Speaker A: Welcome to Love Doesn't Pay the Bills, where we m make visible the often unseen experience of family caregivers. I'm Lisa Chudi, I am a family caregiver. With me today is Kim Ivan. She is an executive vice president of SCIU Local 215, which is California's long term care union. It's they represent over 400,000 home care and nursing home workers. So, welcome, Kim.

Speaker B: Thank you for having me.

Speaker A: Tell us about the rally that happened in early April for higher caregiver wages.

Speaker B: Uh, sure. So, on April 11, um, about 200 care providers from San Francisco, uh, gathered, along with members who do nonprofit work, uh, in the city and county to really lift up the need of, uh, the crisis that we're in in San Francisco, uh, related to caregiving. Um, and we really were sending a message that in order for you to provide any dignity to the individuals you provide care for, um, you actually have to have these jobs be ones where people have their own dignity that caregivers, parents, nonliving, uh, providers can, um, literally take care of themselves. And the reality is, uh, the wages are way too low, uh, for IHSS ah, and home support services providers. The current wage is 1925, and I think you can't even take care. An individual in San Francisco needs to make at least 23 and some change in order, like, to be above the poverty level. So this is really, um, exacerbating the ability for folks to take care of themselves and their own families, as well as recruit people that are needed to care for, um, so many of the members of our community in San Francisco.

Speaker A: Yeah, I shared, um, that's been my own experiences. It can be very challenging to recruit non family caregivers at the wages that are available. And Oregon is a relatively generous state. We have better wages than many places. Um, San Francisco is a very expensive place to live, so I'm glad you pointed that out. That person, uh, really needs the higher wage in order to even be above poverty and be, in some sense, okay financially. Yeah.

Speaker B: So we were there really, to lift up, uh, we wanted to lift up and drive on a path to get folks wages to 25 as a minimum. Um, we just felt like that has got to be where we start moving it. And, uh, that rally resulted in getting the attention and commitment that we needed from the individuals, the elected officials that make the decisions about the budget. Um, and so we were really happy. At the end of the day, that that rally, along with just a lot of member stories and experiences being voiced in the halls of the Capitol there in San Francisco, um, as well as, um, individual conversations with the Boards of Supervisors, uh, along with our partners in labor and in the community, um, culminated in a very successful outcome for us.

Speaker A: Yeah, so talk more about that. What was the response, uh, board.

Speaker B: Yeah, it was great. So, um, we're very excited. We just, in the last three weeks, uh, reached a tentative agreement with the public authority of San Francisco that will get, um, 24,700 IHSS providers to 25, 50 an hour, uh, by the end of their four year contract. So that is like a 32.4% increase in the next four years. And we're super excited. It's on the right path. Um, we got to keep going. We think people are worth twice as much. Um, but it is a, ah, um,

moment that I think everybody saw and when they heard the stories of what was happening on the ground, real life stories of our families and members of our community. No one can walk away from investing in care. Like, it has got to be where we center a value of, uh, who we are and what we want to be about as a community. And I think that was amazing. So, between the boards of supervisors, eleven of them, plus, uh, the mayor of San Francisco, um, they put their leadership in, uh, and around committing to, um, addressing care. So we're really happy.

Speaker A: Yeah. Um, that's what's so needed around the country, and I know that, um, let's dig in a little further to what are the specifics in San Francisco? Like, how does the national caregiver crisis impact San Francisco, and what does it look like there?

Speaker B: Yeah, I mean, um, just a few data points. So, in San Francisco alone, uh, last year, there were 2.8 million approved but unused care hours.

Speaker A: Say that number again.

Speaker B: 2.8 million approved, uh, and unused care hours. So that is a whole lot of folks not getting care that they were approved and was ready to be funded for, because we don't have enough people to take care of them. And on top of that, we have across the state a, uh, 33% turnover rate in IHSS home care. That's like a crisis.

Speaker A: Yeah. If you hired three part time workers to make up your schedule, you would have one of them almost definitely gone within a year, did you say?

Speaker B: Yeah, it's 33% turnover.

Speaker A: Yeah. And I keep coming back to how important it is for these jobs to have continuity and to have individuals stay in the position to get to know the care recipient, to form a real relationship. And that turnover matters so much in this field. Um, that's a big reason to make sure people are paid adequately, and paid in such a way that these are desirable jobs, that people know that their own needs are taken care of, um, if they're providing care.

