

**Personal Home Health Care Aides in Michigan, afc2017/018
Damien Sheppard. 7.11.18**

I: Is he going to join us? Is he a PCA?

P: No.

I2: [Laughter].

I: Shoot. So, yeah, we were interviewing a PCA a couple days ago, and it turns out his girlfriend was a PCA, so she did join us and filled out all the paperwork and everything.

P: Oh.

I: It was great. Got two for one.

P: That is really fancy.

I: [Laughs]

I2: I use the recorder on my phone before I write things sometimes.

P: Oh.

I2: Just because it's better to just talk it out and refine it in writing.

P: And then write it?

I2: Yeah.

I: Yeah. I do that too. Okay. Are you on?

I2: I am on now.

I: Okay. Are you ready?

P: Yup.

I: All right. Here we go. So, as I said—well, I didn't say this. The main thing we really want are stories. As we talked about earlier, I think that the stories are going to be far more effective when we're trying to raise public awareness and talk to legislators and everything. So, rather than just itemize what it is you do. Like, I brush his teeth, I take him to the bathroom, you know, we want to hear a little more detail [laughing] than that, and maybe if you can think of some actual times when you've done that for somebody [1.04.49] that stand out in your memory and tell us the story itself. That would be great, and we're going to start with your story, so if you could just let us know when you got into this kind of work, why, how long you've been doing it?

P: Okay. I started just after the first of this year. I had in the past been doing homecare with young adults with—on the autism spectrum, excuse me. So, I'd done that for 5 years, and then I ran into M who mentioned that she needed some help with a few clients. And H, my fiancée, helped with clients she had helped—that needed help because they were a little more specific. They wanted a female staff, but then a gentleman came up who needed men staff, and I stepped into that role, which it was a good thing for me because I was in between contracts at MSU, and it meant that I wasn't really working at the time. So, since January, I go once a week, usually for an hour, or 2 hours, and help this gentleman out.

I: Okay. So, you have the one client.

P: Mmm hmm.

I: And is it similar to the work that you were doing with autism—kids with autism?

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P: The major differences there—we were teaching a lot of life skills. We were still doing a lot of the personal care, but we were teaching life skills [1.02.58], where here I'm doing more personal care because the life skill's already there. That's the big difference.

I: But it sounds like you had a lot of experience providing supports and services for personal care prior to taking on this client that you have now. So, you didn't come in cold without knowing what to do or how to do it?

P: No, no, no, no. I did a lotta one-on-one personal care. A lot of—all the nitty-gritty, all the terrible and all the great things that you can think of.

I: So, tell me a little bit about the nitty-gritty and the terrible and the great—

P: The terrible [laughing], okay.

I: Yes.

P: The worst is probably cleaning up after a bad accident.

I: And by bad accident you mean?

P: Number two [laughing], yeah. Yeah, that's probably the worst, and I had a few clients that had trouble holding, I guess, their bowels and that meant that I'd have to clean 'em up and get 'em in the shower [1.01.47], and get 'em ready to go, which I guess has been helpful here because it doesn't bother me anymore. And that's something that I do pretty regularly with my new job.

I: So, you had to do that with some of the kids with autism.

P: Mmm hmm.

I: And you kind of got used to it. It sounds like it doesn't bother you anymore.

P: Nope, nope. It doesn't bother me anymore.

I: Okay. So, but that was a big thing to get used to?

P: Oh, it was terrible.

I: Tell me about it.

P: Oh, well, you wanna puke [laughing]. There's not much you can do about it because your entire life you've sort of been conditioned to stay away from poop, so when you're sort of immersed in it and you need to clean up, and when there's a lot of volume, just sheer volume of it, that makes you uncomfortable and a little queasy, but after a while you get used to it and it's not so difficult to clean up.

I: So, the person you're taking care of now requires that kind of assistance?

P: From time to time he does, yes.

I: So, that's some of the nitty-gritty and the terrible? Are there other things?

P: Oh, well, you have fun [laughing].

I: Okay. So, tell me about the great stuff.

P: Oh, yeah, like prior to this assignment, when I was working with young adults on the autism spectrum, when you teach 'em something that means it's something less that you have to do, and that's exciting. So, if I could teach somebody to vacuum, that's a great achievement. That also meant that I didn't have to vacuum that morning [laughing] 'cause they were vacuuming, but it also felt good [59.56]. Here we are—there are a few

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life skills that I'm working on with the gentleman that I'm working with, and that's mainly a little bit of bathing, and undressing by himself. He does have some disabilities that came on from a stroke that make it a little bit difficult, but I'm patient with it, and hopefully, he'll be able to do more of the stuff on his own.

I: So, he's still rehabilitating. He's still learning how to regain some of his skills?

P: Yeah. And I'm no occupational therapist, but I can be patient, and you know, come up with 30 different ways to skin a cat, and hopefully, one of those ways will work out for him.

I: So, what's a really great story about this gentleman you're taking care of?

P: We're still—it's only 6 months in, so we're still working on those two goals, but a good story is—a good day will be—actually do you need a specific story or just general?

I: Yeah. What's a—if you can think of day that you had with him that stands out in your mind?

