

Testimony to the House Committee on Education and Labor

**Health, Employment, Labor, and Pensions Subcommittee and Higher Education and Workforce
Investment Subcommittee**

“Care for Our Communities: Investing in the Direct Care Workforce”

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Thank you to the Members of the committees for inviting me to speak today. My name is Zulma Torres. I have worked at Cooperative Home Care Associates, a worker-owned licensed home care service agency located in the Bronx, New York for over 23 years and I am a proud member of 1199SEIU United Healthcare Workers East. I am also a wife, the mother of three children, and a grandmother.

In this written testimony, I hope to address the following topics:

- The experience of entering the home care field in terms of the training requirements and what it takes to stay employed.
- The role and responsibilities of being a home health aide and personal care aide and what the work is like- both the challenges and the rewards
- The advantages of being a member of the 1199SEIU labor union and working at the largest worker-owned cooperative in the United States (or this country)
- How everything has changed since the onset of the Covid-19 pandemic, and
- The need for continuous training and support to do the work

I am writing to share my experience as a home care worker working in New York City. There are parts of the work that I treasure that have made me a much better human being. And there are elements of the work that need improvements. I am very honored to have the opportunity to bring my voice to the discussion to support legislation that will make our jobs better and help our union, my company and employers, and training providers be able to provide better services.

Becoming a home health aide.

It was almost 24 years ago when I bumped into my sister-in-law, Beatrice. She was coming from an orientation session for people exploring home care jobs at Cooperative Home Care Associates which was then located in the South Bronx. She suggested that I take a look into the program – maybe it could work for me. I took her advice. I thought about it that day, and the next morning I took the bus over to their office in August of 1997. I didn’t really know what to expect. They took my information at the front desk and told me everything that I needed to bring when I came back for the orientation. The process was very clear and I was clear that if I was able to attend the home health aide training program and learn the skills in class, that I would get a job working as a home health aide. The training was not easy and unfortunately, and while the training program at Cooperative Home Care was free there was no financial support to help with transportation or money for food or childcare while in the training. Fortunately, Cooperative Home Care Associates had a workforce development and training team with counselors that helped me learn how to access vouchers for childcare and told me the steps I would need to take to apply for benefits I was eligible for.

The training was serious. Attendance and punctuality were very important, and if you were late or missed a day, you had to have a really good reason and make up the work you missed. I could tell from the beginning that Cooperative wanted to make sure only the new recruits that were serious about the work made it to the end to get hired. I was glad to be one of those people, but I was also very nervous about the work. I was expected to go into a stranger's home, introduce myself, and then provide some of the most intimate care and assistance possible, as well as assist with grocery shopping, cooking, and housekeeping.

Working as a home health aide.

I must be very honest - I did not like my job in the beginning. There were some very challenging moments. I particularly remember one case in Brooklyn with a client who was very challenging and distrustful of having someone in her home, that taught me the patience and compassion that I carry with me to this day. This early experience allowed me to be more reflective and understanding of my clients' situations. From that point on I learned to put myself in my clients' shoes and separate my personal feelings from professional responsibilities. The passion that I have for my job now was born out of these early struggles with clients.

The hardest part of the job these past 23 years is that each patient and family that I have worked with has its own unique needs. Sometimes the most important element of the work is cooking- and if you do not prepare the food just right, it can damage your relationship with the client. Then, there have been patients that require a lot of physical support. They need help ambulating both in the house and when we go outside. In the house they need assistance to move from their bed to a chair or to the commode. Also, they need help going to doctors' appointments or to the park for fresh air. Some clients want to talk a lot. Some are very reserved and quiet. Often there are family members and family dynamics where I must be very careful to distance myself and sometimes require me to report information to my supervisor. I must be watchful and exercise compassion and sound judgement. It takes a lot of patience, good listening and communication, and a lot of adjusting to deal with these parts of the job.

In addition, home health aides have to assist with medical needs as well. So many of my patients are on so much medication. I am not allowed to give them medication, but I remind them when to take it and help them keep track of when refills are necessary. I help my patients by arranging transportation and escorting them to appointments for medical procedures like dialysis and podiatry. I also accompany them to their doctors' appointments and help them prepare by making a list of their medications and sometimes reminding them about symptoms they experienced or other things they may want to discuss with their doctor. In my role, I also observe and track my client's symptoms and changes to report to my supervisor at Cooperative. This can be very difficult because some patients allow their aide to be very involved and some are very private. You must work with them and show that you are there to help them. How you communicate really matters. I know that I can make the most difference in my patients' health when our communication is open and when they feel safe sharing with me. Sometimes they don't want their family members to know all of their business and they confide in me. I really take the time to get to know and understand my patients' needs.

