

By Hank Kalet
Illustration by Kelly Mudge

Hope for Home-Care Workers



SHELLY SAYS SHE HAS IT comparatively easy. She works for a single client, a quadriplegic whose family remains involved with her care, and she puts in forty hours a week—something she says is a rarity for people in the rural Ohio region in which she lives and works.

While the client's mother does a lot of the cooking, and family members help with other tasks, Shelly is the primary care provider for the disabled woman. Shelly feeds her, brushes her teeth, washes her face, and combs her hair. She helps her go to the toilet, gets her dressed, and eases her into and out of her wheelchair.

"Once we're settled in, I sit and wait for her to ask me to do something," says Shelly, who asks that her last name not be used. "I give her water, coffee. Because she can't rub her eyes or scratch her nose, that is an important part of my job. I'm her handmaiden."

Shelly says she loves the job—"you have to or you shouldn't be doing it"—but "it's a difficult way to make a living, when you aren't compensated what you should be."

"Most home-care givers feel a responsibility for the people they care for," she says. "If they get a call, they

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will drop anything and go.”

She adds: “Because this is a job done by mostly minority women, we are not respected for the work we do and for the skills we have.”

A 2011 report from the Paraprofessional Healthcare Institute found that about 90 percent of home-care workers were women and about half were minorities. African Americans make up 35 percent of home-health aides and 22 percent of personal-care assistants; Latinos make up 8 percent of home-health aides and 18 percent of personal-care assistants.

Shelly works six hours a day Monday through Wednesday and then twenty-two hours on the weekend. For that, she earns \$527 a week—and that is a lot, compared to others working in the home-care field.

Shelly is one of about 1.9 million home-health aides and personal-care assistants in the United States. They earn a median wage of \$9.70 an hour (\$20,170 per year), and the vast majority serve multiple clients. Most are not eligible for overtime, and many find themselves working the equivalent of sixteen-hour days, when time spent doing paperwork or driving from client to client is factored in.

That’s why home-care workers and their advocates have been fighting to unionize in a number of states, while also putting pressure on the Obama Administration to finally reverse an exemption to federal law that keeps many home-care aides from earning minimum wage or overtime pay.

“This work is hard,” says Milly Silva, executive vice president for New Jersey for 1199 SEIU, United Healthcare Workers East. “The question is how to make sure that the person living at home is getting the care they need and that the person providing the care is getting the support needed.”

Tracy Dudzinski, who lives in Princeton, Wisconsin, but works in Wautoma twenty-plus miles away, says her day regularly runs twelve hours or more.

“I get up and leave home at 6:00 to get to my first client by 6:30, and I help him shower and get him breakfast so he can get on the bus to go to work,” she says. “That’s 8:00 a.m., and then by 8:15 I’m on to my second one.”

“A bad day,” she adds, could mean driving thirty-five miles between clients and spending nearly as much time behind the wheel as helping patients.

“I could be with one lady, doing her laundry and cleaning for her for two hours, and then I’m in the car again going to help someone take a

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bath and eat lunch, and then I’m in the car again going to help someone take a bath, and then in the car again to help someone eat supper, and then help someone take a shower and get in bed for the night,” she says. “Some days, there is sixteen hours of travel and work, and I’m lucky if get a full eight hours pay.”

The number of home-care jobs is expected to grow more quickly than any other profession by 2020, according to the U.S. Department of Labor. The profession—which includes home-health aides, personal-care aides, and direct-support professionals—is expected to grow by 70 percent over the next eight years.

Jessica Brill Ortiz, national advocacy coordinator for the Direct Care Alliance, says the fate of the industry

will have a huge impact on the American economy. With about one in every fifteen new jobs expected to be created in home-health care, making sure that the people who attend to the elderly and infirm earn enough to survive is really a national economic issue.

“This could be great news for the economy, if it meant we were growing the middle class,” she says. “But given the low wages they receive, we are not growing the middle class. We are growing the working poor.”

Studies have shown that half of the home-care workforce is on public assistance and about 40 percent lacks health insurance. PHI PolicyWorks, based in New York, says that thirty-six states reported hourly wages for home-care workers that fell below 200 percent of the federal poverty line in 2009.

“These very low wages are a significant obstacle to meeting the country’s rapidly growing demand for personal assistance services,” Dorie Seavey, director of policy research for the organization, said in 2010 when the report was released. “They also jeopardize the economic security of hundreds of thousands of caregivers who make it possible for others to live independently.”

A number of policy changes could help elevate home-care wages, advocates say, including rules that would ensure that Medicaid and Medicare make higher reimbursements for home care, an increase in federal and state subsidies, and a general shift in attitude.

