

Inside America's Biggest Worker-Owned Company: The Workers' Perspective at CHCA

by Niev Duffy and Gregory DeFreitas

Cooperative Home Care Associates, based in the Bronx, has become a leading force in New York's rapidly growing home health care industry. With 2,000 employees, it is also by far the largest worker-owned company in the U.S., and one of the very few in which the worker-owners are represented by a labor union. Moreover, it is in the process of an ambitious expansion, absorbing a number of rival firms and beginning a new venture affiliated with Airbnb.

Founded in 1985 by Rick Suprin, its growth, governance, training options and relatively high and equitable pay and benefits have begun to draw national media attention. So also has its novel "guaranteed employment" option, ensuring at least 30 paid job hours weekly for its worker-owners. CHCA has been rewarded with labor turnover rates less than half the industry average, and with certification as a B Corp for its high labor and environmental standards.

But as it embarks on still more ambitious growth, it also is confronting challenging decisions: When will all the new hires become eligible for full benefits, ownership shares, union representation and guaranteed employment? How best to integrate the many newcomers into the current workforce without disrupting the organization's culture? How to meet state increases in the hourly minimum wage to \$15 in the next three years when reimbursement from its public sector clients is already years in arrears? How to finance growth by borrowing from private lenders without diluting employees' ownership stake?

In late June 2016, we spent the day at CHCA, interviewing the long-time president, a worker-director, and a union representative. In the last issue of *Regional Labor Review*, we presented a first installment of those interviews with its president, Michael Elsas, covering its history and the management perspective. Here we present a dialogue with Priscella Pagan & Margaritta Pillot, respectively a CHCA worker elected to its governing board and one in a leadership role on its SEIU council.

Q: Can you each first say a bit about your own experiences at CHCA? Priscella, how long have you been working here?

PP: I've been working here going on six years. I started as a home health aide. I was working out in the field for about nine months. I wasn't making enough hours, and they actually needed help in the office.

So I started here in the compliance department. I was doing administration work: filing, making phone calls for the compliance to make sure that all the home care workers were up to date with their flu vaccine, their insurance, with their certificates. Shortly after that, a position opened up called Cooperative Home Care home attendant program. It was under CHCA, Cooperative Home Care Associates. I got a position there as a clinical assistant, where I was working closely with the nurses.

Basically, I would have to say Cooperative is equal-opportunity. They give you hope. If you're passionate enough to work with elderly people, care for them, this is the place you need to be. It's like a home. Everybody greets you with a smile. It makes you feel warm. And it's just all around a good organization.

Also, this year, I was elected by my staff to sit in the board of directors. So this will be my first year in the board of directors. This is a good opportunity for me, because, you know, from my background, I was a home health aide, and now I'm seeing a different perspective working in the office as a staff member. I'm just trying to help out the home care workers and the staff and the organization as a whole with making decisions.

Q: Could you describe a typical week for you? Do you still work in the field as a home health aide?

PP: No. I just got a new position April 25th as a claims specialist. So I work with the finance department on maintaining authorizations for personal care aide services. My schedule's from 8 to 4. Each month, mostly every week, I need to make sure that we have authorization in order to provide home care to our members, to make sure that billing and everything else is set forth with all our vendors, like VNS and the primary systems to make sure that everything runs smoothly.

Q: Do you miss working in the field, or is this a nice change for you?

PP: I do, because I actually went to school for medical assisting. So I actually wanted to work directly one to one with a person. Because in my personal background, I wasn't really close to my grandparents, and I didn't sit down and speak to them about their stories. But they do have great stories. And plus, some of these people, they don't have families. So it's like you feel wanted in a way.

Q: What's your background? Are you from New York?

PP: Yes, the South Bronx. I've been here since I was four years old. I was born in Florida, but I've been raised here.

Q: On the board of directors, are you a worker-owner?

PP: Yes, I am.

Q: Could you describe what exactly that involves as both a worker-owner and a director?

PP: On the board, basically we self-manage. We make decisions for what's best for our organization as a whole and for what's best for the home care workers, within the limits of the economy. For example, the minimum wage is going to go up soon to \$15 an hour. So right now we're discussing ways to cut down what we have here to make sure that the home care workers are paid what they need to get and what they deserve.

Q: Michael [Elsas, CHCA's president] told us that, because of the recent cuts in government reimbursements, that everybody gets paid \$10 an hour, no matter how long they've been here. Is that right?

PP: Yes.

Q: Now that you've taken on new responsibilities, are you still paid \$10 an hour?

PP: I'm on a salary basis. It's totally different for our administrative staff, how the home care workers are paid and how the staff members are paid.

Q: Okay. But they are paying you more, reflecting your increased responsibilities and so on?

PP: Yes.

Q: How often will the board of directors meet with all of the worker-owners if they want to come and talk to you? Is there a set schedule of meetings?

