

JOMO

CARING: A LABOR OF STOLEN TIME

PAGES FROM A CNA'S NOTEBOOK

*The Machine endangers all we have made.
We allow it to rule instead of obey.
To build a house, cut the stone sharp and fast:
the carver's hand takes too long to feel its way.
The Machine never hesitates, or we might escape
and its factories subside into silence.
It thinks it's alive and does everything better.
With equal resolve it creates and destroys.
But life holds mystery for us yet. In a hundred places
we can still sense the source: a play of pure powers
that — when you feel it — brings you to your knees.
There are yet words that come near the unsayable,
and, from crumbling stones, a new music
to make a sacred dwelling in a place we cannot own.*

—Rilke (Translated by Joanna Macy)

This piece is dedicated to all nursing home workers, residents and their family members. Be patient with me, as I share our silenced stories.

All names have been changed to protect the identities of my co-workers and residents.

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I work in a place of death. People come here to die, and my coworkers and I care for them as they make their journeys. Sometimes these transitions take years or months. Other times they take weeks or some short days. I count the time in shifts, in scheduled state visits, in the sham monthly meetings I never attend, in the announcements of the “Employee of the Month,” code word for best ass-kisser of the month, in the yearly pay increment of 20 cents, and in the number of times I get called into the Human Resources office, counting down to the last one that would get me fired.

The nursing home residents also have their own rhythms. Their time is tracked by scheduled hospital visits; by the times when loved ones drop by to share

a meal, to announce the arrival of a new grandchild, or to anxiously wait at their bedsides for heart-wrenching moments to pass. Their time is measured by transitions to pureed food, to textures that match their gradual loss of appetite and the decreasing sensitivity of their taste buds. Their transitions are also measured by the changes from underwear to pull-ups and then to diapers. Even more than the loss of mobility, the use of diapers is often the most fearsome adaptation. For many people, lack of control over urinary functions is the definitive mark that their independence has been lost to dementia.

Many of the elderly I have worked with are, at least initially, aware of these transitions and most respond with some combination of shame, anger, depression, anxiety, and fear. Theirs was the generation that survived the Great Depression, armed with fervent missions of world war. Aging, that mundane human process, was anti-climatic after the purported grandeur and tumultuousness of their early 20th-century youth. Banishment to the nursing home was hardly the ending they had toiled for during their industrious youth.

“I’m afraid to die. I don’t know where I will go, Jennifer,” a resident named Lara once said to me, fear dilating her eyes.

“Lara, you will go to heaven. You will be happy,” I reply, holding the spoonful of pureed spinach to her lips. “Tell me about your son, Tobias.”

And so Lara recounts the story of Tobias, his obedience and intelligence, which I have heard over and over again for the past year. The son whom she loves, whose teenage portrait stands by her bedside. The son who has never visited. The son whom I have never met, but whose name and memory calms Lara down.

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Lara is a German immigrant to the US, haunted by memories of Nazi Germany. "Do you like Hitler?" she would ask frequently in her distinctly staccato accent, amid the clutter in the dining room at lunchtime. Her eyes staring intently at us, she would declare, "Hitler is no good. I don't like Hitler."

Lara was always on the lookout. She cared especially for Alba and Mary, the two women with severe dementia who sat next to her in the dining room. To find out if Alba was enjoying her meal, she would look to my co-worker, Saskia, and ask, "Is she eating? If she doesn't want to, don't force her to eat. She will eat when she is hungry." Alba, always cheerful, would smile as she chewed her food. Did she understand? Or was she in her usual upbeat mood? "Lara, Alba's fine. With you watching out for her, of course she's OK!" We would giggle. These are small warm moments to be cherished. In the nursing home, small warm moments are precious because they are accidental.

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We run on stolen time in the nursing home. Alind, another Certified Nursing Assistant (CNA), once said to me, "Some of these residents are dead before they come here."

By "dead," he was not referring to the degenerative effects of dementia and Alzheimer's disease that cause Lara, for instance, to occasionally spit her food out at us in anger and spite, or to hit us when we are assisting her. He was not referring to the inevitable loss of our abilities and our susceptibility to pain and disease. By "dead," Alind was referring to the sense of hopelessness and loneliness that many of the residents feel, not just because of physical pain, not just because of old age, but as a result of the isolation they face, the sorrow of abandonment by loved ones, the anger of being caged within the walls of this institution where their escape attempts are restricted by alarms and wiry smiles.

By death, Alind was also referring to the many times "I'm sorry" is uttered in embarrassment, and the tearful shrieks of shame that sometimes follow when they soil their clothes. Those outbursts are merely expressions of society's beliefs, as if old age and dependence are aberrations, as if theirs is an undeserved living on

borrowed time. The remorse is so deep; it kills faster than the body's aging cells.

This is the dying that we, nursing home workers, bear witness to everyday; the death that we are expected to, through our tired hearts and underpaid souls, reverse.

So they try, through bowling, through bingo and checkers, through Frank Sinatra sing-a-longs, to resurrect what has been lost to time, migration, and the whimsical trends of capitalism and the capriciousness of life. They substitute hot tea and cookies with strangers for the warmth of genuine relationship bonding with family and friends. Loved ones made distant, occupied by the same patterns of migration, work, ambition, ease their worries and guilt by the pictures captured of their relatives in these settings. We, the CNAs, shuffle in and out of these staged moments, to carry the residents off for toileting. The music playing in the building's only bright and airy room is not for us, the immigrants, the lower hands, to plan for or share with the residents. Ours is a labor confined to the bathroom, to the involuntary, lower functions of the body. Rather than people of color in uniformed scrubs, nice white ladies with pretty clothes are paid more to care for the leisurely activities of the old white people. The monotony and stress of our tasks are ours to bear alone.

