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Health Reform for an Aging America Symposium**

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**Personal Testimonial by Tracy Dudzinski, CNA  
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Talking before you today is overwhelming for someone who became a direct care worker because she just needed a job.

Let me take you back to 1996. I was working in a cheese factory, and was notified that the factory was closing. I stuck that out to the end.

Shortly after the factory closed my father-in-law passed away. Someone needed to move to the farm (my husband's family's homestead) to be close to my mother-in-law. So my husband and I moved to the farm, along with our three children.

My husband is disabled. I needed to find a job to help support my family. There was an ad in the paper that the local nursing home was running a certified nursing assistant class. I thought: "I can do that! I used to babysit, and I do know how to change diapers." The training would be paid for and you were guaranteed a job if you passed the two-week class.

The first week of the class was classroom instruction the second week was instruction and skills training. After the two weeks we took the CNA test and I passed.

The nursing home offered me a 72-hour position on second shift and I accepted.

I was supposed to receive one-week orientation. Well, that did not happen. The first night I worked, one of the other workers called in sick and I ended up working alone. I was responsible for ten residents. Toileting, repositioning, getting them up from a nap, monitoring the wanderers, getting them to the dining room for supper, assisting those who needed help eating. After supper I needed to make sure everyone got back to their room, toileted, repositioned, washed up for or showered and to bed. Then there was charting and rounds.

That first shift finally ended. On my drive home that night I asked myself: “What did I get myself into?” The training I received the previous two weeks did not prepare me the way it should have.

I went back for my next shift and was lucky enough to be on the wing with an experienced CNA. She took me under her wing and became my mentor. I fell in love with the job and stayed on second shift for five years.

Then a cook’s position opened. I’m not sure why, but it paid more than doing the personal care, so I signed for the job. I figured I would still get to see the residents in the dining room. I also helped on the floor when they needed me, which happened with regularity.

After a year in the kitchen an office position opened. It was Monday through Friday — no weekends — and more money. And I would still see the residents during the day. Well it wasn’t long and I was doing all three jobs. Eventually this became too much, because I never knew what job I was going to be doing when I went to work. Would I be administrative assistant, cook, or CNA? I made the difficult decision to leave the nursing home, after seven year of dedication to the residents. The decision to leave was one of the most difficult decisions I have ever had to make. I thought that I was a lifer.

In the class you are taught that you should not get emotionally attached to the people you care for. I really find that hard to do because you are tending to their most basic and intimate needs. I'm sorry, but that is what makes you a good caregiver, hence the name CAREGIVER. It takes a special person to be a good caregiver. You need to be compassionate, caring and a good listener.

I have seen many people come and go over the years. Some good caregivers leave the profession because of low wages. Others leave because they need to find a job with health insurance. Still others leave because of the poor training they received when they started. I think if there were a career ladder or lattice with opportunities for advancement that more workers could stay in this profession. This would also change the public's perception of direct care work.

The reason leaving was so difficult was because of the relationships I built with the residents. This job was so much more than babysitting and changing diapers. The elders I cared for gave me more than I could ever give them. Sure, I took care of their basic needs, but in return they gave me an ageless wisdom.

When I was able to take the time to listen, they gave me history lessons (because they lived it), and life lessons, like there is nothing as important as family and take time to smell the roses. One gentleman was in WWII. He taught me the importance of freedom and not to take it for granted. This same fella taught me how to count to ten in German.

Another elderly gentleman I cared for was very special to me. We hit it off from the time of his admission. He would wait each evening I worked for me to help him get ready for bed. We would watch the news or do a puzzle and then I would help him to bed.

This gentleman eventually passed away. A couple days before he passed away, I was helping him to bed and he told me he would never forget me. I told him the same and that he would always have a special place in my heart. The day after he passed away, his son

called and told me his dad had wanted him to ask me to be a pallbearer for him, of course I did, and was honored that I had touched his life in a special way.

I remember the first time a resident died while I was working. I was scared and not sure of what to do. Remember that mentor I mentioned earlier? She taught me how to care for a dead person. She also told me that washing up a dead person and getting them ready to go to the funeral home was the last good thing I could do for that person. I still tell that to new people that I train.

I knew I wanted to stay in the profession of doing direct care because I could make a difference. I applied for a job with a home health agency. It just so happened that they had a client I could work with 40 hours a week (which I now know is a rarity in the home care field). I was told that I would be responsible for taking care of a quadriplegic man. This was to include all aspects of personal care. Bathing, feeding, dressing, and catheterizing him and a bowel program. "Okay," I thought, "I can do that." I was not taught catheterization in CNA class, but I could learn, and the bowel program I had learned was milk of magnesia every third day or suppositories.

I went in to train with another caregiver (training was pretty good with that agency). The first day I trained I thought: "I have to do WHAT?" Learning to straight catheterize him, which is inserting a tube into his penis and into his bladder was not too bad, but the bowel program consisted of manually removing stool from his rectum while he was seated in a shower chair. I did it because it needed to be done.

At least I was no longer responsible for 10 to 15 residents I only had one person to give my undivided attention to.

