

I: I'm not going to respond to everything you say. I might just nod my head or something like that.

P: Okay.

I: So, minimize me.

P: Okay.

I: Maximize you. Don't be nervous about your hair now.

P: Oh, no, no. It fell down. I'm like, ah, I know what I'm gonna do, have a rubber band right here.

I: I was gonna say, I have one in my purse if you want one.

P: Okay.

I2: I love your hair.

P: All righty. I think this did it. Okay. That feels secure. Yeah. That's secure [laughs].

I: And are you running?

I2: I just started going now. That's recording.

I: I'm going to finish up my comments, and then I'll shut up. But the main thing I wanted to tell you is [1.24.17] that more than anything what we would like are stories.

P: Okay.

I: Rich stories that are gonna get to people, right.

P: Okay.

I: So, I might ask you about your daily, you know, what a typical day is like for you at work, and if you could illustrate it through some stories like, you know, think of a time when you were doing that for somebody and how it went.

P: Mmm hmm.

I: Or a time when it went well or didn't go well, and then tell the story behind that. So, this is really about the stories.

P: Okay. Yes. Okay.

I: K, do you wanna add anything?

I2: No. I might get up once in a while. Please ignore me.

P: Okay.

I2: And I might have my camera over there. Just ignore me.

P: Okay.

I: Okay. Are you ready?

P: Yes.

I: Okay. Here we go. So, I want to just jump right in [1.23.24] and tell us your story. How did you get into this kind of work? First of all, let me ask you, what do you call this kind of work because I've, you know, the

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group that I work with, we use the over all general term for personal care worker as personal care aides and say PCAs for short? How do you feel about that, and what do you call yourself? How do you prefer to be called?

P: Well, definitely a professional for starters. I like to refer to us as homecare professionals. There are times that people refer to us as homecare workers, and that's usually when, you know, because that's been the word for so long, but when you think about the work that we do, the word professional definitely comes to mind. So, I prefer homecare professional.

I: Okay. I'm gonna work on changing that because everywhere I go people are saying PCAs—personal care aides, and that's actually the title of this project. But I like that. Homecare professionals, so if I slip.

P: That is fine.

I: Okay. So, tell us your story. How did you get into the work of being a homecare professional?

P: It started when my grandmother became ill. She was diagnosed in I think it was '99 or 2000 with congestive heart failure, and we found ourselves routinely going to Grandma's house, out taking care of her. It got to the point where I started doing the bulk of the work because everybody else was either working—and I was working too, but you know, it came to the point where I took the bulk of the responsibility. And, so I got started from there [1.21.48] not realizing that it was a homecare type of situation, which is caring for my grandmother and was approached by her social worker that, "Hey, you know, you can get paid for taking care of your grandma." I'm like, oh, okay. Cool. And it just became more of a job after that. Once Grandma passed away, then my uncle became ill, so I became his homecare provider, and it just kind of trickled down from there. It fell in my lap so to speak, so I've been rollin' with it since 2000, and doing it to this very day.

I: And why do you stay in it? What is it about—something—you must enjoy it? Something about it you really like that keeps you going?

P: The compassion because it taught me to be—it brought out my compassion. I've always been a compassionate person, but it really brought the compassion out in me, and the joy that I see in other people when you have someone taking care of you that's genuinely taking care of you and not because of the pay because we know the pay is not super, but it's because of the compassion and the relationships that are built when you are a homecare professional. So, I think, honestly, that keeps me in it because I like building these relationships. I like—let me change—love knowing that someone is doing better because I helped them do better [1.20.34]. You know, you're staying in your home, someone is cooking for you, caring for you, conversating with you. You know, listening to your problems and not judging, and that's what keeps the fire going in me. I like doing that for someone. I like caring for other people and knowing that because I put my hands in it that they are better because of that. So, that just keeps it goin' with me. It's just the compassion and love I have for it and knowing that somebody else is doing well when I go home. Like, okay, so that, you know, they're doing good because of me. And the relationship that we build is something you just can't walk away from. I found myself not being able to walk away from it because of the relationships that built.

I: So, since 2000 you must have—you've had quite a few clients over the years.

P: Mmm hmm.

I: You started out with family members.

P: Mmm hmm.

I: And then you started getting non-family members?

P: Mmm hmm. Started getting non-family members.

I: And how did you go about doing that?

P: Well, actually was word-of-mouth, you know, they would see me comin' over like with my uncle on the block where he lived, there were a lot of older people, a lot of people with illnesses and injuries, and they would ask me, "Well, you know, I see you over there taking your uncle to the store. Is this what you do?" I'm like, yeah, I'm his, you know, homecare provider. And it's like, "Well, do you want another client?" I'm like, sure, you know. So, you know, word-of-mouth, and I would pick up clients throughout the time for that. Now, mind you, I have other jobs in between because this was one or two clients then, and the money was nowhere near, and it's still nowhere near today, but it's a little bit better than then. So, I would have to take jobs in between because I only worked 2 or 3 hours a day with him, 2 or 3 hours a day with someone else, had a family, so I had to pick up other odd jobs [1.18.54]. So, there were odd jobs in between to help supplement the income level, but yeah, and it just started to build from there to the point where I didn't really have to work outside the home. I could just get so many clients and then they would pay you privately or you would get paid through the state. So, it was word-of-mouth and it built from there.

I: Okay. And did you ever work for an agency—a homecare agency?

P: I did. I worked for an agency for about 8 months, and the client that I had from that agency, she passed away. So, you know, I'm no longer with the agency, but I guess if I wanted to go back I could, but with agencies you find a lot of difficulty and red tape there. And they—

I: In what way?

P: Well, they don't want you to really get totally connected with your clients, with your patients. They want you to go in, do your job, and leave. Go in, do—and it's almost like you have to ignore that this person may have—be having a personal issue that day. So, being the kind of person that I am, I'm not going to not build that relationship. So, if I've gotta be told, "Well, you know, go in, clean, cook, go." Then that's not for me. For me, it's not for me. You know, being that I'm not gonna just go in and clean and cook. I'm gonna sit. I'm gonna build the relationship. I need to know who I'm dealin' with, and they've gotta build that trust factor between me and this person. I'm not a robot, so for me agencies don't work. I'm not sayin' all of 'em. Just the ones I have encountered [1.17.31].

I: So, all these clients over the years—there must be some that—you talk about building relationships, there must be some that you had for a longer period of time that you really did build a relationship.

P: Mmm hmm.

I: Can you tell us about one of those clients?

P: Definitely. There was a client that I had. I got her in 2007 up until about 2013 'cause she passed away. And that was a long relationship. You know what I'm saying? You know, when you get someone that you start off with, you don't expect to stay that long with them, but I do good work, so [laughs]. So, our relationship became almost like mother/daughter. You know, I became a family member. Her children trusted me with her life, like, literally. Trusted me with her financials, and they would leave stuff out—I mean when you're building a relationship with a client, when the person—when you're building, the family is watching. They're makin' sure that you're not comin' in on some, you know, sneaky stuff. After that first couple a months, they kinda relax with you. They let you, you know, move around the house. Now, when you first go in they give you—they keep you where—they tell you, "You can only do this, do this, and this." But as time go on, you know, they see you. "Okay. This is a genuine person. She's really here to take care of my mom. She's not here to do anything else but to love and take care of my mother." So, that relationship grew, so it becomes a family member after a while. You get invited to birthdays. You get invited to weddings. You get invited to graduations. You really become family, so from '07 to '13 I was her daughter. It got to the point I wasn't [inaudible] her caretaker, I was

her daughter. And so, when she passed away, of course I'm devastated. And it's like, wow, you know, that's like—that was like my mom. We would talk about stuff that you wouldn't talk about with a client, but that's because you build the relationship, and when you build that relationship that's what happens [1.15.35], you know.

I: This one's working. {one recorder stopped working}

I2: Okay.

I: Hmm. Darn. Okay. Well, good thing I have a backup, and you're also recording.

I2: Yes.

P: Okay.

I: It says it's blank.

P: Oh, wow. Backups are good.

I: Backups are good, yes. So, you have this particular client. You talk about becoming like family. There are some homecare workers—and you obviously like that aspect of it.

P: I do.

I: There are some homecare workers who feel like that's difficult. You know, the boundaries get fuzzy. It's hard to maintain professional boundaries.

P: Mmm hmm.

I: And so, you know, that's hard for them.

P: Mmm hmm.

I: But that's something that you actually enjoy.

P: I enjoy it.

I: You cultivate it, it sounds like.

P: I do. I do. I think with other homecare workers, and as I talk to other ones, and they, you know, the stress level. I think for them because that's—they don't have an outlet. I have actually been fortunate to have outlets because I recreate this position for myself, and when I'm teachin' other homecare workers you've gotta get creative with it because it is stressful. I mean when you go in [1.14.15] and sometime you have a client that say, "I only need you 2 hours a day." You end up being there 6 hours because other stuff arises. You know, they may need you to run to the grocery store, so now instead of you comin' in and just basically doin' basic housework and like cookin', you're doin' other errands, and that can run into a longer day. And you're not paid for that because your description says, well, this client said they need this, this, and this, so we have to stick to that, but when you become connected, and you become this client's personal help, they add that little bit more in there. And that can be frustrating because you're not getting paid for those hours that you work over. You're not, and you're not supposed to take extra pay. I mean if the client wanted to pay you for it, some agencies say you can, but you have to report it. And if you report it, it interferes with what you're getting paid. So, it kinda gets at that frustration where other homecare workers, it's like, you know, they keep it strictly this black and white. For me, I'm hardheaded [laughs].

