

## ABSTRACT

Training as Restructuring:  
Cases from Entry-Level Healthcare and Manufacturing  
Workforce Training in Eastern Connecticut  
by

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Since the 1980s, capital mobility and state restructuring have increased precarity in older industrial regions, such as eastern Connecticut (CT). These changes reconfigured labor markets, changing the work available, including the types, conditions, and skills required. Greater responsibility devolved onto poor and working-class people to navigate a labor market with insufficient living-wage work, 42.4% of jobs paying under \$15/hour (Tung, Lathrop, & Sonn, 2015). Entry-level healthcare and manufacturing are two avenues for sub-baccalaureate, living-wage employment. Workforce development and training (WFDT) prepares people for devolved and individualized jobs; it is a politically popular response to restructurings (Lafer, 2004; Laney, Bowles, & Hillard, 2013). How do trainings produce and reproduce relations of capital and labor, race and gender, and skill, beyond preparing people for new jobs? I link these processes through a multiscale theory (critical) and method (extended case study). This is an experiential study from participant observations and semistructured interviews from the eastern CT Manufacturing Pipeline (Pipeline) training and OIC of New London County Certified Nursing Assistant (CNA) training. I recruited through the snowball method, collected observation and interview data with field notes and transcriptions, and thematically analyzed using bottom-up and top-down coding. The WFDT ameliorates restructurings and renders conditions of work and life difficult to reproduce for capital, the state, and labor. This fix permits the continuation of restructured relations of mobile capital and a contracted (smaller and devolved) state by subsidizing and shifting responsibility. The trainings' conditions (location, testing) are heavily segregated by race, gender, and class. The trainings offer two different work trajectories. CNA training is a pathway toward the sustaining promise of good work in healthcare, albeit via jobs that are bad and like previous work. Pipeline training is a foothold to living-wage work, like past work, that is subsidized and protected by the state but limited by state contraction and instability. Focusing on training, skill, and the job market, as WFDT programs do, distracts from the restructurings that degrade and segment work and daily life. The trainings are possible steps toward increasing wages or worker protections. However, trainings offer an individualizing answer, asking people to work harder and train more to deserve living wages, regardless of restructurings. Future research on changing the impact of subsidized and segmented trajectories on families and communities would be valuable.