

9-23-1997

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Recommended Citation

Glasser, Ruth and Brecher, Jeremy (1997) "We Are the Roots: The Culture of Home Health Aides," *New England Journal of Public Policy*: Vol. 13: Iss. 1, Article 9.

Available at: <http://scholarworks.umb.edu/nejpp/vol13/iss1/9>

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“We Are the Roots”

The Culture of Home Health Aides

Ruth Glasser
Jeremy Brecher

This article focuses on the contributions of its workers' culture to the success of Cooperative Home Care Associates (CHCA). It examines what the home health aides bring to the culture of the company, how their contribution develops through their experience with the company, and how their heritage contributes to their CHCA work and to the company as an organization. This is one segment of a larger study that will deal with the background and history of CHCA, the vision of the founders and its implementation, the role of organizational policy, and the contribution of management philosophy to its accomplishment.

Cooperative is an open door for a woman to become independent, to get out of the cycle of public assistance. Cooperative gives a woman an opportunity to feel important, to feel different, to feel that she is somebody. I think that when a woman enters Cooperative, it automatically changes her life.

— Ana Cuevas, home health aide

Cooperative Home Care Associates (CHCA), located in the South Bronx, is an extraordinary human enterprise that has had unrivaled success in helping people usually deemed unemployable, primarily women of color on public assistance, to become competent and reliable workers. The organization has provided them with employment that is considerably more stable than most other opportunities available to them. Its quality of home health care is consistently rated at the top of New York service providers. And it has furnished one of the most widely imitated examples of a democratic, employee-owned company.

This report is based primarily on interviews with home health aides (HHAs), only modestly supplemented by interviews with other staff members, direct observations of CHCA at work, and reviews of historical company documents. The first part considers questions directly related to job performance; the second examines contributions to CHCA as an organization. Each includes background material, a discussion of what HHAs bring to the company, and a view of what they develop through their participation in CHCA.

Ruth Glasser, a public historian, specializes in oral histories of the Latino community. Jeremy Brecher, a historian, is the author of eight books on labor and social movements.

Contributions to the Work

Background: The Character of the Work

It is impossible to grasp the culture of Cooperative Home Care Associates and its contribution to the company's success without a sense of the character of the work. Home health aides perform a range of medically important procedures, including taking blood pressure, making sure patients take their medication, moving patients, bathing patients, exercising patients, observing changes in a patient's condition, and calling in further medical intervention when appropriate. The specific tasks are laid out in a treatment plan provided by a visiting nurse. In contrast to aides in a hospital, HHAs operate largely single-handedly, with occasional oversight from visiting nurses. They have to manage not only themselves but the patients and the household settings. They have to exercise judgment in unique situations. Their competence can spell the difference between life and death.

Home health aides who have engaged in nonmedical personal care and housekeeping make clear that home health care requires far more responsibility. Veteran HHA Sarah Lee (interviewed March 21, 1996), for example, attended a training program for six months and received a personal care certificate from the Department of Aging. "Taking care of elder people wasn't like this type of work. You went in their home and went shopping and did their laundry for them. Two hours with one, then another." Another HHA observed that for housecleaning, "You are just there to do the house job, no client. But in this field, you've got to deal with the client." As HHA Alma Velazquez (interviewed May 23, 1996) put it, "We get more training in things that will help to save the life of the patient. Not only medicines but also diet, many different moral and physical things that help them a lot."

HHAs' role in patient care goes far beyond the specific tasks laid out in a treatment plan. Research has stressed the crucial role of human interaction and caring in the healing process; for example, people with strong families and social networks achieve greater longevity than those who lack them, and cancer patients enrolled in support groups live substantially longer than similar patients who are not. Failure to follow medical instructions, for example, neglecting to take prescribed medication or adhere to prescribed diets, is a major source of medical failure. Lifestyle changes regarding, for instance, smoking, drugs, alcohol, exercise, rest, and diet are crucial aspects of recovery and health. Yet these are all areas the present medical system finds difficult to address. HHAs who are able to contribute to these needs can make a big difference in patient comfort and recovery.

Thus the human dimension of a home health aide's work is vital. As HHA Vivian Carrión (interviewed March 13, 1996) put it, "A good aide is somebody that will care about their client, not just come in and do a job and leave." Lee noted that you sometimes hear a client talking about how good an aide is.

She's rubbing her hands or doing her like this, touching her. You can tell by that. [To be a good aide], they need feelings. Feelings. Compassion. If you see a person that has a client and you never see her touch that client whatsoever, then you know she's not going to make a good aide, that she's in it because she has to be, that's work for her, but if you see a patient with a client, and she's forever touching that client, and she's forever talking to that client, then you know she's a good aide, and you know

she has compassion. But if you've got one that doesn't show compassion, they're not going to make a good aide.

In Lee's view, many of the things that make a good aide are learned in childhood.

First, there's compassion. The ability to accept things that you can't do anything about. Comfort, try to comfort people, and most of all, be a friend to them. Be a real good friend to them, because most of them need it. If you get a elder person, not even a elder person, anybody, and you touch that person, especially an AIDS patient, or you even give them a hug, or squeeze the hands or something like that, and show them that you are not scornful of them, that makes their day. You got some aides, people out here think, if you talk to them, or you touch them, then they going to get AIDS.

Communication is critical to an HHA's work, as one aide explained:

You have to have some communication with them. They're going to tell you about their family, they're going to tell you about their medication. You got all day to listen to them. You can't just go there and do what [the visiting nurses] tell you to do, bed, bath, sit in the tub or take a shower, fix their food, and go to the laundry. It's always something else in between that they are going to talk about. Even though you give them breakfast, they going to set down and start talking, they going to be telling you about their family so you got to listen to it and learn how to keep it confidential.

Many home health aides who have held other jobs comment on the difficulty of the work. We have come to agree heartily with Lee: "This is not no easy work. This is no easy work whatsoever." Beyond the demands of the work itself is the problem of dealing with extremely difficult patients and families. "They think you're their maid. They want to control you, they want you to jump when they snap their fingers, give you an order, they want you to do it right then, they act more like they doing you a favor than you are helping them."

Carrión gave an example of a patient so difficult that few HHAs were willing to work for him.

We had this patient — as a matter of fact the company doesn't have him anymore because no aides wanted to go to his house. The aides kept leaving him and leaving him and leaving him. Then when it was my turn, my coordinator told me, Vivian, he's like this and like this and like this. And, oh my God, he made everybody's life miserable. He cursed all those aides out, I heard him curse at those aides. And the company got rid of him, because they didn't have no one to go there when the last aide quit. The company talked to him and his relatives, who were really nice, but they couldn't get through to him. You try your best, he always used to find something wrong.

HHA Traditions and Caring Experiences

In recruitment and hiring, Cooperative Home Care Associates places strong emphasis on people with experience caring for others. While in some cases this includes work experience, it more often means caring for ill, elderly, and disabled family and community members. Interviews with them indicate that HHAs are frequently people who have

dedicated substantial portions of their lives to such caring. What also emerges is how often this represents the continuation of a tradition of caring handed down, usually from older female relatives, and how deeply the caring role is embedded in most HHAs' role and identity.

Carrión's parents were born and married in Patillas, Puerto Rico, then came to Manhattan and the Bronx.