Yet despite this alienation, residents and workers alike struggle to interact as human beings. Not perfectly, not always correctly, not easily. In the absence of emotional and mental support for both residents and caregivers, under the conditions of institutionalized ableism that count the lives of people with disabilities as worthless, under the abject conditions of overwork, racism, and underpayment, "caregiver stress" sometimes overrides morality and ethics and becomes a tragic reason, or lousy excuse, for mistreatment. These imperfect moments are swept under the rug, the guilty institutions absolved of them through paltry fines and slaps on the wrists. Meanwhile, these trespasses become yet another form of "evidence" for why poor immigrant women who clean bedpans and change diapers cannot be trusted and need heavy managerial control.

The nursing home bosses freeze carefully selected, picture perfect moments in time, brandishing them on the front pages of brochures that advertise facilities where

“life is appreciated,” where “we care for the dignity of the human person.” In reality, **they have not tried to make that possible**. Under poor conditions, we have improvised to allow genuine human connection to exist. How we do that is something the bosses have no idea about. They sit, calculating in their cold shiny hallways, far from the cacophony of human interaction that they know only to distantly publicize and profit from.

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We CNAs also run on stolen time. It is the only way that the work gets done. When I first started my job, fresh out of the training institute, I was intimidated by the amount of work I had to do. The biggest challenge was the level of detail and thoroughness that each task required. I held on to my care plans tightly. My residents’ specific transfers, their diets, their habits, whether or not they wore hearing aids or glasses, their shower schedules, whether they needed alarm mechanisms when they were in their wheelchairs, whether or not they needed footrests, hand splints, blue boots, catheters, portable oxygen tanks set to level 2, or was it 3? All this was a barrage of information for me to absorb. Harder still, was trying to figure out how to cram the schedules of eight residents with different mobility, toileting needs every two hours or less, unpredictable bodily functions, and one shower per shift, into an eight-hour day. Since two hours were designated for meal times, that meant squeezing all the work into six hours, which was, to say the least, highly intimidating. Being a café barista for years had trained me for highly stressful jobs that consist of multitasking and planning, but apparently not enough.

I received a lot of help and support from the other new hire, Saskia, and the two other CNAs who were in the same unit. Jess and Maimuna were very supportive. “Don’t rush. It’s OK. If you rush, it gets harder and you forget things,” Maimuna used to remind me. Never mind that we were always running down the hallway trying to get the work done. As long as in our minds we kept a grip on our stress levels, as long as we took deep breaths, we would be less anxious and more careful with the residents.

The worst was when there were episodes of *Clostridium difficile* (*C. diff*), a bacterial infection that spreads easily

among residents on antibiotics. The clearest symptom of *C. diff* infection is loose bowel movement, or diarrhea. My second week of work, five of the residents I was assigned to had bouts of *C. diff*. No matter how much mental stamina and mindfulness I tried to employ I found myself running around like a chicken with its head cut off. Cleaning, scrubbing, changing soiled diapers, bedpans, machine transfers, dressing the resident, undressing the resident, changing the bed sheets. Repeat, repeat, repeat.

Doing such undesirable work so fast was exhausting and it made me appreciate my co-workers whom I was just getting to know. Saskia and I bonded over many episodes of diarrhea “accidents,” cracking jokes and giggling with each other and the residents as we cleaned and then aired out the rooms. We shared stories of our new experiences with the bosses and coworkers: which were the nice ones, and which were the ones known to harass CNAs unreasonably? We all knew to be careful of Marilyn, the Filipina treatment nurse who switched between being a darling with her bosses and being a monster to us. Even-toned speech was out of her voice range. She only knew how to scream accusations at us. “You are lazy!” was always the last word out of her mouth to any of us, regardless of circumstance, regardless of identity. In her eyes, all the contradictions could be boiled down to one problem: the poor individual work ethic of the CNA. It was not surprising that many CNAs had gotten fired under her watch.

My friendship with Saskia gave me access to a wealth of knowledge about workplace dynamics. The trust we built and solidarity we offered one another during the hectic times on the job immersed me in relationships with other Ethiopian coworkers who similarly offered advice about the ins and outs of the work. Saskia was a college graduate from Ethiopia, newly arrived in America, and full of excitement to embark on this dream. This nursing home job was meant only to be her first stop and I was one of her first non-Ethiopian friends. There was a lot of excitement in our new friendship. As Saskia translated for me her hard-learned lessons shared over break times in Amharic, I learned to appreciate the importance of “having eyes on my back,” to avoid being targeted unfairly by disgruntled, prejudiced nurses. It was only later that I would learn how to apply Saskia’s advice.

Over time, I would also learn that it was useless to report health hazards, safety violations, and broken equipment to the overworked staff nurses or the arrogant charge nurses. Only when someone got injured, or when the state inspectors conducted their annual visit would there be a flurry of activity. The rest of the time, precautionary actions were thrown to the wind. No one updated the care plans, gave us crucial information about new residents, or bothered to fix faulty wheelchairs in a timely manner.

We had to push hard, nag, ask relentlessly, and document, document, document our attempts. Not because anybody read them, but just so that when some avoidable accident did happen, we would not be so conveniently blamed. Too many times, we literally had to depend on our own eyes and ears to assess the residents' wellbeing, or strain our backs and arms to compensate for what a few tools and expertise could fix. At times, we had to fight and argue to get protective gear even when our residents had bouts of *C. diff*. "You just have to be careful it [the diarrhea] doesn't splash on you. You don't need a protective gown now," or, "Are you sure it's *C. diff*. and not just diarrhea? You know you only get the protective gowns when it's *C. diff*." For a cheap, paper-made protective gown, and an even cheaper mask, one had to be ready to have a stand-off with the charge nurse.

Like the time when the machine lift in my unit started breaking down. This was the only automated machine lift that was shared between the two long-term care units. Without it, we would have to support residents who weighed up to 300 pounds with our arms on the manual lift. This made us susceptible to injuries and was scary for the residents we were transferring. When we reported the problem we were asked: "Are you sure you know how to charge the battery?"

For two months this was the response my coworkers and I received from management. Sure, after years of using this machine lift, after years of charging the same battery over and over again, we would suddenly forget how to do it. Of course, it's easier to question our intellect than it is to fix the lift or buy a new battery. In their warped, racist minds, we were always the brainless workers needing their heavy supervision and mindless guidance.