PP: Every Friday, the 12th and the 13th floors are designated for home care workers to come in, drop off their time sheets and also pick up their paychecks. We have people walking back and forth, providing updates about minimum wage, because that's a big concern. People think that they're going to get it right away, but they need to understand it's gradually over years you're going to be reaching that \$15. We just have to make sure that we are a good resource and give them the right information when they come through on Fridays.

Q: So you have 2,000 people coming through each Friday?

PP: No, because mostly, a lot of people have direct deposit. These are the people that still don't have bank accounts, that still pick up paychecks. And also, those that drop off their time sheets if their client does not do the clock in and out over the phone. So we have those. We basically see probably a good 400 in and out of the office on Fridays.

Q: When are elections held, do you have meetings where you'd have a lot of the workers coming in at the same time?

MP: Yes, we have meetings: what we call "info fair." It used to be a community meeting, but because a lot of people don't have time to go over there, we decided to change, and now it's called information fair. We're doing it every three months on Friday.



Margaritta Pilot & Priscella Pagan

Two weeks ago, we had an info fair. A lot of people came because it's Friday, because they want the check, and they have some questions. We invite different vendors with different kinds of information, and they pass through all those. And then when they've got a problem, they talk to somebody over there, and we send them to finance. That's the reason they see a lot of people at that time, because sometimes you have to clock in, and sometimes it doesn't go through. When they don't go through, then when you receive your check, it's less hours paid. Then you have to go over there asking questions about why this happened. So we see a lot of people at that time. But every Friday a lot of people come, from human resources, from finance.

Also, every last Friday of each month we have something called a flea market, where

if we know a home care worker that does something on the side, like baking, selling clothes or makeup, shoes, we have them come in with their products. So they can make a little bit more money on the side.

Q: Margaritta, could you say a little bit about your background? Where were you born?

MP: I was born in Ponce, Puerto Rico. I came here when I was in high school.

Q: How many of the workers here do you think are Spanish-speaking?

MP: I believe that here, 90% are Spanish-speaking.

Q: Do many workers here come from Puerto Rico?

MP: Here it's not a lot of Puerto Ricans; it's a handful. But a lot from Ecuador, the Dominican Republic, Bolivians, Hondurans, Guatemalans, Salvadorans, Mexicans. Belize, but they speak English. We have workers from India, Jamaica, Trinidad, Guyana and Africa.

You know, one of the things we have in the union is an English language class for home care. Because there's a lot of only Spanish-speaking workers. And sometimes when they complain they don't have cases, actually there are cases — but the clients are English-only speakers.

Q: So they can't go to English-speaking households unless they're bilingual?

MP: Well, we have a lot of bilingual, but most don't know English. I've been telling them to go and take classes in English and when you go home, don't watch Spanish TV, watch English. That's the only way you can learn. And a lot of people lately are asking for the English class. A lot of them. Because you do everything when it's a class, you know, because now it's different people from different countries, so they speak English mostly. They're Indian, they're Russian, they're Albanian, Filipinos ... All those, English speakers. People think they are Hispanic because of their name. I say, "No. The Filipino people have a Spanish name, but they don't speak Spanish."

Q: How long have you been working here?

MP: 15 years.

Q: 15 years? How have things changed?

MP: It's changed a lot. At the beginning when I got here, we didn't have a union. But we had insurance, even before the union. We also had a salary increase, because it was based in the hours you used to work.

Then we decided to put the union here. In 2001 or 2002, I think. And here everything changed. At that time, everybody had health insurance.

Q: Do you remember if you had to pay into the health insurance?

MP: Before the union, no, we didn't have to pay. The company paid everything. As the union came in, then we had to pay.

Q: \$5 per paycheck?

MP: Yes, \$5 a week, because it's weekly. But that's not the main problem. The main problem is the hours. You have to make certain hours to get in the insurance. I thought it used to be 120 a month. Now it's 100. If you don't make the hours, you don't get covered. After two months, you start receiving the letter telling you that you're no more covered.

Everybody came to me asking me, why I don't have coverage? And then I ask them how many hours you are? Oh, and you're making

60 hours. That's the reason, because you have to keep 100 hours a month to keep the health insurance.

Q: So those people would be uninsured then?

MP: Yes. For example, I asked someone, "How long do you lose?" "Two months," she said. "I went there [a pharmacy] and they said that I have to be more than three months to apply with the qualification for Medicaid. Then I have only two more months. But, I might need a medication." Believe me, every Friday, I hear that.

So that's why I know that is not working. Besides, sometimes they go to get to a prescription for something they need on a daily basis, and when they go to the pharmacy, they say no. That's another thing they are fighting, health insurance. It's not easy.