Speaker B: Yeah. I mean, to me, what always strikes me that the stories that, uh, just hit home for me are the ones of both parents and then the ones of individuals, adults with, um, disabilities. So, on the parent side, um, as we were kind of chatting earlier, um, parents are so there's an anxiousness and a fear of um, what if something happens to me? Who am I going to have that cares just as much, that knows my child the way that I know them, that is going to be able to come and allow my child to live like the fullest, most dignified life that they deserve? When I can't find someone to take my place for 2 hours to go do something that I need to do. We talk about respite it's like there's no rest for parents who are full time care providers. Um, and then that overwhelming concern that always sits with them about the future for their own child when something happens to them, who is going to be there? Am I going to attract enough people that see this as a, ah, desirable profession, um, and who aren't going to make choices? That they can go make more money, honestly, at McDonald's

and Target and um, then they can taking care of my loved one. So that's one piece that I always kind of like, sits with me and breaks my heart and gets me up every day wanting to fight the good fight. And then the other one is the folks, um, who have disabilities, adults with disabilities who really were part of the movement to create this program. Um, they were at the center of it.

Speaker A: It took a lot of activism. Yeah. It wasn't just handed out.

Speaker B: That's right. It was about their ability to have independence. And when you talk about disability, justice, this program is about affording everybody and someday all of us are going to have a disability. So everybody should think about this when we talk about, uh, disabilities, like their ability to live the most autonomous life that they can live and to be able to get the supports that they need to do that. I've heard too many stories of men and women who, uh, have disabilities and they need four people. And when they don't get all four, or they can't keep all four, their entire ability to be independent, to do their work, to go to school, to do all the things we take for granted, goes away. And I can't imagine living with that anxiety of, uh, having to think that maybe tomorrow somebody's not going to show up. Um, and that I need 24 hours supports and services. And right now there's not enough people that want to do it. Um, and so I think those two things, it's really critical that we have to invest in care. It has just got to be a value that we hold dear to how we operate in a community and what we want to see, um, in our communities. Um, that to me is like the crisis and care. And also there's inequities, in California, we have 56 different counties. Uh, right. And we have to bargain 56 contracts. Um, and so you still got several counties who still pay IHSS providers minimum wage, uh, in California, you have less than half that pay one dollars or more over the minimum wage. Um, and it shouldn't matter what zip code you live in, we should be paying every provider a livable wage. Um, and we got to recruit more people to want to do this work because more of us are going to need these individuals. And the first option is going to be for people to want to be cared for in their home, to get the services that they need in their home and in their community. So it is huge.

Speaker A: You mentioned that these programs exist to support people's autonomy and the greatest ability um, to participate in um, the life around them that they could have. Um, often having uh, proper support does mean that somebody with a disability can be very productive with a job or um, even if it's volunteer work or things like that. And we tend to focus on people as either the giver or the recipient. Right? And it's like no, people can be both. And really, all of us are both in various roles that we have in our lives. Right. Um, and I think that's an interesting um, thing that I've been dwelling on a lot lately. Um, I uh, was going somewhere else.

Speaker B: As we often do. We like to go somewhere else. Let me just say this on the like we got a plan, look, I think we got a plan on uh, sort of trying to address the care crisis across the state. So uh, we have a bill in the assembly called AB 1672. And that is to get out of this 56 county by county, uh, struggle, uh, to raise standards and get to a uh, statewide bargaining structure. And we are really sort of moving that right now. It's got good legs, it's got a lot of support. Um, 40 of the legislators want to be co sponsors of this bill. Um, it's

going to the assembly floor right now. Um, so if you live in California and you're hearing this and you want to make sure we center care and we raise standards and all of us can um, be sure that there is people lining up to do this work and to take care of each other. Uh, please reach out to your assembly member and tell them to vote for AB 1672, the statewide bargaining bill. Um, because that is to us the pathway um, to really lifting up uh, um, IHSS and the work that these folks do, as well as making sure that we are creating equity across the state to recruit and retain people.

Speaker A: Yeah. We're going to take a break now. Please stay right here and we'll be right back. Thank you for sticking around. We continue our conversation. Um, I'm a big proponent of having standards and systems in place on as broad of a geographic scale as we can statewide, nationally. Um, I've experienced moving between states with my daughter and how hard it was to get into the different states care systems. And, um, I think that doesn't need to be an additional barrier that people experience. Um, when you're talking about bargaining, um, it makes a lot of sense to have those rates set for all of California. Right. Like we mentioned, um, San Francisco being a particularly expensive place, but, uh, it doesn't just stop when you go over to the next neighboring cities. Um, it's not so much cheaper that the rate could be set so much lower. Um, so that makes sense. Um, uh, the other point I wanted to get back to was that these programs exist for people to support people's autonomy and make sure people have the most autonomous, self directed life that they can have. And if we don't get really serious about providing choices in their caregivers and continuity, uh, in their care, no matter whether they have a family member that's ready to step in or not, or, um, whether the family member wants to be part time or full time or, uh, whatever boundaries that person wants to set. If we don't get serious as a whole about having systems that will catch everybody and, um, then you don't have autonomy for some people, and you don't have choices for some people, and you leave people out of society as a whole.