I: Well, it sounds like you also have that flexibility because you are privately [inaudible], you're doing this (as a self-employed PCA) is part of it.

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P: Correct. Correct. So, I've been fortunate.

I: You talk about cooking and cleaning and things like that, do you get into hands-on personal care?

P: I do. The washing of the hair, the bathing--

I: Yeah, bathing, dressing, transferring—

P: Dressing. Even sometimes helping them brush their teeth. Like, literally, because they're so weak sometimes from chemo, or they're weak from an injury, they're just losin' ability to use their hands and stuff. I literally have to brush their teeth, comb their hair, change their briefs, all of that. It gets real personal [1.12.37], and you have a client that may have weak organs, so they may lose their bowel functions, and they may urinate frequently, so you're constantly changing. So, you have to kinda change your mindset and say, okay, you know, I can't go on with the ooh, and feelin' like, oh, my, God. I have to go in with, okay, this person can no longer control bodily functions, so you go in with compassion because they're embarrassed. And I've had a client was like totally embarrassed. She had an incident, and I was on my way home. Just getting on the freeway, and she called. She said, "I'm so sorry, but I had an accident. Can you come back?" Now, mind ya, I'm minutes from getting on the freeway, and because of that relationship and me, I'm gonna be old one day. I would hope someone would be compassionate enough to help me out if that ever happens. My mindset didn't go into, oh, my, God. I'm not gonna. Let me run. I'm zooming to get back to her 'cause I'm thinkin' oh, my, gosh. She's layin' in this stuff, and I gotta get to her. So, it gets personal from that way, when you build that one-to-one relationship. You wanna make sure they're okay. You wanna keep givin' em that sense of pride, and for me I have to go back and give her her sense of pride. And she was—I cleaned her up. We got—I mean squeaky clean, got her good and together. She was so grateful—cried, hugged me, kissed me, thanked me. "Like I know you was on your way home." But I'm like, it's okay. This is why I'm here for you. I'm here for you! So, if you need me, this is what I do. No strings attached. Nothing, no bad feelings about it. And actually, I might—I got back in my car I was like, I'm glad I wasn't on the freeway yet. I'd have been mad 'cause I'd a been in all this traffic, and she woulda just been laying there. So, it's a mindset. You have to reinvent that mindset when you become a homecare provider or a professional because we're not in this job to just make those \$5 because you have to really have a heart and a compassion, and your mind have to connect to those two words I just said to be able to go back and clean someone up who's had a—who's, you know, had an incident or someone who just wanna call you and talk to you, someone call you at 10 o'clock at night saying, "You know, what, is it okay if you come sit with me just for a few minutes?" And I've done that. I've got out of my bed, like, okay. You know, at that point I'm like, oh, she's gettin' spoiled, but it was okay [1.10.20] because that's what you do when you love someone. That's when you build that relationship. It's like a parent. It's like a brother or a sister or mother or a father. Mommy and Daddy call, you gotta go, right? When my clients would call me, I'm gone. I'm on my way. Don't worry about it. I know sleepy, you're sleepy, but I'm comin' for you. We will talk when we get there, and I would stay that for 2 or 3 hours until they fell asleep and lock the door and go. That's homecare. If there weren't care, it's very specific, and home is specific too because they're in their home and they're getting care. They wouldn't get that in a nursing home. Mmp mmm.

I: So, I know you have been through some training to learn some of the technical skills like how to transfer somebody.

P: Mmm hmm.

I: I'd like for you to talk a little bit about the importance of that training, but also some of what you're talking about—the heart, the compassion—are those traits that you can instill in somebody, that you can teach somebody?

P: Honestly, I think you have to already have some of that. Like, really like, that has to be part of your personality. If you're a person who's just, you know, bland, just go in. If you're not really a compassionate

person—compassion I feel can't be taught. You can learn it, but when you learn something, that don't mean you're gonna utilize it. You just know it, and whenever you feel like you can just pull it out the hat you can, but for me it is part of your genetic makeup. It's part of who you really are, and those two can be separate 'cause we do have a lot of homecare workers who just—they don't have the compassion. Not sayin' anything against them, but those are those moments. So, yeah, you have to—if you can teach it. It depends whether the person is willing to accept it and use it, but honestly, I think it has to be part of who you are. To take it to the point where you get up outta your bed at any given time, to take it to the point where you're willing to clean someone up. That's the compassion part of the job because I don't think everybody is built to wipe a butt [laughing] [1.08.19]. You know, they don't wanna see all of that. For me it's like, okay. You fine 'cause we all do it, you know.

I: So, what are some of the skills that you feel are necessary if you're going to be a homecare worker, homecare professional. What are the skills that you need to have?

P: Well, you're gonna definitely need to have your basic skills—your CPR, first aid, because, you know, you're dealin' with people with illnesses, so you need to be able to jump into action if somethin' was to happen. You're gonna need to learn how to transfer a patient out of a bed because some patients are bedridden. You just can't roll 'em over 'cause injuries and the way the injuries are can hurt them and recreate the injury. So, you've gotta have the basic skills of transferring a patient, wound care, medication care, because, you know, there's certain medications you can't take altogether, and you have to make sure they're spaced. So, you need to have some skills, some training, so you'll be able to take care of that patient [1.07.19] properly. You don't wanna reinjure or cause injury. Just basically goin' in doin' the regular work that you do, you need to have that just in case. Some clients may not every need to have those basic cares, but it's good to have 'em because if they get worse or better then you're okay, but they get worse or require transferring from the bed to bath/bathing. That is also a technique. It's a way to bathe a person in the bed, and that's a training you should have. You just don't wanna go in and, you know, think you just clean 'em. Everything can be done improperly from bathing to medications to transferring the patient, rolling the patient over, wound care, and charting their medications. You definitely have to have all of those necessities as a homecare professional. It's necessary.

I: Have you ever been in a situation where you didn't feel confident in your ability to handle it where you thought, you know, this is over my head—

P: Mmm hmm.

I: --or I don't know how to deal with this?

P: You know, when I got—a patient had dementia, and I did not have any training, didn't know, and the patient walked out, and I'm thinkin', oh, okay. Go [laughs] out for a walk. I didn't know that that was a problem with them, and so when she didn't come back I'm like, okay, where did she go? And her daughter called to say is my mom there. I said, no, she went for a walk. She said, "No, no, no, no. She can't just walk out." I'm like, well, what do you mean? I had no knowledge of what dementia was to the full degree. I knew what it does to the brain. I understand the clinical, but I didn't know they do all of this extra stuff 'cause they get forgetful. They be sitting somewhere and be, "This is not my house," or "This is not where I'm supposed to be." Because they're starting to lose memory. Man, the girl came. She zoomed home. We're looking for her mom. She's sittin' at the store. Just sittin' there watchin' people go in the store. And I'm like, wow. So, I became a little bit more aware, and I had to get a little bit more training 'cause that was scary for me. Because I'm like I don't know what to do [1.05.29]. I really don't know what to do, so now when I get a patient that has dementia, I know exactly. Okay, there's a watch period. If you have to consistently watch them, and you have to be careful too if you're—if they're unfamiliar to you. They can get violent because if they don't know you, they will attack you. So, that's a relationship you really have to build because it's like, okay. I don't wanna be in somebody's house and they don't know who I am, and you leavin' me? Mmp mmm. Leave somebody here with me—with

that patient. Let them get to know you a little bit more, so they can get familiar with that face 'cause now it starts to become face recognition when they get to the point where they really don't know you. So, that was one situation I was in, and I was terrified. I was like, I didn't know that. I knew she had a disease, but I didn't know she was gonna walk out. I really didn't. Well, I was expectin' her to kind of, you know, walk through the house, and maybe, you know, I knew they'd get forgetful, but I was okay with that. But I did not know she was gonna walk out that door, and I didn't stop her, and I didn't know I was supposed to, so I became a little bit more aware of what I need to—I started to research it a little bit more, ask a lot more questions [1.04.25], get familiar with the disease and all that comes with that. So, yeah, you have to be well trained in those situations and situations like that can be scary, and detrimental if not paid attention to. You know what I'm saying, so.

I: It sounds like you need training in all of these different aspects of things before you go into a situation like that, but you also need somebody to tell you.

P: True.

I: What's goin' on.

P: Mmm hmm.

I: You know, if they had told you that she has dementia, and she might try to leave.

P: Mmm hmm.

I: I mean some basic information before you go into the home is kind of important.

