stage Four (Decline 1 and Decline 2) the organization was sustained by a small cadre of committed members from the aggrieved population with a high level of social activism experience and one paid staff. During Stage Three (resurgence 1), the organization was sustained by individuals who had been with the organization since the mobilization stage, new members who joined in response to increased issue work, and professional staff. During Stage Five (resurgence 2), the organization was sustained by the combined efforts of long-term members and a new, younger constituency, and professional staff. In sum, SICK's success is related to: leadership from diverse populations, a high quality of interaction among diverse constituents, the maintenance of a cadre during periods of decline, and the hiring of professional staff. Long-time SICK member Gaye Evans says it like this:

"It's been remarkable to me, and this is partly true because when I worked at (a local funding agency) and would have reason to see proposals and know more first hand what was going on there from year to year because of the funding process, and think, 'Oh, man they're never going to get by

this year.' And the committee would say, 'well they've done such good work in the past and organizations go through stages of development so let's hang in there with them and low and behold they would bounce back...And because there seemed to always be somebody in there that just wouldn't let it go. Maybe different people at different times."

McCarthy and Zald (1973) assert that professional social movements are characterized by: 1) A leadership that devotes full time to the movement; 2) A very small or nonexistent membership base or a paper membership; 3) Attempts to impart the image of speaking for a potential constituency, and 4) Attempts to influence policy toward the same constituency. By this criterion, SICK has avoided full professionalization. During periods when the organizational structure required more attention, the staff made intentional efforts to keep in tune with the constituency. Alexander testifies to the difficulty of meeting administrative tasks and building comradery with the membership. When asked about her role as staff, Alexander responded that her job was:

"To facilitate their (the memberships) feeling a sense of ownership and feeling capable of taking on new leadership roles, providing training as folks are open to it, to help the organization do strategic thinking about issues and what's going to happen. As the director, it's a matter of making sure that we have the income to meet our program goals. Making sure that staff have the support they need from me to succeed. The more mundane administrative stuff—by-laws, charter, etc. making sure that we're obeying regulations and all that. I, of course, do it not for the administrative piece

but for the visionary organizing piece but it sometimes seems to recede. I would see it ideally as organizing slews of people to fundamental take over Nashville and the rest of the state and decentralize the whole decision making process in the community."

Comparing Alexander's perceived role with the comments from the first organizer/director, Monroe Gilmour, some similarities and some differences are present. Both staff persons recognized the need to take a position "behind the scenes" and continue the democratic style of the organization. The increased institutionalization in the later stages of the SMO caused Alexander's role to be more administrative. Gilmour explains his role:

"As the glue. As the person who picks up all the pieces after a board meeting and has a list of what has to be done and then insures that those things get done, not that you do them, but that people get reminded if they've made commitments to do something. That sort of that. That's why it was called staff person, and not executive director. But, you basically operated as the executive director, but an executive director that was not and consciously not the spokesperson for the organization."

The efforts of staff to build organizational leaders from within the membership has been beneficial to the maintenance and success of the SMO. During periods of decline, experienced volunteers kept the organization alive. Professional staff was most useful for rebuilding the organization and ushering in periods of resurgence.

Name Recognition

Two waves of activism are evident in the history of SICK. The first wave covers the period 1982 to 1986. The second wave began in 1987 and continues to the present. Organizational structure, participant characteristics, and internal dynamics are distinctly different in the two waves. The first wave was characterized as grassroots with few committees, less professional staff, local campaigns, and local foundation grant funding. First wave activists were primarily older, females from the aggrieved population with considerable experience in social justice activism. The second wave differed in organizational structure and participant characteristics. Second wave organizational structure was more formal with increased committees, a larger professional staff, local, regional, and national campaigns, and increased national funding sources. Second wave participant characteristics were distinguished by a mixture of ages, and income levels. The second wave realized an increase in the conscience constituents and novice membership.

A comparison of the first and second waves of activism raises important questions about the organization. The stark distinction between the two waves suggest that SICK has not remained the same organization but rather experienced a rebirth in 1987 after the death of the original organization in 1986. I argue that this is not the case. The maintenance of the organization is illustrated in the struggle over the proposed name change in 1998. Older members argued for the name to remain the same. They recognized the historical importance of the name "SICK." A long-time member notes:

> "I particularly don't like it. I think what brought you to the table, what got you fame, what got you your notoriety, stick with it. I think Solutions is

just like a different organization. SICK got you there, not Solutions."

