Making Care Work:
Sustaining Personhood and Reproducing Inequality in Home Care of Older Adults in Chicago, IL.

by

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For my parents,
Lindy and Ray Buch

Who have cared for me in every way.

Acknowledgements

It has seemed that everyone I discuss my research with has their own personal, poignant, and often painful story to share about their experiences with elder care, either as a recipient, a provider or concerned kin. So do I. This research was inspired by just such an experience. Not long before I started graduate school, my zayde (Yiddish for grandfather, he is my paternal grandfather), Allen Buch hired a home care worker to help him care for my bubbe (Yiddish for grandmother), Betsy Buch. Due to the complications of diabetes, including dementia, Bubbe's health had been in decline for many years by that time, slowly eroding the social and intellectual acuity that had made her a successful business woman before she married and again after her children were grown.

It took my father, Ray Buch and aunt, Joyce Schiller, many hours of persuasion to convince Zayde that he needed help caring for Bubbe. I only met one of the workers who he hired and only vaguely remember her. What I do remember is that Bubbe was inordinately proud of the way this worker impeccably groomed her nails. For diabetics, nail care can be a significant health concern. But that wasn't the point. As Bubbe told me, after years and years of nail biting (and a depression-era frugality that rendered expensive beauty regimes like manicures unthinkable luxuries), she finally had the fingernails of a lady. This home care worker, a woman whose face I can't recall, made Bubbe feel like the woman she had always wanted to be, through a simple act of bodily care.

This moment of transformation lingered, dancing at the edges of my memory through the long and hard years in which Zayde cared for Bubbe tirelessly, risking his own health in the process. She died during my second year of graduate school. Their struggles and experiences of care became, as I searched for a dissertation topic, my first clues that there might be something interesting to say about home care. While this ethnography is not centrally about me or my family, it is about matters that concern me and my kin personally as well as academically.

I was fortunate to grow up within miles of all four of my grandparents and to know all of them an adult, an experience I am not alone in suggesting shaped my academic interest in aging. My grandma, Sally Broad (maternal grandmother), was nearly ninety but still healthy enough when I left for Chicago to live alone (without a home care worker), drive, and attend her weekly bridge game. My grandma was my first, best and favorite (non-parent) caregiver growing up. Though we came to see the world quite differently as adults, her verve and style at every age remains my model of how to grow old well. Soon after I began fieldwork her health began to decline. Thus, the beginning of my time learning about care in Chicago was interspersed with visits back to Michigan to visit and care for her. She died about a year into fieldwork, but I continued to see glimpses of her fierce determination in the eyes of the older adults I worked with for many months to come.

My grandpa, Maurice Broad, a man of both fierce intellect and patient generosity, died in what seemed to be the world’s most depressing nursing home after being injured in a series of falls. I was in college. I mourned that his death did not reflect his life and was angered that I and my kin found ourselves unable to care for him as we wished or he deserved. My zayde is now nearly 92 and remains a vital part of my family's life, ever engaged in our activities and with the world at large. Ever the engineer, he communicates with his far-flung kin by e-mail and skype. Always frugal, cautious and an independent thinker, he continues to sustain his kin both economically and as a voice of reasoned experience. For all of their contributions to my life, I am grateful.

Of course, the path from early inspiration and interest to a finished dissertation is a long and difficult one, and at least in my case, required the generous and untiring support of dozens of friends, family, colleagues and mentors. Most especially, I am grateful to the members of dissertation committee, who together have pushed me and my work further than I thought possible. Ruth Dunkle was the first faculty member I worked for as a fledgling doctoral student, and has guided me since to stay focused on the big picture, personally, professionally and intellectually. It was Ruth who first suggested that my early interests in service labor might find fertile ground when combined with the study of aging, and whose own teaching and scholarship proved to me that work with older adults could be both important to social justice as well as intellectually and personally rewarding. Compassionate and ever practical, Ruth guided me through the labyrinthine program requirements, funding opportunities and job search preparations that together made it possible to survive as a doctoral student and (now) beyond. The depth and breadth of Gillian Feeley-Harnik's knowledge seem matched only by her intellectual and personal generosity. She has unwaveringly supported me, and this project, even as I struggled to articulate its interest for anthropology, and has pushed me to think both more carefully, more comparatively and more broadly at every turn. In both her scholarship and in her always-substantial (both in terms of length and significance) feedback to mine, I have been consistently inspired by Gillian's ability to draw connections between the tiniest details of social life and profound social theory. Karen Staller took me under her wing when I was looking for someone to help me understand how to do and how to talk about ethnographic and qualitative research in social work environments. In the process of teaching me about method, Karen taught me about mentorship - guiding me, sometimes protecting me, and always encouraging and trusting me. Karen's ever-critical eye and unwavering intellectual standards, as well as her deep commitment to social work and social justice, have improved my scholarship in innumerable ways. Tom Fricke was the first faculty member to read anything I wrote about elder care, and I am forever grateful that he saw in it the beginnings of something worthwhile. His insightful comments on the very rough draft of a course term paper became the core of an award-winning paper, and now sit at the heart of chapter 4. Tom was also central to my methodological education, including his advice about how to ask questions, how to 'be' in the field and most especially about writing. Tom's advice about writing – which was about poetics and pragmatics in equal measure - was so useful to me that I have passed it on to numerous other students and aspiring authors who now also carry Moleskin notebooks in their pockets and read James Agee for inspiration. As a group, my committee has been a model of interdisciplinarity, together encouraging me to push academic boundaries by more fully exploring the productivity of joining anthropology and social work and reminding me of my own intellectual goals even when the two fields seemed incompatible. It seems it will take at least one lifetime of scholarship to even begin to bear the fruit of their many gifts.

The University of Michigan and the Joint Doctoral Program in Social Work and Anthropology have provided a supportive environment and exceptionally rich and varied intellectual experience. A large number of faculty beyond my committee have played a direct role in my doctoral education by sitting on preliminary exam committees, shepherding me through the program, and providing feedback on various grant, article and chapter drafts. They include Berit Ingersoll-Dayton, Sherrie Kossoudji, Marcia Inhorn, Letha Chadiha, Bill Birdsall, Lorraine Guttierez and David Tucker. I am also grateful for the feedback I received from Sharon Kaufman, Janet Carsten and Joelle Bahloul on conference talks presented at various stages of planning and writing my dissertation.

One of the greatest pleasures of my doctoral experience has been the opportunity to work and learn in the midst of the stunning intellectual diversity of my fellow students. Some have inspired me through the thoughtfulness and acuity of their conversation, others have provided detailed and lengthy feedback on my written work and most have provided ongoing emotional and moral support through the many challenges of dissertation research and writing. They include: Bridget Guarasci, Katherine Martineau, Dana Levin, Shawna Lee, Cecilia Tomori, Xochitl Ruiz, Tam Perry, Britt Halvorson, Jessica Robbins, Simon Jo-Keeling, Claire Insel and Henricke Florusbosch. I have also benefitted enormously from the feedback of students and faculty in my NIA writing group over the years including Huei-Wern Shen and Faith Hopp. A number of other colleagues and fellow travelers were especially supportive during the earlier years of coursework - their contributions to my doctoral education cannot be underestimated.

They include Elizabeth Johnson-Crepieux, Sarah Brauner-Otto, Jacoba Lilius, Nicole Zarrett and Stephanie Boys.

Together, Todd Huynh, Laurie Marx and Laura Thomas keep the wheels of an enormously complex Joint Program running smoothly. They have helped me navigate the complex departmental politics and administrative procedures that can mean feast or famine for a doctoral student. Bonnie Francis and her colleagues transcribed my interviews with care and speed. Within the University of Michigan, I am grateful to have received financial support from the Department of Anthropology, the Joint Doctoral Program in Social Work and Social Science, the Rackham Graduate School and the Institute for Research on Women and Gender. I am also grateful for the four years of funding I received through a National Institute on Aging Training Grant housed at the University of Michigan School of Social Work (T32-AG000117) and for the substantial dissertation fellowship and professionalization opportunities I received from the John A. Hartford Foundation.

To my friends who have patiently tolerated my bookish distraction and perpetual self-absorption, who have accommodated the limitations my student income placed on our adventures and who have steadfastly supported me, thank you will never be enough. This list rightfully includes many of those whose names appear above, as well as friends from near and far including, Meredith Franco Meyers, Kate Livo, Leah Nico, Rebecca Ihrie, Georgia Flight, Sheri Rosen, Dragisa Simic, Guillaume Cazamayou, Bojan Rapaic and Sumit Mehta have each played an important role lifting my spirits and ensuring that my life was never consumed entirely by graduate school. In Chicago, Aviva Pearlman & Nosson Knobloch, Anita Engh & Dan Kraut (and their wonderful son Zachary) Mirabai

Auer, Amadi Jordan-Walker, Ana Irizarry, and Jason Salavon listened to unprocessed stories from the field and provided meals, good cheer and support as I coped with the unexpected emotional challenges of my fieldwork.

While I will never begin to repay the many debts accumulated over the course of my lengthy education, those that perhaps weigh most heavily on me are my debts to those who opened their homes, workplaces to me in Chicago. Though the confidentiality I promised them regretfully restricts my ability to mention them each by name, I want to express my thanks and deep gratitude to the administrators and supervisors at Belltower and Plusmore, who not only gave me access to their organizations and helped me acquire research permissions from various corporate and government authorities, but made me feel welcome. I am also grateful to the leadership and membership of SEIU Healthcare Illinois, who allowed me to conduct research with their members at Plusmore. To those who appear on the pages that follow as Maureen Murphy, Sally Middleton, John Thomas, Doris Robinson, Margee Jefferson, Grace Quick, Eileen Silverman, Maria Arellano, Samson George, Kim Little, Hattie Meyer, Loretta Gordon, Harriet Cole and Virginia Jackson, I am grateful. I am grateful for their candor, for their patience and for their willingness to share their stories, their struggles and the most intimate details of their lives with me. While our relationships were often awkward, complicated and imperfect, I am deeply grateful that they knowingly allowed me to share what I learned from and about them with the world at large.

My brother, Dan Buch, has long been my first sounding board, my trusted advisor, my loudest cheerleader and my most persistent critic. His faith in me and in the potential for my work has sometimes exceeded my own. It is a great and strange blessing to have a sibling whose life's work is so similar to my own, and I am regularly inspired by his unrelenting honesty, uncompromising commitment to fairness and passion for intellectual play. As Karen Jurist has become a greater part of his life, she has become an important part of mine, teaching me new ways to have and be family. I am grateful for her continued support, patience, encouragement and kindness.

To catalogue the ways in which my parents, Ray and Lindy Buch, have supported me and made this dissertation possible would fill volumes. They have been there in every possible way – emotionally, intellectually, financially and practically. As a small example, in the last hurried month of dissertation writing, they allowed me to move into their home, caring for me, feeding me, doing my laundry, walking my dog and keeping me company, so that I could focus on my work. My mom even copyedited each chapter, clearing her busy schedule to do so. My dad has listened to countless hours of stories from the field and afterward, offering his always sage advice, gleaned from decades of experience as a social worker, as I tried to navigate complex fieldwork relations and make sense of what I saw and heard. My mom, whose own commitment to combating poverty at its roots and to improving policy responses to work-family conflict has benefited millions of pre-school age children and their families, is a constant source of inspiration to me. Together, they encouraged me to have boundless curiosity, but also to turn my questioning towards alleviating the sources of injustice and inequality. Even more, they have believed – even when I did not – not only that I could and would complete my dissertation, but that my work was of value. Put most bluntly and in the terms of the work that follows: through their care, they have made me the person I am.

I am most grateful.

Table of Contents

List of Figures

List of Appendices

List of Abbreviations

AARP	American Association of Retired Persons
ADA	Americans with Disabilities Act
ADL	Activity of Daily Living
AFDC	Aid to Families with Dependent Children (pre-1996 “Welfare”)
CCP	Community Care Program
CHA	Chicago Housing Authority
CNA	Certified Nursing Assistant
DON	Determination of Need
HCBS	Home- and Community- Based Services
GED	General Educational Development
IADL	Instrumental Activity of Daily Living
IDoA	Illinois Department of Aging
IDPH	Illinois Department of Public Health
FLSA	Fair Labor Standards Act
MMSE	Mini-Mental State Examination
OAA	Older Americans Act
SEIU	Service Employees International Union
SCM	Service Cost Maximum
TANF	Temporary Aid to Needy Families (post-1996 “Welfare”)

Abstract

This dissertation explores the ways that everyday paid home care of older adults in Chicago, IL reproduces social inequality in the process of making and unmaking independent persons. Integrating theory and methods from social work and anthropology, this dissertation is based on ethnographic research conducted between 2006 and 2008 with supervisors, home care workers, older adults and family members associated with one publicly-funded and one privately-funded home care agency. The dissertation highlights the ways social policy and agency practices intersect with people's meanings and experiences of home care. Older adults experienced home care as a liminal practice through which the invasion of bureaucratic and corporate ethics into their domestic lives was seen as threatening their independence and personhood. By participating in risky gift exchanges, workers and older adults restored expected domestic relations and positioned one another as moral subjects. Home care workers labored to sustain older adults' social relations and independence even as the structural conditions of this labor threatened their ability to support their families.

Workers sustained older adults' independence and personhood by a process I call phenomenological empathy, that is, sensing, imagining and incorporating older adults' lifetimes of embodied tastes into everyday care practices, all the while suppressing their own. Given the political-economic structures of both private and public home care in the United States, the capacity of workers to sustain older adults as visibly independent persons was actually facilitated by their own social marginality, even invisibility, as

predominantly poor women of color or of immigrant status. Paradoxically, the invisibility of care work and home care workers makes possible the reproduction of recognizably autonomous persons, while reproducing social stratification in the process. Disrupting the reproduction of inequality that attends home care work requires public investments that improve the structural position of workers and broader public consideration of the social supports that independence and individualism actually require in practice. The study of paid care thus offers a critical perspective on how some kinds of persons come to be valued, made, reproduced and sustained over others and policies and practices through which these processes might be made more equitable.

Chapter 1

Introduction

“*Making,* because it is a study in an active process, which owes as much to agency as to conditioning. The working class did not rise like the sun at an appointed time. It was present at its own making.” (Thompson 1963, p.9)

Making Care Work

One frigid afternoon, a few weeks before Christmas 2006, I found myself standing in the doorway of John Thomas’ modest suburban Chicago home, utterly confused. I was neither coming nor going, but rather helping his home care worker Doris Robinson and his adult son Johnny Jr. cover Mr. Thomas’ doorway in festive wrapping paper when I realized that I had no idea what was going on. I was exaggerating my confusion, of course. The language being spoken around and with me was English, my mother tongue, and the holiday we were preparing for was one that had shaped the winter social calendar for my entire life. I knew, concretely, what was going on. We were decorating Mr. Thomas’ home in anticipation of the coming holiday, as I had helped other friends do many times before. And yet, I had very little idea what this door wrapping meant to the rest of the people there. What had started as Doris’ plan to help get Mr. Thomas into the holiday spirit had, for me, quickly devolved into an opaque, threatening and agonizing event.

Johnny was in town visiting his father for a week, and would soon return to New England to celebrate Christmas with his fifteen-year-old daughter. Johnny had been successful enough as a computer engineer to retire in his mid-50s, and remained highly attuned to technological and scientific advancements alike. Johnny told me he found his visits home frustrating and often boring, since his ninety-five year old father lived a relatively circumscribed life and had refused to change his ways since about 1965. As Johnny put it, “my father doesn’t like change very much.” Indeed, Mr. Thomas’ home had the look of one furnished by a particularly tidy, modest but style-conscious mid-century housewife, with small floral decorative flourishes at odds with Mr. Thomas’ very simple and masculine style of dress. The only furniture in the home that appeared to have been purchased after 1970 were the two matching pale mauve La-Z-Boy recliners stationed in front of Mr. Thomas’ television. Besides the recliners, the living room was dominated by a low slung turquoise sofa with the classic, clean lines common in mid-century design flanked by two simple wooden side tables of the same era at each end.

With Christmas rapidly approaching, Doris had decided that it was time to decorate Mr. Thomas’ home to help him get into the holiday spirit. Doris had brought with her a roll of blue metallic wrapping paper, a long plastic faux-pine branch and a bag of multi colored gift bows, all of which Doris proudly mentioned she had purchased on steep discount. The plan, Doris told us, was to cover Mr. Thomas’ entire front door with the wrapping paper and then to make a wreath out of the pine branch and gift bows to hang in the middle of the door. Even as Doris explained her decorating scheme, I could see Johnny silently guffawing out of the corner of my eye. Doris valiantly ignored Johnny’s reaction, and went on talking about how she had just decorated her apartment for the holiday last weekend using a unique purple and black color scheme. Doris proudly told us about the huge collection of holiday decorations she had collected over the years, and the many creative color schemes she had used in her own home. Mr.

Thomas reacted to Doris' scheme the same way he did to all of her domestic initiatives – with bemused resignation.

Doris suggested that Johnny and I should try to figure out how to hang the wrapping paper while she and Mr. Thomas went to look for some scissors and tape. When they left, Johnny told me that his mother, a woman he remembered as a highly controlling, fastidious housekeeper and overbearing parent, would have been mortified by Doris' decorating plan. Johnny claimed that she would have found it horribly garish to cover the entire front door in metallic paper, and would have been infuriated by the idea of all that scotch tape ruining the wooden door. I was touched, if a little confused, to hear Johnny assert his deceased mother's decorative authority over the home, since he otherwise expressed little fondness for her memory. Mr. Thomas had never spent much time considering his own decorative preferences and seemed more than willing to comply with whatever his wife, and now Doris, suggested. It had not been Mr. Thomas' role, as a mid-century breadwinner, to concern himself with things like holiday decorations, and he seemed tickled that Doris made a fuss over the domestic niceties that had previously been his wife's purview.

While Doris and Mr. Thomas were in the other room, I unrolled a few feet of the paper to help Johnny make some measurements, and quickly realized that though from a distance the paper appeared to be covered with a wintery pattern of white and silver snowflakes on a shiny blue background, it was actually a common design for Hanukah paper in which Stars of David formed the center of lacy snowflake-like designs. I was surprised that it had taken me so long to recognize the pattern, as it struck me as similar to the wrapping paper my grandmother had favored for many years. As I noticed this, I laughed awkwardly and mumbled to no one in particular, “Oh, huh. This is Hanukah paper, it looks like something my grandmother used.” Johnny heard me, and came over to look at it, mentioning as he did so that his father was a lifelong anti-Semite.

Johnny’s comment left me reeling. By this point, I had been coming to Mr. Thomas’ home every other week for about four months. My Jewish background had come up at least once and Mr. Thomas had never been anything but kind and welcoming to me. I had no idea how to respond to Johnny, though my notes record me stammering something along the lines of, “oh, I had no idea.” Eventually, I managed to ask Johnny what he meant by saying his father was an anti-Semite, to which he replied that his father had regularly used derogatory names for Jews and had spoken about cheap and greedy Jewish merchants and bankers. I recall stuttering something about how his father had never directed any bigotry toward me.

Soon, Doris and Mr. Thomas returned to the living room and Doris assigned us decorating tasks. Johnny, with his engineering skills, was to measure and cut the paper while Doris and I hung and taped it. It was more difficult than it looked to cover the entire door without leaving gaps of wood showing or creating air pockets, and while we worked we laughed at how many of us it was taking to conduct such a seemingly simple task. As we worked, Mr. Thomas sat and watched us with an amused expression on his face the whole time.

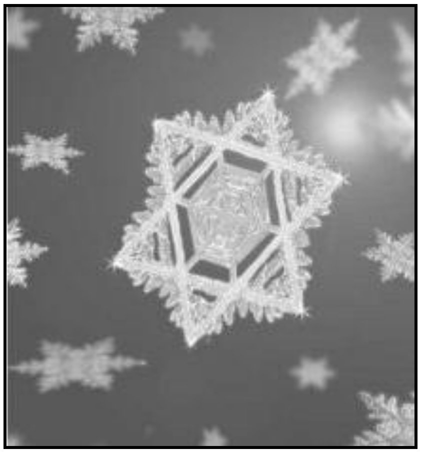

Figure 1 Snowflake Star of David pattern.
Similar to the one on the paper used to wrap Mr. Thomas' door.[1]

I knew from our previous conversations that Doris was unfamiliar with Judaism. It seemed unlikely that she would have recognized the stars of David printed on the wrapping paper as symbols of Judaism or known that stores stocked products for celebrating the Jewish winter holiday of Hanukah alongside Christmas products. Hanukah had come at the beginning of December that year, and by the time Doris went to purchase decorations for Mr. Thomas several weeks later, it's likely that the snowy looking paper had already been dispatched to the discount bin, making the blue and white paper more affordable than traditional Christmas prints. Still, I spent most of the afternoon terrified that when Mr. Thomas got a good look at the paper, he would recognize the Star of David pattern and be furious that the Jewish student who had randomly turned up in his life several months before had colluded to cover his doorway in the symbol of her religion, a religion he supposedly hated.

By the time we finished decorating the door, it was the end of Doris' workday, and she and I left to head to our respective homes. I spent the next week worrying about

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[1] In my fluster and frustration, I neglected to save a piece of the wrapping paper we used to wrap the door. The pattern shown here is from similar paper, though the one we used to wrap Mr. Thomas' door was more ornate.

how Mr. Thomas would react to the door after we left. I need not have been so anxious, for when I next visited Mr. Thomas, he told me that he had really enjoyed having the decorations on his door and that he had received compliments from several of his neighbors. No one ever mentioned the Jewish stars on the paper, nor did Mr. Thomas' treatment of me change in any noticeable way.

What I came to call the "door wrapping incident" was, for me, one of the most confusing moments in two years of fieldwork studying home care practices and relationships in Chicago, Illinois. As I came to better know home care workers and their older adult clients between the summer of 2006 and summer 2008, I learned that moments of ambiguity, uncertainty and interpersonal tension often punctuated their seemingly mundane encounters. Paid home care brings workers into private homes with the formal goal of assisting older adults with non-medical, intimate, everyday activities such as bathing, toileting, cooking, feeding and house cleaning. Home care workers, who are disproportionately economically disadvantaged, minority and immigrant women, often become deeply, if uncomfortably, embedded in the daily lives and relationships of their elderly clients. Thus, workers and older adults come to care with markedly different backgrounds, differences that were repeatedly surmounted and reinstantiated in complex ways. Over and over again, I witnessed workers go far beyond their deceptively simple job description to care for their clients, and saw that home care involved far more than the simple accomplishment of everyday activities. Indeed, much as I wondered what had motivated Doris to go beyond her job description to decorate Mr. Thomas' door, I wondered more generally what home care means for participants, including home care workers, older adult clients, supervisors and family members. How did participants distinguish good care from bad? I wondered how it was that that Mr. Thomas could be both resistant to change and appreciative of Doris' domestic alterations, and how she knew which changes he would welcome. I wondered how home care works at all, given that workers and older adults are often from different enough backgrounds that it could not be assumed that they to agreed on the meaning of simple symbols, much less complex concepts like, "home," or "care." Moreover, I wondered how the dynamics of inequality, so apparent in Johnny's disdain for Doris' taste, but which also permeated the less visible hierarchical structures of home care agencies, impacted both everyday home care practices and the meanings of care.

These were not entirely new questions for me, but rather new ways of approaching the kinds of questions I had come to Chicago to study in the first place. When I arrived in Chicago in 2006, home care and home health care were predicted to be the second and third fastest growing occupations in the United States over the following decade (Dohm and Shniper 2007). The rapid expansion of the home care industry led to growing national policy concerns regarding the adequacy of the current direct care[2] workforce to meet predicted needs and an urgent call for research that would inform efforts to recruit, train and retain workers able to provide high quality care (National Academies 2008). My research was thus motivated in part by my desire to inform home care and long term care policy debates in ways that improve the quality of home care as both a form of long term care and as an expanding form of employment. As both a social

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[2] The term "direct care worker" is frequently used to refer to all workers who provide the most basic care for older and disabled adults in a variety of settings , including nursing home aides, hospital orderlies and nursing assistants, home health care workers and home care workers. Nursing home aides, hospitals nursing assistants and home health care workers are required to have passed a Certified Nursing Assistant (CNA) training program, and are thus able to assist with wound care, measure vital signs and deliver other basic health care under the supervision of a nurse.. Home care workers are sometimes also called personal care assistants, personal assistants and homemakers. Home care workers are not required to have a CNA and are not necessarily supervised by medical personnel.

worker and an anthropologist, I am deeply committed to evaluating social policies in light of the ways in which they are understood and experienced by those people whom such policies most directly impact. Thus, I began my research by holding established definitions and measurements of home care quality at bay (Applebaum, Mollica and Tilly 1997; Applebaum and Phillips 1990; Hirdes et al. 2004; Jenks 1995; Kerzer 2005; Shaughnessy et al. 2002; Shaughnessy, Crisler and Schlenker 1998), and instead aimed to examine home care participants' own understandings of good care in the context of their lived experiences of home care. As I learned, both home care workers and older adults tended to recognize good care as care that helped sustain older adults' independence and social personhood.

My research is also intended to help inform the everyday practice of social workers at a number of levels. Though home care has not been a traditional focus of social work practice, social workers' involvement in the home care industry is growing. Social workers fill several roles in relation to home- and community- based services (HCBS) for older adults. First, social workers are involved in policy development and advocacy concerning HCBS services at the local, state and federal levels. Second, home care agency administrators are frequently social workers, and a growing number of gerontological social workers are opening their own home care agencies. Third, social workers are often the assessors and case managers and care coordinators who determine older adults' eligibility for publicly-funded HCBS services and manage their care; fourth, hospital social workers are often involved in discharge planning play an important role in helping hospitalized older adults select and arrange home care services; fifth, social workers may provide psycho-social therapy to home bound older adults (Kadushin and

Egan 2008). In each case, it is crucial that social workers have a comprehensive understanding of what older adults can be expected to experience as they interact with home care agencies and home care workers. Through the analysis of long-term participant observations, this dissertation aims to provide social workers in each of these roles with a sense of how the intimate, everyday interactions of home care workers and older adults are patterned by local moral values, organizational practices and government policies.

Gerontological social workers in each of these practice arenas are likely to interact with older adults with a wide range of economic and social resources. Yet most of the available social work and gerontological research on home care has focused on various forms of publicly funded care since these studies have the most direct implications for Medicaid and state programs that fund services for the elderly. Yet privately funded care is also subject to government licensing and regulation, which (even when minimal) structures organizational practice and the home care labor market. Very little research explicitly compares publicly- and privately- funded home care (one exception is Keigher 1999) and I could not identify any research that compares organizational practices between publicly- and privately- funded care. While part of my interest in examining both publicly- and privately- funded care ways to encourage a coordinated and comprehensive approach to home care policy and practice regardless of funding source, I was also interested in understand the ways that economic inequality might pattern the older adults' experiences of home- and community- based long term care.

At the same time, the rapid expansion of the home care industry is part of a larger and ongoing transformation of the United States from a primarily manufacturing-based economy to a service-based economy. Service work seems to complicate and frustrate moral distinctions between persons and things, commodities and gifts, life and work that arose in connection to the industrial revolution (Folbre 2008; Frow 1997; Zelizer 2005). Thus, at the outset of this research I was interested in the ways that this transformation might influence both moral and material social relations in the United States. In this way, my project was inspired by the work of a previous era of scholars, particularly Marx, Polanyi, and Thompson, who documented the ways in which social understandings and experiences of moral concepts like time, freedom, personhood and human nature were implicated in processes that made the industrial working class (Polanyi 1944; Thompson 1963; Thompson 1967). As exemplified by the quote with which I opened this dissertation, Thompson saw history not as the inevitable result of structural forces, but as the consequence of human action[3]. Thompson thus exhorts historians and social scientists to attend to the "cultural" processes through which changes in the means of production coalesce to reshape other facets of social relations, arguing that:

> If we stop history at a given point, there are no classes but simply a multitude of individuals with a multitude of experiences. But if we watch these men over an adequate period of social change, we observe patterns in their relationships, their ideas, their institutions. Class is defined by men as they live their own history, and in the end, this is its only definition (1963, p. 11).

This dissertation, thus, is one step in extending the Thompsonian project to consider the ways in which service work, and particularly paid home care labor, were experienced and

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[3] In this way, Thompson emphasizes the first phrase in Marx' famous argument that "Men make their own history, but they do not make it just as they please; they do not make it under circumstances chosen by themselves, but under circumstances directly encountered, given and transmitted from the past" (Marx 1869[1984], p.10).

reflected in patterns of social relations, ideas and institutions at the dawn of the 21st century.

In studying home care work of older adults, I set out to examine not just the connections between the service economy and changing social relations, but the ways in which experiences of both aging and labor are implicated in these processes. The study of aging, in particular, highlights processes that make and unmake social personhood that, though ongoing across the life course, may be particularly salient towards the end of life. Thus, to Thompson's emphasis on the agentive "making" of classed persons and social relations, my dissertation adds sustained attention to the ways in which home care work is also concerned with the unmaking of social persons and social relations. In this way, I suggest that social inequality and social personhood may be generated and experienced as much through practices of hiding, obscuring and denying social relations as through the recognition of shared interests and experiences. This dissertation is thus centrally concerned with understanding the ways in which the labor that workers and older adult recognized as good care because it sustained independent personhood might also be connected to processes that reproduce social inequality.

Toward Quality Care and Quality Jobs[4]

The growing direct care workforce crisis has increasingly drawn the attention of researchers in social work, gerontology and nursing. Home care research in social work, gerontology and nursing has tended to focus on ways of growing the caregiving

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[4] This phrase is derived from PHI National's "Quality Care through Quality Jobs" program, which enlists organizations that share the belief that long term care consumers receive quality care when the workers who provide their services are offered quality jobs. Organizations involved in the program commit to implementing quality jobs to the greatest degree possible within the constraints of current long term care policy (www.phinational.org). PHI National, originally the "Paraprofessional Healthcare Institute" is one of the largest organizations in the United States conducting research and advocacy on direct care jobs.

workforce and improving the quality of care older adults receive (Applebaum, Mollica and Tilly 1997; Folkemer and Coleman 2006; Hirdes et al. 2004; Kerzer 2005; National Academies 2008; Seavey and Salter 2006; Shaughnessy et al. 2002; Shaughnessy, Crisler and Schlenker 1998; Stone and Wiener 2001; United States General Accounting Office 2001; Wilner 2000). One trajectory of research has promoted the development of new pools of home care workers, particularly through the use of innovative "Cash and Counseling" programs that allow older adults to use Medicaid waiver funds (discussed further below) to hire workers directly rather than through agencies. These programs are thought to grow the potential pool of home care workers when older adults hire family members or friends, some of whom may have been previously providing some care for free, but would not otherwise be able to provide the amount of care needed (Benjamin and Matthias 2000; Benjamin and Matthias 2001; Benjamin and Matthias 2004; Mahoney et al. 2004; Phillips et al. 2003; San Antonio, Eckhert and Simon-Rusinowitz 2006; Simon-Rusinowitz et al. 2008; Simon-Rusinowitz et al. 2002). Beyond mining older adults' social networks for potential home care workers, other research has explored efforts to use federal workforce development programs [5] to recruit and train direct care workers (Raynor 2003). In particular, this line of research has focused on the possibility of training recipients of Temporary Aid to Dependent Families (TANF, also called "welfare")[6] benefits as direct care workers (Kauff 2005; Kirby et al. 2005).

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[5] Federal workforce development programs that support the development of the direct care workforce include the Workforce Development Act, the Perkins Act, Temporary Aid to Needy Families, Job Corps and National Registered Apprenticeships.

[6] Since the passage of the Personal Responsibility and Work Opportunity Act (PRWORA, also called "welfare reform") of 1996 when TANF replaced the Aid to Families with Dependent Children (AFDC) program, as the U.S.'s basic cash assistance program for families with children, welfare has been driven by a "work first" philosophy. Recipients are now limited to sixty months of cash assistance through TANF, though some other benefits like tax incentives for employers to cover wages, benefits, training or supervision and supportive services can last longer. While receiving TANF benefits, non-exempt adults

Other research suggests that in addition to recruiting targeted populations such as TANF recipients or members of older adults' social support networks, recruiting and retaining a sufficient and sustainable home care workforce requires attending to the quality of home care jobs. This research suggests that the well-being of home care workers and older adults are intertwined, as workers' health, job satisfaction and compensation tend to lead to less turnover and greater continuity of care (Denton, Zeytinoglu and Davies 2002; Donovan, Kurzman and Rotman 1993; Feldman 1993; Feldman, Sapienza and Kane 1990; Mittal, Rosen and Leana 2009; Morris 2009; Wilner 2000).

Recent research suggests three key strategies that would, together, improve both worker retention and the quality of home care: increased compensation, improved work environment and improved training (National Academies 2008). Turnover rates in home care agencies have been found to range from 40% to 60% after one year of employment, and from 80% to 90% after two years , and overall turnover in the direct care workforce costs the United States approximately $2.5 billion annually (Seavey 2004; Stone and Wiener 2001)[7]. Despite overwhelming research evidence suggesting that increased compensation would significantly improve worker retention and home care quality, the only sustained push to improve wages has come from the labor movement, direct care

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must participate in work activities as soon as they are job ready and no later than two years after the initial receipt of benefits. Work activities can include unsubsidized or subsidized employment, on-the-job training, work experience, community service, job search, vocational training, job skills training related to work, or education directly related to work; and satisfactory secondary school attendance. Vocational training can only count for twelve months.

[7] These turnover rates are estimated for home care agencies, and it is currently impossible to know if workers who leave their agencies also leave the home care industry and direct care in general, or if they are moving amongst agencies, or between agency employment and providing care directly to older adults through the gray market. While this complication may change the picture in terms of the larger direct care workforce crisis, even turnover at the agency level has profound implications for the quality of care individual older adults receive as well as for agency budgets.

worker organizations and aging advocacy organizations (Howes 2005a; Morris 2009; Scala, Hendrickson and Regan 2008; Seavey and Salter 2006)[8]. Moreover, in a political climate ever more focused on reducing health care costs, necessary increases in federal and state funding to improve worker compensation seem increasingly unlikely. There are a number of promising efforts to improve the work environment of direct care jobs including improving relationships with supervisors and creating career ladders, though these efforts have not focused on what it might mean to improve work environments that are also older adults homes (National Academies 2008). Efforts to improve and standardize training requirements remain in the very earliest stages, provoking a national call for research that "to determine the competencies that direct-care workers need in order to provide high-quality care to older patients" (National Academies 2008, p.216).

According to a growing body of literature, both direct care workers and older adults in the United States emphasize the importance of good relationships between workers and older adults to providing high quality care (Aronson 2003; Aronson and Neysmith 1996b; Chicin 1992; Eustis and Fischer 1991; Karner 1998; Piercy 2001; Piercy 2000; Piercy and Woolley 1999). Such research suggests that many of the competencies needed to provide high quality care are relational skills. However, most of the studies cited above have relied on interview methods of data collection, limiting their ability to describe what "good relationships" might mean or look like in everyday home care practice. Many of these studies imply that home care agency policies interfere with the development of good relationships between workers and clients, yet indicate that such relationships develop anyway (Aronson and Neysmith 1996a; Aronson and Neysmith

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[8] The Service Employees International Union (SEIU), The Direct Care Alliance and the American Association of Retired Persons (AARP) have all advocated for higher wages and increased benefits at both the state and federal levels.

1996b). It struck me that training efforts to improve home care workers' relational competencies might be doomed to failure if they did not adequately account for the ways that agency policies constrain relationships. I thus went to Chicago in part hoping to better understand workers and older adults' social relations as well as the ways in which home care agency policies structured the possibilities for such relations.

Home care research generally calls for improvements in worker's wages, benefits and working as a way of improving home care outcomes, thus largely considering workers' well-being as a means towards improving older adults' well-being[9]. While arguments focused on elder well-being may be politically pragmatic, social work's commitment to social justice requires that social workers (including social work researchers, social workers engaged in policy development and implementation and social workers who encounter the home care industry through their direct practice) equally consider the well-being of both older adults and home care workers as members of socially vulnerable populations whose lives are frequently impacted by myriad social insurance and social welfare policies.

Home care sits at the nexus of the US social welfare system, as home care participants are affected by both policies aimed at financially and medically supporting older adults and by policies aimed at providing a safety net for low-income families, people with disabilities and children. On the one hand, older adults' abilities to access medical and long-term care (including home care) are often tied to Medicare and

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[9] Though, to be fair, I suspect that many of these authors are deeply (and perhaps even primarily) concerned about workers' well-being, but recognize that these goals are best achieved by mobilizing the political clout of older adults while avoiding the political stigma that often adheres to efforts to improve the lot of poor women of color. Thus, these authors may choose to address the broader social justice implications of home care work on workers' lives only implicitly in their publications.

Medicaid policies[10], while Social Security retirement benefits[11] provide at least half the income for 64% older adults and are responsible for keeping approximately 30% of older adults over 65 out of poverty (Engelhardt and Gruber 2006; Porter, Larin and Primus 1999; U.S. Social Security Administration 2009). Low-income disabled adults may also be eligible for Supplemental Security Income (SSI)[12]. On the other hand, home care workers are more likely to live in poverty, to lack health insurance and to rely on food stamps than other workers (GAO 2001). These workers are thus more likely than other

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[10] Medicare is a federal insurance program providing health insurance for people over 65. Medicare is partially funded through dedicated payroll taxes. All legal residents of the United States are eligible for Medicare if they have lived in the US for at least five years. . Medicare includes four parts. Part A covers hospital insurance, Part B covers medical insurance, Part C enables private insurers to provide Medicare Benefits and Part D covers prescription drugs. If residents (or their spouses) have not paid Medicare taxes for a minimum of ten years, they must pay a premium to be enrolled in Medicare Part A. Part A also includes a substantial annual deductible for hospital stays. After the deductable, Part A covers up to 20 days of hospitalization in full, and another 80 days with a co-payment. Part A will cover home health services to homebound older adults provided that the services are medically necessary and the recipient is also receiving skilled nursing services, physical therapy, occupational therapy or speech therapy. Part B enrollees pay an income-based premium for their coverage (such that those with higher incomes pay higher premiums), are responsible for an annual deductable as well as a 20% coinsurance for all services (but not lab costs). Parts C and D are administered by private companies, and deductibles and coinsurance rates vary across plans.

Medicaid is a means-tested health program for low income individuals and families. Medicaid is jointly funded by the state and federal governments, but is managed by the individual states. Low-income, low-asset older adults, along with low income adults and their children and people with disabilities are eligible for Medicaid. While Medicare only funds a limited number of days of institutional care, Medicaid funds ongoing long term care for older adults (usually in nursing homes, though a growing number of states offer home and community based long term care funded through Medicaid programs). Medicaid pays for 46% of all costs of nursing home coverage in the United States (Shapiro & Greenstein, 2005). Within the Medicaid program, states can apply for “Medicaid Waivers” to provide home- and community- based long term care services, including home care, respite care, home modifications and traditional medical services. Some states use Medicaid waiver programs to prevent or delay nursing home placement, and thus they have less stringent income and asset maximums for applicants. Medicaid waiver programs may cost the state no more than it would cost to provide equivalent care in an institutional setting. The Medicaid waiver program is considered an important tool in helping states meet their obligations under the Olmstead ruling (discussed below) (Centers for Medicare & Medicaid Services 2010).

11 Social Security is a social insurance program funded through dedicated payroll taxes paid into the Social Security Trust Fund (and thus set apart from the US general fund). The monthly amount a worker is entitled to depends upon the worker’s prior earnings and the age at which s/he begins receiving benefits. The social security program also provides disability insurance, also paid for through dedicated payroll taxes. To qualify for Social Security disability, workers must have earned enough “credits” (based on earnings) over their lifetime as well as a certain number within the previous ten years, and have a disability that has prevented work for at least five months.

12 SSI, authorized by the same legislation as Social Security retirement benefits and social security disability, is not a form of insurance, but rather a means-tested program (applicants income and net worth must fall below certain thresholds) funded through general taxes (and not dedicated Social Security Taxes).

workers to be directly affected by a range of anti-poverty programs as well as the criminal justice and child welfare systems.

The low-income women who comprise the vast majority of the home care work force are sometimes former recipients of Temporary Aid to Needy Families (TANF) or its predecessor Aid to Families with Dependent Children (AFDC). As described above, the welfare-to-work programs engendered by welfare reform push TANF recipients into (usually low-wage) jobs, including home care jobs, through the use of both training and job-readiness programs as well as subsidies provided to employers to hire these workers[13]. Home care workers' families are also more likely than wealthier families to have contact with the child welfare system, as poverty is the single biggest risk factor for child abuse and neglect (though researchers also argue that this correlation is skewed by the increased likelihood that poor families will be reported and investigated for abuse or neglect than wealthier families) (Connell et al. 2006; Drake, Lee and Jonson-Reid 2008)[14]. While workers' poverty is the visible cause of their contact with the social welfare system, it is troubling that their families' poverty is in part the result of the ways in which state home- and community-based services programs (funded through Medicaid waivers), along with private insurers and labor laws, structure home care work such that workers are not able to adequately support their families with their wages. Medicaid and the long term care system more generally, thus rely upon the broader social welfare system to cover a substantial portion of the full cost of care.

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[13] Both of the agencies that participated in this study received subsidies for hiring individuals in these programs, though I was unable to ascertain the number of employees at each agency that qualified for such subsidies.

[14] Among the seven workers who participated in the intensive observations of this study, at least three had direct contact with the child welfare system during their lives. One had a child removed from her custody for neglect several decades prior to the study period, while two more had been given custody of their grandchildren when their daughters were incarcerated and/or struggling with substance abuse.

Though home care researchers frequently note that workers come into contact with multiple nodes of the United States' social safety net, analysis of home care practices rarely takes these intersections into consideration. This dissertation considers the ways in which practices currently thought to promote quality care might be implicated in the ongoing struggles of home care workers and suggests that social workers and other home care professionals attend to the ways in which an uncritical adoption of the goal of independence for older adults might unintentionally exacerbate and reproduce the structural inequalities that undergird the home care industry.

Toward an Anthropology of Care

This research was also inspired by a slowly coalescing anthropology of care (though rarely called that) which continues to emerge as scholars increasingly explore the diverse forms of social relations that arise around childrearing, illness and old age. Two seemingly connected but also contradictory themes have emerged from this literature. On the one hand, care is described as a deeply moral form of social relations constituted by intersubjective practices with the potential to transform the meanings of humanness, subjectivity and personhood. On the other, care is described as embedded in and reproducing social inequalities. The first of these perspectives has perhaps been most clearly articulated by Kleinman who argues that caregiving is "a defining moral practice. It is a practice of empathic imagination, responsibility, witnessing, and solidarity with those in great need. It is a moral practice that makes caregivers, and at times even the care-receivers, more present and thereby fully human" (Kleinman 2009, p. 293).

At the same time, scholarship dating back to Engels shows that the unequal allocation of reproductive labor – particularly caregiving - by gender, race and class plays a critical role in the reproduction of social stratification (Engels 1884[1978]; Glenn 1992; Graham 1991; Hondagneu-Sotelo 2000; Lamphere 1987; Ortner 1974) Pointing out that opportunities to care for and thereby socially reproduce persons are not equally available to everyone, Colen (1989; 1990; 1995; 1990) developed the concept of reproductive stratification. This concept which was elaborated upon by Ginsburg and Rapp to describe the "power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered" and helps us see "the arrangements by which some reproductive futures are valued while others are despised" (Ginsburg and Rapp 1995b, p. 3). Rather than attempting to resolve an apparent contradiction between views of care as a moral practice that might make us more fully human and as a primary locus in the reproduction of inequality, I suggest that an anthropology of care can contribute to broader discussions about how social inequalities come to permeate subjectivity and morality (Bourdieu 1984). While Bourdieu's discussion of distinction is primarily concerned with the ways that inequality is made visible and reproduced through the transmission of aesthetic tastes, this dissertation attends to the ways in which intimate interactions among those whose tastes have been formed in different racial/ethnic and class contexts might intensify the reproduction of unequal persons and subjectivities. This dissertation further suggests that practices which sustain older adults' independent personhood may be facilitated by, and even depend upon, a significant degree of inequality between home care workers and care recipients. In the following sections, I review anthropological and social science theory and research on personhood, kinship, labor and reproductive stratification, focusing on the ways that these literatures contribute to an emerging anthropology of care through which to examine paid home care of older adults in the United States. I further consider the ways that the study of aging has benefited from and contributes to the study of personhood, kinship, labor and inequality, suggesting that an anthropology of care may thereby offer a critical perspective on overarching questions about how it is that some kinds of persons come to be valued, reproduced and sustained over others.

Making and Unmaking Persons in Old Age

The concept of the person has been a significant focus of Euro-American theoretical and empirical scholarship since at least the Enlightenment. In the social sciences, both Durkheim and Mauss argued that personhood is socially constituted and therefore variable across time and space (Durkheim 1975 [1898]; Mauss 1935[1979]). Thus, anthropologists have long argued that changes in personhood are always inextricably linked to changes in social relations over the life course (Bloch 1988; Carrithers 1985; Taylor 1985) Van Gennep ([1908] 2004) showed that personhood is not simply tied to social relations over the life course, but that different kinds of persons are made and unmade through ritual practices that turn (for example) boys into men, girls into wives, strangers into guests, men into kings or kin into ancestors (Feeley-Harnik 1991; Feeley-Harnik 1997; Richards 1982 [1956]). Rites of passage may not only signify who is a full member of a given community, but differentiate status among those in a community and can thus play a crucial role in maintaining or transforming not only forms of social difference but also hierarchy and inequality (Feeley-Harnik 1991).

To these perspectives on personhood, Fortes exhorts anthropologists to attend not only to the ways personhood is socially generated and culturally defined but to how “it is experienced by its bearer, the individual” (1987, p. 73). In so doing, Fortes argues, anthropologists can account for both the “qualities, capacities and roles with which a society endows a person to be known to be, and also to show himself to be the person he is supposed to be” as well as “how the individual, as an actor, knows himself to be – or not to be – the person he is expected to be in a given situation and status. The individual is not a passive bearer of personhood; he must appropriate the qualities and capacities, and the norms governing its expression to himself” (1987, p. 251). Following Fortes, I suggest that it is precisely because personhood is socially made and unmade through rituals and everyday practices that personhood is regularly experienced by socially marginal individuals, including (in the U.S.) low income workers and older adults, as under threat. My dissertation thus attends to the ways in which workers and particularly older adults actively experience threats to personhood and attempt, against these threats, to re-appropriate the qualities and capacities of independent persons to themselves.

Empirical research on comparative forms of personhood has broadly followed the approaches described above: one compares local/historical ideals and definitions of personhood, while the other traces the ritual and everyday practices through which personhood is made, unmade and transformed in particular places. In the United States and other industrialized countries, anthropologists have contributed a comparative perspective to vociferous moral debates regarding definitions of personhood that have arisen in response to medical practices such as abortion, IVF and organ transplantation (Conklin and Morgan 1996; Lock 1996; Lock 2003; Morgan 1990). In particular, Morgan’s work on comparative understandings of when life begins suggests that scholars disentangle definitions of humanity and personhood in order to examine the separate social processes through which these statuses are attained. Morgan notes that among those people who separately define humanity and personhood, the determination of humanity always precedes that of personhood (1990 p.25). Thus, Morgan shows that on the island of Truk people waited until after biological birth to determine whether a newborn could be characterized as human; and abnormal infants were considered ghosts and destroyed. For these people, the destruction of deformed newborns was not considered infanticide because ghosts are not persons and cannot be killed (1990 p.25). Morgan concludes that in this and other many societies, "the neonate is not assumed to be born human, but is 'anthropomorphized' after birth on the basis of physical characteristics which may or may not be endowed with moral significance" (1990 p.25).

Among many people, babies are thought to have special connections to the supernatural or the afterlife, and processes of leaving these other worlds and becoming a person can involve a liminal period lasting anywhere from several days through weaning (or longer) and conclude with social rituals and events like weaning, naming or circumcision (Gottlieb 2004; Morgan 1990). Personhood, Morgan argues is contingent on "social recognition and a person is recognized using established socio-cultural conventions. Persons possess a special moral stature within their societies, yet in specific historical circumstances this status has been denied to certain groups, including women, children, slaves, prisoners of war, lepers, countless ethnic groups and the insane." While in the United States, biological birth has been imbued with such significance that legal and civil institutions confer personhood instantly at birth, Morgan suggests that the lives of some kinds of persons remain more valuable than others (1990 p.26). While anthropologists have frequently noted that rites of passage and other everyday practices have the potential to make and unmake social relations, personhood and forms of difference, there are fewer ethnographic accounts of the concrete processes through which personhood and inequality are mutually constituted, especially toward the end of life.

Despite their comparative perspective, both Durkheim and Mauss also argued that a specific Euro-American form of personhood – individualism – represented perhaps the highest form of social and moral progress. While individualism is now well understood as a moral ideal and theoretical concept (Carrithers, Collins and Lukes 1985; Taylor 1985; Taylor 1989), we know far less about the actual social relations and processes through which individual, independent persons are made, unmade and transformed in the United States. The relatively rare processual studies of personhood that have been conducted within North America have overwhelmingly focused on the ways personhood is made toward the beginning of life (Han 2008a; Han 2008b). One important exception is Marcoux's work in Montreal which shows how older adults' ritualized practice of distributing important possessions to kin and friends "proceeds from a wish to ancestralize oneself" (2001, p. 213). Another exception is Kaufman's (1986) work which suggests that in the United States, older adults draw on moral themes from their personal histories to maintain a sense of being a continuous self in the face of the multiple changes associated with old age. Problematically, Kaufman draws on psychological theories of personality development which propose the universal importance of continuity in later life (Atchley 1989). However, comparative research on personhood in later life suggests that continuity of self is not universally valued in later life. Lamb's (2000) ethnography, described below, emphasizes the importance of changing personhood and social relations in Mangaldihi older adults' vision of a good old age.