"No, it's really broken. We do know how to change the batteries. It's just that they aren't working. It's unsafe for us to use this because it stops midway and the residents sometimes dangle in mid air. Please, for the tenth time, fix it!"

Instead of fixing the machine, my co-worker Jess and I were called into the Human Resources office for being disrespectful toward upper management. According to Sabrina, the Human Resources director, we were inappropriately expressing our views in public. "Chain of command," she reiterated. Our conversation with the mechanic had bypassed our charge nurse. We were supposed to be thankful that it was only a written warning.

Where once I was baffled and shocked by the degrading insinuations of our stupidity and abject lack of concern for the wellbeing of the residents, now I was seething with quiet anger and resentment. Some people call this mental fatigue: when you have to keep fighting for everything, keep resisting people who think you are crazy for actually being pretty reasonable in a crazy environment. Some people call this crazy making. The institution is full of crazy making. Not just toward us, the workers, but also toward the residents.

Caring for eight residents and giving a shower to one of them every shift was not easy, but by multitasking, losing break times, getting help from other coworkers, and unending brisk walking throughout the shift, we could do it. Back then, even as we complained about our lost break times and our exhausted bodies, we begrudgingly gave them up to complete our tasks. We looked forward every day to the time when we could sit down to sign off on our charts and chitchat with one another and the residents, ready to clock out.

In October, things changed.

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"They don't understand the work, how can they change it without even asking us?"

It was the nervous buzz of that day that I recall so vividly. It was past 2:30 p.m., after we had all clocked out. We were fourteen CNAs, gathered in the empty dining room, having an impromptu meeting with Lorena, the

staffing coordinator. We had all been told earlier that day of the new “shower aide” position.

“This means that we will have only three CNAs on the floor. This means that after lunch I can’t do any of the two-people transfers or machine lifts because the other two people will be tied up. How can I finish by 2:30 p.m.?”

Maimuna was flustered. Her child was in day care and for every minute she was late to pick him up, they charged her extra. She could not afford to clock out late.

Earlier that day, Roseanne, the new Director of Nursing had asked us to gather around in our different units as she made her way through the nursing home. She had an announcement to make. Instead of four CNAs on the floor, we would have three. The fourth CNA would then be designated as the shower aide. This person would give the showers all day. Showers that had once been distributed among the different shifts would now all be completed in the day shift. Three CNAs would be left to care for the residents that four CNAs used to take on.

“It’s not that different from what you have now,” she had said with a smile on her face. “I am new here and want to improve things. It’s more efficient this way. Come to my office if you have any concerns.”

“Is it possible to hire another person to work as a full-time shower aide? We really need four people on the floor,” I blurted out.

She smiled knowingly. “No. If we hire one more person, we will have to cut all your hours. Would you want that? Come talk to me if you have any more questions.”

Her words hung in the silence of the semicircle that shuffled around her nervously. My coworkers and I exchanged looks with one another. If we went into her office one by one, we would be targeted. It was a trap.

Back in the dining room later that day, Remy, the twenty-year veteran CNA said quietly, “They can’t treat us like dogs. I can’t do it. Too old.” Many nods followed.

“Lorena, you tell me, how can I do this? Ten to twelve residents each? I can’t! Too much! These people are crazy! Do they care about the residents? About us?”

Asmeret exclaimed. Soon, the room opened up to the different cadences of discontent. We felt a moment of unity. Lorena, our ally, would speak to Roseanne, the DNS, on our behalf.

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The next day after work, Saskia, Asmeret, Maimuna and I met up. Crammed in Asmeret’s car in the Safeway parking lot, we discussed our petition. Lorena’s advocacy, we deemed, would be insufficient. We also needed to show them that we were united.

“If the others won’t sign, I won’t. I don’t want to be targeted.”

“If we let them push us now, they won’t stop. This new Director of Nursing, she’s bad. She did this in the other nursing homes, too. Come in and change everything. No questions.”

Back and forth we discussed, we outlined, we debated, and by the end of the week, all twenty-five of the day shift CNAs had signed the petition against the new staffing ratio. Unanimously, we agreed that we had to lay out the time designated for each resident under the new arrangement. We calculated that the new plan would leave us with a mere 25 to 30 min. of care for each resident per eight-hour shift. Under the changes they proposed, some of us would care for nine residents, and others, for eleven or twelve residents per shift. We were determined to make the case that it was safe for neither us nor the residents to be so rushed on the job.

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On October 26th, eight of us marched down the shiny bright hallway into the boss’s office. The few short steps marked a longer journey for us. For the first time, we were going to speak up collectively. We were all nervous.

We presented the petition letter to Sabrina, the lanky white woman who was our Human Resources director. She, like the Director of Nursing, was new.

Sabrina’s first words failed to mask her anxiety. She stammered, “Erm, there’s many of you today. What’s

the occasion? You don't have to all come in at the same time."

Jess said firmly, "We want you to read this and discuss it with the Director of Nursing. Roseanne is not in her office now, so please pass the message along. We want to meet a week from today."

The eight of us walked out of the HR office, Sabrina hot on our heels. We slid a copy under Roseanne's office door, and handed another copy to Elaine, another administrator.

"You can't do that, no! You can't give out literature here in the company!" Sabrina shouted behind us.

By the time she caught up with us, we had left the building.

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The very next day, the Director of the nursing home sat us down in a huge meeting.

"If you form unions, we will have no choice but to fire all of you."

The short meeting started with his solemn declaration, and ended with our silence.

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Before this, break times were something we begrudgingly sacrificed. We had to get the job done. But the increase in work made us consider our break times in a new light. We realized now that no matter how much we worked, no matter how much we sacrificed to the management to make this place more livable for the residents, to the bosses we were just another lousy, expendable CNA, one they could flippantly fire for speaking up. We were the easily replaceable pillars of the nursing home industry.