Speaker B: Uh, yeah. No, for sure. I think that's the, um look, I don't know about you, but I was raised to be very stubbornly independent, um, by my mom, who I adore. And also, I'm sort of like a part time caregiver for her. She's getting, uh, almost to her 80th birthday. And the one thing that I always think about is how much I want to retain how I identify as a person. I've always worked, I've always tried to do things on my own. And when you are stripped of those choices, it is the most demoralizing thing. Um, and it's like whether you're getting older, whether you have a disability, um, choice as a person, it's like how you identify in the world. And, um, when you no longer have that, it is just something that I've just seen people rapidly decline as individuals. Like, their sense of identity and what they can do and who they are just gets stripped from them. And so I think it's just so super important that what you're raising about continuity, um, connected to choice and independence. Um, I'm sure there's a lot of amens going on when people hear this, because, uh, for me, I know that is, like, a huge part of who I am. And I don't want anyone to take that away from me and not give me the ability to keep that.

Speaker A: Yeah. And when there's not, uh, a robust workforce, um, to come in of non family caregivers, that really eliminates choices from both the person requiring care and also their

family member. Right. Because we're not going to leave our family member unsupported, m if we can possibly lift a finger at all.

Speaker B: Right?

Speaker A: Yeah.

Speaker B: And there's a lot of folks, to your point on this, there's a lot of folks who they became caregivers out of necessity, you know what I mean? They were many caregivers that I meet, uh, throughout my years at this union. I ran a laundromat, I was an accountant, I was a school teacher. They had private sector careers and, um, they made a choice to take care of their loved one. And at the time, they didn't think there were also other choices. Right. And then you have people who are like, I want to be able to say whether or not I can have this career and also have somebody there to take care of my family member just as if I were taking care of them. I want the same dedication and commitment and love and dignity brought into their lives. And so I think that's sort of like, we got to make that important to each other and see that we're interconnected and that these roles, these jobs afford all of us, uh, so many choices, uh, in life. And it's so important.

Speaker A: It is about choice and freedom. It really is. And it's about honoring the choice of people receiving care and their loved ones and ultimately greater freedom for everyone.

Speaker B: So we got to get busy. We got to make these jobs, um, seen and respected and treated as valuable to all of us, um, because they allow us to do what we want to do and what we need to do for ourselves and our families.

Speaker A: Yeah. Are there, um, things other than the wage, which is super important? Um, are there other things that you hear from employees that, um, are important in their choice to remain a care worker or take a different kind of work, other kinds of things that you're working on providing for employees?

Speaker B: Yeah, I mean, I think a couple of the other key, uh, pieces that we want to achieve through getting to statewide bargaining and when we talk about standards is health care. Yeah, um, probably, uh, maybe more than half of the ISS providers in the state have any access to health care, um, which is ridiculous because they're providing a form of health care services to everyone else, but they can't access it for themselves. You, um, have, ah, no retirement whatsoever. Um, there is one county, Contra Costa County, that has a small, um, retirement plan. Um, that's it. And if you're a family provider, you don't get Social Security taken out, so you don't even have a form of Social Security, um, to fall back on. So think about dedicating the good part of your life to the care of another human being and then you have no sense of being able to enjoy the rest of it the rest of your life. So, health care, retirement, i, um, would say the other thing is, um, access to training. So, um, many of our caregivers want to be able to do the best possible job for their loved one or for whoever they are taking care of that's not a family member. And so they want the option to be able to tap into more learning. Um, because in IHSS, you can do services for people that range anywhere from activities of daily living, housekeeping, cooking, cleaning, uh, taking people at doctor's

appointments to cleaning g tubes and changing colostomy bags and dealing with people who have conditions, a lot of cognitive conditions like dementia, Alzheimer's, and there's some special skills and education that really are helpful, um, to, um, feeling confident in providing supports and services related to that. So I think that's the other thing as well, and that's a sense of support that people feel that they can tap into, um, to make them more confident. And also sometimes just think maybe beyond this, there is another avenue for me, um, in terms of job development and, um, like a career ladder. Uh, so I think those are some of the other things that have been brought up and expressed as important as well.

Speaker A: Yeah, well, thank you so much, um, thank you for your time today and thank you for the work.

Speaker B: Thank you.

Speaker A: Yeah. Where would you direct people to find out more about this and about, um, SEIU?

Speaker B: Well, you can always go to our website at www dot SEIU 2015. Org. That's www. SCIU 2015. Org and you'll see the work that we're doing. Um, and also if you're in California, call your assembly person, tell them to pass AB 1672, uh, to get IHS providers to statewide bargaining and to improve standards for everybody.

Speaker A: Fantastic. Uh, I am definitely a proponent of S wide geographic area, like we talked about, um, being served in one set of programs and rules. So thank you. Um, is there anything else that you would especially like to add?

Speaker B: Um, no, I just want to thank you for doing the podcast and um, thank you for being a caregiver to your daughter.

Speaker A: Thank you.

Speaker B: Um, I just thank you.

Speaker A: She deserves it.

Speaker B: She does. This?

Speaker A: Yeah, this is love doesn't pay the bills. I'm Lisa Chudi, you can find me on your favorite podcast app.