In the United States, 'individual' persons are normatively construed as physically, mentally and financially bounded and independent (Taylor 1989), and aging is primarily constructed as a process of inevitable, irreversible physical decline (Cohen 1994; Cohen 1998; England et al. 1991; Estes 1979; Kaufman 1994; Lock 1993). U.S. elders experiencing physical or mental changes which make them dependent on others for bodily care thus enter a liminal stage in which they are at great risk for becoming unmade as adult persons (Kaufman 1986; Myerhoff 1979; Shield 1997). From this perspective, paid home care is itself part of ongoing rites of passage that transform adults into dead and dying persons (Bloch 1988; Marcoux 2001; Turner and Turner 1978; Van Gennep [1908] 2004). Kaufman argues that "in the lives of very old Americans particularly, the ideal of autonomy, understood as unequivocal self-reliance, is pitted against the ever-growing threat of dependence, on family, community and the health care system. Aging is conceived of as a battle between discrete and opposing forces of independence and dependence" (1994, p. 47).

Against the potential of aging to unmake older adults as independent persons, this dissertation explores the ways in which home workers and older adults continue to experience and seek recognition as independent persons, and the role home care work plays in these efforts. In doing so, the dissertation suggests sustaining older adults' independent personhood depends in part on hiding the intimate, sensorial labor through which workers sustain older adults' social relations and ways of life. This labor both reproduces and transforms earlier practices that constituted both personhood and relatedness earlier in older adults' lives.

Making and Unmaking Relatedness in Old Age.

In recent decades, anthropological studies of kinship have been reinvigorated and transformed. Once the discipline's bread and butter, kinship studies fell out of favor by the 1970s as scholars critiqued assumptions about the primacy of biology (i.e., "blood relations" and "shared genes") embedded in previous theoretical approaches to kinship. Among the many critiques of earlier kinship studies, Collier and Yanagisako argued that by "taking for granted… how reproductive functions come to be cast as the enduring core of the family" earlier kinship theory, "overlooks how families in our society both reproduce and recast forms of gender inequality along with forms of class inequality at the same time that they nurture children" (1987, p. 3). This dissertation thus extends Collier and Yanagisako's examination of the ways in which forms of nurturance might reproduce forms of inequality across the life course by focusing on the social relations through which older adults are nurtured and cared for.

Seeking to distinguish a new approach, more recent studies in kinship make use of the term "relatedness" to "suspend a particular set of assumptions about what is entailed by the terms biological and social" (Carsten 2000, p.4). Studies of relatedness thus seek to describe and analyze relatedness "in terms of indigenous statements and practices" even when they fall outside of what Euro-American anthropologists might have previously recognized as kinship (Carsten 2000, p.3). In a parallel argument, McKinley suggests that we view kinship as a "philosophy many cultures hold about what completes a person socially, psychologically and morally, and how that completeness comes about through a responsible sense of attachment and obligation to others" (McKinley 2002, p.143). Franklin and McKinnon have emphasized that lines between kinship and other forms of relationality are often fluid (Franklin and McKinnon 2001, p.13). While biologically based ideas about the constitution of relatedness and personhood remain normative in the U.S., anthropologists have found that a number of other ways of reckoning and constituting relatedness abound, including through memory, work, counter-hegemonic intimacies, bio-imaging technologies, and origin rituals (Auslander 2002; Bodenhorn 2000; Fricke 2008; Halvorson 2008; Han 2008b; Smith 2008; Weston 1997) . The study of transformations in personhood and relatedness towards the ends of life offers another opportunity to challenge the centrality of biological reproduction to kinship theory by adding the processes through which relatedness and personhood are unmade and dissolved to previous research focused on the making and constitution of kin ties.

Carsten suggests that studies of relatedness ought attend especially to “intimate domestic arrangements and the behavior and emotions associated with them,” as exemplified in her ethnographic portrayal of relatedness in the village of Lagkawi, Malaysia (Carsten 1997). There she found that “small acts of hospitality and feeding, together with longer-term sharing of food and living space which fostering and marriage involve, create kinship where it did not previously exist” (Carsten 2000, p.18). Studies attending to the intimacies of the everyday have provoked renewed attention to the significance that houses, substances and language can play in constituted relatedness across the life course. Lévi-Strauss, Sahlins and others have also suggested that practices of sharing and reciprocity are often central to processes that constitute relatedness (Lévi-Strauss 1969; Sahlins 1965; van der Geest 2004). Van der Geest thus argues that “The family stands as a model of fertile reciprocity. It is used, therefore, as a metaphor for other groups in which people practice reciprocity in a gratifying manner: associations, religious groups, and even the state" (2004, p.57). Van der Geest further suggests that relatedness must thus be made and remade over the life course for if kin fail to engage in reciprocity, "relatedness remains void and shrivels. Kinship needs to be practiced in solidarity, mutual assistance. If this does not happen, relatedness will seek its way outside the circle of blood relations" (2004, p.57). While everyday intimacies often constitute relatedness, they can simultaneously enact new or transformed categories and forms of hierarchy and inequality (Franklin and McKinnon 2001; Stoler 2001; Stoler 2002). This account of the making and unmaking of persons and relatedness within home care of older adults thus attends the intimate, every day practices of care, sharing and reciprocity through which people make, unmake and transform social relations.

One way in which new kinship studies have remained connected to earlier scholarship in the area is through a continued focus caring and nurturing, albeit kinship studies most frequently focus on caring and nurturing only for young kin. Collier and Yanagisako critique earlier studies for assuming "that the mother-child bond is everywhere constrained by affective and moral convictions generated by the universal experience of 'mothering' necessary for the biological survival of helpless infants" (1987, p.5). While the new kinship studies do not assume universal moralities or the biological primacy of mothering, Carsten notes that because new kinship studies view relatedness as "essentially processual" they tend to highlight the importance of children to represent continuity as well as "embody the processes of growth, regeneration and transformation" (200016). A relative few ethnographies attend to processes that might constitute or transform relatedness toward the end of life (Cohen 1998; Lock 1993; Yan 2003). This bias may reflect broader Euro-American emphases on the productive futures of children that locate older adults' social roles and contributions as always already past (Edelman and Aina Barale 2004; Kaufman and Morgan 2005). This may also reflect anthropologists' continued emphasis on biological reproduction as central to the constitution of both kinship and personhood, as the politics of reproduction remain a critical location for conflicts over which kinds of persons are able to produce which kinds of new persons (Ginsburg and Rapp 1995b; Inhorn 2003; Inhorn 2007; Rapp 2000). Nevertheless, the relatively few existing ethnographies that attend specifically to the ways in which relatedness is made and unmade, protected and threatened towards the ends of life suggests that relatedness at the end of life may be altered by experiences of loss and change, and thus may diverge even further from the traditional notions of consanguinity and affinity than those at the beginning of life.

. Though written long before the emergence of relatedness as a comparative concept, Myerhoff's (1979) ethnography amongst aging Eastern-European Jews who regularly attended the Aliyah Center in Southern California nevertheless offers an intimate portrayal of the ways that older adults creatively refashion and transform social relations toward the end of their lives. Jews at the Aliyah Center considered one another explicitly "not family," and simultaneously celebrated and mourned the moral, economic and educational differences between them and the distant children who were the measure of their lives' achievements. Yet by speaking Yiddish and worshipping together, sharing both mundane and sacred meals and attending one another's birthday celebrations and funerals alike, these Jews forged a different kind of relatedness through which they sustained one another as moral persons and proper Jews. Through these practices and the social relations they engendered, Jews at the Aliyah Center were able to enact "continuities between the world of childhood and the world of old age that provided the basis for their creation of an authentic and distinctive way of life, albeit fragmented and contrived, constructed out of desperate need, nevertheless to be counted as a major gain over and against the losses in the history of their life" (Myerhoff 1979, p.110). Meyerhoff's work suggests that in considering forms of relatedness that sustain older adults' personhood, anthropologists look beyond even those relations that older adults consider kinships. At a stage in life characterized in part by grief and the ongoing loss of kin, relatedness among those who are explicitly non-kin may play a crucial role in sustaining social personhood.

Cohen (1995; 1998) argues that aging, or "going sixtyish" in India, was primarily understood as a sign or function of dissolving or improper kin relations. Thus, most forms of "old age weakness" were understood "in terms of the relationship between the older person and his or her children, and as a sign of "the Bad Family" (Cohen 1995 p.318). Cohen notes that in India, "affective more than cognitive change marks how the aging other is perceived in extremis, and such affective change implies less a transformation within than between bodies" (Cohen 1995 p.318). Thus, Alzheimer's or "going sixtyish" did not so much change family relations as it did signal to others that family members did not offer their elders adequate *sevā,* or devoted service. Through the practice of *sevā,* Cohen argues, children symbolically generate the normative hierarchy of parents as superior to children even as the political hierarchy of the family that emerges over time reverses these relations. Thus, as children grow more powerful within the family, practices of *sevā* sustain the moral integrity of the family. Though "Sixtyishness" is usually translated as "senility," Cohen suggests that it more specifically refers to having become “willful, stubborn, irritable and hot-brained” and implies a struggle over authority within the family (Cohen 1995 p.325). In this case, aging is not simply characterized by changes in social relations, but is constituted by them such that people are recognized as aged only when practices of *sevā* fail to redress older adults’ loss of power and authority.

Much as in India, van der Geest (2004) describes performances of respect among young adult grandchildren towards their grandparents in Kwahu, Ghana as efforts to redress the lack of actual practices of reciprocal exchange and the weakening of kinship ties between grandchildren and grandparents. Van der Geest suggests that older adults are valued as sources of great wisdom which enables them to advise younger people and help them avoid trouble, and that young adult grandchildren generally say they have great respect for their grandparents’ wisdom. Yet, while young children spend a great amount of time with and around their grandparents, young adults are rarely found in the company of the elderly and thus rarely have the opportunity to hear their elders’ stories or share their wisdom. Young adults, focused on formal education and methods of navigating employment markets and national immigration bureaucracies have little use for older adult’s actual wisdom – for knowledge about farming, medicinal herbs, ancestors, stories of the past, traditional customs or proverbs. Thus, Van der Geest suggests that young adults’ praise for their grandparents’ wisdom should be understood more as a way of performatively maintaining family ties and forms of respect when everyday practices of relatedness and reciprocity have diminished (van der Geest 2004).

In contrast to comparative cases presented above in which older adults and their kin and community members strove to prevent or reverse the loss of social relations, respect and elders way of life, Lamb (2000) found that older women in Mangaldihi, a village in West Bengal, actively endeavored to lose their emotional and substantial attachments to kin. In Mangaldihi, one of the primary problems of old age was how to loosen attachments to other people, locally referred to as *maya,* in order to prepare for a good death. *Maya* was equated with both material and sentimental attachments and constituted by shared bodily substance, affection, love and attachment. *Maya* was thus thought to increase with longer life, as individuals had more and more descendents to be attached to. Women in Mangaldihi felt that *maya* could literally "bind a person to his or her body, habitat and relationships, caught as in a net, unable to die, even if very ill and decrepit, and unable to depart from his or her previous habitat and relations after death" (Lamb 1997, p. 285). Those who die with too many attachments risk becoming a form of lingering ghosts. Notably, those most "conspicuously advantaged with property and bountiful descendents were those most at risk of becoming "excessively bound" by *maya* in late life (Lamb 1997 p.286). To loosen ties, older women in Mangaldahi frequently partook in a series of practices such as moving their activities towards their households' perimeters, disposing of possessions, avoiding argument, eating separately and consuming only cooling substances. Taken together, these practices were thought to dissolve excessive *maya.* In this case, buoyed by local understandings of death and the afterlife, older women endeavor to loosen the grip their social, material and emotional relations hold on them, thereby experiencing the loss of previous forms of relatedness as both difficult and potentially liberating.

The study of home care offers a different kind of opportunity to study the processual making and unmaking of personhood and relatedness in old age. In home care, both older adults and workers drew on their previous experiences of kinship and household life to inform both their home care practice and their moral imagination about what care could or should be. Workers and older adults may have momentarily considered each other, or desired to consider each other, “like family,” participating in gift exchange and sharing meals, perhaps to try to transform one another as kin who might be morally obligated to one another (McKinley 2002). Just as often, workers stepped into the roles of absent kin, thus temporarily sustaining older adults’ previous experiences of relatedness in the face of distance and death. Yet, even as workers tried to sustain older adults’ social relations and personhood, the long hours, poor wages and other structural conditions of home care work made it increasingly difficult for workers to also sustain their own kin relations. Workers’ and older adults’ efforts to create a sustainable form of relatedness in home care were highly improvisational and fraught, and also highly constrained by home care agency regulations and perceptions of difference and inequality. It is to the moral and practical complications that market-based provision of care poses to both home care participants and social science theory/research that I now turn.

Morals and Markets in Care

Home care is perhaps a particularly provocative practice through which to study the role inequality plays in reproducing dominant forms of subjectivity and morality in the United States, given that it blurs moral/spatial domains that people and policies in the U.S. endeavor to keep separate. Comparative international research conducted by Benoit and Heitlinger (1998) suggests that the formation of state and local social distinctions between the "public" and "private” spheres play particularly consequential roles in the process of defining what is considered caring work. Indeed, in the United States, paid home care complicates and frustrates the moral domains of private and public as they are understood through distinctions between women and men, home and market, reproduction and production, nature and culture, emotion and rationality, love and money. While feminists have explored and critiqued they dynamics of each of these moral oppositions, research on care work has particularly focused on the opposition between the public sphere as a moral space ruled by inherently rational market calculations, labor and economic exchange and the private sphere as a moral space dominated by affective kin ties and gift exchange. Scholarship on care repeatedly notes the ways in which care work sits “betwixt and between” these domains as both a kind of emotion and a form of paid labor. These analyses often unintentionally strengthen the notion there are indeed pre-existing separate, bounded domains of action and emotion for home care to be located “between” (Kleinman and van der Geest 2009; Qureshi 1990; Ungerson 1990a; Ungerson 1990b). Some scholars have thus expressed deep anxiety about the increasing entrance of caring labor into formal labor markets, suggesting that market commodification of care threatens the emotional authenticity and motivations that female kin (the assumed providers of non-market care) feel for those they care for, and that thus appear necessary to making care work to do whatever it is care is supposed to do (Folbre and Nelson 2000; Hochschild 2003; Penning 2002; Zimmerman, Litt and Bose 2006). Rather than assuming the relationship between emotional attachments, kinship relations and proper care, this dissertation attends to the roles home care participants think emotions and markets play in caring, and the role emotions and markets play in how care work sustains or threatens older adults’ personhood.

Hochschild has been one of the most prominent critics of the commodification of caring labor, and emotional labor more generally. Her concept of "emotional labor" (1983), has inspired its own genre of labor studies, including many on service work and care work (Cancian 2000; Filby 1992; Leidner 1999; Uttal and Tuominen 1999) and suggest that the capitalist management and subsequent alienation of service worker's emotions is an extreme and deeply destructive form of alienation (Hochschild 1983; Marx 1978 [1845-1846]; Marx 1978 [1857-1858]). Based on her study of flight attendants for a U.S. based airline, Hochschild found that employees were trained in a variety of scripted emotional displays, and expected to manage their emotions in particular ways as a method for serving stressed and often demanding customers. Hochschild suggests that emotional labor constitutes a particularly pernicious form of labor alienation because it affects the "degree to which we listen to feeling and sometimes our very capacity to feel" (Hochschild 1983 p.21). While I would argue that Hochschild's understanding of emotional labor as inherently alienating relies upon a reductionist understanding of the authenticity of emotions, I share her emphasis on the potential for capital to profit from human emotion in problematic ways.

Scholars challenging naturalizing assumptions about divisions between public/market values and private/family values have shown that in practice the moral logics of markets and families are inextricably intertwined and that value, as a product of social relations, is always simultaneously economic and emotional. Zelizer's scholarship tracing the emergence of the life insurance industry (1983) , changing ways of valuing children (1985) and on the social meanings of money (1997), together show the multiple ways that social relations and local values pervade the supposedly objective and rational logics of economic activities and institutions. Zelizer thus challenges common social science critiques regarding the commodifying and rationalizing tendencies of capitalist markets (Braverman 1974; Hochschild 1983; Hochschild 2003) suggesting instead that these processes do not have the “homogenizing or inescapably corrupting consequences” such theorists propose (Zelizer 1985, p.xi). Rather, Zelizer argues that markets are, “inevitably, constantly and richly shaped by people’s meaning systems and variable social relations” (Zelizer 1985 p.xi).

Yanagisako’s research on family owned firms in the silk industry of Cuomo, Italy, offers another avenue for understanding the mutual constitution of markets, kinship, sentiment and morality (2002). Yanagisako deconstructs naturalizing notions of capitalism as motivated by men’s inherently rational desire to accumulate wealth, instead showing that capitalists and therefore capitalism must be “sustained, nurtured and endowed with the sentiments and motives to pursue capitalist goals” (2002 p.13). Through her careful ethnography focused on workplaces and families alike, Yanagisako focuses on the ways that deeply moral sentiments about kinship obligations lead men to desire independence from the authority of other men, and the ability to pass on this same independence to their sons. According to Yanagisako, it is these same sentiments and desires, rather than an abstracted, rational need for pure material accumulation that lead men to become capitalists in Cuomo. From this work, I draw the idea that capitalism often depends upon moral sentiments generated in families. Rather than alienating workers or capitalists from their true emotions or true selves, participation in the market is often seen (if not experienced) as a way of enacting values learned in and about families. While Yanagisako highlights the theoretical limitations of previous scholarly work that obscure the role of gendered sentiments in reproducing capitalism, I highlight the problematic tendency of bureaucratic and capitalist home care agencies to appropriate such sentiments while neglecting the kinship relations which produced and sustained them.

While the study of home care work perhaps most obviously challenges and complicates moral divisions between the public and private domains, my research also illustrates the tenacity with which both workers and older adults enact these moral categories in order to make meaning of and reproduce social personhood against what are felt to be the threats of old age. Sometimes this involves forms of intimate alchemy by which workers are momentarily or partially transformed into older adults' kin in order to preserve the moral order of private spaces and thereby protect older adults' independent personhood. Thus, even as home care blurs the structural boundaries between public and private, home care practices are animated by and reinforce these distinctions.

Reproducing Inequality

A number of feminist anthropologists and social scientists have critiqued dominant moral distinctions between public and private not only as inaccurate reflections of the organization of social life but also as moral distinctions that set the moral stage for the reproduction of social inequality by removing the costs of gendered reproductive labor from the auspices of economic markets (Glenn 1985; Kessler-Harris 1981; Lamphere 1987; Mullings 1995; Yanagisako and Collier 1987). these scholars draw on Marx's observation that every system of production involves both the production of the necessities of life and the reproduction of tools and labor power such that "every social process of production is, at the same time, a process of reproduction" (Marx 1976 [1867], p.711). Feminist scholars use the term reproductive labor to refer to “the array of activities and relationships involved in maintaining people both on a daily basis and intergenerationally,” and suggest that by excluding the costs of reproductive labor from capitalist accountings of the costs of production, women (who are thought to perform the majority of reproductive labor both in the U.S. and globally) and families are made to bear the burden of reproducing labor without adequate support or compensation (Glenn 1992, p.1). Such scholars suggest that divisions between public and domestic are not simply the historical outcome of processes that removed much of men’s paid labor from households, but also that these divisions are frequently supported and enforced by government policies and work to the advantage of capitalists by rendering the costs the of reproducing persons/laborers the private responsibilities of families and women (Abramovitz 1989; Engels 1884[1978]; Glenn 1985; Glenn 2007; Marx 1976 [1867]; Piven and Cloward 1993).

While scholars have considered the ways in which capitalist industries and male industrial labor depend upon the unpaid reproductive labor of female kin (Collins and Gimenez 1990; Finn 1998; Kessler-Harris 1981; Tilly and Scott 1987; White 1994), this dissertation examines the role of both workers’ and older adults’ kin relations in paid reproductive labor. I suggest that the multiple efforts of families of the working poor make both productive and reproductive labor possible, profitable and affordable. Despite the reliance of the capitalist economy and society in general on poor women’s paid and unpaid caring labor, their families are perpetually threatened by the failure of capitalist institutions and the U.S. social safety net to adequately compensate them for the costs of reproducing and sustaining life and ways of living for people whose families can or do not provide all the care they need.

More recent feminist scholarship thus suggests that reproductive labor frequently reproduces not only human life and social relations, but also reproduces structures of inequality that pervade these relations. The concept of reproductive stratification was initially developed by Colen through her ethnography on the experiences of West Indian child care workers in New York City (1989; 1990; 1995; 1990). Colen argues that the social relations of care are maintained in part because they reproduce persistent social stratifications across national, ethnic and economic difference. In this case, West Indian mothers viewed migration as a means of constituting and caring for their own families, but in so doing left their children behind to be cared for by still other kin. Through this "global care chain" (Hochschild 2000), the children of care workers are fostered by female maternal kin, a long tradition that has a number of benefits but also creates complicated relationships over the life cycle and has a number of problematic emotional consequences for fostered children. For the West Indian women Colen describes, motherhood was a central feature of identity and a marker of adult status while childbearing and child rearing were significant sources of respect. Children link West Indian women to the wider community, to the support of children's fathers' kin and are consider the source of women's wealth. Parents in New York who employed these child care workers faced a different set of social and emotional conflicts over childrearing as children came to be portrayed as both valuable commodities and that which gave true meaning to parent's lives. At the same time, these parents were constrained by the demands of their workplaces which offered little flexibility. These parents also found the often mundane and difficult labor of child rearing “too much,” leaving these reproductive tasks to be accomplished “in a highly stratified way” by child care workers. Colen thus argues that though parenthood and caregiving were central in the lives of West Indian child care workers and their employers, they were “valued and experienced” differently (Colen 1995 p.97). Both groups also shared similar aspirations for their children, while maintaining different notions about children and appropriate childcare. While workers had strong beliefs about children needing to act respectfully and have good manners, they were unable to insist upon this behavior because they had the responsibility to socialize children without the authority to discipline them (Colen 1995 p.90). Workers also struggled to reconcile their employer’s dependence on them with behavior they felt “denied them status as adult human beings with thoughts, feelings and families of their own” (Colen 1995 p.90). Colen shows that their disparate abilities to achieve these aspirations were shaped by transnational systems in which households have vastly different access to resources, especially the legal ability to work in the United States, such that inequality shapes and stratifies experiences of care for workers and employers. In so doing, this stratification, “tends to reproduce itself by reinforcing the inequalities upon which it is based” (Colen 1995 p.97). Based on this ethnographic work, Colen proposed the term stratified reproduction to refer to processes by which “physical and social reproductive tasks are accomplished differently according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in a global economy and migration status and that are structured by social, economic and political forces” (Colen 1995 p.78). A number of other studies suggest that migrant care workers in the U.S. and other wealthy countries similarly experience social exclusion and stratified reproduction

(Glenn 1986; Hondagneu-Sotelo 2000; Hondagneu-Sotelo 2001; Parrenas 2001; Romero 2002; Solari 2006).

The notion of reproductive stratification was taken up by Ginsburg and Rapp to examine the ways that the global politics of reproduction are involved in the reproduction of inequality (1995a). Subsequent studies of stratified reproduction have since tended to focus on the ways that biological reproduction and new reproductive technologies reproduce inequality through the "inequitable privileging of the reproductive trajectories of elites over those of the poor and disempowered, whose 'right' to reproduce may be called into question and even despised." (Inhorn 2003, p. 35; see also Rapp 2000; Roberts 1997). Ginsburg and Rapp argue that political debates and policies around birth and new reproductive technologies are often debates over, "who defines the body of the nation into which the next generation is recruited? Who is considered to be in that national body, who is out of it?" (Ginsburg and Rapp 1995b p.3).

While research on stratified reproduction has tended to focus on practices and relationships at the beginnings of life, theorists have long argued that reproduction is both a physical and social process involving "the creation and recreation of people as cultural and social, as well as physical human beings" (Glenn 1992, p.4). Thus, processes of reproduction are ongoing throughout the life course. Much like child care, elder care is a system of reproduction that "itself reproduces stratification by reflecting, reinforcing and intensifying the inequalities upon which it is based" (Colen 1995 p. 78). While processes of stratified reproduction at the beginning of life have been shown to make hierarchies "appear inevitable" while influencing which kinds of people are allowed to be reproduced (Browner and Press 1995; Erikson 2003; Franklin and Ragone 1998; Ginsburg and Rapp

1995b, p.3; Kahn 2000; Rapp 2000) processes of stratified reproduction at the end of life may similarly naturalize social inequality while determining where and how people age and die (Kaufman and Morgan 2005). A number of ethnographic studies focused on the social relations of care suggest that care in the context of illness and aging is often experienced as under threat either from dissolving social relations or disinterested institutions. These threats often seem deeply based in global and local hierarchies, ranging from those that enabled the biosocial AIDS epidemic across sub-Saharan Africa to those that structure the financial constraints and bureaucracies of the "biotechnology-medical-industrial complex" that, according to Kleinman and van der Geest (2009), have largely led medicine to abandon caregiving.

Studying congregants at the Baitshepi Apostolic Church near the city of Gaborone, Botswana in the midst of the AIDS crisis, Klaits (2010) found that people there felt that good care and healing depended as much on the expression of love (as locally understood) as on material provision. Church members thus worked to built up one another's love through practices of prayer and hymn. Through these and other intersubjective uses of voice, these Batswana routinely went to great effort to guide "one's own and others' sentiments and conduct toward love" as both a matter of urgency in response to the AIDS epidemic and a ground of religious faith (Klaits 2010 p.6). Klaits thus suggests that these Batswana preach to stimulate love among listeners, and in so doing "engage with widespread concerns in contemporary Botswana about how relations of care may be made to persist at a time when illness and death have rendered them particularly difficult to maintain" (2010 p.35). Amongst Baitshepi's congregants, encouraging one another to love through worship sustained caring relations amidst great suffering and death.

Thus, in different ways, Kleinman, and Klaits are both concerned with the ever present risk that social relations of care will collapse, abandoning those requiring care. In the face of these threats, Batswana rouse each other to care by stimulating love through worship while Kleinman draws from his own caregiving experience and position in the academy to advocate for greater attention to caregiving in biomedical practice. Biehl's (2005) explorations of Vita, a "zone of social abandonment" near Porto Alegre, Brazil where families, state and medical institutions brought "bodies of all ages to die" offer a vision of what care can mean when normal social relations of care have disintegrated (2005, p.36). Biehl suggests that the social resources devoted to care depend in great part on, "what constitutes humanness. One's worthiness to exist, one's claim to life and one's relation to what counts as the reality of the world, all pass through what is considered to be human at any particular time (Biehl 2005, p.40). Yet, Biehl argues, the notion of humanness is itself subject to intense and ongoing scientific, medical and legal dispute as well as political and moral fabrication (Biehl 2005; Conklin and Morgan 1996; Kleinman 1999b; Morgan 1990; Povinelli 2002). Biehl's intimate and poignant ethnography details the attempts of Vita's residents to work out a new kind of personhood in juxtaposition to the familial, institutional and market dynamics that rendered them otherwise socially dead.

Taken together, these ethnographies highlight the vastly different ways in which people in various localities have conceptualized and experienced care, caring relations and their absence. Moreover, they suggest that care is often experienced not as a foregone consequence or obligation of kinship and local social relations, but as threatened by biomedical bureaucracies, epidemic illness, social exclusion and inequality. In a time characterized by transnational flows of people, money and goods, care reproduces the social stratifications that drives these flows. At the same time, caring relations also seem to be deeply involved in processes that make, unmake and transform both social relations and personhood over the life course. Finally, human caring, and the social relations that sustain these complex processes, seem to guard the boundary of what it means to be human, or not, what it means to be a person, or not.

My theoretical and applied interests in home care led me to orient my research around two key sets of questions: What kinds of social relations constitute and are constituted by home care in Chicago, and how is personhood implicated in these processes? What role does social and agency policy and inequality play in all of this? At the nexus of these two questions, I wondered if and how the tendency of care work to reproduce stratification might be implicated in the kinds of persons and social relations that are shaped by home care practices in Chicago. Notions about independent personhood and processes of reproductive stratification have long shaped the ways that care is given and received in the United States, including home care. To begin to understand the broader social relations that home care is situated within, I now turn my attention to summarize the historical, political and social contexts that have shaped the home care industry in the United States.

Demography, Technology, Policy and the Rise of the Home Care Industry in the United States.

Across the globe, both families and states are struggling to find ways to care for their aging members. Biomedical technologies, declining birthrates and changing work practices are simultaneously increasing the proportion of older persons in the population and reducing the availability of family caregivers (Kinsella 2000). In the United States, these trends have been exacerbated by the aging of the post-World War II "baby boom" generation. In 2030 the number of older adults in the United States is predicted to be nearly double what it was in 2005. In percentage terms, by 2030, adults over the age of 65 are expected to comprise approximately 20% of the overall population, a rise of over 8% from 2005 (National Academies 2008). The demand for paid care has been driven both by an increase in the number of older adults with chronic illnesses and by national policies that increasingly encourage home and community based care.

Advancements in medical technologies like diagnostic imaging and prescription medication have increased longevity, as has increased knowledge about the relationship between individual behavior and life expectancy (National Academies 2008). For example, the widespread use of cholesterol- and hypertension-lowering medications contributed to a decline in the rate of deaths from cardiovascular disease (National Academies 2008). Yet, increased life expectancy has been achieved primarily by treatments that transform once fatal diseases into chronic conditions, such that 80% of older adults suffer from at least one chronic condition such as dementia, diabetes or heart disease (National Academies 2008). Unlike acute illnesses, chronic conditions can last for years and even decades, placing limits on the activities of older adults who thus require ongoing care (Anderson and Horvath 2004).

The high and ongoing costs of caring for chronically ill patients fueled rapid increases in Medicare spending from the 1980s onwards, leaving health policy makers searching for ways to minimize costs while maintaining the quality of care. During the same period, medical and technological innovations made it increasingly possible to administer relatively complex medical treatments at home, decreasing the need for lengthy hospitalizations and institutional long term care. By encouraging earlier and earlier hospital discharge and community based care, private managed care insurance providers, Medicare and Medicaid have aimed to achieve cost savings by reducing overhead costs for housing and feeding institutionalized patients, among other things (Estes and Binney 1997). Thus, older adults are often discharged to their home well before they are able to function as well as they did before their hospitalizations, making significant assistance at home necessary (Dunkle, Roberts and Haug 2001). At the same time, while federally funded home and community based services (HCBS) often include home visits from skilled nurses and home health or home care aides, disabled older adults often require a great deal more care than is provided through formal mechanisms. Thus, these policies have shifted many of the costs and burdens of care to family and friends, or to paid providers funded through private means. Now, untrained family or friends may be expected not only to mop feverish patients' brows but also to change colostomy bags and administer complex medication regimes. When family and friends are unable or unwilling to provide care, the task falls to home care workers and home health care workers. Thus, "as patients move rapidly away from institutional long-term care and toward home- and community-based settings, they are increasingly relying on direct-care workers to provide needed care, including more complex services than previously provided in these settings" (National Academies 2008, p. 203).

In the United States, the desire to decrease the costs of elder care aligned with broader public debates pushing a shift away from the mid-twentieth century emphasis on institutionalizing sick, aging and disabled individuals. Since the early 1950s, disability rights advocates had pressed for a return to community based forms of care, arguing that independence and independent living in the community were issues of civil rights (Frank 2000). By 1963, President Kennedy called on Congress to find methods to reduce the number of people in institutions. In 1965, the US Congress added provisions to Medicare legislation funding home health care, and Medicare Part A now funds up to one hundred days of home health care following hospitalizations and acute illnesses, while Part B funds additional home health care provided the recipient also requires skilled nursing, physical therapy or a number of other medical services. Also in 1965, the US Congress passed the Older American's Act (OAA) creating the Administration on Aging. By 1972, the OAA was expanded to include the first federally funded services for older adults living in the community, including community based Area Agencies on Aging, nutritional services and senior centers. By 1974, Congress made OAA funds available to support an even broader range of services including homemaker services, transportation services, adult day care services, and health support. In 1981, Congress included an option for states to apply for waivers to the Medicaid program enabling them to design and fund home and community based services for older adults, including home care services. Medicaid waiver program services generally have strict income and asset limitations, but can fund care indefinitely if needed.

Federal support for home care has thus been increasingly available since the 1970s, though vast majority of federal long term care dollars continue to be spent on institutional care. The move toward home and community based services rapidly accelerated with the passage of the American's with Disabilities Act (ADA) in 1990. In justifying the need for the ADA, the U.S. Congress declared that the

> Nation's proper goals regarding individuals with disabilities are to assure equality of opportunity, full participation, independent living, and economic self-sufficiency for such individuals; and the continuing existence of unfair and unnecessary discrimination and prejudice denies people with disabilities the opportunity to compete on an equal basis and to pursue those opportunities for which our free society is justifiably famous, and costs the United States billions of dollars in unnecessary expenses resulting from dependency and nonproductivity (2008b).

Thus, through the ADA, Congress simultaneously enshrined the promotion of independence and independent living as both national moral obligations and good economic policy. Deinstitutionalization received a further legal push in 1999 when the U.S. Supreme Court ruled on *Olmstead v. L.C.* and determined that individuals with disabilities had the right to receive care in the most integrated setting appropriate and that their unnecessary institutionalization was discriminatory and violated the ADA (1999). Though states have struggled to meet the Olmstead mandate, most states have rapidly expanded home care programs by drawing from a mix of funds from the Medicaid waiver program, OAA funds and state coffers. Federal and state spending on home and community based services for the elderly rose rapidly after Olmtead. For example, in 1991, only 14% of all Medicaid dollars were spent on community based services, a figure which rose to 33% by 2003 (Kitchner, Willmott and Harrington 2004), which reflected a 258% increase in the number of home care participants through the 1990s. The ongoing expansion of home care is thus not simply an outcome of demographic pressures, medical advancements or budget calculations, but also of political advocacy leading to federal policies that increased opportunities for older adults and other disabled individuals to receive care in their homes and communities.

As a result of both new medical technologies and deinstitutionalization, the percentage of older adults living in nursing homes declined from 21% to 14% between 1985 and 2004 (National Academies 2008). As of 2008, approximately 60% of disabled older adults living in the community receive some assistance, usually with personal care and household chores. However, only about 18% of care received was provided by formal, paid sources (National Academies 2008). The remaining care was provided by older adults' friends and kin, often at great personal and economic cost (England and Folbre 1999; Owens-Kane and Chadiha 2008)[15]. The amount of care provided by paid workers is expected to rise as the baby boom generation ages because of this generations' higher levels of divorce and childlessness, which decrease the number of close kin that members of this generation might rely on to provide unpaid care (National Academies 2008).

Through the ADA and other policy documents, the United States government authorized a particular understanding of moral persons as independent, self-sufficient and productive. The ADA thus endorsed a national moral obligation to promote this independent personhood amongst those whose non-normative bodies or minds might otherwise lead to dependency. Much of this dissertation attempts to unravel exactly what is required to promote and sustain independent personhood, and to describe what 'independence' means in practice, given that many older and disabled adults rely on assistance from kin, friends or paid workers.

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[15] It is worth nothing that while the underfunded deinstitutionalization of older adults has largely shifted the responsibility for care to families, the deinstitutionalization of the mentally ill and developmentally disabled has also been accompanied by inadequate increases in funding for community based services for these populations. Underfunded deinstitutionalization has led to increased rates of incarceration and homelessness among these populations, a trend some have labeled "reinstitutionalization."

Histories of Caring and Inequality in the United States.

The story often told about the looming crisis in care is that it has been caused not only by the unprecedented survival of millions of people into late old age, but also by the failure of previous forms of support and care for the aged. The crisis in care has thus been described as one of more problematic consequences stemming from women's increased participation in the formal labor force since the 1970s. As Mona Harrington described the situation in the United States, "We have patchwork systems, but we have come nowhere near replacing the hours or the quality of care that at home women of previous generations provided for our country" (Harrington 1999, p.17). Fewer and fewer of the United States' traditional family caregivers – women – are available to meet the rapidly rising demand for care. While such arguments are often intended to valorize and advocate for increased support of women's caring labor, they simultaneously naturalize the much critiqued public/private divide and associated gendered division of labor (Engels 1884[1978]; Yanagisako and Delaney 1995).

Women's historical association with caring labor and the private realm of home and family has long served to perpetuate women's dependence on men and thereby deny women equal political rights. Glenn argues that,

> Caring has been defined by capital as an activity that goes on in the private realm of the family rather than as a public activity or a form of "real labor." As part of the "private arena, it is supposedly governed by emotion, particularity, subjectivity and concrete relations. In contrast, the "public" arena of citizenship is thought to be governed by rational thought, universality, objectivity, and abstract principles. Traditionally, those relegated to the private realm and associated with its values – women, servants and children – were excluded from civil and political citizenship. By being conceptually bracketed within the private sphere, caring work has not been recognized as a public societal contribution comparable to employment in the labor market… earning has long been valorized as the source of the independence necessary to make reasoned choices in the market and in the political realm (2007, p. 49).

Glenn has argued that despite significant alterations, U.S. democracy and notions of citizenship were based on Greek and Roman understandings in which "independence was a necessary condition for exercising citizenship. Independence was established by family headship, ownership of property and control over wives, slaves and other dependents. In essence, the citizen was one who was free of caring labor by virtue of having dependent wives and slaves to perform this labor" (Glenn 2007, p.49; see also Pocock 1995). Glenn shows that even as white women gained increased civil and then political citizenship through the 19th and early 20th centuries, women's domestic obligations continued to supersede their obligations as citizens as late as the mid 1960s (Glenn 2007, p. 52). Nostalgic calls to return to an era in which women provided nearly all care for their young, sick, injured or disabled kin conveniently erase the ways in which this labor has been coerced by laws that rendered white women dependent on male relatives for income denied them both equal citizenship and the status of independent persons.

While the concepts of citizenship and independence have remained closely linked in American political philosophy, understandings of the public and private sphere have shifted in response to changes in the mode of production. Prior to industrialization, processes of both production and reproduction tended to be organized at the household or estate level (Marx 1924 [1867]). With industrialization, the production of most goods eventually moved from households to factories (though household based piece work persisted in the United States for many decades and continues as a common form of production elsewhere). The labor of social reproduction remained the responsibility of individual households. In tandem with this development, an idealized division of labor arose in which men followed production to work outside the home for wages, while women remained ideally home and performed reproductive labor for free. Ideologically, the home came to be seen as a refuge from the competition and lack of freedom men experienced at work. Political advocacy which argues that elder care is best and most appropriately provided within private homes in part reflects the persistence of this ideological formation.

Manufacturing industries in the United States began to decline in the 1970s, eroding the "family wage" that labor unions had struggled to secure for male workers (Fraser 1994). To make ends meet, middle class wives entered the paid labor force to support their households in growing numbers. New ideals about the benefits of work for women soon made dual earner families the norm even among professional and corporate elites (Glenn 2007). The increase in women's employment occurred without any reduction in the average workweek that might enable workers to also provide care, such that American workers put in more hours of paid work per week than workers in all other industrialized nations (Glenn 2007). Nor does the United States guarantee paid sick or family leave that would render working men and women able to provide care to children and elderly relatives. Thus, middle class and affluent families are experiencing what Hochschild has described as a "time bind," leaving workers struggling to care for family members on a "second shift" after their paid work (Hochschild 1989; Hochschild 1997).

Nevertheless, the crisis in care appears to be new only if the historical experiences of poor, working class families and families of color are occluded from view. Women in these families have long contributed income from employment outside the home or piece-rate production inside the home, as well as bearing the brunt of unpaid household labor and caring work (Glenn 2007). Alongside the history of denying white women citizenship because of their caregiving responsibilities has been “a long history of extracting caring labor from women of color as part of a larger system of coerced labor” including chattel slavery, indentured servitude and other colonial labor regimes (Glenn 2007, p.52; see also Mullings 1995; Stoler 2001). Even after slavery was abolished, employment segregation prevented black women from leaving domestic service. Until World War I, 90% of all southern black women worked in some form of domestic service as laundresses, cooks, housecleaners, maids, children’s nurses and nurses for the elderly (Glenn 1992; Glenn 2007). With the Great Migration of blacks to northern states, black women became the mainstay of the domestic labor force in northern cities as well. Racially coercive labor systems similarly pushed Mexican and Japanese women into domestic service in western and southwestern states. At the same time, the “bracketing of women’s unpaid caring labor in the family from the realm of citizenship and rights also extended to paid caring labor. Domestic workers were denied recognition as real workers” (Glenn 2007, p.55). Domestic workers were excluded from legislation that granted entitlements and protections to other types of workers, including New Deal federal programs like social security and the original Fair Labor Standards Act (FLSA) which established a maximum work week, minimum wages and mandatory overtime pay. Domestic workers were also specifically excluded from the Occupational Health and Safety Act. In 1974, Congress updated the FLSA and included many types of domestic service, such as housekeeping in its provisions. Yet, during hearings, members of Congress expressed their “discomfort with treating the home as a private workplace and the domestic care provider as a worker rather than as a member of the family” (Glenn 2007, p.55). Congress chose to compromise, excluding babysitters and those who provided “companionship services” to the elderly, as long as neither service was provided by “trained personnel” such as a licensed or registered nurse. Congress defined companionship services as:

> Those services which provide fellowship, care, and protection for persons who, because of advanced age or physical infirmity, cannot care for their own needs. These services may include household work related to the care of the aged or infirm person such as meal preparation, bed making, washing of clothes and other similar services. They may also include the performance of general household work, provided that such work is incidental, i.e., does not exceed 20 percent of the total weekly hours worked. (1974)

In 2007, in *Long Island Care at Home v. Coke,* the US Supreme Court upheld the constitutionality of the companionship exemption, deciding that Evelyn Coke, a black immigrant from Jamaica, was not entitled to back pay redressing hundreds of hours of unpaid overtime she had worked in the twenty years she had worked for Long Island Care at Home (2007). Evelyn Coke was 73 and suffering from kidney failure when her case went before the Supreme Court. Like most home care workers, Coke was unable to afford the kind of care she had provided to her clients, and instead relied on her son to provide unpaid care (Greenhouse 2007). Ideologies of caring work being something other than “real work” were thus formalized by legal and regulatory structures, legitimizing and exacerbating intersecting forms of economic, racial and gender inequality[16].

Like in other forms of paid care, the demand for home care workers has been matched by the growing global migration of workers from poorer nations to the United States, creating what Hondagneu-Sotelo has called “an international division of caring and cleaning work” (Hondagneu-Sotelo 2000; Hondagneu-Sotelo 2001; Parrenas 2001).

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[16] States can and do pass their own labor regulations. Home care workers in Illinois are covered under state protections, and thus are guaranteed minimum wage and overtime protections.

This “global care chain” (Hochschild 2000) not only transfers care work from wealthy families in the United States to migrant women, but transfers care work between women of different classes and ethnic backgrounds in sending countries (Parrenas 2005; Parrenas 2001). Sassen argues that “global cities” like Chicago attract migrant women into low paying jobs, many of which, like home care work, support the high-paying upper level professional and corporate positions created in these urban centers (2006, p.31). Yet because migrant women in care work are often physically isolated therefore invisible, their paid work does not bring with it the empowerment and independence that often accrues to women entering the labor market in other contexts (Sassen 2006). In Chicago, the long term inequities produced by these dynamics are both highly visible and deeply entrenched, as women who are the daughters and granddaughters of black women who came to Chicago during the Great Migration and found themselves pushed into domestic service now also find themselves pushed into home care work by Welfare-to-Work programs and limited opportunities. They, along with more recent international immigrants from the Phillippines, Puerto Rico, Mexico, Cameroon, Nigeria, Benin, Ghana and Poland make up the vast majority of the home care workforce in Chicago. According to 2000 census figures, in the United States more broadly, 92% of home care workers were women and 51% were considered minorities. 25% of the U.S. home care workforce is comprised of immigrants, 56% were unmarried and 65% had a high school education or less (Montgomery et al. 2005). In 2008, approximately 35% of home care workers did not have any health insurance, 45% lived in households earning less than 200% of the poverty line and 41% of these households received public benefits such as food stamps, housing subsidies or Medicaid (Montgomery et al. 2005; PHI 2008; PHI 2009).

Home Care in Chicago

Nicknamed, "the city of broad shoulders," Chicago has been imagined as a city shaped by (implicitly white) male manual laborers and industrial workers employed by Chicago's factories and famous (though now largely defunct) slaughter yards, lumber yards and rail yards (Cronon 1991). Until recently, this image was often counterbalanced by images of Chicago's dangerous and crumbling public housing projects, which became symbols of violent young men trapped in neighborhoods without jobs and the dependence of unemployed single black women on a neglectful society (Venkatesh 2002; Venkatesh 2006; Wilson 1996). This study, focused on the contributions made by poor women of color to the everyday well being of its elderly inhabitants, works to show the substantial contributions these women make to the life of the city. Since it was first settled, Chicago's position as the gateway to the American West has made the city a major center of both national and international labor migration (Black Jr. 2003; Cronon 1991; Grossman 1991; Hartfield 2004; Paral and Norkewicz 2003). Since the early 1900's this legacy has made Chicago one of the most important laboratories for urban ethnography and scholarship on the social geography and social reproduction of class, ethnicity, inequality and kinship/social structure (Addams 1961; di Leonardo 1998; Drake and Clayton 1993; Hannerz 1980; Hirsch 1998; Klinenberg 2003; Patillo-McCoy 1999; Ramos-Zayas 2003; Schneider 1968; Thomas and Znaniecki 1996; Wacquant 2004; Wilson 1996; Wirth 1928; Zorbaugh 1929). The majority of these studies have focused on urban life within Chicago's famous ethnically and economically segregated neighborhoods, largely ignoring the ways that movements between neighborhoods influence the texture of urban life. Unlike other workers who primarily move between residential and industrial or commercial zones in the course of a regular day, home care workers in Chicago travel between amongst neighborhoods every day, constantly experiencing acute transitions between wealthy and working class material life. Elders, on the other hand, generally find themselves increasingly restricted to their own immediate neighborhoods as mobility limitations make public transportation and driving more difficult. Though Chicago's historic Elevated trains ("the El") serve to ferry workers from neighborhoods to the downtown commercial district known as "The Loop," buses, competing with the city's constant traffic, move people within and between neighborhoods. During the period I was conducting fieldwork between 2006 and 2008, the Chicago Transit Authority was implementing severe cutbacks to El and bus service across the city in response to rapidly rising budget deficits and the failure of the Illinois legislature to approve additional funds.

Unlike Sunbelt cities with high proportions of elders who live far from family members, Chicago elders' generally age within communities they have lived in for many years. Illinois has one of the largest Medicaid HCBS programs in the country and serves more aged/disabled persons in its HCBS waiver program than any other state in the nation (Houser, Fox-Grage and Gibson 2006). Illinois spends nearly a third of its total Medicaid budget on HCBS services, and in 2002 the state spent $219 million -- more than all but one other state -- on Medicaid HCBS waiver services for aged and disabled persons (Houser, Fox-Grage and Gibson 2006). Illinois also spends more state funds than any state but California on state funded HCBS programs (Houser, Fox-Grage and

Gibson 2006). Illinois has approximately 11 home care workers per 1,000 persons age 65 and older but ranks fortieth in the nation in terms of home care workers' median wage, which, when I began this study, was $7.90 per hour (Houser, Fox-Grage and Gibson 2006).

Fieldwork

In the United States, home care can be organized in a number of ways. Many older adults hire home care workers independently. Most often, older adults who hire workers independently rely on the recommendations of kin or friends to find workers, though there are also registry services for which older adults pay a fee to be matched with a worker (some registries charge a fee per hour worked instead). These older adults or their family members are legally responsible not only for the workers' wages, but paying the employer contribution for social security and taxes. However, many of these arrangements take place on the "grey market," and because of this, the number of workers and older adults involved in this kind of care is unknown. Home care is also provided through home care agencies which serve as worker's employers and are responsible for social security and tax payments. In Chicago, all government funded home care is provided through home care agencies.[17] In order to qualify for the Illinois Community Care Program, which uses a combination of Medicaid Waiver, OAA and state funds to pay for its services, adults must be 60 or over, a legal resident of Illinois and the U.S., have non-exempt assets of less than $17,500 and be determined to have a significant level of need. A number of home care agencies also serve clients who

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[17] Until recently, all government provided home care in the United States was provided through home care agencies. In this case, the government reimburses agencies directly per hour of care. More recently, some states have implemented "Consumer Directed" or "Cash-for-Counseling" home care programs, in which older adults are allotted government dollars with which they are allowed to hire their own worker (from an agency or not).

privately fund their care, usually through personal funds, the contributions of children or other kin, trusts and more rarely, through long term care insurance plans. Receiving home care through an agency can cost $6 or $8 an hour more than privately employing a home care worker on the "grey market" since agencies pay all required taxes, bond and insure their workers and administrative costs.

For this study, I chose to conduct fieldwork with the employees and clients of two home care agencies. This enabled me to directly compare the home care services that are available for poor seniors with those available to wealthier older adults and to observe the current state of home care agencies' working environments and training programs. I hoped that working through agencies would simplify recruitment efforts, since my initial attempts suggested that it would be much more difficult to access independently employed workers and older adults who are dispersed throughout the city. Thus, I conducted fieldwork with the employees and clients of one privately funded home care agency, which I call Belltower, and one publicly funded home care agency, which I call Plusmore. These agencies were selected primarily because their directors offered enthusiastic support for the project, though both also serve the entire city of Chicago. Moreover, the directors of both agencies agreed, in accordance with Institutional Review Board provisions, that workers and clients would neither benefit nor be harmed by either agreeing or refusing to participate in my study. While I shared general observations and findings with agency staff, their directors also agreed that at no time would the agency demand specific information I collected during fieldwork about employees or clients.

Belltower Home Care served a total of approximately 250 older adults through three offices, and employed approximately 150 home care workers. Associated with a large Christian (Protestant) senior services non-profit organization that also ran a nursing home, several assisted living facilities and a home repair service for seniors, Belltower Home Care's Vice President Debra Collins told that though the organization had "faith-based" roots, it was non-sectarian in practice. Belltower ran its home care services out of three offices: the main office on Chicago's north side; the "north" office in the near suburb of Evanston; and the "central" office located in the west side of Chicago. These offices were all co-located in small buildings with other social service providers. Each office was responsible for recruiting and serving clients in its region of the city, though the "main" office also served clients downtown and on the city's south side. Each Belltower office had a director who reported to Debra, as well as one or two supervisors. Belltower charged between $18 and $20 an hour for care, and paid its workers a starting wage of $6.75 an hour. Belltower also provided live-in services to clients who required it, for which they charged between $180 and $200 per day. Live-in workers received between $90 and $120 for each day of work. When I started fieldwork, Belltower employees who worked full-time (over 32 hours) for three months qualified for health insurance benefits, six paid sick days, and seven paid holidays. Full-time employees were also eligible for one week of vacation per year, and those who worked more than six years were eligible for two weeks. "Regular part-time" employees, who worked between 20 and 31 hours were eligible for six paid sick days after three months and seven paid holidays after one month of employment. Workers who refused home care assignments offered to them for "unacceptable reasons" could have their status demoted from full-time to regular part-time or part-time (no paid sick days) and their insurance terminated. Debra told me that the agency was considering eliminating these health insurance benefits because they were expensive. Of the relatively few workers who qualified, even fewer could afford their share of the premiums to purchase the insurance anyway.

Plusmore Healthcare, a national for-profit elder services provider, originated in Illinois. Plusmore was the largest provider of publicly funded home care in Chicago, serving between 2,400 and 2,500 clients across the city. During the pay period immediately preceding the beginning of my fieldwork there, they employed about 1,200 people. Plusmore's offices occupied most of a floor in a high-rise building in the midst of "the loop" in downtown Chicago. The offices were mainly comprised of cubicles for Plusmore's twelve supervisors, each of whom coordinated care for between 250 and 300 clients. Each supervisor was responsible for clients in one geographical region of the city. Katherine Tubbs, the director of Plusmore's Chicago office told me that Plusmore's contract with the Illinois CCP program reimbursed the company approximately $13 per hour of care, from which they paid workers' wages, administrative costs, liability insurance and bonding as well as their mandated training and in-services. Plusmore's starting salary was $7.65 per hour, and workers earned an increase of $0.05 per year they were employed to a maximum of $9.15 after twenty-six years of employment. After 90 days of employment, workers who worked an average of thirty hours per week for eight weeks prior to seven specified holidays were eligible for holiday pay on that day.

At each agency, I spent about eight weeks conducting daily observations with their supervisors and other administrative staff. Activities I observed included intake procedures, hiring staffing procedures, training sessions (Plusmore only), staff meetings and supervisory home visits (Belltower only). At both agencies, I spent the bulk of my time sitting with various supervisors as they manned the telephones to staff their caseloads, and responded to client or worker problems. I wrote copious notes during these observations and supplemented them with daily fieldnotes written after the workday. I also collected a wide range of documents from each agency including employee manuals, marketing materials, training worksheets, supervision checklists, intake forms and client information templates (from computer data management systems). These observations not only provided information regarding management policies and practices, but helped me identify common causes of conflict and concern among the entire home care population.

Toward the end of the agency observation period, supervisors assisted me in selecting worker-client pairs to recruit for the following intensive observation period. Both agencies take their clients' confidentiality quite seriously, such that supervisors first needed to secure permission from clients to share information with me before we proceeded with recruitment. Selection criteria were that the older adult needed to be cognitively and legally able to give consent to participate in the study, not receive live-in care (for purposes of comparison because Plusmore clients cannot receive live-in care) and both worker and client needed to be able to have basic conversations in English. After creating a list of potential pairs, supervisors called each older adult to ask permission for me to come to their house to discuss the project, and scheduled an appointment for me to do this. During this appointment, I explained my research project and what their participation would entail, I left older adults with a packet of information containing a description of my project and several consent forms. I asked them to read the information over and think about whether they were willing to participate, and then to discuss participating with their worker. I arranged to contact the older adult a week later to answer questions, and if s/he was willing to go forward, to arrange a time to visit the home again, this time to explain the project to the worker and give her the consent materials. I impressed on both the worker and the client that their participation was completely voluntary, and that neither of them would face any negative consequences from the agency for declining (nor benefits for participating). Supervisors at Belltower know their clients well and suggested older adults whom they felt would be interested in having someone like me visit them regularly. Thus, supervisors tended to recommend clients whom they had found particularly welcoming and chatty during their own home visits, although occasionally they recommended a client who they thought represented a particularly "interesting" case. At Belltower, we contacted approximately 15 clients by phone and four of the six clients who initially agreed to meet with me eventually enrolled in the study, as did all four of their workers. Supervisors at Plusmore rarely meet their clients in person, and therefore had much less knowledge of the clients to the selection process. Rather, some supervisors steered me away from clients who they thought lived in particularly dangerous neighborhoods where they thought it would be unsafe for me to venture. There, we contacted approximately 60 clients by phone, I met with approximately 20 and finally enrolled 3 pairs in the study (three more initially joined the project but dropped out after only one or two visits, usually due to illness).

This selection method, though perhaps the best that could be managed considering the multiple recruitment constraints, had several obvious limitations. First, the simple fact that these older adults and workers were willing to let me watch them go about their daily lives, asking impertinent questions and generally making a nuisance of myself for nearly eight months suggests that they felt that they had little to consciously hide about either about their lives or their home care practices. These older adults were generally proud of their homes and their lives, and the workers were generally proud of their work. Older adults who participated in this study are probably less wary of strangers and less guarded than the population as a whole. They may also have been somewhat lonelier than the home care population as a whole, considering that they were mostly excited to have a chatty younger visitor in their homes every week. At the same time, the exclusion of older adults with significant levels of cognitive impairment means that this study cannot account for the substantial challenges that dementia poses for home care workers and caring relations.

Another significant limitation of this selection method was that by recruiting workers first through their agency and then through their clients, workers may have felt less freedom to decline to participate than clients did. One way in which I tried to protect workers, given this problem, was to remind them that their participation was voluntary at every point of the study. Thus, despite my every effort to build rapport and trust, two Plusmore workers remained reticent throughout my fieldwork and avoided my requests for them to participate in the life history interviews. Given the already tiny sample size, this selection limitation had a significant impact on my early plan to directly compare home care relations and home care workers lives' between public and private home care agencies. While I present several points of comparison between these agencies in the chapters that follow, without more detailed knowledge of Plusmore workers' lives, it was impossible to offer the richly contextualized comparison I had hoped for.

Once I had secured consent from both workers and older adults, I began visiting each pair approximately one day per week, or every other week depending on the client's preferences, for the following six to eight months conducting participant observation. For many clients, my visits were interrupted for several weeks in a row during holidays or because of illness. I learned that the best time to do fieldwork with older adults in the northern United States is between April and early November. Holiday visitors and celebrations filled older adults' calendars and used up most of their energy (or kept them socially occupied enough that visits from a relative stranger seemed less appealing) between late November and early January, when the frigid Chicago weather seemed to increase the rates at which they experienced serious illness and were bedridden.

With each pair, I developed a different pattern of participation and observation, depending on their routines and comfort levels. I asked workers to treat me as their trainee, and I assisted them with cooking, light cleaning and grocery shopping. I did not assist workers with bathing, since older adults tended to prefer that I arrive after their bath or wait in another room while they bathed. Asking workers to treat me as a trainee was a particularly useful way of eliciting their understandings of good care, since they tended to take their responsibility to make sure I understood the "correct" way to do various tasks quite seriously. As is apparent in the chapters to come, by treating me as a trainee, workers passed on not only their concrete skills but also their ethics about care. Among other things, I learned how three different ways to cook cornbread, several ways to make a bed and how to safely navigate an unsteady older adult through a grocery store, each of which I have since used in my daily life.

I alternated between assisting workers with their tasks and sitting and talking with older adults. Usually, the television was on while we talked, and I watched an inordinate amount of daytime live courtroom shows, as well as soap operas, CNN, talk shows and the Weather Channel. As we talked, older adults usually alternated between commenting on whatever was on TV and telling me about the events of their week, their life histories, their families and their opinions on current events. While I initially joked privately about the inordinate amount of live courtroom "Judge Shows" (Judge Judy, Judge Brown and Family Court were favorites), I eventually came to realize that these shows offered older adults an opportunity to enact their citizenship even when homebound, and to engage as part of broader civic and moral communities. The court cases (actually arbitrations) depicted on judge shows usually revolve around problems of money, objects and social relations (typically, someone had borrowed/stolen/broken either money or possessions from a former friend/lover/relative). Older adults' comments about these conflicts often offered me a concrete and unprompted way to learn about older adults' local moral worlds that would have been difficult otherwise. Though I do not give these shows, and older adults' analysis of them separate discussion in the chapters that follow, they, along with the rest of my observations, inform my general understanding of each older adult's ideas about the ethics and moral obligations entailed by various kinds of social relationships. In several cases, I also accompanied the pairs on regular excursions outside of the house – to run errands or eat at restaurants. I wrote daily fieldnotes for each visit and interview, as well as periodic short summaries and think-pieces to revisit and reframe my original research questions. I completed fieldwork with each pair when it seemed that I had reached a saturation point and was not learning anything new during each visit. At the end of each observation period, I conducted an in-depth, semi-structured life history interview with both the older adult client and the home care worker focused on their experiences of giving and receiving care (see appendix 1).

While I had hoped that workers would allow me to conduct life history interviews in their own homes, this only occurred in two cases; the rest of the worker interviews were conducted in public coffee shops or in conference rooms made available by the agencies. Life history interviews were digitally recorded and later transcribed.

I also conducted ongoing, informal observations of the various neighborhoods I spent time in (primarily those around clients' homes), organizing these observations based on places I visited with or were mentioned by participants. I photographed regularly-visited locations (restaurants, grocery stores, shops) and older adults' blocks (including the outside of their homes/ buildings). I also visited workers' neighborhoods, visiting and photographing stores and residential streets as a way of learning about the social geography of care. I had initially hoped that workers would be willing to invite me into their homes and communities for lengthier fieldwork, but this never occurred. In one case, a worker invited me to start visiting her at home more regularly after she no longer worked for her home care agency. Unfortunately, soon after she invited me, her phone service was disconnected and I was unable to contact her. Thus, my understanding of workers' daily lives and histories is drawn almost entirely from their life history interviews rather than from observations. I believe this too is primarily a result of my selection strategy and that my consent materials framed the research as about home care work, which workers saw as distinct from their family and community lives. To learn more about workers' lives, it seems important to recruit participants for ethnographic research through worker organizations (labor unions, advocacy groups) or through community organizing groups (until its March 2010 demise, the Association for

Community Organizations for Reform Now or ACORN organized home care workers in many communities).

In addition to my intensive observations with agency supervisors, home care workers and older adults, I interviewed a number of home care industry leaders in the Chicago area, attended union meetings (the Service Employees International Union – SEIU - organizes Plusmore workers), professional association meetings about impending state licensure for private agencies, local meetings of a Chicago area aging professionals networking group, and three of Plusmore's in-service trainings. I took notes and wrote fieldnotes for each of these events, and collected available documents when possible.

An important caveat to my findings is that I explicitly told, and reminded research participants that I was not a secret-keeper, and that I did not want to know their secrets. If participants told me something that they later decided should not be made public, I expunged the record of this information from my fieldnotes. In asking participants not to share with me those aspects of their lives that they felt might cause them embarrassment, legal problems or put their jobs/employment at risk, I necessarily limited the scope of what I could learn. One of the great benefits of my observations with supervisors was that I was still able to learn about the many things that can and do go wrong in home care in a less intimate context, as clients and workers called their supervisors to report problems. In one case (described at the beginning of chapter 4), I only learned about an extremely significant, and highly problematic practice after it had been discovered by a third party and reported to the agency. In this case, I was hugely relieved that I had never learned about the problem during fieldwork (since I would have faced deeply uncomfortable ethical dilemmas regarding my responsibility to report it to the agency), and was glad that my relationships were strong enough that I was informed of it about it after-the-fact. I consider this incident proof that there is often more than one way to learn about illicit practices, and that protecting research participants does not necessarily or overwhelmingly compromise the thoroughness of ethnographic research. Nevertheless, there is likely much that went on in the home care relationships I observed that I could not ethically know, given my broader aims.

As highlighted by the door wrapping incident with which I opened this chapter, my ongoing presence in older adults' homes afforded me the opportunity to view the morally laden ways that people described caregiving in the context of the ways that they actually gave and received care. At the same time, my presence added a degree of interpersonal complexity to interactions between workers and clients. Johnny Thomas' attempts to make an intellectual and aesthetic ally of me, including his announcement of his father's anti-Semitism, was perhaps the most obvious of many moments in which my presence irrevocably altered the meaning of what was going on around me. Much of what occurred in home care involved wary and often incomplete attempts to incorporate workers whose age, race, class, gender and/or ethnicity were markedly different into older adults' daily lives and household routines; I was subject to similar kinds of tentativeness and suspicion. Still, much of what I observed was the subtle and unremarkable ways in which workers and clients tried to care for one another. Their practiced efforts required such deep and intimate knowledge of one another that they could not have been feigned or contrived on the spot. Nevertheless, my presence mattered deeply for what I observed and for the argument I present in these pages. I have tried to consistently account for the ways in which my presence influenced what occurred.

More than anything, I have tried to account for the fact that often in home care, as in much of social life, social relations were messy and the meanings of human action were not always clear. If my confusion standing in the doorway of Mr. Thomas' home impressed anything on me, it was that there were significant limits to my ability to understand what those around me were thinking or feeling, and even more, to fully understand their intentions. Much of what I observed in home care was contradictory and full of friction. In home care, strangers were thrown together in the most intimate of circumstances, and they drew upon knowledge and resources of multiple origins to help them figure out how to muddle through. To be sure, many workers and older adults eventually became quite expert at managing these complex and incongruous relationships. Even then, much of what they became expert at was a kind of relational improvisation in which they drew from other kinds of social relations and experiences to craft together a sense of how to make home care, and home care relationships, work. I can safely say that when I was present, workers and older adults extended these improvisational logics to try to include me in their everyday routines and relationships.

For me, doing ethnography of care entailed caring myself. This was neither an easy nor always an altogether good thing. The older adults and workers who participated in the study profoundly affected me while in the field and have continued to do so after I left. As a novice fieldworker, I was unprepared for the ways in which my relationships with workers and especially older adults would worry and drain me. I soon became implicated in their daily lives, running groceries, making hospital visits, going out to eat and thus sometimes (a small part of) their survival. I felt – and feel – a deep sense of gratitude and obligation to those who opened their homes and their memories to me that I might further my education and career, and had a difficult time seeing that my efforts to repay their gifts would be both always-inadequate and in the end, foreshorten my ability to sustain these relationships. When fieldwork with each pair ended, I continued to miss and think about each of the workers and older adults I had come to know so well (and not only as subjects of a dissertation). Yet, I strangely found that once I left, I could no longer sustain the intensity of these relations, nor did I know how to transform them into something less difficult. For a variety of reasons (including deaths, illnesses, moves and loss of telephone service), but mostly my own exhaustion, sadness and lack of will, I am no longer in touch with any of those whose stories appear on these pages. For this I feel deep regret. At the same time, I take my own difficulties learning to care moderately, and the problems this caused for sustaining my own caring relations in the field, as a sign of the possible costs of care. What is more, when compared with workers who were able to provide paid care for many years, I take my difficulty in learning to sustain care as a sign of how much I have yet to learn.

Analysis

Analysis for this project was an iterative process that began while I was still in the field and continued well after I began writing. I entered the field with an initial series of themes and questions I hoped to attend to, focused largely around questions of personhood, kinship and labor practice. While these themes remain vital to the dissertation, as I came to better understand the daily rhythms of my field sites, my attention shifted to a series of practices and questions that emerged during the fieldwork process, especially sensory practices and theft. The first stage of analysis is thus apparent in the changing amounts of attention I paid to various practices in my fieldnotes, where I recorded both concrete descriptions of the events around me and my developing ideas about what it all might mean. For example, in my early fieldnotes I simply recorded watching television in the following manner: "watched Judge Judy for awhile." Later, once I had confronted my own distaste for these shows and began to take older adults' enjoyment of them more seriously, my notes record the circumstances of the various cases depicted while we watched as well any discussion the older adult, worker and I had about the show. While in the field, I also wrote a series of informal memos, and e-mails to friends, colleagues and mentors describing emerging themes as well as frustrations.

Once I had returned to Ann Arbor, I began the process of listening to my interviews, re-reading my fieldnotes and interview transcripts[18] line-by-line, coding for emerging analytical themes. Following the advice of Emerson, Fretz and Shaw, this coding involved identifying and categorizing "any and all ideas, themes or issues" suggested by my fieldnotes (Emerson, Fretz and Shaw 1995, p.143). In coding, I began to find connecting themes between the mundane routines of everyday home care practices, participants' often vague yet poignant attempts to articulate their values, and the too frequent but still extraordinary moments when caring practices or relationships went awry. While much of this dissertation concerns the most repetitive and seemingly mundane aspects of home care, it was often through moments of dissolution that their meanings and importance for workers' and older adults' worlds became clear. In the midst of this process, I began drafting a series of memos and think-pieces recording my

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[18] To save time, I elected to have my transcripts professionally transcribed. To compensate for the potentially distancing effects of not transcribing myself, I listened to each interview once prior to transcription and then again as I checked the accuracy of the transcriptions.

evolving thoughts and experimenting with possible arguments and analyses. I also gave a series of conference talks around various emerging themes, including food, theft and personhood, which allowed me to gain valuable feedback on my initial analyses and arguments. Once I identified the main themes emerging from my fieldnotes, these formed the bases for each chapter. My final task was to search my fieldnotes and transcripts for examples that best exemplified and illuminated the everyday dynamics and meanings of care.

Plan of the Dissertation

This dissertation explores the local moral worlds of home care (Kleinman 1999a; Kleinman 1999b; Kleinman and Kleinman 1991), seeking to understand how these local moral worlds and the experience of giving and receiving care itself, might sustain, transform or attenuate social relations, personhood and inequality toward the end of life. Workers and older adults, initially from more or less different local moral worlds, draw knowledge, skills, experiences, tastes and values from their lives prior to and outside of home care as they forge local moral worlds of care together. This local moral world is a kind of improvised subset of workers' and older adults' other moral worlds, blending into but also distinct from them. The improvisational quality of home care's local moral worlds leads to ongoing sorts of experiments in which workers and older adults try to work out exactly what their relationship is, or should be, to one another. Such relationships never entirely coalesced around normative relational categories from their previous local moral worlds, remaining instead betwixt and between. These efforts tended to eventually disintegrate in the face of bureaucratic regulations. Workers and older adults are thus both-and-neither kin and partners in market exchange, both-and-neither friend and stranger. In this improvisational and often tentative local moral world, both workers and older adults find value in sustaining older adults' personhood against the bodily threats of old age. Embedded, but often not recognized, in this value is a kind of acceptance of inequality, in that the maintenance of older adults' social relations, homes, tastes and independence come to supersede the recognition or adequate support of workers' families, homes and tastes. Moreover, inasmuch as workers' marginality facilitates processes that sustain older adults as independent persons, the local moral worlds of home care may not simply reproduce inequality but problematically depend upon it.

The second and third chapters of the dissertation attend to the paths and processes through which older adults and workers arrive at home care. In so doing, these chapters describe the ways that the local moralities older adults and workers develop around care, kinship and personhood intersect with the bureaucratic ethics of home care agencies. In chapter two, I focus on the experience of home care workers, describing how they develop caring knowledge in the context of homes and families. I suggest that this knowledge is thus necessarily constituted alongside deeply moral notions of relatedness and obligation. While home care agencies appropriate workers' caring knowledge, they also seek to dis-embed such knowledge from the moral meanings that workers imbue caring with. In chapter three, I draw on anthropological theories around rites of passage to ground my discussion of the ways that older adults experience their paths toward home care. Here, I suggest that home care is often the result of alterations in social relations. Moreover, I argue that home care is experienced as a kind of liminal practice, simultaneously signifying threats to older adults' independence and at the same time postponing the looming unmaking of their personhood. This chapter further examines the role older adults' homes play as both representations of older adults' independence and by structuring the ongoing liminality of home care relations.

In the remaining chapters, I turn my attention to focus on the mundane, intimate and the everyday in home care practices. In chapter four, I describe the gift exchange as one of critical, but also deeply problematic, ways in which older adults and workers attempt to forge bonds of relatedness and mutual obligation with one another. I argue that in so doing, older adults attempted to care for workers and redress some of the more obvious ways in which the low wages and lack of paid leave made workers' lives difficult. At the same time, gift exchanges represented attempts to restore the moral coherence of domestic spaces and caring relations. Because the bureaucratic ethics of home care agencies prohibited gift exchange, when reciprocity failed, gifts often came to be seen as thefts, leading to workers' dismissal and potentially to legal prosecution.

In chapter five, I describe older adults' and workers' shared moral understanding of care as that which sustained both lives and ways of living, and in doing so, sustained persons. Moreover, I suggest that workers' and older adults' home care practices enact a vision of care as a kind of deeply embodied, intersubjective practice and suggest that home care tasks are deeply relational, just as home care relations are deeply embodied. Thus, workers cared by sensing, imagining and incorporating older adults' lifetimes of deeply inculcated, moral and embodied tastes, preferences and habits into their everyday care practices (Bourdieu 1984; Mauss 1979 [1935]). I argue that in order to do this, and thereby sustain older adults' ways of life, workers develop what I term phenomenological empathy, a kind of embodied moral imagination (Beidelman 1986) through which they use their own physical perceptions and life experiences to imagine the perceptions and experiences of older adults. While phenomenological empathy was central to older adults' and workers' understandings of good care, I suggest that it might also be viewed as a kind of sensory colonization, in which poor women of color literally incorporate and embody the felt values and sensory histories of their older, sometimes wealthier, clients without any expectation that the moral worlds of their sensorial landscapes will circulate in a similar fashion.

In chapter six, I suggest that home care sustained older adults as independent persons not only through phenomenological empathy, but through a combination of linguistic, spatial, racial and emotional practices that obscure workers' contributions to older adults' wellbeing and thus help older adults sustain the appearance of independence. I thus argue that the invisibility of care work and care workers simultaneously makes possible the reproduction of persons that can be recognized as autonomous and reproduces social stratification. These practices not only contribute to the home care industry's excessively high turnover rate, but exacerbate the broader invisibility of care workers' contributions to the economy and society at large.

Notes on Names & Language

In the chapters that follow, I have changed the names of my research participants to protect their privacy and identity. I have also changed the names of the two home care agencies. In doing so, I have been mindful of and attempted to preserve the relevant ethnic connotations conveyed by naming (Ortner 2002). I have also preserved the forms of address used by research participants because these convey subtle but important information about the different degrees of formality and familiarity workers and older adults desired from one another. While in most cases, older adults were called by both title and surname (i.e., Mr. Smith), workers were called by their first names only (i.e., Sarah). Some of the implications of these naming practices are further discussed in chapter 6. I have chosen not to disguise the specificities of my research location, for the specificities of aging and working in Chicago at the dawn of the 21st century matter a great deal for the story I have to tell.

After much back-and-forth, I settled on calling the older adult recipients of home care "clients," and their paid providers "home care workers." This decision largely reflects my commitment to preserving local forms of naming, labeling and categorizing as much as possible, and workers most frequently called older adults their "clients," and older adults spoke of "workers." Yet, there were a plethora of other labels used to describe these positions and relationships. Older adults were sometimes called "patients," "consumers," or "recipients." Workers were officially called "home care aides" by agencies, and sometimes called "caregivers" or "help" by older adults. In addition to attempting to replicate local labels, my choices represent my own politics and analytical goals. The word client, critiqued by social work literature as problematic because of its associations with the passive reception of services, is used here to also signify the troubled inclusion of older adults within bureaucratic service industries. The word worker signifies a similar inclusion, while also attending to the political economy of paid care that distinguishes what paid care workers do from the reciprocal gift economy signified by the term "caregiver."

For purposes of reference, I have included a list and brief description of those who appear on the pages to come as appendix 2.

Chapter 2

Making Home Care Workers

"The reproduction of the working class carries with it the accumulation of skill, that is handed down from one generation to another"
(Marx 1924 [1867], p.629)

Like Sisters

One Thursday morning while I was sitting in Celia Tomas' office at Belltower, observing as she worked on staffing issues, Celia received a phone call from one of the agency's oldest clients. These clients, a couple, received live-in care seven days a week. In order to provide this service without incurring the extra expense of overtime pay, Belltower's policy was to have one worker provide four days of care (the 'main' caregiver) while another provided three days of care (the 'relief' caregiver).[19] Both in their nineties, the wife, who was Asian, was in the middle stages of Alzheimer's disease, while the white, U.S.-born husband had mild dementia and difficulty walking.[20] The couple continued to participate in their large and active support network, at the center of which was a younger male neighbor with whom they had been close for many years. This

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[19] Though the federal Fair Labor Standards Act (FLSA) exempted home care workers from overtime protections under what is known as the "companionship exemption," Illinois state regulations required home care workers to be paid overtime. To calculate hours for live-in employees, Belltower considered each live-in day a 13 hour day, requiring that workers be "off duty" at least eight hours, including at least 5 consecutive hours to sleep. Live in care cost between $180-200/day, of which workers were paid $120-150. Older adults who needed round-the-clock care were required either to hire a separate hourly worker to cover the hours of care when the live-in worker was off duty, or to hire hourly workers for two twelve-hour shifts. Hourly care cost $18-20 per hour. I only saw supervisors insist that clients hire hourly workers when the live-in worker was unable to get five consecutive hours of sleep.

[20] I have chosen not to further specify the wife's country of origin, attempting to balance between protecting these clients' identities (their countries of origin render them easily recognized at Belltower) and the importance of their heritage in the story at hand.

morning, the husband was calling to tell Celia that he wanted to stop receiving service on the weekends. Celia was surprised to learn this, because she knew these clients did not have anyone in their support system able to provide round-the-clock care on the weekends. When she asked what had brought this change about, the husband said at first that they could no longer afford seven days of care, but Celia didn't believe this to be the reason. Celia continued to press him to explain; the husband finally told her that they were having problems with the relief worker. Celia was immediately suspicious, because this particular worker had an exceptional reputation, and so she asked what had happened. The husband said that the main caregiver had told their friend that the relief caregiver wasn't doing a very good job with cooking, and that there had been other problems. Specifically, he was upset to learn that the relief caregiver had been serving them reheated leftover rice. The husband noted that at another stage in her life, his wife would have been mortified to learn that she was serving leftover rice at her table. The husband suggested that the relief worker was just too lazy to cook a fresh pot of rice each day.

Celia thought this over for a minute, whispering to me that, given the agency's current shortage of live-in workers, there was no way she was going to be able to find a replacement before the shift started the following day. Celia asked the client if he would be willing to have the relief worker one more weekend while she looked for a replacement, if Celia specifically told her not to serve leftover rice for supper. The client reluctantly agreed to this plan, not knowing that Celia was hoping that the relief worker would redeem herself over the weekend and the clients would forget all about their seemingly small complaint.

Meanwhile, Celia told me that as soon as she heard what the problem was, she suspected that the main care worker was trying to sabotage the relief worker. In part, she thought this might be the case because several years prior, the same main worker had gotten a colleague fired by telling the clients that the relief worker wasn't doing a good enough job. Celia suspected the main worker was repeating the pattern. Indeed, when Celia called the relief worker to let her decide if she wanted to return to this client given the situation, she also asked the relief worker why she had served the clients leftover rice. The relief worker said that she had served it because the other worker had told her that the clients didn't mind eating reheated rice and she should use up the leftovers from earlier in the week. The relief worker agreed to return to the house one more weekend, but said that things had become uncomfortable enough that she'd like to be reassigned after that. In other circumstances, this decision might have cost the worker several weeks' worth of income before a new case came along that she was a good match for. Given the shortage of overnight workers Belltower was experiencing that summer, she was able to continue working relatively seamlessly.

Celia immediately called the main caregiver, having confirmed that she had played a significant role in turning clients against the relief worker. As soon as the main worker picked up, Celia told her she had received a call from the husband about the relief worker and needed to talk to her. Celia told the main worker, "We are the workers, they are the employers. We are like family." She explained that if the worker has a problem or concern about one of her colleagues, she should call Celia to discuss it, not talk to her clients or their friends. Celia told the worker that "from our point of view, this hurts you and the other caregiver. You and she are like sisters and we don't want you badmouthing your other sister. So if you have a problem with your reliever, call us. We have to stick together… A minus for the relief worker is a minus for the whole company, so tell us about it because it makes the whole company look bad." Celia suggested that instead of trying to sabotage her colleague, the worker should have either let Celia know that there was a problem or have offered to help the colleague learn how to cook food that the clients would enjoy (though Celia did not suggest that the worker would be paid for these cooking lessons). When she informed the worker that the relief worker would still be on duty for the upcoming weekend, the worker replied that she was supposed to work that Saturday because she was going to cook for the friend's birthday dinner. Hearing this, Celia was livid, and raised her eyebrows at me with a look I'd come to know meant "I told you so!" From this statement, Celia confirmed her suspicion that the week worker had sabotaged her colleague so that she could work for the clients directly and earn cash under the table on the weekends. At that moment, the volume and speed of Celia's speech rapidly increased, as Celia harangued the worker, asking her why she's agreed to cook food for somebody who wasn't even her client. Celia said, "It's not the client's birthday, what does it have to do with you or the agency?" Celia chastised her for offering to work for the client outside of the agency's supervision and for sabotaging a colleague, and warned her that the next time she has a problem and doesn't contact the agency first, she will be fired.

Celia's invocation of kinship metaphors to try to persuade a disloyal employee to become a reliable colleague was an attempt to harness the moral principles she associated with family life in order to build solidarity among professional colleagues. In doing so, she diverged from the agency's formal understanding about the relationship between the agency, and its supervisors, caregivers and care recipients, which was that the agency is the employer, the caregivers are the workers and the care recipients are customers. Through the use of a kinship metaphor, Celia suggested instead that workers and the agency constitute a kind of kin group while the care recipient is an outside employer. By describing the workers as “like sisters,” Celia was not only promoting filial loyalty between workers, but implied that supervisors, and the agency, were like the workers’ parents. Though, in this case, the main worker and the relief worker were in some ways acting as siblings engaged in a rivalry for favor, the favor they sought was from their clients, not their supervisor. Indeed, this is but one of many examples in which an agency supervisor or agency policy attempted to simultaneously appropriate and constrain the amenability of home care work to kinship analogies.

Celia’s use of kinship metaphors was representative of the complex and often tense role of workers’ families in paid home care. As in other contexts where non-capitalist institutions are incorporated into and underpin capitalist relations (Durkheim 1984 [1893]; Engels 1884[1978]; Gramsci 1971; Yanagisako 2002; Zelizer 2005), agencies both relied upon and were wary of workers’ kinship relations. On one hand, agencies appropriated domestic skills like cooking and housekeeping passed down among kin. Agencies also recruited new workers through old workers’ kinship networks, saving them time and money (Granovetter 1983). Moreover, old workers who recommended kin to the agency were likely to take a personal interest in new workers’ success, monitoring their behavior and improving the likelihood that they would be responsible employees. On the other hand, workers’ non-work families were generally considered the primary source of workers’ poor work habits and workers were strongly discouraged from talking to or about their families with their clients. Finally, agencies worked in various ways to circumscribe the ways in which workers translated moral sentiments about domestic work to their relationships with clients and their work in clients' homes. While workers had learned early in life that caring and keeping house were duties that bound them to both their work and to those they served, agencies sought to curtail workers' attachments and senses of obligation to their clients. Essentially, agencies tried to disembed and appropriate workers' domestic skills such as cooking and housekeeping from the kinship relations in which these skills were learned and came to have moral value.

This chapter works to unpack the complex relations between workers' experiences and understandings of kinship and their paid work as employees of home care agencies. In doing so, I retell the stories of several home care workers to show the role their families played in making home care workers both who and what they are. Workers' kin played a crucial role in teaching workers the domestic skills they use in their everyday work, and in imparting a variety of moral sentiments that guide workers' understandings of and approaches to paid caring. Next, I turn to examine the ways that workers' families are treated in home care agencies' hiring, training and supervision practices and policies. Here, I argue that through their policies and practices, home care agencies tended to try to extract the domestic skills workers learned from their relatives from the moral sentiments that guided domestic labor in the context of workers' familial homes.

Who are Home Care Workers?

Each home care worker I met during my fieldwork described their upbringing and background as playing a formative role in the development of both their skills as home care workers and in their moral sensibilities about this kind of work. Each of these women's moral understanding about what care entailed had been deeply patterned by their intersecting experiences of gender and kinship relations, and by ongoing economic insecurity. Though workers rarely spoke explicitly about the workings of race in their lives, their life stories were often bound up with either their or their parents' national and international migrations. These migrations were each part of broader national and transnational migration patterns that first brought poor blacks from the rural deep south[21] and then people of color from poor nations to wealthy "global cities" (Sassen 2006, p.30) like Chicago in search of higher paying jobs. Despite the diversity of their backgrounds and experiences, the home care workers I met all spoke of becoming a home care worker as first and foremost a way to care for and protect their own homes and kin. Many had taken home care jobs as single mothers[22] to support their children, balancing the low wages with welfare income, food stamps and Medicaid. Time after time, workers also spoke about opportunities and relationships forever altered by experiences of physical or sexual abuse in their families. While the preponderance of workers with histories of abuse in their families may have been coincidental or a consequence of the intersecting

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[21] A number of powerful accounts including oral histories and memoirs describe the experiences of black men, women and children who moved to Chicago during the great migration. Male workers left their poorer cities and towns looking for work in Chicago's booming, factories, slaughterhouses and railroads, while women most often found work in domestic service. Soon, they were joined in Chicago by other relatives whom they helped get settled and find work. The children and grandchildren of these migrants are less likely to find well-paid industrial jobs, and more likely to work in low wage service work. While newer migrants to post-industrial Chicago are likely to arrive in Chicago to work in service industries like home care, these migrants also arrive in Chicago relying on kin for support and connections to jobs. The Great Migration radically altered the racial and social geography of Chicago in ways still felt today (Black Jr. 2003; Drake and Clayton 1993; Grossman 1991; Hartfield 2004; Hondagneu-Sotelo 2001; Paral and Norkewicz 2003).

[22] Even when they had long term partners or spouses, many workers were the sole or main wage earner in their household, a consequence of persistently high levels of unemployment among black men in Chicago's poorer South Side neighborhoods (Wilson 1996). The American Community Survey has found unemployment rates on the South side higher than 18% as far back as 1990, and in 2008, four South side neighborhoods (Auburn Gresham, Englewood, Washington Heights and West Englewood) had the second highest local unemployment rate in the United States, at 23.2% (1990; 2008a; Loury 2009).

vulnerabilities described above, it also suggests that these women were more familiar with extreme imbalances of power within domestic spaces. For several workers, previous experiences of unsafe households had strengthened their interest in and commitment to maintaining safe and comfortable homes both for their own kin and for their clients.

Workers also spoke of the ways that the households in which they grew up influenced their understandings of what both homes and care should be, and that these understandings permeated their approach to doing home care work. Frequently, workers told me that they had learned most of what they knew about caregiving from their mothers and grandmothers, including how to cook and how to properly clean a home. As will be described in this and subsequent chapters, workers regularly drew on both practical and moral knowledge they learned from their mothers, aunts and grandmothers in the course of their caregiving. In reproducing gendered divisions of labor within the family, these practices also rendered daughters qualified for domestic employment while sons learned manual trades like carpentry and bricklaying from their fathers.

As described in the previous chapter, one simple answer to the question, “who are home care workers?” is that they are disproportionately poor women of color. The workers’ life histories described in this chapter largely support prominent theoretical arguments explaining the preponderance of women of color in care work as a result of complex, historically entrenched and structurally reproduced intersections between economic, racial and gender inequality. These intersecting structures thus ensnare many poor women of color in low paying service jobs requiring minimal formal education (Colen 1995; Dilworth-Anderson, Williams and Gibson 2002; England 2005; Glenn 1985; Glenn 1992; Meyer 2000; Montgomery et al. 2005; Sassen 2006). Indeed, one goal of this chapter is to illustrate in detail the diverse ways in which these forms of inequality create well-worn paths leading poor women of color towards home care work. These details allow a depiction of the role care work plays in the structural reproduction of poverty and inequality which recognizes that these processes and their outcomes are neither coincidental nor inevitable, but are rather the accumulation of patterned action and decisions by workers and their kin, neighbors, teachers, social workers and employers (Bourdieu 1977). Beyond providing poignant illustrations of the ways that poverty and inequality were reproduced in workers lives, I am interested in examining how the social, familial and institutional contexts through which these women became workers shaped their sensibilities and values about caring labor (Solari, 2006 #680; Jones, 2010 [1985] #2122; Thompson, 1963 #1326; Thorton Dill, 1988 #476; Hondagneu-Sotelo, 2001 #43; Wang, 2002 #14). I am also interested in exploring the ways in which home care agencies' managerial techniques draw upon, modify or censure the values and sensibilities about caregiving that workers derived from their family lives. Later chapters in turn more directly address the impact of caring labor on home care workers' sensibilities, values and on their families' lives. Such a perspective recognizes the creative capacity of poor families and women of color rather than simply understanding them as passive actors trapped amidst structural reproduction of inequality.

“You Keep Going”: How Maria Arellano Became a Home Care Worker.

Until the age of nine, Maria Arellano was raised by her grandmother along with two of her brothers and three first cousins. Maria was born in a tiny, “one block” village in rural Puerto Rico. Most families in the village lived in houses each sheltering, Maria told me, “two or three families. Because there is the grandmother, the kids, and they have kids. They tend to stay together." Maria warmly recalled growing up in a strictly-run household in which "you spoke when you were spoken to," and in which she ate all meals together with the rest of her household. As recalled, "dinner was served at a certain time. If you didn't come and eat, you didn't eat. There was no such thing as, 'there's the fridge.' We were not allowed to open up the fridge [to feed ourselves]." She also recalled doing laundry in the creek together with the other girls and women in her family. Maria's father had left her mother when Maria was too young to remember him, and she only learned later on that her eldest brother was actually the son of her father's brother. Maria's mother also left the village when Maria was very young in order to follow Maria's aunt to Chicago for work, and Maria's mother brought her children to Chicago one or two at a time.

Though Maria's aunt had married and made a comfortable life for herself in Chicago, her mother "went a totally different way. She stayed longer than she was supposed to without us." Maria finally came to live with her in Chicago at the age of nine, but "it wasn't a very good environment. She was always at work. She had two jobs… She worked at a factory for sewing during the day and at night, a bar." Maria described arriving in Chicago in 1971 in the middle of a blizzard, so unaccustomed to life in the frigid north that "the first thing I did was sit on top of the heater because I did not know it was a heater." Maria described moving to a new apartment and a new school what nearly every month, as her mother struggled to make ends meet. Maria's fourteen-year-old brother, who by that time had been living in Chicago for several years was her main caregiver, but he soon moved out. Maria told me that "once we came here [Chicago] we were no longer a family. We were family at my grandmother's. Here we were just people. There was no family. I mean, they looked after me, but there was no family. There was no discipline. There was no hours to go to bed. There was no time to eat." Even as an adult, and long after the cousins she had grown up with had also moved to Chicago, Maria longed for the domestic rituals and rules of her grandmother's home. In Chicago, bereft of the domestic strictures that to her signified the mutual responsibility of kinship relations, Maria said she became extremely independent, strong willed and unwilling to listen to any authority. By the time she was thirteen, Maria's mother grew tired of her doing "pretty much… what I wanted" and sent her back to live with her grandmother in the village and Maria's mother brought two of her other sons to stay with her in Chicago.

Though Maria had longed for her grandmother's home in Puerto Rico, upon her return she found that,

> It was different then because my grandmother didn't really want me. 'Cause now I was a city girl and spoiled by the fruits of the world and having my way. Well, over there we had no radios, no TV, no indoor toilet, no indoor plumbing. No cars. We walked everywhere. We came here [Chicago]; we had the TV, the radio, the languages… we were taken from wearing dresses [in the village] to wearing whatever you want.

Miserable, Maria asked her brothers to persuade her mother to bring her back to Chicago after only eleven months back in the village. Yet this second stay with her mother turned out even worse than the first. Though Maria was reunited with her brothers and cousins, her mother had finally sent for the eldest brother who was by then an extremely angry young man who stole from their mother, crashed the car and sexually abused Maria, who said she never felt safe at home when he was there.

A year later, not quite sixteen, Maria left her mother's house and ran away to Texas with a boy from down the street who she had known for only six months. Lying about her age, Maria found work at a temporary agency that supplied workers to factories who needed extra labor at minimum wage. Maria recalled earning about sixteen or seventeen dollars per day, and was paying about a hundred per month dollars for a four room apartment with gas included. Maria's boyfriend was an alcoholic and only worked when he wanted to, but as she told it, she was "in love and pregnant." Pregnancy made Maria "real sick," and when her mother refused to take her back in unless she had an abortion, Maria and her boyfriend moved in with his mother. After Maria's baby was born, she moved out, but continued have his mother watch the baby while she worked from five in the morning until noon. Several years later, when Maria says she was "grown," Maria had another child with the same boyfriend, and continued to work part-time while receiving "public aid"[23] because her boyfriend still would not work. Finally, they got married, and though their relationship quickly grew strained, Maria eventually had two more children. For a time, Maria held what she described as a good job as a sales representative for a dental technology school, making nearly a thousand dollars per week. Maria had several other office jobs, working first as a secretary and then as an insurance adjuster.

Soon after Maria's fourth child was born, she left her husband, and though they tried several times to make their relationship work, eventually they divorced when she was 22. Finding herself single and in between jobs, Maria learned about home care work from a black woman at the public aid office, and was surprised to learn that "they pay people for" coming to older adults' houses to take care of them. She immediately asked her public aid caseworker for information about home care and got a job with one of

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[23] The "public aid" Maria referred to was the federal Aid to Families with Dependent Children (AFDC) program, also popularly called "welfare." AFDC no longer exists, and was replaced by the Temporary Aid to Needy Families (TANF) in 1996.

Chicago’s larger providers of home care. This agency, which served both privately- and publicly-funded clients, mandated both training for new employees and ongoing mandatory in-service training. She described with pride learning the proper way to make a bed or take a pulse, and argued that though these were both tasks that many people did regularly, it was still important to train people to distinguish between, for example, “how you make your bed at home, but this is not how you make it somewhere else.” Maria argued that even home care workers without Certified Nursing Assistant qualifications needed some basic expertise because they were working in clients’ homes and thus, “you’re still responsible for that person and you should be taught. Why does the company have the right to hire idiots and send them to a home and be called be responsible for this person?” For Maria, the burden of responsibility towards clients borne by home care workers and agencies made it essential that workers develop expertise and take pride in even the most mundane household tasks.

Maria eventually applied to work at a nursing home, where, because she didn’t have the certification to be a Certified Nursing Assistant (CNA), she was officially a “bed maker,” even though she did much the same work as the CNAs. Maria decided to get her certification, and then took some extra classes in nursing. Once certified, Maria began working independently as a home care worker where she charged twelve dollars instead of the eighteen or twenty usually charged by the home care agencies. Maria asked her clients to pay for her liability insurance and taxes so that she was working legally, but as she got older, decided she needed to work more formally in order to become eligible for social security. She went to a job fair where she learned about Belltower Home Care, and started working for them soon thereafter.

During her many years as a home care worker, life had not gotten easier for Maria. She had a string of long-term relationships, the most recent of which ended the winter that Maria participated in my study. Maria had lost of her children when her ex-husband and mother-in-law accused her of neglect, which she insists was unfounded. Maria attributed her ability to cope to having learned at a very early age how to set aside her feelings in order to meet other people's needs. She told me that after she and her first husband divorced,

> I would cry. I would go to my room, get under my mattress, in between the box springs and the mattress, and cry… I didn't want the kids to hear me. Every night I cried. Sometimes I didn't even know I was crying, not knowing how I was going to pay the bills, how I was going to take care of the kids… But the face always came back on. I learned to put that face on. My god, I've had that face on since I was a baby… that's who I am. I learned to cover my tracks since I was a baby. Never show what happened. My face has been on for as long as I can remember, through everything that has happened. You are the child that got abused. You don't tell and you put a smile on your face and nothing happened. You look at what you want to see and you keep going.

Despite her hardships, Maria was proud that she raised her children in the same kind of strict, orderly and loving household she recalled from her own childhood. Many of the rules she imposed on her children she recalled from her grandmother's home, including that they always ate supper as a family, and her children were not allowed to either eat at other families' homes or to invite friends for supper. She also set strict rules about when her children could receive phone calls, and when they had to go to bed. Maria spoke with pride of managing to make sure her children never went hungry or realized how poor they were, even when she had very little money to buy food with. She recalled that,

> People would say you had nothing to eat. I said yes we do. We have macaroni or just a big pot of white rice and ketchup, but we had food. Or I would fry eggs with rice. That sounds good. I would mix breakfast with lunch… there were a few

> times it would hurt, where my children would say, is there more and I was still eating. I would say, oh, no. But I am full. Here. Those were times when I would swallow. You know, I think everyone goes through. They never knew. (They'd ask,) Mom, can I have an ice cream? I could pay the phone (bill) or I could pay for this (ice cream). I would say yeah, you can have an ice cream. The bill would have an extra $10 on the next month, but they got their ice cream.

Eventually, Maria was regained custody of her children, when her ex-husband and in-laws realized how much work the children would be and rented and furnished an apartment for Maria to convince the court that neglect was no longer an issue. Nevertheless, it had remained exhausting and challenging to convince the courts that she could adequately provide for her children on her meager income for many years.

Indeed, Maria spoke frequently about the importance of not letting her anger and sadness bring her mood down, and told me that although she was only 46 years old, "I feel with the mind of a sixty-seven year old person, the way I was brought up. Because many forty-six year olds were not brought up the way I was… Many people did not have the experience I have so all that comes to play in the way you decide to become." Indeed, Maria's upbringing and personal history not only eventually led to her becoming a home care worker, but strongly influenced her moral sensibilities about and experience of home care work.

For example, Maria argued that it was most important that home care workers learn to set aside their own feelings and judgments in order to focus on what their clients need. For Maria, this meant recognizing when her own deeply valued preference for domestic order interfered with her ability to care for her clients in the way they needed or wanted. One of Maria's first home care clients was a middle-aged woman suffering from AIDS. Maria told me that she had made the mistake of focusing on cleaning and organizing this client's chaotic household without much success, while what the client really needed was for her to help teach her five teenagers how to run the household. Maria realized later that by focusing too literally on what her agency told her to do and by imposing her own desire for domestic order and structure (a desire she linked to her experience of kinship and its dissolution in her grandmother's and mother's homes), she had failed to truly care for her client. The realization that through her care she had imposed her own feelings and desires on her client's household formed the core of how Maria went about providing good care thereafter. As she put it she tried to, "Put a little more of what they need and not how you feel." To give her clients more of what they needed and less of what she felt, she relied upon lessons learned earlier in life about hiding her true feelings and putting on her "face," an aspect of care discussed further in Chapter 6.

"Keep Your Trade": How Doris Robinson Became a Home Care Worker.

From as far back as she could remember, Doris Robinson told me, she had big plans and even bigger dreams. Though few of those dreams had come to pass before or during the years I knew her, Doris continued to scheme and use all the resources she could muster to move a little closer to her goals. Born in the mid 1950s to working class black parents in a small rural county seat about a hundred miles from Memphis, Tennessee, Doris' family followed her construction worker father from their hometown to Memphis and then to Jackson, where Doris graduated from high school. As it happened, the Robinsons moved to Memphis in 1968 when Doris was 12, just a few months before Martin Luther King Jr. was assassinated in a motel only a few miles from the Robinson's home. Concerned about the ongoing unrest in Memphis following the MLK's murder, the family left the city for Jackson shortly thereafter, and though Doris told me she had never been back, she still remembered the names of the streets where she lived and where King was killed. After Doris graduated from high school, her parents bought a house in their hometown where her mother continued to live after her father's death. Doris spent most of her adult life near Racine, Wisconsin, where she had two children and became a Certified Nursing Assistant before moving to Waukegan, Illinois and took a job as a Belltower Home Care worker in Chicago's northern suburbs.

Doris remembered life in her home town in Tennessee as relatively integrated and without significant racial animosity throughout the late 1950s and early 1960s. Though her school was segregated, and as a black child, Doris didn't often venture into the white neighborhoods, one of her best friends from childhood had been white. Of the two churches in town, Doris remembered that though most of the members of her family's church were black, it did have white members. Doris recalled that Sundays were particularly important days for her family. After attending church in the morning with her parents, siblings and paternal grandparents, they often had a particularly good meal. Her grandmother would cook greens and cornbread and ham and chicken dressing and potato salad and slaw and dinner rolls all from scratch. Doris looked forward to the frequent church picnics and church dinner at which there would be "so much food there, it would be like a grocery store full of food. We ain't talkin' about two hams, we're talking about six, seven, eight hams. They would barbecue a whole pig. We're talking major food."

Stories of growing and preparing food from locally available, simple ingredients often grown on her parents farm permeated Doris' memories of her childhood. When she was very young, her parents had a farm where she remembered taking care of the farm animals when she was “real, real young…We used to milk cows. I used to do the chickens. We had 200 chickens on that yard. I used to go in the big hen house and get the eggs. Like my chore. I didn’t like it at the end, but once I got used to it and thought about it, it was fun.” Doris remembered learning how to make head cheese and real buttermilk, and wistfully recalled how much better tasting homemade sour southern buttermilk was than anything she could purchase in the store. Doris spoke at length of late summer afternoons spent with her grandmother learning how to prepare these items. Her grandmother also taught her how to preserve and can a range of vegetables from scratch including “black eye peas, butter beans, green beans, homemade jam.” Doris said that the reason learning to make all of these things from scratch was so important was that

> Doris Robinson: My father said that, my grandfather said that, my grandmother said that, “always keep your way to make you some money in order to survive.” They told me the name of the game to survive. Don’t’ always try to have one thing and you can’t do nothing else… if push comes to shove, if I lose my job today, I can get in a kitchen and make some homemade jam… take peaches, pears, or anything I can get to buy a bushel. Start me with enough money to buy a bushel, can that stuff, sell it… it’s always like, keep your trade. That was the name of my family… that’s the way I was raised.

To Doris’ kin, a domestic skill such as preserving fresh produce was not simply an economical ways to feed a family, but also a form of economic inheritance.

During her parents’ and grandparents’ lessons in domestic food production and the pragmatics of survival, Doris began to dream of a professional career quite different from the practical, working class trades her parents and grandparents favored. Along with learning to can and preserve vegetables, Doris’ grandmother taught her how to slaughter, clean and butcher a hog, and how to make chitlins and headcheese from the meat. Doris said that her comfort with the grisly, bloody and physically demanding process of turning living animals into food inspired her to want to be a doctor. As Doris told me, “I always wanted to be a doctor, especially after doing all that chitlin’ing, because I had seen everything!... Blood don’t bother me… I’ve been in all kinds of slaughterhouses. I get it. I worked it. I learned how to purify the meat.”

Another of Doris’ fondest childhood memories was of being a pupil in her grandmother’s fifth grade classroom in her segregated grammar school, the year before the family moved to Memphis. Doris told me that she had been an extremely curious child, a “book person… always interested in why this works, why this works, and how come this is like this.” Doris described her earlier self as someone who questioned teachers and was willing to hold the whole class up in order to make sure she understood a concept. Her practically-minded father, though supportive of her ambition, cautioned her to balance her interests in books and education with “street smarts,” and used to chastise her “about staring in a book” too long.

Despite her curiosity, tenacity and focused efforts at studying, Doris earned only mediocre grades until she got to high school. She told me that she had never been “comfortable with myself because I couldn’t figure out why I was struggling so hard to make this A and the person next to me would goof off and make A’s. I couldn’t get it.” By the ninth grade, her family was living in Jackson TN, and Doris was attending an integrated high school. That year, “My teacher in 9th grade, she was a white lady, she pulled me to the side. She saiy, ‘I know you know this.’ She gave me a written test and I failed this test… All the time I couldn’t figure out why I wasn’t getting this. She pulled me aside and that’s when I found out I had dyslexia.” The teacher was surprised that prior teachers hadn’t recognized Doris’ relatively severe dyslexia. Once Doris’ learning disability had been identified, she was able to receive special instruction and teachers made accommodations to her learning style by audio-recording her homework

Upon graduating from high school, Doris had planned to enlist in the Air Force so that she could get the education to be a doctor and learn to fly planes. A month before she was scheduled to leave for training, she seriously injured her spleen during a family ball game. After an eight-hour surgery and three-month hospital stay, Doris was unable to enlist in the Air Force because, "you had to have all your parts." Instead, Doris decided to go to medical school, determined not to let her injury spoil her dreams. Her father, still concerned about Doris' lack of street smarts, made a deal with Doris that she could go to medical school if she worked for six months first. So, at nineteen and just out of high school, Doris and her mom both took jobs at a factory that made shirts for workers' uniforms. There, Doris inspected the machine that attached snaps and buttons to shirts to make sure that all the threads were tight and put the shirts in a box for shipping. Doris was paid by the piece and recalled making something around $4 an hour. Doris hated this job and said she was doing it to please her father who wanted her to do something besides keeping her head in a book all the time. After a few months, Doris quit her job at the shirt factory and got a job as a short order cook at a place called "Bus Stop Truck Stop," which she really enjoyed. At the Truck Stop, Doris worked the 3rd shift, the graveyard shift that ran through the middle of the night to the early morning. She told me that she liked that job because she "met all kinds of people" and made good money.

In 1979, several weeks before Doris was due to start taking college classes in Tennessee, she asked for a two week vacation from the Truck Stop, having decided that, "before I go to school and stick my head in a book, I'm taking a vacation." Planning to stay only those two weeks, Doris went to visit her maternal aunts and cousins in Racine, Wisconsin. Doris told me that her visit to Racine was a great deal of fun, and so when her aunt encouraged Doris to look into a job at the nearby factory where she worked, she filled out an application and the factory hired her on the spot. This factory made glass air fresheners, and Doris worked in the packing department. Doris kept the job, though she didn't like it any better than her past experience in the shirt factory, and moved into an apartment next door to her aunt.

After about a year at the factory, Doris decided that she had enough of factory work and registered for classes at the University of Wisconsin – Parkside. There, she continued to pursue her dream of becoming a doctor by taking premed classes, but also majored in dramatic art as a way of continuing to pursue her less practical dream of becoming an actress. Like her dream of becoming a medical doctor, Doris continued to believe that she might one day become an actress, telling me, "I didn't give that [dream] up neither. One day I'm going to get that part. One of these days I'm going to get a part on somebody's film. I'm going to get a part. I didn't give up, I never gave up." Indeed, during the time I knew Doris, she was actively pursuing this dream and had responded to an advertisement from a company that charged her several hundred dollars to take her headshots and arrange for her to attend castings for advertisements and television shows.

During the time she was at Parkside, Doris had two children. She received "all kinds of grants" to support her education, and supported her children with assistance from AFDC, which provided financial assistance as well as funding for child care. While Doris reports that her grades were good, one of her science teachers recommended that for practical reasons she should consider pursuing training as a Certified Nursing Assistant (CNA). Doris recalled this conversation with her teacher in the following way:

> Doris Robinson: He says, "I'll tell you what you need to do. You got a long way to go." He was talking about finance. I had two girls I was raising by myself and then trying to go to school, he showed me the way to do that. He said, "Take a break from this university and go to Tech College and do CNA." At that time, CNA was only eight weeks. He says, 'you can do that and work at the same time.' That's what I did…
>
> Elana Buch: Were you having a hard time making ends meet at that point? Was it just becoming too much or did he just think that it might be a better way to get you through the rest of your schooling?
>
> Doris Robinson: To get me through school. He showed me the way to always continue and that I had a long way to pay for… how to do that when I have two kids. I'm glad I did that.

Doris followed her teacher's advice and became a CNA, working in nursing homes and home care agencies in Milwaukee, Racine and eventually Chicago[24].

Having grown up so close to her grandmother, Doris said she had always enjoyed spending time with older adults and listening to their stories, something she enjoyed about her work as a CNA. Doris spoke of her CNA skills as the kind of practical skills her mother and father had encouraged her to learn, but argued that being a CNA gave her more specialized expertise than the manual and domestic skills her parents had encouraged her to develop in her youth. Doris sometimes described her training as "medical school" and told harrowing stories of accurately diagnosing both family

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[24] While Doris saw her teacher's advice as supporting her dream to become a doctor, when Doris told me this story, I became extremely frustrated, even angry, at this science teacher who pushed a young woman, and perhaps not coincidentally a young, black, learning disabled, welfare-receiving mother, to turn away from her dream of becoming a doctor to become a paraprofessional health care aide who would never earn more than poverty-level wages. Too often, it seems, authorities underestimate the potential and abilities of young women, and especially women of color and people with disabilities. Perhaps Doris' teacher really saw the CNA as a practical way to support a family while attending school, or perhaps the teacher realized that with the financial and learning challenges Doris faced, she might never become a doctor. Indeed, at the best nursing home she had worked at – a 500 bed facility in Milwaukee – Doris said she made very good money, was treated well and had "the best insurance in the world." However the teacher might have pushed her towards more lucrative medical professions like nursing or medical technician instead of pushing her to become a CNA.

members and clients with severe illnesses before they had seen a doctor In one story, Doris told of properly diagnosing her Aunt at the onset of a serious stroke by sight alone and then haranguing her aunt and uncle until they agreed to call an ambulance. Afterwards, Doris remembered that "The doctor told her (aunt) that if it wasn't for me, she was walking dead. My medical field that I've been so stubborn about from childhood is been paying off. I never did make it to being a doctor, but I'm so close to it all I need is to go back and get my papers." I never found out exactly how much training and classes Doris had finished or how much more schooling she would have needed to become a doctor, but sadly suspected that this dream slipped further out of Doris' reach with each passing year. Much like Maria, Doris saw the domestic skills and moral sentiments she had learned amongst her family as central to her caring work, but at the same time, she valued the professional health care skills she had gained from her CNA training. For Doris, these two kinds of skills – domestic and professional – not only built upon one another but usefully circulated between the domains in which she provided care. Just as she used both her expertise in cooking and keeping house to sustain the homes of her clients, she used her health care skills to diagnose and save the lives of her kin. Moreover, Doris was deeply proud of the way she combined these different kinds of skills, in this case, describing using her professional skills to save her aunt's life as the ultimate rebuttal to her father's earlier critique that her medical dreams were impractical. This story is also notable because it is one of the few times I heard a worker talk about their home care work as having improved their lives and strengthened their families. As Maria's struggles to support her children suggested, and the story I am about to share regarding Doris' family underscores, much of the time, the long hours home care workers were away from home and the low wages they were paid in return seriously undermined home care workers' abilities to support and care for their own families

Between the time Doris began working as a CNA and the time I met her, she struggled to provide for her two daughters while also being their sole caregiver. She spoke with pride at managing to support her daughters without public assistance, except for food stamps, while also remembering with great anger that her welfare case manager once tried to force her to legally marry the man she called her "common law husband." Though Doris and her husband were together for 16 years total, he never significantly contributed income to her household. Doris remembered that, "they're [the welfare workers] going to tell me that this man makes all this money so… what does that have to do with me? You still going to try to make me marry somebody. I didn't get it. That lady [welfare worker] told me then, she said, 'I want to make sure you don't get nothing from no government agency'… she took it away from me because she wanted me to marry.

Doris was proud that she had raised her two daughters on her own while working and going to school, and only once expressed regret to me about that period of her life. Doris recalled that for many years she lived with and took care of her husband's three children, as well as her two daughters. During this period she regularly worked sixteen hour days at a nursing home that paid well and offered good health insurance, a rarity in CNA jobs. Before and after work each day, she cooked both breakfast and supper from scratch for the seven person household. She recalled fondly that her family lived in

lovely big house, with a garden in her "big, pretty yard" that was bigger than the entire one bedroom apartment she lived in when I knew her. Yet, Doris realized that both she and her family had suffered serious repercussions of the long hours she worked.

Doris most regretted that she had been unable to supervise her daughters as well as she might have wanted to because she was working so much. Doris told me she believed her older daughter's problems stemmed from having been sexually assaulted as a young teenager. Doris told of how she had to leave her daughters at home unsupervised when they were still in their early teens, and how one day her eldest daughter had been raped by a boy from the neighborhood, a friend of her husband's older teenage son. A year later, Doris' eldest daughter got pregnant and ran away with her child's father, having taken her Doris' threats to "put them on the curb" if they got pregnant seriously. Eventually, her daughter called and asked to come home, and despite her earlier threats, Doris brought her home, worked two jobs and helped her daughter get government assistance to pay for day care and food so that her daughter could stay in school. Nevertheless, when I met Doris, she continued to be very concerned about her daughter, who still struggled with severe depression, drugs and legal trouble. Doris had taken custody of her granddaughter for several years after her granddaughter repeatedly missed school or was not picked up after school. Her daughter regained custody just a year before I met Doris. Doris believed all of her daughter's troubles stemmed from this sexual assault, and her own inability to both support and protect her children simultaneously.

The long hours Doris had worked to support her family also took a serious toll on her own health, and eventually compromised her ability to work at all. As Doris told it, "stuff got messed up and went haywire" in 1994, about twelve years before I met her. As Doris remembered it, she began having increasing and excruciating pain in her joints. First she thought she had a cold and blamed it on overwork and exhaustion. As she described it, “The pain I had in my bones, it was just like my soul, like my skeleton was infected, burning like it was a fire that wouldn’t go out.” She coped for months by taking about eight pills of Advil, an over the counter pain medication, a day. Then, one snowy day in February, a circular bruise emerged on her skin, “just like a sidewalk burn, and it was raw… at first I put a patch on it and went to work and I was sick. That day, I was sick.” Doris was at work when she began “constantly throwing up,” and was sweaty, clamming and hyperventilating. Her blood pressure fell rapidly. Though she initially tried to recuperate alone in a nursing home bathroom, she eventually pulled the emergency light and was barely able to unlock the door for the nurse who came to help her. She described a harrowing scene in which the nurses were keeping her from passing out by opening the window and letting the frigid February air revive her. She went to the hospital, where they stabilized her and gave her anti-inflammatory pills to help with her joint pain. Doris believes they thought she had arthritis. The nursing home she had worked at told her not to return to work until she found out what was really wrong with her, and put her on disability. She finally went to a well-known local specialty clinic where a doctor finally diagnosed her as suffering from Lupus. The doctor told her to stay away from the Advil she had been overdosing on because it was causing the vomiting. Ever since, Doris told me, she had suffered from a “nervous stomach,” a consequence of all the Advil. Instead, the doctor prescribed her very strong steroids and told her to take an entire year off of work and “wouldn’t even let me exercise for over a whole year, and then he told me I had workaholic disease.” Unable to work, Doris drew all of her long term and short term disability insurance from the nursing home before she began receiving disability insurance from the federal Social Security program. After a year, she went back to work in the nursing home, but the work there, which inevitably included lifting clients, was too physically strenuous and she continued to have recurrent episodes of severe illness due to her lupus. Finally, she left the nursing homes altogether and began doing private duty home care.

When I met Doris, she had lost the house in Wisconsin, split up with her husband and relocated to a Chicago suburb located about an hour north of the city. I never learned exactly what happened to provoke these changes, though Doris hinted that her husband had cheated on her and was not paying his share in her household. He continued to call her, though she refused to take him back. She continued to work part time as a home care worker for Belltower, earning approximately $8.90 an hour while continuing to receive Social Security disability payments because her lupus so severely limited her ability to work. Doris lived in a small one bedroom apartment, and kept the windows shut and covered in drapes and the air conditioning turned to high during the summer because, she said, the sunlight made her ill. Doris' younger daughter, also a CNA who worked in a nursing home, and this daughter's son frequently lived with her. Doris spent a good deal of her time outside of work caring for her grandson who was showing early signs of developmental disability. Doris relied on a decade-old Oldsmobile to transport her the seventy miles she drove roundtrip everyday from her home to her clients' homes. She worried constantly. She worried that her car would break down again, creating additional expenses she could ill afford during a year when gas prices reached upwards of $4 per gallon. She worried that her eldest daughter would be arrested again or would crash her car. She worried that her health would deteriorate until she couldn't work at all anymore and she worried about the income that continued to be withheld from her paycheck because her earlier employer had switched insurance on her in the middle of her treatment for lupus and had stopped covering many of her expenses. Doris worried constantly that if she was unable to continue being employed as a paid care worker, she wouldn't be able to take care of herself or her family either.

“Something I Can Sort of Relate To”: How Grace Quick became a Home Care Worker.

Grace Quick was raised and continued to live on Chicago's south side, the youngest of six children. Her parents had moved to Chicago from Alabama many years before she was born as part of the Great Migration, and they maintained connections with family there. Her father was, as she put it, “an A-1 carpenter. He could build a house and don't even need a blue print.” Her mother used to work at an auto factory. She described her mother as very strict and her father as abusive, particularly towards her mother. As she recalled, “he would fight my mother all the time. I would wonder how did she get the strength, how could she constantly do it and had six kids and them come in not knowing if she was going to have a fight or not.” While Grace's mother “lost a grip on her biggest sisters” because she was “working and going through the abuse she went through,” her mother was particularly hard on Grace. While at the time Grace didn't understand why her mother was so much stricter with her, as an adult she realized that “It's like the baby of the family caught the hardest of the whip… I was the one she still had a grip on and she could still mold and set into her mind. Whatever she instilled in me, it would take.” Though Grace believed her mother had her best interests at heart in being so strict with her, Grace continued to feel that she was her mother's least favorite daughter long into adulthood.

From a young age, Grace spent most of her time "around the house to help and make things better for my mother until it just became a ritual for me. At an early age, I was in there sitting on the washing machine or sitting on the kitchen sink watching my mama cook and watching my mama how she takes care of the house. That's just something I wanted to do." Grace spoke frequently about being taught to cook by her mother. First, she would watch and ask questions about how to make each dish for the family's big Sunday dinner. Then her mother started thawing meat and telling her what to cook with it. Finally, once her mother realized that Grace knew what she was doing, she let Grace decide what the family would eat and cook all their meals. By the time Grace was fifteen, she "would have a well-balanced meal cooked every day." By this time she was taking full care of the house, as a way of trying to minimize the catalysts of her father's abuse, as she told me,

> She [mama] did a hard job so when my mama would come in, the last thing I wanted my mama to do is have to come in and cook dinner and clean… If the house wasn't kept up, I didn't want my daddy to jump on my mama and say "dinner ain't cooked and the house ain't clean" …By the time she come in, I had the house cleaned from front to back. Everybody's clothes was washed and dinner was on the table at 5 o'clock every day.

Taking care of her home and family also kept Grace out of trouble. Several of her sisters became pregnant when still in their teens, and so from a relatively young age, Grace was "seeing the relationship that they would have and I got to saying to myself that I didn't want to be like them." Grace didn't have children until she was 23, after she had met her husband.

Having endured her father's abuse, Grace had long dreamed of creating a safe and comfortable home for her husband and children, as well as for anyone who visited. As she told me, "I said that if I would ever get grown up and got my own place and anybody come to my house, I never going to have anybody feel uncomfortable or scared to get up to go to the bathroom or scared to ask for something…" She married a man who shared her values and was always eager to help friends and family in need. Her husband had diabetes, and she spoke of their relationship as an equal partnership in which they both cared for the other. She looked after his diabetes, and he helped her manage the strain of her work. Grace became a home care worker out of her desire to create a safe and comfortable home and to protect her children, and because it was a job she felt an immediate affinity to. As she told me,

> I started out doing home care because when I had my children I refused to take my children to a babysitter because during that time they was fondling kids and you couldn't trust nobody at that time. So I'm like, 'No, I have these babies and I'm going to get me a job where I can work around my babies.' I had to get me a job to work around my kids so an older lady upstairs where I used to live told me that I could get a job doing home care service. I'm like what is home care service? You just go to the senior's house and take care of them. Yeah, that's something I can get to. That is something I can sort of relate to. She got me into it and I've been doing it ever since.

Eventually, Grace completed her CNA certification and went on to work in both nursing homes and home care. Grace took enormous pride in her work as a home care worker, and like Maria and Doris, considered herself an expert in care work despite her lack of advanced credentials. She also argued, like Doris, that she was quite skilled at diagnosing illnesses and told people that,

> I specialize in quality care for senior citizens. Now if you want good care for your mama, your grandmama, or anybody, call me. Just give me one day and I could see what the hell is going on and tell you exactly in some way what to do… I know how to do the blood, I know how to do all this stuff. I know just about anything, the sugar, the heart. I've been trained, but certain things I haven't been trained for. I had the privilege of working in certain nursing homes and they see that I take pride in whatever job that I do. I take it as if it's my life.

When Grace did marry and had children of her own, she not only created a safe and comfortable home for her own family, but also continued to help her parents with household work:

> On holidays when we used to go to my mom's house… I would be so mad because they (her siblings and their children)… would tear up my mama's house so bad. They would leave dishes all in the sink. I let everybody go and me and my child would be the only ones left back and I would never leave mama's house [until] it was that clean and my mama didn't have to do nothing.

Grace's parents divorced after all their children left home, and when I met Grace, they each lived in different subsidized senior apartment buildings owned by the City of Chicago. Grace's father had become blind nearly a decade earlier due to glaucoma, a complication of his diabetes. After that, Grace began visiting her father several days a week to bring him cigarettes, and beer, to do his laundry and to prepare meals which she arranged in the microwave so that all he had to do was press the start button to heat them up when he was hungry. Grace's siblings resented their father and refused to visit him because he had been abusive, but Grace figured that "the Lord is punishing him for… what he's done so I'm not going to sit over here and let him suffer because of what he did in the past. That's why he's going through what he's going through now is because of a lot of stuff he did wrong… Right now my dad is my best friend." Though Grace believed that part of the reason her father had been so abusive was because he was a lifelong drinker. Grace was willing to purchase beer for him now because he was no longer abusive and because "he don't drink every day, but he's like, 'If you stop me from drinking, you're going to kill me.' That is what he truly believes. Like I said, I'm not trying to change you. I'm not trying to give you my rules or regulations. I'm going to do what makes you happy and what you feel comfortable with. Simple as that." As further discussed in chapter 5, Grace applied the same moral sentiment about not changing those she cared for and doing what they felt comfortable with to her clients.

As a young girl focused on taking care of her family, Grace had decided that she should become a nurse, a career she continued to try to pursue though on-line courses. She dreamed of opening up her own Nurse Practitioner's office which would serve people of all ages who couldn't otherwise afford medical care. While she continued to pursue the goal of becoming a nurse when I met her, she also dreamed of becoming a mortician, a job she became fascinated by after working as a cook and housekeeper for one of the pastors at her childhood church who also ran a funeral home. Eventually, she started doing some of the receptionist work at the front desk of the nursing home and became fascinated by the work of the morticians she knew, surprised to realize that she had little fear of dead people. Rather, Grace constantly asked if she could watch or help as they embalmed bodies, painted faces and arranged the hair of the dead. Grace fantasized about owning a funeral home in which the dead looked like themselves, like they had been sleeping. Much as she did in her care for her father and other older adults, Grace's interest in becoming a mortician seemed to stem from the value she put on helping people to be comfortable and to remain themselves despite the alterations of age or death.

By the time I finished fieldwork, Grace had lost her job as a home care worker[25] at Belltower and was staying home full time to raise her granddaughter, still afraid to send a child who could not yet speak to day care. Grace's daughter had gotten arrested several months previously and Grace was now in the midst of trying to procure custody of her two-year-old granddaughter and prevent her from ending up in foster care. Grace

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[25] Described further in Chapter 6.

was also in the middle of trying to move from her apartment in a dangerous neighborhood on the far-south side of Chicago to a larger house in the much safer neighborhood of Hyde Park. Grace was waiting to get approval from the Chicago Housing Authority's (CHA) "Choose To Own" program, a part of broader efforts to transform Chicago's infamous public housing system. Through this program, Grace would be able to use her public housing vouchers to subsidize her mortgage payments. However, with the loss of her job and her husband only working intermittently, Grace was worried that she might no longer qualify for the CHA program which required a minimum annual income of $14,500. Thus despite her desire to stay home and care for her granddaughter, Grace hoped she could return to home care work as soon as possible, but perhaps in her own neighborhood or somewhere she could bring her granddaughter.

While Doris, Maria and Grace had all received more formal caregiving training than many home care workers, each suggested that they had learned the skills and values most crucial to their work from their parents. Each woman took pride in her domestic competence not only as a useful skill, but a form of moral, emotional and economic inheritance. Each woman hinted at the deeply gendered ways in which domestic knowledge was passed on to them and their sisters but not to male siblings. In describing their histories, workers moved fluidly and quickly between sharing warm memories of learning to cook or do laundry at the side of a mother or grandmother and excruciatingly painful memories of physical and sexual abuse that they considered either a cause or a consequence of their care work. Even as workers proudly described their domestic skills as a kind of moral and practical inheritance, they each also realized that they had to rely on these skills for their livelihood because their families' ongoing poverty kept other occupational dreams remained out of reach. These domestic skills remained marketable even as these women moved across city, state and national boundaries and into homes of clients that were quite different from their own.

Workers also distinguished between the domestic skills they had learned from female kin and the professional skills they gained through training and employment as home care workers. For workers, using professional skills did not require expunging the moral quality of domestic labor from their work. Instead, they drew upon the moral sentiments in which their domestic skills were embedded as the foundation of their moral imagination (Beidelman 1986) about their home care work. Home care workers were as proud of their domestic skills as they were of the professional health care skills they learned through formal training. Home care agencies appropriate and capitalize on the domestic education women get within their childhood homes while also selectively mobilizing kinship networks to recruit employees. At the same time, as the subsequent section argues, agencies sought to detach these domestic skills from the moral sensibilities about care, homes and kinship obligation within which cooking and keeping house were meaningful to workers.

Capitalizing on Kinship: Agency Hiring, Training and Supervision.

Home care agencies implicitly rely upon the domestic knowledge workers learn within families while at the same time seeking to supplant, revise and constrain this knowledge in the hopes of producing workers who practice a kind of standardized, “quality,” care. Agency hiring, training and supervision practices assume that workers were skilled cooks, housecleaners and launderers before they begin work or training, thus taking advantage of the highly gendered reproduction of domestic skills within workers’ households. Moreover, agency supervisors sometimes mobilize domestic and kinship metaphors to deepen workers' senses of moral responsibility to their clients and the agency. Despite this implicit reliance on workers' families to provide workers with both moral and practical models for their care, agencies trained and expected workers to apply these models selectively to conform to agency policy. Yet the technical skills of cooking and keeping house were not so easy for workers to abstract from the moral context in which they were learned, and thus agencies' incongruous stance towards the moral sentiments and domestic knowledge cultivated by workers' families often contributed to later misunderstandings and conflicts amongst workers, older adults and home care agencies (see Chapters 3 & 4).

Getting Trained, and Hired at Plusmore.

The processes of training and hiring home care workers are in many ways rites of passage (Van Gennep [1908] 2004) that transform women into home care workers. I describe this process by analyzing the ways in which Plusmore's training programs attempt to alter trainees' body techniques (Bourdieu 1984; Mauss 1979 [1935]), their physical presentation, their language and their movements, thereby turning women into workers. The training program also teaches trainees about the structure of the agency and its rules, thereby turning women into workers into employees. The program oddly ignores training in cooking and cleaning almost entirely, and thus Plusmore relies upon workers' families to have already imparted these skills. At the same time the Plusmore training program and agency regulations work to circumscribe the ways in which these skills were rooted in moral sentiments about the meanings domestic caring.

Before workers could be hired by Plusmore Healthcare, they had to complete forty hours of unpaid training offered at the agency's downtown offices. The training coordinator during the time that I conducted fieldwork at Plusmore was a woman named Alicia, who had recently finished a Master's degree in Public Health focused on community health and education. Alicia functioned as a kind of gatekeeper for Plusmore and had the power to expel trainees from the class for any reason she wanted, if for example, she suspected drug use, didn't like their attitude, thought they showed poor performance or they were persistently late. Before they could be hired, workers also needed to show a state ID or driver's license, a social security card or birth certificate, a high school diploma or General Education Diploma (GED), pass a criminal background check, have two job references on file and pass a tuberculosis screening. Plusmore kept the files of workers who completed training but were missing documents for two weeks, but after that period workers had to retake the training course to be hired.

Plusmore's training classes were held in a long windowless rectangular room down the hall from Plusmore's main office on the 14th floor of a downtown Chicago building. The nearly bare walls, painted a dirty industrial white, were broken only by a shiny white wipe-erase board covering at one end. In front of the wipe-erase board sat Alicia's large desk, which was covered in piles of paper and files, as well as a large desktop computer. Eight long rows of narrow tables, seating \six or seven people each, faced the white board. Training sessions began every other Monday at 8am and lasted until Friday at 5pm, which after breaks left 40 hours of training time. Approximately fifty workers began the training session I attended at the end of the summer of 2007, although not quite forty completed it the following Friday. Alicia told me that this was a pretty typical level of attrition, especially in the summer. She suggested that some trainees realized early on that they were not likely to pass the criminal background check, while others were just unable to arrange reliable enough child care or transportation in order to make it to class on time for five days in a row. Given the actual curriculum and pedagogical style of the training class (described below), it struck me that the training program's ability to weed out workers who were likely to be unreliable was one of its most important functions for the agency.

The first day of training began with Alicia checking each person's identification and social security card or birth certificate to verify that they were legally eligible to work in the United States. Trainees were also immediately asked to sign consent forms authorizing Plusmore to conduct criminal background checks so that they would be completed by the time trainees finished the course and were ready to be hired. Each worker was also given a pre-orientation training manual. During the first day of training, Alicia oriented trainees to the organizational chart of Plusmore's Chicago branch, so that all new employees knew the name of the company's presidents and vice presidents, as well as understood the relationship between and respective responsibilities of Katherine Tubbs, the agency director, Anita Crofton, the assistant agency director, Leona Mattings, the program specialist, the service coordinators (who workers usually called supervisors), skilled service coordinators and quality assurance supervisors. For the most part, Plusmore workers interact with the service coordinator for the region in which they work and the quality assurance supervisors who conduct infrequent home visits. Anita Crofton sometimes worked with service coordinators to manage complicated situations or arbitrate a dispute. As an initial stage in a rite of passage, this portion of the training prepared workers to enter into a bureaucratic workplace, informed them of the hierarchical social relations into which they would enter, and highlighted to them their position at the bottom of the corporate hierarchy.

Having described the various levels and individuals who had authority over their work, Alicia went on to review rules for the training class and the company's dress and hygiene code for both the training and for workers in the "field" (clients' homes). Once being informed that trainees were entering into hierarchical relations within a corporation, the corporation immediately began exercising its power to make workers conform their bodies and bodily habits to the corporations' regulations. Each day, workers got a fifteen minute break in the morning and in the afternoon, as well as a half hour long lunch break. If workers needed to use the restroom at other times of the day, they had to request a key from Alicia because the restrooms on the floor were kept locked at all times. The field dress code was extremely specific in its regulations and focused largely on concerns related to women's dress and modesty (Appendix 3). The code specifically mandated, for example, that workers bathe daily and wear deodorant, brush their teeth twice each day and use breath freshener if necessary, wear undergarments and no more than one set of rings. Workers were not permitted to wear dangling bracelets, earrings or necklaces. They were also prohibited from wearing jeans with holes in them, miniskirts, leggings, sandals, moccasins or slippers. Shirts and blouses had to be buttoned and "revealing necklines" were forbidden. Workers were not allowed to have long fingernails or chipped nail polish. Men were required to keep any facial hair neat and trimmed. By requiring that trainees begin dressing like workers from the second day of class forward, the training program begins transforming trainee's bodies and dress, a way of communicating that in home care, both workers bodily habits and forms of self-presentation were subject to corporate regulation.

At the beginning of the first day of training, workers also received a "Preorientation Training Manual" containing information on each of the training topics to be covered during the week long session. Each day, a few of the lessons required trainees to watch videos. The majority of the lessons proceeded in a highly didactic manner, with Alicia or a trainee reading material from the training manual aloud to the class. Alicia would then ask a question to the group about the material that had just been read, and answer any questions the trainees had. Then, she would return to reading out loud. At the end of the lesson, Alicia would ask the class a number of questions from the quiz that would follow, allowing trainees to respond out loud in tandem sometimes, or by raising their hands and on being called on. Immediately after each lesson, Alicia distributed a quiz with approximately ten true/false questions which the class had about ten minutes to finish. Once the quizzes were complete, trainees corrected their own quizzes while she reviewed the correct answers one at a time. Trainees often took their scores on the quizzes very seriously, celebrating perfect scores and muttering in frustration when they missed questions. Workers needed to pass each quiz and the final exam with a score of 84% or higher, but Alicia allowed them to repeat quizzes and exams if need be. In her experience, it was very rare for a trainee not to be hired because of scores. Trainees, however, seemed extremely concerned about the exam, regularly asking if a particular piece of information would be on the test or not, worrying about how much time they would have on the exam and generally dreading it. Trainees anxiety about grades likely reflects several aspects of their goals and prior experiences: first, they were determined to be hired by Plusmore; second, they took the process of professionalization very seriously; and third, that many of them had likely not been particularly successful in their previous encounters with formal education. Most Plusmore trainees have a General Educational Development (GED) certificate or high school diploma. The first official lesson in the training program was a video produced by the Illinois Department of Aging (IDoA) called "Most Valuable Player" which was intended to illustrate home care workers' job description, but also focused on cultivating a sense of pride and moral responsibility in new workers. The video began by highlighting five key guidelines for home care workers: 1) The client's needs come first; 2) The family is your support team; 3) Never take sides in arguments, 4) Work to gain trust; and 5) Refer problems to your supervisor. After describing these five guidelines, a woman dressed in scrubs said that to be a good care worker, you "can't be in it for the money. You have to enjoy what you are doing." A woman dressed in professional clothing then cames on screen and said that workers have told her that they take great pride and satisfaction from their work. She further said that "we all want to be at home, stay home, no matter our age. Our home is our castle." This narrator said that though workers will receive a care plan, "we" can't go in to clients' homes abruptly and tell them how it is. Rather, the narrator suggested that workers listen clients' stories, because they are living historians and their stories are interesting. She argued that a home care worker is a very special person because the work can be very difficult and not everyone has the patience to do it, but seeing a smile on a client's face can make all the hard work worth it. A home care worker then cames on screen and says that she didn't like to go to lots of different people's houses, and would prefer to stay with one client for ten years. She says if her clients are grouchy, she can go and stay for a month or so and can often change their mood drastically. Next, a client came on screen and said that "you get involved in each other's life. It is caring, it is rewarding to the worker, I believe that for everyone who has a worker, caring comes to form some kind of love."

This video, the first formal description of home care work that trainees encountered, thus described care as a morally and emotionally laden form of work. The video spent very little time describing the home care skills workers would be asked to employ in their jobs and instead focused on encouraging workers to develop a sense of pride and satisfaction in this work. Workers were also told that love was a crucial component of the job description, as was respect for the client's home and their histories. Workers were expected to develop pleasant, trusting relationships with clients and their families, but also to tell a supervisor if they encountered any problems with their clients. Watching the video before 10:30 in the morning in a windowless room, I noticed that many of the trainees were sending text messages on their cell phones from under the desk, while some stared into space blankly and others doodled on notepads. The video seemed engaging enough, but I suspected that prospective home care workers were less than thrilled about receiving moral instruction before lunch.

After a fifteen minute break, workers returned to class to discuss "Personal Characteristics." Alicia passed out a handout (Appendix 4) with twelve headings regarding personal characteristics important in home care. She asked for the trainees to go around the room reading each heading and the description underneath. As workers read, I notice that most read in monotone voices, some so quietly it was difficult to hear those sitting in the back row. Many workers also read without vocalizing sentence punctuation, and read with the hesitant nervous manner I associated with those who have minimal literacy. The document describes clients as “patients,” a term I heard intermittently at Plusmore, and which indicated the organization’s interest in being considered a health care service. The list of personal characteristics focused on qualities that workers should hone in their interactions with both patients and with other Plusmore employees. The sheet’s first two headings highlighted the emotional and moral aspects of home care work. The first heading “Attitude Matters” reminds workers that their emotions “will affect the patient and your co-workers on the health care team.” The sheet encouraged workers to have a good attitude, which is described as be enthusiastic, friendly and cheerful. The second heading, “ethical behavior is necessary,” states that “ethics are standards of conduct based on morals. Your behavior must show the characteristics outlined on this page for you to succeed as a caregiver. Consider these to be personal requirements for the job.” This sheet and the video preceding it thus represented the only overt recognition I saw or observed during my fieldwork within agencies offices that home care is a kind of moral practice. Moreover, workers’ morals and ability to maintain particular emotional countenances were described as mandatory job qualifications. Other specific characteristics mentioned were: 1) You must be responsible and dependable; 2) Honesty and Trustworthiness; 3) Courtesy and Respect; 4) Dedication and Dependability; 5) Practice the Golden Rule; 6) Cooperation and Communication; 7)Consideration and Patience; and 8) Confidentiality. The descriptions of several of these characteristics emphasized the importance of team work even though workers would spend most of their time working alone. It exhorts workers to remember that “you are a member of a team that relies on your performance. You must do everything that is required of you, when and how it is required, even though no one may be watching." The sheet lists dependability twice, reinforcing my sense that most of what training was really about was culling workers who would not show up to work consistently or on time. At the end of the list of characteristics, workers were reminded that "there are legal aspects to many aspects of these personal requirements" and that failing to practice them would hurt workers' job performance or violate patients' rights. At the end of this threatening warning, the sheet tells workers that practicing these requirements will also "increase your success and enjoyment as a multi-skilled caregiver." Workers are then exhorted to "honestly consider any area in which you need to improve. Try to see yourself as others see you." Indeed, the rules in general construct ethics and morality as both instrumental and externally judged. According to this sheet, a moral worker can be known through the performance of these characteristics. Moreover, the morality described on this sheet was quite different from the intersubjective moral logics of care that workers derived from their domestic relations and enacted in their home care practices, as described by chapter five.

After trainees read the characteristics aloud one by one, Alicia played another video called "From rules to caring practices," meant to illustrate the application of the "personal characteristics" in actual home care settings. The video consisted of short vignettes portraying interactions between home care workers and patients. Alicia paused the video between each scene to give the class a chance to analyze and discuss what had happened in the scene and what should have been handled differently. The first vignette opened with a black older woman watching a preacher give a sermon on television. Soon, a black care worker walked in to the room, stating that the door was open and that she was there because the client's daughter called the agency to make sure she was safe. The care worker turned off the television, moved quickly around the room, bossily noting that it smelled in the house. In quick succession, the care worker threw out a bunch of food, made a grocery list and announces that she was unable to go to the store that day. The worker then told the client she had an odor to her, and says, "let's get you to take a bath." The worker ran the bathwater all the while complaining about the cleanliness of the tub. Finally, the client protested that she didn't want a bath. The caregiver responded that she'll just make the client a sandwich instead. When Alicia asks the class to respond to this vignette, they began to identify the worker's errors. First, they said, they should have given the woman a chance to open the door, asked if she would turn the television off, and should have followed the golden rule instead of being so harsh. Alicia agreed with the class, saying, "so basically she didn't do anything right."

The second vignette depicted an elderly Asian woman and her daughter. The client seemed confused, and didn't remember that the worker was coming to her home that day. When the white worker arrived, the daughter introduced her to her mother several times and then left for work. The caregiver introduced herself and was very friendly, but once the daughter left, the client refused the worker's assistance and repeatedly asked for her daughter. At one point, the worker left the client unattended for a moment while she went to prepare food, and the client tried to get up off the couch, nearly fells and then urinated. Upset and confused, the client refused to allow the worker to help her change her undergarments. Discussing this vignette, trainees agreed that the worker did a pretty good job considering the circumstances. They find fault mainly with the daughter who could have explained where things were better and perhaps should have taken the day off of work to help orient the new worker. Alicia reminded them that often, family members could not afford to take the day off of work, and that they should not expect that someone would be around to orient them to the household when they started a new case. They agreed that the worker shouldn't have forced the client to do things, but also shouldn't have left her in a room alone while she went to make food. Trainees spent quite a while talking through how to deal with a scared and confused client like the woman portrayed in the video.

Another vignette portrayed a client with an abusive son who forcibly borrows money for alcohol from his elderly mother, and a final vignette portrayed a severely depressed client who tells the worker she wants to die. In both vignettes, trainees immediately realized that they should call their supervisors. In the first, Alicia also said that if workers feel that they are in immediate danger while they are at work, they have the right to leave and call the police and their supervisor from outside of the home. She emphasized that workers should always call their supervisor in these situations because they can be unpredictable and workers will not know if someone will turn the situation on you and say you stole money or something else. Taken together, these vignettes gave trainees a sense of some of the more common, but also straightforward dynamics that occur in home care. These kinds of vignettes represented brief moments of interaction but obscured the ways that the intimate long term relationships that develop between workers and older adults over time complicate workers' actions and decisions.

At the end of the first day of training, Alicia asked a worker to read the Plusmore "Home Care Aide Code of Ethics" (Appendix 5) and then emphasized a few key rules. The code of ethics lists fifteen things workers were not allowed to do, which revolve around not using the client's resources, eliminating additional economic and material exchanges between workers and clients, limiting the flow of personal information, and not using substances. After all the rules had been read out loud, Alicia clarified situations in which workers might be tempted to break the rules. For example, one rule prohibits workers from eating the client's food or drink, except tap water. Alicia said that even if a client offered a worker dinner, "you can't eat it." If a client offered a soda, workers should not drink it. She explained that many of the clients are on limited incomes and sharing food with workers could mean they did not have enough to eat themselves. She also suggested that even if the clients smoke in their house, workers should not. She also clarified that not only are workers not allowed to take loans or gifts from clients; they were also not allowed to purchase anything from clients. Alicia illustrated this by saying that workers couldn't buy makeup from clients, or clients' family members, who sold for Avon or Mary Kay, two pyramid scheme companies in which women sold products out of their homes and cars.

If the first day of training was largely an opportunity for trainees to feel and become accustomed to the ways that Plusmore would exercise its corporate power over their bodies and moralities, the second day of training began to instruct workers in the moral, bodily and linguistic comportments it required of its workers. These lessons would grow to focus on progressively more intimate forms of care. Alicia began the second day by lecturing and demonstrating how to hand wash properly, outlining in dire terms the potential consequences that to both clients' and workers' health that might occur if workers failed to wash their hands often enough or adequately. Alicia then lectured about methods of preventing the spread of blood borne pathogens, including the use of latex gloves and sharps containers for used needles and syringes. She made a special point to mention that workers could get official sharps containers from many local drugstores, but that if they could not get a real container, they could use heavy plastic laundry detergent bottles instead. Each of these body techniques was aimed at creating a barrier between workers and their clients which was pragmatically intended to protect both from serious infection. In practice, workers wore gloves inconsistently because gloves communicated to older adults that their bodies were feared and potentially polluted.

In the afternoon of the second day, a facilitator from the Mayor's Office for People with Disabilities (MOPD) came to speak to the class about "appropriate ways to treat people with disabilities." For the most part, this lesson was aimed at altering workers' speech as a way of altering their ways of thinking about disabled bodies. The facilitator began by noting that it should not be difficult to treat people with disabilities appropriately, if workers just treated them like workers treated everyone else. The speaker told workers that about one in every five people has a disability, and that he was not just interested in how they talk to their clients but about how they interact with people with disabilities in their everyday lives. The presenter then told the class that he expected lots of participation from them, and knew their participation is being graded by Alicia.

To begin the lesson, the facilitator asked the class to imagine that they were the mayor of Chicago, doing an opening ceremony for a new ramp at a museum. He asked everyone to write down two or three sentences of what they would say as mayor in this situation. Once everyone had finished writing their speeches, he asked people to come to the front of the room and read them out loud. Again, because many of the trainees are tentative readers they spoke so quietly it was difficult to hear them. One trainee in particular walked up to the front of the room, eyes downcast, as slowly as she could manage. She resisted reading for several minutes, as the MOPD facilitator continued to harass her to participate, saying that since everyone else had read, and she had to as well. Soon the entire classroom joined in with the facilitator haranguing the trainee to read her speech, with a few students loudly saying that they hadn't wanted to read either but they did, so this trainee should have to as well. Observing this scene, I began to suspect that this trainee might not just be shy, but that she might not be able to read. As my discomfort grew, I asked Alicia how often she encountered illiterate or minimally literate trainees, and she said that it was quite common. It struck me as a painful irony that a facilitator from MOPD would be taking the lead in humiliating a potentially illiterate woman rather than modeling an attitude respectful of people's diverse abilities. I shared this thought with Alicia, but she just shrugged her shoulders, and I realized that the facilitator might not have been made aware of the educational level of the people he was speaking to. Moreover, in her capacity as a gatekeeper, Alicia may have known that these kinds of situations discourage illiterate workers from completing training, thereby saving the agency supervisors the additional hassle of supervising illiterate workers (who they felt most often turned in incorrect time sheets.) After a few minutes, the facilitator finally allowed the mortified worker to sit down.

After the exercise was over, the facilitator talked about how disabilities are not always visible, because some people have mental and emotional disabilities. He then shared information about the origin of words like handicapped and suggested that workers instead use "person first" language to describe those with disabilities. For example, workers were instructed that instead of saying someone is handicapped or disabled, they should instead say she is a “person with a disability.” Similarly, specific disabilities should be used as nouns rather than adjectives, so that “she’s retarded” becomes “she has mental retardation.” Person-first language seemed intended to objectify the bodily conditions that render people disabled as entities distinct from persons, instead of linguistically representing them as connected parts of persons.

The presentation concluded with two more role playing exercises geared at reminding trainees to treat people with disabilities the same as they would treat anyone else. For example, workers were instructed not to assume that a person in a wheelchair at a street corner was homeless or begging. Trainees were also told not to grab the arm of anyone with a disability without first asking if they need assistance, because this could be considered assault. The facilitator continued to emphasize that what was important was treating people with disabilities “like a person.” He suggested that when people try to help people with disabilities without asking first, it assumes superiority and is a kind of discrimination, even if it’s a righteous discrimination.

Having learned multiple methods of comporting their bodies, speech and moralities to meet corporate expectations on the second day of training, workers were trained in how to comport their bodies to care for those of their clients on the third day. First thing in the morning, Alicia lectured and gave a quiz on diabetes and another on nutrition. The nutrition lesson is straightforward and based on the U.S. Department of Agriculture’s food pyramid. Revised substantially in 2005, this version of the food pyramid emphasizes activity, moderation, personalization, proportionality, variety and improvement rather than simply dictating which food groups people should eat from in order to maintain a healthy diet. Alicia covered a variety of food guidelines and talked about healthy eating. She asked students to name the different nutritional benefits of each kind of food group For example, Alicia asked the group what benefits grains are known for, and then told the class that grains have fiber, vitamins and minerals. After describing the nutritional value of different food groups, Alicia talked about different sources of cholesterol. Next, Alicia took out a box full of empty food wrappers and passes them around the room. She had wrappers for rice crispy treats, funyons, cheetos, cookies, an bottle of energy drink, a can of soda, candy and canned potato leek soup, frozen green beans, frozen corn and a frozen diet microwave meal. To teach trainees how to read the nutritional information on food packaging, she asked workers to tell her what the serving size for each food was, how many servings were in a container, and how many calories fat, cholesterol and sodium were in each serving. When trainees were finished reading the labels of all the packages, she pointed out how many more calories, cholesterol and sodium are included in the processed foods than on the frozen vegetables, and warned trainees to be wary even of seemingly healthy processed foods. She noted that even a healthy sounding meal like the diet microwave meal had 660 mg of salt in it. Alicia told workers that they needed to be particularly wary of the salt content in canned and processed foods because it is a common preservative. She told workers that salt causes hypertension which can lead to heart attack and stroke, and that clients on low sodium diets needed to eat less than 140mg per serving. Through this lengthy discussion of food and nutrition, Alicia gave workers minimal instruction about how to adjust recipes to meet these guidelines when cooking for clients. She certainly did not discuss how workers should handle cooking for clients who refused to eat prescribed diets to improve their health. Indeed, workers who did not already know how to cook well would likely find themselves serving just the kind of prepared and highly processed meals Alicia had told them were unhealthy.

Following the lessons on food, Alicia lectured on the definitions, rules and reporting requirements for elder abuse and neglect. This lesson focused on ways of detecting abuse and neglect, thereby instructing workers in ways to use their perception to protect older adults' bodies, homes and finances. The lesson on abuse and neglect was followed by a lengthy lecture describing the different kinds and symptoms of stress, the physiology of stress and ways to manage stress. This lesson struck me as an odd return to techniques of bodily comportment but in this case seemed like less focused on the exercise of corporate power and more as a sign that Plusmore understood workers' need for self care to be related to the ways in which they cared for older adults. At one point, Alicia asked the trainees to stand up to practice basic stress relieving techniques like deep breathing, counting to ten and stretching. The trainees, who had up until this point had been either taking notes furiously or staring into space, seemed grateful for the chance to move around a little bit and started making jokes about how they should pass around a box of breath before the breathing exercises. The mood of the class remained jovial as they reviewed other stress relief techniques, like massage, or going to church. The trainees were enthusiastic about the massages, and started jokingly asking if Plusmore would pay for them if the stress was work-related. Finally, Alicia asked the trainees to practice "autogenic relaxation," which required them to sit calmly in a relaxed position while thinking about a relaxing situation. The room was quiet for a few seconds until one trainee loudly, and using an erotic intonation, said “mmhmmm” and the rest of the class started laughing.

After the lesson on stress management, there was a very brief lesson on “home sanitation,” Alicia told workers that they needed to respect their clients’ homes as they would respect the client and see the client’s home as an extension of the client. Alicia reminded workers that disrespect of the client’s home might be seen as a kind of personal violation. For example, Alicia said that if a client would not let you use cleaning chemicals and wants you to use vinegar, then that is what workers should do, even if it takes them longer to clean. She also reminded trainees that there were some limits on what they could do for clients, even if the clients requested it. For example, workers weren’t allowed to scrub on their hands and knees, climb on chairs or ladders more than two steps high or move furniture.

Unlike the lengthy discussions of blood borne pathogens or appropriate behavior with people with disabilities, for example, the lesson on care for the home lasted no more than five minutes. Besides reminding trainees not to mix bleach an ammonia because it can cause a very dangerous chemical reaction, Alicia offered no specific instructions about caring for the house, though these tasks take up a great deal of the time workers are in their clients’ homes. The training manual does have four pages copied out of a textbook with instructions and task lists for cleaning kitchens and bathrooms and doing laundry. Beyond these worksheets, the training program assumed that trainees did not need to be taught how to wash dishes, do laundry, make a bed, dust, or mop a floor, but rather that workers would have learned these basic housekeeping tasks earlier in life.

Once the lesson on care of the home was finished, Alicia let the trainees take a short break while she set up the stations for the physical agility test. The first station, meant to simulate dishwashing, had two wicker baskets on it, with a plastic plate and set of silverware set next to it. The second station was a "lifting station" where workers were supposed to pretend they were putting books weighing a few pounds away in a high cabinet. The third station was a sweeping station, with a small broom and dustpan, and the fourth station was a cleaning station, where there was a spray bottle and cloth set up. Alicia split the trainees into pairs, and in each pair one person is supposed to role play being the client while the other performs the care tasks. Alicia instructs them to begin the role play by introducing themselves as though they were new workers and to practice following the older adult's instructions. The trainees who were playing the older adults took this opportunity to act as they imagined clients might act. One trainee took on the persona of a client with asthma who got angry every time the worker tried to dust, saying the worker needed to pick up the dust, not just spread it around. A male trainee pretended to be a lecherous old man, complimenting the worker's figure several times and then accusing her of having roaches in her home. As they were role playing, trainees made up and acted out many of the scenarios they'd been warned against, testing each other on how to react. One trainee played a client asking lots of prying questions of the worker, who deflected by trying to get the client to talk about herself. This ended with the 'client' accusing the worker of being unfriendly and cold, a subtle critique of Plusmore's mandate that workers not share personal information with their clients. Here, trainees were already anticipating that in their relationships with clients it would not be so easy to follow straightforward dictates about respecting the client's wishes or not sharing personal information. Though the tasks at each station were purportedly housekeeping tasks, and trainees were supposedly testing their agility, trainees turned the activities into a way of discussing their preconceptions and anxieties about what it would be like to care for an older adult, and to poke fun at what they clearly thought were overly rigid agency rules. For the final piece of the agility test, Alicia took the trainees to the stairwell and asked them to go up and down several flights of stairs, which she told me was to ensure that they had the basic physical stamina to do the job.

On following day, the morning training program returned to issues of bureaucratic process and hierarchy, suggesting that the program creates progressive stages of incorporation into the home care agency. At this point, trainees were not simply made to feel the power of the corporate hierarchy, but began to be informed about their responsibilities as future employees. Alicia lectured about Alzheimer's disease and spent nearly an hour showing trainees how to fill out their timesheets. On the timesheet, workers recorded the date, the time they started and ended work, the hours served and the number of miles they traveled either between clients or from the client's and back to run errands. Alicia emphasized that they should have their clients sign their time sheet every day they worked, and that it was akin to fraud to ask a client to sign the time sheet ahead of time for an entire week or pay period. She also warned trainees not to wait until the end of the week to have timesheets signed, because if clients got sick and went to the hospital, it might be difficult for workers to get those signatures. Without a signature from the client or their authorized signer, workers would not get paid for their hours. Supervisors told me that despite Alicia's careful instructions, errors on timesheets were one of the biggest problems they had with workers. Sometimes workers failed to add up their hours correctly, other times they wrote the wrong dates down on the timesheet which caused problems when the supervisors checked them against their computerized schedules. Most frequently, workers forgot to sign their time sheets.

Alicia told trainees that they could either have their paychecks mailed to them or pick them up on payday at the SEIU union hall between 7am and 5pm. The majority of workers did not want to wait the extra several days it could take for a check to be mailed, and instead picked their checks up from the union hall and dropped their timesheets off at the same time. Workers often stood in line from the time the building the SEIU offices were located in opened until 7am in order to get their checks quickly and still make it to their clients' homes in time to start 8am or 9am service. Payday was an important social event for Plusmore workers and the quality assurance supervisors who handed out the checks. On payday, workers had a chance to briefly catch up with one another and share information about changing company policies, ask after each others' children and grandchildren.

In the middle of the lesson on timesheets, an SEIU organizer came into the training room to talk about the union. She gave each worker a union card and a large folder of information about the union. The organizer talks about the trips to the state capitol in Springfield that union workers have taken to lobby the legislature and governor to raise their wages and benefits. The organizer then answered a few questions, collected the union cards and left. Alicia returned to the lecture on timesheets. This visit seemed impressively well-timed, as the union representative showed up to talk to trainees about becoming workers and union members as precisely the moment that Alicia was describing the mechanisms through which Plusmore pays its employees their wages.

In the afternoon, the training program returned to body techniques, this time focusing on the most intimate care practices bed-baths and lifts. To start, Alicia played a video about bed-bath procedures. The trainees sat in awkward silence as the video very clinically describes the risks of bed sores and skin problems and then uses live older men and women to show how to properly clean a client's genitals and perineal area. The video briefly mentioned that men may have an erection while being bathed, but that this is normal. The video then described how to assist a client in a bath and how to wash a client's hair, making sure to keep soapy water out of the client's eyes. Alicia skips video sections on shaving and nail clipping because home care workers are not allowed to perform these tasks. In the video, each task is punctuated by hand washing and by noting the time and date of the procedure. This kind of record keeping seems more relevant to nursing home care than home care, but Alicia did not make a distinction between different locations of care. When the video was finished, Jackie Wilson, one of the Plusmore supervisors as well as a former worker who had a CNA and had worked in nursing homes, came in to the class to teach them about body mechanics and demonstrate how to give a bed-bath. Jackie had a booming voice and a gregarious personality, and when she entered the training room, the mood brightened immediately. Trainees who had been slumped over in their chairs sat up and started laughing at Jackie's jokes and responding to her questions. Jackie began by letting trainees know that a lot of supervisors were skeptical about hiring newly trained workers because they never knew if a new worker would show up for work reliably. She also warned trainees not to "be slick" with clients. Jackie warned the trainees that new clients will remember everything you do from the day you walk into their house until the day you make them mad at you.

She warns them that at first a client might say, “don’t worry, it’s okay, sit down and relax,” but the next thing you know that same client will be calling your supervisor complaining that you just sit and watch TV the whole time.

After finishing her general warnings, Jackie told the trainees that they shouldn’t do everything exactly the way the video instructed. Jackie instructed them to do the bath as quickly as possible, ideally in less than thirty minutes, so that the client would not get too cold. She added that workers should make sure that all the doors and windows are closed and the heat turned up to give baths, and said that it would get so hot that workers would want to finish the bath quickly because otherwise they would overheat. She advised trainees that it wasn’t really practical to change water in the middle of the bath as suggested by the video, nor did she advise using soap on a client’s face. The video also suggested that workers gently rub their clients’ backs and put lotion on their skin, which Jackie found impractical and that male clients might find these kinds of touch embarrassingly arousing. Jackie suggested that if a male client did become aroused, it was appropriate to put a cold wash cloth on the client’s penis instead of ignoring the client’s erection. She suggested that in doing so, workers should acknowledge the erection and try to find a gentle, humorous way to let the client know that he did not need to be embarrassed and that the worker wasn’t offended. In her brusque, matter-of-fact tone, Jackie warned trainees that they needed to be thorough about washing in between folds of fat and under women’s breasts because infections commonly take root in warm, dark parts of the body. She instructed them to make sure that when washing women’s breasts, they do so with their palms facing downward, so that the client doesn’t mistake their actions as fondling. Finally, Jackie reminded trainees about how important it was that they took great care in washing their own bodies because of the close physical contact they would have with clients. Jackie joked that she didn't want to get phone calls from clients asking "how you gonna send this girl to wash me up when she smells herself?" Jackie reminded trainees that in order to assist clients in transferring from a bed to a chair, for example, they were going to have to get very close to their clients, who would be able to smell everything on them. In this warning, Jackie urged trainees to consider their own bodily care as a form of caring for their clients, hinting at more ways in which care becomes a form of intersubjective bodily practice.

After her discussion of bathing procedures, Jackie moved on to talk about transfer assists and how to assist a falling client. Jackie reminded trainees that they were not allowed to lift anything weighing more than fifteen pounds, including clients. She told them that if a worker throws his/her back out assisting a client improperly, the worker would not be eligible for workers' compensation and would probably be fired because s/he would have broken a company rule. So, Jackie said, workers were not allowed to lift a client unless the client was strong enough to assist in the lift. To properly assist a client from a chair or bed, a worker needed to ask the client to sit as close to the edge as possible and part his/her feet (not, she joked bawdily, to spread their legs, because women might be offended and men might get the wrong idea). Then, a worker needed to stand as close as possible to the chair facing the client and ask the client to clasp his/her hands behind the worker's neck. Again, Jackie mentioned the importance of not having body odor, because the closer a worker got to the client, the less likely the client was to fall. Then, Jackie recommended that workers count to three, gently swaying back and forth in order to help the client rise. Jackie emphasized that workers should lift with their knees and not with her back. Once the client was standing, the worker should sway back and forth from foot to foot, guiding the client towards the bed or chair in a kind of slow-motion dance. To sit down, the worker should back the client up until she felt the seat of the chair on her legs and then ask her to sit down, while the worker simultaneously bends her own knees and steps her left leg forward to lower the client into the chair. Finally, Jackie asked trainees to pair up and practice on each other, making jokes about their difference in size or gender as a way of easing workers' obvious anxiety about the physical intimacy of the task.

On the final day of training, trainees received an employee handbook and an orientation packet containing fourteen different forms for workers to sign before they can be employed. Presuming that trainee's have received clean background checks,' positive letters of recommendation and have all the necessary identification, signing these papers is the last stage before trainees become workers. These forms, and the exam that followed thus mark the formal entry of the trainee into formal wage-labor relations with Plusmore, and their content reflects Plusmore's growing legal and insurance-related responsibilities for these workers. The forms include authorization for Plusmore to subject workers to an immediate drug test if they exhibit signs of being under the influence of illegal substances, information about the Hepatitis B vaccine, a statement confirming that the employee understands that discrimination is illegal and should be reported, an agreement not to drive clients in personal automobiles without authorization, employment verification and tax withholding forms, an affirmative action data collection sheet, permission to conduct a criminal background check, information about the timesheet and in-service policies, a form describing what workers should do if clients are unavailable for service and forms authorizing Plusmore to verify if hiring the employee renders Plusmore eligible for a variety of tax credits available to companies that hire veterans, parolees, or welfare recipients. The packet also includes a form describing the company's absence policy, which requires that workers call their supervisors as soon as they know they will be unable to work, no less than one hour before the employee's start time. After three days of "no call no show" employees are automatically terminated. The form specifies that "it is not considered a valid report of absence if the employee contacts their client without calling the office." This form requires both the employee's and supervisor's signature acknowledging that the employee has read the policy and "UNDERSTAND[s] THAT THIS IS MY FINAL WARNING REGARDING THIS POLICY."

There is a final form to be completed and signed by workers only if they will be caring for a family member. In parentheses, the form specifies "family member" to include: "[Mother-Father-Husband-Wife-Sister-Brother-Son-Daughter-Uncle-Aunt-Grandmother-Grandfather etc.]" The form requires the worker to check one of four explanations for why they must provide this service, which include language barrier, that the intrusion of another person will compromise the client's condition, that the client's home is geographically isolated or that immediate service is needed and no other worker is available. The worker must also verify if they have employment outside of Plusmore, that they are not the client's legal guardian, representative payee, or power of attorney. They must also not be the person signing the client agreement and time sheets or have a history of abuse, neglect or exploitation of a family member. Though not included on the form, family members were also not allowed to care for clients with whom they shared the same address. As Alicia and other supervisors at Plusmore explained to me, these regulations were a precaution to minimize the conflicts of interest that might occur when workers cared for those they had financial or legal responsibility for. By signing this form, trainees transform their caring relationships with friends and family into relationships also mediated by the Plusmore's corporate relations and regulations.

The employee handbook that workers received covers a information about the company, including Plusmore's history and mission statement. It also included sections on: home care aide job description; employment policies; rules of conduct and company rules; wages, benefits, timesheets, schedule and payroll; safety; hand washing; client services; and general instructions. In Plusmore's rules of conduct (Appendix 6), workers are prohibited from: "theft or otherwise defrauding a client"; "theft from fellow employees or the Company"; "Arguing with clients, clients family members, fellow employees or office staff"; "Discussing Company or Personal business with the client"; "Misuse of the timesheet (entering time not worked, forging signatures, over-servicing the client, etc.); and "Changing work plans without approval." A subsequent list of Company Rules (Appendix 7) was largely focused on prohibiting direct material exchange between workers and older adults and circumscribing workers and older adults social relations. The Company Rules included prohibitions against: soliciting or purchasing items from clients or their families; borrowing from or lending money to a client; accepting gifts from clients (this is underlined and bolded in the handbook); sleeping, resting, watching television or participating in leisure activities; getting involved with clients' personal problems, especially when it includes other family members; discussing religion or politics with clients or clients' family members; making personal calls. I highlight these rules because over the course of my fieldwork, they seemed to be the ones that were most difficult for workers to abide by in everyday home care practices. This was in part because these rules sought to curtail reciprocal exchanges and intersubjective social relations, two aspects of caring that were central to workers and older adults moral understandings of good care.

Once trainees had signed all the necessary forms, Alicia handed out the final exam, which consisted of thirty three multiple-choice, true/false and fill in the blank questions, most drawn directly from quizzes administered earlier in the training. Alicia gave the workers as long as they needed to complete the exam, then graded the exams over lunch so that she could give them their certificates of completion immediately thereafter. The rest of the fifth afternoon was spent on staffing procedures in which Alicia reviewed each trainee's file to make sure that they had two job references, a clean criminal background check, a driver's license and social security card. Trainees filled out federal tax information and signed each of the forms in the orientation packet. Finally, various supervisors came in to the training room to see if any of the newly minted home care workers wanted to work in their region of the city. They then took the workers back to their cubicles to review the forms again and, if they had a open case, assign the worker to her first job. Most supervisors aimed to give new workers only one client, and probably only ten or twelve hours of work per week as a kind of testing period before giving the worker a fuller schedule.

Getting Hired at Belltower Home Care.

In hiring workers, Belltower assumed that workers had learned the domestic skills necessary to be a good home care worker at an earlier point in life. As Maria's, Grace's and Doris' stories illustrate, this most frequently meant that daughters had learned to cook and keep house from their mothers and grandmothers. In black families in particular, women's domestic skills not only kept their own households running, enabled them to gain employment as cooks, maids, nannies and now elder care workers in the homes of wealthier, usually white families.

Each of the women described at the beginning of this chapter was employed by Belltower Home Care. At each of Belltower's three offices, supervisors hired workers based on different and somewhat nebulous criteria, based on what each thought were the most important skills and traits for home care workers to have. Belltower did not, at the time of my fieldwork, provide training for new employees,[26] and so supervisors generally preferred workers who had already earned a CNA[27] degree, foreign certification in a health care field, and/or had substantial caregiving experience, either in home care, nursing home care or as a family caregiver. Like Maria and Grace, many of Belltower's workers had started their careers in home care at a publicly funded home care agency like Plusmore. Publicly funded home care agencies are more likely to hire workers with minimal experience but are required by their Community Care Program contracts with the State of Illinois to provide mandated training for all new employees,[28] and would

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[26] This changed a few years after I finished fieldwork in Chicago. In January 2006, the Illinois Legislature passed a measure (2006) mandating that the Illinois Department of Public Health create new licensing regulations for all privately funded home care providers. While I was in the field, the Department of Public Health held several open sessions to discuss provisional licensing requirements. The licensing code became effective on April 5, 2010 and requires a minimum of eight hours of training for new workers. Training must now instruct workers on 1) Promoting client dignity, independence, self-determination, privacy, choice and rights; 2) Disaster procedures; 3)Hygiene and infection control and 4) Abuse and neglect prevention and reporting requirements (2010a).

[27] State-approved CNA programs are required to offer a minimum of 50 hours of classroom training and 100 hours of supervised clinical training, and cover a range of skills from ranging such as: universal precautions (handwashing, use of latex gloves), body mechanics/performing safe lifts, emergency procedures, hair/nail/skin care, dementia care and use of restraints/protective devices.

[28] The Community Care Program was run by the Illinois Department on Aging (DoA), and so different state Departments were tasked with deciding rules for publicly and privately funded care.

initially hire people with minimal experience. Frequently, the process of hiring new workers at Belltower illustrated the agency's uneasy stance towards workers' families which served as both recruitment networks and training grounds for workers.

Early in the morning of an already sweltering summer day at the beginning of August, 2006, I sat, waiting for Carmen Rodriguez in the brightly colored lobby of a family service agency in the middle of Chicago's Polish neighborhood. Carmen, the director of Belltower's west side satellite office, had sent me a cryptic e-mail the previous day, asking me to come to the office before 8am, but not telling me why. I had arranged to spend the day shadowing Carmen as she conducted home visits with her office's clients. Carmen, who had immigrated to Chicago from Puerto Rico as a young child, was working at Belltower while she completed her Bachelor's degree in social work. This was my second time spending the day with Carmen, and I'd already learned that she was passionate, deeply opinionated and always in control, so I was a little irritated but not surprised that she had notchosen to reveal the reason she wanted me to arrive so early. Carmen was always directed our interactions quite closely to make sure that I learned what it was she thought I should know about how to run a home care office properly.

Soon Carmen arrived, and escorted me back to the windowless one room office she shared with the other supervisor, Ann. Carmen finally explained that she wanted me to come in early so that I could observe while she interviewed a job applicant. Carmen told me that the applicant had come in several days earlier to ask about a position dressed "like a prostitute." Carmen regularly recruited workers through Chicago's welfare-to-work programs, which offered employers tax incentives for hiring aspiring welfare leavers, and assumed that this applicant had been sent by such a program. Carmen was pretty certain she wouldn’t hire this applicant, but said that she tried to give everyone a chance. Soon, the applicant arrived and as we walked back towards the reception area to greet her, I could see Carmen look her up and down. Ms. Smith, a tall, muscular black woman, was dressed in a grey double-breasted pinstripe suit. Her hair was slicked back and her face was bare except for a streak of bright pink lipstick across her lips. Though Ms. Smith had clearly tried to dress professionally, as we walked back towards the conference room where we’d be conducting the interview, Carmen conspiratorially asked me if I noticed her shoes, which were made of clear transparent plastic. Carmen raised her eyebrows in an expression I took to mean, “See, what did I tell you?” Ms. Smith never had a chance.

Nevertheless, Carmen, led us both into the windowless conference room, and motioned for us to sit at a small circular table lit by the only overhead light Carmen had turned on. Carmen began the interview by asking Ms. Smith several general questions about her work history, and learned that in her previous employment as a home care worker she had been frustrated that if she voluntarily worked with a client beyond her allocated hours, she did not get paid for the extra time. Carmen then asked Ms. Smith how she would handle several hypothetical scenarios she might encounter as a home care worker, such as: “I’m your client, tell me what you would make me for breakfast.” Ms. Smith said that first she’d need to find out what Carmen liked to eat. Carmen said, “I’m diabetic.” Ms. Smith answers confidently that she would offer the client a choice of oatmeal, eggs or grits. Carmen then asked her what she would make for lunch to serve a client on a general diet. Ms. Smith suggested that she would serve that client a sandwich, depending on what foods were in the house. Carmen, unsatisfied with this answer, told

Ms. Smith that this client liked a hot meal for lunch. Carmen made up a list of ingredients in the hypothetical refrigerator, but Ms. Smith still was not sure what she would serve. Finally, Carmen asked Ms. Smith what she would do if a client accused her of stealing something. Ms. Smith answered that she would tell the agency, but she would not be willing to return to work for that client because she was not willing to work for someone who accused her of theft. Carmen finished the interview by telling Ms. Smith that she appreciated her returning to the office for an interview, and that she would be in touch if Belltower decided to hire her. I already knew Ms. Smith would never get that phone call.

After the interview, Carmen told me that she interpreted Ms. Smith's comment about previously working past her scheduled hours as a warning that Ms. Smith might ask clients pay her under the table, and that she would use her own judgment to decide when and whether to follow her supervisor's instructions. Carmen also interpreted Ms. Smith's unwillingness to return to a client who accused her of theft as suspicious, and told me that sometimes older adults make those kinds of accusations and a worker would only want to abandon a client if they were true. Carmen was particularly critical that Ms. Smith couldn't figure out what lunch to make from the ingredients, since Carmen had chosen them because she thought it was fairly obvious that they comprised the makings of either a simple soup or a pasta dish. Ms. Smith's failure to recognize this suggested to Carmen that Ms. Smith could not cook from scratch, confirming to Carmen that Ms. Smith was not a suitable candidate for a home care job. Importantly, cooking from scratch is not a skill taught in CNA courses nor in public home care agencies' training programs, but is rather something workers usually learned from their mothers, grandmothers or other relatives. Carmen, whose sensibilities about what constituted good care were strongly informed by her own upbringing in Puerto Rico, told me many times that she thought that hot, lunches made from scratch were beneficial for older adults' health. It was hard for her to imagine, as Ms. Smith did, that many older adults in the United States would find a sandwich a perfectly ordinary and acceptable midday meal. Carmen believed in the regenerative benefits of a hot lunch enough that she pushed workers to cook them even for clients who emphatically preferred a bowl of cereal for lunch. Carmen's focus both on the quality of Ms. Smith's cooking and on her potential to participate in unsanctioned exchanges with clients presages dynamics around the problems of exchange and importance of food in home care that will be discussed in chapters five and six.

These kinds of intimate discriminations, in which supervisors drew upon their own backgrounds to evaluate the domestic skills of workers and judged the unfamiliar as less good, were not uncommon. Indeed these kinds of discriminations created a complex dynamic in which the workers' families were implicitly expected to serve as a critical training ground for workers' domestic skills and aesthetics. In doing so, the diverse forms of domesticity inculcated (or not inculcated) in workers by their families were subjected to ongoing judgments with significant economic consequences.

Over two months that same summer, I spent many of my weekdays sitting across a wide desk from Celia Tomas in her first floor office at Belltower's central offices. There, amidst the constant ringing of Celia's phone and traffic of workers coming to drop of timesheets or pick up their paychecks, the pile of job applications on Celia's desk grew one, then two and then nearly three inches tall. At the same time, I watched Celia and

Kathy Hirschorn, the director of the office, spend an hour or two almost every day mentally going through their list of home care workers in order to find workers available to staff new clients, to cover the shifts of absent workers, to replace workers who had either left or been dismissed from particular cases. Though they were chronically understaffed, they hesitated to hire new workers because they knew that once the summer ended, old and favored workers would return from vacations and they would then be overstaffed. And so, the pile of applications on Celia's desk continued to grow. Only once, when Celia found herself unable to cajole any of her current employees into taking the weekend shift on a new live-in case, did Celia move the pile to the center of her desk and read applications. Flipping through each one in a matter of seconds and usually discarding them, Celia told me that mostly she was looking for someone who indicated they were interested in working on a live-in basis and had both formal training and substantial experience as a caregiver. With that many applications for one position, she could afford to be picky about who she asked to come in for an interview.

From watching Celia and Kathy, I learned that the live-in cases were often the hardest to staff, not only because these clients often required much more substantial assistance but because workers with families living in the Chicago were often unwilling to be away for three or four days and nights each week. Those willing to take live-in work were thus highly likely to be recent immigrants who were looking to save on housing costs. Even as she examined the applications in her pile, Celia considered if any she might be able to find an available and qualified worker through the large and deeply connected network of Filipina home care workers in which she was embedded. As other workers came and left that afternoon, she asked several of those she seemed to know the best if they knew anyone who might be right for the job. In the end, she called one woman from the pile of applications whose extensive experience and CNA degree made her application stand out from the rest of the pile, but also asked one of her most trusted workers to see if one of her friends could come in for an interview. At that time Belltower already employed several pairs of sisters and at least two mother-daughter pairs. While Celia noted that employing close relatives could create additional problems (for example, if one worker got fired, her relative might quit in protest), most of the time these pairs were easier to supervise because the newer worker faced pressure from her more established relative to be a good employee.

When workers were hired by Belltower, they were given a “Caregiver Handbook” outlining the agencies myriad policies. The handbook opened with an introductory letter to the new worker with blank spaces left open to fill in the worker’s name, hiring date and initial wage. The rest of the letter explained that workers will “record your hours worked on timesheets” and outlines when and how workers are expected to turn their timesheets in, noting that if timesheets are not returned “a timely fashion,” workers’ pay would be delayed. Next, the handbook provided a lengthy description of the home care worker’s job and another of the home care workers’ “Caregiver Job Functions” (Appendix 8). The job function list had five main sections: Housekeeping Services Related to Personal Care of Client; Personal Care Services; General Housekeeping Services; Shopping Services; Heaving Cleaning Services. Each section listed six to ten different tasks associated with each category, and some tasks are broken down further to distinguish between aspects of the task that Belltower employees were and were not allowed to perform. For example, workers were allowed to give their clients sponge baths, but not to cut their fingernails or toenails. It worth noting in particular, that the job function list specifically prohibited workers from climbing on ladders, step stools etc., as well as from purchasing alcoholic beverages or foodstuffs containing alcoholic beverages when they went shopping for clients. Workers were told "not to volunteer for work that is not authorized by your supervisor." The caregiver hand-book also contains a long list of "Rules" defined as, "other unprofessional behaviors that could lead to disciplinary warning or automatic termination" (Appendix 9). Among the thirty four rules listed were: not borrowing money from clients; not accepting money or gifts from clients (mentioned twice on the list); not taking anyone to a clients home; never getting involved with client's "personal problems"; never discussing "your personal problems" with clients; not watching television; not becoming "personally involved" with clients; not stealing from clients, fellow employees or the agency; accepting or requesting payment from the client for services; eating the clients food when working hourly[29]; and misusing the time sheet. As chapter four suggests, these prohibitions in many ways became opportunities for workers to build trust with clients and to reciprocate clients' gifts to them by going against agency policy and doing prohibited tasks. I specifically highlight these rules because they were that seemed most problematic for workers to implement or were the ones I most often saw broken. Many of the rules listed here represent that agency's attempt to circumscribe the ways in which workers formed relationships with their clients, mandating that worker client relationships be devoid of "personal" conversations, and devoid of material reciprocity. Problematically, personal conversations and material reciprocity were often central to both workers' and older

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[29] Clients were required to either feed their workers or provide a $6 a day allowance with which workers could purchase their own food.

adults' moral sentiments about what constituted domestic social relations. As discussed further in chapter five, workers and older adults mostly ignored these prohibitions in their everyday care practices and relationships in part because understanding clients' "personal problems" was central to how clients provided care which sustained personhood. Moreover, as described in chapter four, these prohibitions in many ways became opportunities for workers to build trust with clients and to reciprocate clients' gifts to them by going against agency policy and doing prohibited tasks.

In-Service Training at Plusmore.

Plusmore's contract with the Illinois Community Care Program (CCP) also required that the agency provide workers with eight hours of training each quarter. As Katherine Tubbs told me, this was more than any other provider had proposed in their bid for a CCP contract, and she thought it was probably too much. During my fieldwork, I was able to observe three in-services. Plusmore held two in-services for English speaking workers every three months, and another smaller training session for its relatively large contingent of Russian speaking workers. Workers were assigned to one or the other in-service trainings by which supervisor they worked for, though if they missed one session they were allowed to attend the other. Workers were paid minimum wage for the training session. Over eight hundred workers normally attended the larger of the two in-services, which was held in the huge auditorium of the union hall of one of Chicago's larger trade unions. Workers were required to arrive and sign in before 8 am and take a seat in one of the seemingly endless rows of wooden theater-type folding chairs (See Figure 1). Workers were supposed to sit in sections organized by their supervisor's zone number, though it was unclear to me if this was enforced. Rather, it seemed that workers chose to sit next to friends or family members. The rows were lined up so close together that workers frequently sat with bags and coats piled on top of them and under their feet. At the front of the huge hall was a wide stage, on which was a podium and screen, dwarfed by the size of the belle-arts hall. Throughout the eight hour day, supervisors and quality assurance supervisors walked the aisles of the auditorium, monitoring workers and attempting to ensure that they were paying attention to the presentations. Workers, on the other hand, seemed to occupy themselves by alternately sleeping, talking on their cell phones and talking to one another. At least two or three times per in-service, supervisors would begin stalking the aisle ways carrying poster boards that had been stapled to long wooden handles, protest-style, reading “Quiet Please!” The audience usually quieted for a moment, before the noise level returned to a dull roar. At least once, a supervisor known for her sharp tongue would take the microphone from the speaker and chastise the audience of workers, threatening that anyone caught talking from that moment on would be asked to leave the training and required to attend a make-up training session. This would quiet the din for at most a half an hour. At lunch workers admitted to me that barely paid attention to the majority of the presentations. As supervisors struggled to keep the room quiet, the in-service seemed to become more and more about exercising and performing the agency’s (and its supervisors’) ability to coerce workers than it was about improving quality of care workers provided.

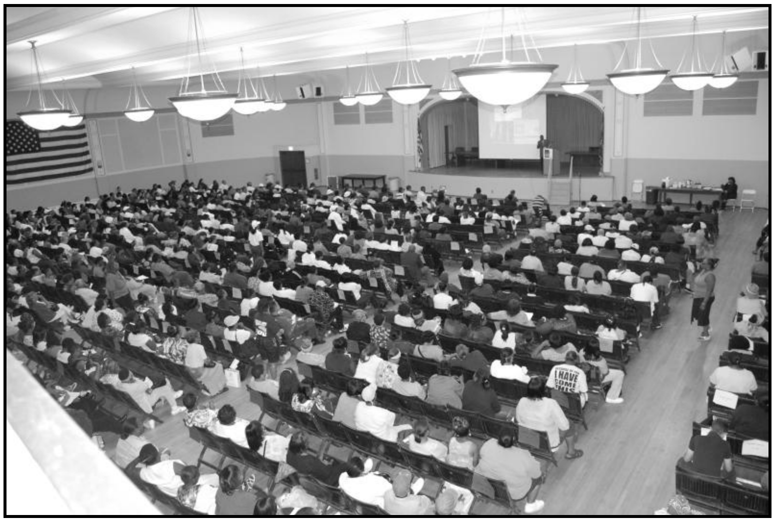

Figure 2. Plusmore Quarterly In-Service, 2008.
Photo Credit: Elana Buch

At each in-service I attended, workers primarily sat and watched as someone lectured from power-point slides on the main stage. Each in-service started with a presentation from the skilled nursing director, exhorting workers to be attentive to their clients' changing health and informing their supervisors if they thought their client needed more skilled nursing care. The director argued that services could be better coordinated if clients received them from one agency, but also told workers that this was part of Plusmore's broader efforts to grow its skilled nursing business. In-services also featured a short presentation by SEIU stewards and organizers describing the union's recent activities and urging workers to become more active in lobbying politicians. The rest of the sessions were comprised of forty-five or fifty minute presentations, each with a short break in between. Workers were given an hour for lunch, and though many workers brought their own lunch to eat either in the auditorium or outside on the picnic tables and curbs around the union hall. At lunchtime, several food vendors would show up selling pizza, tamales, candy and sometimes even barbeque out of trucks, while a handful of enterprising workers sold sodas and homemade baked goods out of coolers kept in their cars during the break. Lunchtime offered workers an important chance to catch up with colleagues they rarely saw and share information about supervisors, company policy or local policy changes affecting their housing, income or other public benefits. But mostly, workers gossiped about current events, celebrities or Chicago politics over lunch.

Most of the speakers at in-services seemed to be professionals who had their own agendas outside of training workers. Many of the speakers were employed as marketing directors or community outreach coordinators at other aging service providers in the region. During my observations, for example, I watched presentations from the marketing director of a nursing home speak about stress management and relaxation, a presentation on home security from an employee of a major home alarm company and a presentation on hospice and palliative care from the marketing director of a Chicago area hospice provider. I also observed a former Presbyterian pastor/ leadership consultant speak about "The Special Home Care Aide," in which he extolled the value and virtues of home care work. I observed a long presentation by faculty and graduate students from a prominent local university discussing the preliminary results and an early intervention being developed from a study they had conducted with Plusmore employees to improve workers' safety around blood borne pathogen transmission. It was never clear to me that the in-services had a particular theme, although the agenda's for each event listed one. Rather, it seemed that the agenda had evolved around who the training coordinator[30] had been able to find to speak at the in-service. Many of the sessions struck me as thinly

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[30] Alicia was the training coordinator for most of the time I was in the field, but about two months before I finished, she left Plusmore to take a job closer to her initial interest in health education and nutrition. She was replaced by a another recent graduate from a public health program who I was only briefly introduced to, but whom workers enjoyed because he wore extremely colorful and eccentric suits to trainings. For example, at one training that occurred around Easter, he wore a blue gingham suit with a pink tie and shoes. Workers found this quite amusing.

veiled sales pitches for the presenters' organization, and left me angered at Plusmore's willingness to turn their workers into a captive audience. The haphazard and opportunistic approach to in-service training seemed to me to reflect a broader organizational feeling that the in-services were an organizational obligation to the state rather than a valuable opportunity to improve the quality of care workers provided. Supervisors and even the agency director argued that given the number of people they were required to provide training to at each in-service session, it was nearly impossible to use active-learning strategies to deliver information in a more personal manner.

At both the training and each in-service, I wondered how workers could possibly be learning anything they would remember as they did their care work given the pedagogical style and learning environment of their training. In part, this was because I struggled to stay focused and attentive while observing these sessions, even as I frantically scribbled fieldnotes. I had to wonder how much of the training workers were able to absorb and retain, given that after nearly a dozen years of higher education, I was practically a professional lecture-listener. Many of the workers had likely struggled in their earlier experiences of schooling and thus were not exactly practiced at listening to lengthy lectures. Over lunch, some workers shared with me that this style of teaching (especially the constant exhortations to be quiet) reminded them of their experiences in secondary school and made them feel stupid simply because they struggled to pay attention for hours on end. Rather than encouraging workers to develop their expertise and skill as care givers, these trainings had the cumulative effect of belittling workers, reminded them of past failures and impressing on them that the agency was more concerned with controlling them and satisfying their contractual obligations than it was in improving their skills.

For all the time, energy and resources Plusmore spent on training home care workers, training did not teach workers basic household skills, nor did it prepare workers for the moral and emotional complexity of home care jobs. Workers frequently learned to cook, clean and launder from their mothers and grandmothers and honed these skills over years caring for their own children and grandchildren. While workers had learned early in life that caring and keeping house were duties that bound them to both their work and to those they served, home care agencies generally sought to minimize attachments between workers and clients.

Making Home Care Workers and Threatening Domestic Relations.

In this chapter I suggest that home care agencies simultaneously appropriate the domestic skills and caring knowledge that workers develop in the context of their own homes and families while seeking to circumscribe domestic moral sentiments and social relations. For workers, domestic skills and caring knowledge was made meaningful and important through these moral sentiments, which they proudly applied to home care settings. Workers were justifiably proud of both their domestic and professional skills, and saw the two as largely complementary. Most problematically, as women took care of and sustaining older adults for wages, their abilities to sustain their own homes and domestic relations seemed always tenuous and under threat.

Chapter 3

Crossing Thresholds, Postponing Passage

“To cross a threshold is to unite oneself with a new world”
(Van Gennep [1908] 2004, p.20)

Mixed Moral Worlds

In the middle of a scorching summer day, I found myself sitting quietly in the passenger seat of Jennifer Morris’ car, which was stopped temporarily on the side of a four lane street in the northern suburbs of Chicago. Jennifer was the director of Belltower’s suburban office, and had graciously offered to let me tag along this day as she conducted her monthly home visits. We were about half way through her list of homes to visit when she received a call on her cell phone from Lena Maxwell, the supervisor in her office. Through the speakerphone, I heard Lena tell Jennifer that they had received a call for new service from an older woman who lived in a wealthy suburb[31]. Belltower administrators felt constant pressure to grow their client base because of Belltower’s thin operating margins, the steady trickle of established clients into hospitals, nursing homes and cemeteries, as well as the constant stream of requests for more hours from their employees. Thus, news of potential clients was usually greeted

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[31] Due to the limitations of my informed consent procedures, I was not able to record any identifying information about this client, or many of the clients whose stories I learned snippets of when they contacted Belltower or Plusmore supervisors. I have indicated this by using generic descriptions of these individuals to reflect my lack of knowledge about them or their circumstances. While their namelessness reinforces other depersoning processes that occur in older adult’s lives, I felt that this was the best way to both protect individuals who I learned about through supervisors and could not consent. I have, as best I could, kept my descriptions of these individuals to the bare minimum needed to understand the events I describe, and would caution that these descriptions are based entirely on supervisors’ perceptions of these older adults. Describing these individuals by generic labels rather than giving them names (i.e. “potential client”) also signals my relative unfamiliarity with them.

with a fair amount of excitement and energy by administrators. But instead, Lena's voice conveyed stress and frustration. She told Jennifer that she had completed the initial intake form for this potential client, but was unable to schedule an appointment to meet with the client to conduct the initial home visit and interview. The potential client had recognized Lena's African-American speech patterns over the phone, and told Lena in no uncertain terms that she would not allow a black person into her home, even for the brief amount of time it would take to conduct a home visit. Though Lena normally conducted all the initial home visits for the suburban office, she told the potential client that she would have the white office director call back to schedule a home visit.

As Jennifer listened to Lena's story, her jaw slowly dropped open and her eyes grew wide. After a number of loud guffaws, she told Lena that she would take care of the situation and that she appreciated Lena's professionalism. Lena's speech was brisk and matter-of-fact as she related the potential client's contact information to Jennifer and ended the conversation; neither her tone nor her words betrayed any hint of emotion. After ending the phone call, Jennifer sighed, dropped her chin to her chest, shook her head and decided to pull the car over in order to call the potential client. Jennifer sat quite still for a minute, rigid with anger and frustration, then remarked that Lena always handled these situations with more grace and calm than she herself could manage, perhaps because Lena had dealt with racism all of her life. Jennifer explained to me that though they encountered racism somewhat frequently in this job, clients usually found subtler, more indirect ways to communicate their prejudice. Jennifer had never dealt with such an unabashedly racist client, or negotiated an intake home visit on racist grounds.

At both Belltower and Plusmore, supervisors regularly found themselves on uncertain ground as they tried to navigate between the preferences of their older adult clients and legal prohibitions against employee discrimination. At Belltower, a sizable minority of clients specifically stated that they did not want workers from particular racial and ethnic backgrounds, while at Plusmore, it was common for clients to have preferences about a worker's age or weight. Discriminatory clients forced supervisors to navigate the murky moral and legal ground between the legal rights of people as workers and their rights as the owners of private property. In the United States, federal and state laws ban employers from discriminating against workers based on age, race, ethnicity, religion, gender and a number of other categories of identity (1964; 1967). However, individual are entitled to decide who can or cannot enter their homes, unless they are simultaneously employers. Belltower and Plusmore were the legal employers of their home care workers, thus *they* could not discriminate. Home care agencies' clients were only customers, and are legally, if not morally, entitled to dictate who may enter their property.[32]

Not surprisingly, supervisors at Belltower generally felt that interactions with racist clients presented moral, managerial and legal conundrums. Kathy, a Belltower supervisor, explained that these situations presented her with both personal and professional challenges. Personally, she struggled to respectfully serve racist clients while maintaining her own anti-racist ethics and beliefs. She certainly didn't feel like she was in a position to speak her mind to racist clients, who could, after all, take their

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[32] The major exception to inhabitants' control over who enters their homes proves the rule: in cases of suspected crime, investigators must obtain legal warrants to enter the property. In these cases, investigators must present evidence of a potential crime to a judge before being granted permission to enter the property without the inhabitant's consent (2006).

business to one of Belltower's many competitors. In part, Kathy saw early discussions with clients as marketing efforts as much as they were intake procedures, since many older adults who expressed initial interest in home care did not end up purchasing services from Belltower. Thus, Kathy felt a responsibility to recruit as many new clients as possible to the agency even when she was repulsed by their racism. Moreover, though she thought racist clients were morally repugnant, she also felt that they had a moral right to control who entered their homes and to feel comfortable in them. Kathy recognized that clients had the right to allow or prohibit anyone they wanted to from their homes because, as she told me, "at the end of the day it is *their* home." Moreover, as a supervisor, Kathy believed it was inappropriate to send a worker into a situation where she was likely to be the subject of racist remarks or other abuse. These circumstances also made it more difficult for Belltower's supervisors to find clients and sufficient hours for African-American workers, despite both their legal and moral commitment to meeting federal equal employment standards. While Belltower is non-discriminatory in its overall corporate hiring practices, it struggles to provide equal work opportunities to all home care workers because of the prevalence of racial and ethnic discrimination among its client population.

For Jennifer, the potential client who would not let Lena conduct a home visit represented a limit to her willingness to accommodate a client's discrimination. Not only was she deeply, personally offended – as she was by clients' racism more generally - but accommodating such a request inhibited Lena's ability to do her job. While the agency could protect particular home care workers from discrimination by employing them equally and placing them with nondiscriminatory clients, the agency could not similarly protect administrative staff if clients actively discriminated against them as well. As we sat in the car, Jennifer returned the call to the potential client, this time not using speaker phone, and calmly but forcefully explained to the potential client that as an employer, she could not allow such blatant discrimination against her employees. She advised the potential client that any home care agency that would accommodate her preferences would be violating the law, and suggested that the client contact a registry service or individually employ a worker. In her anger and dismay at the end of the phone call, Jennifer did not tell me how the potential client had responded to this advice, but rather shook her head as if to shake off her distress, turned the car key to ignite the engine, and pulled back in to the road to go visit another client.

At Plusmore, supervisors were significantly less accommodating to clients who discriminated against certain kinds of workers. The vast majority (approximately 90%) of Plusmore's clients and home care workers were African-American, and the only requests I observed that caused supervisors to possibly consider workers' ethnicity were requests for workers who spoke Russian or Spanish. Most frequently, Plusmore supervisors told me, their clients requested workers who were not too young, too old, or overweight. Such discrimination was based upon clients' assumptions about how age or weight might affect workers' ability to do their jobs. Clients wondered aloud how a worker who was "nearly as old" as they were or significantly overweight could adequately care for them and their homes. Other clients worried that, as one older adult told a supervisor I was observing, "younger girls just don't know how to do things properly, so don't send me some innocent spring chicken." While clients' objections to younger workers were somewhat more frequently accommodated, in general Plusmore supervisors told clients who made discriminatory requests that they were not allowed to choose workers based on their age or weight. I never heard of a Plusmore client refusing to allow a worker into his or her home because of her age or weight, nor did Plusmore supervisors suggest that their clients would treat older or heavier workers poorly.

Unlike Belltower clients, who paid for their own care, Plusmore clients' care was funded through the government. Though I was not aware of any additional anti-discrimination rules that applied to Plusmore because of how its clients were funded, Plusmore clients had fewer opportunities to express their preferences about workers. Rather, supervisors tended to treat Plusmore clients with the attitude that, as recipients of government largess rather than as direct consumers, Plusmore clients should feel grateful to receive any assistance at home and not be overly particular about what kind of person entered their home to provide it. Older adults were assigned to receive home care services through Plusmore through their Community Care Program (CCP) case managers who would no more support the demands of discriminatory clients than Plusmore did. Thus Plusmore supervisors did not have to worry about losing income when discriminatory clients chose to use a different service provider. Plusmore clients' inability to maintain their homes without direct support from the state thus created increasingly porous boundaries between their homes and the outside world and decreased their control over what kind of people entered their home. The use of public dollars to support Plusmore clients was in this way seen as morally justifying their diminished control over their residences.

From the moment an older adult made contact with a home care agency, the various moral orders organizing social life in public and private spaces began to impinge upon one another in new and uncomfortable ways. Supervisors' reactions to discriminatory clients' offer an important example of the difficulties that arose as the laws regulating employers interacted with moral and legal understandings of private property rights in the United States. In the United States, where concepts of privacy, private property and independence organize both legal codes and moral evaluations about relationships between persons and the state, losses of independence signaled by changes in aging bodies challenged both individuals and their relationships to the state. Peoples' ability to maintain both moral and physical separation between their homes and shifting representations of "the public" thus came to act as a primary signifier of independence. In this context, adult persons were recognized in part by an individual's ability to afford, inhabit, maintain and protect dwellings within which the state, the market and other "public" institutions or their agents had sharply curtailed access and legal rights.

Thus, regardless of what kind of assistance an older adult needed to continue to live in their own home, their ability to maintain the boundaries separating their private residence from the broader community was construed as the most important signifier of independent personhood. Within this moral configuration, independence describes an ideal of sharply bounded individuals and governments between which there are minimal financial flows and limited government intervention in individual lives. Not coincidentally, older adults' independence, when recognized through "independent living," saves the state and other funding sources significant amounts of money because older adults remain financially responsible for most of the costs of daily life including their housing and food while the state only pays for care itself. Even as long term care policy imagines home care agencies and their employees as a kind of storm wall protecting older adults' homes and personhood from the moral threats of aging, supervisors' interactions with discriminatory home care clients show that the entry of home care personnel into older adults' residences begins to wedge open the door to older adults' homes and lives to new kinds of market and state regulation, interest and activity.

Older adults' increasing need for assistance in the everyday maintenance of their homes and bodies thus rendered their homes socially porous to both government regulation and the depersonalizing forces of the market in ways that signaled the impending reordering of social relations between the older adults and the public world, and which thereby threatened their independent personhood[33]. Home care was thus a kind of threshold practice that, through its role in sustaining older adults' independence, simultaneously indicated that the independent personhood of older adults receiving care was under threat.

Entry into home care services can thus be seen as both a kind preliminal stage in ongoing rites of passage that most participants resist and are deeply ambivalent about, as well as itself a liminal threshold practice. In his classic description of rites of passage, Van Gennep argues that "the life of an individual in any society is a series of passages from one age to another and from one occupation to another" ([1908] 2004, p. 2-3). Van Gennep further shows that these passages are accomplished through rites of passage that share an astonishingly similar structure across social and cultural contexts, and apply to both life course transitions and geographical passage. Rites of passage thus not only demarcate socially relevant life stages and territories, but produce particular kinds of

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[33] It is interesting that hiring domestic workers to clean private homes was not seen as threatening younger adults' personhood. In these cases, domestic workers were not sustaining employers' ability to live in private home, but rather helping maintain classed and gendered standards of domestic cleanliness and order. (Say more? Cite?)

persons. Accordingly, the personhood and social relations of those who undergo rites of passage are transformed: strangers become guests, children become adults, brides become wives, etc.

In developing his theory of rites of passage, Van Gennep spends a significant amount of time describing the rites pertaining to physical doorways and thresholds, noting that, "the door is the boundary between the foreign and domestic worlds in the case of an ordinary dwelling, between the sacred and profane worlds in the case of a temple. Therefore to cross a threshold is to unite oneself with a new world" ([1908] 2004, p. 20). Van Gennep notes that other rites of passage such as marriages and funerals often incorporate various kinds of thresholds. Van Gennep thus models his theoretical description of these life course rites on practice that occur around physical thresholds. These include: "preliminal" rites of separation, "liminal" threshold rites and "post-liminal" rites of incorporation into a new world. Across the globe, most rites of passage that occur later in life transform older persons into elders and dying persons into spirits, ancestors or other inhabitants of the afterlife. Unlike in other places around the world where the passage from adult to elder carries with it distinct and often prestigious social, political and familial roles, in Chicago rites of passage in later life once rites of passage separated older adults from their status as independent "adult" persons, their only widely recognized social role was that of a "dependent" person (Lamb 2000; Lock 1993; Yan 2003). As outlined in the introduction, processes that threatened older adults' independence also threatened older adults' participation in the polity and in society[34]

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[34] At the most extreme, older adults who are not considered cognitively competent (as well as younger adults with severe mental illness) may be assigned guardians to make medical, financial, legal and personal decisions for them. In the United States, rules about what decisions guardians can and cannot make for

because democratic societies are thought to be ideally constituted of productive, independent individuals who are uncorrupted by their reliance on others (Estes 2001).[35]

Thus, older adults tended to emphasize the importance of continuity and resisted social transformations that might unmake them as independent persons (Dunkle, Roberts and Haug 2001; Kaufman 1986). Not coincidentally, this resistance was often grounded in spatial and territorial terms, such that older adults' continued inhabitance of their homes came to signify independence and continued personhood. Indeed in many social contexts, "the house and the body are intimately linked. The house is an extension of the person; like an extra skin, carapace or second layer of clothes, it serves as much to reveal and display as it does to hide and protect" (Carsten and Hugh-Jones 1995, p.2). The physical architecture of houses is both structured by local understandings of relatedness among their builders and then structures the relations among future inhabitants (Bahloul 1996; Bourdieu 1990 [1970]). Carsten and Hugh Jones suggest that this is because "moving in ordered space, the body 'reads' the house which serves and a mnemonic for the embodied person. Through habit and inhabiting, each person builds up a practical mastery of the fundamental schemes of their culture…If people construct houses and make them in their own image, so also do they use these houses and house-images to construct themselves as individuals and groups" (1995, p.2). Although houses often play a crucial role in constituting the relatedness of their inhabitants, they also play a crucial role in, "inscribing boundaries and hierarchies and giving them an aura of naturalness

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their wards varies by state, as does whether or not adults who have been declared cognitively incompetent are allowed to vote.

[35] Indeed, gerontology's recent emphasis on understanding the factors that contribute to a "productive aging" highlight the importance of independence and the ability to contribute to society for older adults' health and well-being. These studies show that in the US participating in activities such as volunteering, paid employment or caregiving has positive effects on older adults' physical and mental health, suggesting that delaying passage into dependence measurably improves the experience of aging (Estes and Mahakian 2001; Jung et al. 2010; Morrow-Howell, Hinterlong and Sherraden 2001).

(Carsten and Hugh-Jones 1995, p.21). Houses play a crucial role in physically and symbolically structuring relationships both among inhabitants and between inhabitants and outsiders. Yet, houses are not simply material symbols or structuring objects, they are also intimate, protective and comforting spaces inhabited by imagination and memory (Bachelard 1964). By remaining in their homes, older adults were thus able to sustain the memories of intimacy that also inhabited their walls. Moreover, by living in their own homes, older adults both symbolically and structurally asserted themselves as independent persons. Home care was framed as postponing the spatial passage of older adults from private residences to nursing homes, which signaled total loss of independence and deeper liminality. Thus, while home care was framed as a preliminary form of care which begins the social unmaking of personhood, it was also seen as capable of postponing this kind of social death (Biehl 2005). Though pragmatically aimed at postponing loss of personhood, initiating home care was also an act of recognizing personhood under threat.

In this chapter, I describe the initiation of home care services as part of intentionally partial or incomplete rites of both spatial and personal passage. As a practice that marks the first stages of an unwanted separation, home care is both a threshold practice and a practice aimed at preventing the crossing of other, more deeply feared passages. Much as Angus and colleagues found in their study of home care in Toronto I found that older adults, “engaged in improvisatory social practices that reflected their ambiguous and changing habitus or social location. The material spaces of their homes signified, or prompted, or altered changing social placement” (2005). This chapter thus maps the ways that the entry of home care personnel into private homes alters social space, mixes moral worlds and threatens older adults' independent personhood even as workers seek to postpone such threats. This chapter began with a brief glimpse into one kind of moral tension produced when social practices such as paid home care cross over the thresholds used to distinguish public from private. The remaining sections of the chapter describe how living in and moving through the complex social geography of Chicago's public and private spaces shape the initiation of home care services and its meaning in older adults' lives. In doing so, this chapter demonstrates the crucial role that place played in this rite of passage by showing how the organization and social/moral meanings of space, as well as peoples' attempts to maintain or modify these spaces mattered for how and when home care practices unmade, transformed and sustained personhood. The chapter first describes the critical role that members of older adults' social networks played in initiating home care services. The location and movement of friends and family played a large role in determining if older adults needed to hire workers to help at home. As friends, relatives and professionals recognized and communicated that older adults needed new forms of assistance to continue to live in their homes, they initiated processes that begin to socially unmake older adults as independent persons.

The chapter then describes the ways that intake procedures at Belltower and Plusmore differently responded to the older adults with relative wealth and those without Chicago, showing how these procedures and the supervisors who enacted them differently imagined the needs of different classes of home care recipients, and thereby sought to sustain different kinds of persons. The assessment practices through which older adults become Plusmore clients are fundamentally bureaucratic in nature, as they seek to transform the specificities of older adults' lives into quantifiable, and therefore comparable, data that can be used to insure that citizens of Illinois have equal access to services provided by state funds. At Belltower, intake practices instead reflect a consumerist ethic in which the agency seeks to please its customers by providing them with as much service and whichever kinds of help they desire, provided older adults can pay for the services. Having examined the processes and procedures through which the home care industry comes to have a place in older adult's lives, the chapter then shifts to examine how the social organization of domestic space in home care structured the gradual, back-and-forth progression of home care workers into older adults' homes and lives. In doing so, I seek to capture the ways that older adults' domestic places and relations were altered but also sustained by the recurring arrival of their home care workers.

Paths to Home Care

The older adults I met during my fieldwork tended to speak of home care as something they had been reluctant to initiate. Moreover, home care was nearly always initiated as a response to pressure from members of older adults' social networks. Older adults' friends and families typically increased their insistence that older adults begin using home care services either after changes in either their own circumstances or the circumstances of their friends and family members. These changes usually included either their own acute health events (often an illness serious enough to precipitate a hospital stay) or changes in the ability of members of their social networks to provide older adults with sufficient assistance. In cases where older adults' abilities to accomplish activities of daily living were suddenly diminished because of illness, both of these kinds of changes sometimes applied. Often, members of social networks found themselves unable to provide sufficient assistance because of distance or because they had other obligations that became more demanding (sometimes increased responsibilities at work, or other family members who required care). Though home care was frequently spoken of as a way of postponing or preventing older adults from moving into different homes, changes in the spatial organization of social and family life were nevertheless deeply implicated in why and how older adults began receiving home care services.

Home care was frequently initiated after a discrete loss or event such as the death of a loved one or as the older adult prepared to return home from the hospital after an acute illness or injury. This was particularly true at Plusmore, where older adults mostly seemed to be referred to publicly-funded home care services as part of hospital social workers' discharge planning. In other cases, older adults' decisions to hire home care workers were the result of persistent and strident advocacy on the part of other family members, friends or professionals that began before the older adults experienced a significant loss or injury. Thus, older adults' growing willingness to participate in an activity they felt threatened their independence occurred within a rich array of social relationships and responsibilities.

Frequently, older adults told me that they agreed to receive home care services (which threatened their independence) as a way of supporting other members of their social networks. For example, those older adults who had children or other relatives living nearby who might have provided more support told me that they did not want to be "a burden" on those relatives, and felt that by hiring home care workers they were supporting their relatives' abilities to work full time and fulfill their other responsibilities and aspirations. While children funded some of Belltower clients' care, this was still seen as sustaining a greater degree of older adults' autonomy and independence than providing the care themselves. When children take care of their elderly parents, parents become dependent on the children who once relied on them for everything. Indeed, in the United States older adults are often compared to small children in discussion and in literature (Silverstein 1981). For many older adults in the US, this reversal is a serious threat autonomous personhood, and one better avoided by relying on a paid worker. Independence was thus imagined not as the separation from social relations but rather as a morally preferred manner of organizing and bounding social life.

Margee Jefferson was one of the few older adults who participated in my study who had been born in Chicago, and spent most of her life living in multigenerational households. Born in her German grandmother's home on the north side of Chicago, Margee grew up amidst a dense network of kin and often reminisced about summers spent with her sister and numerous cousins picnicking near the now demolished Riverside amusement park or at the summer home of an aunt on the shores of Lake Michigan near Green Bay, WI. The daughter of a city employee who moonlighted as a pianist and a homemaker, Margee told me that high school had been the best time of her life because she had had lots of boyfriends and gone to lots of dances, including one with her future husband. After Margee graduate from high school during World War II, her aunt got her a job at the railroad, and later she switched to become an operator with the telephone company. Her husband, who had received a deferral from the military while he finished college, went into the navy just after they were married. After their marriage, the Jeffersons lived with either her mother or his parents for much of their married life.

Margee continued working as a telephone operator after her husband returned home from the war, helping support them while he went to law school. Margee eventually had four children, and was able to remain employed as a typist and data processor while her mother cared for her children. The Jeffersons lived with Margee's mother when the children were very young, and then moved into the Mr. Jefferson's parents' house, a large four bedroom single family home on the western border of Chicago

When I met Margee, she was still living in her (deceased) in-laws' home with her eldest son, Bertram. Though both the neighborhood outside and the inhabitants within her home had changed dramatically in the decades she had lived in her west-side home, Margee was deeply attached to this home and refused to consider moving elsewhere. Galewood, Margee's northwest side neighborhood, was comprised of single family homes with both front and back yards that had been occupied predominantly by white families through the sixties and seventies, when it had a reputation as the home of a number of mob bosses. More recently, Margee told me that her neighbors were more racially diverse and she thought that the neighborhood had become significantly less safe. Because of this, as well as her own unsteadiness, Margee now only ventured into the neighborhood in the car on the evenings Bertram drove her to her favorite nearby restaurant, Grandma Sally's, a place mostly known for its breakfast service, though Margee praised their stuffed cabbage and liver.

Margee had recently experienced a series of seemingly sudden and tragic losses, beginning with the death of her husband and then her son Carl[36]. Both of her daughters

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[36] I had a difficult time anchoring these recent events in Margee's life to a concrete timeline. While she consistently told me that Carl had died within a year of her husband, I was never able to determine if her husband had died two years prior or more than that. Margee's difficulty with dates may have been a symptom of growing dementia. I also saw her denial of passing time as one of many ways she actively

had long since married and moved away to Colorado and California, but neither of her sons had married and both had continued to live in the home until Carl died. As a result, Margee's home was no longer full of the four children, husband and in-laws who she had once shared it with. Margee continued to grieve the losses of her son and her husband, which had occurred within a year of one another. Margee had been saddened and surprised by her husband's death, though he had been in the hospital or nursing home for six months before he died. Margee told me that despite his extended illness she had not expected him to die, because he had "walked into the hospital" but never walked again. Carl's death was an even greater shock, and violated Margee's most basic assumption about how the world should work, which was that "parents should not bury their children." Perhaps because Carl's death so fundamentally violated her understanding of the world, Margee was unable to tell me what had caused his death, despite repeatedly describing the events surrounding his death in great detail. As Margee told the story, Carl came home one day from his job packing boxes in a distant suburb, and went to bed early, with a vague complaint of not feeling well. When Margee went upstairs to check on him, she found Carl dead in his bed. Margee told me that she never found out what had happened or how he had become so ill, and, each time she narrated the story, seemed to be racking her brain trying to understand why she had not realized he was so ill and called for an ambulance. By this time, Margee seemed utterly paralyzed by her grief and guilt over these deaths, and had not been able to face the herculean task of sorting through and disposing of her husband's and son's belongings. Though both had been

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resisted incorporating her son's death into her daily reality. She acknowledged that he had died as a fact, but could not incorporate it as part of her own lived history.

cremated, Margee also told me she had not been able to go to the cemetery to retrieve their ashes even several years after their deaths.

After the deaths of Carl and her husband, Margee and Bertram continued to live in the west side home inherited from her in-laws. Bertram worked downtown as a file clerk for a law firm, leaving Margee home alone all day. The home, overflowing with piles of clothing, books, papers and other debris, had become quite difficult to navigate. Thus, one day Margee tripped, fell, and unable to get up, spent several hours on the floor waiting for Bertram to come home from work. Although Margee did not recall being badly injured, after the fall she was taken to the hospital and then to a rehabilitation hospital where she remained for several months. As Margee told me in our interview, when she was finally allowed to go home, she reluctantly agreed to have home care workers stay with her during the day in order to ease her son Bertram's fears that she would fall again when she was alone. Margee described how she came to have home care in the following way:

> Margee: I preferred to be by myself but Bertram insisted because it's a worry for him so I let him have his way because it's a worry for him about me. But I am perfectly capable of being by myself.
>
> Buch: Sure. And what kinds of things do Bertram and the home care agency want the home care workers to do while they are here?
>
> Margee: I know what he wants them to do because he wants them to watch me so that I don't fall again. That is all he is concerned about when he is not here. I can understand his concern.

According to Carmen, who supervised Margee's case, Belltower had been hired by Susan, Margee's daughter who resided in California. Susan wanted Belltower to have a worker in the house watching Margee while Bertram was at work, but also wanted Belltower to coordinate the removal of decades of hoarded possessions, dirt, and mold from the house. Susan hoped that such efforts would facilitate the eventual sale of the home, which Carmen feared would be condemned if City inspectors or adult protective services ever came inside. Several weeks prior to Margee's return from the nursing home, Carmen assigned four workers to clean the Jefferson home for eight hours a day to make the first floor safe for Margee and render it sanitary enough for a worker to spend 12 hours a day in. Carmen told me that it took two workers three days to empty and scrub the refrigerator, which had been covered in several layers of mold and grime. It took the team several weeks to get just the lower floor up to Carmen's standards. From the first floor, the workers removed approximately eighty large plastic bags of garbage and donated an additional eighty boxes of books and forty bags of clothing to local libraries and charitable organizations. Carmen also hired a pest control team to eradicate a large infestation of mice and a landscaping company to clear the backyard of severely overgrown brush, small trees and broken concrete. It took the team over two weeks just to carve a path from the back door of the Jefferson home to the garbage cans located outside the alley gate at the back of the yard. When Margee returned home, her home care worker, Grace Quick, spent several hours each day cleaning the basement and upstairs master bedroom in the home, sorting more clothing and donating additional bags as she did so. Though Margee nominally acquiesced to these radical changes in her living environment, she found them invasive and largely unnecessary. At almost every one of my visits, Margee would mutter discontentedly about various alterations being made to the interior of her home and passively refused to participate in the cleaning or sorting process. Margee particularly resented the loss of her books, which Grace and Carmen were finally able to assuage by clearing the house's library –a room lined in formal dark wooden bookshelves with glass doors – of her husband's and father-in-law's legal books and collection of classics, and replacing them with her beloved romance novels.

Carmen found Margee's hoarding behavior pathological (as might be expected of many mental health and social service professionals in the United States), and indeed Margee's preference for living in a home where all sorts of belongings (including used tissues, paper towels, old newspapers and other items most people in the United States consider garbage) were piled on the floors rather than kept hidden out of sight in closets, dressers and other cabinets was unusual. Margee's hoarding could also be described as reflecting a relatively unusual relationship to and understanding of possessions, objects and the organization of social space (Marcoux 2001), or as not recognizing a culturally ordered relationship between matter and place (Douglas [1966]1999).

Though hoarding is relatively rare,[37] Margee was otherwise not so different from the other home care clients I met during field work. Margee's description of how she came to use home care services shared many common elements with those of the other older adults participating in my study. Though her home care was initiated after an acute health event – her fall – Margee ardently argued she didn't require assistance at home. Rather, she tolerated Grace Quick's presence in her home as a favor to her son, who would otherwise worry too much about her. For Margee, having a home care worker in the house was a way of continuing to care for her son – she sacrificed her independence

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[37] According to research based on survey data from Baltimore gathered between 1981 and 1999, about 6.2% of community dwelling adults over the age of 55 exhibit hoarding behaviors (Samuels et al. 2008).

and solitude to relieve his anxiety. She also felt that she was sacrificing her belongings and control over her home, but did not seem aware that her children were considering selling the home entirely. Beyond viewing her willingness to have home care as a kind of gift she gave her son, Margee also viewed home care as the result of both the diminishment and dispersal of her family. She needed home care because her husband had died, and because Bertram could no longer share caregiving duties with Carl. She needed home care because her family was no longer the large and geographically concentrated family she had grown up with, and because her daughters had moved far away and were unable to assist Bertram with her care. She needed home care to remain in her beloved home and to prevent a permanent move to a nursing home (at least for the time being). She needed home care to remain at home because otherwise, if she fell, it might be hours before someone entered her home and found her lying on the floor.

Maureen Murphy's early life could hardly have been more different from that of Margee Jefferson. Born in Cork City, Ireland to an unwed housekeeper who could not afford to keep her, Maureen Murphy became a ward of the state as a very young girl. At about three years of age, Ms. Murphy had been fostered by a woman who the neighbors reported as neglectful, and so at the age of five Ms. Murphy went to live with a farming family outside the small village of Ballinspittal. Ms. Murphy's birth mother had initially worked in homes in nearby Cork, but then got a job in Wales cleaning and cooking for a school. Ms. Murphy's adoptive mother was also unmarried when Ms. Murphy came to live with her, but shared a household with her brothers and mother at that time. Always jealous of Ms. Murphy's relationship with her adoptive mother,[38] Ms. Murphy's birth

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[38] Technically, this was her foster mother, because Ms. Murphy's birth mother never agreed to let Ms. Murphy be adopted. But, Ms. Murphy generally referred to the woman who raised her as her "adopted"

mother tried to visit whenever she was working nearby. Thus, Ms. Murphy grew up knowing both her mother and eventually her much younger sister. Ms. Murphy described her childhood as happy but a little lonely, and described her foster family with both deep affection and a kind of mild and resigned jealousy. She told me that she always recognized that her relationship with her foster mother was different from that of her foster mother's five biological children and was vaguely aware of the strain providing for her placed on her foster family. Nevertheless, she had felt cared for and well treated, pointing out that she ate alongside the rest of the family (something apparently not the norm for Irish foster children at the time). As a young girl, Ms. Murphy was responsible for contributing her share of the farm and household work (as were the younger children when they were old enough). Later, as her foster family grew, Ms. Murphy was given "a little extra work with her (foster mother) when her other children came along." As a child, Ms. Murphy greatly preferred outdoor work to the household chores, because she loved taking care of the animals. She recalled doing her chores while imagining that the chickens and lambs were schoolchildren and she was their teacher. Ms. Murphy reminded me several times that she continued to have a rich and active imaginary life, suggesting that her imaginary friends had kept her company throughout her rather lonely childhood and well into her adult life.

Ms. Murphy dropped out of high school after two and a half years, and spent some time helping on the farm before, at the age of nineteen, she decided to go to England to become a nurse in 1949. By that time, her foster mother had become quite anxious for Ms. Murphy to make a way for herself in the world, telling Ms. Murphy that

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mother, and referred to the children she grew up with alternately as "cousins" or as her " adopted brother/sister."

she would have to push her own children out of the nest as soon as they became old enough as well. At the time, she told me, there were really only two jobs available to women – working as a domestic and nursing. Ms. Murphy choose nursing because she remembered enjoying helping the nuns care for patients during the months she spent in the hospital recovering from sinus surgery at age eleven. However, at the time one had to know somebody to get a decent job in Ireland, and England was the only industrialized country nearby with jobs to be had. At the time, England was experiencing a severe post-war nursing shortage and Ms. Murphy found a hospital in London willing to train her despite her lack of a high school diploma, so long as she promised to finish her degree while she was in training. Ms. Murphy noted that at the time, very few English women wanted to become nurses. Most of her fellow trainees were Irish, though there were a few German and Swiss refugees as well

Ms. Murphy described her time in nurses' training as joyful and busy. She spent long hours studying and doing shifts of simple labor on the hospital ward floors where she initially made beds and changed flowers. She eventually graduated to taking temperatures and blood pressures and then to changing patients' clothing and administering medicine. Ms. Murphy spent every evening that she could get permission to leave the dormitory out dancing and was, "sort of wild at the time." Throughout her training, Ms. Murphy struggled with complications from a bout of pneumonia and described gratefully how the "sister" (the nurse in charge of her training group) and her fellow trainees had "spoiled her rotten" by making her soup and attending to her every need. Ms. Murphy graduated from nurses' training four years later at the age of 23 and took a job at the same hospital where she had trained. She and a friend moved into a small apartment together until the friend left to become a private duty nurse in Wales. Ms. Murphy enjoyed her nursing work in England, despite sometimes encountering discrimination. Ms. Murphy specifically recalled one episode on a bus on the way home from work when an English woman standing right in front of her told her friends, “These are the Irish, you know they are savages.”

Like many of her friends and colleagues, after several years of work in England, Ms. Murphy decided to seek her fortune elsewhere. Though her friends sought work in Australia, Canada, India and Egypt, Ms. Murphy told me that she had always wanted to come to America. She had one biological aunt and several uncles in the United States, but only her aunt had become a citizen. So Ms. Murphy, “wrote her a letter as nicely as I could and asked if she could help me come.” The aunt said she’d be happy to help in two years time, but was already sponsoring two nephews and had not yet completed the naturalization process herself. In the meantime, Ms. Murphy decided to try other avenues to come to the United States. She asked all her friends and family if any of them knew someone in the U.S. who could help her, and eventually a family member suggested she contact a second cousin who knew somebody who could help. This contact suggested that she send papers to several hospitals in the United States including her passport and nursing certificate. At that time, hospitals from all over the world posted job ads in a publication called the Nursing Mirror. After only a couple of months, a hospital located in the Edgewater neighborhood on Chicago’s far north side contacted her and offered to hire her. It took Ms. Murphy several more months to get her papers in order, and nearly lost the ticket that the Edgewater hospital had bought her. When she first arrived in Chicago, the hospital got her a room in a hotel where the people in the next room fought all night and her door didn’t lock. Ms. Murphy wasn’t scheduled to begin work for several days, but she went back to the hospital and refused to leave until they helped her find a new place to live. Eventually, the hospital found Ms. Murphy a boarding room to stay in, and she ended up staying for several years. At the hospital, Ms. Murphy initially worked as a floater, moving from floor to floor depending on need. After seven months, she transferred to the seventh floor, where, for thirty years, she worked six or seven nights a week caring for a mix of children and terminally ill patients. When the Edgewater hospital closed, Ms. Murphy found a job working in a nursing home for the rest of her career.

Ms. Murphy eventually moved into a boarding room in the home of a young family who she became very close to. She lived there for many years until the family’s young children left home and the couple moved to a smaller home. At that point, Ms. Murphy moved into her own apartment in the West Lakeview neighborhood of Chicago, right around the corner from one of the city’s largest Catholic churches.

Ms. Murphy had maintained a large network of friends throughout her career and long into retirement. In the years just prior to when I met her, Ms. Murphy developed a severe and debilitating case of rheumatoid arthritis, which made it increasingly difficult for her to cook and clean and eventually made it extremely challenging for her to leave her apartment. The decline in her health had been quite rapid. Ms. Murphy described her arthritis as an unwelcome assault from the outside, and responded to a worker’s question about why she had arthritis by saying, “it just came. I didn’t go around looking for it.” Only a couple years before I met her, Ms. Murphy had taken a long trip back to Ireland to visit her family. She spoke often and fondly of that trip, and was broken hearted when she later realized she would not be able to return. Though she held out hope that some of her siblings would come to visit her in Chicago, she worried that she might never see them again. By the time I met Ms. Murphy she was about 76 and needed assistance to leave the apartment. At that time, could only walk about two blocks, relying on her walker for balance. Though her friends had helped her buy groceries and run errands for several years, when I met Ms. Murphy, most of her support network had fallen away. Many of her friends were married and had families of their own. As these friends and their partners experienced illness and injury of their own, they had rapidly become less and less able to help Ms. Murphy. Still, Ms. Murphy was deeply attached to her home, her neighborhood and her church (which she rarely had the strength to attend, but appreciated that it was only a block away) and resisted moving even to an assisted living building near her current apartment.

In an effort to save her home and her independence, Ms. Murphy applied for home care services through the CCP program, but was rejected because her income from her nursing pension and interest on her savings was too high. Though I'm not entirely sure how Ms. Murphy learned of Belltower, it's likely that the CCP program case manager who assessed her case suggested that she hire a privately funded home care agency and gave her a list of nearby providers. It may also be that, like many other older adults, Ms. Murphy was referred to Belltower by a hospital social worker after a brief illness or by her doctor. Certainly, Belltower supervisors spent a great deal of their time and energy on marketing efforts, which mostly involved building relationships with various medical practices, with the social workers at nearby hospitals and nursing homes. Belltower administrators hoped these social workers, who helped older adults and their families make arrangements for post-discharge care, would recommend Belltower to their patients. Ms. Murphy had been receiving care for barely a year when I met her. When she began care, Ms. Murphy only required help with housekeeping and cooking, making her a good match for Betty, an older worker who did not drive. By the time I started fieldwork with Ms. Murphy, the friend who had been bringing her groceries was too busy nursing her own very ill husband, and for a short period I began running most of Ms. Murphy's errands. When I completed fieldwork, Betty had retired and Ms. Murphy was struggling to adjust to a new home care worker who also did not drive. Ms. Murphy began receiving home delivered "meals on wheels" for several months before finally moving to an assisted living facility. Though Ms. Murphy had long been accustomed to living alone and taking care of herself, her rapidly advancing arthritis, combined with her friend's diminished ability to provide help, meant that she required home care in her early seventies and was no longer able to live totally independently by her mid seventies. She was at least ten years younger than the next youngest client with whom I did fieldwork, though both agencies had a few clients even younger than Ms. Murphy. Certainly, part of what caused Ms. Murphy to need care at a relatively young age was that she had very little nearby family to support her as she aged. As an unmarried, childless immigrant orphan, Ms. Murphy's support networks were not built on a foundation of intergenerational reciprocity or kinship obligation, but on simple affection and friendship. While these relationships were able to support her for several years as her health declined, eventually they were unable to support her living independence. Indeed, of all the older adults I met during fieldwork, Ms. Murphy was the one who had been the least dependent on others for assistance throughout her life. In old age, her independence from kin directly contributed to her inability to continue to live as an independent adult in her own home.

Hattie Meyer was born in at the end of the summer of 1924 in the parsonage of a small town in rural Alabama where her grandparents lived. The town was organized around one main street, which Mrs. Meyer estimated was about ten or twelve blocks long, but she couldn't be sure because, "we didn't say blocks down there." Many of Mrs. Meyer's friends lived on farms outside of town. She recalled that the town had one hotel, which black folks worked at but could not patronize. There were two restaurants, which were for whites only. After church, Mrs. Meyer recalled going around the back of one of the restaurants to get a hamburger, then taking it back to the black church grounds to eat. Mrs. Meyer estimated that there were about 500 black families in her town. Mrs. Meyer finished her education before integration, and so when she was a child, all of the black children in the county went to school at the County Training School.

Mrs. Meyer was the baby of the family. She had a sister who was five years older and a brother six years older and another brother seven years older than she was. The year after Mrs. Meyer was born, their mother died in childbirth. At the time, she told me, no blacks were born in hospitals and most were delivered by midwives though a white doctor would come to help in an emergency. Mrs. Meyer's grandmother blamed her father, for not supporting the family better and believed that her mother, who had been employed by the owner of the town bank, had worked herself to death trying to support the family. Mrs. Meyer's father finished high school and had been in the army, and then taught himself masonry. He was the only black brick mason in their town, and had built one of the largest and most ornate homes in town. Her father was also a bondsman and one of the very few black men allowed to vote in the early 1930s. Mrs. Meyer remembered with pride that he never missed a day of work, and that many of the white men in town consulted with her father about politics and business.

Neither Mrs. Meyer nor her siblings had much recollection of their mother. When Mrs. Meyer's mother died, her grandmother assumed responsibility for the siblings. For all his success, Mrs. Meyer's father did not give his children or their grandmother money to support them. A laundress, she could not afford to feed and take care of all four children, so while she kept Mrs. Meyer, her siblings were "spread out to some of the rest of the family." Mrs. Meyer recalled that her siblings had regularly begged to come back to live with their grandmother and continued to feel guilty that because she was the baby and her grandmother had taken pity on her, she had been raised with a great deal of love and gentleness. Mrs. Meyer attributed many of her siblings' problems later in life to the difficulties they faced in these other households. Mrs. Meyer's eldest brother was sent to live with a great aunt who lived about forty miles away, and the other brother went to live with an uncle who lived in the next town over. Her older sister had always been beautiful, but also small and weak and suffered from what Mrs. Meyer called "sleeping sickness" which made her fall asleep without notice. The sister lived with her father for awhile, during which time Mrs. Meyer recalled being embarrassed by the strange hairstyles her sister wore when they saw each other at church on Sunday. By the time this sister was a young teenager, she had quit school and her father had sent her to the country to work for a woman who did all the white people's washing. When Mrs. Meyer's grandmother found out, she organized a drive and a cart and took Mrs. Meyer down to the country to retrieve her sister. When Mrs. Meyer told me the story almost seventy years later, she said that it remained "one of the proudest days of my life" even though she had been a young girl at the time. For Mrs. Meyer, it also showed her how lucky she was that "grandma got me, and whatever happens, I'm going to be here with grandma and she's going to be fighting for me. She ain't going to let nobody bother me…She's not going to let daddy send me down to [the laundry owner]… but she couldn't keep my sister and she couldn't keep my brothers." When they brought her sister home, she went to work for "this old man" in town who "couldn't do anything for himself. He was old. She would be with him and give him food and take care of him. Though Mrs. Meyer remembered that her sister had been an extremely attentive caregiver, she got in trouble for falling asleep and was called racist names. As soon as she could, her sister found another job as a maid and nanny for one of the wealthiest white women in town. There, she worked seven days a week, earning $3 per week cleaning, washing dishes, doing laundry and looking after her employer's two daughters. There, they didn't get upset when she fell asleep. Mrs. Meyer's sister gave some of her income to her grandmother. Mrs. Meyer told me that her sister never learned to read or write. As a teenager her sister had been raped at least twice by employers before she left for St. Louis and married.

Like many of the black girls in town, Mrs. Meyer started working after school when she was thirteen or fourteen, taking "care of the white kids when I got out of school… cleaning up and cooking and whatever else there was to do. You'd go to school and after school you go to your work, and they were glad to let us do it. They knew they were helping us by letting us do it." As Mrs. Meyer recalled, middle and upper class white families in town considered it a good deed to help poor black families by hiring their young daughters to do housework. In high school, she began working before and after school and on the weekends, adding cleaning to her child care duties. For a long time, she worked alongside her sister-in-law as a domestic servant for the a woman who owned a clothing store in town, and was the wife of a local car salesman. While Mrs. Meyer really liked her employer, she described her employer's husband as someone who winked and made passes at the black women in town and would try to get them to meet him somewhere secluded. Mrs. Meyer also knew that her sister-in-law (now separated from her husband) had "gone" with him now and again. In the mornings, when Mrs. Meyer was gathering her things to leave for school, the husband would often come back home, strip naked on the back porch of the house and walk around the kitchen nude. Finally, one day Mrs. Meyer decided to put an end to this behavior by telling him that "you better get out of here now because my name is not [her sister-in-law's] and I don't go with white men." Mrs. Meyer had spent most of the morning stretching curtains in the kitchen, and had not had time to "get the kitchen all done up the way it should be" before she left for school. When she returned in the afternoon, her employer questioned her about the disarray. Though Mrs. Meyer recalled answering the questions politely, her employer's husband soon stormed in screaming, "you let me tell you one damn thing. I don't allow no black bitches to talk to my wife like that." Mrs. Meyer realized that he was retaliating because she had spoken so brazenly earlier in the day. That moment, Mrs. Meyer couldn't hold her anger back any longer and she "started telling him off and couldn't stop. I knew better but I couldn't stop. I was so mad at him because what had gotten into me was I'm down in Alabama and I ain't just not gonna take it anymore. You just not going to do me like this." Eventually, she recalled that she backed out of the door and went home, all the while being cheered on by the white lady next door saying, “you tell him!” because they knew that he was an abusive, lecherous man. The husband continued to threaten Mrs. Meyer, demanding that she repay his wife what she owed, though Mrs. Meyer said she owed nothing. Finally, Mrs. Meyer’s father became so angry at how his daughter was being treated that he went and spoke with the husband. Looking back on it, Mrs. Meyer realized that, “he was very angry too because for him to go and talk to that white guy he had to be very angry. They could have always hung him for it.” Soon after, Mrs. Meyer decided to leave town.

By that time, Mrs. Meyer’s sister had married and moved to St. Louis, where she had nine children. Mrs. Meyer found work at a glass factory and then in a restaurant. There, she met her husband, who grew up in Arkansas, through a friend. She told me she decided to marry her husband because, “he was a good man. He wanted his kids to have a father so bad, he loved those kids so bad. He’d get up at midnight and walk to Church’s Chicken© or something [if they asked him]. The kids were his world and he was so good. He never made a check that he didn’t bring home.” Soon after, they had a child who they named Winston, and her husband decided that in “this place nothing is ever going to happen here good.” Mrs. Meyer’s brothers already lived in Chicago where they were making good money working at a Ford Motor Company factory so she, her husband and son moved there. Her husband was a butcher and had worked for a meatpacking plant in St. Louis and was able to transfer to another plant run by the same company. He worked at the meatpacking plant until it closed, and then worked at the Brach’s Candy factory until he became too ill to work. For a little over a decade after they left St. Louis, Mrs. Meyer stayed home and took care of her sons. Her husband made very good money as a butcher. When the Meyers first moved to Chicago, they found a nice two bedroom apartment on the west side of the city, a neighborhood where there “were a lot of projects over there now, but at that time it was nice.”[39] After several years, they moved one a few miles south and west, where they bought a nice home.

Winston was a “little slow” as a young boy and Mrs. Meyer found that even when he started grammar school she “had to kind of watch him.” Her younger son, Joey was born eight years later after Winston. When her Joey started grammar school, Mrs. Meyer went back to work, first in the collections department at Cook County Hospital. She told me that once you started working for the county, it was relatively easy to transfer to a new job, so she soon started working at the County building and then became a Deputy Sheriff for Cook County. Mrs. Meyer recalled how much she had enjoyed the being a Deputy Sheriff because it was always interesting. For most of her time in the Sheriff’s department, Mrs. Meyer worked in the county court building at the juvenile court. She worked there many years and told although,

> You get tired after awhile but it was interesting. You deal with so many people on so many levels. The prisoners, some of them are dogs. Some of them are terrible. Some of them are good. Some of them are bad. Then you have judges and they go really the same. State attorneys and public defenders. You have all these different friends who are all these different people. It was nice for me coming from the South being able to have friends, well associates, of all those different categories or whatever.

Mrs. Meyer built a strong support network in Chicago, including a club of friends who would go to Las Vegas or Hawaii or take a cruise two or three times a year, as well as outings to shows downtown on the weekends. Though she had left St. Louis, Mrs. Meyer remained close with her sister’s family and visited every three or four months. Mrs. Meyer worried about her sister’s nine children because her sister’s husband was violent.

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[39] By 2008, when I interviewed Mrs. Meyer, the public housing projects that had come to dominate Mrs. Meyer’s former neighborhood had been torn down as part of the Chicago Housing Authority’s “Plan for Transformation” (2010b; Fennell In Press).

One time, Mrs. Meyer recalled that she went to visit and as soon as she got close to the house, one of the "big grown kids" came out of the house crying and said, "Daddy whipped Micky… I went in there and my sister had… Ricky was about ten years old and she had him stretched out and had grease because he was bleeding. His back was bleeding." His father had beaten him with a razor strap and an ironing cord. When Mrs. Meyer's sister refused to take Micky to the hospital, Mrs. Meyer threatened to use her law enforcement connections and to call child protective services. Eventually, they took Micky to the hospital and "got the nuns involved." The nuns arranged for Micky to attend a boarding school so that he could be out of the house five days a week. He ran away after two weeks and was never seen again. Mrs. Meyer told me that her sister couldn't "raise anything. She never could. She was just terrible… up until this present moment she don't make anybody do anything. She had so many and all of them turned out just nowhere. Just be nobody." Mrs. Meyer would also take clothing she purchased in "Jew Town"[40]as well as clothing donated by a wealthy white colleague of hers down to St. Louis for her sister's children. Mrs. Meyer explained that she spent so much time and energy caring for her sister's family because, "I still look at that day when she had to go and was so mistreated and all the hard times she had when we were children. I wished I had never seen that. I always tried to make her have some good days for all those bad days she had."

After she began working as a Sheriff's Deputy, Mrs. Meyer's husband began experiencing the symptoms of muscular dystrophy, and became completely disabled within a matter of years. As Mrs. Meyer described it, "Everything in his body died. All

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[40] Mrs. Meyer was referring to Chicago's Maxwell Street Market, a huge market in what had been an old Jewish neighborhood on the near south side of Chicago. At Maxwell Street, one could purchase pretty anything your heart desired, for a discount. Or so the legend goes…

the muscles in his body died. He started with wobbling. Couldn't walk. He worked so hard and so long. It got to the point where he didn't come home at night. He stayed asleep on the job. I said, 'You can't do this anymore.' He wanted to work so bad." Soon, her husband's personality completely changed, and he became severely depressed and verbally abusive. Though he continued to bring every paycheck home, he also had started to "just drink, drink, drink, and you don't ever want to be around a drunk." When her husband refused psychiatric treatment, Mrs. Meyer was so worried that he would kill himself that she removed all of her guns from the house. Joey hated being home and told her that as soon as he was old enough he was going to leave, a threat that broke Mrs. Meyer's heart. By the time Joey was in high school, Mrs. Meyer made what she described as a gut wrenching decision to leave her husband. She told me, "It was so bad for my children. I stayed longer than I should with the children but I knew he couldn't help what he was doing. We left. After we left, he still needed somebody real bad." She moved with her sons to a two bedroom apartment in the Austin neighborhood of on the far west side of Chicago only a few blocks from the affluent suburb of Oak Park. When Mrs. Meyers moved to Austin, it was inhabited mostly by white families but struggling because of its poor transportation connections to downtown. The west side experienced racially motivated riots from 1965 onwards, including the massive 1968 riots following Martin Luther King's assassination. The riots accelerated white flight which continued through the 1970s. By the 1980s Austin was nearly 75% black, and, at least according to white friends of mine who grew up in nearby Oak Park, had a reputation of being so dangerous that their parents would not allow them to drive through the neighborhood during the day or night.

Mrs. Meyer continued to check on her husband regularly with a friend of hers who was also a Sheriff's deputy. When she would visit, she would regularly have to "run off" people who would come into the house and assault or take advantage of her husband. Eventually, she "put him in the hospital." Once there, her husband decided that he didn't want to go back to their home, and realized that if he came to live with Mrs. Meyer and their children he would continue to drink and treat them poorly. He asked Mrs. Meyer to find him a nursing home to go to. She found a nursing home she liked that was only a few blocks from her new apartment in Austin. Using her political connections to jump the long waiting list, Mrs. Meyer arranged to move her husband into the nursing home within the same week he requested it. Mrs. Meyer visited him there nearly every day for eighteen years, until he died.

During the time her husband's health was deteriorating, Mrs. Meyer's son Joey also started showing symptoms of muscular dystrophy. By the time Joey was 18, he had "started going down." After graduating from high school, Joey worked as a technician at one of the large municipal buildings downtown while attending Columbia College. Always a bookworm, Joey was the first in her family to go to college. Due to his muscular dystrophy, Joey's vision began deteriorating before he finished college, but he insisted on living in his own apartment and worked until he could "hardly get home because he couldn't see real well." At that point, he began attending a school for the blind and living in an apartment for people with disabilities where he could take the building transportation to work. At first, Mrs. Meyer would go and bring him home on the weekends but eventually he "couldn't see, he couldn't walk, he had to ride on a thing [motorized wheelchair]… finally I had to bring him home." Mrs. Meyer still had to work in order to make ends meet, so she had home care workers come in to care for Joey. These early experiences with home care workers were largely negative as “they stole most of the things I had, like nice stuff. I had a big fluffy white rug. All kinds of stuff they stole from me.” Mrs. Meyer’s came home one day to find another worker asleep while a pot of food boiled over and Joey called for help from his bed. Still, one of the workers realized that her son loved to read and would read books to him for hours on end. Joey was too immobilized to attend his father’s funeral.

Mrs. Meyer’s son Winston graduated from high school and then attended a trade school where he learned to be a machinist. When he finished, Mr. Meyer found Winston a job at the Brach’s candy company working on a new machine that required special training. Winston worked for Brach’s for twenty-two years before the company went out of business. Brach’s closed a few years before Mrs. Meyer retired, so Winston was able to come and help Mrs. Meyer take care of Joey when she was still work during that period which Mrs. Meyer recalled was “really hard.” Eventually, Mrs. Meyer was able to retire and care for Joey herself. Joey died four years after his father. He was in his early thirties. In the meantime, Winston had developed “sugar” (diabetes) which had gone undiagnosed because, as Mrs. Meyer explained “Winston was real quiet.” About five years after Joey died, Winston’s feet became severely infected with gangrene. On the day I interviewed Mrs. Meyer, decades later, she could barely describe what had happened. She told me.

> If I had known his feet was like it was. He had gangrene all over his, when we got in the hospital, they had his foot, he wasn’t there an hour before they had his foot off. Three days, they had cut him three times. His knees, and above his knees. But anyways, I lived through it… Once Winston went to the hospital, he never came out… Gangrene had already messed him up. He wouldn’t tell… He thought because his father and brother had been so sick, he just don’t want to worry you.

> He wasn't the person to tell you anything anyway. He was such a nice kid. He was so good. I made it somehow.

When I met Mrs. Meyer, she was still living in her two bedroom apartment in Austin, her son's bedroom still decorated with his reggae posters. She had close relationships with many of her neighbors, sharing advice on parenting, the legal system etc. with the young mothers who moved into the building. She had recently experienced a series of serious illnesses that had left her homebound, an ongoing frustration since she had previously enjoyed going with her neighbors on regular outings to the grocery store and mall. Mrs. Meyer began receiving home care services from the CCP program a few years before I met her after a lengthy hospital stay. She told me that the social worker who had been helping her make arrangements for her discharge had recommended the program to her and set up the appointment with a case manager. Once the manager determined that she was eligible for services, Mrs. Meyer began receiving care from Plusmore. Mrs. Meyer had severe asthma and diabetes, and during the time I knew her spent several weeks in the hospital due to a kidney stone. Though Mrs. Meyer had no family left in Chicago, her neighbors continued to check in on her and run errands for her. Two of her sister's daughters continued to come and visit Mrs. Meyer nearly every other month when I was conducting fieldwork, and she received daily phone calls from many of her nieces and nephews. As she told me, "They're all I have. They just call all day, all night. Whatever. The kids and the grandkids, they make me feel so big." Indeed, most of the days I visited Mrs. Meyers, her telephone range every ten minutes as neighbors, nieces and nephews called to solicit her advice and opinions about their personal problems, their "stories" (soap opera television shows) and the historic national presidential campaign that was underway at the time.[41] Yet, like Ms. Murphy and Mrs. Jefferson, Mrs. Meyer came to need home care services primarily because she had no family nearby to help her run her household and cook her meals.

Like Mrs. Meyer, Ms. Murphy and Mrs. Jefferson, the other older adults that I met during my fieldwork all began using home care services because those people who they had cared for and who had cared for them in the past were no longer able to provide enough assistance for them to remain safely in their homes. Much like home care workers, migration played an important role in bringing older adults to home care. For some older adults, their own past migrations had left them with few local kin. Other older adults' children had moved too far away to provide regular care. Many older adults had

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[41] Indeed, Mrs. Meyer was a wonderful conversationalist and story teller. While most of my interviews with older adults were between ninety minutes and three hours long, my interview with Mrs. Meyer was nearly five hours long. I spent many hours during fieldwork listening to Mrs. Meyer describe with brutal honesty the racism she had endured throughout her lifetime. These conversations were interspersed with discussions of the ongoing democratic primary race between Barack Obama, Hillary Clinton, and when we started , as Mrs. Meyer put it, several "old white dudes." Mrs. Meyer believed that the idea of a black man being nominated by a major political party in the United States was a far-fetched fantasy, and favored Joseph Biden because he seemed experienced, wise and honest. She also thought it would be foolish for the Democrats to nominate a black man, because he would stand no chance of winning a national presidential election. Also, like many of the black men and women I met in Chicago, Mrs. Meyer was petrified that Obama would become the target of assassination attempts were he to become a viable contender for the Democratic party nomination. As we followed the lengthy and often racially charged primary, I continued to argue that I thought the Democratic party was capable of nominating Obama, and that given Obama's story and charisma, I thought he might actually stand a chance of winning the presidential election. Moving back and forth between Mrs. Meyer's experiences of racism in the deep South and Chicago and her perspective on the possibilities of US democracy was, for me, an incredibly powerful way to experience what was already an obviously pivotal moment in US history. Eventually, we developed a routine in which she would watch the news reports of the election before I came to her apartment, and select several topics for us to discuss. I think both of us were delighted our ability to talk these events over with someone whose background and perspective was so different: I was the kind of young, white progressive who rallied behind Obama, while Mrs. Meyer joked that she was like the other old black grannies who had their dreams denied too many times to hope that the violent and hateful country they grew up in could change. By the time of the presidential election, I had returned to Ann Arbor. The day after Obama won the presidential election, I called Mrs. Meyer to celebrate. When she answered the phone, we laughed that neither of us had much voice that morning from having spent much of the previous night cheering. Mrs. Meyer was clearly overcome with emotion to have seen an event she never thought possible occur. As I thanked her for helping me better understand the immensity of having elected a black man as President of the United States, she thanked me for having been the first person who had made her think it might actually be possible. While I had many personally powerful conversations with workers and older adults over the course of my fieldwork, this conversation has stayed with me as a rare moment in which ethnography was transformative not just for me, but for someone I was working with.

outlived their spouses and a few had outlived all of their children. Some older adults continued to live with their spouses or children, but these family members were unable to provide them with all the assistance they needed. Often, an older adult's spouse did not have the physical strength or stamina to provide or perhaps did not feel competent to care for the spouse alone. The latter case was more common among husbands caring for wives, perhaps because they had not learned or practiced domestic skills like cooking and housekeeping earlier in life (Abel and Nelson 1990; Aronson 1992; Li 2005) and adult children often worked full time. In a few cases, older adults had children living nearby, but preferred assistance from a home care worker because they did not want to be overly dependent on their children. This was a situation some older adults felt was too great a reversal from their earlier role in children's lives. Older adults often lived alone, despite the concerns and worries of their friends and family members, for a small number of years before initiating home care. Most of the time, older adults resisted hiring home care services until they experienced an acute health crisis – perhaps a fall, a stroke or a heart attack. Through these crises, older adults came into contact with health professionals and social workers who urged them to hire some help at home, and sometimes required it as a condition of hospital discharge. Though several of the older adults I met had previously had home care workers in their homes to care for other family members, for all of the older adults I worked with, having a home care worker help them navigate their own daily lives threatened their sense of independence because it threatened the integrity of their households. Most explicitly, older adults discussed the ways home care threatened the integrity of their homes through their worries about theft (see Chapter 4 for further discussion). More subtly, older adults worried that home care workers and especially home care agencies would try to change the way they lived (see Chapter 5 for more discussion). It is worth noting that older adults did not seem particularly worried about having paid workers in their houses but rather about the objectifying and standardizing tendencies of markets and bureaucracies that workers represented. In the remainder of this chapter, I describe the ways that agency practices and physical spaces structure the (sometimes failed) incorporation of home care workers into older adults' homes and lives. These are often highly fraught processes in part because older adults are attempting to incorporate paid worker into their household and at the same time trying to protect their households' integrity as private spaces.

Becoming a Plusmore Client: Determining Need for Community Care Program Services.

Once convinced by friends, family, social workers or medical professionals that they needed the assistance of a home care worker, older adults began their formal engagements with the various bureaucratic and corporate institutions that regulated and provided home care services. For low-income older adults to receive publicly-funded home care services through the Illinois Community Care Program (CCP), they first needed to be assessed by a case manager from one of the four Chicago area CCP Case Coordination Units. Each of these units was part of a larger health or social services organization (ie. Catholic Charities or The University of Illinois at Chicago Jane Addams School of Social Work) and served a different region of the city. First, an older adult needed to prove that s/he was either a US citizen or a legal resident, a resident of Illinois and over 60 years old. Each older adult also needed documentation proving that that s/he owned assets totaling less than $17,500 (not including a home, car or personal furnishings). Case managers at each of all of the case coordination units in Illinois use the same Determination of Need (DON) "tool," (See Appendix 10) to assess the kind and degree of an older adult's physical and cognitive disabilities and if there is a gap between the amount of assistance an older adult needs and the amount s/he receives from friends and family. Case managers were required to attend two days of training as well as regular recertification classes. The DON is generally "administered" in the older adult's home (unless they are hospitalized at the time), which allows the case manager to observe visible signs of need and available social support rather than relying solely on the older adult's self report. The DON was designed in 1989 and revised periodically thereafter. Once case managers have assessed an older adult's need for assistance, they can recommend that the older adult receive one or several different services provided through the CCP program ranging from home care to an emergency home response service. Over 85% of all CCP service recipients receive a home care worker.

The DON combines the Mini-Mental State Examination (MMSE), a common screening tool (but not diagnostic test) for dementia and with a functional status assessment tool used to rate the older adult's level of impairment and "unmet need for care" for fifteen different Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). On the MMSE, older adults are assigned one point for each correct answer they give within an item (thus, some items can score a total of five points, while others score a total of one point). Scores on the MMSE can range from 30 (no impairment detected) to 0 (significant cognitive impairment). On the DON, MMSE a client is given ten extra points if the MMSE score is equal to or less than 20. The functional status assessment tool is scored 0-3 for "Level of Impairment" (Column A.)

and "Unmet Need for Care" (Column B) on the following "functions:" Eating; Bathing; Grooming; Dressing; Transferring; Continence; Managing Money; Telephoning; Preparing Meals; Laundry; Housework; Outside Home; Routine Health: Special Health; and Being Alone. Individuals can score up to 45 points in column A and 45 points in Column B. Scores from the MMSE, Column A and Column B are added together, bringing the total possible DON Score to 100 (Mitzen et al. 2009). DON scores are directly related to the amount of money the state allows to pay for each client's home based services, called the "Service Cost Maximum" (SCM). In 2008, older adults scoring less than 29 were ineligible for services through the CCP program. Table X below shows the monthly SCM amounts for each range of DON scores.

Table 1. IDoA CCP Program Service Cost Maximums (2008).

DON Score	2008 SCM
<29	-------------
29-32	$341
33-36	$629
37-45	$951
46-56	$1,180
57-67	$1548
68-78	$1778
79-87	$2152
88-100	$2820

(Mitzen et al. 2009)

Small differences in scoring the DOM can clearly influence the intensity of service available for to older adults, as $341 translated into approximately 5 hours of service per week from Plusmore, while $629 translated into over 9 hours of service.[42] Older adults with SCMs above 68 received between 2 and 3.6 hours of service seven days per week; however clients with this level of need were likely to have significant cognitive

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[42] Plusmore charged the state about $13 per hour of service provided in 2007-2008. Oddly, monthly service hours were allocated on a five week schedule.

impairments that rendered it unsafe to stay home alone (Mitzen et al. 2009). While SCMs rise more steeply as older adult's level of impairment rises, recent research indicates that the SCMs at the highest levels of impairment remain insufficient to successfully prevent nursing home placement (Mitzen et al. 2009).

Unfortunately, I was never able to observe or interview the case coordination unit case managers who conduct the determination of need assessment, and so my descriptions of the process of determining need in the CCP program are limited to what older adults could tell me and publicly available assessment forms. In 2009, researchers from the University of Illinois at Chicago published a report under the auspices of the Illinois Department of Aging, examining the assessment tool used by the CCP program to determine what services older adults need.[43] In that report, the author's note that, based on their interviews with key informants in the CCP program, case coordination units and provider agencies, the ways the DON tool is applied in relation to actual older adults may vary a great deal depending both on individual case managers and older adults' responses to each item. Two of the key findings from this report were that:

> • **Policies in the field may impact scoring.** Several procedures make it difficult to determine the true level of unmet client need. More than one informant reported that column B (unmet need for assistance) is rescored lower if the client refuses services offered by the case manager to address the specific unmet need. This can result in a considerably lower total DON score. We do not know how

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[43] This report was commissioned in response to a legislative mandate from the Illinois General Assembly requiring that the Illinois Department of Aging to "examine if the determination of need tool is accurate in determining the participants' level of need" (Mitzen et al. 2009). This replaced an earlier mandate that the IDoA remedy disparities between the Service Cost Maximum's associated with the current determination of need (DON) tool and the Service Cost Maximum's available to younger adults with disabilities who received home services from the Illinois Department of Rehabilitative Services (which uses the same DON tool). The disparity between the funds available to younger and older adults with similar levels of need reflected, in part, the success of the disability rights community in lobbying for services that help them live and work in "the community" instead of in institutional settings. Advocates for older adults argue that parity between funds available for younger adults with disabilities to receive home services and those available for older adults would decrease nursing home use and

> prevalent this practice is or whether it is unique to the Community Care Program. Also, if case managers know that the CCP client is going to be admitted into a nursing home, he or she is not scored on Column B. Both of these practices make it very difficult to draw conclusions about client characteristics, DON scores and appropriateness of Service Cost Maximums.
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> • **Client and family perspectives may impact scoring.** One informant reported that clients are reluctant to admit that they have limitations in daily activities as it may be used against them as a reason for nursing home placement. Also, older clients assessed without the presence of the caregiver responsible for addressing the unmet need will often overestimate the level of assistance that would be provided by the caregiver(s). This can lower column B scores and the client can be provided inadequate assistance. (Mitzen et al. 2009, p. 15-16)

Further ethnographic research shadowing CCP case managers as they conduct assessments could be used to examine the moral logics that case managers use to “rescore” DON assessments, and if the organizational values of local case coordination units play a role in shaping these moral logics. My limited ethnographic knowledge regarding older adults’ experiences with their CCP case manager and the assessment tool supports the second of the findings cited above. Some older adults told me that they saw the CCP as a way to get free (or inexpensive, since some older adults were required to contribute a “co-pay” to the cost of their services) housekeeper or cook. These older adults’ claims to have manipulated the system may have been an attempt to deny their increased dependence on paid workers rather than an accurate statement of their actual lack of need (see Chapter 6 for further discussion). Most older adults, however, seemed to have tried to minimized their need for assistance during the needs assessment, as they often seemed to require more help than their workers could reasonably manage within their assigned hours. Despite the fact that officially, the CCP case manager is the person responsible for monitoring the adequacy of and older adults’ satisfaction with services, older adults had very little contact with case managers, and tended to call their worker’s supervisor at Plusmore if they had a problem. Occasionally, when a Plusmore supervisor determined that the agency could not adequately care for an older adult, the supervisor would contact the case manager and suggest a change in care plan or service provider[44]. In general, older adults seemed to avoid interacting with their CCP case managers, and some did not even know their names.

Once a case manager had determined that a client needed home care services, the case manager contacted an agency that had a contract with the IDoA to provide CCP home care services such as Plusmore. Usually, the case manager simply faxed Plusmore the new client's care plan, listing the number of service hours the client had been allocated per month and the ADLs and IADLs that the new client needed assistance with. Once Plusmore received the care plan for a new client, the supervisor in charge of the part of the city where the client lived began both an electronic and paper file for the client and began working to staff the case as soon as possible.

The Determination of Need tool is efficient and precise in its ability to reduce the complexity of older adults' needs and desires to a number and then into a dollar figure. In doing so, the DON produces a relatively impersonal and equitable process through which to compare the needs of diverse older adults and then allocate the limited resources available to the Community Care Program in accordance with broader program goals (as determined by the IDoA and the Illinois General Assembly). For example, the increasingly important goal of preventing or postponing nursing home placement has

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[44] The few times I observed a Plusmore supervisor contact a case manager to request a change in provider it was because a client had repeatedly refused to cooperate with agency rules. Some of these clients were verbally abusive, while others sexually harassed clients. Most demanded that workers do tasks that were against company policy. If the client continued to insist that the worker perform unapproved work after supervisors repeatedly clarified that older adults were not entitled to the requested service, the supervisor might call the client's CCP case manager to request that the case be reassigned to another provider. I was told that case managers would usually reassign a problematic client once, but if the problem was repeated the client would usually be denied CCP services in the future.

resulted in disproportionately large (but still insufficient) increases in the SCM for clients scoring above 88. Though individual case managers could interpret and manipulate the DON form to reflect their professional (or unprofessional, as the case may be) judgment about individual adults, use of the DON produces some limits on the extent to which favoritism or discrimination might influence the allocation of public resources. Thus, the DON assessment tool was intended not only to be objective, but to objectify older adults as a way of ensuring the equal rights and access of all of Illinois' citizens and legal residents over the age of 60 to publicly-funded social services. Assessment tools might thus be seen as central to the functioning of a democratic welfare state because of (rather than despite) their abstracting and objectifying tendencies. Yet, at the same time, the entry of a case manager into older adults' home to administer an assessment that focuses on their increasing needs and ignores the rich tapestry of their daily lives and histories also represents an early, albeit brief, incursion of public moral logics into older adults' homes and lives.

Recruiting and Assessing Clients at Belltower.

New clients found their way to Belltower on the advice of doctors and social workers or through word of mouth. Indeed many of the older adults I met and heard about during my fieldwork had found out about Belltower's services because either they or one of their kin had "asked around," probing their friends to find out if they or any of their family members would recommend a home care agency. Indeed, Belltower supervisors were keenly aware that their future business was strongly tied to their clients' satisfaction with both their supervisors' responsiveness and their workers. When Belltower's supervisors received a call from a potential client, they tried to schedule an in-home assessment at the older adult’s home with the older adult and any interested family members as soon as possible. More than once, I watched supervisors rearrange their entire work day in order to be able to visit the older adult on the same or next day they received an inquiry about new service.

Kathy Hirschorn invited me to tag along on one of these assessments. She had received a phone call from the potential client’s sister earlier in the morning and scheduled an appointment for three o’clock the same afternoon. We drove a short distance to a north-side neighborhood full of large single family homes and shady, tree-lined streets. Though some of the homes had obviously been recently renovated, an equal number had peeling paint and overgrown shrubbery. It was another hot summer day and as we approached the house, I noticed that the heavy wooden inner front door had been propped open, with only a glass and metal screen door separating the house’s entry way from its small front porch. Kathy knocked gently on the front door, and we immediately heard a hoarse voice tell us to come in. As we entered, I was overpowered by the smell of stale smoke as my eyes adjusted to the dim yellow light coming into the large living room through half closed curtains. A thick burnt orange shag rug covered the floor. Two women in their mid-seventies sat side by side at the back of the room in identical brand-new beige overstuffed recliners with their La-Z-Boy sales tags still attached. We later learned that one sister had just purchased the two chairs because the potential client has to keep her leg elevated at all times (though it was not elevated when we arrived). Kathy introduced us, and handed Gertie a thirteen page packet of photocopied papers. The packet included four separate documents describing the risks of hiring an independent home care worker or hiring a worker through a registry service and explaining the value of the additional cost of hiring Belltower. Also included was a sheet describing Belltower's schedule of charges, which also listed the rule for overtime pay and pay for live-in workers. Another sheet described the "Do's" and "Don'ts" of what kinds of services Belltower home care workers were allowed to provide (Appendix 11). The Don'ts, Kathy had told me, were mostly legal restrictions or imposed by the insurance company. Other restrictions were the agency's effort to restrict the service they provided to "support services that help older persons live independently in their home and communities" by limiting clients' ability to treat workers like maids or general servants. The list of restrictions included: providing medical care or rehabilitative therapy; cutting finger or toe nails, giving haircuts or permanents; providing heavy cleaning services such as scrubbing floors or walls, washing windows, moving furniture, hand washing laundry; providing assistance in any way for a non-client residing in the household; doing any yard or outside work, climbing on ladders; providing child care; limited pet care; and home repairs. Another sheet described Belltower's policy about workers lifting clients, stating that Belltower supervisors would assess if a client or family member could assist workers in a lift or if special assistive equipment was necessary. According to the sheet, Belltower would not allow a worker to perform a full lift without equipment or assistance because of the serious risk of injury to the worker. The packet also included a Frequently Asked Questions sheet and a photocopy of Belltower's trifold marketing pamphlet. The packet included a document titled, "Did You Know?" (see appendix 12) which described the changes facing the home care industry and listed "a broad spectrum of issues that you should be aware of." These included: Illinois Minimum Wage Law; a rule mandating 24 hours of consecutive rest each calendar week; limits to what care an unlicensed worker can provide; sleep policies for live-in workers; the requirement that social security and payroll taxes be paid for home care workers; and the new law requiring that home care providers do a criminal background check and be licensed by 2008. The final, untitled sheet in the packet described the timesheet and invoicing process used by Belltower to track workers' hours and collect fees from clients (see appendix 13). This sheet clarified that clients are "not to give the caregiver money" for their wages. This sheet also obliquely attempted to justify Belltower's fees, which were \$6 to \$8 an hour higher than most independent workers charged. The sheet noted that from the fees clients paid Belltower, the agency not only paid workers' wages but also insured and bonded the worker, provided benefits and workers' compensation. The sheet did not mention that Belltower policy prohibited workers from discussing their actual wages with the agency's clients.

Though Kathy had already told the sisters about me, I explained that I was a student doing research and asked if I could observe their meeting. They agreed and then the sister introduced herself as Prudence and the potential client as Gertie. Prudence, who had a walker sitting next to her La-Z-Boy, invited us to sit down on the worn ornate sofa on the side of the room a few feet from their chairs. Gertie told us that she had quadruple bypass heart surgery after a massive heart attack several months earlier, and recently had gone back to the hospital because something was wrong. Kathy lightheartedly said, "they had to give you a tune-up." Prudence told us she had been staying with Gertie since the heart attack, but had recently fallen and was temporarily incapacitated as well. Kathy naturally turned the conversation back towards Gertie's health, asking if she had diabetes, needed help getting around, was on a special diet or needed help with her medications.

Prudence told Kathy that Gertie mostly needed help with cleaning, laundry and cooking but could take care of her personal care herself. Still trying to engage Gertie, Kathy asked her what kind of food she liked to eat, but Gertie just shrugged. Kathy began to prompt her, making suggestions: “Pot Roast? Meatloaf? Mashed Potatoes?” Both Gertie and Prudence grinned at the thought of pot roast and Prudence said that pot roast sounded pretty good. Prudence then told us that Gertie was weak and had lost weight, and only weighed 94 pounds at the time. So, Prudence said, Gertie really couldn’t afford to lose any more weight and that it would be better if she gained some. Gertie volunteered that she really wanted help with cleaning and the laundry because she’s so weak. She said that she also could use help with transportation to and from her many doctors’ appointments and to purchase groceries. Kathy said that if Gertie only needed transportation occasionally and they decided to have Belltower provide their home care, someone from the office would be able to help her run errands and they would only charge $0.40 per mile and not for the staff time. If Gertie needed a car more frequently, Kathy explained, they would need to assign her a worker who could drive. Kathy then asked if Gertie has designated someone as her power of attorney and if she had a living will. Prudence answered no and no. Kathy next asked if there was any particular kind of person Gertie had in mind as a caregiver. Prudence again jumped in, saying that Gertie needed a caregiver who would be very honest. Kathy assured them that she knew all of her caregivers very well and that they wouldn’t have anyone working for Belltower who could not be trusted. Kathy was quick to add that one of the benefits of hiring a full-service agency (rather than using a registry list to find a worker or hiring someone independently) was that the agency screens all potential employees, conducts a background check and contacts workers' references. Prudence then added that they wanted someone who was going to be motivated and would not need to be told what to do all of the time. Prudence said she didn't want Gertie to have to tell the worker what to do every second, and should have someone who could get instructions at the beginning and could just figure out what needed to be done after that. Prudence told us that Gertie was the kind of person who was eager to please and would be stressed by someone who was lazy and needed to be bossed around. I noted the irony in Prudence noting that Gertie had a difficult time standing up for herself, since Gertie had barely been able to get a word in edgewise since we arrived, and wondered if Gertie was equally passive with people besides her sister. Kathy later told me that she asked about client's preferences for a worker in a very open ended way, but that sometimes potential clients responded by awkwardly attempting to convey that they preferred not to have workers of a particular racial background or that they wanted a worker who "spoke English" (meaning "spoke English without a foreign accent" because all of Belltower's employees spoke English proficiently if not fluently).

Kathy responded to Prudence's request for a self-motivated worker by launching into what sounded to me like a well rehearsed promotion of Belltower's services, explaining that one of the benefits is that Gertie will be hiring the company, not the worker. Kathy explained that this meant if Gertie did not like a worker or a worker got too comfortable and slacked off, all she would have to do is call Belltower and they would send another worker. Kathy emphasized that the caregiver is the company's employee which means they managed all the things that employers worry about – supervision, finding employees, insurance, bonding etc. Sometime in the midst of

Kathy's speech, Gertie got up and walked to the door, opened the screen and stared blankly at the street outside. A few minutes later, Gertie sat back down in her La-Z-Boy. Kathy then asked if Gertie was ready to sign up for services, had her sign a service agreement and arranged to return at 8:30 the following morning to introduce them to a caregiver to try out for the day. Kathy explained that normally they'd bring someone over a day or two before they started but because Gertie wanted someone to start the next day that wasn't possible. As we left, Kathy told that our visit had been one of the easier intake visits she had done because the clients were much more ready to buy than most new clients. She said that she would often go to a house to do the initial assessment, which would involve a great deal of marketing and still never hear from them again. Kathy also told me, a tone of relief in her voice, that she had just the right worker for Gertie in mind; she only hoped that she would take a new case on short notice.

While the CCP program's assessment tool is intended to produce a radically simplified portrait of older adults' needs, the Belltower assessment was intended to give supervisors a nuanced understanding of the client's personality and preferences. Moreover, Belltower supervisors' emphasis on marketing throughout the intake procedure highlighted the importance of customer demand and satisfaction within the agency. Within stated limits, Belltower supervisors worked extremely hard to satisfy clients' and potential clients' demands and desires. Belltower's consumerist ethic seemed to be motivated in part by the realities of competition with other home care providers and in part by supervisors' deep commitment to helping older adults live in the manner that they desired (and could afford). Indeed, while Plusmore supervisors almost never met their worker's clients[45], Belltower supervisors tried to visit each client every several months to monitor the quality of care. Yet, despite the significantly more personalized and client-driven approach to assessment, Belltower's intake process also included lengthy discussions and many pages of information regarding the agency's bureaucratic procedures, payment mechanisms and legal restrictions on workers' activities within older adults' homes. While the peculiar objectifying logics of the democratic welfare state were radically different from the consumerist logics of privately-funded care, both represented incursions of public sphere moralities in older adults' homes

Matchmaking

Supervisors at both Plusmore and Belltower spent a fair amount of their time attempting to match available workers with clients. Supervisors at Plusmore began staffing new cases by calling the client to introduce themselves and Plusmore. Supervisors usually reviewed the client's care plan with a new client, asking if there was anything a new worker needed to know about their needs. Supervisors explained to clients that workers could only provide the services listed on the care plan for the client (and not other people living in the household), and under no circumstances were workers allowed to do heavy cleaning, climb on chairs or ladders, or lift anything over 15 pounds. Supervisors asked clients who would be signing the workers' timesheets, and explained that there were no circumstances under which clients should sign timesheets for workers until the work period was over. If the client wanted to begin service immediately, the

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[45] At Plusmore, Quality Assurance Supervisors (QAs) conducted annual home visits to monitor each worker. However, the QA's only visited each worker at one of their clients' homes, suggesting that Plusmore and the CCP program were not concerned about the manner in which a worker cared for each specific client. Indeed, Plusmore was only charged with monitoring its employees, while the case managers were charged with ensuring their clients received adequate services.

supervisor told him or her that Plusmore would send a temporary worker to get them started with service until a permanent worker could be arranged.

Each Plusmore supervisor had one or two workers on staff that were not assigned a regular case, and instead worked as “perm-temps” (permanent-temporary employees). This was considered a kind of promotion and reserved for supervisors’ most reliable and competent workers. Unlike Plusmore’s other workers, Perm-Temps were guaranteed thirty hours of work per week if they so choose. When perm-temps weren’t working in a client’s home, they could come in to do clerical work at the Plusmore office. The perm-temps were available to temporarily staff a new client until a permanent worker could be found or substitute for workers who were absent. This meant that perm-temps had to be exceptionally skilled caregivers, since they had to move from client to client and figure out what each new person needed very quickly. Moreover, perm-temps often staffed new cases in which the agency had little prior information about the client’s needs or personality. Not infrequently, perm-temps entered homes that were in a state of complete disorder due to the older adult’s inability to keep up with housework. Perm-temps were thus also able to provide supervisors with some initial observations about new clients, and begin to get clients accustomed to having workers in their homes. Supervisors worked as quickly as they could to staff new cases with permanent workers, in part because clients frequently became attached to their perm-temps and were dissatisfied with other workers if the perm temp stayed more than a few days.

To find a new worker, supervisors usually went through their list of workers who had requested more hours, trying to match the clients’ preferred service hours to the worker’s availability. The supervisor also took the worker’s schedule into account and tried to find a worker whose other appointments on the new client's service days were relatively close to the new client's home. I rarely saw Plusmore supervisors select a worker for a specific case because of the worker's specific skills, talents or personality. With approximately 350 clients each, supervisors were unable to spend more than a few minutes figuring out how to staff any given case. Perhaps because of the limited time and energy supervisors spent matching workers with specific clients, it seemed that many clients went through several workers (and sometimes more than a dozen) before settling on someone they were comfortable with in their home. Essentially, clients were left to their own devices to find worker who was a good match for their needs.

At Belltower, matching workers to clients took up a good portion of supervisors' days. With caseloads of 100-150 in each office split among two or three supervisors, they had more time to think about which worker would be the best fit for which client. Kathy told me that she found that staffing was much like romantic matchmaking, which also requires careful attention to the potential dynamic between two people's personalities and ways of life. When Belltower had a new client, or an old client needed a new worker, supervisors would mentally go through the list of workers who they knew were available to work the necessary schedule to find a worker who they thought had the appropriate mix of skills and personality for the particular case. Beyond the specific requests clients made about what kind of worker they wanted, Belltower supervisors quickly determined for themselves what other characteristics a worker needed to have to be a good caregiver for a particular client. For example, clients who supervisors thought would be extremely demanding required workers who were hard working, good at taking direction and thick skinned. Other clients needed workers who were more self directed and sensitive to clients' moods. Clients' whose homes betrayed signs of fastidious housekeeping needed workers who would be equally fastidious, while clients who complained of poor appetites required workers who were exceptional cooks. Supervisors often preferred to staff clients who had chronic illnesses like diabetes or high blood pressure with workers who had at least a CNA degree, because these workers were more likely to understand how to adapt their cooking to meet the client's special dietary needs and also more likely to understand the specific daily needs of people with these illnesses. Often, it seemed to me that Belltower supervisors immediately knew which of their workers would be the best fit for a particular client. If that worker were unavailable to staff the case, supervisors often went in circles trying to find a similarly suitable worker. While some clients were very difficult to match and went through many workers before they found one they were satisfied with, most clients continued to work with their first or second worker for many years or months.

Defending the Passage: Threshold Architectures & Rituals.

Over the spring and summer of 2008, Hattie Meyer told me two stories multiple times, trying to explain why her experience of blackness left her doubtful about the prospects of a young African-American presidential candidate. Both of these stories told of dangerous crossings and the risks that come with transgressing spatial boundaries - boundaries laden with social, moral and political distinctions. The first story was a memory from her childhood in small town Alabama, the second from her years working as a county Sheriff's deputy in Chicago. She told me how, one day when she was eight years old, an old man put the crook of his cane around her neck to pull her down the courthouse steps. Whether he objected to her walking higher than him or simply wanted to enter this building of justice ahead of her, Mrs. Meyer's memory was seared with the sound of his scornful laughter and her frightened humiliation. Many years later, during the 1968 riots, after moving to Chicago, starting a family, and earning a prized job with the county Sheriff, she remembers being assigned to drive white professionals in her squad car from their offices downtown, through the burning West side of the city where her two young sons and husband lived, to their homes in the quiet, safe suburbs. As a young girl, Mrs. Meyer's mere presence on a higher step proved threatening to an old man, while later being assigned to protect white elites while black folks' neighborhoods were destroyed proved no less painful, no less an exertion of white control over access to socially superior spaces and safety. Like many of the older adults I met during fieldwork, Mrs. Meyer seemed to add physical fortifications to her threshold as her physical ability to engage in community life diminished.

By the time I met Mrs. Meyer, she was in her late eighties and still lived on the second floor of a two story apartment building on the far western edge of Austin that she moved into after her divorce. The neighborhood was composed of brick single family homes and small apartment buildings. Her apartment had a large picture window looking onto the building's small courtyard which bloomed with flowers in the springtime. Despite the welcoming if modest exterior, a succession of increasingly guarded doorways marked progressive divisions of between public and private space, and Mrs. Meyer's increasing control over the latter.

Figure 3. Austin Residential Street, Chicago 2008.
Photo: Elana Buch

To get to Mrs. Meyer's apartment, I would first enter the courtyard's small wrought-iron gate, usually left open a crack, and then walk to the back corner of the courtyard and ring a buzzer to let Mrs. Meyer know I was there. There was no intercom on her buzzer, so I always tried to phone her earlier in the day to let her know when I would arrive. On the buzzer was a note that those delivering packages for one of her neighbors should buzz Mrs. Meyer's door. After buzzing, I usually waited a minute or two before hearing the buzzer that signaled that the door was unlocked. More often than not, once I passed through this first door, I was left locked in an entry vestibule littered with advertising circulars and unclaimed mail, knocking on the interior door until Loretta Gordon, Mrs. Meyer's home care worker, realized that I hadn't made it upstairs and came down to let me through. This meant that if Ms. Gordon missed a day of work, I would have to cancel my appointment too, because it was dangerous and exhausting for Mrs. Meyer to climb the stairs herself. Ms. Gordon always told me that she had unlocked the interior door on her way upstairs earlier in the day, but that someone usually locked it afterwards. As I followed Ms. Gordon up the stairs and opened the door to Mrs. Meyer's apartment, I invariably jumped backwards; startled by the shrieking electronic alarm that sounded each time Mrs. Meyer's front door was parted from the doorframe. Laughing at what eventually became ritualized, but no less sincere, fright, I'd enter Mrs. Meyer's apartment after Ms. Gordon and turn to re-secure Mrs. Meyer's front door. In addition to the electric alarm, the door had a doorknob lock, a dead bolt and a chain lock. To further block unwanted entry, Mrs. Meyer wedged a long metal rod capped with a forked plastic piece between the door knob and the floor. Finally, the door secured, I could enter Mrs. Meyer's apartment. Mrs. Meyer told me that I was not the only person who entered her apartment in a state of mild physical shock because of her alarm and took these reactions as a sign that her apartment was well protected. Not only was she alerted when anyone entered through the front door, but her security could physically upset entrants. Each of the mechanisms which provided Mrs. Meyer with this protection were also signs of the risks and dangers located at boundaries which are also always places of transition that are the normal location for everyday transgressions of moral and physical distinctions.

Mrs. Meyer's apartment also had a back door, which had only one bolt on it and led to a back staircase that opened onto the alley that ran behind Mrs. Meyer's building. In good weather, building residents could frequently be found sitting on lawn chairs in the alley, drinking beer, talking and barbequing their dinners. Without a buzzer, Mrs. Meyer's back door was only accessible to those with keys to the building. It was through this doorway that Mrs. Meyer's neighbors came to check on her, and through this doorway that Ms. Gordon and I passed when we went to run errands and when we left at the end of the day. This doorway was guarded not by buzzers, locks or alarms but by the watchful eyes of Mrs. Meyer and her neighbors, who quickly reported sightings of unknown people in the stairwell to one another to ascertain whether the person was a legitimate guest or a possible threat. A couple of Mrs. Meyer's neighbors appeared to have keys to this back door, and throughout the day, Mrs. Meyer's neighbors would ceremonially knock once on the back door, unlock it and then let themselves into the kitchen. Sometimes these neighbors would call ahead to see if Mrs. Meyer was available, but just as often they stopped by quickly to check in on her, share gossip or help her with some small task.

The multiple mechanisms – locks, buzzers, alarms, braces – that Mrs. Meyer used to guard her front door helped her be aware of and control who gained entry to her home. Yet, these mechanisms, and particularly the screeching alarm bell, communicated an ever present sense of risk surrounding the opening of doors. Mrs. Meyer's awareness of risk may have been exacerbated by her work as a Sheriff's Deputy. Yet, her training and experience also taught her the value of being prepared for danger by physically protecting herself. As a Sheriff, she had often carried a gun outside of the house, and now she seemed to look for equally potent means of defending herself within her home. Passing through these heavily guarded doors, I was perpetually reminded of my status as an outsider – relatively unknown and untrusted- within the space I was entering. Moreover, when Mrs. Meyer was recovering from surgery, it became challenging for her to let people in to this door – first she had to get from the couch or her bed, where she spent most of her time, to the entry buzzer located in the kitchen, and then hurry to the front door to remove the brace and unlock the various locks. And if the interior door in the vestibule was locked, she often didn't have the energy to walk downstairs to unlock it for a guest. For many months after her surgery, Mrs. Meyer could only really accept guests through this door when her home care worker was at her home. Yet, no matter the condition of her health, Mrs. Meyer's neighbors were able to enter her apartment to check in on her, bring her food and keep her up to date on the local goings on. These doors thus marked different kinds of distinctions between the inhabitant of Mrs. Meyer' apartment and the people who might come into it, and therefore different ways of separating Mrs. Meyer's private space from the public beyond. Those who entered through the back door were markedly not members of the apartment's household, but they were members of a small community of neighbors within the building that Mrs. Meyer trusted to keep an eye on her and care for her if need be. The front door offered entry to the broader, less known, community and world – this passage way was vulnerable to strangers, predators and thieves, and was thus fortified against them[46].

Though Mrs. Meyer's front door fortifications were among the most elaborate of any of the older adults I worked with, the thresholds of older adults' homes were always guarded by physical and/or social mechanisms. Different kinds of ritualized procedures were required to pass beyond these guarded doorways, depending on the kind of building an older adult lived in. The older adult participants in this project lived in buildings ranging from market-rate low-rise rental buildings to subsidized, city-managed high rises to large condominium complexes and single family homes. Each kind of building, as well as each participant, used different combinations and kinds of social and physical mechanisms to guard major passageways. While these varied mechanisms each distinguished between various kinds of public and private spaces, the ritual actions and interactions required to cross these thresholds themselves structured the social relations

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[46] Van Gennep (1960) remarks on this distinction between front doors and other entrances, suggesting that thieves are attracted to other entrances precisely because they are not marked with the same "quality of a point of transition between the familial world and the external world" (p. 25).

between residents, building staff, domestic service workers and other visitors and marked them as different kinds of persons within that social space.

Like Mrs. Meyer, Maureen Murphy lived in a low-rise rental apartment. Ms. Murphy's raised first floor apartment shared an entrance and stairway with six other apartments, though the building had three other entrances leading to six apartments each. Located on a quiet side street in a leafy neighborhood in the West Lakeview neighborhood on the north side of Chicago, Ms. Murphy lived two blocks from the large, ornate Catholic Church she had belonged to for many years. West Lakeview had been inhabited by middle and upper class white families since at least the time Ms. Murphy moved there in the 1960s. Ms. Murphy's square unadorned brick building shared the neighborhood with large, ornately decorated, Victorian single family homes as well as classic brick Chicago three-flat apartment buildings, many of which were recently renovated and turned into condominiums. Down the block, a former corner store or pub had been turned into an artist's studio and gallery, and on the block parallel to Ms. Murphy's ran a major road lined with both small local businesses and national chains.

Figure 4. West Lakeview apartment building, Chicago 2008.
Photo: Elana Buch

Figure 5 West Lakeview residential street. Chicago, 2008.
Photo: Elana Buch

To enter Ms. Murphy's building, visitors first rang the buzzer to alert Ms. Murphy to their presence. Though Ms. Murphy's apartment had an intercom, I never used it to communicate with Ms. Murphy. Instead, I always phoned ahead to let her know when I was on my way to visit her, often receiving in return a request that I run a quick errand to pick up a few groceries on my way. This was partly because Ms. Murphy did not always hear the buzzer in her apartment, which was located behind a crowded side table in her dining room and inconvenient for her to reach. After pressing the buzzer, it often took several minutes for Ms. Murphy to respond, using her intercom system to electronically unlock the heavy wooden exterior door.

Once inside the small entry way which also housed Ms. Murphy's rarely used electric wheelchair, I would pick my way around the small pile of mail and circulars lying on the tiled floor, eventually learning to gather the mail together and deliver it to Ms. Murphy, who had made a habit of sorting the mail and placing it on the second floor stairway for her neighbors to retrieve. Once inside the entryway, visitors climbed a flight and a half of stairs on the wide carpeted staircase leading to the first, raised, floor of apartments. For Ms. Murphy, this staircase had become a major barrier between her and the world outside her building. No longer able to safely walk up and down the stairs, she tightly grasped the sturdy, thick wooden banister with her severely arthritic hands in order to brace herself on her way downstairs and to pull her body up the stairs on the return trip. This bracing and hoisting was so exhausting and painful that Ms. Murphy made this trip as infrequently as possible, and only when she either felt extremely healthy or it was absolutely necessary. She thus relied upon her friends and Sallie Middleton, her home care worker, to buy her groceries and run even the most basic errands. Once up the stairs myself, I would rap lightly on the heavy wooden door to Ms. Murphy's apartment, await a response from Ms. Murphy. Once I heard her tell me to "come in" I would open the door which she had unlocked after answering the buzzer and before sitting back down in her normal seat at the dining room table, located just inside the apartment door. I would then lock the door, make my way past Ms. Murphy, say a quick hello to Sally Middleton, who was always to be found in the kitchen, and sit down next to Mrs. Murphy at the dining room table. The kitchen was a particularly convenient place for Sally Middleton to locate herself, since Mrs. Murphy's back door was in the kitchen, and led directly out to a small courtyard and the stairs to the laundry room in the basement of the building. Unlike in Mrs. Meyer's building, Ms. Murphy's neighbors did not share a back corridor.

Entryways in low-rise apartment buildings like the ones that Mrs. Meyer and Mrs. Murphy lived in most obviously structure a series of transitional spaces between the street and the resident's apartment. The informal rituals visitors practice to pass through these spaces generally involve minimal interaction with other people, except the disembodied voice of the resident they are visiting through the buzzer. Rarely would I encounter another resident in the hallway when visiting Mrs. Meyer or Mrs. Murphy. Rather, as visitors pass through spaces between the street and the resident's door, the shared nature of these spaces is made visible by the mail that often covers part of the floor in these entryways, as well as the wheelchairs, strollers or shoes of the building's residents. These buildings don't have any obvious communal meeting place – inside the front door there may be a small vestibule, but rarely any space big enough for more than one or two people to stand at a time. Thus, social relationships between residents of these buildings primarily take place either inside their separate apartments or outside the building altogether.

While Ms. Murphy and Mrs. Meyer had both lived in their respective buildings for over a decade, their relationships to other people in the building were quite different. Mrs. Meyer had an extensive network of friends who checked in on her almost daily and she could call if she needed anything. Once, when Mrs. Meyer hadn't left her bed in many days, one of her neighbors finally convinced her that her lack of energy and pain weren't normal, even at Mrs. Meyer's age, and accompanied her in the ambulance to the hospital. Ms. Murphy had a much more tenuous relationship with other residents, despite her overt attempts to forge connections by distributing the mail. The building's supervisor lived above her apartment, and was the only person in the building who seemed to have even semi-regular contact with Ms. Murphy. The supervisor checked in on her occasionally, but usually in response to her requests for assistance. Although he supposedly had the contact information for Ms. Murphy's friends and family in case of emergency, Ms. Murphy felt that his assistance was often given begrudgingly and asked as little of him as she could. While their buildings were structurally similar, the residents of Mrs. Meyer's building seemed to interact more regularly and know each other far better than the residents in Ms. Murphy's building.

The publicly-subsidized senior apartment building[47] that Samson George lived in was located at the edge of Chicago's most affluent neighborhood and a block from a busy El stop surrounded by street vendors hawking goods ranging from athletic socks to counterfeit designer handbags to counterfeit perfumes and umbrellas. At this building, visitors traveled under a long awning and through two sets of automatic sliding doors before stopping to show the guard who sat behind a counter in the lobby of the building a piece of legal, photo identification. The guard then called the older adult who the guest was visiting, in order to ascertain whether the visitor was welcome and expected. The guard then used a computer program to scan the visitor's photograph from the identification onto a nametag sticker that also included the visitor's name, the entry time, the resident's name and apartment number. By the time I had been visiting for several weeks, the guard began to recognize me and remembered that I visited Mr. George without asking. While on the phone with the Mr. George, the guard would teasingly ask him to bring her a piece of gum the next time he came downstairs. The guard clearly recognized most of the people who passed through the lobby, querying various home care workers, nurses and social workers about various family members or social calendars. Once the nametag was printed, guests were free to enter the building and walked around the corner where one of the two tiny, slow elevators could take them to their resident's

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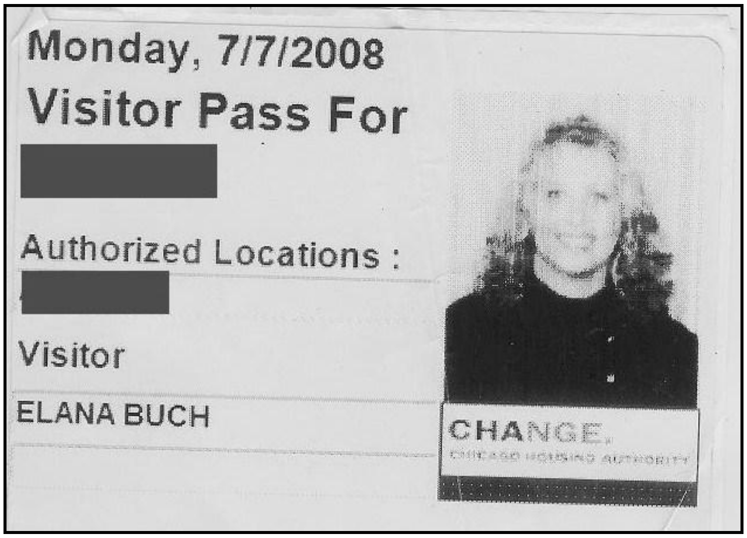
[47] The CHA operates 39 senior apartment buildings in neighborhoods throughout Chicago. Most of these buildings, including the ones that Mr. George and Ms. Cole lived in, had long waiting lists rumored to be anything from one to ten years long, depending on who you asked (I never learned the official length or estimated wait time for either of these buildings). Officially, "elderly families" over 62, victims of domestic violence and victims of elder abuse received priority on these waiting lists. Unofficially, I was told that if you wanted to move into one of the better located CHA senior housing buildings, you had to "know someone who knows someone."

floor. Crowded in the elevator, residents and visitors often made small talk about the weather or the state of one another's health.



Monday, 7/7/2008

Visitor Pass For

[redacted]

Authorized Locations :

[redacted]

Visitor

ELANA BUCH

CHANGE.

CHICAGO HOUSING AUTHORITY

Figure 6 Visitor pass for Gold Coast CHA senior apartments, Chicago, 2007.

Mr. George kept the door to his apartment locked, and because he sometimes didn't hear guests knocking, it became habit for Kim Little (his home care worker) and me to rap small musical rhythms on his door or speak loudly through the door to let him know we were there. Once Mr. George heard the door, it might take several minutes for him to finish what he was doing, make his way across the small apartment and open the door. This door opened into a small entryway where his kitchen, hallway and living room converged. Near the kitchen wall, Mr. George had placed a dining table chair next to the machine that administered his asthma treatments. Normally, after opening the door and saying a brief hello to me, Mr. George would sit down in this chair to catch his breath, while I walked past him into the apartment, took my coat off and tucked my bag out of the way near the dining table located between the kitchen and the living room. Once inside the apartment, Kim Little would take her belongings directly into Mr. George's bedroom, leaving her coat and bags on a small stool at the side of Mr. George's bed.

Mr. George's building was geographically located near a busy transportation hub and a transition point between the Gold Coast, Chicago's wealthiest neighborhood, and what had been until a few years earlier one of Chicago's poorest areas, the Cabrini Green public housing projects. To enter this building, visitors quickly had to make their identities known, both through the formal logging of their picture identification and though more informal conversation with the door's guard. Once inside the building, visitors' movements were theoretically circumscribed by the locations printed on their identification tags, though residents never asked to see mine. Mr. George's apartment itself was guarded only by the two locks on his door.

Figure 7. Gold Coast CHA senior apartment building. Chicago, 2008.
Photo: Elana Buch

Harriet Cole also lived in a high rise Chicago Housing Authority apartment building for seniors, which was located on a main boulevard in Bronzeville, a residential neighborhood of both decrepit and recently rehabilitated brownstones and mansions that had once been home to black Chicago's most elite families (Hartfield 2004). At this building guests had to use an intercom system located in the building lobby to call the resident they intended to visit, then when the resident buzzed them through an internal door, guests had to sign their names to a log watched over by a guard who simultaneously kept an eye on six closed circuit televisions which monitored various entryways throughout the building. Though friendly, this guard seemed unfamiliar with the majority of non-residents entering and leaving the building. During my fieldwork, Mrs. Cole's building was being renovated and residents were being relocated to apartments on different floors. One week, unsure of whether or not Mrs. Cole had been moved since my previous visit, I inquired with the guard, who did not know if Mrs. Cole had moved or what floor she used to live on. Once past the guard, visitors waited with residents for one of the buildings' two, interminably slow elevators to arrive to take them to one of the buildings 20 floors.

Mrs. Cole had been accustomed to living in a 13 room mansion with her husband and several Doberman Pinscher dogs in another South side neighborhood that had once been quite wealthy but had since the late 1960s been known as one of Chicago's most notoriously dangerous and endemically poor neighborhoods. Perhaps because of the envy and ongoing threats she and her husband had experienced there, Mrs. Cole remained suspicious of her neighbors despite having lived in the senior apartment building for several years. She often stood in her open doorway waiting for me to arrive after I buzzed her on the intercom to make sure that I made it the 20 feet from the elevator to her door safely. Mrs. Cole further marked her distrust by ritually pouring borax powder across the threshold of her doorway and around the outer walls of her apartment, certain that this practice was all that was protecting her home from the invasive roaches that she believed were breeding in the unclean apartments of her neighbors. Once inside Mrs. Cole's doorway, she insisted that visitors remove their shoes, further ensuring that as little as possible from outside the apartment would cross into her home that wouldn't be removed when her visitors left. In contrast to Mr. George's building, Mrs. Cole's building was guarded primarily through the mechanical and architectural means (doors, locks, buzzers) , and visitors had to engage in minimal social interaction with anyone but the resident they were visiting in order to enter the building. Rather than relying upon others to monitor who entered and exited her building and apartment, Mrs. Cole herself guarded the thresholds of her apartment through constant personal vigilance and chemically reinforced boundaries.

Figure 8. Bronzeville CHA senior apartment building, Chicago. 2008.
Photo: Elana Buch

Figure 9. Bronzeville residential boulevard, Chicago. 2008.
Photo: Elana Buch

Figure 10. Bronzeville residential street. Chicago, 2008.
Photo: Elana Buch

Like Mrs. Cole and Mr. George, Mrs. Silverman lived in a large, fourteen story high rise. Mrs. Silverman's condominium building was located in the Rogers Park neighborhood on the far northwest side of Chicago, the last in a row of several identical grey glazed brick rectangular buildings, each set off from each other and from the street by expansive grassy lawns and arched driveways. Though the condominium complex had no formal attachment to Chicago's Jewish community, it now collectively housed enough elderly Jewish residents that the Senior Life Bus sponsored by the Council of Jewish Elderly made regular stops across the complex. This far west, Rogers Park mostly consisted of suburban-feeling neighborhoods full of single family homes. The neighborhoods closest to Mrs. Silverman's apartment complex were home to Chicago's sizeable Orthodox and Hasidic Jewish community, as well as large numbers of less observant Jewish families. Mrs. Silverman had raised her family in one of these neighborhoods in the home where her daughter's family now lived. Since at least the 1970s Rogers Park has been home to huge numbers of immigrant families. Over eighty languages are spoken in Rogers Park and, according the U.S. Census, it was also one of the most diverse neighborhoods in the entire United States (2000). The northwest corner of Rogers Park is very difficult to access by public transportation, and Mrs. Silverman's home care aide, Maria Arellano, and I both drove our cars to her building. Once parked in one of the visitors' parking spots lining the driveway, I walked up the driveway and through one of the two doors on the right-hand side of a bank of doorways. Inside these doors, a vestibule was partitioned by a low fence, the left-hand side reserved for those exiting the building. Blocked from entering the building's main lobby by another set of glass doors, visitors in the vestibule used an intercom system to dial the apartment of the resident they intended to visit. When I called up to Mrs. Silverman's apartment, either she or Maria would answer the phone and buzz me through the doors. From the vestibule, I would make my way up the three shallow steps and then across the usually empty, very large and formal lobby with its black granite floors and Asian-inspired décor, to the elevator bank, where I would wait in front of three heavy brass-doors for the elevator that would take me to the upper floor where Mrs. Silverman lived. Mrs. Silverman's apartment was located directly across from the elevator bank. Once she knew someone was on their way up to see her, Mrs. Silverman usually left her apartment door unlocked and went about her business. Still, it sometimes seemed as though Mrs. Silverman was surprised to hear someone knocking loudly on the door, having become accustomed to anticipating those knocks by the sounds of the elevator now silenced by her fading hearing (when her hearing aides were on/in, Mrs. Silverman was always quick to point out to me when an expected visitor arrived). If the door wasn't open, I would knock and wait a minute or two for Maria or Mrs. Silverman to come and open it. Frequently, Mrs. Silverman was already in her bath, and Maria opened the door for me before going back to attending Mrs. Silverman or working on one of her other tasks. I would enter the apartment, walk past the dining table located next to the door and through the large main room to the back corner. Sitting down in the armchair, with my back to the wall of windows that offered a magnificent view of the nature reserve adjacent to Mrs. Silverman's complex, I would sit quietly until Mrs. Silverman finished her bath. Sometimes I would share a short conversation with Maria as she moved between the kitchen, where she would wash dishes and survey the refrigerator, and the bathroom where she made sure Mrs. Silverman was able to safely enter and exit the bathtub. Once she was dressed, Mrs. Silverman often sat at the long, pale blue mid-century modern couch, from which she had an expansive view out the windows and across the forest preserve. Maria would move around the apartment the items needed for our errand run, sometimes sitting at either the desk located across from Mrs. Silverman's couch or the small writing table located across from my chair.

Figure 11. Rogers Park apartment building, Chicago. 2008.
Photo: Elana Buch

Both John Thomas and Margee Jefferson lived in single family homes. Mr. Thomas' single story, three bedroom home was located on a block of modest homes with always-cut lawns and tidy landscaping. The neighborhood, in a near northern suburb of Chicago had been home to mostly white middle class families since at least the 1950s, when the Thomas family moved there. Though the racial composition of the neighborhood had not changed radically, it was located just a block from a major freeway in one of the most affluent and prestigious school districts in Chicago and had thus been attracting ever wealthier families. The surrounding aesthetic of high-ceiling mansions was rapidly encroaching on Mr. Thomas' block, leaving him irritated about his neighbor's ostentatious and discordant home additions, as well as the rapidly rising property taxes on the home he had lived in for nearly fifty years. Mr. Thomas requested that his visitors park their cars on one side of his substantial driveway, leaving room for his car to pass by. When he was expecting visitors, Mr. Thomas would sit in his Lay-Z-Boy chair, located next to the large picture window in his living room which looked out to the street. He would open the glass door of the stereo cabinet he had placed a few feet away from the window and across from his chair, and angle its dark, reflective surface so that he could watch the street traffic and driveway behind his chair while simultaneously monitoring the clock. Thus, when someone pulled into his driveway, he was able to see them coming, which gave him time to get up from his chair, and, despite his slowed, shuffling steps, make it to his doorway before his visitor.

Through the many months I visited Mr. Thomas, I never once had to ring the doorbell or knock on his door to gain entry. The doorway was made of thick, blonde wood and had a small, vertical rectangular window of circular patterned glass. At the edge of the window was a small but prominent black sign, its bold gold lettering proclaiming "NO SOLICITORS." Standing in the open wooden door as I approached his home, Mr. Thomas would push the light outer screen door open toward me, and then step back to allow me entry. Mr. Thomas' home was minimally guarded by physical mechanisms; rather the home was guarded by his ever watchful, punctual eye.

Margee Jefferson's large, dark brick home in Galewood sat on a street occupied by similarly generous two story brick homes with small front yards and larger back yards. A large window stretched across the entire street-facing wall of Mrs. Jefferson's home, but was almost entirely obscured by overgrown shrubs, trees, ivy and weeds. To enter Mrs. Jefferson's home, I would follow a small, dark cement pathway leading from the front sidewalk and between the north side of the house and that of Mrs. Jefferson's neighbor. About half way down the side of the house, was the simple doorway which was the main entrance to Mrs. Jefferson's house. A small, partially obscured doorbell was attached to the bare metal frame of the plastic outer door, while a key box with numbered buttons had been attached to the doorknob of the white wooden inner door. A small, high window offered the only view to the home inside. Mrs. Jefferson could no longer make it down the six steep stairs from the first floor down to the door, and so she was unable to open the door, which she kept locked with a simple deadbolt. Carmen, the Belltower supervisor in charge of Mrs. Jefferson's care, had attached the key box so that the home care workers, donations managers and landscapers that she had recruited to help purge and sanitize Mrs. Jefferson's house, which had been rendered practically uninhabitable by her hoarding, could gain entry. When I would visit Mrs. Jefferson, I would often have to ring the doorbell several times before Grace Quick, her regular home care worker, would hear me and come downstairs, turn on the entry light and open the door. The entry vestibule was nearly too small for two people to stand in at the same time, so I would begin climbing the stairs ahead of Grace as she locked the door followed me upstairs and then turned the light back off. Mrs. Jefferson rarely answered the phone and did not keep a calendar, so I established a regular weekly schedule for visiting her and did not call ahead of each visit to confirm our appointment. Thus, on the days when another home care worker substituted for Grace, I often found myself ringing the doorbell multiple times before a worker would answer the door. Even then, she frequently cracked the door open and had to be convinced that I wasn't a solicitor before she would go back upstairs to ask Ms. Jefferson if I could come in. Unlike Mr. Thomas, Mrs. Jefferson was neither able nor did she seem particularly interested in monitoring who entered or exited her home. When I arrived at my usual time in the early afternoon, Mrs. Jefferson was just as likely to be napping as reading or sitting at the dining room table eating. Authorized by Mrs. Jefferson's children, Carmen had assumed primary control over who had access to Mrs. Jefferson's house through the key box and thus home care workers acted as the primary day-to-day guardians of Mrs. Jefferson's threshold.

Domestic Spaces

While doorways are the most visibly and ritually marked divisions between outside (public) and inside (private) spaces in home care settings, older adults' homes were architecturally divided into progressively more interior, and private spaces. The ways that older adults and workers used and moved through the interior spaces of these homes offer some clues into the various ways that workers were (literally and figuratively) incorporated into the social life of older adults' households.

Given the variety in kinds of buildings that older adults lived in, the interiors of their homes were characterized by surprisingly consistent architectural distinctions between the front areas of the house and the back of the house. In all of these homes, the front areas were designed for receiving guests, socializing and eating meals, and the back parts of the house were designed for sleeping and personal hygiene. Kitchens were often located between the front and back of the house, or off to the side of a front room. In every apartment and single family home, the front door opened directly onto a room with couches, chairs and/or a large table in it or onto a short passageway leading to such a room. In the smaller apartments, the sitting area (interestingly called a "living" room) and table shared a room, while in the larger apartments and houses these were in adjoining spaces. These were always the largest rooms in the house, and almost all had enough seating for four or five people within this space. Off of these large front rooms was usually a narrow hallway leading directly to a bathroom and the home's bedrooms. Bedrooms were usually big enough to accommodate a queen size bed, nightstand and a large dresser with room to spare. They also all had sizable closets for clothing in the bedrooms, as well as another closet in the hallway. While most of the older adults I met kept lights on in the main living rooms of the house, the back hallway was frequently left unlit, visually minimizing its presence and closing it off. Mrs. Hamilton was the only person I worked with who lived in a multi-story dwelling, and she similarly kept all the lights off except for those in the living room, dining room and kitchen located on the first floor of her house. These homes were primarily built between the 1940s and the 1970s.

It is worth noting that although the rooms of every apartment and house that I worked in for this study (and even those I visited while shadowing supervisors) were organized in this way, this arrangement of space wasn’t universal in Chicago. Rather, my own apartment as well as those of many of my acquaintances were arranged such that several large living and dining rooms ran the length of the apartment, with a hallway leading to a kitchen in the back. These apartments had bedrooms located directly off of the entry way, or a bedroom located off of the living room, one off of the dining room and one off of the kitchen. The bedrooms of these apartments were frequently quite small, and most had minimal closet space. These apartments often had one or two larger closets located off the hallway, where the bathroom was also located.

The apartments of my age-peers were frequently older in vintage than those of the older adults who participated in the study, and reflected spatial arrangements common to apartments built between the 1890s and 1920s. Kitchens at that time were frequently located in the back of buildings to limit the spread of the dirt and smell created by cooking over wood or coal stoves. Bedrooms built off of the kitchen would likely have been servant’s quarters or large larders. The placement of other bedrooms directly off of the main living rooms of the house reflects a different organization of living and sleeping space than is apparent in buildings built after World War II in Chicago when living and sleeping spaces. While none of the older adults that I worked with lived in recently remodeled apartments, in apartments and homes built or renovated in the last decade or two tend to have kitchens which adjoin or share a room with sitting and dining spaces. These large great rooms unite the activities of cooking, eating and socializing and reflect multiple social trends. This arrangements enable household cooks (who are still primarily women) to engage more in the ongoing social life of the household, to supervise children or watch television or partake in conversation as they prepare meals. Cooking has joined eating and sitting for conversation or to watch television as a "front of the house" activity. At the same time, these apartments preserve the segregation of sleeping and bathing spaces from other parts of the home. This changing architectural arrangements of space over time reflect popular ideas in Chicago (if not the U.S. more generally) about which kinds of people and activities are categorically related and which should be made visible to non-household members.

Working in Domestic Spaces

While conducting fieldwork with older adults and home care workers, I quickly came to realize that I needed to strategically alter how I spent my time with each pair depending on where they tended to spend most of their time in relation to one another. There were three basic ways that older adults and workers arranged themselves in space while the worker was with them. First, workers and older adults spent most of their time in separate spaces. This was the case for Virginia and Mrs. Cole and Sally and Mrs. Murphy. Both Mrs. Murphy and Mrs. Cole spent the majority of the time that their workers were in their homes sitting at their dining tables watching television and sometimes eating a meal. While the clients watched television, Virginia and Mrs. Murphy moved around the rest of the apartment, cleaning, cooking and also doing laundry outside of the apartment. In these two pairs, the workers and older adults rarely seemed to interact to discuss anything but the home care tasks at hand. If the worker took a break from work, she did it outside of her client's vision (i.e. in the laundry room or elsewhere in the building) Virginia often ate her lunch at the table with Mrs. Cole right after she got to the apartment and sometimes tried to initiate a light or personal conversation with Mrs. Cole, but her efforts were often rebuffed. Mrs. Murphy told me she appreciated that Sally was quiet and efficient, though one of the reasons they avoided lengthy conversations was that they were both somewhat hard of hearing and found them taxing. Sally seemed quite content to do her work without interruption.

The second spatial arrangement I observed between workers and older adults was one in which they both spent most of the service hours in the same spaces in the older adult's home. Examples of this pattern included Mrs. Meyer and Loretta, Mr. George and Kim and Mrs. Jefferson and Grace. As in the previously described arrangement, older adults in these pairs tended to spend most of their sitting in one part of the house. Mrs. Meyers sat on her living room couch watching television, Mr. George sat on the end of his bed watching television and Mrs. Jefferson sat either at the head of her long dining room table reading or slept in her armchair in the living room. In all three cases, the home care worker moved around the house independently, but came to sit and talk with the older adult for a few minutes between tasks or while waiting for something to finish cooking.

The third group of workers and older adults spent most of their time out of the older adult's apartment. This group included Mrs. Silverman and Maria and Mr. Thomas and Doris. This is perhaps not surprising given that Maria and Doris were the only two workers I met who drove their own cars to work. At least once a week, but often on both her visits, Maria took Mrs. Silverman to run errands and then eat lunch at McDonalds. Maria's visits were often one of the few times during the week that Mrs. Silverman was able to go outside since she no longer trusted her balance and was worried she would fall. Mr. Thomas drove Doris to his favorite breakfast place every morning that she visited. Within the older adults' homes, these two pairs tended to use space like the second group of pairs described here.

The arrival of paid home care workers into older adults' homes was not the only way that signs of aging altered the meanings and organization of older adults' homes. Many older adults had one or several assistive devices in their homes, such as raised toilet seats, commodes, grab bars on shower walls, shower seats, walkers, or wheel chairs. All of these items shared a simple, functional, no frills aesthetic that almost always clashed strongly with the rest of the objects in older adults' homes. Amidst furniture and belongings that were often thirty- or forty- years-old, assistive devices practically glowed in both their newness and apparent lack of personal history. While I never thought to ask older adults how they felt about having these objects in their homes, these devices struck me as unavoidably representing the older adult's physical decline as well as the increasingly intimate presence of medical and social service providers in the older adult's life. That workers often kept these devices in the private spaces of their homes while leaving the front spaces free of items that signaled their bodily decline suggests another way in which they employed spatial practices to sustain personhood.

Home Worlds Transformed

In this chapter I have described home care as a threshold practice, one that both sustains older adults' independence and at the same time signals the threats their aging bodies pose to this form of personhood. Older adults came to home care reluctantly when the support they received from friends and relatives became inadequate to sustain them in their own homes. Older adults sometimes also suggested that by having a home care worker to assist them, they relieved their kin of the obligation to care which was itself a way of caring for kin. In particular, this view of home care was a way of sustaining what older adults perceived to be the natural direction in which care should flow between generations. Home care often came to represent a gradual loosening of ties to old relations, even as it signified the gradual, but often tenuous and ambivalent formation of new ties to home care workers.

Home care was thus a kind of threshold practice that, through its role in sustaining older adults' independence, simultaneously indicated that the independent personhood and previous domestic relations of older adults were under threat. In this light, home care appears to be a kind of intentionally stalled rite of spatial and personal passage. As workers cross neighborhoods and heavily fortified doorways to enter older adults' homes, they begin to forge new kinds of domestic relations. Though older adults and workers relations often settle into relatively comfortable patterns over time, these new domestic relations often continue to be characterized by the same sense of risk as workers' paths into and out of workers homes each day. As workers enter into older adults' homes, their caring practices, elaborated more fully in the chapters to come, can come to sustain older adults' homes and persons in the way they were accustomed to despite the gradual erosion of their prior relationships and the gradual degeneration of their bodies.

Chapter 4

Gifts Gone Awry

"The gift is at one and the same time what should be done, what should be received and what is dangerous to take" (Mauss 1990 [1924], p.59).

Risky Gifts

In the spring of 2007, about two months after I completed my fieldwork with John Thomas and Doris Robinson, I received a distressed phone call from Mr. Thomas' next door neighbor, Cindy. Mr. Thomas, a 95 year old double black belt in Judo, had fallen in his home and was currently in stable condition recovering at a nearby luxury nursing home. As we discussed his condition, I asked after Doris. Surprised that I hadn't heard the news, Cindy informed me that Doris had recently been fired for stealing upwards of $13,000 from Mr. Thomas. As it turned out, Doris had been borrowing money from Mr. Thomas in one or two hundred dollar increments over the course of the three years she had worked with him. Though Doris had assured him that she would pay it back, she had never been able to do so.

Mr. Thomas' neighbor told me that had Mr. Thomas not fallen, Doris' theft may never have been discovered. Mr. Thomas was extremely close with Cindy, who invited him over to have a glass of wine with her and her husband every night. Cindy had lived next door to Mr. Thomas for over thirty years, and joked that she had known him longer than her (second) husband. Mr. Thomas and his wife had supported Cindy through the break-up of her first marriage and watched as Cindy's two sons grew up and move away. On the eve of Mr. Thomas' 95th birthday, when Cindy realized that his distant son was not planning a party, Cindy took it upon herself to throw one, inviting Mr. Thomas' few remaining neighbors, her own friends, the waitresses from Mr. Thomas' favorite pub, Doris and me. When Doris wasn't working, Cindy also helped Mr. Thomas with little tasks around the house, and she was the first person he would call if he felt ill or was injured. She visited him regularly in the hospital or nursing home when he was ill and did her best to mobilize others (including me) to visit him. Through all of this, Cindy also regularly drove back and forth to metro-Detroit, a five hour journey, to look after her own aging parents. Cindy always struck me as protective of her relationship with Mr. Thomas and even a little threatened when Doris intimated that she was at least as close to Mr. Thomas as Cindy was. When Mr. Thomas died three years after I finished my fieldwork with him, Cindy called me. It was she who arranged his memorial service, chose the music and gave his eulogy.

After Mr. Thomas' fall, Cindy volunteered to collect his bills and financial records and bring them to the nursing home. While going through the paperwork on Mr. Thomas' desk, Cindy discovered a mysterious looking paper with only dates and dollar amounts listed on it. Cindy said she found this odd because Mr. Thomas was incredibly proud of the precision and accuracy of his financial records. Indeed, Mr. Thomas had once showed me a stack of leather bound accounting ledgers in which he had kept a hand written record of every payment he had made and received since they day he was married over sixty years earlier.[48] Suspicious and concerned, Cindy brought the piece of paper to

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[48] While I was only able to look through these ledgers once for a few moments, they were written in Mr. Thomas' impeccable 1930s schoolboy cursive, remarkably constant over the many volumes and only beginning to show signs of a shaky hand in the most recent entries, as Mr Thomas approached 95. I couldn't help but wonder how many similar ledgers exist, and think of their potential to inform historical ethnographies of everyday life over the past century.

the nursing home along with Mr. Thomas' other papers, and proceeded to press him to explain what the numbers meant. Mr. Thomas was initially incredibly reluctant to explain that the paper was his record of the loans he had made to Doris, and indeed as soon as he told Cindy, she became furious with Doris and extremely concerned that Mr. Thomas had let the situation get so out of hand. Mr. Thomas told Cindy that Doris had asked him not to write down anything about the loans, and so he had decided to keep track of them separately from his ledger and without noting what the transactions were for. Mr. Thomas made Cindy promise not to notify Doris' supervisors at Belltower, a promise Cindy later bridled under. Eventually, Cindy told me, she was able to convince Mr. Thomas to let her husband, a lawyer, draw up a repayment schedule and agreement for Doris to sign. Doris did sign the agreement, and when she was unable to make her scheduled payments, Cindy pressed Mr. Thomas to report the loans to the agency. Eventually he relented and because Doris had now signed an agreement acknowledging the loans, she was quickly fired, criminal charges were filed and the agency's insurance company began prosecuting her to reclaim its losses. Mr. Thomas, Cindy told me, had received half of the money back immediately from the insurance agency, but would only receive the other half when the agency was able to collect it from Doris. The loans, which Mr. Thomas viewed as an almost-gift, quickly became thefts. With theft on her record, Doris would find it hard to ever work in a formal elder care setting again[49].

When I visited Mr. Thomas at the nursing home later that week, he told me that he had loaned Doris the money because he had been concerned about her. A few of the

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[49] Or at least it would be difficult for her to find elder care work in Illinois. Supervisors worried that criminal background checks were inconsistent and expensive to conduct across state lines, so when workers moved it was possible they left behind criminal records. One Belltower supervisor suggested that Doris' move to Illinois from Wisconsin might have been motivated by a desire to escape such a record.

loans had been so that she could get her car repaired and make it to work more reliably (for several months, she had been consistently late because her car would overheat on the freeway if she forgot to add water to the radiator before she left home). Mr. Thomas knew that Doris struggled to cope with her own chronic illness while supporting her two daughters in their late teens and early twenties, each of whom was raising small children alone (see chapter 2). Mr. Thomas told me that he had initially been quite upset with his neighbor for forcing him to ask Doris to pay the money back, since he had loaned Doris the money out of profits gained in the sale of his late wife's property. He had never really considered this money his own in the first place, and had kept it locked in a safe at home since the sale. Mr. Thomas reminded me that his son wasn't going to lack for money as he had made plenty of money as an elite computer programmer and was already semi-retired. Unconcerned about preserving his estate for his descendants, Mr. Thomas saw no reason not to loan some of the money to Doris. Though he had taken her at her word that she would repay it, he hadn't felt comfortable demanding that she do so because he didn't really need the money, and she so clearly did. Mr. Thomas told me that he only became concerned about the propriety of these the loans when he learned that Doris had been offered and declined additional hours from the home care agency. Mr. Thomas said it bothered him that Doris had lied to him about being able to work more, though I wondered to myself if she had declined additional hours because of concerns about exacerbating her lupus or about making sure to not exceed the limits on work hours necessary to remain eligible for social security disability payments. Mr. Thomas seemed sad that he had been pushed to report the loans to Belltower, and embarrassed to have been caught in the role of a vulnerable old man who had been duped and taken advantage of by a conniving younger woman.

Both Plusmore and Belltower, the agency that employed Doris, explicitly prohibited direct gifts or loans of any kind between workers and older adults, and thus considered her actions theft. Home care agencies see themselves as mediating all legitimate forms of exchange between workers and clients, and direct exchanges between them are generally considered forms of theft. As described in Chapter Two, Plusmore explicitly prohibited workers from any kind of direct exchange with their workers whether accepting gifts, loans or making fair market purchases from workers or members of their households. At Belltower, unmediated gifts were prohibited, though supervisors told me that sometimes they mediated clients paying workers "tips" or "bonuses." In one case, a Belltower supervisor told me of a client who paid the agency an extra $1500 per month to pass along to her two live-in workers as bonuses, on the condition that the workers never took an unscheduled day off and she never had a substitute worker in her home. According to the supervisor, by formalizing these bonuses, the agency could ensure that neither workers nor clients were being taken advantage of or manipulated by the exchange of gifts and favors. Nevertheless, many of the illicit gifts, loans and favors that clients gave workers were eventually discovered by the agency, and usually lead to the worker's termination. These policies existed largely to protect clients from predatory workers who might decide to play upon the sympathies of a lonely old person to gain access to his or her accumulated resources or possessions (Zelizer 2005).

Though the loans Mr. Thomas made to Doris were disturbing, they were not entirely surprising, as theft is endemic in long term care in the United States (Harris and

L. 1998). Older adults frequently cite their fear of theft as a deterrent to receiving care (Lindbloom et al. 2007). At the same time, unsubstantiated and persistent concerns about theft are frequently seen as an early sign of dementia (Hwang et al. 1997). Though available research tends to focus on theft in nursing homes (Harris and L. 1998), I witnessed or heard about dozens of instances of "theft" in the course of my fieldwork. Katherine Tubbs, the director of Plusmore's Chicago offices, told me that one of the challenges workers faced was that sometimes new clients would leave money out on countertops. Sometimes they did this accidentally, but sometimes they were testing new workers. Katherine told me that this put her workers in a very risky situation, because even though her worker's wouldn't steal, "everyone" would blame them first if the money went missing. Often, Katherine told me, there were lots of people in and out of their clients' homes and if there was cash laying around everywhere and someone else stole it, it was always easiest to point the finger at the home care worker. Katherine's theory regarding the prevalence of accusations of theft, if not actual theft, in home care was that workers were vulnerable because they were new to the household and less enmeshed in the relationships of trust built through years of interaction and reciprocity. My findings suggest that Katherine's theory may indeed be true, but that theft also occured when older adults tried to build trusting relationships with workers through gift exchange. As fieldwork went on, I learned that "theft" often referred to other kinds of exchanges between workers and clients that had somehow gone awry. While I did hear of thefts involving workers who took objects, cash and bank checks from unaware clients, many if not most of the thefts did not start out that way. In this chapter, I suggest that a significant proportion of home care thefts might just as accurately be characterized as gifts gone awry.

By entering into gift exchanges, workers and older adults pushed back against the objectifying and commodifying tendencies of the market[50]. Studies from across the globe suggest that principles of intergenerational reciprocity quite frequently organize moral understandings of caregiving and kinship obligation across the life course. (Akiyama, Antonucci and Campbell 1997; Beel-Bates, Ingersoll-Dayton and Nelson 2007; Lévi-Strauss 1969; Lewinter 2003; Sahlins 1965; Verbrugge and Chan 2008). Indeed, many workers and older adults organized their understandings of who should care and how care should be provided around principles of intergenerational reciprocity among kin. As Carsten and Hugh Jones argue, in many parts of the world "the house economy, aimed more at balance and survival, is opposed physically and conceptually to the corporation" (1995, p. 5). By entering into reciprocal exchanges, home care workers and older adult clients thus worked to restore the moral coherence of their domestic economy and caring relations.

There is little new to social science in the argument that principles of reciprocity are embedded in the constitution of morality and kinship alike. Over seventy five years ago, Mauss introduced the concept of the gift as "total services," which entail both the obligation to give and the obligation to receive (1990 [1924], p.13). Mauss framed gift exchange as the exchange of things that "are not inactive" but rather as things which possess qualities of the giver and thus bind giver and receiver together (1990 [1924], p.12). For Mauss, gift exchanges fulfill more than instrumental needs by building and

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[50] I can't overemphasize that the objection to paid workers was not so much an objection to buying affection as it was an objection to these moral logics of the market.

sustaining social relations over time and space. Entering into exchange, and thus into relationships characterized by moral obligation is thus fraught with ambivalence for, "the gift is at one and the same time what should be done, what should be received and yet what it is dangerous to take. This is because the thing that is given itself forges a bilateral, irrevocable bond" (Mauss 1990 [1924], p. 59)

Mauss focuses on the exchange of things which join "persons and objects in an intimate way" (Zemon-Davis 2000). The study of gifts in paid home care, in which market exchanges are supposed to direct the flow of services, elaborates on this theoretical tradition while simultaneously problematizing it. Though objects exchanged as gifts "still possess something" of the original owner (Mauss 1990 [1924], p.12), the deeds exchanged in care are often more intimately and more immediately an exchange of the carer's self (Weiner 1992). While fully reciprocated gift exchange establishes those involved as equal persons, capable of entering into equitable relationships, unreciprocated gifts create and reinforce inequalities. In caregiving situations, elders and care workers each work to establish themselves as full and equal persons through the exchange of gifts, favors and services. In agency contexts in which even the wage/labor exchange between workers and older adults is mediated through agencies, these exchanges position older adults as subjects rather than the objectified bodies described by agencies' official care plans. By positioning themselves as subjects through gift exchanges, older adults prepare the ground for workers to perform care tasks in a flexible manner that was responsive to clients needs regardless of agency regulations or assigned care plans (see Chapter 5).

Gift exchange facilitates the development of sustained, empathetic and trusting relationships between workers and older adults. In my observations, gift exchanges were most frequently initiated by older adults. By initiating gift exchanges, older adults position themselves as flexible and capable of mitigating some of the working conditions that most stress workers like the lack of paid sick days and ability to modify their schedules. Older adults saw the mutual obligations entailed by gift exchange as building trust. In part, older adults used the concept of trust to refer to their faith that a worker would not steal, take advantage or abuse them. Yet, older adults needed to trust workers not to hurt them, and to provide care in an attentive and individualized manner that did not humiliate or diminish them. For example, older adults wanted to trust that their worker would make sure the bath water was at a comfortable temperature and to trust that workers would downplay moments of memory loss.

In my fieldwork, I most often observed, or heard about, gifts of time, gifts of illicit work, gifts of money and less frequently (and usually less problematically) gifts of food or objects. The first three types of gifts only become gifts in the first place because of the bureaucratic context in which they are exchanged. Gifts of time occurred either when workers worked longer than their schedule shift without adding the hours to their timesheets or when clients signed workers time sheets for days or hours they didn't work. Gifts of illicit work usually occurred when workers disregarded company policy in order to provide personalized care. Gifts of money could come in the form of loans, as occurred between Doris and Mr. Thomas, but also sometimes included clients using their credit cards to front workers money with which to purchase items from mail-order catalogues. I less frequently heard of clients directly giving workers cash, although several workers at Belltower spoke of receiving large Christmas bonuses in the past[51].

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[51] This did not necessarily occur when they worked for Belltower. Some of the stories I heard occured while workers worked for other agencies or when they were independently employed directly by clients.

Material gifts that I observed included older adults giving workers old clothing and house wares, sometimes for the workers to use, but more frequently for their workers' children or grandchildren. My observations of gifts gone awry suggests that older adults proffer gifts of time, money and objects - themselves often forms of care - with an amorphous expectation that workers will reciprocate by doing illicit work that enables them to be more flexible about when and how they provide care.

Gift exchanges often occurred as home care workers and older adults attempted to extract care from the moral strictures of the bureaucratic and corporate institutions in which they were embedded. Yet, most of the time these institutions reasserted themselves, nearly always to the detriment of workers. Clients suffered the effects of gifts gone awry too, though more subtly as they coped to adjust to another new worker while asking themselves how things had gone so wrong with their previous caregiver. Many thefts were reported to agencies after older adults felt that workers had failed to behave in an adequately reciprocal manner. Gifts thus sometimes became thefts when workers enforced a company policy about not doing a particular task, or when the client felt that the worker was more interested in her income than in their relationship. In other cases, agencies discovered theft when illicit exchanges were reported by concerned (and possibly jealous) friends and relatives (such as in Mr. Thomas' case).[52] Thefts of time

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[52] Though I did not witness any overtly jealous kin during my fieldwork, there is a large scholarly and legal literature around estate cases in which the validity of an older adults' will is challenged because s/he left a care worker a large bequest. These cases represent an extreme; clients' family members can become suspicious of the motives of workers who accept gifts from clients. At Plusmore, workers and supervisors were equally skeptical about the motives of some of their clients' kin, and would regularly comment about family members who would only visit their elderly relative when "their check" was due to arrive (usually from Social Security or Social Security Disability, but sometimes also TANF). Indeed, in Plusmore's training on elder abuse, special mention was made about workers reporting family members they believed were using threats or force to deprive older adults of government benefits.

were sometimes discovered when either the client or worker became ill and supervisors were forced to look through their records more carefully.

Caring Like Kin

Workers frequently told me that they went above and beyond their job descriptions to help their clients. I often watched workers regularly stay long past the time they were supposed to leave a client's house in order to make sure that all the work was done. Workers told me over and over that they did so because it was more important to them that the client was well cared for than that they strictly adhered to their work assignments. I found this a particularly interesting practice among Belltower workers, whose clients paid for their own care and could have been asked to increase their service hours to better reflect their needs. At Plusmore, the number of service hours each client received was decided by a CCP case manager and the IDoA's Determination of Need form, which meant that there was little either Plusmore or the client could do to increase hours.

Nearly every worker I spent time with told me that they regularly worked between fifteen minutes and an hour longer than they were supposed to. For workers, being flexible about their hours as well as about stringently adhering to other agency policies was related to their desire to restore the domestic moral order of older adults' homes by providing the kind of care they gave their own kin (or wanted their kin to receive). For example, Grace Quick told me that,

> Quick: When I go in there, it's definitely not about the money because the money ain't all that. I don't get into this because of the salary. I get into this because what I feel in my heart… I'm going to get old one day and I would hope that somebody will take a heart and take care of me, (and) because I wouldn't want my mother or my father (to be poorly cared for)... You can't go in here and go in these people's houses and think, yeah, you

> want to make senior care better. Yeah, you can make it better, but you can't go in there and change all the rules because this is not the company. This is people's houses we're talking about and you can't go in there, in these people's houses and tell them where we got company policy. Yeah, we got company policy, but goddamn it, these are people's houses. You can't go in there and tell these people while these people are paying you their hard earned money to come here and help them…
>
> …[I had] sick time up there and [couldn't] take it. You work damn over a year and maybe have two, three days taken off. Come on. I'm dealing with basically two sick people that I deal with and take care of on a daily basis, on a constant basis. I don't take days off unnecessarily and I'm there with a drop of a hat, sometimes thirty minutes before time. My hours was supposed to be from 8:00 AM to 6:00 PM … And I'm not supposed to leave out of there until the son walks in there and sometimes he don't get there until 6:30 and I never once put 6:30 or 6:10 on that time sheet.

Buch: That adds up.

Quick: You doggone right. One years' time, ask me how much time and money that I just gave away.

Grace suggested that market ethos of profit maximization had little role in genuine caring, which was instead motivated by a moral calculus that implied a kind of dispersed intergenerational reciprocity between her, her clients and her future caregivers. Multiple workers similarly told me that they provided care for their clients in the manner in which they cared for their parents and also in which they also hoped to one day receive care. While these statements might be interpreted as a kind of simple application of the "golden rule,"[53] workers tended to speak not simply of how they *would* want to be treated in a similar situation, but of their anticipation that they would actually *be* in a similar situation in the future. In caring, they were thus imagining the kinds of care and caregiving relationships they wanted for both their kin and their future selves. For Grace,

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[53] Following the "Golden Rule:" of "do unto others as you would have them do unto you" was not coincidentally one of the "Personal Characteristics" required of Plusmore's home care workers. (see Chapter 2 & Appendix XX)

and for other workers, ideal care was in part characterized by care that respected the right of older adults to decide what happened in their private homes regardless of agency dictates. Thus, Grace tried to provide care that was responsive to her clients preferred way of life even when she had to go against agency policy or was uncompensated for her labor. Though this case did not exactly constitute a gift gone awry, Grace expected that because of the dedication she had shown, her supervisors would be willing to allow her to take the sick days she thought she had earned when she was injured. Instead, she was fired.

Hattie Meyer told me that she had learned from long experience not to do favors for her home care workers. Loretta was only the latest of dozens of workers Mrs. Meyer had in her home over the previous decades, starting when she was nursing her son through the final stages of a degenerative disease he had inherited from his father. During his final days, when her son could no longer eat the meals she prepared for him, several nurses and care workers had helped Mrs. Meyer care for him. When Mrs. Meyer's health began to deteriorate from diabetes and asthma not many years later, she started receiving home care services from the CCP program on her own behalf. In the many years since, there were only a few workers Mrs. Meyer remembered fondly. Most of the workers, she soon realized, were the kind of people who took a mile if you gave them an inch. Mrs. Meyer recalled workers who came to her home intoxicated and workers who sat and watched television during their assigned hours and then asked her to pay extra to have them do her laundry (a task that was part of Mrs. Meyer's care plan) at a different time. After a worker she had liked left the home care agency, Mrs. Meyer had sometimes gone through six or ten workers before she settled on a new one who she felt she could trust. During that time, Mrs. Meyer told me that she had learned not to do any favors for her workers. She was especially rigid about signing their time sheets on days they were sick or otherwise needed to take off for work. As she told me, she learned that if she made an exception once, workers were likely to assume she would continue to make it and eventually, they'd be missing a day per week or spending their whole appointment watching her stories (soap operas) with her on the television.

Mrs. Meyer only partially trusted Loretta. She told me several times about how, during her first few weeks of work, Loretta came to her door obviously ill and asking if she could take the day off. Mrs. Meyer agreed that Loretta should go home and rest, but refused to sign Loretta's timesheet so that Loretta could get paid for the day. Mrs. Meyer said that Loretta complained that she couldn't afford to take the day off, but Mrs. Meyer told Loretta that she couldn't bring her infection into Mrs. Meyer's home, either. Mrs. Meyer was proud that she had set a strict precedent with Loretta, and that Loretta now understood that Mrs. Meyer didn't play games about work. Still, during the time I knew Mrs. Meyer, I noticed that Loretta left her apartment before the end of her scheduled shift nearly every day when her boyfriend came to pick her up. Mrs. Meyer told me that she didn't mind that Loretta left a little early as long as she had finished all her work (though at least once, I watched Loretta decide to leave a small task for her next visit because her boyfriend was already honking from the alley below). Mrs. Meyer occasionally noted that the boyfriend's controlling behavior bothered her, and it concerned her that Loretta was more worried about angering him than she was about leaving work early. Mrs. Meyer was also suspicious that Loretta sometimes kept the change when she did the laundry and possibly took change from the jar in her living room. Yet, Mrs. Meyer said that she didn't say anything to her case manager or the Plusmore supervisor about Loretta leaving early or the spare change because Loretta “would do anything,” that needed to be done around the house and often did work that was explicitly prohibited by Plusmore policies. For example, Mrs. Meyer mentioned many times how impressed she was that without being asked, Loretta had decided to hang the new living room curtains Mrs. Meyer had purchased many months previously but was never able to put up. This involved Loretta climbing up on a ladder far higher than Plusmore allowed, and Mrs. Meyer said she probably shouldn’t have done it. Still, Mrs. Meyer thought the room, which she spent most of her days in, looked a great deal better with the new curtains. Similarly, Mrs. Meyer praised the thoroughness with which Loretta cleaned her kitchen, noting that it hadn’t been that clean since Mrs. Meyer was young. At least once a month, Loretta climbed up on a chair (another banned practice) and scrubbed the accumulated cooking grease off of the kitchen walls and ceiling. Loretta told me that she just didn’t feel right about not doing this task regularly, and couldn’t stand the sight of the grease accumulating. For all of Mrs. Meyer’s insistence that she refused to exchange favors with her workers, Mrs. Meyer actively participated in small exchanges, such as giving Loretta clothing and overlooking Loretta’s early departures, in which both she and Loretta turned a blind eye to agency policy. The only favor I saw Mrs. Meyer refuse Loretta was using her credit card to purchase several pairs of jeans that Loretta wanted to order from a catalogue that they had been looking through together. Through their smaller exchanges, Loretta and Mrs. Meyer built a relationship that was not entirely determined by Loretta’s occupational obligations to Mrs. Meyer. Beyond their agency sanctioned relationship, their exchange of small favors built an economy of regard and mutual trust that both worried Mrs. Meyer and made her more satisfied with Loretta's care. Despite her efforts to remain dispassionate about Loretta, Mrs. Meyer noted that she was increasingly interested in Loretta's well being and had come to feel quite attached to her. Thus, though Mrs. Meyer told me that it made her uncomfortable when workers used terms of endearment with her or were overly familiar, she tolerated (and sometimes seemed to enjoy) that Loretta called her "mother" as both a sign of respect and affection. Mrs. Meyer thus seemed caught between the impulse to build a sustained and intimate relationship with Loretta by increasing the intensity and frequency of favors circulating between them and her desire not to repeat her experience of the relationships she had with previous workers.

Mrs. Meyer was not the only client I met who was wary of entering into gift exchange with her worker. Harriet Cole guarded her home and possessions relentlessly, going so far as to test if workers would steal from her by leaving small bills of cash lying around her apartment. Mrs. Cole even asked her home care worker, Virginia Stevens, not to bring a large purse to work, and sometimes asked Virginia to let her look in her purse before Virginia left. Mrs. Cole told me that she saw giving her workers gifts as a way of deterring them from stealing from her:

> Cole: I laid things around purposely to see if she was bothered.
>
> Buch: What kinds of things?
>
> Cole: I'd leave money around and my watch around and what have you. We had a discussion one day, and I told her, 'I don't want you to steal from me, 'cause I'll give you more than you would take and lots of times I'll give her things that I don't need, I'd tell her, 'you want it, you can have it!'
>
> Buch: What things did you give her?

> Cole: Like clothes. She lost of lot of weight because she said she's too much bigger, but there's certain tops she can wear of mine. So far we don't have any problems.

Virginia's ability to overlook these and other insulting insinuations always impressed me, though I sometimes suspected it was because Virginia believed Mrs. Cole's bark was worse than her bite. To me, Mrs. Cole often seemed torn between her desire to control everything that occurred in her household and her genuine, almost motherly, concern for Virginia's well-being. For example, Mrs. Cole regularly told Virginia that she was too smart and too organized to get stuck doing home care work. Instead, Mrs. Cole thought Virginia should be working in an office and regularly offered to call old contacts of hers in the insurance industry to see if they knew of any available positions. Despite Mrs. Cole's vigilant efforts at theft prevention, I saw her give Virginia clothing, throw pillows and other household items that she no longer used. She also made a point to purchase several children's books for Virginia's grandson on his birthday. Though Mrs. Cole sometimes complained to me that Virginia often arrived late and spent the first few minutes after she got to Mrs. Cole's apartment eating her lunch, Mrs. Cole always signed the time sheet for Virginia's full work period, expecting only that Virginia would stay past her appointed departure time if the housework wasn't finished. For Virginia's birthday, Mrs. Cole signed her time sheet beforehand and told Virginia to take the day off as a birthday gift. Toward the end of my fieldwork, Mrs. Cole complained that Virginia had started taking advantage of her generosity regarding the time sheets. Earlier in the winter, Virginia had taken a day off to have a minor outpatient surgery. According to Virginia, when the day came, she was too frightened to go to the hospital, so she cancelled her appointment. Mrs. Cole worried that Virginia was neglecting her health and suspected that the reason wasn’t simply fear but also that Virginia couldn’t afford the procedures. Still, it angered Mrs. Cole that she had given Virginia the day off (and signed her time sheet for it) when in the end Virginia didn’t even have the surgery. She believed that Virginia “owed” her a day of work. When I finished my fieldwork with Mrs. Cole and Virginia, Mrs. Cole was considering whether or not it was time to ask the agency to give her a new worker, largely because she felt that Virginia was becoming too familiar and taking liberties with Mrs. Cole’s previous leniency about her work schedule.

Intimate Alchemy: Turning Gifts into Thefts

Not infrequently, gifts were reported as thefts after workers somehow violated their clients’ expectations of reciprocity. The consequences of the transformation from gift to theft depended both on the content of the initial gift and the context in which it was reported that were being transformed into thefts. One afternoon, as I sat with Jackie Wilson in her cubicle at the Plusmore office, Jackie described to me the headache of a case she had been dealing with for several days. Problems had started when a home care worker had called her to tell her that her client’s son had become very irate with her and had told her not to come back to his house. According to the worker, the client insisted that the worker was responsible for various household tasks that were not included on his mother’s care plan. For example, the worker told Jackie that the son wanted the worker to clean up after the dog, wash all the household dishes, and clean the entire house. Jackie told me that she had told the worker to leave the job and not return until Jackie called her back, assuring her that Jackie would consider this a “lock out” (a term used when a client isn’t home for a worker) so that the worker would be paid for a complete shift even though her timesheet hadn’t been signed for the day. Immediately after getting off the phone with the worker, Jackie called the client's home to try and reach her son. Several hours later, when I was sitting with her, the son finally called back. Jackie turned the speaker phone on so that I could hear the full conversation. Jackie very calmly told him that she had heard he was having a problem with his worker, and was hoping he could explain his concerns to her so that she could see if there was anything she or the agency could do to help him. She also suggested that they review his mother's care plan again to make sure that everyone is on the same page. The son agreed that reviewing the care plan is a good idea, but then defensively explained that none of his mother's previous home care workers had complained about doing the work he wanted the current worker to do. Jackie gently told the son that she wasn't interested in discussing other workers and was only interested in making sure that everyone was on the same page in terms of the current worker's responsibilities.

Without giving the son time to interject, Jackie began reviewing the restrictions on what the care worker was allowed to do in her client's home, emphasizing that these limitations were either imposed by the service needs determined by the client's CCP case manager or by agency policies meant to protect the health and safety of their workers. Jackie emphasized that the home care worker was only supposed to take care of the client, even though other people lived in the household. This meant that the worker would wash the mother's dishes, make his mother's bed that she would clean up his mother's commode, the bathroom sink, mother's bedroom, and the area in the living room around the chair where the client usually sat. The worker was not allowed, Jackie emphasized, to clean all the dishes in the sink, to clean up after the dog, to scrub the toilet or the bathtub (except after she gave his mother a bath) or clean other areas or rooms in the house. As he listened to these rules, I could hear the son grumbling under his breath. As soon as Jackie finished speaking, the son told her that he felt that “you’re all” testing him. Jackie calmly asked him what he meant by that, and “who all” he was referring to, the son responded that when he cooks something and leaves it out for his mother, that’s what he wants his mother to eat, and not something else. So he doesn’t understand why the worker sometimes feeds his mother something else. The son admitted that sometimes he left an extra pot in the sink because he hadn’t had time to clean it up, but there weren’t ever a week’s worth of dishes in the sink or anything like that. He also tells Jackie that the worker had decided to wash the living room windows of her own volition, and that he had never asked her to do that. Jackie replied that she knows that the windows were something the worker did on her own, which is why she didn’t even bring them up to the son. Jackie then repeated her description of the client’s care plan. She later told me she was hoping that by repeating the plan several times, the son would start to remember it. Instead, the son interrupted again and said that if there was an extra pot in the sink, he doesn’t understand why it’s a problem for the home care worker to wash it if he cooked his mom’s meal in it. Jackie sidesteps this question and instead tells the son that she will send a quality assurance supervisor to the house with a new home care worker on Monday to show the worker and the son how the care plan applies to this specific household.

The tone of Jackie’s voice, initially calm and friendly, gradually grew more serious over the course of the conversation. As the son continued to protest the limitations of the care plan and suggest that Jackie was trying to “test” him, Jackie tried to redirect, telling him that if he had concerns with his new worker, he should not take it up directly with the worker. Instead, she instructed him to call the agency and ask to speak to Jackie directly. Jackie also suggested that he consider applying to be hired by Plusmore as a preferred worker, in which case he could get paid to take care of his mom himself. I was a little confused by Jackie's suggestion, because the son would not have qualified to work as a preferred worker because Plusmore did not allow preferred workers to share an address with their client. However, Jackie seemed to be suggesting the preferred worker option as a kind of reminder that he should be glad for any help they gave him if he wasn't willing or able to do it himself. The son professed surprise to learn of this option and frustrated that no one had mentioned it to him sooner (though Jackie later told me she had mentioned it to him at intake). Jackie invited him to come down to the agency to fill out an application, and then informed that he would have to attend a week's worth of training to be able to take the job. The son told Jackie that he would have to think about if he could do that because he worked the night shift and normally slept most of the day. At this Jackie rolled her eyes at me and shrugged in a gesture I interpreted to mean, "figures he wouldn't take the opportunity to do the work himself." After making arrangements for the quality assurance supervisor and new worker to meet with the son and his mother the following Monday, Jackie ended the call and let out a sigh of frustration. A little while later, the phone rang again and the son was on the other line wanting to know if his mother's previous home care worker was still going to get paid for the days when she didn't show up for work. Jackie was a little confused because the son hadn't previously mentioned that the worker had missed her appointments. Jackie was a little suspicious about the veracity of this claim, and told the son that since he had signed the worker's timesheets – which are legal documents - verifying that she had been at work, Plusmore was required to pay her for that time. Jackie again reiterated that if the son had a problem with the worker not showing up consistently, he should have called her right away and not waited until there were bigger issues because the agency takes timesheet fraud very seriously.

After hanging up the phone, Jackie, unsure whether or not the son's claims regarding the timesheet fraud were credible, decided to make a mental note of the accusation. As Jackie discussed the irate son's attempt to get his mother's worker fired, Jackie told me that she could not understand why a family member would wait so long to report a problem to the agency. Jackie said that if she had a problem with a caregiver who was taking care of her mom (which she noted would never happen because she planned to take care of her mom herself) she'd be on the phone to the agency right away, the first time it happened, to make sure any problem was immediately corrected. As Jackie explained, if a person is home alone with your mom, why would you wait to fix a problem?

The next time Jackie spoke with the worker she intended to let her know the accusation had been made but they had no evidence the accusation was true. Jackie said she would warn the worker to be as conscientious as possible about making sure her timesheets were accurate in the future. In this case, Jackie's skepticism about the son's motives in reporting the timesheet discrepancies prevented a gift of time from being transformed into theft, but I witnessed many other workers lose their jobs due to similar situations. In several other cases in which clients had signed workers timesheets for hours the workers hadn't worked, the fraud was caught and the worker was fired. Most dramatically, I sat in a conference room as Anita Crofton the Assistant Director of the

Plusmore Chicago office, a supervisor and a representative from the SEIU hovered over a speaker phone while Anita fired a worker. The worker apparently had her client sign her time sheet at least a week in advance, and had then submitted a timesheet claiming to have worked several days when the agency knew that the client had been in the hospital. From what Anita and the worker's supervisor could piece together, the client had taken ill while the worker was in her home, and the worker had been authorized to take her to the hospital and remain with her for several hours. Yet, the worker's time sheet came in claiming that she had also worked her regular shifts at the client's home when the agency knew the client was still recovering in a nursing home[54]. Anita told me that the worker's defensiveness made her suspicious that this was not the first time the worker had engaged in timesheet fraud but had only gotten caught because the worker was in the hospital on the days the client claimed she had worked. With concrete evidence of timesheet fraud, the SEIU representative explained that the worker was not only being fired for legitimate reasons, but would also be ineligible for unemployment benefits.

As seen in both this chapter and in the preceding sections, the reluctance of both clients and workers to report problems with their home care workers was a constant challenge for agency administrators and supervisors at both Plusmore and Belltower. Often, problems didn't come to supervisors' attention until the worker or client was so dissatisfied and angry with the other person that things could not be remedied. In part, the reluctance to report these problems stemmed from the trust and personal attachment that developed between workers and their clients. Much of the time, workers and clients felt loyalty towards one another, rather than to, or even in solidarity against, the home care

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[54] They knew this because Plusmore would not have been authorized to provide service for days in which the client was receiving nursing home care paid for by Medicare or Medicaid.

agency. Trust and attachment between workers and their clients developed in part because they spent many intimate hours together each week, while they almost never saw supervisors or other agency administrators. Yet, solidarity between workers and clients was almost always also buttressed by ongoing reciprocity and gift exchange. These exchanges created an ethic of mutual obligation and assistance both more immediate and more powerful than the agency's official claim to mediate both workers' and clients' relationships and exchanges.

Despite workers' and older adults' attempts to forge stable and trusting relationships through gifts of time (either extra time worked or paid time off), illicit work, money and objects, in the end many if not most of these gift exchanges fell apart. Sometimes gifts were officially deemed thefts, leaving workers unemployed at best and facing criminal prosecution at worst. For, despite workers' and older adults' attempts to restore moral coherence to their caring relationships and domestic spaces, they could never fully remove the power of the market or bureaucratic ethics from paid home care work. In the end, no matter how much workers' strove to care "like" kin, they were never kin, and instead were always subject to their employer's rules and supervision. Much of what was exchanged as gifts in home care would not have been so dangerous nor illegal had workers and older adults not also always been involved in a market transaction of labor for wages. Yet the prevalence of gifts that turned into thefts was not only a result of bureaucratically organized care, it was also the result of the persistent and acute inequality between workers and older adults. Older adults frequently gave workers gifts of time off, money or objects out of sympathy, knowing that the workers were often struggling to make ends meet while supporting entire households. It was often difficult for many older adults to know that the person who made it possible for them to continue living in their home was struggling to support her own family and household.[55] Indeed, one of the reasons both agencies officially prohibited workers from sharing details of their private lives with clients was to prevent clients from feeling concerned about workers well-being and from feeling guilty about their more comfortable lives. Older adults' compulsion to give was in part predicated on their observations of the severity of workers' needs. Compassionate older adults realized that some workers could not afford to take a day off, and thus used their power to sign time sheets as a way of circumventing the agency in order to get the worker paid leave.[56] Yet, these gifts also represented older adults' efforts to regain control over their home care workers, and over what occurred in their homes, thus fortifying older adults' ongoing sense of independence. In home care, then, gifts that became thefts were failed attempts to apply the moral logics of kinship and mitigate the alienating tendencies of the market and the interpersonal discomforts of inequality.

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[56] This practice seemed somewhat more common at Plusmore, where the older adult was giving government-funded wages away rather than money they paid personally for home care services

Chapter 5

To Be Treated as a Person

“Caregiving is also a defining moral practice. It is a practice of empathic imagination, responsibility, witnessing, and solidarity with those in great need. It is a moral practice that makes caregivers, and at times even the care-receivers, more present and thereby fully human” (Kleinman 2009, p.293)

The Price of Spoiled Milk

Maureen Murphy drank spoiled milk and ended up in the hospital for nearly a week. Sally Middleton, her home care worker, blamed herself, though no one else shared her opinion. Sally missed her normal shift on a Tuesday afternoon late in January 2007, and Ms. Murphy became ill towards the end of her shift the following Thursday. Sally blamed herself for Ms. Murphy’s illness because she regularly inspected all of the perishable items in Ms. Murphy’s refrigerator to make sure than nothing had gone bad and was usually particularly vigilant about throwing out milk. Sally always purchased the smallest carton of milk carried by the Walgreen’s drugstore around the corner from Ms. Murphy’s apartment, but this particular liter must have gone bad in that short period of time. Ms. Murphy spoke often and candidly about how frustrating she found her greatly diminished sense of smell, and her rapidly fading sense of taste. These losses, she told me, made it increasingly difficult to take pleasure in eating, and also made it difficult for her to distinguish fresh from spoiled food unless it looked rotten. Pasteurized milk, which spoils before it changes appearance, had thus become a particularly risky source of sustenance.

Ms. Murphy was raised as a foster child on a small family farm in rural County Cork, Ireland, a region still famous as the center of Ireland's renowned dairy industry. There, milk played a central role in the culinary rhythms of life – milking, churning butter, making cheese - and in many of the dishes and glasses on the daily table. To Ms. Murphy, milk was sustenance, and a meal without a glass of milk felt incomplete. So, on this particular midwinter day, when Ms. Murphy felt shaky, she realized that though it was nearly two in the afternoon, she hadn't had anything to eat. She drank a glass of milk, thinking it would steady her, not noticing its pungent odor. By 6pm, she was strapped to a gurney and paramedics were hoisting her into an ambulance to take her to the nearest emergency room.

Ms. Murphy first felt ill about an hour after she drank the milk, as she was sitting at her dining room table waiting for Sally to serve her lunch of steak and potato stew, soft boiled carrots and a glass of milk. Ms. Murphy and I were discussing what groceries she needed from the store that afternoon when she began to complain of stomach cramps and decided to lay down for a few moments. She soon began having difficult time breathing, and then started vomiting and dry heaving, as there was only milk and pink cough syrup in her stomach. Sally quickly began to suspect that Ms. Murphy's sudden illness might have been caused by spoiled food, and after asking Ms. Murphy what she'd eaten that day, went to check the carton in the fridge. It was nearly empty and the strong scent indicated that this was the most likely culprit. After sitting with Ms. Murphy for nearly two hours to see if her cramps and dry heaving would subside, Sally grew concerned enough to call Ms. Murphy's doctor. Unable to reach the doctor, his call service patched her through to the 911 emergency telephone line, insisting that Ms. Murphy needed to go the hospital to be examined by a doctor. For the few minutes it took the ambulance to arrive, Sally and I scurried around the apartment to help Ms. Murphy get dressed, and located her living will and large bag of prescription medications. We finished all these tasks just before the paramedics arrived. Sally rode in the ambulance with Ms. Murphy, while I drove separately and met Sally in the waiting room.

Once at the hospital, Sally lobbied for permission to use the security desk phone to call Kathy, her supervisor at Belltower, but by this time the office had closed and so Sally left a message with Belltower's call service. Though unsure if she would be paid for the extra hours at the hospital, and aware that Belltower required prior approval for overtime, Sally decided to wait at the hospital until the doctors determined whether or not Ms. