

PAY, PROFESSIONALISM & RESPECT

Black Domestic Workers Continue the Call for Standards in the Care Industry



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RECOMMENDATIONS

PAY,
PROFESSIONALISM
& RESPECT

Black Domestic Workers Continue the Call
for Standards in the Care Industry

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The Black Worker Initiative is a bold and exciting new effort launched by the Institute for Policy Studies, which is deeply committed to helping achieve both the historic and contemporary aims of the labor and civil rights movements. Black workers have been particularly hard hit by the rising tide of inequality in today's economy. We hope our Initiative will be part of the solution to helping expand opportunities for black worker organizing and thereby greatly aid the revitalization of the U.S. labor movement as a whole. Indeed, the Initiative operates under the belief that black workers hold a key role in union revitalization. Without a platform for their voices and perspectives, a vital piece of the progressive movement is absent from the greater public discourse on race and economic and social justice. The Initiative uses conferences, published reports, public education materials, and mainstream and social media in framing a road map to how black worker organizing can be an ongoing vehicle for the preservation of the labor movement and the promotion of civil rights and racial and economic justice.

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FOREWORD

ON THE SHOULDERS OF GIANTS

The Fight for Rights and Dignity Must Go Forward

Alicia Garza, Director of Strategy and Partnerships
National Domestic Workers Alliance

At the National Domestic Workers Alliance (NDWA), we believe that black women deserve to be powerful in every aspect of their lives. That is why we created We Dream in Black in 2014 as a project of the NDWA, the nation's premier organization fighting for rights, respect, and dignity for millions of domestic workers in the United States.

Domestic work is rooted in the legacy of slavery. Cleaning homes, taking care of other people's children, and caring for those with disabilities was considered black women's work under enslavement. Caring for and serving others was not just the role of women, but of black women in particular.

And yet, black women were not entitled to the same care that we were required to provide for others. A core tenet of enslavement was the dehumanization of black people and a forced inability to make decisions over our own lives. Another tenet of enslavement was the inability of black women to access the same protection that white women were offered in many aspects of their lives. Black women were not paid for our work of caring for white families. We endured horrible abuses. We were denied the right to care for our own families and for

ourselves. And so the domestic work industry was shaped. As the demand for care increased, the conditions under which that care was provided deteriorated.

Today, the demographics of the industry have changed, but the conditions under which this work is done retains vestiges of



slavery. In the United States, care work is still largely women’s work. Chattel slavery has formally been abolished; yet the dynamics that characterized it—abuse, dehumanization, exploitation, and invisibility—are alive and well. Immigrant women and women of color are still the backbone of the care industry, and black women, while occupying different roles within in it, are still a significant proportion of caregivers in the United States. Black women are still making less than our counterparts and still experiencing important disparities in every aspect of our lives, whether it be access to healthcare and childcare, or housing and education, or whether it be the ways in which black women are being criminalized for trying to access what we need to live well.

We Dream in Black pays homage to the black women upon whose shoulders we all stand. Before the NDWA, there was Domestic Workers United (DWU) in New York, which in 2010 organized for and won the first Domestic Worker Bill of Rights in the country. Comprised largely of black immigrant women from the Caribbean, the motto of Domestic Workers United was “Tell dem slavery is done.” Before DWU, there was the National Domestic

Workers Union, led by Dorothy Bolden, in 1968. Before that, there was the washerwomen’s strike of 1881 in Atlanta, Georgia, where domestic workers organized a strike to raise the wages they received. Bolden pushed civil rights leaders, such as the Rev. Dr. Martin Luther King Jr., to include the issues facing black women in the agenda for human rights. She worked with domestic workers to tie economic power to political power by requiring that all members of the NDWU were registered to vote.

Though the demographics of domestic work has changed, black women are still key to transforming the industry and raising the profile and benefits of domestic workers. The industry today still functions off of exploitation and structural racism. Domestic workers are still exempted from most federal labor protections—a holdover from a racist compromise made between labor union leaders and Southern legislators during the New Deal. Technology has also reached the domestic work industry. In addition to their exclusion from most federal labor protections, cleaners, nannies, and caregivers on tech platforms are now fighting a push to classify them as independent contractors—a move that would further

“Today, the demographics of the industry have changed but the conditions under which this work is done retains vestiges of slavery. In the United States, care work is still largely women’s work. Chattel slavery has formally been abolished; yet the dynamics that characterized it—abuse, dehumanization, exploitation, and invisibility—are alive and well.”

distance workers from any kind of protections or rights to address grievances they might have with employers. Today, black women in the care industry are still being exploited in homes across America, and thus have a unique role to play in establishing the respect and rights we all deserve, while ensuring dignity for all of us.

We Dream in Black is an investment in black women. Our motto is “Across the diaspora, our organizing is our power.” It expresses the need to bring together black women in the industry, whether they were born in the United States or migrated here, to fight for what we deserve and resist being divided by today’s political debates around immigration. Together, we must ensure that black women are invested in as leaders and as architects of our own futures. We have built strong and growing chapters of domestic workers in Georgia and North Carolina who are looking for a political home, who yearn to acquire the skills to change conditions where they live, work, and play. We connect black women in different parts of the industry so that they can be powerful together by changing culture and laws. And, we work to restore dignity to the millions of domestic workers in this country by building black women’s capacity to shape our future.

***Alicia Garza** is an internationally recognized organizer, writer, and public speaker. In 2018, she founded the Black Futures Lab to experiment with new ways to build independent, progressive black political power. As the Strategy & Partnerships Director for the National Domestic Workers Alliance, Garza works to build a movement at the intersections of race, gender, and the economy. With Opal Tometi and Patrisse Cullors, Garza created the Black Lives Matter Global Network, an organizing project to end state violence and oppression against black people.*

“We connect black women in different parts of the industry so that they can be powerful together by changing culture and laws. And, we work to restore dignity to the millions of domestic workers in this country by building black women’s capacity to shape our future.”

**“I’m still struggling for
black women. They’ve
been the burden bearer
of all segments of blacks
and I think they need the
opportunity to demonstrate
their skills, their abilities,
and their knowledge.”**

DOROTHY BOLDEN (1923-2005)

Founder and President of The National Domestic Workers Union (1968-1998)
who worked as a domestic worker for more than 41 years

Source: Auburn Avenue Research Library on African American Culture and History



DEFINING DOMESTIC WORK

The women profiled in this report daily ease pain, lift spirits, and save lives as professional caretakers of children, the elderly, the infirmed, and the disabled. Despite the great personal sacrifices they frequently make for the comfort and care of others, their work is often demeaned and undervalued and they are denied basic workplace protections afforded to other workers.

WHO IS A DOMESTIC WORKER?

Domestic worker is the term applied to a wide range of occupations including nannies, childcare providers, medical and non-medical caregivers ranging from home health and personal care aides to certified nursing assistants (CNAs), homecare workers, and house cleaners.

WHERE DO THEY WORK?

Some domestic workers are “live-ins,” meaning they live in the private residences of their employers. Others are “live-outs,” meaning they live outside of the client’s home and come to the residence to work. Domestic workers also work in other non-residential settings, such as nursing homes, hospitals, and group homes.

WHO ARE THEIR EMPLOYERS?

Domestic workers are employed under a variety of arrangements, ranging from being employed by a client who may pay them directly to being employed by public and private agencies that send them out on assignments to clients.

INTRODUCTION

IT IS TIME TO CARE FOR CAREGIVERS

Low pay and lack of workplace protections for black domestic workers put our economy, care system, and humanity at risk

Kimberly Freeman Brown and Marc D. Bayard,
Institute for Policy Studies Black Worker Initiative

This report, *Pay, Professionalism & Respect: Black Domestic Workers Continue the Call for Standards in the Care Industry*, is a clarion call for change. Domestic workers provide an invaluable service to society. Like revered professionals such as teachers, active military and veterans, firefighters, and emergency medical technicians, domestic workers save and preserve lives. They sacrifice their personal health and safety for others and nurture the most vulnerable. Beyond their significant social contributions, domestic workers are vital to our economy. Nannies, childcare workers, home health aides, personal care aides, and housekeepers perform jobs that enable other workers to confidently leave their children, disabled loved ones, elderly parents, and homes in capable hands while they perform their work.