I have gone with my mother when my mother used to take care of people in the neighborhood. My mother was always a community volunteer. She helped, especially the ones that didn't have anybody to help them. I think that's why I got interested in this job. She used to help a lot of people that were homebound. And when I was growing up, as far as I know, there was nothing like home attendant or stuff like that. A lot of people who were homebound relied on church people to come and help them. She did it on her own, but she also did it through the church.

Her mother took her on some of her home visits.

The first time I got real scared. I think I was about ten or eleven. And she was cleaning this lady with the ostomy bag, and I thought it was so gross. I got nauseous. But then my mother tried to explain to me: "You know, this lady has this disease and she couldn't pass her stools the normal way, and the only way the doctor could save her life or she will die was to do the operation." She didn't go into big words or anything, she just told me, "Don't worry. As you get older, you'll understand." And she said, "People are still the same, even though they look different." And she was some special lady. And she used to tell us, "Even though something might look a little strange to you, people deep down inside they're the same." That's why when I'm having a problem I think about her or my granddaughter and it seems to give me a lift.

When she was about sixteen, Carrión helped her mother to take care of a grandmother who had cancer who had also undergone an ostomy.

The feeling came back. I said, "Oh my God, this looks nasty." But this is my grandmother, and I loved her. So when my mother used to go over and take care of her, I used to go and help her. And one time my mother couldn't go so she sent me. And I did it by myself. I changed her, I washed her. I didn't feel like the first time, like ugh. I didn't have any problem after that.

Carrión believes that her mother had a deep impact on her ability to do HHA work. "I like people in general. Like my mother said, everybody deep down inside, we're all the same, even though we might look different, so the way she brought us up, I guess that helps a lot."

Florinda Pimentel (interviewed June 21, 1996), who grew up in Santo Domingo, Dominican Republic, also had an ethic of caring ingrained in her from an early age. "There was an elderly couple that since I was nine years old I had to care for them, because my mother made me. I had to go for two hours each afternoon to prepare their lunch, to clean the house a bit, wash and organize their clothes."

Betty Cooper (interviewed May 23, 1996) was raised in New York by a foster mother who took in many children on both a short- and a long-term basis. When there were bake sales, Girl Scout events, and other community activities, her foster mother was always

involved. “She was always a part of something in the community; she loved it because it involved children.” Her mother encouraged her to participate; when she resisted, her mother said, “Go and see what you can learn, even if you don’t like the leader.”

Cooper wanted to be a nurse, an aspiration she traces to her mother’s concerns. “I remember Mom saying that there are so many sick people that nobody cares anything about, and when you go to the hospitals and things it looks like sometimes they don’t have the time to help you. Sometimes just to have somebody to talk to is good.” She traces her ability to be a good HHA to her mother’s attitudes.

[She] always had an answer for something. And it was never harsh or embarrassment or anything like that. It was always, you can be as good as you want to be, and you can treat the next person the same way. A lot of times I have taken that attitude into some of these homes. Because you find some of the clients, they’re angry because they’re sick, they’re angry because they’re shut in, and they can’t do the things they used to do. They can’t walk, or they can’t take care of themselves, and I don’t know, somehow I just got that extra something. I say, Mom would have done so and so. And most of the time I come out on top. Everybody that I’ve really, really worked with, most asked for me to come back.

On many occasions, others recognized these women as natural caregivers. Sarah Lee, who came from a North Carolina family, recalled:

When my father got sick, my sisters and I and my brother, my aunts, and others tipped in to help him out. He stayed sick for about a year and a half, and I took a leave of absence and we had to take turns in the hospital because they didn’t have that many nurses helping him out, helping my mother out so it wouldn’t be too much on her. And when the doctor got ready to tell us what was wrong with him, out of all my brothers and sisters he picked me to tell what was wrong and left it up to me to tell my mother and the rest of the family what was wrong with my father. And then I saw other people in the hospital that weren’t getting as much care as my father because he had his family around and they didn’t have anyone except the nurses. [The hospital] was doing the best they could but they was short. So that’s how I became a home health aide in the first place, because of what I was doing for my father, and what I saw in the hospital: that there were people there who wasn’t getting the care they was supposed to be getting because of the shortage of nurses. So I said, there’s other people in this world that’s not getting the care they need.

Since many of the HHAs grew up in tight-knit neighborhoods or rural towns, they modeled their idea of caregiving after their own childhood experiences of family and community. Lee commented:

You see some of the elder people out here just can’t make it, and they don’t have anybody helping them. Sometimes the family’s not that close, so they don’t see them. And we, the home health aide, are the only people they come in contact with that they call their friend, that they talk to, telling you their personal problems. Sometimes it gets too much for you, it weighs heavy. Because they tell you, don’t get involved, but how can you not get involved with a client? You see they don’t have anyone but you. They talk to you, they tell you everything.

HHAs also bring a more mundane form of training in skills and self-discipline to the job. As one aide put it, “If Mama didn’t make me stay in the house to cook, to iron or to

wash, and do things to clean the house or whatever, I don't think that I would be able to do this." Bibi Yusuf (interviewed March 7, 1996) described her difficulty getting to her first case by public transportation and how nervous she was when she arrived. "And then I started doing the work, fixing [the client's] breakfast, helping her with this, making the bed, tidying here. Those are things I'm accustomed to doing every day, so I didn't see it like something huge."

Dealing with Difficult People and Family Situations

When asked what is the most difficult aspect of the job, many home health aides reply that it is dealing with difficult patients and family members. But as observers, we have been struck by the frequency with which both HHAs and other staff members at Cooperative Home Care Associates address these difficulties as problems to be solved rather than as simply something to complain about. One HHA describes how she calms both herself and a visually impaired hypertensive diabetic patient by drawing on religious faith, counting to reduce agonistic arousal, calming talk, helpful activity, sharing her own experience, and empathic listening.

In this field working, sometimes you have to swallow a lot. And sometimes you have to say, "Lord, give me strength" and count one to ten. Some of your clients is not all p's and q's; some of them'll get on your nerves. I'll give you an example. This morning I got to work at a quarter to nine. When I rang the doorbell, the first thing she met me: "I can't find my syringe!" She was all up in a rage. I said, "Lord, give me strength." I tried to talk to her. I said, "Calm down." Because she's the type, she's diabetic, and she's hypertension, and she gets upset just like that. The least little anything.

We are supposed to go to the laundry today. "Oh I ain't going nowhere, I can't find my syringe." I don't know what she want to find the syringe for, because she wasn't using those syringes, but in the back of her mind, somebody done moved her syringe. So I told her, "Calm down, I'll go and look for your syringe." So I went in there and they were up in the closet. She can't see, her vision is bad, so she didn't see the syringes. When I came back she said, "Oh, where did you find them?" I said, "Up in the closet." "Well, I looked up in the closet, I didn't see them." What can you do, you have those people like that. Sometimes they get on your nerves really bad, but you just have to cope with it. You want to work, you have to do it.

With this lady being hypertension, I know I have a certain way I've got to handle her. I have to talk to her, I have to tell her in my terms that's how I am, because I am also hypertension. Sometimes people come by, knock on the door. Right away she goes off, "Why they knocking on my door?" I say, "Don't be like that." And in a few minutes, if you talk to her, she calms down nicely. She has a lot of problems, so I guess I'm the only one that she could really give off on. Because I'm there eight hours, automatic she going to talk to me about this and she going to talk to me about that.