Local citizens, journalists, and political elites identify the name "SICK" with specific kinds of issue work. Below is a sampling of quotes that reveal the kind of reputation that was formed around the name:

—"I wouldn't change my job, I'm happy in it. But there have been some bad moments, 300 people from the SICK organization always pointing their fingers at you." (Mel White, 1984 District Manager of South Central Bell)

—"You may not realize this, but the fact is that people of the SICK organization have a very high reputation in Nashville for doing their homework, for making responsible presentations, and for being the conscience of Knoxville." (William Owen, 1985 State Senator)

—"SICK's participation represents the first time a group of low income people have joined the debate on tax reform, and while it is impossible to measure the effect of SICK's participation, there is no doubt it has captured the attention of the Governor, the Speaker, and other political leaders of the state." (Professor McNider Simpson, University of Tennessee)

—"The citizens' coalition in Knoxville, which goes under the name Solutions to Issues of Concern to Knoxvillians (SICK) has showed it wants a change. The people it represents are sick of paying out a large percentage of their annual incomes in sales tax while the wealthy pay only a small part

of their incomes to support state services." (Nashville Tennessean, September 1, 1984)

Long-time members, community leaders, and political elites define the organization as SICK. The use of various names: SICK, Solutions to Issues of Concern to Knoxvillians, and Solutions, symbolically marks the diversity of the members from the first to the second wave, *not* the death of the original organization. The perceived importance of the original name reflects the importance of language in the cultural production of social reality (Berger and Luckmann, 1967).

Contributions of the Study

In this study, I trace the career path of a social movement organization—Solutions to Issues of Concern to Knoxvillians (SICK). I argue that three internal factors were critical to the maintenance of the SMO and its multiple campaign successes: organizational structure, participant characteristics, and internal dynamics. This project will contribute to social movement theory, to fundamental sociological questions about social order and social change, to activists organizations in general and to SICK in particular.

A study of the internal factors of an SMO that has maintained a level of success contributes to social movement theory. SMO maintenance and success are largely ignored in the resource mobilization literature. Turner and Killian (1957) propose that movement success is somewhat ambiguous. They stress that success can be understood as an increase in membership, maintenance of organizational structure, or the realization of some value-oriented goal. The transformation of social movements is more often analyzed than the particular elements that lead to success (Tucker, 1976; Zald and Garner, 1987). This study

opens the door for further investigation into the internal dynamics of SMO success.

Emphasis on either social order or social change has varied concomitantly with the prevailing sociological theories of the day. Nisbet and Perrin (1977) stress that sociology is the product of "perceptions of social disorganization" (p.28). Early theorists sought to bring social order to a radically changing world. During the 1950s American sociologists became more interested in social stability than social change (Nisbet, 1969). One avenue for effecting social change is the social movement organization, but research in this area is scant. This study should contribute to an understanding of social movement organizations in effecting social change.

Activists organizations may benefit from this research by establishing the social movement as a legitimate means of initiating social change. The examination of the organizational characteristics of an SMO including the composition of the organization, organizational structure, goals and tactics should provide information into the essential factors related to SMO success and consequently provide a design for affecting social change.

Contributions to the local SMO (i.e., SICK) include a comprehensive case study of the organization that includes historical documentation of the various participants accounts of activism. A detailed account of participant characteristics should be useful in the recruitment process, membership retention, and selection of goals. The written historical account of the SMO may serve to initiate newcomers into the organization and remind long-term activists of past success.

Areas for Further Research

During the interview process, members were asked about their religious orientation. Of the respondents, 66% said that they would describe themselves as either religious or spiritual and the majority of them felt that this factor was a motivating force behind their activism and concern for social justice. This proves to be intriguing when one considers that SICK is not a religious organization and makes overt attempts to increase the level of diversity of membership. Further research should be conducted into the relationship between religion/spirituality and participation in social movement organizations. This research indicates that this is a strong motivator for involvement.

The composition of participants, especially during periods of decline, raises interesting questions for further research. During stage II, the organization was held together, largely due to the efforts of five to seven dedicated volunteers. This group was all female, and largely comprised of low-income, African American women. This occurrence may prove beneficial to social movement and feminist theory.

Another area for further research is the potential for the replication of stages of development, such as were experienced by SICK, as efforts to prevent professionalization and bureaucratization. Could periods of intentional decline keep SMO's operating at a more grassroots level? How would these stages be planned and implemented? What risk factors would be involved? Answers to these questions may ultimately lead to a model for long-term success of local SMO's.