Another part of the job with being a home health aide is administrative. Things have changed a lot over the years. We used to have to fill out a lot of paper work. Now, we have to use our cell phones to check

in and out of work using an app. We are also using cell phones, tablets or computers for training. Some older workers struggle if they have not kept up with technology. Still, it is important to write everything down when speaking to the office, especially when reporting things that happen with your client, or travel instructions for new cases. And it is very important to plan ahead when you are going to take time off. Otherwise, it's possible your patient will go without anyone caring for them and this is not acceptable for patients that don't have family or friends to fill in for their home health aide. I really try to put myself in the client and family's shoes while handling the work and making decisions. I want to treat them the way that I would want to be treated- with kindness and respect. Planning ahead is part of that- and it is not always easy, especially when also caring for your own family and the unknowns that come up. This work takes a lot of dedication and compassion.

Working during the Covid-19 pandemic

I worked on the front lines during Covid-19. It affected me and my family just like everyone else. It was scary not knowing what to expect, but as a home health aide I was determined to continue working with my clients because I know they needed me. I protected myself, I followed every protocol I had to at work and used the same protocols at home. My family enforced the same routines of wearing masks, wiping down surfaces with disinfectant, frequently washing our hands and every protection we could to keep our environment safe.

Traveling on subways and on the Metro North railroad was scary, but I thank God I was able to do it and I continue doing it today. In the beginning there were shortages of PPE, and I heard some workers had to take their own money to buy hand sanitizer and face masks. Thankfully at Cooperative the company was able to provide PPE to worker. We even received a large shipment of masks, gowns and face shields produced by another worker owned cooperative in North Carolina. I did not want to get sick, so I had to do whatever it took to feel comfortable with my patients and their family members. I feel my services are very necessary as a home health aide even though it seems we are at the bottom of the list for recognition. We cannot do our jobs from home—we have to go to our patients' home and hope that you don't bring infection to your client or back to your family. I worry about what will happen if my client gets Covid? What will happen if I get infected and infect my family and grandchildren? But, if I do not work, I cannot pay my bills. It is that simple. Homecare workers are heroes too, but we are never on the news.

It is time for us to be heard and that is something I am proud to be a part of now. It is awesome that I am sharing my experiences to inform what will be a very positive change for my fellow home care workers and union sisters and brothers. I will continue doing my job the best that I can. During Covid, even though we all worked at different sites, we had a team that we formed to protect one another the same way we protected our clients. We shared with each other where to get cleaning supplies when they were sold out at many stores and would pick up supplies at work and share with each other when more than one aide worked with a patient. I had to keep telling myself "It's OK. I can do this," and I have continued, and I will continue protecting myself until we eliminate the virus.

Advantages of working for a worker-owned employer that is part of a labor union

My employer, Cooperative Home Care Associates (CHCA) has around 2000 home health aides. Before COVID, there were many more, but things are very different. A lot of workers still do not feel safe going into homes- and a lot of patients do not want aides coming into their homes. I am getting called to cover extra shifts all the time because there are just not enough home care workers. I am also fortunate to participate in CHCA's guaranteed hours program that ensures that I am paid for a minimum of thirty (30) hours per week, even when the company does not have work for me.

My employer is one of the best – both because it is union employer and is worker owned. The mission is quality care through quality jobs and most people start at CHCA through their Home Health Aide Certification Training Program. The program builds the work culture- so aides know what to expect, understand the importance of their role and learn how to communicate well and take care of business. CHCA also has a lot of support for us. Everyone is offered the opportunity to purchase a share of the company and become an owner- and all owners get one vote. We have workers who are on the Board of Directors and the company holds meetings so we can learn about the business of homecare, ask questions, and participate in decisions. We also have programs like financial literacy and peer mentoring for support with difficult work assignments and to improve our skills and knowledge. There are also opportunities to advance and be promoted into office-based jobs.