Yusuf said that with clients who are not feeling well and who are occasionally nasty,

I never thought of saying anything. I would just keep quiet and try to do something else, and I would come back to them and think, Okay she's not feeling well, let me go and make her a cup of tea or find something to do not to make her more upset.

One client I remember specifically. Even though she was very ill and I was trying my utmost best to help her with her food and personal care, she was more

concerned with whether the floor was mopped every day or the bathroom was cleaned every day. So that's like taking away from herself, and I know the nurse specifically said to focus more on the client because she was very ill.

At the nurse's suggestion, Yusuf tried to read to the client, but she got angry, saying she could read by herself.

I was trying to figure out how do I try to please my client. This is what I was told to do but she was more interested in the other thing [the cleaning]. I was doing it, but she wanted it done more often even though it didn't need to be done. That was just something I had to battle for myself and think, Okay, well, I just have to try to make her comfortable, make her happy. If that's what she wants, like if she wants the fridge defrosted every week, I just have to do it. Because I don't want to aggravate her. This is what made her happy.

At times patients' behavior can be truly extreme. Trinidad-born Annette Dance (interviewed May 17, 1996) said, "In this job you meet some weird people, some weird things, some weird habits, some sexual things that people put on you. Guys come after you, they'll offer you money to go to bed with them. Because he's a diabetic and he can't get this up — crazy stuff."

She arrived to take on one new patient only to have him ask the nurse if her crotch was wet. "When I see how he reacts, I say, 'Oh, I must be in for it.'" For the first couple of days he was all right. "Next thing I know I go there one morning — you're riding on the bus for an hour and a half to get to work — and I get there and he has no clothes on." She coped.

I told him, "You know what I'm going to do. I'm going to take a walk, you get your head together, when I come back, another ten minutes, you could put your clothes on." Then next time I go back he's hanging out. I saw it was going to be a constant problem. So what I tell him, I point and say, "That little piece of thing you have hanging out, you should be ashamed, you should really close that stuff up." Embarrass him into putting on clothes.

Bigotry is one of the most difficult conditions to handle. Lee recounted how she has "come in contact with prejudice" on the job. "I had one case, the lady had gone to the bank, and the lady she was dealing with was black. When she returned home, the patient didn't know that I was in the kitchen. She was in the bedroom and she was telling one of her neighbors, 'I was dealing with this niggerish woman and I didn't even know it.' So when I came out of the kitchen, she got this strange look on her face. She asked me, 'Did you hear what I said?' I said, 'No, why, what you say?'"

Lee says she learned to control herself in this way in other jobs before working at Cooperative Home Care Associates. "I didn't do it in just one day, or not even two months. It took a couple of years or more for me to learn how to control. But when you're in someone's house and you're doing a job, you have to learn how to control. And I used to call my coordinator a lot, and I would yell at her to get it off my system. But she understood. I would tell her what had happened and why I did what I did."

She says it was hard for her to learn, because she is outspoken by nature. "On the job, you're there to do that job, so you do that job, and you have to learn how to bite your tongue, count to ten, which I have done a whole lot, because like I said, I'm outspoken,

but when you're working, you have to bite your tongue a lot and you have to count, and you have to say the Lord's Prayer a whole lot, because some are very prejudiced."

Florinda Pimentel experienced prejudice that turned into abuse. She was sent to the house of a Puerto Rican woman who declared that she didn't like Dominicans, saying, "If you're going to work here, you're going to do what I tell you." Florinda replied, "Fine, as long as it's within my job description." But the woman continued to insult her, gave her unreasonably heavy housework, threw her breakfast against the wall, and refused to let Florinda sit down to eat her lunch. With great effort, Florinda controlled herself, but told her coordinator that she had to leave the case.

Family members can be as difficult as patients, and handling them skillfully can be important for good patient care. Vivian Carrión said,

You have families that will try to help, to share the responsibility that we have. But there are some of them that just want to come in and take over. [That] is fine; as long as they're doing something right for the patient, I really don't care. But sometimes they want to come in and take over and really hurt the client instead of helping them. For example, if I have a diabetic and they bring them a piece of pie, a piece of cake, I say, "Maybe you could just have a thin slice." Because you don't want to say, "No, you can't eat that." And they usually go along with that. It depends upon how you say it. If you're going to be aggressive, they're just going to push you out of the way. "No, this is my mother." And they'll just give it to her.

Annette Dance remembers a long-term case with a very obese patient who had to use a walker. She had a pacemaker, had suffered a stroke, and didn't talk for the last three years of her life. It was a "crazy family to work for. Too much people and noise." She had to fight to save food for her patient from the rest of the family. "I could watch her and figure out what was going on. I would go away on vacation and come back and immediately see if something was wrong and call the doctor." Some family members would smoke and curse in the house, and sometimes the home health aide threw them out of it, because only the patient was supposed to be living there. (The patient's daughter and son would back her up, though other family members didn't care.) Dance observes that she had to control the family in order to get the patient what she needed.

Sometimes the HHA's interventions help other family members as well as the patient. Betty Cooper had a client whose son had mental problems. She could see them coming. He was in and out of the hospital. "Mom means well, but he's old enough to make his own decisions and she doesn't let him do that." The aide called and talked to him. He was very happy to hear from her and grateful that she was helping his mom. "He said he tried to keep the stove and bathroom the way she did, and the windows open for fresh air." Cooper asked him please to take his medication and stay in the outpatient clinic.

Initial conflict can be followed by great closeness between aide and patient, so the patient's death can be a blow to the aide. Dominican-born Miguelina Sosa (interviewed February 23, 1996) remembers that she eventually became good friends with a difficult patient.

There was a ninety-two-year-old patient, a Puerto Rican woman. She lived alone, she had two sons and a granddaughter. One of the sons came almost daily to the house and they had a lot of arguments, they parted with arguments. I would say to her, "Do you want a cup of tea or a glass of water?" And she answered me, "I haven't asked you for water," very rudely. So I would disappear, I'd go into the

kitchen or the bathroom, leave her alone so that she would calm down.

Eventually, Sosa's patience won the patient over, and they spent many interesting hours talking about the woman's memories of growing up. When the patient died, Sosa felt a great loss. At the same time, the woman's friends acknowledged the aide's special role in her life: "When I arrived at the funeral home, there were the people from the church, the neighbors and all that. The people came to me and said, "What a shame, your little old lady died."

Problem Solving and Judgment

Good home care cannot be provided by rote. Every patient and every situation is different, requiring problem solving and judgment. Carrión said,

It's like dealing with a book of regulations; sometimes when you're dealing with people you just can't go by the book. You're not going to do something that's going to get you in trouble, but sometimes the rules have to be bent a little bit. We're allowed to do certain household tasks, but we're not allowed to do certain things. Like, for example, we're not allowed to get up on ladders and change curtains. But sometimes you have clients who don't have a relative or somebody to come over and do it, and if you think you're capable of doing it, you do it. I also have a client who sometimes can't get her own insulin. Now [if I do that for her] I will lose my job. I wouldn't do it. But I will call the nurse and tell her, "Listen, she's having problems with her other arm and she's having difficulty giving her insulin, she keeps squirting it out." And the nurse will come.