P: Is very important, very important. I've learned to get a history on each of my patients. That's one thing I like about working in a—you know, we work with an agency. They give you a history, so you're kind of aware of what you're walkin' into, but when you do it in the private care setting, they just lookin' for someone—the family's lookin' for someone to just to be able to handle the situation. I don't think it's intentionally - they forget to give you a history or a breakdown on what's goin' on with that parent or loved one. It's just something that they don't think about, but as a homecare professional that's something I—another reinvention. I'm writin' the history. Tell me about your mother. Tell me about your sister, and after they've given me the history, I'm writing things down because I have to be aware of what's going on, so I can treat and take care of you properly, and also be able to protect myself or be aware of what's goin' on so if somethin' was to happen I know how to react to that because I can say, okay. I've been trained in this. I haven't been trained in that, so let me see if I can find something that could train me in that, you know, so it's definitely important to have a history on each patient that you have.

I: And you do that yourself?

P: Yes. I keep a history, yep. Changes of everything. Everything they do—changes, improvements, digressions, everything.

I: So, you keep a log?

P: I do. I do. Yup [1.02.36].

I: And do these other—do they have other workers working with them too or just you?

P: Sometime it's—well, I have one or two—one patient that is a rotation patient 'cause I will—I'm never really like workin' at night, but for private people they call me, the mother calls me, or the client calls say, "Could you come sit." I'll come. I try not to make it a habit because some things you just don't wanna put yourself in based upon the fact if the family don't know that and they find out, they can get angry. Like, "Why are you at my mom's house at night?" You know.

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I: Sure.

P: So, you wanna kinda like, okay. Your mom called me, and I came and sat with her, just so you will know, until she fell asleep and then I left, you know. And they think, oh, that's fine. But you wanna make sure you kinda communicate, because those things happen. As far as, you know, just, you know, making sure that that communication is open. It's important. It's important.

I: Okay. I'm gonna take a little break right now, and I am gonna make sure this is—you are also doing audio too, right?

I2: Yes.

I: So, if all else fails, we're covered.

I2: Yes. We have audio, yup.

I: Okay. Good. You're doin' great.

P: Thank you.

I: And so, the first part is about what you do. Like the cooking, the cleaning, some personal care, and why you do it, the title. We're gonna get into now a little bit more about specifics about the job, but what I really am hoping is that we can spend the bulk of the time on your fight, here.

P: Mmm hmm.

I: The fight. You know, all of the homecare advocacy that you do.

P: Okay.

I: 'Cause I know that you do a lot of it.

P: Mmm hmm.

I: I'm really interested in this group that you were part of that you—

P: CWIA.

I: --that each of you photographed.

P: Yeah.

I: Yeah.

P: Yup.

I: Yeah. I'd love to hear more about that.

P: Okay.

I: We'll talk—

I2: Almost ready?

I: Yup. I'm ready whenever you are [1.00.16].

I2: Just gotta change my lens here.

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P: Yeah. CWIA, which is Care Workers in Action, that was—this is our new foundation. We've combined with homecare workers and child care workers together, so this is the newest one that I'm involved in now, and one of the founders, which is—

I: Is this with Michigan United or United—

P: Michigan United SEIU.

I: SEIU. Okay. So, I met with those people when they first hit the ground in Michigan. They were coming out of the domestic—

P: Yup!

I: --the national domestic workers association.

P: Yup. Absolutely. Yup.

I: Right. And I heard that they were gonna try and have a presence in Michigan, and so I met with them because I thought what they were doing sounds very similar to what we're trying to do with IMPART a lot—

P: With IMPART. Yeah. Yup. Yup.

I: And I wanted to make sure we were, you know, just [inaudible]—

P: Repeating—there you go.

I: So, I would love to hear more about that.

P: Okay.

I: And so that's a new foundation.

P: It is. It's a new foundation [59.12]. Care Workers in Action as the Foundation is new. And I'll breakdown what that is when we come to homecare and childcare. Just they're coming together, so that's why.

I: So, we're gonna reserve the whole final segment for that discussion.

P: Okay.

I: You ready?

I2: Yes. I'm ready now.

I: Okay. We're gonna switch gears a little bit and just talk about some of the situations that you face in your job and how you deal with them. You have just one client right now or...

P: Mmm hmm.

I: And some of the job conditions. You mentioned that you don't get paid very much.

P: Mmm hmm.

I: May I ask how much you do get paid from this client?

P: Well, from this client it is monthly, and she's private. It's not through an agency. It's like \$445/\$455 a month depending—

I: A month.

P: Yeah. This is a month. I did have a client where I was making pretty decent money on a weekly basis. That's because I was like her personal—I say personal assistant, but that was rare. It wasn't an everyday occurrence. So, you get a private client, you don't go to work for every day, but then you have those that - you have that one that no matter when all the rest of 'em fall off, you're gonna still have one that's gonna keep you no matter what. So, I have one now that [57.54], and it's like \$454. It just went up by like a \$1 or \$10 or something like that--\$454 a month.

I: And how many hours a week would that be?

P: So, we get 35 hours for the month, so that's like 15 ½ hours a week. Nope, 'cause it's a month. So, it's every month, so 35, so we're talkin' about 6 hours a day-

I: Oh, 35 for a month.

P: For the month, yeah.

I: Okay. So, have you—I'm just gonna throw out some situations and you tell me if you've ever had to encounter this.

P: Okay.

I: And if you did, maybe a story behind it or how you dealt with it?

P: Okay.

I: So, and this is just based on some of the research and what other homecare professionals are dealing with. That I think most people don't really understand. You know, they think you maybe cook and then clean and then, but they don't understand you're going into a home and there are other—there's a whole cast of characters.

P: Mmm hmm.

I: And you're facing a whole range of different situations that most people don't know anything about. You talked about family members, have you ever had a case where you didn't have a good relationship with the family members, or the family, you know, there was tension there?

P: There was one, and it was a very brief case where the mother, again, word-of-mouth, asked me to come and just basically cook for, clean up, and vacuum. I'm like that's fine. I'll come in and do that, but the relationship grew [56.15], and the children didn't like it because they thought I was coming into, I guess, take whatever she had for them. And the daughter and I would always get into it 'cause the daughter would come and sit and she would, you know, let me know her presence was there. And I was okay with that, and she would ask little questions like, "Well, you know, what you and my momma talk about today?" And I'm lookin' to myself like, why are you askin' that question? Or she would go check her mother's belongings, and she wouldn't let me know that "I'm checkin' my mother's belongings 'cause in a sense I don't trust you because you're here, and I don't like you." Okay. Well, I'm not here for you, I'm here for your mom. She asked me to come do this, so when you get that kind of tension that could be scary because when you find a family member who's harboring—not harboring but just kind of hovering around thinking that something that they supposed to have is going to be given to you because you're doing something of that nature. Like taking care of the, and people do wanna leave you things or give you things, and as a homecare provider I'm like I'm not here for that. I'm doin' what you asked me to do because, you know, you need it done, and I don't mind doin it. So, that situation became intense almost to an argument almost on a daily basis, and then when you start checkin' your mother's belongings like you're callin' me a thief and that's not what I am. You know, so that became very intense to the point I was like, you know, I'm sorry because I know me as a person I'm not gonna tolerate being

openly accused of something I'm not doing [54.46], and that is hard for me as a homecare professional because you wanna give that care, but when you're being, you know, nitpicked like that or you're being made to look like you're doing something wrong, you have to make a decision, I mean I could have stayed, but I just didn't wanna be dealin' with this daily harassment. And I kinda felt bad when I had to let the, you know, the client know I can't be with you anymore. Like, your daughter got a handle on it. She's here every day, so I think she wants to be the one to care for you, and I'm gonna let her do that. So, I have to kind of break it down in a way where I wasn't just walkin' away because of that, but to let her know I think your daughter got this, and I think she wants to take care of you. So, you know, yeah.

I: So, how about injury. You know, I know that homecare workers often—there's concern about safety.

P: Mmm hmm.

I: I mean that's one reason why you think training is important.

P: Yes.

I: Because you want the client to be safe, right.

P: Mmm hmm. Yeah.

I: And you don't want to injure them, but I also know that homecare workers are prone to injury as well.

P: Yes.

I: On-the-job injury, have you ever had that happen?

P: I have. I have, and it wasn't due to the job itself, it was because I, you know, have an issue with my back, so I'm constantly having to be careful about bending or, you know, lifting, and I can get carried away 'cause you know I think I'm strong [laughs]. So, I'm a pretty healthy girl, but I do have a back injury. So, in one incident, I go to the client's house, and I woke up with my back hurting. And I went on here and went to work not doin' what I need to do promptly so I can sustain myself for the day [53.11]. I went to bend over to wash the tub out, and I'm bending down—well, I was bending and stooping, and wasn't supposed to, and by the end of the day I was in so much pain, so, so, so much pain that I couldn't work for 3 days because literally the pain in my back was so intense. And injury to ourselves like if you like slip and fall on the job that's, you know, that's different. But when you go on the job with already—pre-injured and you're doin' all the lifting, and you're doin' the bending, and you're doin', you know, a lot of physical work, that can become kinda, you know, hard to continue to work. It'll take days off because of your pre-injuries, and then you get injured on the job. I've heard some homecare workers slippin' and, you know, fallin' or walkin' on a weak floor and the floor break, and they go through the floor like a leg go through the floor and they get really bad scarring. So, there are some injury-prones with this job. It depends on how the client's house is made. You might go into a client's house that's really tore up, and you know, weak floors or ceilings where they're falling down, and pieces fall on your head. Like I said, the homecare worker that walked in the kitchen, her feet when through the floor, so, yeah. There are injuries that go to this job. Yup. Pre-injuries like myself. I have a back issue, and if I overdo it, I can become incapacitated for a few days, so yeah.