P: Probably the best day was—that I can think of a good story [58.29], is very prone to falling, and I try to help him in and out of his chair, but one day he slipped, but he slipped into his chair, and he was able to right himself in his chair. So, he was able to use his arms to pick himself up, and right himself in his chair so we didn't have to pick him up off the floor. We didn't have to, you know, call 911 or anything like that 'cause every time he falls we need to call 911. So, one day—he's never fallen on me, but one day he did slip, and he slipped into his chair. Thank goodness, and instead of me having to pick him up, he just picked himself up and we rolled on out of there.

I: So, when that happens—you said thank goodness, you know, it hasn't happened to you. You worry about things like that? You worry about something happening?

P: Oh, all the time.

I: Really?

P: Yeah, yeah.

I: Can you talk about that for a minute?

P: Well, in the home setting you don't have a lot of resources, so you don't have a lot of extra hands, you may not have a lift, you may not have the training and the background that you really need in order to help somebody through a situation like that, and without that it makes the idea of a fall or slip very, very frightening. You have something where you have somebody who has lost feeling in their feet, and they get an abrasion or something on their foot and it becomes infected [56.44]. Those things are very frightening mainly because I just don't have the resources in order to address those issues directly outside of some Band-Aids and a lot of Neosporin. So, that's what's really frightening about my job. That's what worries me.

I: You're not going through an agency?

P: No.

I: You're working with M, right.

P: Yes.

I: So, it's not like you even have an agency supervisor or RN that you can call?

P: No.

I: So, if something like that happens you call M or you call 911?

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P: Yeah. We would call 911.

I: You go straight to 911?

P: Yeah.

I: Have you ever had a situation where you didn't feel like you could handle it and it was kind of scary?

P: No. Thankfully, no [55.47].

I: Not yet.

P: Yeah. I've just been very proactive and really, really try to make sure that you're safe and you're cognizant of what's going on so that things like that don't happen.

I: So, a lot of prevention?

P: Oh, yes. Prevention is key.

I: Do you ever worry about injuring yourself?

P: Thankfully, no. He's a bigger gentleman, but he's very small now, so I wear sandals, like heavy-duty sandals in the shower, which is—that's probably the only risk to me is slipping—if he fell and I slipped, but no, not too much.

I: So, I find it interesting that a number of the PCAs we've been interviewing they'll say, "You know, I help with the bathing. I help shower 'em," as if it was nothing, you know, it just comes with the territory and you take it for granted. That's a part of the job, but it doesn't really describe exactly [laughing] what it is you're doing. If you could walk us through—for example, you know, when somebody—you take somebody to the bathroom, it sounds so benign, but it's a whole different story when you say, yeah, they've just been incontinent, or you know, the floor is wet, or this is how I have to maneuver 'em in the shower. It's a lot more complicated than you make it out to be I think.

P: Yeah. I think that it becomes a little routine after a while because you're doing it, you know, so frequently. So, you know, if you ask an Indy-car driver, you know, [spoken with eager excitement] "What's it like to drive around the track?" And he's like, "I don't know. I make a right turn, then I make a left turn, I hit the brake," and so if you want to get that excitement out of that person, it might be difficult to dig that up, and after a while, you know, cleaning up a client, I should say, after they've had an accident even though it might be laborious it does get sort of routine. I mean I put my gloves on. I make sure that I wash myself up pretty clean after I'm done, but I guess like others have said, it does become a little routine, you know. I'm trying to think of a way to describe it. I hold my breath [laughing]. I try not to gag [52.52], and to clean him up, and the most important thing of that is you also have to be respectful 'cause that person needs to maintain a level of dignity, and if you're back there choking or you're not being gentle, and you're just sort of skirting around the mess, I think that that adds a level of complication that it really can drive a wedge into the client and they hate it.

I: So, to use your Indy example, which was a good one—

P: [Laughter].

I: --how do I get that Indy driver to, you know, express excitement and tell stories about like the coolest thing that every happened, or the most exciting, or the scariest?

P: I think probably it just takes a little bit of time because they—hmm—yeah, it probably just takes a little bit of talking to because they're so used to seeing things just zoom by and sort of reacting after it becomes commonplace.

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I: So, what's the coolest thing that's happened so far with you?

P: With my new client?

I: Your gentleman.

P: Umm, hmm. Probably getting him to talk.

I2: Can you tell me something that you've learned from one of your clients that like, you know, kind of shook you. One thing is that a lotta of people are just like libraries I think, and it's amazing like perspective and stuff you can have from a lot of people we're hearing from sometimes.

P: Oh. I learned the—I guess one of the interesting things is I learned that they used to camp a lot, and we camp. Well, there's a bunch of camping gear back there [laughing]. Yeah, that they used to be campers, and that led me to believe that, you know, at one time they were just a young couple like we are now. You know, and they were doing the same things that we are, you know, goin' to work, you know, strugglin' to get everything together so the bills are paid, and the grass is cut, and still trying to enjoy themselves. And when I heard those stories from the wife, who's usually there with me, and the husband who doesn't hear very, very well, but now he talks to me [49.53]. When I heard those stories, that was really quite impressive.