As part of the research we had done, we found out that we were protected under Labor and Industry law to have two paid fifteen-minute breaks in addition to our unpaid thirty-minute lunch. Failure to provide those breaks by the employer constituted a violation of labor law.

To the outsider, fifteen minutes might seem short and insignificant. For us, the fifteen minutes meant that we could take a short break from the mind-numbing cleaning, from the tiresome brisk walking, from being at the beck and call of the nurses. There is always more, more, and more for a CNA to do. That's what happens when the job description is loose and flexible. The job never ends unless we leave the floor. Mentally, those short fifteen-minute breaks made a difference between a stressed, flustered attitude and a calm, patient compassion. It was incredibly important. We were determined not to give it up anymore. We were determined not to succumb to that inner voice that said, "No, it's OK, I can go for fifteen more minutes." We tried to hold one another accountable. "Go for break! I'll take over here," we would remind one another. Supporting one another going on break in the midst of the chaotic workload became our symbol of mutual aid. Battling that inner voice and actually taking that break was also a sign of solidarity with other co-workers to collectively set the pace on the job at a reasonable rate, so they too could take their breaks without being targeted as less efficient. Without this kind of self-regulation, the bosses would push us all to work as fast as the fastest CNAs, even if doing so were unsafe.

So we took our mandatory breaks. Too busy? Well, perhaps the charge nurses who sat in their offices all day could take over on the floor for fifteen minutes? We appeared insolent and uncaring, but we had no choice.

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Behind the scenes, a lot held us back. Every day after lunch ended, we asked ourselves as we pushed the residents in their wheelchairs out of the dining room, "Can I squeeze in fifteen minutes of break time and be done in time?" Call lights were going off, residents were asking to be toileted, the daily required vital signs log was still incomplete. The one automated machine lift that six CNAs would share just happened to be sitting idly along the hallway. It would say to each of us enticingly, "If you don't take me now, I might be occupied for the next hour and you won't be able to transfer your residents in time before the end of the shift."

Our inner voices argued: "Do you really want the residents to wait that long before getting toileted? What if

it gets really busy and the *two* CNAs can't really cover the floor while you are away? What if your residents transfer themselves to the bathroom without your assistance and fall accidentally? Can you take the responsibility for that?"

"But if I keep not taking my break and giving in to this chaos, then the bosses think this is normal and acceptable for us. Give them an inch, they take a foot. I can't keep pushing myself. It will kill me. Why should I sacrifice my own bodily well-being for this place? The bosses don't care anyway. It's their fault, *not* mine!"

"Do you really want to risk clocking out late, or risk getting the nurse *and* the afternoon shift CNAs pissed with you if you leave without completing the tasks? How many times have you gotten written up already? Are you prepared to stay late?"

The never-ending series of questions spun in our heads, until we decisively declared loudly and clearly, "Yes! I am going for break and risking all that!" or, "No! Being flustered and tired is better than feeling guilty or being chewed out!"

Which consequences were we willing to bear?

Our bodies' need for a short break, one that rejuvenates us to be more patient, more clear-headed, and less susceptible to careless mistakes was pitted against our residents' immediate bodily needs. This was our daily moral dilemma. Having to weigh this dilemma every day was mentally exhausting. Either choice we made, we blocked out something deeply human — either our care for our own bodies, or our care for others'. It shouldn't be so hard, not like this. Not just so our callous bosses can hike their paychecks by saving on staffing, at our expense. Caring should not feel like stealing time.

CNAs are often told that we are the "eyes and ears of the nursing home." But we are more than that. Our emotions and psychological well-being are also the sacrificial lambs of the nursing home bureaucracy. We are the ones who are destroyed mentally and physically, and overwhelmed with guilt so that our bosses can go home dilemma-free and conscience-free, with their big paychecks, liaising in official meetings with state inspectors exalting the standards of good care in

the nursing home. "It's all part of the job," one might say. "Having to deal with stressful moments and emotional and mental stress is part of healthcare. It takes a certain personality and caliber."

I disagree. It is one thing relating to anxious family members who are understandably concerned and worried about the condition of their elderly loved ones. That takes empathy and endurance, but it is a welcome, human challenge. The "menial" tasks of cleaning up soiled diapers and diarrhea "accidents" take patience and experience. It takes compassion to reassure the incontinent elderly that their condition is not a burden, that they do not need to apologize for it, that they deserve good care and that what they are undergoing now is a natural process of aging or illness, one that we all eventually experience. It is another thing entirely to have to tell anxious family members that we need to go for break, and have them judge, under the given circumstances, that our rest is mutually exclusive with the well-being of their loved ones. We are then labeled over and over again as the "selfish, lazy, immigrant workers" who somehow share different care and hygiene standards from this superior white society. We are reminded of that especially when these family members march off to confirm the latest discovery of this predominantly foreign character flaw to the white bosses.

It is one thing to be doing menial labor that is meaningful even if tiring. Not all important and useful tasks are easy and fun to do, but we strive to do them well nonetheless, out of a sense of justice, love, care, duty, and pride.

It is another thing to be cleaning up crap under the pressures of time, where charge nurses pop by to ask you why you aren't done yet. Their interruptions are pronouncements that ten minutes to thoroughly and gently clean a resident who has soiled her diaper is more than enough. Taking longer would mean you are too slow (and so not suitable for this job, and susceptible to firing); it would suggest that maybe you are slacking and intentionally wasting time to reduce your workload. This ticking time clock washes the dignity out of the work, the worker and the resident. It degrades us all.

I try to hold myself to high standards of care, while maintaining my dignity and self-respect. I try to embrace the challenges of empathetic caring, while rejecting the pressure to work like a machine. Mine is a difficult but rewarding struggle toward an expansion of my humanity. There is an intrusion of capitalist discipline into my psychology, manipulating me into self-policing. What's hard is the murkiness in-between.