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APPENDIXES

APPENDIX A

INFORMED CONSENT

My name is Laurel Holland and I am a graduate student in sociology at the University of Tennessee, Knoxville as well as a member of Solutions to Issues of Concern to Knoxvillians (S.I.C.K.). I am conducting research for my dissertation and have chosen to examine the history of S.I.C.K. by interviewing general members, staff, board members, and non-member community residents on their participation in the organization. This project will explore, by way of sociological analysis, the endurance of the social movement, the style of community organizing, the setting of goals, connections with other organizations, and interactions between members, staff and board.

Your participation in the project will consist of an audio taped interview about your past and/or present involvement in the activities of S.I.C.K. The interview is anticipated to last between 1 ½ - 2 hours. I will keep information that I gather from you securely locked.

Your participation in this project is voluntary and you may end the interview at any time and for any reason in which case interview material will be destroyed. No anticipated risks are associated with this study. By participating in the project, you are helping to construct a history of the activities and success of S.I.C.K. The personal benefits that you will receive include documentation of your personal contribution to the success of the organization. Your name may be listed in any published work resulting from this project. If you choose not to be identified, your participation and identity will be kept confidential. All information gathered will be securely locked with access only to the principal investigator. This project has been approved by the University of Tennessee's Human Subjects Review Board. If you have any questions, feel free to contact me at (423) 521-0014 or Dr. Sherry Cable at (423) 974-6021.

I have read the consent form and voluntarily agree to participate in this project.

_____ _____

Print Name Date

_____

Signature

Please select one of the following:

I agree to have my name printed in any published work resulting from this project.

_____ _____

Print Name Date

_____

Signature

OR

I want my name and participation to be kept confidential.

_____ _____

Print Name Date

_____

Signature

APPENDIX B

Interview Guide

An interview guide was used during the interview process as a stimulus for discussion and to ensure that certain information was gathered. The following is an example of the interview guide but each interview was somewhat different and unique.

INTERVIEW SCHEDULE
(S.I.C.K. Members)

I. BIOGRAPHICAL INFORMATION

"Let's begin with some basic biographical information on you and your family."

1. What is your full name?

2. What is your birth date?

3. Where is your place of birth?

4. Where is your father's place of birth?

5. Where is your mother's place of birth?

6. Are/were you employed? Full-time? Part-time? Where?

7. Is/was your father employed? Where?

8. Is/was your mother employed? Where?

9. What is your highest level of education?

10. What is your marital status?

11. Any children?
    How many?
    Names?
    Ages?
    Education?
    Occupation?
    Residence?

II. RESIDENCE IN KNOXVILLE

"Now I would like to know more about you as a resident of Knoxville."

12. How long have you lived in Knoxville?

13. Do you have any relatives living in Knoxville?

14. Where else have you lived?

III. ACTIVISM HISTORY

15. Have you in the past or do you currently belong to other activist organizations in the Knoxville area than S.I.C.K? Which ones?

16. How did you get involved in these groups?

17. Why did you get involved in these groups?

18. Have you in the past or do you currently belong to activist organizations outside of the Knoxville area? Which ones?

19. How did you get involved in these groups?

20. Why did you get involved in these groups?

21. Have you participated in any social movements? Civil Rights? Women's Movement? Etc.?

22. Were/are any members of your family active in any activists organizations or social movements?

23. Do you have any formal education related to activism or social justice organizing? College courses? SEP? Other?

IV. S.I.C.K. MEMBERSHIP INFORMATION

"Let's talk specifically about your involvement in S.I.C.K."

24. When did you become a member?

25. Why did you become a member?

26. Did you have friends in the organization prior to joining?

27. Would you say that you have developed friendships within the organization?

28. What issue(s) was the organization involved in when you joined?

29. How does the organization go about selecting issues that they want to address?

30. Do you/have you held any official office(s) in the organization?

31. At what point in your life where you most active in the organization?

32. What issues have been most important to you? Why?

33. What issues would you like to see the organization tackle in the future?

34. Currently, would you consider yourself to be an active member?

35. In your opinion, who are the most important people in the organization today?

36. In your opinion, what is the mission of the organization?

37. Have you ever contributed money to the organization?

38. Have you ever been or are you currently directly affected by an issue addressed by S.I.C.K.

39. Have you recruited anyone to the organization?

V. BACKGROUND INFORMATION

"Finally, I would like to get some background information."

40. Which of these annual income categories fits your household;

A: Over $100,000
B: $50,000 to $100,000
C: $30,000 to $50,000
D: $15,000 to $30,000
E: Below $15,000

41. How would you describe your political views? Conservative? Moderate? Liberal?

42. Did you vote in the last presidential election? Dole? Clinton? Other?

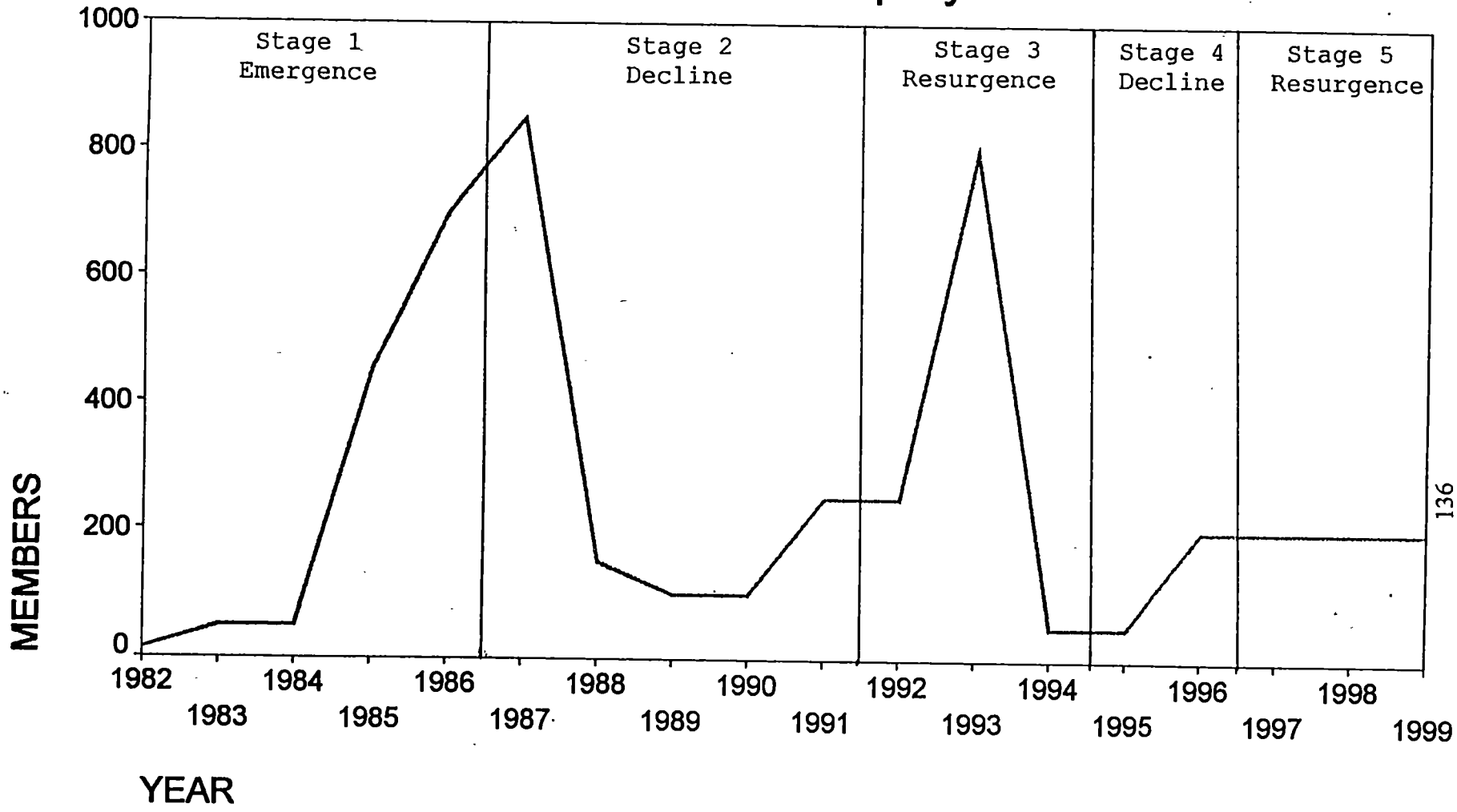
43. How important is faith in God in your life?