I: And then if you can't do the job, you don't get paid.

P: You don't get paid.

I: Right.

P: You don't get paid.

I: And I'm assuming there are no major benefits like health insurance.

P: No. No. No.

I: So, nothing to cover the injury.

P: Nope.

I: Or a retirement plan?

P: No retirement plan. All that is based on you. You have to do all that yourself. You have to seek out insurance, so some of the homecare workers or professionals, there is a program called CHAMPS or CHIP where they do give you like state Medicaid for myself. I do have a state Medicaid plan, now, thank God because I can't afford to go see a doctor and someone look at my back on a regular basis [51.12]. That's costly. That is not gonna happen, so I have to suffer the injury, but so when I realized I could get state Medicaid, then I got the state Medicaid, and that works because now I can go to the doctor. I can get chiropracted. I can get, you know, therapy for my back, so I can continue to work, and it definitely is important to have some type of benefit. No, there is no 401K plans. These are some of the things that as a homecare professional I think we should be offered because we're part of the healthcare system. You know, I'm saying. We are part of a healthcare system, so it would be nice for someone to final recognize, you know, these are real workers.

I: So, the Medicaid is a godsend, right?

P: Mmm hmm.

I: And it helps you, but does that also restrict you? Are there restrictions like in the number of hours you can work in order to keep those benefits?

P: Well, because, you know, through the program they know that I work as a homecare provider, and they know what we make. So, when they run your name, and they see that you are a registered homecare provider, they know. So, they pretty much know how many hours you're gonna be makin', and you get the full coverage based on that. I think with Medicaid for Michigan it doesn't really require—I'm not for certain, but I don't think it's a hour requirement, but if you do pick up a job outside of what you do, then that would change your medical coverage. As long as you're within that guideline, then you'll continue to get the full coverage. Anything outside of that, say if you might take an extra job outside of homecare. You might pick up a part-time job, and they find out that happened, that changes that. It will go quick.

I: Yeah. So, it jeopardizes your health insurance.

P: It does. It does. It does, and it's almost like it's kinda keep you in that poverty [49.32].

I: Yeah. It's disincentive.

P: Yeah. Yeah. Yup.

I: Keeps you in poverty.

P: Yup.

I: Have you ever felt unsafe in a situation?

P: I can't re—I don't think I've ever felt unsafe. Maybe scared, but not unsafe, you know. Again, with the client I had because of the attitude. In that instance I started to think maybe I hope she's not the violent type. The kind that wanna get physical, because that point you will start to feel unsafe. Because she was more just edgy because someone was there other than her, but you know, I can't say of an incident—but I have heard of incidents where homecare workers would be in there and there would be a family member that they didn't

know that stayed there. They come out of a room [laughing] all of a sudden and get violent and wanna cuss and wave weapons. I've never had that incident, thank God, but I've heard one or two homecare workers say they went to a client's house. The son came out of the room; he had a gun—no, he was mental, so those situations happen. I don't remember the year, but I recall it was on the news some years ago. I'm gonna have to research it again, where there was a homecare provider inside of a home, and the son brandishing a weapon came out of the room and started brandishing a weapon. He held the whole house hostage. And it's like, no one woke up expecting those kinda days. Those things can happen because you have to understand in this realm of work this is not a protected situation. You know what I'm sayin'? You're taking your own risk when you go into these homes and you don't know who all is there. You're told that this person needs care, but we don't know if they have an unstable family member or an animal that's gonna bust out of a room on you. You know, I'm very careful when it—I don't like dogs. I love dogs, but I don't wanna—like I have my own dog, but situations like where there are animals on the premises [47.38], we don't know if you walk in that door that dog is walkin' around. Or if they say, "Well, we put the animal away," and they get out and you get attacked 'cause a dog is gonna attack who they don't know. So, there are situations where you're, you know, that happens, and we're not protected from that, and we don't have a situation where we're protected on our jobs from injury such as those things I just mentioned. So, we go in fully aware of what we do, and again because of the compassion and the love that we do our job for, we take that risk, but then there still should be some type of a protection for us as homecare professionals. There should be protection for us, you know.

I: How about a situation where your client clearly had a different point of view than you did? You know, comes to life with a different perspective or uses abusive language or says offensive things? Have you had that?

P: Mmm hmm. I have. I've had a client call me her maid, and I'm like I'm not you're maid. I am your homecare provider. And she made it her business to let me know, "You are my maid." You know, they use words like my gal, or my maid. Derogatory things like my housekeeper. That's not what we are, per se. This is what we do, but when you start getting to the point where you're makin' us feel like because we clean your toilet, or we wash your dishes, or we mop your floors, and we're squeezin' out your mop, and we're on our hands and knees because you want us to get in the crevices. [inaudible] remind you, we don't have to do that, but because when you're tryin' to give your client the best care, some things you go a little bit beyond the duty, and when they see that you're doin' that, they'll take advantage. I've had a client that really took advantage of the fact that she thought I was her maid. She would call her sister, "Okay. Let me call you back. My maid is here." And I'm sittin' here like, I'm not your maid. And I had to address her, like, okay. Not your maid. I'm your homecare provider. And she looked at me up and down with this look. I could tell she probably was thinkin' otherwise, but yeah, those times when it gets derogatory. We get called maids and toilet washers, and you know, [laughs] you can't—they don't think you have [45.26] other aspects and aspirations in life but to clean their house. And you get one or two, but most of the time your clients are in need of those services, and they are appreciative of it. But yes, I have encountered that one that wanted to feel like, okay, I have someone here, yeah. And it was hurtful. 'Cause I'm like I can get in my car right—I am not a maid. Okay. That's a different hole—and maids get paid more than us [laughs]. Really, they do.

I: Do they really?

P: They do. If you talk about maid services and I kinda researched, they get paid pretty good. They're not, you know, gettin' paid what we get paid. So, if you want me to be the maid, we can change up the price [laughing], but yeah, I've had derogatory terms thrown at me. Yeah. It was hurtful, but it doesn't stop me from doin' what I do. I still love what I do.

I: It sounds like you address it.

P: I do.

I: You're not afraid to address it.

P: Nope.

I: You told her. Did she change her mind?

P: Oh, she didn't. That may be just who she was, and I was like okay. Long as you understand between me and her. She understood between me and her, but I can't change her thought process, and that's fine. I'm gonna come still do my work. I'm still gonna do whatever is naturally for me. I'm a compassionate person, and I can brush it off of my back like, okay. That's fine. I'm gonna still treat you with respect, that's okay [44.11]. And again, you know, she's older, and I'm taught to respect. I'm gonna respect you, but, please, don't address me like that, you know.

I: And if she continues to, you brush it off?

P: I brush it off because I'm there to do a job, and I'm gonna keep doin' my job with my compassion and my care because maybe you want to have that. And in her vision of mind she wanted to have that one day in her life—someone to cook and clean for her just because. But that's okay. That's your fantasy. I'm gonna do my job [laughing]. I'm gonna do my job, and I gonna do it well, and I'm gonna, you know.

I: Can you think of other situations that I haven't mentioned that, you know, regularly or not so regularly, but that characterize the work and the environment? I mean there's the work that you do, but you go, as you said, you go into people's homes, it's an environment, and you've seen a whole range of environments and family members, and so can you think of a story or two that kind of captures just what it's like to work in peoples' homes?

P: You know, bein' a homecare professional—I like to call it—you do get to see a very wide range of different clients and people's personalities and family member personalities, and you go in some homes that are beautiful, and you're like wow. And then you go into some homes that you know you feel like, wow. They are struggling. And these, you know, their environment can be where the house this, you know, it's not very clean, not very sanitized, broken windows, plastered up to the windows. The client's bed is on the floor, you know, the bathroom is not working, and you gotta put yourself in the position to try to clean around certain elements and be around certain elements. Now, you do get the times where you go into a home that's well kept [42.11], and you actually say, do they really need my help? I don't, you know, but at the end of the day when you—as a homecare professional, you don't—you try not to judge the environment. You know, you try to strictly stay into the point of what care am I giving this individual? You know, you can look to your left and look to your right and see certain things, like, okay. This, you know, okay, that. But your focus is, I'm gonna take care of you. What do you need me to do? And I'm here to do that.

I: It strikes me as a huge difference between homecare and institutional care—

P: Mmm hmm.

I: --is that you're in somebody's home and you're alone.

P: Mmm hmm.

I: You don't have a big staff behind you to back you up.

P: Right.

I: But another big difference is a lot of what you talk about is communication-based.

P: Mmm hmm.

I: Just, you know, dealing with all of these situations on your own—

P: Mmm hmm.

I: --through the way in which you communicate with that person.

P: Absolutely.