You have to use your judgment, what you think you could do without getting yourself in trouble, and without hurting anybody else, and without hurting the client, of course. You have to have a good sense of judgment because that's the only way that you could really help people that really need help. You just can't go in and say, "Well, I'm going to do what's on my regulations." You've got to go into people's homes and first you've got to observe, of course, and then you have to decide how you're going to handle this person. You just don't go and handle everything the same. Some people might be more sensitive than others. Some people might be more aggressive than others. You have to go with an open mind when you go into people's homes. You have to remember you're a stranger going into their house and they don't trust you just as much as you don't know about them.

Dance similarly emphasizes the need for flexibility in dealing both with patients and with institutions. "A lot of times I make a lot of noise, but then there are times you have to be soft, you have to know when to get that point across, maybe in a softer tone, but direct. You have to know [how] to manipulate your patients or the institution you're into."

Because much of the work is performed in dangerous areas, good judgment — "street smarts" — is often required to do it safely. Carrión stated, "I was born and raised here, so I try to be as careful as possible and look around. I went into this building one time and I'm telling you, all I could see is the dirty condoms in the hallway." There were men who appeared to have been drunk or on drugs. "I was afraid, because they used to hang out in the hallway during the day. I told my coordinator and she just told me to be careful. The men said hello; she said hello, walked right by, and went upstairs.

One thing about this company, if you go into somebody's house or building and you

don't feel safe going in, all you have to do is call. You're not forced to go in. But it has never come to that point where I'm afraid to go in. I am afraid, but I'll go in. But if I ever see that I'm in danger, I will run out. And the company doesn't hold that against you. I would call from the nearest phone in the street. I've got to think about my safety too.

Creative problem solving is often essential to administering effective treatment. One home health aide describes how she deals with a hypertensive patient's demands for more salt in her food.

She's on me about salt. Now I'm not a big salt user, I don't use salt. But she want to use salt and she don't need salt because she hypertension. I say you don't need this and that. But you know what I found out I can do? She says, "Oh, you fixed me some grits, put me some salt in it." I get the salt shaker and shake it like I'm shaking salt in it. I ain't shaking nothing in it. And I say, "Oh, I don't think I put enough of salt." You put a little bit in there. So there's always a way to get around them, even though they get on your nerves sometimes.

Her skills for coping with this situation come from her own experience both in her life and on the job. "I learned that because I'm hypertension myself. All the things that I went through, the doctor told me you don't need to go through. You've got to learn how to control yourself. I have to be in control to help control her. Because if I'm all whacked out, she's going to be all whacked out too. Sometimes to get her mind off things I go out and buy her a little box of Equal. You learn things just as you go."

Many home health aides appreciate the fact that, in contrast with many other situations, in these jobs they can utilize their intelligence. Pimentel commented: "I like the complicated cases, because with them one doesn't get bored. You have a lot of hours and you're always busy."

She enjoyed her work with a patient who'd had a stroke and couldn't speak, so the HHA learned to read her nonverbal signals. "When I brought her what she had asked for, it was a joy, because I saw in her face that she knew I understood her."

Stress-management Skills

Dealing effectively with the job requires aides to deal effectively with their own stress. Annette Dance described some of the techniques she has used.

A lot of times count to ten, walk away, drink water, a lot of praying. Or put things back in their perspective. I'm in this person's home, and she does not feel well, she doesn't want to be bothered. Would you like to be bothered if you don't feel well, if you had this disease? For me, trading places with the person has helped me a lot. Sometimes I would go totally berserk on the patient and make something funny. Then I'll have them laughing because I'll try to say something funny or do something funny. Right now I have a patient with those big old walking shoes, orthopedic shoes. I say, "Let's get your blue suede shoes." To get her to put her shoes on, because she doesn't want to wear them.

Religion and spirituality play a significant role in dealing with stress.

The stress of going to work in different neighborhoods, going in people houses —

you go in people houses, different atmosphere, people have black candles, green candles. For me, I open doors, I walk spiritually. I may laugh and make a lot of jokes and fun around, but I have to be very spiritual to like this kind of job. To go into people homes, people who are so sick and who envy you because they're sick, [or] they're in a state of denial. It's a lot, a lot of stress. [Spirituality] helps me to walk without fear. Helps me [if] I see you have things that to me don't look kosher in your house. Helps me [to believe that] whatever you do is not going to harm me. That's strong spirituality. Going into buildings that you see people . . .

I've gotten jammed up a couple of times in elevators . . . Just walking the streets alone in different neighborhoods . . . You have to ask God to take you there, bring you back home. I don't bring it out much in my meetings, I bend my head, people might think I'm bending my head just thinking, most of the time I'm praying, asking God for us to open our minds and heart in what we're doing here, is this the right thing.

Sarah Lee described how she deals with stress and some of the tolls it takes.

Take it out on my family, my husband especially! I come in sometimes and he would say something to me and I would blow up at him and then later on I explain to him that I had something on my mind. I wouldn't go in detail because [the patient] told me in confidence. I just tell him that I had a bad day. Or, I explode at Alice [my coordinator]. Sometimes I come in, I play gospel music. I used to take a drink but I don't drink anymore because I'm a hypertension. Sometimes I come, get by myself, and I just cry. And that's it. Or take me a nice hot bubble bath, that'll relieve some of the stress. I pray and listen to gospel music. And cry a lot.

Carrión had a quadriplegic patient who was so difficult that few aides were willing to work for him.

I used to turn off my husband a lot, completely shut him out mentally, so I started to do that with [this patient]. I did what I had to do. If he needed to be changed, if he needed to be suctioned, whatever, I did it. If anything had to be cleaned, I cleaned it. Then I would go into the living room. He was always in his bed, and that was his choice. I used to go to the living room, either read a book, read my newspaper, or watch TV. And I used to just block him out. I guess he wanted me to fight back, like the other aides, and I didn't fight back. So as the time went by, it was more easy. The difficult days were less.

Values

Because the low-paying home health care work is highly demanding, most successful aides have to find intrinsic motivations to do it. Carrión said, "If you don't care about people, you can't do this job." Lee would tell new HHAs,

You can expect rewards, personal rewards. No one is going to walk up to you and say, "I reward you," but with your own feelings you know you helped the old lady today or old man, [help] that they would not have got if you weren't there. That you went in and you did the best job you could for them, and they say thank you, that's rewarding in itself. You not going to get it from everybody, so don't look for it from everybody. And it's a very difficult job, you have to want to do this. And don't think you're going to come in and make a whole lot of money because you not. Yes you

going to get paid, but you not going to get rich off it, except by knowing the fact that you helped somebody, somebody who couldn't help themselves. And one day, if we all live to see it and get old, somebody going to turn around and do the same for us. That's what I'd tell them.

She sees this attitude as rooted in her family's values. "The home training, the talks and things my father and mother used to tell us. What goes around comes around. You mistreat someone, someone going to mistreat you. You be compassionate to someone, someone going to be compassionate to you." Bibi Yusuf, who comes from a conservative Muslim family, expressed it this way.

When I started doing this job, my family didn't understand why I wanted to do it or how I managed to do it, where I had to like feed someone, clean someone, because I never had this experience before in my life. But I said that when I went home at the end of the day I feel like I did a good job, I earned my money, I made a difference in the world, and somebody depended on me. And the way I would talk with pride about my job, and about my clients, it put a whole different feeling, like they have a new respect for this job, they saw it differently. "Wow, you do all of that?" And to someone else it's like a little but, hey, not everybody could do that, because you've got to go in there and take care of someone and it's not an easy job. My sister said to me flat, "I can't do that, I don't have the patience for that."