You have to work enough hours. Or, I've been telling them, if you have Medicaid, keep the Medicaid and work less hours. Just stay with less hours, because you have children. Keep 20 hours. Remember, if you work more, they're going to stop the Medicaid.

Q: If you work over 20 hours a week?

MP: Yeah, because it's in the system. Everything now is a system. In the computer. No matter where you go, if they type the name in, they know your hours.

Q: So 20 hours is the max that you can work and still be eligible for Medicaid?

MP: Because it's less hours, yeah. It's not enough hours for the person, and you have children. For me, they'd say I'm okay, because I don't have children. Those who have children, I've been telling them, that now they could get their children 1199 health insurance.

Q: Until recently, was it better for women with children to stay in Medicaid, because they would need it for their children?

MP: Exactly. That's a trick they have, because before, if the workers don't have — the children have the Medicaid, the worker has the health insurance for here, and it's no problem at all. Now, because they say, "This is the law," okay, then you could put your children in your case in the work. But now, you took them in there, in the Medicaid.

Q: So before, you could have 1199 coverage for you and Medicaid for your children?

MP: Yes, because it would only cover the worker, remember.

Q: And now that 1199 has expanded its insurance coverage to members' children, now Obamacare wants your children to be covered under 1199's insurance, not Medicaid?

MP: Yes. That's what happened.

Q: How much do you think insurance concerns affect preferences in work hours here?

MP: Usually when they're on the case for a long time, they have

the schedule already down. So if they went on Sunday, Monday, Tuesday, that's the days. The other days, they could do whatever they want with those times. I believe that a lot of them are working at two agencies. They weren't telling me, Because the thing is, if they work with another agency belonging to 1199, they have more hours. They're never going to lose the insurance, because they got hours enough. If something happens here, and you don't have your 36 hours anymore here, you add it at the other agency. So we are doing the connection, union to union.

Q: So right now CHCA is guaranteeing each worker at least 30 hours a week?

PP: Yes, 30, 35. Based on, you know, the home care worker. It's different case by case, because some people, have kids, so they're going to work at certain times. It's based on whatever the home care worker is dealing with. For the health insurance with 1199, they'll need to work at least 36 hours.

Q: So they have to have second jobs to keep the health insurance?

PP: Yes.

Q: It used to be that you had to work on weekends?

PP: Well, the requirement here is that, when they come in for the open house to be trained as a home health aide, the hours are from 8 to 6 P.M., and every other weekend you must be available to do that. So once they are committed and they sign a paper agreeing to that, that's as long as they work here for, because that's what they signed up in the beginning.

Q: But if now they just don't have enough work, are they still held to that? Or do they just have to be available to work?

PP: Yes, from 8 to 6, because their case could be like 9 to 1. It needs to be in that range, 8 to 6.

Q: This is if you're in the guaranteed hours program?

PP: Because, you know, a lot of people take vacation around this time, so the aides go on vacation. They call the replacement agents. "Oh, this aide left, so do you want to cover this case?"

Q: I read one study that said about 95% of your workers had health insurance.

PP: Nearly all our workers used to be covered. But once we increased minimum pay to \$10 an hour, it was tight on us. And plus, we are owed money [\$1.4 million] that still hasn't been paid back to us through Medicaid. So the business is running dry because we're using our savings to pay the aides. We're also waiting for the QIVAPP money from the state to come back from 2014.

Q: Has that meant that your worker-owners haven't been paid dividends the last two years? No profit sharing?

MP: No, last year we had one. Because we didn't have for more than three years, I believe, or four, and then last year finally we got a bonus.

Q: Do you remember how much?

MP: It depends on the hours you work.

PP: And it depends on how long you've been here in the company. You get a certain percentage.

Q: Is the union health insurance plan pretty comprehensive? Is it good insurance?

MP: It's a good one. Everybody's complaining about the dentists, but, you know, that's a problem in many kinds of insurance, when you have the basic, and then you have to pay, no matter what insurance you have. But as long as they make their 100 hours, they don't have no problem now.

Q: Do you know if the insurance before the union was as good as the insurance now?

MP: It was, because we have the regular doctor. We had a health plan, it was for the dentist. At that time, we also had for the vision, here, from the company.

Q: So you had dental and vision before?

MP: Yes, we did.

Q: What about pension? Did you get a pension before the union?

MP: No. The pension just started 2014. We didn't have that before.

Q: You had a new contract in 2014?

MP: Yes, a new contract. What happened was our elected officials in Albany didn't understand that home attendant and home health aide were two different roles. The home attendants have been here for a long, long time, since the time when they were only paid \$2 an hour, and that's it. So they would increase benefits through the years, but then we were new. When they got us the increase, we were able to grow.