The first target, however, is the federal rule that exempts home-care workers from overtime and minimum wage requirements.

The exemption dates back to 1974, when Congress updated the Fair Labor Standards Act to protect domestic service workers, or “employees performing services of a household nature,” but excluded “casual babysitters and companions

for the aged and infirm,” according to the U.S. Department of Labor.

Labor rights groups have criticized the exemption for years, saying it is too broad and was never meant to exclude workers performing the kinds of tasks done by personal-care assistants and home-health aides.

“If you take a look at the legislative history behind the law, it was meant to cover workers who come over and spend time with your grandmother,” says Sarah Leberstein, a staff attorney for the National Employment Law Project. “But the courts have defined it to include two million workers—even workers using medical skills, lifting of patients, and doing wound care.”

Ortiz of the Direct Care Alliance agrees.

“The term was meant for people who came in a couple of times a week and just sat with clients,” she says. “Over the years, the role of the home-care worker has changed dramatically, and the exemption is very different than what it was meant to be.”

The Direct Care Alliance and other groups thought they had a victory in December 2011, when President Obama and the Labor Department unveiled a new rule that, if approved, would end the exemption for home-care workers. Obama announced the proposed rule at a White House press event, surrounded by more than a dozen home-care workers. He called the exemption “just wrong” and inexcusable.

“I can tell you firsthand that these men and women, they work their tails off, and they don’t complain,” he said. Obama spent a day with a home-care worker in 2007, during the early stages of his first Presidential campaign. “They deserve to be treated fairly. They deserve to be paid fairly for a service that many older Americans couldn’t live without. And companies who do pay fair wages to these women shouldn’t be put at a disadvantage.”

But more than a year later, the new rules still have not been approved, despite overwhelming sup-

port during the comment period. Advocates say the change was supported by between two-thirds and more than three-quarters of those who responded.

Dudzinski, who is chair of the Direct Care Alliance’s board of directors, was standing behind the President when he announced the rule change.

“We’re still waiting on these,” she says. “And while it wouldn’t affect us in Wisconsin—state law already guarantees those rights—I still take part in this fight because it is a matter of respect for what we do.”

Dudzinski and five other caregivers and clients sent a letter to the White House in December asking the President to put the new rules into place.

“Home care remains one of our nation’s fastest-growing but lowest-paid occupations,” the letter said. “Wages have long stagnated and since December [2011], have even declined in some states, forcing more workers and their families who live in poverty to rely on public assistance. Workers continue to provide invaluable care for seniors and people with disabilities without fair pay or the dignity that comes from having their work be valued and respected.”

Home-care agencies, the letter said, benefit from the exemption in increased profits, while the low wages lead to a churning of the workforce that is not good for patient care. Turnover rates for workers have been estimated at more than 60 percent by some industry observers.

The industry, however, has been fighting the rule change since it was first proposed. The major players are spending money lobbying the Administration and on Capitol Hill to keep the changes from going into effect, *USA Today* reported last year. And they are doing it at a time when the home-care industry is raking in profits.

“When our members wake up, they are going to take care of someone else’s family member,” Silva of

1199 SEIU says. “For them to be effective and do that well, they have to know that when they come home at night they can be confident that they can take care of themselves and their families.”

Insurance is a significant issue, Shelly in Ohio says. Without insurance, she feels she cannot get sick, and she also has to put off health care visits that most of us take for granted.

“I have a tooth that is rotting out of my head, it is so bad, but I have to make sure I take care of my taxes before I can go to the dentist,” she says. She is considered a private contractor, she says, so she does not have taxes deducted by an employer and has to make sure she sets aside enough from her pay weekly to cover them. Plus, she does not qualify for unemployment insurance.

Dudzinski has gone to work when she was sick because she could not afford to miss work. When you don’t work, she said, you don’t get paid.

“There are times I’ve gone in and wore a mask,” she says. In those instances, “you wash your hands more than you would normally and try not to breathe on the clients.”

Dudzinski says that a major concern is injuries. Many of the health aides she knows have gotten hurt on the job, herself included.

“It is a hard job,” she says. “It is more dangerous, according to OSHA, than being a truck driver. You’re lifting people who are bigger than you. Sometimes, you don’t have the right equipment or you are tripping over rugs and dogs and cats.”

That puts a lot of stress on home-care workers, she says, especially because most are conscientious and like what they do.

Shelly agrees. She likes her job, but thinks the conditions must change.

“It is not a bad job, but it is the whole pay thing,” she says. “I am, literally, two paychecks away from being on the street. And that is no way to live.” ♦