When I first did it, I said to myself, If I don't like it and I think I'm not doing a good job, I'm going to switch. Many people said to me, "Why don't you go to school, Why don't you become a bank teller?" I said, "No, my job may not be a lot but I love my job, I enjoy my job." When I didn't have a job, I would be calling [my coordinator] every day. I didn't care if it's a replacement, I had to take two buses — I wanted to go because I enjoy it, and it made me feel good.

I was right in the job, especially religiously, in my religion. They don't even think women should go out and work out there, but with this kind of work . . . I always wanted to be a teacher or a nurse. And I find that I'm getting satisfaction from my job. The paycheck was important. I had to pay my bills, but at the same time I enjoyed what I was doing. I felt like I made a difference.

Commitment to the job can lead workers to do it better. Annette Dance, working with a patient who had fluid in her lungs and broken ribs, asked the doctor if she should make baby food. The doctor said it would be a lot of work, but it would be better, so she did. "The better care I take of my patient, the longer she's going to live, I'm going to have a job, she's going to be home. Because of your misfortune in life, I have a job. I put food on my table because of your misfortune, so I should be able to give a little care and a little more, a little extra."

Commitment to the success of the company provides a related motivation. A difficult patient can provoke the following conversation: "You listen to the neighbor when you're doing the laundry: 'Oh, you're another one already, again?' You'll hear stuff like that and you'll find out later on [that the patient] probably had three different agencies there with different aides changing like every two days or every week. You want to work, and you want to make this company work, [so] you find a way to cope."

Individual Skills and Talents

Many home health aides bring particular skills, talents, and experiences to their work. Vivian Carrión grew up bilingual in a multicultural neighborhood. "I grew up in a

mixed area. You grew up with blacks, you grew up with whites, and you grew up with your own nationality. Speaking both languages, I help a lot of the girls that don't understand English." Now, accompanying them on their visits to doctors, she acts as an interpreter for non-English-speaking patients. "A lot of these patients keep their illness a secret from their families. They don't want their families to worry too much about them. The family might know what's going on but they don't want to go into details. A lot of them do have some family member or friend that could go with them on their appointment, but they choose to have the aide who speaks both languages.

Betty Cooper brings special knowledge and compassion regarding AIDS, which she shares with other HHAs, out of her own personal tragedy. Her son was diagnosed HIV positive in 1987. When he told her, she didn't know very much about the disease or its seriousness. So she said to him, "'What we're going to do, we're going to deal with this as a family. So you're HIV positive, so you go to the clinic and put yourself there so you can get medications and then start treatment, all right?' And he said, 'Mommy, I'm not going to lose my family?' And I said, 'No, that would never happen, we will always be here.' For several months I shut it out, because if you really think about it, it's devastating." Her son had to have home attendants.

Those people coming in and out of my house, it was like some of them was just there to make the hours, they didn't really care about his feelings or how he was. I remember one lady came and she sit there with gloves on the whole time she was there. And he wanted me to tell them when they came in that he was HIV positive. He said, "Mommy, you tell them, let them know because you know how people are." And I would, I would ask them, "Did the agency tell you that he was HIV positive?" And they would say, "No, he is?" And I would say, "Sweetheart, you can't get it like that." I would sit down and try to explain. You still have people that don't believe what you're saying, that you can't get it by just touching somebody or giving him his lunch or breakfast. And I had all the necessary tools as far as Clorox and the water and washed things down very well.

I guess that's how I really came to get into home service because I just saw so many people, and I said if this happened to my son, this happened to a lot of people out there. And then when I would go to the hospital — I had become the mother of the eighth floor over there in North Central Bronx, because I was coming with shopping bags and I was bringing them up beef patties and french fries and cigarettes and all these things. And they used to come and tell Eric, you got the greatest mom in the world, and don't ever lose your family love. There was one guy there I felt so sorry for. His mother, his sisters, everybody, dissociated themselves from him and he was in the hospital with nobody, he had nobody to talk to. And he was in the final stages, he was going through a lot.

At his request, she went to talk to him. He spoke about his growing up, how he thought he and his sister were very close, but that his mother and aunt were keeping her away from the hospital. "But when you're sick [is] when you need people most."

Out of my son's death, I think there came a lesson: that you always can help somebody else, regardless. When I came [to CHCA], I'll never forget the interview. Katherine says to me, "Why do you want to do this? You have all these certificates, that you can work in a hospital, that you can do all these things. Why do you want to go into the home?" And I said, "You know what I think? There's a lot of people out there that need me. And I think I can do the most by doing this instead of going

to the hospital and working eight hours and just going home, because you see so many people there and you do your floor or whatever you have to do, and that's it."

Cooper's first case for Cooperative Home Care Associates was with an AIDS patient. It was "a lot of stress." She was "not ready because of memories." But her own experience helped her deal both with the man and with the dynamics of his family. "It got a little bit stressful with his mother. I tried to understand her part of it, because I knew how I was. But everybody's not alike, and regardless to how stress hits you, it doesn't hit [another] person the same way."

His mother would inspect what she cooked and would tell her to motivate her son to go outside. "[But] you can only push them so far. He's supposed to tell me what he wants to do. He's not six years old. I can't walk in here and say, 'Listen, we're going out today, and we're going to go to this place and we're going to do this.' This is a man that's thirty years old already. I mean, we'll sit down and we'll compromise and we'll do things together. But their attitude changes. I could see my son, his attitude changed from day to day."

Sometimes the patient was in a good mood, sometimes bad. Cooper got used to it and tried to explain it to his mother. Sometimes the patient didn't want to take his medication, but she always found the doses he hid. Sometimes she could tell whether or not he had taken the medication. Sometimes he didn't want to eat a basic meal, he wanted a slice of pizza. She would try to please him, feeling that the following year he might not be there to enjoy it.

Development at CHCA

An organization's culture is made up not only of the elements people bring to it, but also of what emerges as those elements interact with one another and with the outside world. From their first contact with Cooperative Home Care Associates, the talents of home health aides undergo transformation. We look at the impact on them of recruitment, training, emerging commitment, exchange of knowledge, and personal development.

Recruitment. Workers' expectations are deeply affected by past personal history and the experiences of family and friends. CHCA experiences frequently differ from those of other jobs from the outset, modifying expectations regarding human relations at work. Working relations in the home health care business are notoriously poor. Annette Dance provided an example. "I decided I was going to go to school for this thing I saw, home health aide. I figured, well, I was always in the Red Cross, I had had different types of jobs, I would do it." She received training she described as "fantastic." But "after that, forget it; they don't do anything else after that fantastic. They tell you you have to work six months to get your certificate. One year, I still can't get my certificate. They find excuses why they can't give it. You work, you go in to pick up your paycheck, there's no paycheck for you. They have a little cubicle window and the lady says, 'You don't have money here.' You walk out and they close the door on you." She went to the office to see what was wrong and was told that they had no record of her working there.

[The company violated the labor law providing that] after seventy-two hours of work, you're supposed to be paid. They weren't paying. And people would come over there with their last token to get money. Some people would be crying there.