Despite the similarities to other professions that provide care and service, domestic workers are not afforded the pay, protections, or respect that they deserve for the critical services they provide and the skill with which they perform their duties. The stories shared in this report, reflect their all-too-common

experiences, including low pay and wage theft; job insecurity; vulnerability to sexual harassment and other workplace abuses; and lack of basic workplace safety protections that result in career-ending injuries.

The stories told by the women within these pages are not aberrations. The U.S. Department of Labor reports that even though black women have a higher labor force participation rate than other women (59.7 percent compared to 56.4 percent for white women), they experience poverty at higher rates than any other group except Native American women. This experience is particularly troubling because more than 75 percent of black working mothers are the sole earners in their home, according to a report by the Institute for Women's Policy Research and the National Domestic Workers Alliance (NDWA).

The economic realities of black women nationally are reflected in the stories of black domestic workers in Georgia and North Carolina. The Institute for Policy Studies and NDWA selected these two states because they have some of the largest numbers of

“We compromise the quality of our care, the vitality of our economy, and most importantly our humanity when we allow the treatment of domestic workers to continue to reflect America’s historic racial and gender bias toward professions that are disproportionately performed by black women and other women of color.”

domestic workers in the country and also some of the lowest levels of compensation. The federal poverty guideline for a family of four is \$25,100 in annual income. Home health aides in North Carolina, for example, earn a median income of \$19,680 yearly. Similarly, the Atlanta metropolitan area is home to the eighth-highest number of maids and housekeepers among U.S. metro areas, and nearly half of Georgia’s maids and housekeepers are employed there. Yet high demand for this labor has not produced higher wages, as the median annual wage remains \$19,380.

To gain a greater understanding of the impact of these disparities on domestic workers and their families, project leaders held focus groups, conducted interviews and launched citywide surveys in Durham and Atlanta in 2017 and 2018. The findings in these reports and the realities facing domestic workers are particularly troublesome in light of two trends:

- According to a 2017 forecast by the U.S. Department of Labor, the number of jobs in the home health aide and personal care aide fields alone is expected to grow 41 percent in the decade ending in 2026. Such projected growth in the field indicates that there should be a concerted effort to ensure that these jobs are quality jobs with appropriate benefits.
- Second, changing U.S. demographics show that America’s workforce—a key driver of our economy—is becoming more female and of color. By 2015, women made up 46.8 percent of the labor force. The Bureau of Labor Statistics (BLS) predicts that by 2024, the number of women in the labor force will rise to 47.2 percent. In its 2017 projections, BLS also predicts that the shares of the women’s labor force held

by Asians, blacks, Hispanics, and those classified as multiracial, Alaska Native, Native Hawaiian, and Pacific Islander will increase over the next decade.

Pay gaps, by gender and race, and the concentration of women of color in low-paying jobs that cannot support families has significant implications not only for individual families, but for our society as a whole. A core rubric of our Social Security program, for example, is that the labor of those currently in the workforce supports the care of those who are no longer in the workforce. When we allow a growing part of our workforce to be underpaid, unable to support their families, and at risk of abuse and career-ending injuries, all of us are under threat.

We compromise the quality of our care, the vitality of our economy, and most importantly our humanity when we allow the treatment of domestic workers to continue to reflect America's historic racial and gender bias toward professions that are disproportionately performed by black women and other women of color.

The stories in this report confirm the following truth: domestic work has been and continues to be elevated by black women in two important ways. First, they set a standard of professionalism that belies the conditions, treatment, and pay that they receive to do the work. Despite poverty wages and fluctuating work hours, a number of women we interviewed come out of pocket to meet their clients' needs or conduct research about their clients' conditions on their own time to find innovative ways to provide quality care and comfort.

Second, they elevate their work by using it as a nucleus of organizing and resistance. The women profiled in these pages often fight through the exhaustion of their work to stand

up for themselves and advocate for others. The solidarity and sisterhood found through *We Dream in Black* fuels a sense of self-pride and respect for domestic work and among its members that combats how our current labor and economic systems dehumanize them and undervalue their work.

Pay, professionalism, and respect for domestic workers is long overdue. It is time to end the historic racial and gender bias that has resulted in the conditions these women endure. Caring for caregivers is an important metric that our nation must use to measure its commitment to dismantling persistent racism and sexism, which relegates a growing and essential part of our workforce to nearly inescapable poverty, and ensuring that our children, elderly, and disabled loved ones receive the care they deserve.

Kimberly Freeman Brown is a writer, communications strategist, and organizational development consultant who supports organizations in actualizing their commitment to race and gender equity and justice.

Marc D. Bayard is an Associate Fellow and the Director of the Black Worker Initiative at the Institute of Policy Studies. He is an expert on labor, civil rights, and racial justice issues.

Bayard and Brown have collaborated on three reports on the experience and leadership of women of color—“And Still I Rise: Black Women Labor Leaders' Voices, Power and Promise” (2015), “I Dream Detroit: The Voice and Vision of Women of Color on Detroit's Future” (2017), and “Pay, Professionalism & Respect: Black Domestic Workers Continue the Call for Standards in the Care Industry” (2018).



BUILDING POWER FROM BELOW: A HISTORY OF BLACK DOMESTIC WORKER ORGANIZING

By Premilla Nadasen, Professor of History, Barnard College

The working lives of African American women historically have been tied to paid household labor. Domestic work was one of the few occupations open to African American women in the first part of the 20th century and was weighted with a long history of slavery, servitude, and racial oppression. Black women labored as cooks, cleaners, and nannies in the homes of white Southerners (and Northerners after the Great Migration, which began in 1915

and continued until 1970) serving a cultural as well as an economic function. Black women's status as domestic workers was a result of white racial power and also reinforced it. The image of the “mammy”—the stereotype of a content and loyal African American servant—was featured prominently in advertising, the arts, and literature in the early 20th century. Domestic service, in many ways, became emblematic of racial inequality.

Pictured from left: Patricia Sauls, Ihesha Johnson, Nilaja Fabian, Jacklyn Izraael, Valerie Redmond, Diane Heller, Joan Samuel Lewis, Tamika Middleton and Jasmine Okokhere.



Employers often claimed their employees were “one of the family” and used this claim to demand additional work without pay or to offer hand-me-downs in lieu of pay. Although domestic workers were expected to fulfill familial responsibilities, they were rarely accorded familial rights—even such basic rights as sitting at the dinner table. Live-in workers were at the beck and call of their bosses, with little time to themselves and no clearly defined job description. For many employers, hiring domestic workers was not limited to hiring their services or their time—it was conflated with the purchasing of their very bodies. Some employers viewed their employees as racially different and inferior and used that construct to justify low wages and poor working conditions. The “othering” of domestic

workers enabled abusive employers to reconcile their own sense of fairness with the inhumane treatment they meted out to workers.

The unequal and discriminatory treatment was also reflected in federal labor legislation. When the New Deal, a set of laws that offered economic protections to many American workers, was enacted in the 1930s, Southern members of Congress, concerned about maintaining control over the African American labor force, insisted on the exclusion of domestic and agricultural workers (two overwhelmingly black occupations) from Social Security, minimum wage, and collective bargaining laws for fear that granting rights to these workers would upset the racial order of the South. Consequently, domestic workers were denied the basic labor

“African American domestic workers continue to encounter inequality in the labor market and experience systematic underpayment and racial and gender harassment. Like earlier generations, they also organize and fight back, refusing to submit to any situation they deem unjust.”

protections and avenues of protest that were guaranteed to nearly all others in the American workforce. Domestic workers were not given Social Security benefits until 1950. They earned the right to a minimum wage and overtime pay in 1974 in response to a national organizing effort by African American domestic workers. But even with the passage of this law, live-in workers were exempt from overtime pay; and home health care aides were excluded from minimum wage provisions until a Department of Labor ruling in 2015. Today, domestic workers do not have the right to unionize or to bargain collectively and are not covered by the Occupational Health and Safety Act and civil rights employment laws, which apply only to businesses with fifteen or more employees. This lack of legal protection has resulted in a particularly vulnerable workforce that is at the mercy of employers. This vulnerability is compounded by the isolated nature of the work, which makes oversight and enforcement of existing laws difficult.

Despite the exclusions and legal limitations, African American domestic workers have a long history of organizing, dating back to the Atlanta washerwomen’s strike of the 1880s when 3,000 African American women nearly shut the city down by striking for higher rates of pay. In the 1930s, domestic workers such as Dora Jones in New York City confronted Depression-era conditions that relegated African American domestics to informal day work, dubbed “slave markets” by African American journalists Ella Baker and Marvel Cooke. Jones established a hiring hall to match workers with jobs; campaigned for minimum wage and workers’ compensation legislation; and insisted on signed contracts between workers and employers.

In the 1960s and 1970s, in the context of the Civil Rights and Black Power movements, domestic workers established a nationwide

movement. Geraldine Roberts in Cleveland formed the Domestic Workers of America in 1965. In Atlanta, Dorothy Bolden started the National Domestic Workers Union (NDWU). Geraldine Miller and Carolyn Reed organized the Household Technicians in New York City and Mary McClendon formed the Household Workers Organization in Detroit. With the help of an employer organization, the National Committee on Household Employment, these workers formed the first-ever national domestic workers' organization, the Household Technicians of America (HTA), which adopted the slogan "pay, professionalism, and respect."

The HTA organized in public places, such as parks, playgrounds, and buses. In Atlanta, Dorothy Bolden rode every city bus line handing out leaflets and encouraging workers to join her union. On the buses, poor women could share grievances and concerns, trade stories of abuse, exchange information about wages and workload, and learn about their rights. Bolden set up a hiring hall, screened potential employers, and organized an annual Maid's Honor Day to bring greater recognition to the occupation. In 1972, Governor Jimmy Carter signed an executive order proclaiming an official Maid's Honor Day in the state of Georgia. Bolden led the NDWU for 28 years and remained committed to improving working conditions for Atlanta's domestic workers.

Storytelling was a key strategy used by domestic workers to build their movement. Domestic workers were not a natural political constituency. So, storytelling became their way of connecting with one another and developing a base of solidarity. They shared stories about their mothers, aunts, grandmothers, and sisters. They shared their own stories of abuse and mistreatment, and they offered up strategies for resistance and subversion. Geraldine Miller told stories she had heard about a "slave market" in the Bronx

where employers would drive by looking to hire for the day a woman with the most scarred knees because that was evidence that she scrubbed floors on her hands and knees. Miller told this story in disgust and anger in part to convey to other domestic workers that no one should ever have to scrub the floor down on all fours. Using these strategies to organize from the ground up, household workers also lobbied for expanded federal protection. They mobilized employer groups, testified before Congress, and in 1974 won federal minimum wage protection. Equally important, they made strides in removing the badge of servitude associated with the occupation.

Although the percentage of African American domestic workers has declined considerably, they still represent some of the most exploited workers. And they are still a high portion of household workers in Georgia and North Carolina. As the stories in this report illustrate, African American domestic workers continue to encounter inequality in the labor market and experience systematic underpayment and racial and gender harassment. Like earlier generations, they also organize and fight back, refusing to submit to any situation they deem unjust. Through sustained commitment and collective engagement, they offer a vision for a better life and a strategy to achieve it that others can emulate.

Premilla Nadasen is a professor of history at Barnard College, Columbia University, and is the author of several books, including the award-winning *Household Workers Unite: The Untold Story of African American Women Who Built a Movement*. A longtime scholar-activist, Nadasen works closely with domestic workers' rights organizations, for which she has written policy briefs and served as an expert academic witness. She also writes for various popular media outlets and speaks widely about poor and working-class women of color.



DIANE HELLER

Despite Homelessness and Other Hardships, Caregiver Comes Out of Pocket to Help Clients

Three days a week, Diane Heller takes two buses and two trains to go care for her 92-year-old client.

For more than a decade, as a live-in and live-out caregiver in her hometown of Chicago, Illinois, and in Atlanta and Savannah, Georgia, Heller has encountered meager pay, a lack of benefits, no paid time off, and sexual harassment. On one occasion, she was fired from a live-in job without cause and with no notice, which resulted in her being homeless for eight months.

Despite these trials, she has always remained committed to giving her very best to her clients—including coming out-of-pocket to meet their unmet needs. Her consistent care as a contracted

non-medical caregiver is unmatched by industry standards for compensation and working conditions. Though her current agency offers medical, dental, and optical insurance and covers some transportation costs, such benefits are a rarity for many homecare workers.

In addition to taking great pride in her work, Heller also is a proud member of We Dream in Black. Through the organization, she and the other members work to raise pay and improve working condition for themselves and future generation of domestic workers.

Raising standards in the field will help fulfill her dream of ensuring that domestic workers' families are as happy and well cared for as the people that they serve. ●

“I love the fact that I can make a difference in someone’s life.”

I've had all kinds of different clients. It's very fun, and I like that you're your own boss. The pay situation is hard, though. And there's no insurance and no sick days. And when you lose a job, then there's no money. In order to make a living, you have to work seven days a week.

The only power you have is the fact that you don't have someone standing over you like a supervisor. Other than that, the client has all of the power. If they or their family chooses someone else, you're out of work. The fact that people can drop you like that, with no guarantees, is really hard. It's hard to survive like that.

I ended up homeless for eight months because of not being able to get work. I moved from Atlanta to Chicago for a job that turned sour. I was a live-in; and the client was horrendous. She screamed and yelled a lot and kicked me out on the coldest day of the year. I had to go to a shelter, and it was a living hell. That's one of the bad parts of my job: the instability.

It's hard unless you get a good, long-term position like when I lived in Savannah. I took over a client with dementia from a negligent and criminal caregiver. I had to revamp everything. I had to replace a bed soaked in urine. I went to Target and bought her



bedding with my own money. I bought her diapers and did her hair. I hung up pictures in her room to make her room more comfortable. I would take her to adult day care.

Everyone in the neighborhood was so happy, because she was being neglected and I saved her. She lost her ability to swallow, so I fed her with an injector. I would make juices to keep her strength up. On her deathbed, her last words to my son and I was that she loved us. She begged us to get her children there, and I called them. But none of them would come. When she passed, my son and I turned on the TV, played Motown, and danced the whole night, because that was what she loved the most. That was my longest job. I was with her seven years.

I love the fact that I can make a difference in someone's life. Sometimes you're challenged by the conditions that you find when you get there. Sometimes your client might not have any food. I've brought stuff from home to fix them something to eat. I've gone to the store on my own and done it. I don't mind, because it makes it easier to do my job, and it makes my client happy.

I'm not just a one-faceted worker. I'm part of a team. I work with the pharmacist. A lot of times, I have to take calls and make calls to assist the client if they can't do things. I have to work with nurses as well as doctors, because a lot of them have home visits. We have to think like this to do our work. We have to be on the same page, and that includes the family living there and the extended family.

I've even had to negotiate between children arguing over the proper care of the client. I talk with them. I've even prayed with them. If the client is not under that stress, it makes it easier on them. If people hear arguing within the family, that puts pressure on the client and can cause health problems.

My client now—when I come, she thinks

75% of agency-based, direct-care caregivers in Georgia are African American.¹

of me as a friend coming to visit her. And I'm the only friend that really cares. When you get acquainted with your patient and they get to see the kind of person that you are, they change. I've seen it. I think it's because of my people skills. My heart skills.

Another thing that we face is sexual harassment. I prefer not to have male clients because sometimes they might have a catheter or need to have their diapers changed. I prefer not to do that. They're heavy, I can't lift them, and I choose to not deal with their genitalia because sometimes they will get excited or get fresh and rub up against you, grab your breasts or pinch your butt.

“I would like to be able to go to work and really get ample pay, ample hours, and not have to worry about going to the doctor.”

I don't really think people understand what goes into domestic work. We need to show people what domestic work consists of to build greater respect for what domestic workers have to endure on their jobs. Sometimes the hard treatment isn't just from clients but from people that might be visiting. It makes me feel like a low person on the totem pole: not respected, looked down on. If people really got a chance to hear and talk to people that do our kind of work, they would be more compassionate. We need to educate the public.

I should be respected for the work that I do because I care for what should be our society's most treasured members. I make sure that their moms and dads are well cared for, well fed, and happy for the time that I'm there. I have their care in my hands. Without us, a lot of them would have to give up their careers or put their relatives in a home. I'm not a babysitter. They need to know that without people like us, they might lose the people they love and cherish so much.

I would like to be able to go to work and really get ample pay, ample hours, and not have to worry about going to the doctor. I'd like to have some kind of insurance. We need something to back us up so if we lose our job, there's a way we can get compensation until we can make it to the next one.

We need backing and support from the government. They really need to raise the pay scale. It is less than half of what it should be. And there should be a minimum number of hours for you to work. Sometimes, agencies will just give you two or three hours.

With We Dream in Black, I have a voice. I enjoy the sisterhood that we all share. I'm able to express problems that I face not only in my work but also in my private life with ladies that have similar problems. I like being able to work collectively with a bunch of ladies for a cause that we all care about and that affects our lives and livelihood because it's for our own best interest. There's just strength in numbers. Togetherness can move mountains. And you never know: Just getting together and working for a common goal, you can be a part of history, you can change so many lives—not just in the present but for years to come.



IHESHA JOHNSON

Healthcare Worker Leaves Field After Decades of Work Without Compensation

Ihesha Johnson, a proud mother to her 7-year-old daughter Phoenix, recently moved from the Atlanta area and no longer works in the home healthcare field. Reflecting on her decade-long career in domestic work, she makes deep connections between the work of today's domestic worker and black women who have done the work throughout America's history. "From our breasts, to our backs, to the food that we cooked—we're the ones who have taken care of the forefathers of America," says Johnson. "From then until now, we are seasoned in this field. At one point, we didn't have a choice."

Still largely invisible and undervalued, domestic workers need to be more respected for the priceless work they perform, she says. They should be fairly compensated and revered for the important and professional care that they

provide to clients, she adds.

For more than 10 years, Johnson, a California native, worked as a certified nursing assistant (CNA) in the metro Atlanta area. A fashion design major in college, Johnson entered the field of home healthcare because she was encouraged to learn a practical trade. She was exposed to the field through Job Corps and it resonated with her caregiving nature. To get paid to care for others was an extension of what comes naturally to her. She took a course and passed the exam to become a nursing assistant and home health aide.

Like many domestic workers, her work of caring for seniors and children has taken a toll on her physically. She suffered numerous injuries and did not have health insurance to get the same quality care that she gave to others. ●

The median caregiver turnover rate across the industry was 66.7% in 2017.²

"I have been injured several times...and I don't have benefits."

I was a certified nursing assistant for 10 years. Within that time, I held various positions working with elderly patients and disabled people. I worked in nursing homes, hospitals, and in clients' homes. I've also done a lot of nanny work.

As a nanny, the average day was a strict routine of waking children up, providing morning care, cooking and serving breakfast, leading morning activities, doing a lot of cleaning, going to the library and parks, serving lunch, and leading evening activities with the family—including serving dinner and getting the children to bed. There was a lot of cleaning and home management, shopping, and taking out the trash—all while taking care of two children at the same time.

I worked for agencies that sent me to various clients. Toward the end of my career, I also did private duty work. My last patient was a private client well into her 80s who was headed toward severe dementia. The family hired me to live in the client's home and care for her.

The average day on that job was a little different. I'd bathe her and assist her with all of her activities of daily living. She couldn't cook for herself, so I would cook breakfasts, lunches, and dinners for the entire week and store them. I did a lot of cleaning. I cleaned the bathroom several times a day because she would have accidents. I would get her to

ONLY 12.2% OF IN-HOME WORKERS NATIONALLY RECEIVE HEALTH INSURANCE FROM THEIR JOB, COMPARED WITH 50.6% IN OTHER PROFESSIONS.³

take her medicine, fold her clothes, and collect the mail. I'd take her out for some sun. She spent a lot of time in the garden. We had TV time; and I kept her company.

What I really love about this field is the ability to have a positive impact on the clients that you serve. People need support. Unfortunately, sometimes your family can't give it to you, so you have to call in a stranger and hope and pray that they care. I love being there for them.

I'm a caregiver by nature. I'm very skilled at creating an atmosphere that makes people feel comfortable. It made me feel good as a person to have the capacity to love in that way, and to do it in a trustworthy way. I think it's a superpower in this day and age. It makes me feel powerful.

One challenge is that you get attached to the client. They pass away or require nurses with a different skill set. Sometimes the work can be strenuous, especially with patients that are bedridden.

But the greater challenge is dealing with relatives who think they know the client better than you. They don't understand that medical and personal are two different ways of knowing a person. They don't understand dementia and what it brings. They don't have the training. That creates an atmosphere with a little jealousy or resentment. Hopefully, with a little love and professionalism, you can overcome that.

Being underpaid in the field really had an impact. Especially when I had my daughter. My work is not regulated. Employers are charging whatever they wanted. It can be difficult to come to an agreement because people need the care and we need the job.

I have been injured several times, especially due to heavy lifting. And I don't have benefits. It definitely takes a toll on you. I had lower

lumbar pain; and my discs have been impacted. I'm still experiencing pain from that. I had muscle pain in my upper back, shoulders, and in my neck. I've had knee injuries. I had this pain throughout the 10 years of doing the same type of lifting.

People think that we're just maids and nannies and that we're hired to clean and do jobs that other people wouldn't want to do. We're the help.

I want people to know the value of somebody like me and to not take it lightly. What I do is professionally love people. Being a domestic worker, there is no amount of money that you can place on love. It is too high of a cost. Nobody could afford it. So, when you meet somebody willing to give that love, people need to know how valuable that is.

Being a member of We Dream in Black means fighting for change and the rights of others like me. It's about exposing and sharing the truth about life as a domestic worker. Our role as domestic workers runs deep. We're the ones who have taken care of the forefathers of the American nation—from our breasts, to our backs, to the food that we cooked. From then until now, we are seasoned in this field. At one point, we didn't have a choice.

It's about raising awareness about this role—and the importance of valuing the role—so we can get better and fair pay. My dream for domestic workers is better pay.



Pay that doesn't make them have to choose between what bill to pay and having to let go of work that they love. It's very hard to give support without getting support. My dream for domestic workers is for them to be paid more and offered health insurance. I would love for us to have our own credit union. And we should get discounts at different places like teachers do. There should be more incentives for those who care for others. We need more people who care in this society. We have to care for the caregiver.

“My work is not regulated. Employers are charging whatever they want. It can be difficult to come to an agreement because people need the care and we need the job.”



JOAN SAMUEL LEWIS

Single Mother of 10 Raised Her Kids by Phone While on the Job Seven Days a Week

Joan Samuel Lewis' story speaks of the painful family sacrifices that domestic working mothers make in order to provide for their families. While Lewis, a single mother of 10, now lives in a multi-generational home where she and her children support each other, she remembers a time—after a difficult divorce—when hers was the sole income.

Her experience reflects a national trend. According to the 2017 report, “The Status of Black Women in the United States,” more than 80 percent of black mothers are family breadwinners—either sole earners or earning more than 40 percent of the household income. This reality makes paying domestic workers and ensuring their safety at work a priority for securing the stability of their families.

A native of Trinidad and Tobago, Lewis has a family history of domestic work.

Her mother, siblings, and children have all worked in the field. Over the course of her 25-year career as a certified nursing assistant (CNA), Lewis has experienced it all—from the backbreaking work of lifting immobile patients, to 24-hour shifts at her clients' bedsides, to providing care while enduring being called racial epithets. Despite the hardships and physical demands of the work, Lewis remains professional and prides herself on performing her job with compassion and skill. Because of her experiences, Lewis does not want her grandchildren to do domestic work.

After years of working 60-hour weeks, Lewis currently works weekends only for a 92-year-old client. The lighter schedule allows her something she has not had for years: an opportunity to prioritize parts of her life that have taken a back seat to her work. ●

67.9% of all African American working mothers are single moms, making them the primary, if not sole, economic providers for their families.⁴

“We don’t even do birthdays in my house anymore because I was never home for anybody’s birthday ... You give up a lot to put food on your table and a roof over your head.”

My mom moved to Atlanta from New York and was working in home healthcare with two other women who also came down from New York. They got a client here and a client there and, before you know it, they were well known and had a lot of clients who recommended them. That's how I started. I started working with my mom.

She had a client who was paraplegic. My mom and the other women were older, so lifting and the carrying was too much for them. They thought, "Give the job to Joan." She was my first patient. The money was small, but it was every week and it was steady. I could plan. I did that for seven years until she died.

We became very close. She did my Social Security. She paid all those things that other people weren't getting. When she died, her son recommended me to someone else. The next job I had carried over and did the same things. After he died, I was recommended again by



someone, and it went on from that point.

I got divorced and my life changed. It was not easy. When I left him, I went to a battered women's shelter. My oldest son couldn't stay there because the shelter only takes children under a certain age. So, me and the other kids stayed there for a while until we got a place to live. Home health work was how I raised my children.

I was never at home. It's 12-hour shifts. After a while, as the kids got bigger and needed more, I started working weekends in order to make ends meet. Sometimes, I'd be gone the whole weekend. I was away from home, so I was on the phone with them all the time. That's how I was running my children—on the phone. There's a fight? I'm on the phone.

The challenge with this work is mostly the demand on your time. Most of the clients that I work with need care 24 hours a day. Sometimes, you have to stay with them 24 hours—maybe more. I think that's the biggest thing, because of your family situation. Sometimes you don't get things done at home. Sometimes your bills don't get paid because you had to work. You go in when it's dark and you come out when it's dark. That's for years. There's no holiday; there's no Christmas. You have to give up all of who you are and your life to fit your clients' needs. You can't say, "It's New Year's Day and I want to be home." You put your client first.

We don't even do birthdays in my house anymore because I was never home for anybody's birthday. All of that is the downside of it. You give up a lot to put food on your table and a roof over your head. I had to, because I had a lot of children.

I've worked as a CNA for 25 years. I've done it all—helping them die and helping them live. Each client is different. I had a client that was very verbally abusive. When I first came to him, he was on hospice and said it all. The "N" word

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was normal for him. But his family were nice people. They would always reprimand him. I ignored him because I didn’t come there for that. I came there to work. I needed to work. I needed money so he wasn’t going to block my way. It was good pay, so I wasn’t going nowhere. We went through that for a while, but he realized that I was all he had to make him feel better. After a while, he became my best friend. We became close.

It doesn’t matter how bad they are to me. You can curse me if you want, but at the end of the day, you’re going to love me. I gained that level of respect because that’s what I want. You want your patient to respect your intelligence. If they don’t, they’re going to treat you accordingly.

Almost all my family is working in home healthcare. All my sisters. My mother worked in home healthcare. She did it. I did it. My children are doing it. I don’t know if it’s in our blood, or what. I don’t want my grandkids to do it.

I don’t think the public sees us as people. That is what I want to change. You have to be someone that cares in order to do that kind of work—because I don’t think people see it as even a worthy profession.

People don’t want to pay home care workers because they don’t see them as anything. There’s no value. They don’t need a car. They don’t need a house. They don’t need anything. So the mindset is, “Here, that’s enough for you. You don’t need more than that.” That’s the mindset that has to be changed.

People’s perceptions make me feel bad enough for me to change it. That’s one of my goals: to change it. I’ve been a member of We Dream in Black for two years. I try to get other domestic workers to join so they can at least look at themselves as giving an important service. I think that’s important when you’re working. You ought to feel like you’re doing something meaningful.

Being a member of We Dream in Black means a lot. I’ve been an immigrant working with no papers. I know what mothers go through when they have to work like we do, and don’t get to raise your children. I don’t feel like I raised my children.

It’s good for the organization to help the women who are going to go through that struggle to fight for a better life, increased wages, and whatever it may be that it would take to raise their standard of living a little bit.



PATRICIA SAULS

Caregiver Sheds Light on the Often-Undervalued Domestic Work of Caring for Family Members

When Patricia Sauls moved back to her hometown of Valdosta, Georgia, there were no job opportunities in her chosen field of typesetting, printing, and design. She had friends working in a group home, and she began doing work like them.

For Sauls, caregiving was following in her mother's footsteps and harkened back to her own past. Her mother was a nanny. By the time Patricia was a teenager, she had begun babysitting.

Over the course of her career in caregiving, Sauls has worked as a nanny, house cleaner, and as a caregiver for the elderly and developmentally disabled. However, her passion is providing her seasoned caregiving skills for family members. Family care is a form of unpaid domestic work that goes unrecognized—even by those who do

it. Sauls, who started a family care circle through We Dream in Black, marvels at how often people who are taking care of their relatives do not know that they are providing a valuable service of skilled domestic work.

Sauls, who is not currently working, still advocates for domestic workers—especially family care workers—to receive fair pay and good benefits. Noting that Georgia, among other states, excludes domestic workers from basic protections afforded to other workers, Sauls recognizes that the first hurdle for domestic workers is helping them and others value the work that they do. She hopes to see her home state adopt a policy similar to that of Arizona, which gives stipends to family members who are primary caregivers. ●

70 million people in the U.S. provide unpaid caregiving for a family member or friend.⁵

“We don’t hesitate to put our bodies in front of a falling patient even though we know we don’t have insurance. If we get injured, it not only means that we don’t get paid for that day’s work. It means we don’t get paid until we’re able to work again.”

I have a 95-year-old uncle who has been in a nursing home for two weeks. I have been helping out with him for the last four years periodically—taking him to doctor’s appointments and assisting him with shopping and stuff.

Family care is my passion. I took care of my mother through her bout with cancer the last two years of her life. She had a brain tumor, and so I was with her from surgery through radiation. From the time that I would wake up in the morning, I would check her first to see how she was doing. I had to keep up with all of her appointments. I did all of the cooking and cleaning. I’d try to get a feel for what she wanted for breakfast because one of her issues was that she struggled with her appetite. I just wanted to prepare what she wanted to encourage her to eat. I did all of the grocery shopping and everything while dealing with my own disability: I had back surgery a few years before my mom died.

One of the biggest challenges in family care is personal care, like when I reached a place where I had to assist with cleaning or caring



for private parts with my mom. That was hard for her. That was hard for me. We got through it. She was raised to be very private about that stuff, and so that’s really hard in terms of working with the elderly and families.

I think the hardest case I ever had was when I was in total disagreement with what the family’s plan was for one of my clients. They stopped feeding the family member, and we were instructed that we could give them sips of water or whatever. I spoon-fed her Ensure as well as water, and she started to beg for food. Being familiar with how Ensure stimulates your appetite, I felt like she would want to eat if I got Ensure in her. They had it there for that purpose.

I still struggle with valuing the work that I do. Before my uncle went into the nursing home, I spent three days with him. He was having a lot of issues, so cleaning up behind him was a big task. When his son asked me how much he owed me, I said, “Whatever you give me, I’ll take.” I felt guilty for needing money. As a family member, I felt that I should be able to care for my uncle for free—even though it was 45 miles from where I live, and I was spending money for gas to get there, and I had to be away from my space and activities. Even with all that, I had trouble putting value on the work that I did with my uncle.

I think we underestimate the amount of energy that we spend making sure that everything is together. We do it almost without thought. And because we do it almost

WOMEN, ON AVERAGE, LOSE AN ESTIMATED \$324,044 DUE TO UNPAID CAREGIVING, COMPARED TO MEN AT \$283,716.⁶

“I still struggle with valuing the work that I do...When [my uncle’s] son asked me how much he owed me, I said, ‘Whatever you give me, I’ll take.’ I felt guilty for needing money. As a family member, I felt that I should be able to care for my uncle for free...”

without thought, we struggle to value it.

Another challenge is lack of healthcare. One time I was working in a group home with three adult males. There was a young man who was 6-foot-5, and I’m 5-foot-4. Out of nowhere, he took his fist and hit me in the top of my head. I didn’t see it coming. It didn’t have an immediate effect, but like the next day my back was hurting me. Because I didn’t have any healthcare, I’m sure I took a couple of Tylenol and kept it moving. I often wonder if that was the beginning of my ruptured disc problem.

Even when I took care of my mom, my mom was adamant about baths. She liked taking baths instead of showers. I would have to reach and help pull her out. I have tendinitis in my right elbow and I occasionally have had to have three shots in my elbow. I had to finally say to my mom, “You’re going to have to give up baths or we’re going to have to get some help. I can’t do it anymore.” Not to mention, I had already had back surgery. Knowing that she was in her final days, it was hard for me not to give her what she wanted, but I also didn’t have a choice. I was no longer physically able to do it because, at that time, I had tendinitis so bad I was struggling to wring out my own washcloth.

It’s a gift to be helpful to people who are hurting. I want people to know that people

who care for the elderly also deserve care.

I would want them to fight more for equitable pay and benefits for people who do the work.

I’ve been with We Dream in Black for five years. It’s good for me to know that even now, with my own ailments, I can still advocate for the cause of working people. This is a great group for staying connected because of the way that they go about advocacy—from working with legislators to participating with other social justice groups to advocating for minimum wage increases. It makes me feel good that I can still participate in the change that I want to see.

I heard someone say in a We Dream in Black meeting, “Wouldn’t it be nice if you could insure your domestic workers along with your family?” You could put them on your insurance as well. I think we deserve healthcare.

A lot of us who do this work, we don’t hesitate to put our bodies in front of a falling patient even though we know we don’t have insurance. If we get injured, it not only means that we don’t get paid for that day’s work. It means we don’t get paid until we’re able to work again. It’s important that we figure out how to take care of those people who are taking care of our homes and our children and our parents.



NILAJA FABIAN

On-Call Nanny Speaks of the Need for Secure Hours

Nilaja Fabian emigrated from Trinidad in 1990, following in the tradition of many women who have left the Caribbean—where there were limited job prospects—for America, England, or Canada to do domestic work and send money home.

For nearly three decades, Fabian has cared for children and their families as a nanny. While she has done patient care work, she prefers working with children. Known as a “baby whisperer” for her expertise at getting infants on a sleeping and feeding schedule, she is also a trusted confidante to children who tell her things they don’t even share with their parents. Her love for children and skill at caring for them is important work that enables their parents to effectively perform their jobs—

knowing that their children are well cared for and happy.

The loss in pay that results from employers cutting her hours short at the last minute is a challenge for Fabian and many other domestic workers. Schedule changes that lead to unexpected lost income create instability and hardships for hard-working, dedicated domestic workers and their families.

A dedicated member of We Dream in Black, Fabian has grown to be a leader in the organization, recruited others, and advocated for fair treatment for her fellow domestic workers in Congress. In We Dream in Black, Fabian has learned to stand up for herself and others. ●

In 2012, 43.2% of nannies lived below the poverty line.⁷

“Being around a parent who doesn’t want to do the right thing by their nanny or person who helps them out in their home—that’s the difficulty I face from my job.”

I'm an on-call nanny with three families that I have worked for in the past. If a child is home sick or if it's the teacher's day off or if the nanny called off and the parent has to be at work, I'd get a call.

When I work, it's just like any other nanny day. If they want the children up from sleep, I get them dressed for their day, give them breakfast, and get them ready to play. Sometimes I do laundry for the children. I make their lunches or take them out for walks and to the park. I plan age-appropriate activities for them to do, and we have a ball.

I love the children. I have a lot of patience and a good sense of humor. You learn a lot from children. They make me laugh. They are very funny little people. I feel like it's a skill. You get to pull out of them, and they pull out of you. It makes you stronger.

I've been called a baby whisperer. I'm really good with babies. I'm getting them on a sleeping and eating schedule.

Being around a parent who doesn't want to do the right thing by their nanny or person who helps them out in their home—that's the difficulty I face from my job. Some feel like they can just say, "We're going to the doctor's office today, so we won't need you after 2

“I feel like nannies are supposed to be paid by their availability because you're supposed to be available for the family. So, if I'm available and ready and I can work, then I need to be paid.”

o'clock.” They feel that it's okay to just say they won't need me at the last minute and not pay me. I've had really good employers, but there are some who try to cut your money and try to get you to do things on the sly when that's not what they asked you for in the first place.

You don't have too much power—especially in those times when you just need a job. Those are the times when you have to settle for less hours or what they say they're going to do.

One of the last full-time jobs that I had was a set of twins. I needed to work, so I had no control over certain things. She'd say, "I'm going out of town next week." I'd tell her, "What am I supposed to do? You're going out of town for a week. That means I don't get paid for that week." There's no kind of security for that.

I feel like nannies are supposed to be paid by their availability because you're supposed to be available for the family. So, if I'm available and ready and I can work, then I need to be paid. It's not all the time that when a family says they're going out of town on vacation that you can find work at the drop of a dime. So, then that means your bills go unpaid; and there's so much that you're not able to do. You can't plan anything if they pull the rug out from under you by saying, "we need to go out of town," or "we're going to the doctor," or "we don't need your help, the grandparents are coming."

If they want to jerk you around, it's annoying. When you get home, it's not so much that you're just tired. It's that you're mentally drained also. It affected me. At one point, when my children were in middle and high school, I couldn't really be there for them at their extracurricular activities and stuff like that. But it also helped me to feed them and take care of my family. So, you just really want to be in a position where you don't feel like



your job has to suffer for your family or your family has to suffer for your job. It should never be like that.

You have to be a born caregiver. It's just something that I love. I will continue doing it if I have the right people to care for. The job is a very, very important job. Without us, the other workers will not be able to go out and perform in the city, and in the hospitals, and in all these important positions. They will never be able to do these things if they are not confident that their families and homes are in the hands of a caregiver, somebody they trust. They're able to go out and function and continue to make the world go around like it's supposed to while we are home making sure that everything is safe for them and their family—and that, when they come home, everything is just like they left it.

There are a lot of domestic workers who are not being treated well. People are taken advantage of. People who come here and are

desperate for a job but don't have papers are being taken advantage of. Somebody needs to stand up and let others know this is what's going on and that we need change. They need support. It should be fair for everybody across the board.

We're the only ones who can make change. You can have a good job now and later on, down the line, run into not good jobs. The same rights that we're fighting for now may be something that they would need later on down the line. You just never know.

My dream for domestic workers is that we could all feel really good about the type of work that we do and have that dignity and respect that we deserve. I want us to be on satisfying, well-paid jobs, be respected by the family, and be respected for what we do.

It will take all the organizing that we have and that we are doing to reach my dream. And bringing what we do to the forefront. Making us visible. It's going to take politicians to make changes.



WE
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IN
BLACK

JASMINE OKOKHERE

Home Health Caregiver Helps Raise Awareness About Domestic Work as an Important Profession

Home health caregiver Jasmine Okokhere was born and raised in Atlanta. For the past seven years, she has provided quality care for her clients. At the same time, she has learned to gracefully navigate caring for combative clients and employer attempts to expand her duties beyond what she is contracted to do.