A typical day with this client consisted of arriving at 8 a.m., changing his Depends, dressing him and using a Hoyer lift to transfer him to his wheelchair, preparing and feeding him breakfast, assisting him to take his medication, flossing and brushing his teeth, doing range of motion on his upper extremities, and reading to him from the bible

and a daily devotional. At 10 a.m. I transferred him back to bed catheterized him, perform range of motion on his lower extremities and then transferring him to the shower chair. Once in the bathroom I did a skin check and manually removed stool from his rectum. After the bowel program was finished I gave him a shower. After the shower was finished I dressed his upper half and transferred him back to bed. While he rested I cleaned the bathroom and prepared lunch. At noon I dressed his lower half and transferred him to his wheelchair. Fed him lunch, performed range of motion on his upper extremities again. Then I would shave him and clean his razor. Read from the daily paper about current events. Give him a snack and assist him in taking his medication. Transfer him back to bed, catheterized him, position him on his side and hook up the sip and puff life line,(that allowed him to call for help if he needed it by blowing into a straw) clean the catheter and do the dishes making sure I was done by 2 p.m. I would go home for 3 hours and return at 5:30 p.m. to start the routine over again, minus the shower, shaving and bowel program. I finished at 8. Tat didn't leave me much time to see my own kids.

After 1 year my client switched agencies. He went with Cooperative Care, a worker owned home care agency. The co-op asked me if I would move with the client. I said sure. I knew the job and was guaranteed the same hours, and I had built a good relationship with this client.

But working at Cooperative Care turned out to be a whole new experience. Cooperative Care has empowered me to become a better caregiver and person. When I worked at the nursing home I did what I was told, when I was told, how I was told, never questioning much of anything. Now, if I have a suggestion about how I think things could work better, I voice my opinion. In the cooperative model for home care, the caregivers own the business and have a say in how the business is run.

I stayed with this client for two more years. Then, in 2006, an office position opened at Cooperative Care. I wanted to learn more about how the other side of the business worked, so I took the job.

I work full-time in the office now, but I still work in the field when a shift needs to be covered. In 2006 I was also elected to the board of directors, and last year I was elected president of the board.

Because of my affiliation with the co-op, I was asked to be on the board of the Wisconsin Direct Caregiver Alliance (WIDCA), and because of my association with WICDA I was asked to attend the Direct Care Alliance's Voices Institute.

I cannot say enough about what the Voices Institute has done for me. The co-op started my leadership journey but the Voices Institute helped me realize that I am a capable leader and helped me hone and polish my leadership skills. I like to say that I found my voice during that week. Because I was a graduate of the Voices Institute, I was asked to be on the board of the Direct Care Alliance and to speak to you today. The DCA is the only national organization focused on helping direct care workers. Through the Voices Institute, it trains direct care workers to speak in public. It also teaches direct care workers how to advocate for themselves.

Fast forward a few years into the future. The baby boomers are older and in need of care. Most likely this will be in home care, because I believe that most people prefer to age in place. There is now a shortage of direct care workers.

Why the shortage, you may ask? In my opinion, there is a shortage because the profession of direct care is not respected. People look down on direct care workers and stereotype them as welfare moms and dumb, lazy people.

I can tell you we are not lazy. Direct care workers are some of the hardest working people I know. We are not dumb either. If given a chance, direct care workers are very capable people. The caregivers at Cooperative Care run a million-dollar business.

According to a Department of Labor ruling upheld by the Supreme Court, home care workers are classified as companions and not granted the basic minimum wage and

overtime pay protection under the Fair Labor and Standards Act

[http://www.directcarealliance.org/index.cfm?pageId=538#no\\_minimum\\_wage](http://www.directcarealliance.org/index.cfm?pageId=538#no_minimum_wage) (unless, like in Wisconsin, your state laws are stricter.) I can tell you, we are so much more than companions We are psychologists, physical therapists, pharmacists, doctors, chauffeurs, personal shoppers, housekeepers, cooks – and, most of all, the COMPASSIONATE SOULS who care for your mother, your father, your daughter, your son, your grandmother, or your grandfather.

As for the welfare mom stereotype, the sad fact is wages are low, and benefits such as health insurance are almost non-existent. If health insurance is offered it is too expensive for the direct care worker.

This country needs to respect the important work direct care workers do before it is too late. We need to make the direct care profession an appealing one. We need to pay a living wage and have better training from the start. The two weeks of training I received way back in 1996 did not prepare me for what I needed to do. Most people aren't lucky enough to have a great mentor, like I did.

Most people think anyone can do this job. I thought so myself twelve years ago, but now I know it takes someone special. Direct care workers do not do this work because they are getting rich. They do it because they love the work and because it is the right thing to do.

I am so glad to be here to speak with you today and tell you my story. Actually I am so glad that I needed a job twelve years ago, because it led me to the most rewarding job I have ever had. The smile on the faces of the people I care for and the light in their eyes when I walk in for my visit make all the hard work and long days worthwhile. It also gave me the opportunity to be part owner of a business and being part of Cooperative Care has given me opportunities beyond what I ever thought possible.

As I leave today, I ask you what will you do to change the public's perception about the direct care profession. I hope you will think seriously about the changes that need to happen and will work toward changing them.

We need to pay a livable wage. We need to give workers the training they need. It is the right thing to do, and it may help those good caregivers we need so much stay on the job.

In the words of Captain John Luc Piccard- MAKE IT SO!!!!