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Empathy stretches the boundaries that constitute who we are, enabling us to embrace the commonality in all human experience, including experiences that we may not personally undergo. For a front-line healthcare worker, it is empathy for another's pain — the desire to alleviate suffering — that distinguishes our work from jobs that involve the production of inanimate objects, like manufacturing. Factory workers and CNAs both keep society running; our work is not more important than theirs, but it is different. The factory worker's alienation comes from producing a product in ways she has no control over, producing a product that she will likely never see, which will be distributed to and consumed by people she will never meet; her production is dictated by her bosses' profits, not by human needs. If the boss forces her to speed up and the product ends up becoming unsafe, she may never see what will happen to the consumer who is hurt by it.

For CNAs, our alienation comes from the fact that we interact every second of our workday with the people who our labor affects directly, and we do see what happens to them when our human powers are degraded and destroyed by the discipline of capitalist profit motives, to the point where we can't care for them the way we know we should. In the face of this contradiction, we need to nurture and develop our sensitivity to empathy, so we are continually inspired to offer what we can and so we remain open enough to respond flexibly and justly to a patient's needs.

The nursing home attempts, in its own warped way, to drill into us a superficial empathy. The bosses always end their service training with the motto, "Now, treat the residents like you would your own parents. You wouldn't want them to have to wait for their call lights to be answered!" This sentence may well be the nursing

home version of, "Run along, kids!" But rather than be inspired by an intriguing process of human evolution, I, along with many of my coworkers, snigger cynically, with utmost disgust.

There are many layers of emotions that come up when the nursing home managers attempt to guilt trip us into accepting the conditions of speed up and overwork at the workplace. Their motives for drilling empathy into us represent yet another layer of emotional exploitation. This time, by invoking our distant family members, they threaten to invade yet another space in our psyche with their managerial prowess. As if eight hours and the emotional shrapnel that spill over into our non-work time is insufficient mental colonization. Now, they even try to get family involved. The managerial guilt tripping further negates our own individual initiatives for treating the residents with care and respect. Management remains oblivious to the level of shared human interaction that takes place in spite of its policies. Instead, it claims any such moments as a product of its top-down imposed initiatives, completely robbing us of our free will. For the number of times we received dirty, suspicious looks from nurses or staff for sitting along the hallway with a resident in the few moments of spare time we have, laughing, talking, doing their nails, et cetera, one would think that our bosses thought genuine human interaction was really laziness, a signal for them to say, "get back to real work!" It is this reality, masked by their hypocrisy, which makes us cynical and disgusted. Another level of resentment emerges from the fact that their casual invocation of our families trivializes the obstacles that so many of us workers in the nursing home encounter. Much of my time with coworkers is spent reminiscing about distant family members, discussing the burdens and challenges of trying to bring them over to America to join us, or worrying about supporting them with our meager salaries. We discuss the possibility of organizing ourselves to demand more staffing, so we won't have to rush, so that we will actually have time to provide our residents with the care that we believe our own families deserve. Yet the managers themselves have made it clear that if we organize we could be fired, which would devastate our ability to care for our own families. The fear of losing our viable income, which we must declare on that damned Form 864I Green Card Application in order to bring our families over, weighs on our spirits. We are

torn from family, and yet our shameless bosses try to milk our love for family to serve the speed-up.

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We are not the only ones who lament the loss of agency in the nursing home environment. In fact, our infantilization by the bosses is only a reflection of the way the elderly and people with disabilities are treated. It is as if these bosses, minds steeped in rigid capitalist money-grubbing formulas, are unable to understand what “gentle” means. They act as if the definition of gentle is to treat someone like a child, an inferior, or to exert parental control, be authoritarian and overpower their will. Why does the rhetoric of “safety,” as judged only by others, trump the autonomy and desires of an elderly person? Why are nurses so ready to say that some elderly person who exerts her will and choice is mentally unstable, needing psychiatric medication? With their medical slips, recommending endless doses of sedatives, depressants and tranquilizers, they have twisted the simplicity of “What do you want? What do you need?” into a fearsome, *“This is what you really want, because this is what I need from you.”*

When the bosses speak of gentleness but practice authoritarianism, it is not merely because of their individual moral contradictions. It is because whatever values they claim to stand for are ultimately determined by the profit margin. It doesn’t need to be this way, but capitalism makes it this way. The reason the autonomy of a person with disabilities drowns under the rhetoric of safety is the same reason that the CNA’s need for more time to complete her task is portrayed by management as laziness. Genuine support for the elderly and thoroughness of care that respects their self-determination would require more labor-time, labor for which the bosses are unwilling to pay, and which in many cases the residents’ own families couldn’t afford because their own wages are not high enough. The ticking time clock and the money-saving blueprints don’t allow for human agency or rhythm.

Under capitalism, nursing homes are not places where elderly people have the freedom to reflect on their lives before they pass on. Under capitalism, nursing homes become death farms, where the residents are sedated

into resignation before death, because their freedom is too expensive.

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How much ownership do we take for the ways in which we too allow our circumstances to distort us?

Our choices shape who we gradually become, even if they are not who we initially set out to be. Sometimes, our gradual transformations happen without our knowledge, and do not match our self-perception, until those who love us tell us how we have changed. Sometimes, these people are our coworkers and friends, or our parents and children. It is they, like familiar landmarks in new territories, who remind us of our course. Ultimately, we make the decisions, for which we must be responsible, about which paths we decide to tread.

As CNAs, we find ourselves at the crossroads: on the one side, an unyielding brutal bureaucracy overworks us, and on the other side, residents genuinely need our assistance. Every decision related to our work is one that is filled with exaggerated moral dilemma focused upon the ways in which refusing the former will negatively affect the latter. To silence the daily moral ambiguity of whether or not to prioritize our own needs or the needs of the residents, many of us erect walls in our hearts and minds. It is a scenario that I am not proud of, but that is important to put out in the open, for the simple reason that it happens. If nothing else, I wish to convey that the moral dilemma that we face as nursing home workers should not be ours alone to bear.

We encircle ourselves with fortress walls, to block out emotions that we cannot handle. I see many people build similar walls in political as well as social circles. These walls serve to make the world a simpler, if at times less honest, place to navigate. For many CNAs, it is a “cost effective” version of moral discernment. Rather than allowing every interaction to potentially destabilize who we are through the moral dilemma it poses, we decide which dilemmas we will consider and which ones we will ignore.

“I don’t care anymore, it’s not my fault. I know someone needs me, but it’s not my fault. I can’t be there for them.”

We blame the bosses. Once, twice, and then too many times. Over time, this rationale kills what is tender and living in us. Over time, this rationale covers more ground than it originally intended to. It gets used to justify actions that are not even consequences of management's policies. It gets used to mask sloppy hastiness by giving it pseudo-political cover. Where some see ignorance as a numbing bliss, others see struggle, the refusal to choose between two bad options, as the only way to remain ethical.

Every person has varying heights and degrees of porosity in these walls we build. Some erect walls so high that even painful screams cannot shake us. "It's not my fault," is sufficient rationale for the mistreatment of residents. Being too tired, too pissed off, erases the daily moral choices of which our job consists. "What do you mean I am rough? There are no bruises. No bruises, no evidence." Their walls are so thick that even the reminders and rebuking of fellow workers cannot penetrate. Fear of punitive action is the only limit that remains.

Others erect low walls and recoil in shock at the pain we cause through rushing; we bring home guilt about the bedsores that develop on the residents' skin as a result of improper care. The cringe on a resident's face reminds us to slow down. The chiding of other co-workers to be gentle reignites our conscience.

How can CNAs, those who have elderly parents themselves, treat the residents they care for in nursing homes in rough and callous ways? Often, it is because of these walls. Walls initially erected out of necessity begin to solidify. They then function as all walls do: to segregate us from those on the other side. Some say that the longer you work at the job, the higher those walls become. I think of people like Alind and Maimuna and they prove that wrong. I know that what has kept them going for so many years has been the combination of individual conscience and the support and recognition of their work from their communities inside and outside the workplace, including religious communities. Their communities continually inspire them and hold them accountable to good care for the elderly. Not everyone can access this inspiration and accountability.

There is a need for moral accountability that even extra time and labor will not buy. Most of my co-workers share a set of values and principles, a work culture that emphasizes the wellness of our residents. If it is any indication, the workplace rumor mill points out and vilifies those who fail by these unwritten standards. Yet it is about this exact conflict that there is no space to talk openly, because any talk of accountability is monopolized by managerial power and exercised with racism and cold harshness. Left on our own, we could hold each other to our common standards, create sustainable conditions for the work, and not allow each other to harm residents. But for now, whatever methods of accountability we do have remain hidden in whispers, glances, and conversations in Amharic that the bosses won't understand.

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My coworkers and I took some small steps to assert the kind of control over the workplace that allows us to provide the care our residents deserve. We had written the petition demanding better staffing ratios, giving the bosses a November 3rd deadline. But November 3rd came and went, without so much as a murmur. In response to our organizing, the management threatened to fire us.

So, in our weekly meetings some of us devised Plan B. We would publicize the abject working conditions in the nursing home. We made a flyer stating that "our working conditions are the elderly's living conditions." We hoped the patients' families would support us. To avoid retaliation, the flyer remained anonymous, and we sought help from friends and contacts to distribute it.

One Sunday our friends and supporters stood outside the doors of the nursing home distributing the flyer to family members and volunteers attending Sunday services with their elderly relatives. They received a wide array of responses. Some people were sympathetic, others not so. They saw this as a unionizing effort and feared that it would increase their medical fees.

In our units, the management was in a flurry. In response to our anonymous flyer, management printed out their own, restating the "open door policy" of the

home, and exalting the cooperation that all staff members of the home provided to the residents and the CNAs. "This is all unfounded," said the nursing home's paid pastor, as he shooed our supporters from the front door. "Are you a union trying to destroy this nursing home?" exclaimed another.

A nice white lady in pretty clothes proceeded to tear down the flyers that had been put up on the light poles and signposts that lined the perimeter of the home. The new Director of Nursing and other administrators drove in from their distant suburban homes to attend an emergency Sunday evening meeting. Inside, those of us who planned the action were anxious. We did not know what to expect. We did what we did because we were desperate. Burnt out from the overwork and angered by the arrogance of our bosses, those of us who planned the flyering action were nervous and gripped with suspense. We hoped this action would make the bosses rethink their new policy.

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We did not anticipate the psychological pressure that management would exert on us and unfortunately we were not prepared for it. They had clearly sought the advice of union-busting manuals and experts. A few of us were hauled into Sabrina's office individually. When my turn came, Sabrina, Roseanne and my charge nurse, Doreen, bombarded me with questions. Two good cops, and one bad cop. The carrot or the stick? I could choose.

"People have mentioned your name to us. Who else worked with you on this?"

"We are trying to help you. People have thrown you under the bus by naming you. Why do you want to protect them? They don't deserve it. You don't have to sacrifice yourself like this. If you tell us their names, you won't be the only one taking the blame."

"If you don't tell me who the others are, we will fire you."

"Are you going to let the others off for ratting you out?"

"You and all the other people involved are breaking federal law by doing this. You are exposing the conditions

of the private lives of the residents. You are violating HIPA. This is illegal. You can be fired and jailed. You can lose your license."

"We are trying to help you. Help us help you. Others should be responsible, not you. There is a union involved and we just want to know more."

They fired their questions at me. My refusals and denials invoked only more pursed lips and fiery glares.

"Sign this."

They pulled out a sheet stating that I had been in violation of company policy for distribution of unsolicited material.

"I am not involved in any of the distribution."

"You know who did it but you won't tell. You were part of writing the petition. We know that. Now, sign this, or you will be fired."

"You are forcing me to sign a document that I disagree with."

"You can explain your story in the lines below. But you have to sign it. Otherwise you will be fired."

"I want a photocopy of this document. You are forcing me to sign against my will."

I refused to sign. I wrote explaining that I was being forced to sign and threatened with losing my job over a collective job action.

I found out later that the bosses had identified me as a key organizer. Subsequently, they interrogated other coworkers fervently and made it clear to them that any contact with me would blacklist them. Apparently, they had magnified the flyer that had been distributed and put it up on their wall. The least I could hope for was that stewing over it made them work unpaid overtime.

The bosses saw this as a mainstream union's effort from the outside, in part because mainstream unions have monopolized all forms of public labor actions, and in part because they could never believe that we on our own could organize. They thought that they could

smother years of resentment from overwork and disrespect with lottery prizes of Snickers and Kit Kat bars in our monthly staff meetings. They thought they could buy us off with the bait of \$50 vouchers so we would trip over each other to become the Employee of the Month. They thought they could win over our hearts the way they win over the public with banners saying “We love our CNAs” hung over the doors of the home. So when we collectively decided to change things on our own, they were not prepared.

What got me through management’s attempts to isolate me from my coworkers were the relationships we had built with one another prior to organizing. Our friendships consisted of more than risky political actions. They consisted also of support and solace, advice on how to handle relationships, discussions about how we planned to return to our home countries to visit our families and how we each adapted to America. Other times, we talked about U.S. imperialism in Iraq and Afghanistan, the Tunisian revolt and Egyptian uprising. “We need Tunisia here, in this workplace!” Alind would banter. We laughed at the comparison between the two dictatorships, between the North African country and our workplace, how that brought out the contradictions of “free America,” the dream we all had come to pursue. We laughed also because we knew how hard that would be. Our little rebellion already solicited so much retaliation. How much would it take and how much more would we need to withstand before a Tunisia moment happened?

Those days of running around like a chicken with its head cut off, sharing a culture of solidarity so that each of us could go on our break, each of us taking up extra tasks sometimes so someone else who had a long day could rest their legs, those moments of mutual aid and solidarity paid off. When the struggle is at a low point, militants can only count on their reputation. This is hard because reputations are such subjective things — someone might like you while another might not. In a workplace where gossip is rife, and where stress on the job creates many opportunities for misunderstandings and tension among coworkers, it’s hard to have an altogether clean reputation. That said, reputation, credibility, and influence are always rooted in some fundamental issues: How do you behave on the shop floor? Were you able to put aside personal drama to

help out another coworker? Are you the type to talk smack? Are you the type that sucks up to the boss, or are you the type that tries to handle things outside, to talk things out with your coworkers? Do you bear grudges? Do you think about other people when you do your work? Do you take out your stress on your coworkers and on the residents? Building relationship bonds that can withstand the attacks by our money-grubbing, unscrupulous managers, means that in our everyday lives we have to strive to be better people, deserving of respect from one another, accountable to one another. This requires daily emotional and mental resilience and discipline.

To me, this is in part what Karl Marx meant when he said that in the process of class struggle, the working class will transform itself. We can only truly succeed if we are also transformed into better human beings who are good to one another. This transformation has stakes in the context of class struggle. You can’t fake it because people see through fronts all the time. We have a word for it at my job: “nagareinia” in Amharic. It means empty talk.

The few organizers, including myself, earned the name, “chigri fetari,” or troublemaker. I am sure some people said it sarcastically, but others said it in a respectful and endearing way, a term for those of us who resist. I remember vividly how the workplace became polarized. I had friends, and I also had haters. The bosses cracked down on me by following me on my job, inspecting every thing I did, selectively enforcing every small rule at the workplace, writing me up for taking my break five minutes early or for coming back a few minutes late. I later learned that my nurses and supervisors were heavily pressured by top management to find reasons to fire me. It was an extremely stressful time.

“Why won’t they just fire me?” I asked myself a few times. But I was too proud to quit. Knowing that I was being especially targeted, Jess, Maimuna, Saskia, and others helped me pick up the slack and warned me when the bosses were coming. They would strategize with me about how best to resist and at times acted as my witness during management’s interrogations. They were not in a place to put their job on the line or engage in direct action with me, but they offered what they could through advice and strategizing around the

NLRB. I did not take this solidarity for granted. They too were targeted simply for being associated with me, yet they chose to stick around. If it hadn't been for them, I would have been fired.

In the meantime, Sabrina, the Human Resources director, made a point of showing us how favoritism worked. To Benny, a relatively timid Ethiopian coworker, Sabrina offered help with the immigration process to bring over his entire family. This was unprecedented. She made sure we all knew about it by giving him the paperwork in the dining room where we all gathered.

To Joanna, the Filipina coworker who had snitched and offered our names to management, Sabrina offered a pay increase and flexible hours. The price of organizing was high. In fact, it was exorbitant, both mentally and emotionally. There were changes. We now had mandated break times to which we were assigned. Before, there was an uneven distribution of staffing ratios, where one of us would have nine residents to care for while another would have twelve. Now all had ten residents each, up from eight. The shower aide, previously required to give 10 showers a shift, now gave seven.

Were these changes victories? It was an ambiguous situation. On my end, I was lucky they had not fired me, or anyone else. But despite the distressing experiences, engaging in this necessary struggle was important. It injected fear into this racist, ugly bureaucracy. It let them know that we could come together, and when we did, they had a lot to lose. It made them a little less arrogant and it gave us some dignity.

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"Use labor law as a shield, not a weapon," is a slogan I have often heard in labor organizing circles. It gets at how labor law in the US is not strong, and should not be relied on by workers trying to organize on the job. No law can substitute for collective action by politically conscious, courageous workers who take their liberation into their own hands. At times, labor law even serves to suppress militant action. That being said, during low periods of struggle, labor law can buy time and space for organizing. NLRB Section 7 gives workers the right to concerted action around working conditions. If one can prove that management retaliates

for collective organizing, then the employer will be mandated to post a letter in the workplace informing workers of their legal right to organize.

The posting that the NLRB mandated my bosses put up for three months didn't save me from their covert harassment, but it did save my job. It also became the talk of the workplace.

"It's like they apologized! Unbelievable."

"We have to know this law. We have to use it."

"But the law won't protect us unless we already take independent collective action. If we hadn't given the petition all together, we wouldn't be protected in the first place!"