We are new, so we don't have the same benefit. When we tried to get more benefits, the union had to go to Albany and Washington. The first time I went in to talk to one of the state senators, I told him the same thing. I said, "No, we are different, two different roles." He said, "Explain to me what's the difference between them." I told him that a home health aide has to do more with the patient's health, knowing the house. With a home attendant, it is for healthy people where they can clean or cook for the client. That's the big difference. The home health aide is more for the client. We have to make sure that they take their medication, that they go to their appointments and we have to check how they feel. And we have to report all those changes.

The senators told me that they didn't know that. Now it's different, because they decided to require everyone to be home health aide. All the home attendants have to take classes and have to be a home health aide.

PP: Yes, about two years ago they had a class here and they taught the home attendants how to do vital signs, blood pressure, also

transferring the patient in and out of bed using the wheelchair or the Hoyer lift. They were transitioning into home health aide.

Q: Who does the work of the home attendants now? Does Medicaid still cover those services?

MP: Yes. But because they just started two years ago, they tried to train everyone as home health aides.

Q: Do other agencies still do home attendant work?

MP: Yes, they still do. Two weeks ago I was in a union delegate meeting and someone was asking, where they have to take the class to become a home health aide? At the beginning it was a mess because everybody didn't want to lose their job, and they were running to get the training. People were charging \$500 to \$700 for a one-week class to change them. So the union said it could pay. It's now free for the workers; you don't have to spend that kind of money.

That's the reason we're still doing that. It is not like before. We got trained like a CAN [certified nursing assistant]. It's the same training.

We'd have to check vital signs, blood pressure, fever, weigh the people, check the people, how they feel, is there dementia. You have to make a lot of observations. It's really different than home attendant. Besides, some of the people don't have no family at all. I used to have this lady with nobody, nobody. So when you got there, for them it's like you are the family. You know? If you spent eight, ten or 12 hours with them. Sometimes they don't even let you do nothing. They want to talk to you and try to grab you like you're family.

Q: You mentioned that you were at a delegate meeting of the union.

MP: About two weeks ago, yes. In the union, I represent the workers from here in the 1199 union. We are like seven now, seven delegates here. There used to be only two. Delegates are elected every three years. Every Friday I'm here, and we're at the 13th floor, and have a table and everything. Everybody comes who has a complaint or wants to go to school. Because the union helps people to go to school if you want to learn English, if you want to do GED, computer class, and if you want to be a CNA, a licensed nurse, they help you.

Q: And you didn't have that before the union?

MP: Well, let me tell you something. The reason I'm not working in management here is because I never wanted to. Because they asked me all the time, but said: "Well, you'd have to leave the union." That's the thing. So I said, "No, no, no. I don't want to do that. I prefer to be in the union."

Q: Why? Why do you prefer to be in the union?

MP: The reason I prefer to be in the union is, I'm the kind of person who doesn't like to work inside an office. Going to the office in the morning — I never liked that. I used to do that a long time ago.

Q: Would you have to be full time, also, to be management?

MP: Here? No, not really. But in the union, you learn a lot. I went to Albany to talk to the elected officials. I represent the people here when I go there, and I feel good to do that. Sometimes I go to Washington. Sometimes I go to different states. I like that.

Q: A lot of people, when they hear about worker co-ops, think they're great, and they help the workers. And then when they hear that a worker co-op has a union, they're often initially puzzled. You know, "Well, gee, why do they need a union?" So what would you say to them? You talked a bit about disadvantage of the union in terms of the health insurance. But what would you say to somebody in terms of why it makes CHCA better for both of you, why it makes CHCA work better, having a union, too?

PP: It's more support.

MP: It's more support, but what I can see from this agency, this agency, because I've been working in different agencies with — through the union, this agency is close to them. They work together to better the worker. In some of the agencies, they don't. The only reason we decided to bring in the union was for security in the job. We didn't have a problem with the coordinator. The coordinator just wanted the workers to do whatever they want to, at that time.

Q: Who's the coordinator?

PP: Those are the people who assign cases to the home care workers. They have like a new client, and then they serve the hours to each worker.

Q: So within CHCA before the union, you were having trouble with these coordinators?

MP: Well, at that time, coordinators would say: "Oh, no, you don't want to work here? The only thing you have to do is to sign here." They never explained to the workers what they were signing. They were signing that they had resigned.

At one time I was opposed to the union. I said, "No, we have everything without a problem. If we have a problem with the coordinator, what we have to do is talk to management, because usually the management people don't know what happened here."

PP: Exactly.

Q: So the management didn't even know what the coordinators were doing?

MP: Exactly. Like now, whenever we have a problem, I say, "Okay, I came to talk to you." We own this place, so I go to management." You see? But before the union, you didn't know. You didn't know that you had to do that. Everybody, they were scared. They didn't know how to defend themselves.

Q: Against the coordinators?

