AMERICA WORKS PODCAST

OCCUPATIONAL FOLKLIFE PROJECT, AMERICAN FOLKLIFE CENTER

SEASON 03: EPISODE 3: Henrietta Ivey. Personal Home Health Care Aid.
Detroit, Michigan.

ANNOUNCER: From the Library of Congress in Washington, DC.

THEME MUSIC: “Pay Day” played on guitar by Mississippi John Hurt.

NANCY GROCE (HOST): Welcome to America Works, interviews with contemporary workers throughout the United States collected by the Library’s American Folklife Center as part of its Occupational Folklife Project.

This is AFC staff folklorist Nancy Groce, and this America Works podcast features excerpts from a longer interview with Henrietta Ivey, a dedicated personal home health care aide from Detroit, Michigan. She was interviewed by Clare Luz, a gerontologist from Michigan State University and her colleague, the epidemiologist Khalid Ibrahim, as part of an Archie Green Fellowship documenting the occupational experiences of dozens of home healthcare professionals throughout the state of Michigan.

During their in-depth interview, which took place in Ivey’s Detroit home, she talks about how much she loves her profession, and the pride she takes in making it possible for her clients to stay in their own homes safely with comfort and dignity. She also expresses frustration about the lack of respect, low wages, physical injuries and challenging work environment often encountered by home healthcare professionals -- as well as the need for political and organizational change to improve the lives and careers of her fellow workers.

INTERVIEW

Henrietta Ivey: I like to refer to us as homecare professionals. There are times that people refer to us as homecare workers, and that’s usually when, you know, because that’s been the word for so long, but when you think about the work that we do, the word professional definitely comes to mind. So, I prefer homecare professional.

It started when my grandmother became ill. She was diagnosed in, I think it was, ’99 or 2000 with congestive heart failure, and we found ourselves routinely going to Grandma’s house, out taking care of her. It got to the point where I started doing the bulk of the work and was approached by her social worker that said, “Hey, you know, you can get paid for taking care of your grandma.” I’m like, “Oh, okay. Cool.” And it just became more of a job after that. Once Grandma passed away, then my uncle became ill, so I became his homecare provider, and it just kind of trickled down from there.
I’ve always been a compassionate person, but it really brought the compassion out in me, and the joy that I see in other people when you have someone taking care of you that’s genuinely taking care of you and not because of the pay—because we know the pay is not super—but it’s because of the compassion and the relationships that are built when you are a homecare professional. So, I think, honestly, that keeps me in it because I like building these relationships. I like—let me change—love knowing that someone is doing better because I helped them do better.

There was a client that I had. I got her in 2007 up until about 2013, ‘cause she passed away. And that was a long relationship. You know what I’m saying? You know, when you get someone that you start off with, you don’t expect to stay that long with them, but I do good work, so [laughs]. So, our relationship became almost like mother/daughter. You know, I became a family member. Her children trusted me with her life, like, literally.

Sometime you have a client that say, “I only need you 2 hours a day.” You end up being there 6 hours because other stuff arises. You know, they may need you to run to the grocery store, so now instead of you coming in and just basically doing basic housework and like cooking, you’re doing other errands, and that can run into a longer day.

And that can be frustrating because you’re not getting paid for those hours that you work over. You’re not. And you’re not supposed to take extra pay. I mean if the client wanted to pay you for it, some agencies say you can, but you have to report it. And if you report it, it interferes with what you’re getting paid.

I do the washing of the hair, the bathing--

Clare Lux: Yeah, bathing, dressing, transferring—

Henrietta Ivey: Dressing. Even sometimes helping them brush their teeth. Like, literally, because they’re so weak sometimes from chemo, or they’re weak from an injury, they’re just losing ability to use their hands and stuff. I literally have to brush their teeth, comb their hair, change their briefs, all of that. It gets real personal.

I’ve had a client was like totally embarrassed. She had an incident and I was on my way home. Just getting on the freeway, and she called. She said, “I’m so sorry, but I had an accident. Can you come back?” Now, mind you, I’m minutes from getting on the freeway, and because of that relationship and me-- I’m going be old one day -- I would hope someone would be compassionate enough to help me out if that ever happens.