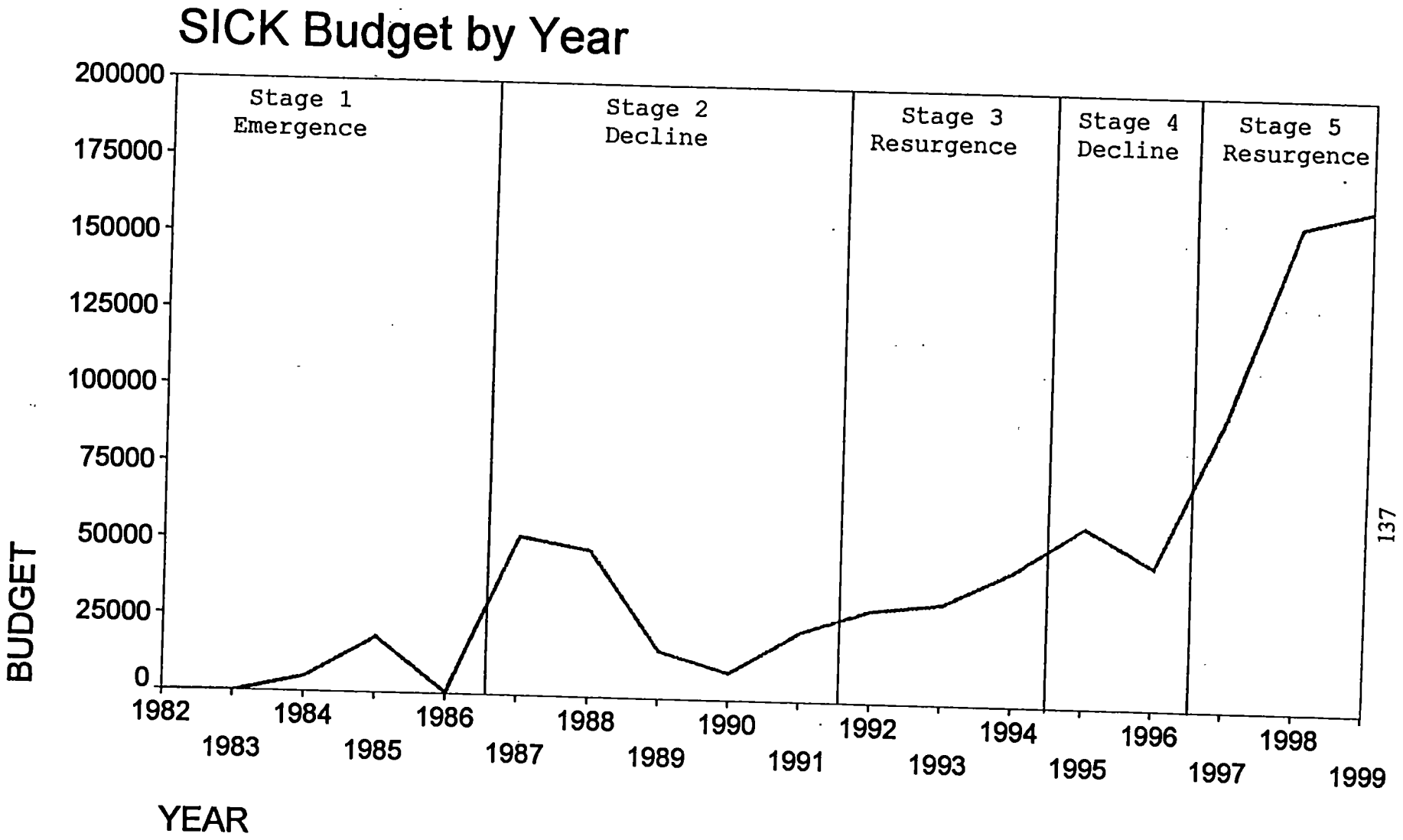
44. How important is social justice to you?

45. Do you know any other S.I.C.K. members that would talk to me?

46. Do you have any pictures or stories that you would be willing to share with me?

SICK Membership by Year




SICK Budget by Year
200000
175000
150000
125000
100000
75000
50000
25000
0
BUDGET
Stage 1
Emergence
Stage 2
Decline
Stage 3
Resurgence
Stage 4
Decline
Stage 5
Resurgence
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
YEAR

VITA

Laurel Long Holland was born in Sequatchie County, Tennessee on April 30, 1962. In 1995 she completed a Bachelor of Science degree from Wesley College. She worked with a non-profit organization in inner-city Jackson, Mississippi while completing a Masters Degree in sociology at Mississippi College. In 1995, she returned to academic studies full-time at the University of Tennessee, Knoxville. She received her PhD in Sociology in August of 2000 and accepted a position at the State University of West Georgia. Her fields of interest include: environmental sociology, social movements, and social theory.