These women had a household and they wouldn't get a check, and they would be crying and sometimes I had to give somebody else a token. I couldn't understand why these people were doing this, they were making the money but they didn't want to pay the workers. Then I realized maybe if they keep the money in the bank overnight, then they could get profit on it. So then I started looking to different angles of what they were doing. So I decided okay, I'm bringing the union in here, and then I started working with 1199.

Her CHCA experience was radically different. A classmate suggested that she go to a place that was opening in the Bronx, so she went, reluctantly. "I come upstairs, there was a little room, a little cubicle with this big guy, weigh like three hundred and something pounds." She talked to Peggy and Jannette, who decided to hire her. "The way they talked to me alone, I was very impressed, and I hadn't done a day's work for them. The way they speak to you as an adult, as a person, I was very impressed with that, considering where I came from."

Carrión recalled, "I was a little nervous in the sense of, oh, this is just another dead-end job. I didn't think there was a place like this. Everybody was so nice. I was kind of curious — Why are they so nice? It's like, there can't be so many nice people in this world. I stayed quiet — I'm the type that likes to stay quiet at first and just look and observe. I liked [CHCA] from the beginning, but I held back."

The Cooperative Home Care Associates staff treated applicants with dignity and validated their personal life experiences. When Bibi Yusuf went to an agency to inquire about HHA work, she was referred to CHCA. She was told that they were interviewing seventy-five but hiring only twenty-five. Bibi was afraid that she was not going to get the job. "She was asking about experience and stuff. I had no experience besides looking after my son. I did things for my father, but I didn't count that as experience. My father was sick. Now I can see how that would be experience, but I didn't really count that at the time. I'm thinking job experience." She was surprised and happy when she received the call notifying her that she was accepted.

Some applicants overcame serious obstacles in search of the higher-quality job that CHCA represented. Dominican Ramona Pichardo (interviewed March 29, 1996) said, "I was tired of working in a factory. I worked and raised my children with two jobs, sewing on a machine. I didn't want to live from the government anymore, I only did it because I needed to." But when she asked about CHCA, the public assistance social worker "told me that my English wasn't good enough to take the training. When I went back, she told me, 'I can't give you the address of Cooperative Home Care, because you don't know much English.' I said to her, 'Yes, I want you to give me the address, because I'm going to go and I'm going to struggle to be able to do the training.'"

Training. Many candidate aides enter training with fears and expectations of failure. Carrión recalled, "It was scary at first, because you say to yourself, Are you going to make it? I said, Wait a minute, I raised three kids, I'll make it." The training itself helps in countering bad past experiences and self-doubts. It is designed to provide social support, opportunities to learn from mistakes without feeling failure, and plenty of second chances. The training gives students an opportunity to work around their weak points. Carrión said,

The classes give you a lift. Everybody makes you feel good. It's like you make mistakes and it's okay to make mistakes; if you did something wrong, you just do it

all over. When we were in class, I was so afraid when they used to give us the demonstrations, how to handle a person, how to transfer them from the bed to the wheelchair. I kept saying to myself, I'm not strong enough to handle somebody, take somebody that can't walk and put them in the wheelchair.

There's little techniques that they show you. But even though they show you, at first you say, "Oh my God, I'm either going to kill a person, I'm going to drop a person, I'm going to wind up hurting somebody!" But the way they teach you and the confidence they give you, it doesn't matter if they have to teach you things over. They give you the opportunity to do things over and over that you feel, even though you're doing it right, deep down inside you say, No I'm not doing it right. It might take somebody one day, it might take another person one week.

Everybody's different. The written test is in English, and we have a lot of workers that are capable of understanding it but it's just like me with Spanish — I can't read it too well. [The trainers] come around, and if you're having trouble reading it, they'll translate it into Spanish, and if you can't write your answer in English, you can write it down in Spanish. As long as they know that you know what you're doing and you understand the questions. . . . I have a weak spot, and I told them from the beginning. You can set a book in front of me and I can read it with no problem, but when it comes to spelling, I'm very, very bad. Sometimes I go blank.

Students who take written tests, for example, the one for a general equivalency diploma, are often allotted a specific length of time for completion. "That's what I was afraid of. When [CHCA] gave us the written tests, they didn't give a certain time. So you could take time without worrying about it." Carrión continued:

They teach you how to do stuff, and then the return demos, when you have to do it yourself with another person. If you did it wrong the next time, they give you another chance to do it again. And they actually show you what you did wrong, and they'll teach you again, and then you do the return demo again. And it didn't matter to them if you did it wrong two or three times. They would actually show you again. And if they had to give you maybe extra teaching on the side, they would, with no problem.

Training helped Yusuf overcome her sense of isolation as an immigrant. She met a few women who were very helpful to her, put her at ease, and are still her closest friends here because they were so kind to her. She didn't know anything about America. Everything was new to her — the people, the language, the way of living. She didn't even know there was a different language like Spanish; she thought everybody spoke English.

In training, people were very supportive and kind — friends explained procedures to her, people tried to make things easy, to make her feel comfortable and relaxed; they all traveled together and had their lunch together. She didn't feel left out or as though she was the only one who didn't understand what was going on. She was the only trainee from Guyana, but they made her feel as though she was the same as everybody else. "I didn't feel like I was the only Guyanese. Now when I look back I say, Yeah, I was, but at that time I didn't feel like it because even though they were Spanish together and they spoke Spanish to communicate, they didn't leave me out. So I felt like I was part. They were translating if I didn't understand something. So I didn't realize at the time it was a different culture."

CHCA has increasingly employed former home health aides as instructors. Yusuf, now an instructor herself, observed, "If the instructor was [an] HHA before, it made it easier, she knows what I'm going through. A nurse [might think], Oh, what a stupid question. Because right away you think of a nurse, it doesn't matter how nice the person is, right away you say, That's a nurse, it's different. This is [an] HHA, she's an assistant

instructor, but you feel more comfortable.”

For those with little education, the CHCA training can be especially difficult — and especially rewarding. Ramona Pichardo, who did not have the opportunity to complete grade school, said, “I’ve learned a lot. When I entered the company I knew how to write a little and a little about numbers. But there I had three weeks to ground myself in a little more education. I didn’t know how to use a thermometer. I didn’t know what temperature was. When one is not educated, one doesn’t understand what the human body is about, and there I learned a little about the human body, what a disease was.”

CHCA has continual in-service training programs and provides additional opportunities for advanced training. Yusuf joined the company when it offered only a brief initial training. After being on the job, she went back for more training to become an assistant instructor.

Everything was new. It was like learning all over again, at a much higher level. Like you took time to make a bed, you observed it and you did it, and you had to do it the right way. I would look, I would observe, I would have to assist in correcting. The nurse would be with me for the first couple of days. She would sit with me a few times and I observed how she was correcting the person, and then she would let me take the lead. Now I’m learning all these things which make sense. But at the same time, I still have to go back to my own personal experience. At the time I thought I was a good HHA, but I could have been a better HHA with this knowledge.

Continual Learning. Home health aides continue learning on the job and from other aides. Yusuf, for example, had a dying cancer patient who was often very angry and difficult to deal with. She knew little about cancer and didn’t realize how much pain it caused — to her it was just another disease. But the death from cancer of a friend, twenty-eight years old and a member of CHCA’s office staff, changed her attitude. “I remember, when my coworker passed away. I went home that night; I was so upset and angry and I was telling my mother, ‘What kind of thing is this?’ She’d never seen me like this before. I didn’t have any answers.”