I2: So, that amount of relatability kind of made it that, you know, you were like, oh, yeah, this person was just like me. And maybe when you're caring for someone for a long time, those connection form. I'm just asking. That story or that relatability of camping kind of made you realize that they're just, you know, an older version of you maybe?

P: Yeah. Yeah. It made me more patient because it—

I: In what way?

P: Well, I'll be there soon, and I want somebody just as patient as I can be to take care of me. You know, it won't be long, you know [laughing]. Yeah. Somebody patient and kind and gentle because that's just a fact of life, you know, aging.

I: So, you said his wife is still living.

P: Mmm hmm.

I: Do you care for her at all? Provide any services?

P: Nope. She usually just hangs out, and I give her a break.

I: So, you're providing respite for her?

P: Yeah. Yeah. Respite, yup.

I: Anybody else in the house?

P: Nope. It's just the two of 'em.

I: Okay. Any kids?

P: They have kids that come visit, so occasionally I come by and there'll be a kid there. Sometimes they'll be upstairs, sometimes they'll be hanging out on the front porch, but when I do the care, the child takes off. Like either goes upstairs or goes outside 'cause it's a strange situation because the aunts live next door. The young lady—or the lady that M takes care of is the aunt [47.55]. So, they're all sisters. So, she'll go over to her aunt's house.

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I: The wife's sister?

P: Yeah.

I: Lives next door? So, this is your first PCA client, working with an elderly person versus kids.

P: Mmm hmm.

I: What do you think?

P: I like it. It's a little bit different because—I don't want to say that—there's a different—like you interact a little bit differently with elders than I do with young adult with autism. I have to—you can't—you've gotta be very careful that you don't patronize an elderly person, and you know, talk baby talk to 'em and talk slow to them. You know, or yell 'cause they don't hear so well. I think that's [46.48]—those are the big quandaries that I would face as a PCA—personal-care assistant. Yeah. But other than that, yeah, I like it. It's pretty easy. It makes me feel good, too. You know, it's a, yeah.

I: I was just gonna ask, what is it that you like about it? It makes you feel good.

P: Yeah.

I: In what way?

P: Umm, doing it sometimes is hard especially some of the wound care that I need to do. The wound care can be very difficult, but afterwards I always feel better coming back home. Yeah.

I: In what way?

P: Hmm. I don't know how to quantify it other than [pause]—let me think. I think that I'm more relaxed afterwards. Things I think about are a little more in perspective because my work is very intense to say the least.

I: As a PCA?

P: No, as a lab—

I: We should say that you have another job.

P: Yeah.

I: Working as lab manager in a biochem lab or plant biology lab.

P: Yeah.

I: That's intense?

P: Oh, yeah. That's—and things are very myopic there.

I: Okay

P: And when I come back I feel like I've seen a little bit more of the world, and it puts things into focus, so [44.51].

I: When you come back from being with your—

P: PC—

I: --gentleman?

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P: --yeah. It's helpful.

I: It gives you a different perspective than the lab?

P: Yeah. Yeah. Yeah. He, yeah.

I: So, you plan to keep doing this?

P: Oh, yeah, yup. Yup. Yeah. As long as it continues to work out as far as schedules and good fit and the little things that go together to make it, I guess, a pleasurable experience for the client.

I: So, given the fact that you do have another job with a lab at MSU—I would think one advantage of PCA work is that you can work around your other job. You know, the hours are a little flexible.

P: Yeah.

I: It's not like you have to report, you know, to a store with a boss or [inaudible]?

P: Yeah.

I: So, that's an advantage?

P: Yeah. That's—that's one of the prime reasons for doing it is the flexibility, so the benefits may be more emotional [laughing], but the actual flexibility makes it really, really easy to work with. So, this week I had to reschedule to Thursday, and that was easy enough to do. Just called and rescheduled [43.15].

I: May I ask how much you make an hour?

P: Twenty-five dollars an hour, which—

I: You know, you're on the high end.

P: Yeah. I was about to say, which—I was about to say, which is on the—

I: The high end.

P: Yeah.

I: Partly because you're not going through an agency.

P: Yeah.

I: And partly 'cause you're working with M, who's a good employer.

P: Yeah.

I: But you don't have that many hours either.

P: No, no, no.

I: So, even with the higher wages you probably wouldn't be able to make it—

P: Oh, no. I couldn't—

I: --on your PCA work alone?

P: No. It would be really difficult. I'd have to find somebody else and work with them full time, but then the rate would go down, certainly [42.28].

I: Through an agency or something?

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P: Yeah.

I: Right. So, we're going to take a slight pause here.

P: Oh, okay.

I: We can keep talking, but he's going to change batteries. I think that's what he does.

I2: Yup.

I: Yeah. M and He are terrific—

P: Yeah. Yeah.

I: --neighbors and they say the same about you.

P: [Laughing] yeah. We really like—we really like He. He is—yeah, she's just grown on us. Yeah.

I: Yeah. She's pretty incredible.

P: Yeah.

I2: You really hit the nail on the head with the thing about the driver [41.43] because that's [laughing] exactly what we're trying to do. You know, because—

I: No. Go ahead.