I: And you have to sort of think about, okay, how am I gonna respond to this? How am I gonna respond to that? You know and developing relationships. It's very different than being in a nursing home for example.

P: It is. Nursing home facility like you said, you do have the staffing behind you, so when you're having a moment you can go to the supervisor and say, look, I don't wanna deal with Miss Jones. Could you send another CNA over there 'cause I'm going to, you know, you're able to let your emotions go. You're able to, you know, take a minute to take a breath [40.51] because maybe a patient has been getting difficult, and maybe they did scratch you or try to bite you or, you know, get a little physical. You, you know, you got that back up. Someone come in and say, okay. But let me—and Miss Jones may not like this person, but they may like the other person. Let's say the person is okay. "You go handle Miss Jones." So, that is—I call it that on-site respite support. For homecare workers, we don't have that. Like if we go in fully aware, takin' full risk, not bein' able to walk away because if we don't finish our day out, you don't get paid. So, we don't have that support system, and this is one of the reasons why I fight so hard tryin' to build this type in particular sector of work up because there is a lot that people don't understand. We are taking risk. We are tired. We are beat down, but we take all this in again, because this is what we do. But we would like that support. We would like to know that we gotta homecare team or staff somewhere sayin', "Hey. What's happening? Give us a call," and you can go to your car. Look, I'm havin' a bad 5 minutes can, you know, can you send somebody to take over the rest of the day? And still be paid. You know, those things—these are the benefits that we don't get. There are no benefits in homecare other than the fact what you create for yourself, and we would like to have that as homecare professionals. It's a job that's part of the healthcare system, and we wanna be referred to as professionals.

I: So, building on that just for a minute before we close this section, you talked about that you've been called all kinds of things—a maid, a toilet washer, all of that—I mean one of the reasons we're doing this is because we understand that our society doesn't place a lot of value on the work that you do.

P: Mmm hmm.

I: Maybe partly because they don't know what you do, so we need to educate people and raise awareness, but you know, the society not placing a value on work, how does that make you feel? I mean—and we're gonna now segue after K is done here, into sort of the bigger social picture here. But you know, just when somebody says, "H, what do you do for a living? What kinda work do you do?" You know, how do you respond, and how do you feel about that? Do you worry about them passing judgment on—

P: On me? You know, I'm always happy to say I'm a homecare provider or a homecare professional [38.18]. I know there's some people going, "Oh, okay." You know, they look at it like, wow, and then you have the one that, "Oh. So, you wash toilets, huh?" Or, "You wipe behinds for a livin'." And I'm like, yeah. That's what I do. You know, for me I get a joy of doing it, but the disrespect I don't take to kindly to that. So, I have to breakdown when so and so, "Oh, you wipe butts for a livin'." I'm like yeah, because one day someone may have to wipe mine, so you know, nurses do it, CNAs do it. They just do it in the hospital environment. It's not that much of a difference between what I do with a CNA, and what I do because when you talk about hospital environment, because now it's pretty. You know what I'm saying? You're in a hospital, so you can say, "Well, I'm a CNA." Now don't get me wrong. I'm not snarling down on it because the same things that I do inside of a person's home you're doin' it in a hospital setting where the difference is you're being paid better, and you have a better setting, and it looks pretty. You wipin' somebody's butt looks pretty. Me wipin' somebody's butt

looks ugly because, guess what, I'm not considered a healthcare professional because I'm not in a hospital or I'm not in the clinic or I'm not in a facility. So, I have to really start to break it down when people start to try to diminish what I do. Like I do what I do, and it's rewarding for me, and it's a job, and I love it. Someone's being cared for, and when I care for them they gettin' the very best of my care. So, if you take me out of a private home, I'm no longer a butt wiper? So, now I get the respect because, "Oh, you work in a hospital? What you do [inaudible]? Oh, okay." So, if I tell you I'm a homecare worker—what do you do? I work—I do private duty. I work through the state. "Oh, oh. Okay. Yeah. So, why would you do somethin' like that?" Same reason why a nurse do what she do. Same reason why a CNA does what she does. The same reason why everybody who's being respected on their titles do what they do. My title's just as respected because without me being a homecare professional, how many people might not be able to stay in their homes? So, after all—I mean I go down the list of things and explain, and I hate doing that 'cause I don't think I should (have to). It's a job. It is not a well-paying job; it's not a respected job, and we are definitely not given the dignity. So, you know, it bothers me when people say, "Oh. Oh, that's what you do." And I'm thinkin', yeah, okay. Since I'm not in the hospital I guess I'm just a slob, you know. So, I break it down for 'em. When I'm done with explainin' what I do, and I compare it to the same as like—just the same thing as a CNA, same thing as a direct-care worker. We all the same. We do the same job [35.38]. Some, you know, they just have better benefits than us, that's all [laughing]. And I will tell them, they just have better benefits. We don't get the luxuries.

I: We're gonna take a short break, and then I want to talk more about that.

P: Okay. All right.

I: We all right?

I2: Yeah.

P: Ooh boy, I got my rooster goin'.

I: Yeah!

P: And that's what happens. It's like the people do that. They do ask the question. Like I've had people tell, "Okay. Why you doin' that? I know you, and I know—" I'm okay. And I tell people this, honestly. There is other things I could be doin', like literally. If you see my portfolio, you'd be like, "Girl. What is wrong with you? You've got all [laughing] this?" But in my heart, it's like—as I said earlier, I tried walkin' away. Like, oh, okay, you know, I'm licensed to work as a pharmacy tech—licensed, okay. I could go today and say, okay, here's my license. Here's my certifications, here's my trainings, and be hired. And I had that happen, and the disrespect I got on that job I'm like mmp mmm, mmp mmm. 'Cause what you ain't going to see, it's a difference. What I learned was when I miss out of a person's home, they don't know me, you know. And I can understand some of the drawback. I can understand some of the questions, because I'm in somebody's home, and they wanna know, "Okay. Who is you?" And you know, let's get to know each other, and once we get to know each other that shield comes down, and then we start to respect each other. So, now we have to build this respect 'cause I don't know you, you don't know me. And that's fine. I can deal with that, but when I'm on a job [33.58] that's supposed to be considered professional and you're talkin' to me like, like you could get away with it, and you think I'm supposed to take it, then you threaten me with, "Oh, you know, if you don't do this I can fire you in a 120 days." No, you won't, 'cause I could walk away today! And I had that happen, and I'm like oh, hmm. See you don't know me [laughs].

I: As a pharmacy tech you had that happen?

P: As a pharmacy tech. I walked away from a job that was paying literally \$19 an hour, and I know it sounds crazy, but it's true. I could not take the disrespect. Like you're not gonna talk to me (like that). You're not gonna scream at me. You're not gonna make me feel like because you holdin' this money over my head,

and this is the part of war that people don't talk about when it comes to these jobs 'cause there's a lot that go on with that. I sat there for maybe like a month. I said, okay, I'm gonna give it a month 'cause I know me as a person. I don't take kindly to disrespect. Now, maybe this person thought that they could say little things, and I would be okay with it, but I'm watchin' the whole environment. It just wasn't me. I'm watchin' other works and they are literally like thieves. This particular person was talkin' real mad. Disrespect to each one of these workers, even the pharmacist, and I'm like, oh, no. I can't do this because I know me. I'll snap off, and then I got a record, and I don't need that. You know, so I after that month and this incident happened with the pharmacist. I asked a question, and he started screamin' at me. "Aaaaah." In front of the customers, and I'm like [laughs]. So, I'm lookin' at him. I said, okay, you don't have to take me to A. I just need to know about x, y, z. I knew all of that, but he was trying to embarrass me. And I'm like, you know what, I can't do this. Here's your badge [32.12]. I can't 'cause what you won't do is talk to me like that. And he was like, "You sure you wanna walk—" I'm sure. "You gonna walk away from this?" Yes, I am, and I walked out. I left, and I know that sounds like, girl, what's wrong with you because we're fighting to make that kinda money, and you had that kinda money, and you walked away? But it's not just the money. Like I tell people. It's not just the money we're fighting for. We're fighting for dignity and respect. Yes, we wanna be paid for what we do. By all means I would love right now if the Governor of this state said tomorrow, "You know what, I give. We're gonna give everybody a livable wage." I would be like, there we go! And I could continue doin' my—now, I could take care of myself a whole lot better, and I could go out and buy a piece of furniture, and I can go have a meal somewhere, but I'm not there. We're not there yet, but to walk away from that to me I'm just not a person that's gonna take disrespect, and I don't think anybody should. Not on the job I do now as a homecare provider, and not anywhere in this world where you're workin'. No one deserve to be disrespected because you're paying them. You don't pay me to be disrespected, you pay me to do a job. And if I ask you a question, answer the question, give me what I need, and let me finish and be functional. So, I tell people, yeah, I could do a lotta things. I just don't like the way the world thinks some time, and I can't be a part of certain things because you're not gonna disrespect me 'cause I'm too—I'm old school, and number one I've been taught to respect, and I have not never been taught to ever accept disrespect although I've had it happened, and I was able to smooth it out. But there's no way you're gonna deliberately disrespect me, and say, "Oh, I can fire you in a 120 days." No, you can't. You ain't threatening me with that. I've been through a lot in this world [laughs]. Carried a lot, and I do it every day, and I'm gonna continue, so stayin' in homecare because I love what I do, like—it's like mothering, and I love bein' a mom. So, when I think of homecare, this is like mothering all over again. You get to put those skills back and forth 'cause when kids get grown you're like, okay. They're grown, you know, but in this job, you get to feel that nurturing part of you if that's what you are naturally, and you pour it into those patients. I mean I pour it in. I do. I'm like, here you all go. You're all gonna get the best homecare person today. You know, even if I get you just for 2 days, them 2 days gonna be so good [laughing], you know.