My mindset didn’t go into, “Oh, my, God. I’m not going. Let me run.” I’m zooming to get back to her ‘cause I’m thinking “Oh, my, gosh. She’s laying in this stuff, and I got to get to her.” So, it gets personal from that way, when you build that one-to-one relationship. You want to make
sure they’re okay. You want to keep giving them that sense of pride, and for me I have to go back and give her her sense of pride.

Well, you’re going definitely need to have your basic skills—your CPR, first aid, because, you know, you’re dealing with people with illnesses, so you need to be able to jump into action if something was to happen. You’re going to need to learn how to transfer a patient out of a bed because some patients are bedridden. You just can’t roll them over because injuries and the way the injuries are can hurt them and recreate the injury. So, you’ve got to have the basic skills of transferring a patient, wound care, medication care, because, you know, there’s certain medications you can’t take altogether, and you have to make sure they’re spaced. So, you need to have some skills, some training, so you’ll be able to take care of that patient properly.

In this realm of work this is not a protected situation. You know what I’m saying? You’re taking your own risk when you go into these homes and you don’t know who all is there. You’re told that this person needs care, but we don’t know if they have an unstable family member or an animal that’s going to bust out of a room on you.

So, we go in fully aware of what we do, and again because of the compassion and the love that we do our job for, we take that risk, but then there still should be some type of a protection for us as homecare professionals. There should be protection for us.

I’ve had a client call me her maid. You know, they use words like “my gal” or “my maid.” Derogatory things like my housekeeper. That’s not what we are, per se.

Though most of the time your clients are in need of those services, and they are appreciative of it. But yes, I have encountered that one that wanted to feel like, okay, I have someone here, yeah. And it was hurtful. Because I’m like I can get in my car right—“I am not a maid!” Okay. That’s a different whole—and maids get paid more than us [laughs]. Really, they do.

And in her vision of mind she wanted to have that one day in her life—someone to cook and clean for her just because. But that’s okay. That’s your fantasy. I’m going to do my job [laughing]. I’m going to do my job, and I going to do it well.

You know, I’m always happy to say I’m a homecare provider or a homecare professional. I know there’s some people going, “Oh, okay.” You know, they look at it like, wow, and then you have the one that, “Oh. So, you wash toilets, huh?” Or, “You wipe behinds for a living?” And I’m like, “Yeah. That’s what I do.” You know, for me I get a joy of doing it, but the disrespect I don’t take too kindly to that.

I love giving people good care. I love—I mean when I walked out of that kitchen and it shines, they’d be like, “Oooh girl, you cleaned this kitchen.” I’d be like “I know, I know!” Or you know, if I make their bed, you know, they say I—what really gets me is when I get a kindness—“I’ve
never had someone do what you do.” And I’m like, really? But it’s homecare. They’re like, “Not like the way you do it.

When you talk about caring for someone who can no longer do things for themselves, that’s homecare. So, when you find a homecare worker that’s like myself who are truly dedicated homecare workers, there’s plenty of us out there that does this.

Without me being a homecare professional, how many people might not be able to stay in their homes?

I enjoy helping other people. I enjoy, you know, when I helped somebody stay in their home. I enjoy knowing I brought a person out of sadness into happiness because all they wanted was to feel loved and cared for. I give you that! Ask some more. What else you need?

Well, as you can see I get emotional, and I get really wound up—

Clare Luz: I’m so glad you do!

Henrietta Ivey: ‘Cause when I think about it it’s like, we have so many people out here suffering like we do. And we have people who’s working, and literally working legitimately, how can you not see that as noble?

All we asking for is can we have a livable wage, with benefits, with dignity, with respect? That’s it. That is all!

END OF INTERVIEW

THEME MUSIC: “Pay Day” played on guitar by Mississippi John Hurt.

NANCY GROCE (HOST): You’ve been listening to personal health care worker Henrietta Ivey, who was interviewed on behalf of the Library of Congress by Archie Green Fellows Clare Luz and Khalid Ibrahim.

To hear the complete interview with Henrietta Ivey as well as interviews with more than 30 other personal home health care professionals throughout the state of Michigan, please visit us online at www.loc.gov/folklife -- or just search online for the Library’s “Occupational Folklife Project.”

This is AFC staff folklorist Nancy Groce. On behalf of the American Folklife Center, and with special thanks to AFC intern Camille Acosta for her help with this episode, thank you for listening to America Works.

ANNOUNCER: This has been a presentation of the Library of Congress. Visit us at LOC.gov