MP: Against the coordinators. The coordinator could do at that time everything they wanted to. Everybody came here, and they were crying. Not me. I said: "Sorry, I know my rights. You don't have a right to scream at me. I don't come here for you to scream at me or yell at me. I don't sign nothing. Never sign nothing."

Back then, I always said that the only reason we're bringing the union here is because we want security in the job. We want somebody to represent the right of the worker. And it's been good. Because, I'm telling you, management and the union, they get along. In other places they don't. They don't even want to sit with you to talk or things like that. The workers don't know the president of the company, just his name. I'm telling you that because I used to work in a different agency before I came here.

Q: Right, but not a worker-owned one?

MP: No, it wasn't. But the thing is that you never saw the president, you never saw those people. The only people you had contact with was the coordinator.

Q: So, even though most people think that in a worker-owned firm you are the management, they don't necessarily realize that the workers might not even know who the manager is?

MP: Exactly. The people who used to work as coordinators, and also in the offices like human resources, at that time they weren't nice with the workers. They thought they were doing a favor to the worker. That was the main reason the union got in here. Because being at Cooperative, you see the benefits. Now a lot of people talk to the workers, and they sound happy to have a share in this company. They say that they belong to someplace, and they do. They feel that it is important for them to be in.

They do training here, both in Spanish and in English. And they ask the new people "Do you want to be worker-owner?" "What is that?" they ask. And then you explain why it is something really important for them.

Q: So most of your people coming in, they want to become owners?

MP: Yes, they want to.

Q: In your experience, what do you think would be the main reason that somebody would say, "Well, no, thank you, I don't want to do that."

MP: I know the main reason. A new worker-owner has to pay \$1,000 for that. They're going to pay that from the check in a weekly basis.

PP: Not the whole thing, but the first deposit of \$50. And then every week after that you pay \$3.

MP: You pay only \$3, but it's going to be one more expense for them. Because at this moment only Cooperative is around. It's less

work, less hours. Before everybody could do 40 hours, 45, 50, 60, whatever kind of hours you want to. But then the Labor Department said that everybody had to be paid overtime if they work more than 40 hours.

Then they have to change here also the hours, because you always have problems with reimbursements from Albany and the cases weren't coming. So now it's less more workers and less cases. To have everybody get some work, now nobody's supposed to have more than 40 hours. It's 40 or less. It's 30, 35.

Q: Basically, they never allow overtime here anymore?

PP: They used to. But now, overtime is scarce, since there's not a lot of cases around. Everybody's making just the 35 hours, 40 hours.

MP: It's not permanently. It's only because it's a crisis. We don't have cases for everybody. It's mostly the last two years, from 2014.

PP: Yeah. And that's why we have a new program that started. It was called Each One Reach One. Basically, we had a small group of home care workers that were trained on how to go out in the community and just approach people that they see in their church, grocery store, the movies and just ask them, if they were pushing a cart full of groceries, if they had someone that was helping them. And if the person said, "Oh, no, I don't have nobody," then they would exchange information about Cooperative and about Independence Care System and all the other managed long-term care plans. It's like, "Okay, so if you need help, this is where you start." You can give me information. We call you. We start the process along.

Also, if they're going to have Medicaid, we have people here who can apply for them for Medicaid.

Q: Is that facilitated enrollment?

PP: Yes. But it's based on whatever they want. If they said no, we don't force them. And also, we used to give them a booklet just in case they say, "Oh, I'm not so sure right now." So whenever that day comes when they decide that they need services or help, then can contact us. It's called the Community Connect program.

Q: Is that still going on?

PP: Yes, that's still going. And we have trainings every Tuesday and Thursday. We talk to the people. We get the information, a telephone number and what best time to call, because we're having trouble calling the people, because then we can connect with them. So now we're asking the best time for them, for us to call on them.

Q: And that's after work you do this?

MP: All the time. I mean, if you're on the bus, and you see somebody, you start talking. If you're walking the street, and you see somebody, you start talking. "Hello." I like to talk to people. [LAUGHTER] I'm going to say I'm crazy, because I talk to everybody.

Q: So is this as a volunteer, or are you paid?

MP: Yes, volunteer.

Q: But everybody here is encouraged to do that?

PP: Yeah. Also, on Fridays, we have someone from ICS actually sit at a table with a sign-in sheet and information about this program. Once the home care workers walk in, if they stop by the table, we let them know what the program is about. And if they are interested, we give them a call back to let them know when the training classes will be. Usually the training classes are Tuesdays and Thursdays, and it's only for 45 minutes.

Q: And that's for the Each One Reach One program?

PP: It used to be Each One Reach One, but they renamed it Community Connect program. Once the home care workers have completed that training, they go home with an ICS bag, booklets, all the supplies.

Q: How are the elderly you approach going to know who to sign up with?