After that, Yusuf returned to her cancer patients and put things together. “I surprised myself too. I didn’t even realize I was that angry about it, and both clients passed away shortly too. It did mean a lot to me.” She talked about it with another aide whose mother had died of cancer. She didn’t realize at the time how much pain they go through. She came to understand that the ways patients respond have nothing to do with the HHA but that the aide has to work extra hard to make them comfortable.

Yusuf passes on her learning. “Now if a home health aide tells me, ‘My client has cancer,’ I ask a lot of questions: ‘How is she doing, how is she coping with the pain, what are some of the things you are doing to make her comfortable, does she get upset a lot?’” When another HHA was assigned to a client with cancer who was being nasty to her, Yusuf helped the aide to understand that it was not something she was doing wrong, but something that happens when people are sick and in a lot of pain. “If I know that there’s a HHA that has a cancer client, I tell them, ‘Please be very understanding, don’t take anything they say personally, because it has nothing to do with you. It’s just the pain they’re going through.’ I learned a lot more being here, listening to others. Not only the instructors, but the trainees. They come in with a lot of information, they have family members, and sometimes when you’re talking and they express, they go deep, they bring a lot themselves. So with what they bring in, what I read about, and talking to the other instructors, it’s a big thing for me.”

For some the job is a place for social and emotional development. What she learned on the job, Sarah Lee said, was how to control her tongue.

Controlling my tongue and taking a little more than what I thought I could take. I know now what my father was talking about. When you are a child, and you see things like that, even a real young adult, you don't understand. But then when you get out here and you have to do the same thing that you saw your father do, you say, Oh man, that's what Daddy was talking about. Learning how to control. He didn't use those words, but that's what it is. You know control will take you a long way. It will take you more ways than what I was in my younger days.

Carrión commented, “[The job has] changed my personality in the sense that I'm more open. Even my own sons noticed that. They tell me, ‘Oh my God, Mom, she's a big shot in her company.’ Because they see me talking when my coworkers are calling the house and they see me explaining to them in Spanish.”

Working with patients from different ethnic groups brings rewards to the aides as well. As Ana Cuevas (interviewed July 11, 1996) remarked,

Every patient you go to from a different country, you learn something from. They learn something from you, and you learn something from them. The first time that I worked with a Nicaraguan, she said to me, “I want you to make me some tortillas.” And I said to her, “I don't know how to make them, I can buy them for you in the supermarket.” She said, “No, no, I want you to make them, I'll show you how.” Then she showed me. Since I knew this was my case, my patient, I had to make her feel good. So I learned, and she was pleased.

Home Health Aides' Contributions to the Organization

The Organization's Needs

Even a conventional company requires commitment, participation, and leadership from its employees. In a democratic, employee-owned company, such needs are far more important. Yet the Cooperative Home Care Associates workforce is recruited from sectors of the population — women, people of color, immigrants, the poor — that have been largely excluded from management roles in business, government, and other major social institutions. As a result, the following organization-strengthening capacities that workers bring to the company are even more precious, and developing further capacities within the body is even more important.

Leadership. Despite their dearth of executive roles in business and government, many CHCA workers have had important leadership experience in families, churches, and community organizations. Lee, a veteran home health aide who has played many management roles within CHCA, was the superintendent of her Sunday school class when she was a child.

That means that I opened up the Sunday school, I was responsible for getting Sunday school teachers, I was responsible for the lesson that they was teaching the smaller kids. There were three groups — the young kids that couldn't read, the grades from one to five, and from six to eight. And it was just young adults and young kids. Grown-ups would be there but they wouldn't participate. We had to learn how to conduct and control the lessons that we had to learn about Jesus Christ.

Lee's church experience helped her play a leadership role on the CHCA board, but she has also had an important part in the organization in helping to unearth and address issues that are not being openly articulated, particularly those concerning possible discrimination. This, too, grows out of her earlier experiences. "I was always outspoken. I was sassy. I was referred to as 'that sassy gal of Romer's.' Because all my other brothers and sisters are easy. I never have been. I don't expect I will be, not at this age."

Growing up, she had a reputation as a fighter. Something happened a couple of years ago that brought her childhood back to her. A girl with whom she had grown up, and with whom she used to fight, called her a "black n-b." They were in a department store, something popped, and they both got into trouble. "You treat me like a person, I'm going to treat you like one. You mistreat me, I'm gonna mistreat you." On another occasion, she said,

My son came home one day from school saying that his teacher had called him this "n" word. And somehow I saw spots. The next morning I went out there. They knew me because I volunteered for school a lot. The teacher said she called him that name because he was acting like one. I said, "In that case, so are you." She got very insulted. So I said, "Well, how do you think my son feel? If you get insulted, he get insulted." And the school guard was with me because she knew I had fast hands, because I was getting ready to smack her face. I was called that too and I always fought. I would fight you at a heartbeat until I learned that anyone can be that "n" word, anyone, as long as you act ignorant and stupid.

Lee makes a sharp distinction between what is appropriate on the job and what is appropriate in the company headquarters. "You can't be outspoken on the job. You can be outspoken in here. Say with your coordinators, your president, Peggy, anybody else. When I was on the board, I had a lot of complaints, and they wanted to call a meeting so that they could get it out. Other people complained. So what I did, I went to Rick and I asked him to call a meeting because I had a lot of people complaining about certain things, and they wanted to talk about it in the meeting. He called the meeting, we had the meeting. So I said, 'Well, now the people that was complaining to me, now's the time to complain.'"

Betty Cooper brings PTA experience. She started as recording secretary but hates recording notes because she can't read her writing. Then she became treasurer. After that she was elected president and served for three years. She got involved with the parents, school programs, candy sales, bake sales. They also had educational programs. The PTA brought in movies, put books in classrooms, and organized trips.

At one point she came into conflict with a school cook who tried to make the kids eat food they didn't want. Cooper managed to work it out. The cook suggested that the PTA make up some menus, so Cooper decided to do that and recruited parents. She held a meeting packed with people in which everyone gave their ideas. She took the ideas back to the cook, who used them.

Some workers have wanted to nominate Cooper for the CHCA board, but she feels she isn't ready yet. She uses her leadership experience another way in the company, by encouraging others. "I said, 'There's one person up there that I'm going to push this time, Denise Clark.' I see in Denise what I saw in myself when I was involved with the schools and all these things."

Other workers bring specific talents. Annette Dance said, "I write short plays and perform for my church, and I raise money like that for my church. So in order to make

people understand I try to paint a large picture, at the same time it has some funniness but at the same time I want you to think there's a serious side to it."

Intergroup Skills. Drawing on a multicultural workforce and client base, CHCA has a pressing need for people who can bridge the gaps between languages and cultures. Some home health aides bring strong skills in intergroup relations. Dance said,

Everybody's not like me. They tend to think I'm a little crazy, so since you think I'm crazy, I'm going to act crazy. I go to the Hispanic workers. "Hey, *mira* [look], how you doing?" I try and see if I can communicate with them. You have to kind of like break in because I think a lot of it is that sometimes they don't really understand and because they don't understand they tends to be clannish and stick together. I was talking to them and [one of them] said, "We learned English when we came here, but it wasn't enough." How are we going to bridge this gap once and for all? Because I would like to bridge it. That's why I keep telling everyone in my class, "If I tell you something in English, you've got to tell me about something in Spanish. We've got to have a trade-off."