I2: I was just gonna say that a lot of things become routine after a while and, you know, you're a bicyclist, and right? These are your bicycles?

P: Yeah. Yeah. I've got more in the basement and one in the attic [laughs].

I2: I have like five bicycles.

P: You have five, okay.

I2: And there's this blog about this bicyclist, and he talks about how when you're a kid life is really slow, and as you're growing up it really starts to speed up because we have routines and all this stuff. We talk about this stuff, and our brains love coming up with systems for everything that we're doing, and so yeah, it's human nature. He bikes and goes to new places all the time because he's always taking in the world anew, and he's never—doesn't let himself get into routines, so his life is really slow, and he's always just thinking of it, and there's a lot [inaudible] perspective, but I bring that up because those routines make it so that we're just kinda like tunnel-visioning through life [40.27].

P: Yeah.

I2: And when we're tunnel-visioning, not that you're doing that, but like when you're in your job there's many things you're just kind of doing, but for the outsider it's really interesting to hear some of that mundane. So, that's why we're like probing and asking about, like stories and little glimpses of it and so on and so forth.

I: Yeah. I think we're trying to let the public know what it is you do, and it's not enough to—I mean just to say, well, he helps bathe some people. He goes into peoples' homes and he helps bathe them, doesn't even begin to describe or explain what that really means. The reality of giving somebody a bath who's maybe bigger than you are or, you know, on a slippery floor or half of their body is paralyzed. It doesn't even begin to convey what you actually experience.

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I2: We were interviewing a PCA and she's like, "You know, when you're caring for someone 24 hours while they're sleeping every 2 hours, you have to go move them," and you know it's not obvious to everyone that you have to interrupt their sleeping schedule to be able to care for someone at night. So, stuff like that [39.13].

P: Wow.

I2: Ready whenever you are.

I: Okay.

P: That sounds pretty rough.

I: [Laughs] well, even the wound care. You were talking about wound care, you know, if you weren't giving him wound care, what could happen?

P: Oh, yeah. He would—it can be pretty bad sometimes, so he would probably love an extremity without wound care.

I: Is he diabetic?

P: No, he's not, but he's lost a lot of feeling in his extremities, so it would just—the infection—it would become infected, and yeah.

I: So, even that, the care that you're giving makes all the difference between everything going south and him being able to maintain his extremities and his independence as much as possible [38.17].

P: Yeah. Yeah.

I: So, now I'd like to switch a little and just get at some of those stories. Throw a couple of scenarios out at you, and you know, you may not have experienced some of these things because you've only been doing it for 6 months, and you only have the one client. So, maybe you don't have a ton of experiences, but I think you can speak to personal care work in general just because of your history with the kids, with autism. And that was homecare too?

P: Mmm hmm. Yup. That was homecare.

I: So, you were going into people's homes?

P: Yeah.

I: And I think there are some big differences between homecare and institutional care?

P: Oh, yes [laughing].

I: That was a pretty emphatic yes.

P: Oh, yeah! Oh, my, goodness.

I: Tell me.

P: It's the resources. You just—with homecare—I mean you're able to give the client a lot of—much more independence, which is really important, and I think we as a society have valued that independence over the institution, which takes a lot of that independence away, but the institution just offers you so many more resources. So, you have an RN on staff on call. You have a physician on call. You have all those things that help you [36.47] get through the sticky situations. Where with homecare you gotta improvise a lotta times. You need to be the nurse and the doctor, and the floor manager. You gotta figure all that stuff out as you go, and that can be difficult. I mean the background that most of us have makes that difficult to effectively sort of

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navigate through some of the more intense scenarios, or even some of the more subtle scenarios, which can be the worst.

I: Can you give me an example? Can you think of a situation?

P: I would say an example, not that it has actually happened to me, but the dangers of wounds where you might have a small wound that if it's not taken care of might fester into something where an infection could set in. Yeah. I don't personally have an, but the fear of that is ever present with me.

I: Have you had specialized training?

P: I've had—because I've worked the residential setting, I have CPR and first aid trainings, and then I've also had some like recipient rights training also [34.59].

I: Okay. But in terms of how to provide personal care assistance, the ADLs, you know, the bathing, the transferring, all of that, have you had any specialized training in any of that?

P: Nope. Just sort of learn as I go.

I: And how do you feel about training? Is that something that would have been helpful or still would be helpful?

P: Umm now I feel really comfortable with the needs of my job. When I first started, I had the wife sort of run me through the showering and the care, and things like that. But I do think that some more training would have been helpful.

I: You've mentioned wound care a couple of times, and it seems like that's a situation, for example, that makes you a little nervous because you haven't had special training in wound care?

P: No.

I: And you're not a nurse or t-doctor, that kinda thing, so you're put in—it sounds like what you're saying is you're put in situations where you need to make some assessments that you don't necessarily have the training for?

P: Yeah. Yeah. And I mean to be honest with you they've been trying to get into the wound center for the last 3 months, so [laughing] I mean—

I: Your client has been?

P: --yeah. You know, so they call, and they say, "Oh, no. Everything's okay." And well, how do you make that assessment [33.17] over the phone? You know, yeah, that frightens me. I wish I had more training. I don't know where or how [yawning], excuse me.