I: I want you to be my homecare worker someday.

P: All right. All right, and I'm tellin' ya—and it's reciprocated. It's reciprocated because when you think about what you do for someone, that's like a blessing to them. And I always say, you know, I'm getting older. You know what I'm sayin'? I want to know that maybe one day someone who has my [inaudible] that I have [29.27] when I'm 70 or 80 years old. I don't know about ever not being able to move around 'cause I'm gonna be workin' hard to keep the grass from under my foot, but I wanna be able to have that same thing reciprocated to me. I don't do it because I look for it. I just do it because I want it to come back 'cause genuinely I do it genuinely. I love givin' people good care. I love—I mean when I walked out of that kitchen and it shine, they'd be like, "Oooh girl, you cleaned this kitchen." I'd be like I know, I know. Or you know, if I make their bed, you know, they say I—what really gets me is when I get a kindness—"I've never had someone do what you do." And I'm like, really? But it's homecare. They're like, "Not like the way you do it. You really put some care in it." Like one lady told me she had a girl who came, and she said, "The girl would come in. She just throw the covers across the bed. Wouldn't really make it up [laughs]. She would make my food, and she

would give it to me too hot or she just set it down on my tray and walk away. She was just like a robot. And she would wash my clothes. They would never be fully dry, you know. They would just be washed, and she'd throw 'em in the dryer and take 'em out. They would still be a dampness to it, and she didn't care. She just, you know," and it hurt her feelings to think that someone would come in and treat her that way. She said, "Well, you came I just love what you do. You just make me feel so special." I'm like, oh, thank you, you know. And in my heart, I'm like, that's homecare. When you talk about carin' for someone who can no longer do things for themselves, that's homecare. I don't come in with the idea of, okay, I'm gonna do as little as possible. I'm gonna come in and find—if it's vacuuming, if it's washin' a window ledge—'cause sometimes a person just need to feel valued—that happiness again. You know what I'm saying? They need to feel like—"Well, I used to be able to clean my house and have it to lookin' that way. I can't do that no more." I just—I kinda pick up on certain things maybe what a person's personality is, and I try to tune into that and give them what they used to have. Now, if you a person just don't want me touchin' anything, that's fine. I respect you, but if you allow me to I'm gonna give you home care. I'm gonna give it to you to the fullest, and that's what I do, and I love it when my clients say, you know, "Wow." And they walk in the kitchen and go, "Ooh, girl! That look good. Ooh, that meal was good, girl. You can cook." Oh, I guess I can. You know, I'm not just gonna make a sandwich. I go in there and cut up some vegetables and have that house smellin' like Thanksgivin', and they be like, "Ooh, you in there cookin'." Yes. I am. You gonna eat good today, you know, and I get in my car, like, yeah. That's what I'm talkin' about, and when their family say, you know, "Thank you. Thank you! Because my mom wasn't doin' the stuff she's doin' now. She's sitting up more. She's walkin' around more or she's communicating more. She didn't do that before you got here." And I'm like, wow [26.5]. Thank you. I thought everybody did [laughing] what I did, but everybody don't. So, when you find a homecare worker that's like myself who are truly dedicated homecare workers, there's plenty of us out there that does this. This is why we're fighting because people don't understand the behind the scenes. The behind the scenes is what they need to come and see, and when we do a walk—a day in homecare—you see what we doin' and see how the clients is happy when they can wake up and their house is clean all the way around. Not just the bedroom, not just straightened up, cleaned. That's homecare. The word homecare simply means caring for a person in their home doin' what they can no longer do, and that's what you come in and do. You pick up where they left off at. So, yeah, they was a person who was really super tidy, well, I'm gonna be super tidy like you used to be. If you're a person who was, you know, who had certain way how the house was set up, I'm gonna try to set it up as close as possible because that's what you used to do. So, now, that you can no longer do these things, now I'm here to give you what you can no longer do. That's homecare, and that needs to be respected, and when I talk to, you know, legislative—when I talk to lawmakers, they—"Well, why do you guys want this money for? I mean what did you do to deserve it?" Like, why don't you just come and see what we do on a daily basis? Why don't you hear some of the conversations? Here's some of the things that's being said to us. See the tiredness in my eyes. See that we're out here trying to make ends meet, you know, a penny here or a penny there, or borrowing from someone hoping that you can pay them back. Why don't you come see why we need a livable wage? This is not just homecare. That's anybody. Let's be clear. Homecare is the fight they've had 'cause this is what I do, but we talkin' about a livable wage for everybody. I don't care who you are, what you do, we need to have a livable wage. This country—there should never be a person in United States that's in poverty. Nobody. Not in this country. We're one of the richest countries in the world, and I don't care if I do wipe toilets. Then pay me for it. I'm workin'. I'm not out there smacking—knockin' nobody in the head. I'm not robbin' somebody. I'm not, you know, doin' some God forsaken thing to hurt another person, so I can live. All we askin' for is can we have a livable wage, with benefits, with dignity, with respect. That's it. That is all. We shouldn't have to feel bad for what we do because we wipe a behind or we wash a toilet or be cleanin' tubs and we vacuum and we moppin' and we doin' what they say is maid work. Okay, again, maids make really good money. They make very good livable wages.

I: Talk about the Homecare 15?

P: Fight for 15 is—

I: Fight for 15.

P: Fight for 15 is the livable wage. We figure Fight for 15 and a union. We talk about \$15 an hour. That's like a livable wage that allows you to be able to pay some bills, pay your rent, buy groceries, take yourself out if you need to. It's a livable wage. When you add the union to it [23.57] for jobs that are just at-will jobs, you may make \$15 an hour. A person may make \$20 an hour, but if you are at-will, and you go in there and you're workin', that job—you could lose it the next day. You can lose it in a month. You can lose it in a year. You can lose it in 2 years because you're not unionized. You're not protected, so if someone decide, you know, I wanna hire my niece, but I don't like H. Never liked her, so let me build somethin' up on her. Let me get her out the door. I don't have nothin' protectin' me from that job, but if I'm bein' harassed on that job, there's no union that's gonna represent me and say, "Hey, look, you know." So, and so and so and so have been harassin' me, and they feel like, well, you at will. "Okay, well, you know, you all gotta work it out, and I look up and—

I: Define at will for me?

P: At-will is a job that you take that is not—they just have they no longer need your services. You can lose that job. So, at-will is you're takin' with no protection. I can hire you and fire at-will, you know. If I hire you today and I don't like you tomorrow, you're out the door.

I: So, the fight involves \$15 an hour.

P: Mmm hmm.

I: And unionization.

P: Our right to unionize, yup.

I: And you're right to unionize.

P: Mmm hmm.

I: Other things that you're fighting for? What other conditions?

P: Healthcare. We want healthcare. Just respect on the job. You know, when it come to the—just to be respected. We want, you know, the things we're fighting for are just simple things that every other person get, you know, on the job that have unions and, you know, livable wages. We're fighting for the same thing that all the workers have; we're fighting for the same thing—when you talk about healthcare—healthcare professionals have. And there are a lot of unionized professionals in that too. So, you know, when you talk about unionization for homecare workers, we just want to be able to know that if we are having a problem, we have someone that's gonna—to protect us. Like, many times the state social workers will cut your hours based upon what they think your client's capable of doin' [22.0]. Like, if you have a client, and when they get that client there may be issues goin' on with that client, but if they show any improvement, you lose hours. So, if you get 36 hours a month and the social worker come out to that house and you say, okay. I seen 'em pick up a spoon, so now you only get 24 hours a month. We be like wait a minute; hold on. You mean because he picked up a spoon, that shouldn't, you know, cut my hours because of that. Or you might have a social worker who may not like you, and just nitpick with you, cut your hours, stop your check for no reason. Won't tell you, and you gotta wait months before your money is cut back on. We don't have a union person we go to, to say, look. I just got cut. We don't know why. Or they stopped my check, and I don't know why they stopped my check. So, you're callin' this social worker goin' look. Well, what happened? Why'd you stop my check? "Well, this paperwork wasn't done, and this one said on here—" You get all this just slack, and you're sitting there still goin' to work, because you done built this bond, and you're goin' to work, and you're not getting paid. It's not the client's fault.

It's the social worker's fault. And so now you gotta fight for that, and we don't have no one we can go to and say, look, social worker J decided to cut my check, and I don't know why. So, we don't have a union rep and go say, "Miss J, what's the problem? And you gonna put her check on today, and then whatever issue it is you take care of that, but you not gonna stop her pay 'cause she's still gotta go to work every day." So, when you got those workers who does that, those are the things we're fightin' for.