While her work is demanding, she remains an active member of We Dream in Black.

Some of the earliest organizing among black domestic workers has its origins in Okokhere's hometown of Atlanta,

where 3,000 washerwomen organized a successful strike in the 1880s to demand higher pay.

In this tradition, Okokhere has reached out to other domestic workers so that they can support each other in advocating for better wages, medical insurance, paid time off, and recognition and respect for the importance of their profession.

Okokhere believes that sharing her story and those of other domestic workers is necessary to improve working conditions for herself and future generations. ●

The South is home to the highest percentage of direct care aides in the country.⁸

“In most jobs if you are sick, you get sick pay. I don't get that. If I'm sick, I just miss out on that whole day's work. I feel powerless then because I'm like, 'Now my check is going to be short.'”

I started out as an activities assistant in a nursing home. I went on to work in assisted living and then in hospice. I've also done some home healthcare. I've done all that since 2011.

I love the clients. They're very sweet and have interesting stories. When you talk to them, they're very funny. Even though some of them are diagnosed with a disease, most of them are still in their right mind. They can have a conversation with you. They can tell you about what they did for a living; and they'll joke around with you.

One of the biggest challenges on the job is their diagnosis or disease. If they have dementia or Alzheimer's, they can say things that they may not mean. They may yell and scream at you. Some of them can get very combative and scratch or grab you. But it's only out of fear. Maybe they don't understand what you're doing. You just try not to take these things to heart and assume that they really don't mean what they say. Then some of them do come back and say, "Oh, was I mean to you?" Or, "Did I say something to you?" They'll come back and apologize.

The work definitely has an impact on my health. Sometimes people don't always have the proper lifting tools that you need, such as the Hoyer Lift, or any assisting device. You're basically lifting dead weight; and it often wears on your back. I've also had knee issues since I've been in this field of work. I've been diagnosed with arthritis, and I'm only 31 years old. And then oftentimes you're just tired.

You come home, and you are mentally and physically tired and drained.

There's stuff that I feel like I could have more power over, like wanting time off and being able to get paid for that time off. In most jobs, if you are sick, you get sick pay. I don't get that. If I'm sick, I just miss out on that whole day's work. I feel powerless then because I'm like, "Now my check is going to be short." The same thing with vacation pay. I can't take a vacation. If I do, I'm not getting paid at all. That's where I feel powerless in that area.

“This is a job for me, and I take it seriously. I would like for them to take me seriously and respect my work.”

People don't really know what we do and that it's called domestic work. It makes me feel like we don't really have a voice. They look at us like we're nothing, but we're taking care of your kids, cleaning your house, and taking care of your mothers and fathers. While you're

AFTER TEXAS AND FLORIDA, GEORGIA IS HOME TO THE THIRD-LARGEST PERCENTAGE OF NON-AGENCY DIRECT CARE AIDES IN THE COUNTRY.⁹



at work we're doing all of this. We have a big job to do. I want employers not to think of us as, "Oh, that's just my nanny," or "Oh, she just cares for my mother." I'm way more than that. I want them to know that I'm important. I am human. This is a job for me, and I take it seriously. I would like for them to take me seriously and respect my work. Respect that I'm here to help you to help your loved ones. I'm here to ease your pain.

Respect looks like not giving me extra stuff today that's beyond our agreement. Not asking me to go and run this and that errand. It would be good if people could ease our pain a little bit and just be kind, too. It would be nice to hear, "Jasmine, how are you doing?" Or, "Hey, I've prepared mom's food already. All you have to do is heat it up." Or "I might be getting home a little bit early today, so if you want you can go home a little early."

Being in We Dream in Black means that I have a voice. If I have an issue, I have somewhere that I can go to get help. If I feel mistreated by my employer, I can come to the

organization and they can assist me with that. Sometimes you don't even know that you have rights; but yes, I do have rights.

They also do workshops that help domestic workers on things like contract negotiations. That will really help me. When I do private duty and get clients on my own, I now know how to negotiate the terms and how to write up the contracts. All of those things have definitely helped me out.

I think other domestic workers should join We Dream in Black because we're better as a team. Sometimes it's hard to organize other domestic workers because they fear losing their jobs if their employers find out they're a part of it.

Then I ask them, "Do you have health insurance?" And they say no. And I say, "That's one of the things we're fighting for." Then I'm like, "Do you get holiday pay? Do you get time off?" They're like, "No. If my child is sick then I have to stay home with my child and I don't get paid." And I'm like, "See? We're fighting for all of those things."

More people just need to hear stories about what the organization has done for us. There was one nanny who went a whole week without pay after working for this family. She called the organization and they ended up getting her money for her.

I just want to make sure that we are recognized, respected, and our voices are heard. That's key for all domestic workers—whether it's a nanny, housekeeper or caregiver. We are people; and this is our career. This is a job for us. We deserve more money and definitely benefits, at least medical insurance.

Yes, I just feel like we can get it done. It may take time. It will take time. But I just feel like we will get it done. I'm ready to fight; and I'm here for it.

ATLANTA, GEORGIA

CITYWIDE SURVEY OF BLACK DOMESTIC WORKERS

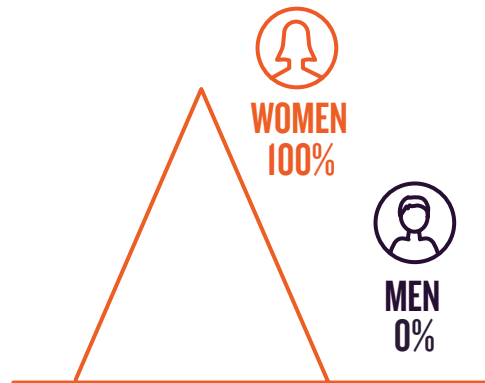
In 2017 and 2018, the Institute for Policy Studies and We Dream in Black, an initiative of the National Domestic Workers Alliance, launched a citywide survey of black domestic workers in Atlanta, Georgia. The survey was designed to give Atlanta's black domestic workers—an often invisible and isolated workforce—an opportunity to collectively share their experiences and insights. Through their responses, survey respondents confirm themes explored in individual narratives in this report.