PP: They can choose. We don't tell them what plan to choose. Whatever consumer signs up and says, "You know what? I need home care services," we help them to see whether or not they have Medicaid. If not, then we help them with the Medicaid application. That process takes about 45 days. Some have the state Medicaid Choice. We'll call them and let them know what plan that they might want.

At that time, we tell them, about ICS and all the agencies. At the end of the day, it's their choice, and they get to choose what plan they want. I mean, it's a blessing that they come back to ICS and be here.

Q: It's kind of scary to think that it's accidental. What if you don't approach somebody, or the people who don't know that you exist? Then they're just going to see an advertisement, or wait until they're in the hospital?

PP: Yeah, sometimes the hospital.

Q: So do you work at the hospitals?

PP: No. ICS does. We have a different department for that called Community Engagement.

MP: They go to nursing homes and places like that, and they talk to people. I know that because I had a client that was in a nursing home, and he had a problem in there. And he called one of the Community Engagement people, and they came to help him. And that's why he got in ICS. Because somebody goes in there want to talk to people and say, "If you need help, you could call this number." That's what they do.

Q: They're maybe people who would like to stay home but end up in a nursing home, because they don't know about ICS?

MP: I explained to that client's daughter that Visiting Nurse

Service could be for two, three months, if you need short-term. But ICS is long-term. You know, always you're going to have that difference.

PP: So people that need services more than 120 days, presently disabled or have a chronic illness. And the 45-minute training class, where the home care workers want to be what they call community ambassadors, that — once they complete the training, they are called community ambassadors. In the training, we have a PowerPoint show that gives us information about Independence Care System, what to look for if someone needs services. So once they do get approached by somebody or they approach the person, they know exactly what information to tell them.

Q: Can I ask a little bit about the labor-management committee, LMC? How has that worked?

MP: Okay, in Labor-Management, we have more than six different groups. One is called communication. Another is morale. And we had service delivery, health. I belong to the communication part. I bring every complaint that the workers have to the table to see what — if we could find a solution.

So it used to be like an info fair. Every group used to do different things, like health brings somebody to cover cancer, heart problems, different things. As the communications group, we have to know everything about the co-payments. So we brought information. What are we going to do? We're planning to go to Albany, or we're planning to talk to management.

Q: So you would meet with Precilla and the board of directors, or Michael Elsas?

MP: Yeah. When we used to do the labor management, it was Michael, it was Alvia — the management people. But now labor management has been put aside. You used to get paid for the cases you had to miss in meetings. If you had a client you could not care for [due to a LMC meeting], and they sent a replacement home health aide over there instead of me, they used to pay me for my time. But they can't do that anymore, so they've been closing everything down.

We still are doing the communication part, doing the info fair. And we do the flea market? That's the only two things we still have. So we no longer have a meeting with Michael and the delegate and the organizer from the union.

Q: The only reason they stopped it is because they can't pay for your time?

MP: It's because there is less money coming in. The government stopped sending cases, not only here, but around the state. ICS was bringing us once a month about 700 people. Now we have 2,000 workers in the field. The company has been growing, but everywhere, you know, it's a problem for home health aides. There are not enough hours. They used to pay overtime a lot. But at this moment they can't.

PP: They just want to be fair to everybody. They want to be sure

that all 2,000-plus home care workers here are getting paid.

Q: So what happens if, like you said, years ago, a coordinator is being unfair to a worker? Would that worker go to you as a delegate, or would they go to grievance?

MP: Now, yes. Every person who has a problem with the coordinator, they try to resolve by themselves. But if they can't, they come to me Friday, or they call me. I do grievances, and lately I've been doing that a lot. If they get laid off for whatever reason, we have to study why. Is that the first time? Or is that something that they're doing all the time? You have to do the background.

Q: So if you think that somebody was laid off incorrectly —

MP: We fight for them. We fight for them no matter what. Before I go to arbitration we go to the president. At that moment it's the delegate, the organizer from 1199. So sometimes, even if we go to the president, the worker will have to go back to work, because it wasn't right what they were doing.

But you have to study the case, have a clue why it's not right. It's not right because of this and this. What is the truth?

Q: So that could be a lot of work for you and the other delegates, right? If you don't have enough time for a case, can you call 1199 and have their grievance people help out?

MP: No, no, because the grievance has to be with the person in charge here in management. We have to make an appointment and I have to wait.

Q: And you're paid for the time that you spend on that?

MP: The only way you get paid is like now, in the presidential campaign, the union pays you to go to someplace like Iowa or Ohio. You spend two or three mornings there, and they pay salary, and they pay hotel and all the expenses. You volunteer.

Q: So when you represent someone in a grievance, you don't get paid? If you go to management because you think a worker is treated unfairly?

MP: I don't get paid. No, I don't get paid for that.

Q: Does 1199 have a person who can do that?