I: You've had a long day?

P: Yeah. It happens [laughs].

I: He doesn't have dementia, does he?

P: Nope. Nope. He's sharp as a tack.

I: So, that's a whole other issue – dementia - that you haven't yet dealt with?

P: Yeah. No. I probably wouldn't take on a client with dementia. I'm too sensitive.

I: In what why? What do you mean by that?

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P: Umm I think that it's hard to—it would be hard for me to maintain a lot of [pause]—I would feel bad at the end of day if I got yelled at or, you know, on the worst cases, [yawning] excuse me, where they could be aggressive I'm just—I'm too sensitive [laughing]. Yeah.

I: Take it too personally?

P: Yeah. I take it too personally.

I2: Quick question, so it's really interesting that you bring that up because we're talking about skills earlier and how you got used to doing certain levels of care and then talk about the physical ability of making sure someone doesn't fall. But often the idea of things like logical impact kinda falls through, so can you talk a little bit more about that component? How do you evaluate psychological impact of this job?

P: Hmm [pause]. Do you mean like on me after hours?

I2: One second. I have to change the card, so one second. Just hold that thought right there.

I: It'll give you a chance to think about his question.

P: Yeah.

I2: This is the first client this has happened [31.11]. Okay. Sorry about that.

P: No. You're fine.

I: Don't—and you can draw on the experiences you've had with the kids, too.

P: Okay.

I: Because in some way the work is similar.

P: Yeah. It is actually very similar.

I: And some of the situations that a number of PCAs have encountered you may not have encountered with the current client, but you may have encountered with the kids. And you're not doing work with the kids anymore?

P: No. It—I may go back, actually.

I2: Sorry about this. Just one second.

I: That's all right. But you stopped going there because it was?

P: Well, I was working at MSU full time, and then I was working like homecare, like 30 some hours a week, and it just wore me out. So.

I: Too much.

P: Yeah. It was too much, and yeah, it was too much, but I'm feeling a little better lately, so I'm thinking about going back for maybe like 2 nights a week. I did overnights towards the end, which was really nice.

I: You like that?

P: Oh, yeah.

I: What is it that you like about it?

P: Overnights was a party [29.47].

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I: Really? In what way?

P: Oh, yeah.

I2: I'm back on.

I: Okay. In what way?

P: Overnights were great. We did a—I hung out with these three rowdy boys. I called it the animal house, and I would bring 'em pizzas and we would watch movies. We watched like a lot of cartoons over and over again, and then we would just sit up until like midnight watching *Fantasia* or *Finding Dory*, and then they would go to bed. I would go to bed. We'd wake up in the morning, do some chores, eat some breakfast, and that was it. That was my shift.

I: Not a bad gig.

P: No, no. Not at all. No, no. It just meant that I didn't get a lotta good sleep on Friday night or Saturday night, and it wore me out after a while [28.56].

I: So, to K's question, the work that—even with the kids, but also with this gentleman, it takes a physical toll.

P: Yeah. Oh, yeah.

I: But it also takes some work mentally/emotionally, right.

P: Emotional. Yeah. I mean I don't know how I would deal with losing a client or—because you become very attached to them, and I think that's the hardest psychological part of it would be becoming attached to them, especially in my experiences where I have sort of low-impact clients who aren't so demanding as far as mental energy. They're pretty easy going, pretty laid back. The gentleman that I work with now is great. The kids that I worked with are great, you know. So, I think that that would be the hardest thing would be to lose, to lose a client.

I: Have you ever worked with, the kids included, have you ever worked with a really difficult client?

P: Yeah. And like I said, I was too sensitive.

I: Can you tell us about that one?

P: Oh, yeah. He was not happy, and he beat me up a few times, and—

I: You mean literally?

P: He punched me a few times, and then hit me with a broomstick, and this is the second computer that I've gotten. The first one got smashed.

I: By your client?

P: Yeah. It was rough. Yeah. So.

I: What happened with that case?

P: I moved on [laughs] [26.56].

I: You told somebody I'm not doing this anymore?

P: Yeah. I'm not doin' this anymore. You know, it wasn't worth \$10 bucks an hour. That's what I was making then.

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I: So, you were making \$10 an hour.

P: Yeah. Ten bucks an hour, so when I finished I was making \$11, and I'll probably go back and make \$11.

I: After 5 years?

P: Yeah. After 5 years. A lot of people live off of that though. A lot of my coworkers lived off of that, and like I said I was fortunate. I was poor for a long time, and I learned how to live cheaply.

I: So, I'm going to ask you about the fact that you are a man, and you started out this whole session by saying that you met, M, your fiancée, her name again? H?

P: H, yup.

I: H was working with some of the clients that M has, but then this guy came along, and he didn't want a woman.

P: Oh, no. He—I think he was fine with a woman, but [25.52]—

I: He was fine.

P: --but some of M's clients, the female clients didn't want a man.

I: Oh, they didn't want a man.

P: Yeah.

I: Okay.

P: And I was just like, eh, whatever. You know, I mean [laughing]. If you wanna shower, I'll give you a shower. If you wanna be a man or a woman, you know.