I wasn't fired but our gains were dubious. We were demoralized. We felt some self-respect and gained some experience, none of which was truly tangible or quantitative. But otherwise, the organizing was dead.

That December, for this first time ever, everyone boycotted management's Christmas lunch. No fake smiles and false wishes this time. It drenched their ungodly Christmas cheer and they were pissed.

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The lessons from our failed organizing attempt were hard earned. I was inexperienced with organizing on the job. It was a different ball game from the kinds of political work I had previously been involved in outside of the workplace. Looking back, my coworkers and I were too hasty. We were not prepared for the backlash and it was only because of the deep trust and friendship we had built together that we were able to survive it. Nor had we considered carefully the dangers of exposing ourselves so quickly through the flyering action.

I personally became too obvious as a leader and target. Of course, management is always going to find someone to vilify. It was as much my own shortcomings as it was management's plan to target one person for the organizing of many. This strategy works in their favor because they give the others an opportunity to back off from the organizing by using the scapegoat

as an example. It takes the most principled and most committed people to stay involved after that. Because the organizing had taken place at such a fast pace, in reaction to the speed at which the changes were implemented on the job, it became harder for more people to truly own the risks.

It is important for us to learn from mistakes that we made in this organizing experience. However, in the end, they seem small in the context of the obstacles we faced. Our workplace, where we spent a chunk of our life silencing our own instincts and intelligence to conform to the rules and regulations of a top-down hierarchy, where any individual expression was punished with mental torment and coercion, and where willingness to subject ourselves to overwork became a criterion for how compassionate we were, was like an abusive relationship. There is emotional exploitation and financial coercion, but you can't leave the relationship because you depend on this other party for your livelihood. If this dynamic occurred between two individuals, it would be considered domestic violence.

However, capitalist society has so many hang-ups about the value of "work," judging people's worth by how much they are willing to subjugate themselves to workplace coercion. Their willingness to be exploited makes them more, or less, deserving of a livelihood. This focus on "productivity" allows most people to accept the authoritarian discipline of the workplace and see the subjugation of creativity and free will as an acceptable norm.

This same framework of judging one's worthiness by one's ability to work at a job is also the backbone of the nursing home industry. The awful conditions in such a form of institutionalized living are deemed unworthy for someone who is mobile, independent, and able to work. However, they are seen as acceptable for the elderly and people with disabilities because they can no longer work. Even the Christian home that I worked in, which tried to present itself as an alternative to the harsh, cruel world the elderly face, could not escape this fundamental philosophy. It is the bedrock of the institution. This philosophy is not just a problem with one nursing home, or with nursing homes in general. It is a problem with our society, and it won't change until

we stop measuring the value of human lives based on how much time they put into working.

The support I was able to get from the community of independent, rank and file labor organizers around me was essential. Many had been through similar experiences and shared their expertise and strategizing with me. Knowing I was part of a bigger team gave me the strength to survive yet another day of management's mental warfare. It is this kind of organizing, outside of the control of union bureaucracies, of which we need to build more, together.

None of this is easy, and all the more we need one another for the intangible support and tangible skills we offer.

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"Go home to where you came from, you stupid girl!" Eleanor yelled at Maimuna and I as we transferred her into bed after her meal. Jeannie mutters in her drowsy blur, *"Where is that colored girl? I want my food."* Joseph, the army veteran who brandishes his discolored American flag tattoo every so often, bellows, *"Speak proper English, I don't know what you are talking about!"* We, the CNAs, are displaced, forced from our home cities, farmlands, and families, into this nursing home, a job that falls short of our American dream. Divided by our languages and backgrounds, Filipino, Ethiopian, Chinese, Eritrean, African American, white American, we seek moments of cohesion and solidarity with each other. The bosses maneuver our alliances by threatening, coercing and scaring us, splitting us into neat separate blocks of yellow, black, brown, white. They stuff us into our allocated slots so our interactions are saturated with tension and stress. In spite of them, we edge closer, out of place. Their reaction is immediate. As soon as we come together, they try to tear us apart.

The mostly white residents are people displaced in a different kind of way. Their old ideologies were shaken by the Civil Rights movement, Black Power and the Vietnamese resistance. In addition, they were thrown off by the de-industrialization that closed down the cities they came from and the workplaces that ground their bodies down to this state. Some of them reminisce

about the good old days of the post-war industrial boom, when the racial pecking order gave them first dibs. Theirs was a time when America was on top, an image shattered by the CNN blaring in their dining room.

Their memories of the good old days fade as dementia or Alzheimer's starts to sink in. Their dignity in their last days cannot be secured by white memories alone; it will only be secure if America's memories of itself do not fade as fast as theirs; if we actively remember the racism and violence that have brought us to this point, the fire hoses and attack dogs in the South and the Napalm in Vietnam, the racism and industrial accidents in the plants, and all the other parts of the boom years that seem to escape nostalgia. All of this is what has displaced us, the CNAs, and them, the residents. All of this is what has gotten us to this place, unable to communicate the pain that binds us, so we just blame each other. All of this is part of the capitalist system that rushes immigrant workers who care for the elderly toward the brink of uncaring, to the point where we care only on stolen time.

Their years of laboring in the boom era are measured now in Medicare and other insurance policies that pay for their last years in the nursing home. Some who are still mentally aware try to escape, others make their best out of their circumstances, participating in the home's activities. All know that the moment dementia or Alzheimer's sinks in further, the fate that lies before them is not much different from anyone else's. Their whiteness may have saved them from some of America's miseries, but it has not saved them from this place, and it will not save them from the grave. They have witnessed too, with their own eyes, ears, and bodies, how America runs on stolen time. We cross paths in the nursing home, an environment built for the outcasts. Mass-produced meals, mass-produced standards, mass-produced workers dying on America's scrap heap. In this mess, we all lose some aspects of who we are. Perhaps by uniting on stolen time, we can regain what we involuntarily lost.

The author has since quit their job and enrolled in nursing school. They can be reached at hojin.detroit@gmail.com