MP: I have to go to the organizer at 1199, and she has to come, and then she needs me. If she needs me at that moment, she may say: "The union's going to pay you \$50." It's \$50 only. Everything else, volunteer. You don't get paid. That's why a lot of people get involved, because they like to go to Washington or Albany. But then they disappear. But it's just volunteer work.

Q: In this election season, have you heard much from 1199? Are they going to be paying people to be involved in the election and to go to different places?

MP: Every year, they do that. They have people in Pennsylvania, Ohio, they have people everywhere. But I couldn't do it this year. In 2008, I spent four months in Ohio for Obama. I've talked to him like seven times, before he was a candidate for President, and then after he was a candidate.

Q: With Obama?

MP: Yes. For some reason everybody pushed me to the front. "You have to be there." I said, "Why?" So I said to him, "Hi, how are you doing?" And he came down and started talking to everybody. That's the first time, but at that time he wasn't a candidate for President yet. He was only a senator from Chicago.

Q: Was he able to speak a little Spanish with you?

MP: No. You know, he went to Puerto Rico. I saw him there, too. The only thing he learned was, "Puerto Rico. I'm here." Not much, though. I said, "That's not Spanish!"

Q: Here's a big question, just in terms of being worker-owners. What if, just theoretically, Michael, the president, totally changes his personality, and he starts to be mean, and the workers don't like what he's doing? Or let's say he decides to retire. How could you guys replace him? If he retires, will you be allowed to vote on who runs CHCA?

MP: Yes, because that's one of the functions of the board of directors.

Q: So what would happen? Would you interview candidates and that sort of thing?

PP: Well, we could actually decide if we like someone here already in the management, if he would like to promote them to be president of Cooperative. Or we would agree as a group to see if we're going to look outside.

Q: Do you have any sort of regular meetings where you can give him feedback like, "Michael, you're doing a good job," or "Michael, we think you could improve?"

PP: Yes. We have it every three months when we have a board meeting.

Q: We saw a chart here that said there were three groups: board of directors, management, workers. You're both management and board of directors, or just board of directors?

PP: Board of directors. Management would be like the managers of a certain department.

Q: How do the workers influence the management now if there's no labor management committee?

PP: Well, they can talk directly to the board of directors or the delegate, and then raise their concerns. And then we talk about it, and then we talk to management.

MP: The board of directors includes four home care workers. So and they pass the information to us. Besides, we have the information fair to collect information to give to the people on Fridays after each delegates meeting every three months.

Q: Are the other delegates there at all of the information meetings each week?

MP: They come in depending on the hours they have work. Let's say she's available three days a week because she's a 24-hour. So whenever she has time, say she is free on Friday, she's here. Like Diane came here after 5 p.m. because she finished work then. Saina and Enrique finish at 3:00, so they're going to be here by 3:30 or 4:00.

Q: Do you think it makes a difference or not that there's no longer an active Labor-Management Committee?

MP: It doesn't matter, because we represent the workers' problems. Then again, we are also represented by the union. You have a problem with finance? I go with you. No problem.

Q: How long ago was the last Labor-Management Committee meeting?

MP: It was long ago, more than three years ago. Yeah, I remember because a lot of people came here to study our system. So I was in the meeting with ICS people, and they were asking questions on how you could do this. That was the last time we had a Labor-Management Committee meeting.

Q: There were delegates at that time, too, right, when you had the Labor-Management Committee?

MP: Yes, there were delegates, there were two organizers from the union, coordinators, Michael, Denise and Andrea. Each department had somebody there. At that time, it was a good thing. Because, you know, then there were a lot of cases. Everybody was making good money because they worked — I was working 56 hours.

So we started trying a different approach. We went in, met the coordinator, talked to the worker person-to-person, because sometimes you don't like the way they talk to you on the phone. And we started Walk in My Shoes. A coordinator would be a worker today, and a worker would be a coordinator.

Let me tell you something. When Obama was first running in the primaries, they all went to a case and worked to see what we were doing. He actually went with one of the workers. He did. Because then we wanted to experiment. Some people think this is easy work. They want it. That's not true: it's hard for you to go in the morning to a new place, to knock on a door. You don't know what you expect there. You don't know what you're going to find.

Some people don't understand that. Sometimes you get the person who doesn't want to open their door. Or say they're bedbound and they can't open up. It's a lot that's happening there. Sometimes it's not a good place to go, a really bad place. So a lot of things happen

on this job. That's what we're trying to train new people. It's really hard work. Then, when you get inside the apartment, some people have nothing. Nothing — not even water in the fridge. We find those cases, too.

Q: So is that part of the training here?

MP: Yeah. Sometimes there's too many people in the house, and everybody wants you to do different stuff. We have a care plan, in the name of the patient. We are there only to work with that patient, that's it. No matter how many family members you have, that's it. And you're also going to follow that care plan. You'll never go outside that care plan, because if you follow the instructions, they back you up. But if you do things you're not supposed to, it's your problem.

Q: That must be kind of difficult?

MP: Yes, because it's easy to explain to the person you have to do things. But some people, they don't care. "No, you're here. You could do this. You could do that."

PP: And that's why we have a department here called the incident reporting team. Like if a family member's giving the home health aide some issues concerning her tasks, like washing dishes or cooking for the whole family. The home care worker can actually call the incident reporting team, who document the home care worker's concern and send a peer mentor to the home.

The peer mentor will be there to tell the family members the policies of the home care worker, the role, the task, and let them know that the aide is only here for this person only, as like a backup support.

Q: What if a family complains that they didn't know this and say they want the home health aide to do even more? Maybe some don't want to understand.

MP: Exactly, they might not really want to understand. Sometimes when you get there, they say, "What — I didn't get a care plan." I say, "Yeah, everybody's supposed to have a care plan." "No, we don't have no care plan. So I say, "Okay, I have to report that." Then they will reply, "Oh, no, you don't have to report that." I say, "It's part of my job. I have to report that." Then I go to the office and I bring a new one.

Q: Is cooking for the client common?

MP: It's common, yes. Because that's one of the problems. Sometimes a client wants you to cook for five more people they have over there.

Q: And do you have to shop for the food, too, or is it supposed to be there?

MP: No, we would shop for the client. In some cases you go two or three times a week. It's in the care plan, how many times you could go.

PP: And especially if the client has like a modified diet, the home health aide needs to be aware of that so they cook the right foods for the member.

MP: It's really important, because first, if the person is not supposed to eat this kind of food, it says there. If the person has got dementia, they can't go out; they could disappear from you. And also, to avoid a problem with the family, this is for the client only. I have to wash their clothes. Sometimes they want you to do it by hand. We say, "No. You give me the money, I go to the machine. No problem at all."

So it's specific, what to do there. Sometimes you have to go to exercise with them, their range of motion. It's different. Everybody, it's different things to do. Sometimes you have to do nothing, because they don't want to. Just remind them, "Oh, are you going to eat? Or you're going to bring them their medication. "You have an appointment." I need to call the transportation, because you have an appointment today, you have to call two days before. So that's what you do.

Q: What about clients who really need to see doctors for appointments, but they're so ill or whatever that they don't keep up with that?

MP: That's one of the most important things. When it is a patient like that, we're supposed to have a calendar, and put up these appointments.

Q: So that's in the care plan?

MP: Yes. We'll have to look at the calendar if you have an appointment at that date. If they don't follow the doctor appointments, it's a problem. And you can't stop their medications. We have the pharmacy bring the medication. If they don't bring it, we go to the doctor.

We are not allowed to give medications to anybody. The only thing we do is remind them. , they took the medication or something. And here they put the days to work. Let's say I went in Friday seven hours. It's saying Friday for seven hours. And now we can — because sometimes the family will know what — if they're there when we came. Sometimes you have to be with the patient the whole seven days. But they have different — it's 24 hours, 12 hours, ten hours, nine hours, eight hours, and that.

PP: And I believe, if I'm not mistaken, for the live-in cases, the aides get a certain rate because they may have to be up in the middle of the night, depending on the client. If it's 24-hour care, the aide has to make sure to go eat.

MP: Some clients sleep during the day and not during the night. So what they decided is, like if you're sleeping and the client needs you, you have to wake up. You have to document it. You wake up at that time and spend two hours with the client, and then you're paid for that.

Q: So then is the worker essentially living in that house?

MP: The 24-hour care aide, yes. Because those are bedbound clients. They can't move. So they need somebody.

PP: Yeah, it's complex.

Q: Aren't there restrictions on that? Like, the client has to have a separate room for you?

PP: They need to have a mattress provided for the home care worker to sleep on.

Q: Is that common?

MP: Yeah, it's common. A lot are working a lot to do that. I met this lady, that never paid rent, because she'd do 24-hour jobs. It's living in. So when she had a day off, she'd go to a family member and spend the day. I said to her, "Explain that to me." And she explained, "Well, I do this."

Q: It's a lot of work, though.

MP: It is. But a lot of them love to do that.

Q: But she can't do that now, right, because you can't work more than the 36 hours a week or the 40 hours a week?

MP: Now you couldn't do it. One day, I asked Michael, "Why not? I have a right to work here, and I have the right to work wherever I want to." And he explained to me, "No, because if you have to work until 5:00, and then something happens with the case, and you have to spend time or things like that, you don't leave the client alone."

Q: If you could change anything here, what one or more things might improve things here.

PP: I think if we could get more cases in. I think everybody would feel a little less pressured, you know, not needing a second job. It would be like the way it was before. Just really more cases.

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