I: So, guaranteed hours?

P: Guaranteed hours, and you know, our money that—the little money we make to stay continuous, you know, it's hard. I've had that happen to me [20.28] when you know, I was expected to get a check, and I'm ready to pay some bills. I'm like check my account and where's my check? I called the social worker, "Oh, the case was closed." For what? "Oh, well you didn't get a letter?" No, I didn't get a letter. "Well, I sent the letter out 3 days ago." Really? Three days before I get paid you send a letter out. You couldn't a told me through the month what was goin' on? We coulda rectified that? So, now I gotta wait for this letter, and I gotta answer these questions, and I gotta try to go to this client and say, okay. This is what she's sayin' you need, but 'til that happens, I don't—we don't get paid. So, now, my lifestyle is on hold. Now, my kids don't eat—at that time they were smaller, and I'm like, oh, my, God.

I: So, living wage isn't just about \$15 an hour because you need \$15 and a certain number of hours.

P: That's right. At least 40 hours. I mean I would say 40 hours a week. There are times when if you makin' a decent pay you can go on part time—32 hours a week. It depends on your lifestyle. I have to keep it—honest, if you have a lifestyle where you have help and you're just part of keepin' that lifestyle goin', that's okay. And it's okay if that's what you do, but we talkin' about people like myself, this is my income—lights, gas have to be paid, phone bills have to be paid, food have to be bought. I do like to get out in the sun and go buy an ice cream cone [laughing], you know. Sometime I do like treatin' myself to a nice dinner, and that's all personal, but in the time, I worked and I wanna be paid so I can live, so I can continue to be happy. We all know when you're working and you're making decent money [18.58], and you have all these benefits that go with it, your lifestyle—you're happier. I want to get in my car and know that I'm makin' enough money where, hey, I'll get my check next week, I can treat myself, or I can go take my mom out to dinner. But it's that lifestyle all comes together when you're not makin' enough money, and you're bein' ridiculed for what you do, and you have to live in poverty when you really shouldn't have to, that is very stressful. So, now you gotta try to build all this back up to go back out and do what you do. Being that I love what I do, I kinda constantly keep a happy spirit, but I'm fightin' on the inside. This is some BS. Like, I really would like to have a livable wage. I would really like to be able look on my card and say, hey, I got my check, and all my bills is paid, and I got this next check that's free to me. I can put some money away. I can't do that doin' what I do. Well, again, I got the opportunities to work in other positions where I could do that, but who wants to go to a job where you're not happy there neither, and I've saw that.

I: So, tell me what the fight is all about. I know you've done a lot of advocacy work.

P: Mmm hmm.

I: What are you doing to change this?

P: Consistently puttin' it out there, lettin' legislatures know the hardships. It's a repetitive thing 'cause when you tell 'em the first time they hear it, they don't hear. But it's repetitive. We gotta constantly—I'm constantly pushin', look! We don't have protection on the job. We're not being paid a livable wage. We're not—there's no dignity here, and even some of them I've caught 'em—even some of ya 'all think what we do is glorified. It's not.

I: So, how do you tell 'em? Usually write letters? You call them?

P: We write letters. We call; we advocate; we rally; we protest. We gonna continue to do so until they hear it because they still have this mindset of what do you guys want? You know, “You’re not doin’—”, and we’ve even been told. “It’s not a real job. Get a job.” We be like, really?

I: You’ve been told that?

P: Oh, yeah. We’ve went to some—where we went to the Washington one, and we was on the doors of—can’t think of the senator’s name. And we were at his door, and his assistant came out said, “Get a real job. Ya all this is not a real job that you do. You’re never gonna get what you’re asking for.” We was like, oh, for real? Well, you’re gonna keep seein’ us too [16.49]. We’ll be back. We’ll be back.

I: And you say we, who’s we?

P: It was homecare workers, fast-food workers, labor workers, airport workers—everybody who was in that realm of not makin’ a livable wage. We were all there together.

I: And tell me about how that’s being organized?

P: That is organized through people like SEIU, United Way, Fight for 15, CWIA. All of us come together collectively, and we sit down, and you know, the founders such as myself, we sit down, we talk about what are we gonna rally about? What message do we wanna get across to these people when we goin’ out to Washington? And then you have your Fight for 15 head person. They talk about their life. They give their stories, and what they’ve experienced on their job as fast-food workers. We talk about airport workers. We get someone who advocate for that. We all come together, and we decide, look. We all have the same issue here. Let’s join together and make our voices heard, so people understand we’re not just doin’ this because we don’t know anything else. We love our jobs. It’s a job. Period point blank, it’s a job, and we should not have to be ridiculed or disrespected because of the choices that we make on what we’re trying to do to help other people.

I: So, tell me about the organization you founded—helped found?

P: Care Workers in Action—I was invited to become one of the founding members through United Way, and what it is is the Domestic Alliance Workers along with SEIU decided, you know what, we gonna give homecare works and childcare workers the opportunity to build this foundation up because they are the [inaudible – 15.15]. You know, in the past we’ve had, you know, we were the voices, now, we’re the founders. So, we’re able to get out and engage the community in a more in-depth way. We don’t have restrictions from, you know, the bigger unions like SEIU because before you had a guide like you had to stay in. You know, so you have to kind of like stay within what SEIU or Domestic Alliance would want you to say and do. We don’t have that restriction anymore, so now we’re able to go out and really give it to ‘em raw. You know, we’re able to take the note—this is, you know, our experiences and founded up and talked to homecare workers and bring them together with childcare workers. So, when you got those two entities together, that’s a bigger voice. So, we’re out there together rallying and protesting and givin’ our stories, people see it ain’t just that they want more money, this is another set of people here, too, with the same issue. And then here’s another set of people here, too, with [laughing] the same issue. There is a problem ‘cause, you know, I’m certain that they probably thought with bein’ a homecare worker we were just tryin’ to git money or with a fast-food worker, you guys just tryin’ to get extra money for what? You don’t do anything. But it ain’t just us. We’re the spear headers. There are other labor workers out here who are not makin’ enough money to take care of their families. Some people say \$9-\$10 an hour is decent pay. It is if you ain’t got no responsibility. Let’s be honest about it. If I was livin’ with someone, and I didn’t have to do anything but go to work, yeah, \$9 an hour would be perfect if all my other needs were met by somebody else. If I’m by myself and I have rent, light, gas, food, clothes, car repair, payin’ my own insurance, you really think \$9 an hour is going to cover that? Even if you’re makin’ 40 hours a week, it’s not. It’s going to cover just that. That is, it, so I make enough money to cover just that. I don’t have a right to want to go on a vacation? I don’t have a right to maybe take myself to a movie? I

don't have a right [13.14] to buy an ice cream cone? I don't have a right to feel secure? So, you say just make enough money to take care of your needs and everything else is on you. I think a livable wage should be for anybody who decides to work. We all—if I become a doctor, I make a livable wage. If I become, you know, a principal, or if I become something of a higher level, they give you livable wage, and that's fine. Definitely not saying that's a bad thing, but my point is this. Why can't a person who just work everyday have a livable wage? You know what I'm sayin'? Why can't I make enough money to take care of my personal needs and have some fun? I'm workin'! I could be doin' a whole—people are out there—you don't understand when you hear about the crime in the city of Detroit, when you hear about crimes in Chicago and California. We have to get into an in-depth look on that. It's not the people just doin' crime because they just criminals, poverty will cause you to do criminal things. That is on the books. If I don't make enough money to feed my family, somebody gettin' knocked in the head, and I don't wanna do it, but I gotta do it because my baby need diapers. You know, my rent is due. Somebody's gonna give me this—I gotta get this \$600. I can't be on the street, and that's because that person may have worked and not makin' a livable wage—I gotta go out there and do some heinous mess? I'm not sayin' I would, but I'm lookin' from the lens of those people that do that. We don't wanna drive people into a criminal act, and if we don't get this war on the wages under control, there's gonna be a lot more criminal activity. And sad as it is, it's gonna come from people who work in fast food. It may even come from people who work in homecare because we cannot live, and we want to do what we wanna do, but we want to be paid for it. And that's just—it's simple as that. So, yes, I'm gonna continue to fight that advocacy. We want a livable wage. That's all we're askin' for is a livable wage. We're not askin' to get rich—livable wage—livable! Means I can pay my bills, I can take my kids to the show today, and not decide, okay, okay. I get this [laughs] \$400 check, rent is due. I gotta call the landlord say, okay. Give me another 30 days or another 15 days so I can get paid again so I can add that to that, and you're paid. And then I gotta figure out, okay, the rest of the month. Like I said, I'm one of those who've been blessed because I've always had support, and I've always had family members that always had my back. So, if I need something—and I have children. They be like, "Momma, you ain't gonna be homeless. You ain't gonna be, you know, you ain't gonna be without—". 'Cause they got my back, but I can say that for me [10.46], but what if I didn't have that support? Who behind my back? So, I gotta speak for people who don't have what I have. May not have children who love them like that, and I've been in homes where, you know, I visit a homecare worker, and I'm like, wow. You know, I complained about my lifestyle, but she really got it bad! So, I have to fight for people like that, and myself because I'm still there too. I'm a day away from bein' on the streets still. Because I have support does not mean that I'm not a day away from sittin' out there on that curb tryin' to figure out what am I gonna do? Yes, my kids'll say, "Momma come," but do I wanna live with my children at 52? No. I do not. I wanna continue supporting myself. I wanna continue fighting for people who are like myself, who wanna continue to say in their own homes because they're able to live there. They're able to pay their bills. We need this livable wage, and we wanna continue to help those stay in their homes, but we need to be paid—we need to be respected, and we need to have all—make them understand—the powers that be that if you don't get this under control, you 're gonna have a bigger problem. A bigger problem's gonna come after that, and we don't need to keep creating problems. There's enough problems in this country. We don't need to keep havin' the war on poverty. That's just somethin' I just feel like—that should not even be a war in America. Like havin' poverty. In America? Never. And I'm serious about this. Should never have poverty in America. Unless a person choose who just don't wanna do anything with your life, and I don't think many people wake up sayin', "You know, I don't wanna do anything with my life." Something happened to get you there, so now we gotta find somethin' to get you from outta there. If you willin' to work, I don't care what kinda job it is, you can walk dogs--\$15 an hour, and some benefits. I'm gonna just walk these dogs 8 hours a day. You got to this person, you walk they dogs. I don't care what job it is—sweep on the street. I know street sweepers back in the day. They had those. They make a livin' wage, so we—but people wanna titlize things, say, "Well, you're doin' that, you don't deserve that." No. If I work, I deserve to be paid a livable wage, period point blank. And I will stand on that, and I will fight for that until they get it right! Livable wage, people! Livable wage! Unions protect me! This country was built on livable wages and unions