Lee is also concerned with bridging cultural gaps. She observes that "some but not all black stay with black, some Puerto Rican stay with Puerto Rican." To get along people have to learn about one another's ways.

If you respect my ways and I respect your ways, we can get along. But if you don't respect my ways and I don't respect your ways, we're never going to get along. Say I'm quiet and the other person is very outspoken. So you know I'm quiet, so you try to bring me out. So I can be — not as outspoken as you are, but to say what's on my mind. By me being quiet, I would tend to keep it in. But if you bring me just steady, talking to me, then you going to bring me to a place where I haven't been, which is kind of outspoken. And then you learn about how I grew up, and I learn about how you grew up. And you learn about my kids, and I learn about your kids. And you learn my ways, and I learn your ways.

Cultural and linguistic differences among clients interact with those among aides.

You will send a black person to a Puerto Rican lady, if she can speak English. But then you don't know how she likes her food, so I couldn't cook the way another Puerto Rican lady would cook this lady food, because they are from the same heritage, so they kind of know what each other likes and how to cook it. But you couldn't bring me in there because I wouldn't even know how to first begin. [But it would help] if we could learn each other's ways — if you could learn what I eat, and how to prepare mine, and I learn what you eat, and how to prepare yours.

We had a team leader who couldn't speak too good English. But we all got along, we all understood what she was talking about, because we all were striving for the same goal, which was trying to get everybody involved into the company. [The most important thing is] to get people to open up and talk, to learn each other's ways, and be respectful to each other.

Realism. Cooperative Home Care Associates operates under extremely tight external constraints. While management believes that wages are far too low and wants to provide far greater educational and other benefits for workers, there is no money to do so. Workers are eager for higher wages, but many understand the necessity of accepting hard realities. "Right now, things are real bad. Every day you pick up the paper, every day you listen to the news, it's all this is cut out, that is cut out. So I know we need a raise,

but if you can't get it, you can't get it, that's all. Because Medicaid is cutting out and this is cutting out and that is cutting out. So what can you do?"

Commitment. A number of workers, including many who arrived with negative expectations based on previous experience, have developed a strong commitment to CHCA. Dance said, "Being on the board long ago gave me an idea of what's happened or what's happening, and I still feel very proud of my company. I'm in no rush to change. I remember the times when we had small board meetings; I would always bend my head, it took them a while to realize what I was doing, I basically was praying that this company would work."

Feeling angry that problems weren't being attended to, "I used to tell my president [that] this company's our baby, and it's growing. Then I told him such and such has happened, and it stinks, so the baby's pooping all over us. What are you going to do? Are you going to put a diaper on it? Are you going to potty-train it? And this is how I try to make things drastic." Dance told new graduates that the company is a tree and the aides are the roots. They have to go out and return with nutrients — good work — or there will be no branches and flowers.

Aides can see a direct connection between the quality of work and the success of the company. Ana Cuevas feels pride in CHCA's outstanding reputation: "I say that the reason we're number one is that the employees are punctual. In fact, the office takes charge of making us toe the line. Sometimes people tell me that it's very strict, but if Cooperative weren't strict, it wouldn't be in the place that it's in. All the nurses say, 'Oh, you come from Cooperative Home Care; that's good, because you are well trained.'"

Ownership. Workers had varied experiences with ownership before CHCA. One aide, for example, had owned virtually nothing in her life. "At first I was a little confused. But once I became a worker-owner and I saw the extra benefit that comes along with it, I enjoyed it. Then I said to myself, If you can really own a part of this company, wow, that's great, because that only thing I had owned was the furniture in my house and of course the clothes on my back and that's about it. I'd never owned any property, anything like that."

Lee, by contrast, had experience not only with property but with collectively owned property. "We owned our own land, and lived in the neighborhood with most of the family. From one end of the street to the other end was nothing but family. And the land goes back to my three times great-grandfather. They left it not to one person but to the whole clan. As long as the tax is paid, we own it. And he left it like that so it won't ever be sold." She believes that employee ownership motivates workers to help the company.

You own a share of something. It's not a big share, but then you're going to work even harder to try to keep it going. And on the Christmastime, you look forward to a little extra money that you know there's something you want to do with it. And twice a year, you get a extra hundred in your paycheck, probably coming the time you especially need it. I think we all think a lot about that, because we own one share, we are going to try to make it the best company out here. When you go into a person home, you try to do the best work you can. If you see somebody out there you figure would make a good home health aide, you try to get them into this company. Because you want them to — I used to tell them — get a share of the profit. And when you know you got something good, you're going to try to keep it that way. And by we doing good jobs, the client that we working for would like pass the word on by mouth, "Oh, I got this aide from Cooperative Home Care, she's good."

And then the one she talking to might belong to another home health care [company], but it might not be doing as good as we are doing. So then they're going to get their nurse or whoever: Can I get into Cooperative Home Care? As many jobs as we can get, that'll bring in money, and then maybe our salary go up.

Another aide feels that employee ownership gives workers a right to speak up. "This is my second time being on the board, and you know I'm always outspoken when I think I'm right. When I think I'm right, I'm going to speak. When I'm not, I'm going to be quiet, going to say nothing, listen. I think I have a right to say it because when you pay your thousand dollars for this worker-owner, it gives you a share, it gives you a voice to voice your opinion. So I think I have a right to voice my opinion when I think it's right."

Ramona Pichardo said, "It's the only company that has offered me an association of which I can become a member. I don't regret it because one receives dividends and feels like part of a family." CHCA workers feel especially privileged when they compare themselves with workers in other home health companies. As Cuevas said,

After you have your certificate for three months, you can become a worker-owner. I think it's a good idea that the company is worker-owner, because we are the proprietors of the business, and we have many benefits that other companies don't have. At least when I meet a person in the street from another agency, I tell her about the benefits. We compare opinions of her [workplace], of mine, and they're very different. They don't have voice through a vote, they don't have a uniform allowance, dividends. As worker-owners, we have the right to vote. We vote to put in or take away a person from the board.

Many aides feel that their CHCA experience has had a major impact on their lives. Florinda Pimentel said, "It's given me another way of thinking. It's helped me in educating my children as well. I've put a lot of emphasis on them staying in school and going to university, and I have more patience to listen to them." Ana Cuevas expressed her satisfaction.

I compare before and after, how my life was. It has changed in the sense that before I had patience and dedication and all that, but now I feel more responsible. I feel like I have to get things done, like I owe to other people to help them. I feel a more profound sense of collaboration and dedication to my job. If I don't like my job, I can't do it well. [Now I'm] more responsible, more sure of myself, I feel more womanly. ♿

This article is from "Cooperative Home Care Associates Study: Second Interim Report," which was prepared for the Cooperative Charitable Trust. It is a segment of a larger study of CHCA that will review its background and history, the vision of the founders and its implementation, the role of organizational policy, and the contributions of management and home health aides to the company's success. For more information, write to Cooperative Home Care Associates, 349 East 149th Street, Bronx, N.Y. 10451.