I: It doesn't matter?

P: It doesn't matter to me, yeah.

I: But it might matter to them?

P: Yeah. Yeah. Yes, so it mattered to—

I: You know, there's actually a really big demand for male PCAs just like male RNs.

P: Oh. I didn't—

I: Yeah. For a lot of reasons. I mean importantly because generally speaking, men are able to do the heavier lifting.

P: Oh.

I: And transferring, you know, which is kind a tough on some of the women that are smaller, and they have big clients. But a story that we consistently get over and over is that it also helps with women getting—having some of their clients be sexually inappropriate.

P: Oh. Yeah. I could see that.

I: You haven't had that experience or really heard stories about that at all?

P: No, no [24.36].

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I: Do you bring a different perspective?

P: I had a—sorry, sorry, I had a, yeah. I had a gentleman that I worked with that he was fine with me, but he was naughty. We, yeah, he was naughty. But he—

I: In what way?

P: This was a young adult, one with the autism spectrum, and he was very inappropriate. I'm sorry.

I: With you?

P: No, no, not with me, with the female staff.

I: With the women.

P: But I could sort of look at him and tell him to knock it off, and he would knock it off, but yeah, he was—this is a direct quote from his [23.59] dad. "He's a little bit of a perve," so [laughing].

I: From his dad no less.

P: From his dad. That was his dad, yeah.

I: Do you think that there are other—that you bring a different perspective to this line of work because you are male?

P: I don't know. That's a good question. I think it's the same. I really do. I mean on the surface I could say, yeah, I bring a different perspective because my experiences, because I've done this and this, and because I'm this way or that way, but I think in the end it's the same. If you treat people with respect, if you're patient with them, if you work hard, it runs into the same pool whether you're male or female or whatever. If you can really keep those things—and have a good time at work, you know, if you keep those things together your origin I think becomes less important. Now, that doesn't undermine anyone's experiences or undermine anyone's—what anyone is gonna bring to their workplace, but I really do think it's the same now. The further I get on in this journey the more I'm assured that if you treat people with respect, and you have fun at work, and you're patient, yeah.

I: It doesn't matter if you're a man or a woman?

P: It doesn't matter if you're a man or a woman, yup.

I: If you bring those characteristics to it?

P: Yeah, and those are hard. When you're struggling to make the bills, and you're working crappy hours [21.56], when you're wipin' butts, and you get poop on your favorite shirt, and you're supposed to go out, and you're late because the client just pooped, and when all those things come together, it's hard to keep that in perspective.

I: But that still clearly has happened to you. You're describing—

P: Oh, yeah! All the time! [Laughter]

I: And yet you stick with it?

P: Yeah. Yeah. Yeah. Yeah. It's work. It's honest work, you know. There's something to be said about that.

I: It's honest work, plus as you said, have fun with it.

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P: Yeah. Yeah. Yeah.

I: So, the positive must outweigh the negative—

P: The negative, yeah. It does [21.13].

I: So, what other characteristics does a PCA need to have? Patience.

P: Yeah.

I: Respect.

P: I think patience and respect are the big ones because things aren't always gonna go to plan, you know I mean, things will never go according to plan. They're always gonna change, and that's not just something that's unique to being a PCA. I mean I think that that's just life in general, but it can be really hard at work, you know. It's just something that happens, you know. Things just don't go to plan, and if you're busy making plans, new shit's gonna happen all the time [laughing], you know.

I: And is that something you actually like about it?

P: Yeah. I sort of like the fact that it—I don't know what's gonna happen, you know, it's a little bit chaotic.

I: I mean it's very different than being in a plant biology lab where you can control all of the variables and—

P: You try to control all the—

I: You try to control—

P: Yeah, and it still ends up the same thing. Oh, my, goodness.

I: You can't really control all the variables in homecare.

P: No. No. No.

I: Every client is different, but even the same client, you must [laughs]—everyday might be different.

P: Yeah. You could have a good day or a bad day, and some days we have bad days, and he's tired. He's got COPD. I think that's the right way, so he coughs a lot. And if he didn't sleep well that night, he might not be able to help me get into his chair or get out of—he's got a little recliner thing that he [19.19] gets in and out of. Then we transfer him into his chair, so yeah, it can be hard to make contingency plans for every single thing that could happen, and so I like, yeah, it's a little chaotic, and you know, it's only an hour and a half, 2 hours. I mean come on, what kinda trouble can you get into, you know [laughing].

I: Well, probably a lot.

P: Yeah. Probably. Yeah. Probably.

I: [Laughs] but one of the things I'm always impressed with is the ability to problem solve, and as you say, improvise and think on your feet. You know, not everybody can do that. Not everybody's that good with just let's go—let's walk into the unknown.

P: [Laughs].

I: See what's happening today.

P: James. T. Kirk, right? Yeah. [laughing].

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I: Yeah. I always think you're probably too young for it, but MacGyver.

P: Oh, I caught the tail end of MacGyver.

I: Yeah. That's what it seems like to me. It's like, okay, this is what's happening today, now how do we deal with it?

P: Yeah. Pull out the old pocket knife and [inaudible], yeah [18.10].