Now that I have more experience, I have a hunger to be more involved with my 1199 labor union and Training and Employment Funds. All home health aides in New York State must have twelve hours of in-service instruction every year to maintain their HHA certification. CHCA provides those trainings and partners with the 1199SEIU Training and Employment Funds (TEF) where workers can enroll in education programs. TEF has classes and programs that thousands of workers take advantage of to achieve their personal and professional goals education and training goals. There are Citizenship classes, English for Speakers of Other Languages, High School Diploma and College preparation classes and Tuition Vouchers and Scholarships for home health aides. There are many programs to build skills as well. The 1199SEIU union and TEF have many registered apprenticeship programs to help workers learn on the job while preparing for career upgrades. There are several HHA Apprenticeships such as learning to become a HHA Peer Trainer or HHA Specialties. TEF has also registered apprenticeships for Certified Nurse Aide, Certified Central Sterile Technicians, Licensed Practical Nurse, Medical Coder, Patient Care Technician, and Community Health Worker. My employer has participated in the agreements required to provide pay while on the job learning in the HHA Apprenticeships with TEF. Earlier this year, I participated in TEF's Health and Wellness Initiative – a series of webinars: Dealing with Grief and Loss; Understanding Anxiety; Understanding Depression and Trauma Informed Care. So many of us home health aides and health care workers really needed these webinars to know that our stress and experiences during Covid were acknowledged and supported. The live webinars were very helpful. TEF also provided a \$25 pre-paid debit card for each webinar we attended. It really helps to receive paid release time or stipends to attend training sessions because otherwise, workers like me must choose between going to work because we need the money or losing work time to attend training. We should not have to make that choice since we need both.

As of now, I plan to attend as many webinars as possible, especially since I can do it from my smart phone. New technology helps us access training and to stay connected. Face-to-face meetings and classes are important, but I am glad we learned to use other tools like zoom and certain phone apps to help us get access to training and to attend union teletown halls to get information and to ask questions, especially early in the pandemic

Also, I am so grateful to be part of the 1199SEIU labor union. The union created the Training and Employment Funds and TEF is very worker centered and makes sure they are putting together training programs that meet our needs. The union also fought for us to have our wages increased to \$15 in 2018 which is now the minimum wage in New York City. We also have comprehensive health insurance, dental coverage, a members assistance program, and a home care pension benefit. The union seeks our input and responds to help meet our needs and that is especially important for workers like me so we do not feel isolated and alone since our work is in people's homes. As is the case in my company, my union provides a true community where I am able to connect with other workers and we learn and share with each other. Not only is the union fighting for more programs and support for home care workers, but also for higher wages with benefits. Homecare work, in my opinion is closer to nursing care than to traditional minimum wage jobs. Homecare is not minimum wage work. I feel very supported that 1199SEIU gives us a voice in our work, advocates for improvements like more funding for wages, benefits, and training services, and with opportunities like this to testify in front of Congress.

Conclusion

Home care workers are responsible for saving lives and we just do not get the credit and recognition. We are a critical part of the care for elderly, those living with a disability and sick people, but we are not seen or appreciated. Sometimes I just feel that I want to be known, not as just "the girl" or "the help" but as a part of the health care team that makes a difference in so many people's lives. I know that I am doing better than many HHAs in the US because I have a union job and the opportunity to own a share in my cooperative, but minimum wage is not enough. Home health aides are providing an essential service. When I walk into a patient's home, I see the relief and sometimes the smile on their face acknowledging not only that they need me, but that I have helped them remain in their home instead of in a hospital or nursing home. We should be salaried workers with guaranteed hours, not hourly workers that have to manage the uncertainty of how many hours we will have in our paycheck from week to week.

Today, I am happy to say that I am a home health aide. But we need to make sure that more people have access to these essential services we provide that allow home care recipients to live with dignity in the community. To make that a reality we need to make home care jobs good union careers with opportunities for advancement and wage gains along a career ladder. I believe that this is the only way to make sure that there are enough home care workers to meet the growing demand. I am blessed to work for Cooperative Home Care Associates and be part of 1199SEIU, but many homecare workers do not have quality jobs and that keeps people away from wanting to do this very difficult and much needed work. The quality of the job must improve, and employers must have good practices to recruit, train, schedule and supervise workers appropriately so they stay in the field. And literally, having enough home care workers makes the difference between someone being able to stay in their home or have more frequent higher cost emergency room visits and hospitalization or must leave their home and family and be moved into an institution. This is why President Joe Biden's commitment to investing in home and community care jobs and providing workers with better opportunities to join unions as part of the build back better plan is so exciting. Finally, homecare and community care workers are being treated as the essential workers that we are.