[8.38]. How do we think we got as far as we did? If we started this back then, can you imagine what this world would look like in America? So, we used to be a country where everyone was good. Now, we got a country where everybody's in chaos and poverty is one of 'em. Naa. So, yeah.

I: We only have a few minutes left.

P: Sorry.

I: No, no. You're doing great. Did I hear that you were running for Detroit City Council?

P: Yup. I ran in 2017. Of course, I didn't get the seat, but I'll be back in 2021. I think it's 2021. I've got to check that. I think it's 2021 or 2022, but yeah, I'm goin' back, and I'm runnin' back for Detroit City Council District 5. Same idea—fightin' for the city. Same scenario. You gonna do one part, and you not gonna do the other. You gonna give a certain class of people everything they want, and then these people who's been here all this time, you gonna forget about them? Not on my watch you're not. Mmp mmm.

I: And you mentioned you're going to DC next week?

P: Yep, goin' in June. Yep.

I: And who are you meeting with?

P: Actually, I don't have all the details, but Michigan United invited me to come out on the trip next month, so I'll definitely be there. We advocate—I think it's CWA—Care Workers in Action—we're combining that together, and we're showing that—from what I can gather, is basically lobbying against, you know, fighting for the Fight for 15 and the benefits for workers—childcare workers and homecare workers. So, we're comin' together and we're lobbying together, so they'll see that the fight is gettin' bigger. We got more people joinin' us. We don't know who else—hopefully we can become American Workers in Action. I would love, you know, and basically what that would mean is everybody who feel that they need to have a livable wage we all just come together. And this is America we live in. Like for real. This is a country where you livin' in where nobody unless you choose not to, and I don't think that's a very big pile of people, but for all of us who's out here workin' away whatever job we doin'—washing windows, mowin' the lawn, you know, cuttin' hair—whatever that you're doin' that gives you pleasure, and homecare is pleasurable for me. I enjoy [laughs]. Let me keep sayin' this. I enjoy helping other people [6.23]. I enjoy, you know, when I have somebody stay in they home, I enjoy knowin' I brought a person out of sadness into happiness because all they wanted was to feel loved and cared for. I give you that! And some more. What else you need? So, you talk about that that's a job that I feel like—I don't care what it is that you do. Pay everybody who to work a livable wage, period. Let them have a right to form a union if that's what they want to protect what they do, let them do that. This is America. This is what we call the land of the free, the melting pot, the home of the brave. All those good titles you give it, I mean your people here have to fight against you because you feel like, "Oh, I don't wanna give you anything," or, "You don't deserve it." Really? Well, guess what, you're gonna be fightin' us for a long time. We gonna be fightin' you. We gonna fight tooth and nail 'til you say, "Okay. You know, I give up. Ya all numbers are gittin' bigger." And they are, you know, people are comin' together. More Care Workers in Action comin' together. So, hopefully we get a lot more people onboard with this fight because the more you have—the bigger your fight the bigger your voice, you're gonna be heard. People'll hear us, and they gonna be like, "You know what, let's give 'em what they want." 'Cause you know I don't think too many people at the top want to be exposed for what they really are. If you don't want that exposure, then give people what they want. Give the people, not just care workers, not just us, but everybody. I don't care who you are. I have a need, meet my need. I don't care what you do in your backyard, but don't come in mine pullin' up mine—pullin' up my bed, my flowers, and takin' my foods, and takin' my resources and talkin' about, "Oh, you don't deserve this, so I'm gonna take that away." Don't do that.

I: I'm so glad you're in the fight.

P: Thank you.

I: Thank you. Really, thank you.

P: You're welcome.

I: Thank you for doing the homecare work, but also for being such an important voice in the fight.

P: Mmm hmm. Well, as you can see I get emotional, and I get really wound up—

I: I'm so glad you do.

P: 'Cause when I think about it it's like, we have so many people out here sufferin' like we do, and we have people who's workin', and literally workin' legitimately, how can you not see that as noble? You know, if you're a person—and we have five people in the world that hold all the wealth. Five people in the world, and we have over 7 billion people over this planet—in the United—actually, in the country or on the earth, on the planet, and you got five people—five out of billions of people that hold all the wealth. That's like a problem to me [3.47], and I know I can go on and on. I could probably bring it together as to why, but I don't care about you havin' all the wealth. If it's only five, that's fine. But how dare you hold that kinda wealth and dangle poverty on people, and knowin' that you have the—you have the power to make it go away, and you don't. You're sittin' there, you know there are people who are hungry and strugglin', and they're workin' your jobs, and workin' your companies to keep you at the five or that 1% as we call it. We keeping them there, and you can't say thank you?! "Here, sure you can have a livable wage. Why not? The happier you are the richer I am. If that's what it takes, fine." But don't sit there and know that I'm in poverty and try to fight against and make me stay in poverty. That's not right, so yeah, I'm gonna stay in this fight.

I: Good. I'm glad you are, and it's—you chose a nice word. I think it is noble what you're doing.

P: Thank you.

I: And I, for one, am sincerely appreciative.

P: Thank you. Thank you.

I: And, you know, really grateful for you.

P: Thank you. Well, you guys'll see more of me. I'm just tryin' to gear it up. I'm really in the process of tryin' to write some policies and stuff and see how we're goin'. Hopefully, you know, I'm writing one particularly for my dad. When he passed away he worked all his life—good man, good father—and it's dealin' with the reverse mortgage issue, and I think that's somethin' needs to be—really be looked into—that the policy on that needs to change. So, it's called the Slighten Policy, and it's dedicated to my father 'cause when he died he had reverse mortgage on the house. He put the house in Chapter 13 to protect it. A month before he died, it went into effect, but I don't figure like—if he'd been payin' all this time, all these years, and you all say if he had a lived one more month he woulda been able to protect his home. And even if that's the case, the house was paid for, but he took the equity out. That's what a reverse mortgage does.

I: Yeah.

P: If I take the money outta my house, why'd I pay it back? That's my money. Why you tellin' me, "Oh, yeah. We'll give you the equity, but it becomes our property again." I'm like, that's predatorial. You got these people 62 and up livin' in their house and they build all this equity, and you take it, and they say, "Oh, come and live off the money that I've built in my home. Oh, sure, we'll give it to you, but it becomes our property again." Na. So, I'm kinda comin' up with an idea of something to say how to diminish that. That's not good

because when he passed away that was a home that I coulda lived in. Paid for, so when you have family member—I mean there's so much there that I'm fighting for, so much that I wanna see changed before I leave this earth. Like literally.

I: Mmm hmm.

P: And I want my name on it 'cause I believe in—you know, I've been a very, very blessed fortunate person, and I've had hardships, and I've had trials and tribulations, struggles, ups and downs, and I'm like, Lord, the stuff I've been through. If people only knew the fights and struggles I had—I just doin' this, 'cause this keeps me because of what I've experienced on my own. I gotta keep fightin'.

I: Yeah.

P: I'm gonna keep fightin', so that's my story. I'm stickin' to it [laughs].

I: You're makin' the world a better place.

P: Thank you.

I: That's great. I wish I didn't have to stop 'cause I would love to listen to you all afternoon.

P: Ohhh.

I: But I know K has some photos to take.

P: Okay.

I: Get this useless thing outta here. Thankfully this one kept goin'.

P: Yes. See that backup plan.