I: Yeah. Unless airport security has taken it.

P: Yeah.

I: [Laughs] so, that's a skill not everybody has.

P: Yeah. Sort of puttin' out fires, I guess. Yeah.

I: Mmm hmm. Managing the unknown.

P: Yeah.

I: One of the things I mentioned before we started is there's this huge critical shortage of direct care workers in Michigan, in the United States. Well, all across the world, actually. But we're gonna need a lot more workers, and so one of the big questions is how are we going to get these workers, recruit them and train them? How do we convince them this is a job worth taking?

P: Hate to say it, but it's the pay. You've gotta increase the pay, and that really needs to come from the state. There needs to be some supplemental increase in pay so that you can regulate it. Without that, it's just not feasible or—it's not even a tenable goal right now to increase the workload by what, 30,000 individuals? Yeah. No. Without help from the state it's just not possible [16.43] because the work is rough, it's really difficult, the pay is relatively low, the training isn't great. Yeah. Without that, it's just not gonna work.

I: Okay. We're going to take another pause. Yeah. That's pretty dismal isn't it?

P: I mean you can't get into a nursing program anywhere 'cause everybody wants to be a nurse [laughs]. You know, nurses get paid well, they get good training. The work is still rough, but their pay is good. The training is good. Now, there are some other factors that I think make nursing—that increase the demand for nursing, but yeah, \$12 an hour, \$13 an hour for this type of work, no.

I: Not gonna cut it?

P: No.

I: You know the average wage is actually \$10?

P: It's \$10? Oh, my, goodness.

I: Yeah. And a lot of people make less than that. A lot of people make just minimum wage.

P: Yeah. No, You—

I: So, your \$25 is an outlier that makes that average [laughs], you know—

P: Yeah. And I mean granted I'm—

I2: I'm ready.

I: Okay.

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P: This is the gig economy, so this is 1040, so at some point I'm going to have to pay taxes, and things like that. So, that does mean a large chunk of that in theory will be taken out from taxes.

I: Right. Yeah. It sounds great if you got to keep the whole amount, but—

P: Yeah, but that's okay. You know, what are ya gonna do [14.30]?

I: That's the way it is here.

P: Yeah. Yup.

I: So, let's shift gears again. We started to get into the big social context, and you know, the shortage of workers, and what can we do about this. So, we need to tap other people who might be willing, like young people, maybe high school students or retirees or people who aren't doing it now. Men. Somehow tap them, and convince them that this work, yeah, it's low-pay, it's hard, it's—you don't get much respect, but it's worth it because?

P: [Pause] it is—I don't know there's something—it's altruistic, you know. And there's something to be said about that.

I: Making a positive difference?

P: Yeah. Yeah.

I: It's meaningful work.

P: Yeah. Yeah. It's not—I mean this is going on record, but I study a protein in a plant that doesn't have any applications towards agriculture or anything. This is just increasing the general knowledge of human beings, and it ain't takin' me anywhere at the end of the day. I don't feel like I've contributed to making anybody's life better at the end of the day [12.50]. I'm not undermining my work, but I'm saying that when I get back from doing homecare I feel like I've contributed to society.

I: And that's important to you?

P: Oh, yeah! Yeah. I gotta sleep at night [laughter]. Yeah.

I: Good for you. So, convince me that the work that you do is important.

P: Well, without me, I mean this guy would have a much lower standard of living. It doesn't take too much time out of my day, but his standard of living is definitely increased. I mean he gets a fresh shower, his wounds are healed or are taken care of, at least for the time being, you know. Yeah. There's something to be said about that. Just increasing somebody's standard of living or, yeah, quality standard.

I: Would—what would happen to him if there weren't people like you?

P: Then his wife would have to go back to doing the home care, and she's in her late 70s, and it's just—it wasn't a tenable situation for her to maintain that for him. She was just getting too old to do it.

I: Would he be able to stay at home?

P: [Sigh] I think for a short while, but not very long, and unfortunately, everything is fine in his mind. And I think it would be a very difficult transition for him to go into an institutional setting just because, you know, he's sharp as a tack [10.41]. He just doesn't hear well, and he's had a stroke, and yeah.

I: So, let's say I'm a legislator, and I don't actually really care if he has to go to a nursing home or not, or if he's got good quality of life, or—what would you say to me?

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P: Mmm. Can we switch spots [laughter]? Yeah. Yeah. I would say it'd be real hard to go through a simple argument alone to convince you otherwise, but to actually do the work for a few weeks, I think that would change your mind. Yeah. There's no other way around it.

I: So, one of the reasons we're trying to put a human face to the work that you do is because we hope that the stories will touch people's hearts, we'll get through to them, will help them see the value of what you're doing. And I'm pounding on my—

P: [Laughter].

I: --sorry about that [laughing].

P: You broke the third wall [laughter].

I: But let's—okay, so let's say the stars are really aligned and we—

P: Sorry. That was a really lame joke [laughing].

I: That was a good one, actually. Okay, so your really sweet stories aren't doin' it for me [as a legislator]. What would work? You know, let's take it from a completely economic standpoint for example.