SURVEY OVERVIEW

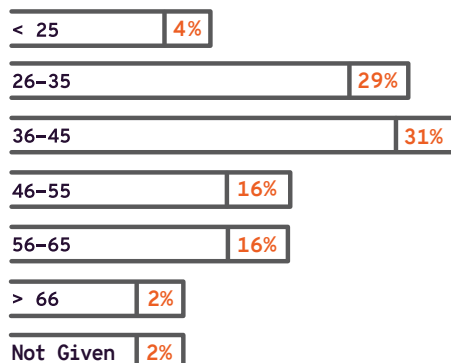


49

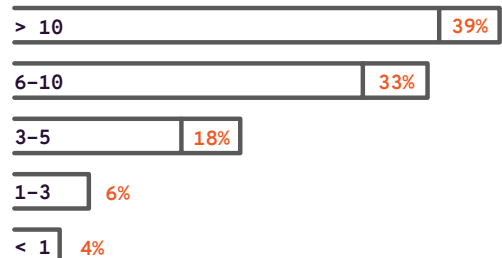
TOTAL RESPONDENTS



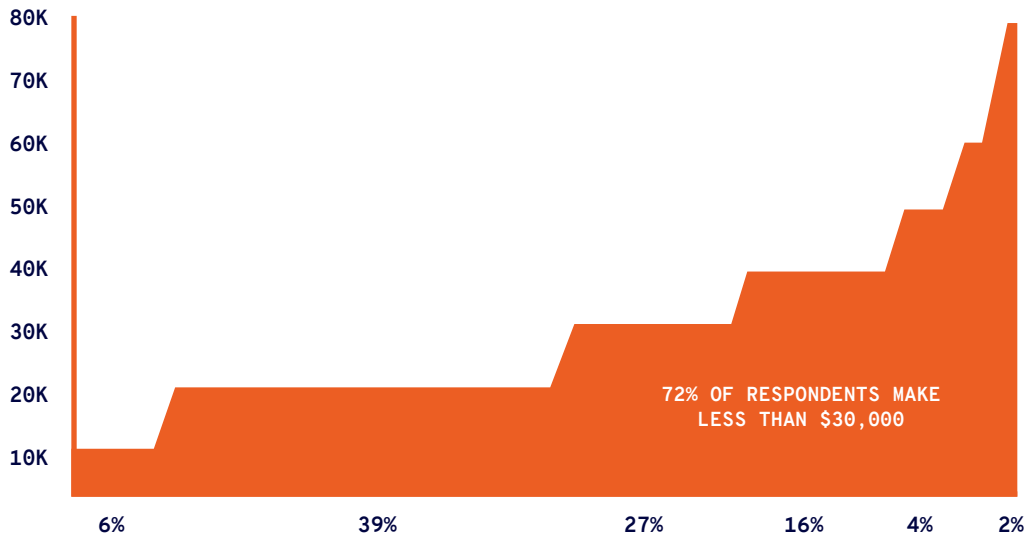
AGE



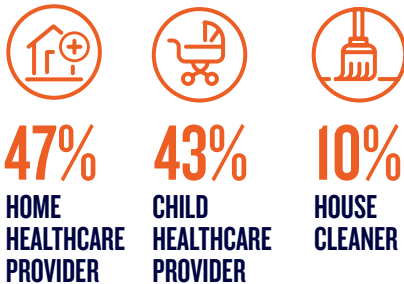
YEARS OF EXPERIENCE



ANNUAL INCOME



TYPE OF DOMESTIC WORK PERFORMED



PEOPLE SUPPORTED BY INCOME



EDUCATION



TOP WORKPLACE CONCERNS

94% OF SURVEY RESPONDENTS REPORTED WORKPLACE CONCERNS

65%

LOW WAGES

22%

WORKPLACE INJURIES OR HEALTH AND SAFETY ISSUES

39%

ASKED TO DO WORK DIFFERENT FROM ORIGINAL HIRED JOB

27%

LACK OF EMPLOYER BENEFITS

33%

LACK OF JOB SKILLS AND TRAINING

37%

ASKED TO WORK MORE THAN SCHEDULED HOURS

27%

NO PAID VACATION TIME OR TIME OFF



20%

REPORTED NON-PAYMENT OF WAGES



55%

WORKED WHILE SICK



53%

BORROWED MONEY UNTIL PAYDAY



29%

CANCELED A MEDICAL APPOINTMENT BECAUSE OF WORK



16%

HAD TO FIND LAST MINUTE CARE FOR CHILD OR PARENT TO WORK



67%

DO NOT HAVE ANY WORK CONTRACTS



67%

NOT ENOUGH TO COVER LIVING EXPENSES



59%

FEEL THEIR INCOME IS UNFAIR



31%

WORK OTHER NON-DOMESTIC JOBS

BENEFITS

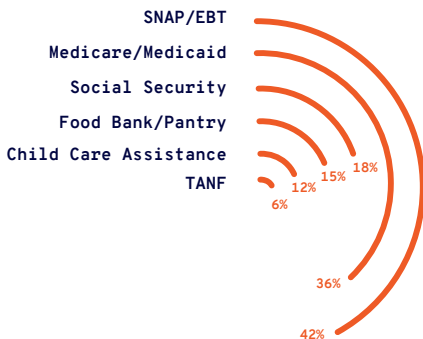
DESIRED BENEFITS



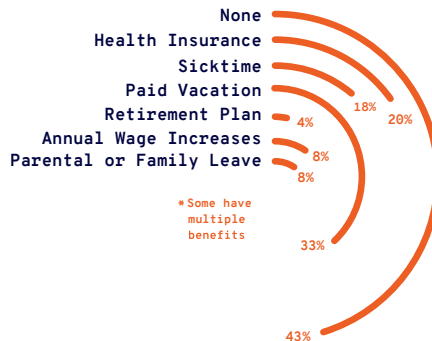
RELIANCE ON PUBLIC ASSISTANCE



82% OF SURVEY RESPONDENTS RECEIVE PUBLIC ASSISTANCE



BENEFITS REPORTED*



RECOMMENDATIONS

Toward righting the historic and contemporary wrongs, we endorse the following recommended actions:

1 Expand and leverage public investment in home care to create quality jobs.

Eighty-three percent of home care services for the elderly and disabled are funded by public programs—most notably, Medicaid. Consequently, the government has a tremendous opportunity to shape and influence standards in the field that will make domestic jobs quality jobs that offer livable wages, access to healthcare, occupational health and safety protections, and paid time off.

2 Establish basic labor protections for domestic workers in all employment settings.

The National Employment Law Project (NELP) has focused much of its research on home care workers and recommends that labor protections be established to which employers can be held accountable. We believe that baseline protections should be applied across all domestic work fields in all employment settings. Recognizing that “one size will not fit all,” the baseline protections should be specific to the different fields and tailored to fill the protection gaps within federal and specific state laws that define workers’ rights and occupational safety and health protections.

3 Prioritize investment in enforcement of labor standards and protections for domestic workers in all employment settings.

Laws are only as strong as the enforcement infrastructure behind them. Therefore, we call for investment in systems and structures that continually monitor adherence to labor standards and protections.

4

Strengthen workers' ability to organize and collectively bargain for greater accountability.

Similar to many other professions, domestic workers who are covered by a union contract are advantaged over their non-union counterparts. A national survey of unionized and non-unionized home care workers conducted in 2016 by NELP found that the union advantage for home care workers included earning higher wages (a weighted average of \$2 an hour more); being more likely to receive health insurance (61 percent of unionized vs 28 percent of non-unionized); and being more likely to have paid time off (55 percent of unionized vs. 23 percent of non-unionized). We recommend that any and all barriers to domestic workers joining or forming a union or entering collective bargaining be removed.

5

Extend to domestic workers similar economic, educational, and social benefits extended to veterans, law enforcement officers, and teachers.

Domestic workers should be included with other esteemed workers who are eligible for social benefits including education and training grants, housing-related assistance, access to quality health care, and discounts at private companies for cars, food, cell phones, and other essentials. For example, the Federal Housing Administration offers teachers, firefighters and emergency medical technicians, and law enforcement officers assistance to purchase a home at a 50 percent discount off the list price in a designated U.S. Department of Housing and Urban Development revitalization area. The Department of Veterans Affairs offers financial support to active service members, veterans and, in some cases, their dependents, for education and training that ranges from vocational and technical training, and licensing and certification tests, to undergraduate and graduate degrees.

ENDNOTES

1. Heidi Shierholz. 2013. *Low Wages and Scant Benefits Leave Many In-Home Workers Unable to Make Ends Meet*. Economic Policy Institute, Briefing Paper #369. <https://www.epi.org/publication/in-home-workers/>
2. Amy Baxter. "Median Home Care Turnover Hit 66.7% in 2017." *Home Health Care News*, Aging Media Network, 19 April 2018, homehealthcarenews.com/2018/04/median-home-care-turnover-hit-66-7-in-2017/.
3. Shierholz, *Low Wages and Scant Benefits*, 2013.
4. Wilson, Valerie. "African American Women Stand Out as Working Moms Play a Larger Economic Role in Families." *Working Economic Blog*. Economic Policy Institute, 11 May 2017.
5. "How to Get Paid for Being a Family Caregiver." *Caring.com*, 30 July 2018. Web. <https://www.caring.com/articles/payment-for-family-caregiver>.
6. "Caregiver Statistics: Work and Caregiving." *National Center on Caregiving*, Family Caregiver Alliance, 2016, www.caregiver.org/caregiver-statistics-work-and-caregiving.
7. Shierholz, *Low Wages and Scant Benefits*, 2013.
8. Ibid.
9. Ibid.



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