

Testimony of Mary McDermott, SEIU
Before the Senate Committee on Aging

I would like to thank Chairman Kohl, Ranking Member Smith and other distinguished members of the Committee for this opportunity to speak with you today about home care. I am here today with SEIU, the largest health care union in the country with almost one million health care workers.

In the last 11 years I have had the opportunity to view home care from several perspectives. Currently I provide hands on assistance for my mother and coordinate the work of several other caregivers. I am also an officer on the board of directors for the Wisconsin Home Care Commission (WHCC), a nonprofit organization established in 2006 to assist consumers looking for providers of home care and personal care services.

Before taking on the care of my parents, I worked as an efficiency expert analyzing and designing cost-effective quality standards, core competency curriculums, training programs, and operational processes. That experience provides the framework through which I view the challenges facing home care today. My background has enabled me to bring important professional expertise to this very personal arena.

In 1997, my mother suffered a stroke and, along with my disabled father moved from Michigan to my home in Wisconsin so that I could assist in providing the care they needed. We, like many other families, wanted to keep my parents at home instead of putting them in a nursing home. Families want choices for the long-term care of their loved ones.

Relying on the analytical skills I developed as a business executive, I worked with RNs & LPNs to develop care and communications plans so that we could respond to my parents' needs. My father died in October 2005, but my mother survives, receiving 24-hour a day assistance at home from myself and others.

Since 2000, caregiving has become a full-time occupation for me. Although my parents and I knew we needed a team of caregivers, it was difficult to hire private home care workers. Most candidates lacked the necessary training in skilled care or the experience providing supportive services.

My experience is that caregivers who choose this field often lack medical or geriatric skills and knowledge. They're loving people who in their hearts want to assist others, but sometimes lack fundamental training that is often necessary to meet their clients' needs. This is particularly true of people like me, who care for family members, who are often isolated and unaware that support is available. Direct care workers are like other workers: they need career support that includes continuing education, training, and career guidance if they are interested in advanced health care occupations.

I've worked with men and women who exhibit a true talent and a commitment to providing the elderly with the services and supports they need to stay at home. Many of

these caregivers would like to improve their skill set or gain more information about the field so they can move up. I have helped some get their CNA certification through trainings I have offered in my own home. People want the opportunity for growth and training that will foster pride in their work. Such training is likely to keep individual caregivers in the field, create long term caregiving relationships with clients and reduce the turnover we see nationally.

I was fortunate enough to work with my parents to provide the training I and others needed to be competent and confident care providers. I cannot begin to express my appreciation to the VA Hospital in Madison for the training they gave on an as needed basis such as IV, catheter, and wound care. They also made valuable suggestions on how we should approach care planning as changes in the status of my father's health occurred. Their partnering with us significantly reduced hospitalization, cost, and improved the quality of care provided in my home. If we could replicate this type of training for caregivers, we'd be on the right track.

I know from personal experience that direct care can be physically demanding and emotionally challenging. We in the field struggle to retain the current workforce, given the very low wages, the lack of health benefits, and the lack of opportunities for advancement. Homecare workers' wages are among the lowest in the service sector, and one in five home health care aides lives below the poverty level. Unlike most other entry level jobs in our country, home care workers often start off with no training and no foreseeable wage increases or advancement opportunities, regardless of skills or success in carrying out the preferences of clients.

Under a recent ruling of the Supreme Court most home care workers are not entitled to minimum wage or overtime protections of the Fair Labor Standards Act. Placing these employees outside the mainstream of workers covered by our nation's most fundamental employment standards is both unsound labor policy and long-term care policy as we face a growing shortage of workers willing and able to perform these essential services. Congress can rectify this by passing S2061 the Fair Home Health Care Act. I urge the Members of this Committee to sign on to this important piece of legislation. Until we treat home care workers with the respect they deserve, pay them a living wage, and give them health care, we will fail as a country to have the professional workforce that is desperately needed to care for our growing population of aging seniors and people with disabilities.

A knowledgeable, experienced and responsive worker can significantly improve the quality of life for many clients. That is something I have seen with my parents and struggled with as they have sought additional assistance. My experience has been that even the most responsive and attentive new workers need one-on-one training with the consumer and with other more experienced caregivers. This is not solely intuitive work and we now have much higher acuity individuals in need of home care than in the past. It has been an honor and a privilege to train caregivers and be a caregiver for my parents. In that respect we have been fortunate.

As the largest union for home care workers, SEIU has a long been concerned about workforce issues, including training. Although there are specific federal training requirements for Medicare home health aides, there are no federal training requirements for home care aides and personal care assistants and few opportunities. Currently many states offer training for home care aides and personal care workers, but in some places it is been local unions who are addressing this training gap with their own training programs often through jointly administered Taft-Hartley Training Funds. In some states, home care commissions not only assist consumers connect with available workers, but they also offer training programs for both workers and consumers. After developing a registry to enable consumers to choose from among available workers, the Wisconsin commission will be offering other supportive services for both home care workers and consumers, including training.

SEIU supports the development of a core competencies curriculum which correctly emphasizes consumer choice and preferences and requires training in the communication, problem solving and relationship skills that enable workers to understand and respond to consumer preferences and provide them with the high quality care they deserve.

But let's not fool ourselves. While training is a crucial step to developing the professional workforce we need, it is only one factor and without better federal and state funding for long term care and improving wages and benefits, it will surely not be enough.

I again thank the Committee for this opportunity to speak with you today, and welcome any questions.