P: I mean I haven't done any economic studies on it, but we as a society have decided that institutions aren't the most effective way to handle a lot of members of our society, that direct homecare or small setting homecare is a much more effective way to sort of leave people—or not leave people—is a much more effective way to I guess keep people integrated into society and give them a lot of freedom, but still provide the necessary care that they need. So, we've sort of signed that social contract [7.59], and we've decided that that's how we're going to deal with it. So, homecare—it can be expensive. I've gotta believe that it can be very expensive, but how do you put a price on somebody taking care of the lowliest, the most vulnerable people in society, yeah. How does one put a price on that? I don't know.

I: All right. Let's pretend you did convince me that this was important, what should we as a country, what should we do about it? How can we support the direct-care workforce? We mentioned wages.

P: Yeah. Probably some tax benefits, additional educational opportunities, so whether they be at, like sort of community college courses that help homecare workers deal with problems that might arise, some type of certification. I think that those things would really, really help out the—I guess the cost, yeah.

I: So, certification, training.

P: Yeah.

I: Professionalize the whole workforce.

P: Yeah. Professionalize.

I: Do you—one of the things I've started doing more recently is asking a little bit more about yourself. If you're comfortable talking about yourself because to personalize you and find out—Archie Greene would want to know—

P: [Laughter].

I: He would want to know a little more about you, you know, what is your life like as a personal care worker, but clearly that's not the only aspect of your life. There are other aspects of you besides your work as a PCA. Would you like to tell the camera [group laughter] some things about yourself? You know, tell us who you are as a person.

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P: Well, I'm 37 years old. I was a non-traditional student. I went back to school a little bit later.

I: What did you do before you went back to school?

P: Traveled the world.

I: Really?

P: Yeah. I was just [5.11] trying not to graduate [laughs], and I did a lotta traveling, and I did a lot of sitting around and pretending to be in college, and I did enjoy myself though. Those were good times, you know. I should be called Dr. but, eh, what are ya gonna do. I like to garden a lot. Right now, I keep looking at that tomato plant that's not lookin' so healthy.

I: Yeah. It's a little tired.

P: Yeah. It's a little tired. Yeah. It's like I didn't water it today, so but I like to read. Mainly on the internet, yeah. I don't know why books—it's hard for me to sit down and read a book, although I'm reading two right now—sit-down books.

I: What are you reading?

P: I'm reading one about gardening, and then one about the assassination of Abraham Lincoln. I was gonna say [laughing] Martin Luther King. Abraham Lincoln, so.

I: You're a bicyclist?

P: Yes. Yup. I do—I have a bike problem, and I got rid of some, too.

I: I think you two would get along real well.

P: Mmm hmm [laughing].

I: You have a degree.

P: Yup.

I: In?

P: Biochemistry.

I: Biochemistry, from Eastern.

P: Yup.

I: You have a fiancée.

P: Yup.

I: And what do you want to do with the rest of your life?

P: I gotta figure out something career-wise. I need to be honest with ya, I gotta make a little more money [3.29] just so that I can save up for retirement. I'd like to retire at some point in my life before—I would like to retire before 65, but by that I mean like 60 or something like that. You know, and then I could do what I would like to do, whatever that is. I'm not quite sure what that is. So, yeah. I think that's—I just need to find something career-wise that gives me a little more economic freedom at the end of the week.

I: And that wouldn't be PCA work?

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P: Unfortunately, no. It wouldn't even be running a multimillion dollar [laughing] a year PCA firm. You don't make any money in any of this.

I: If you could make a really good living as a PCA, would you stick with it?

P: Probably. Yeah. Yeah.

I: Hmm. Well, before we close, this is your big chance to speak on behalf of all PCAs everywhere and tell the world something about the work that you do. Is there anything you'd like to say to the world?

P: It's meaningful and necessary work because we're all going to need it at some point [1.57]. Yeah. Not to undermine it, because yeah. We need it.

I: Good words to end on. We just plain old need it.

P: We need it [laughs].

I: I want to thank you. I should have done this at the beginning—for having this interview with us. We really appreciate your time, but I also want to thank you for the work that you're doing because we really believe it's important work, and we want to let the rest of the world know how important it is, so thank you for the work that you do.

P: It's no problem.

I: Yeah. So, I'm going to stop there, and let K take over and he's going to take marvelous pictures of you.

P: Oh.

I: And just so you know, once—you know, we told you some of the things we'd like to do with this with the traveling exhibit and all of that. It's going to take us some time to pull all of that together. You know, probably, I don't know, 2 or 3 months anyway.

I2: Yeah.

I: But once we've released the photographs that we want to release as part of those products, then you will be able to get a copy of all of these photographs.

P: Oh.

I: So, you end up with a very nice set of professional photos of yourself.

P: Oh [group laughter]. I would have brushed my teeth [group laughter].

I: You have time if you want.

P: No. I'm just joking.

I2: If you wanna just unclip that thing, and I'll come back and get it later. And maybe we can go to your garden to start off with.

P: Oh.

I: And I'm going to turn these off, and while he is getting—taking care of you out there, I'm going to get your gift card ready.

P: Oh. Well, thank you.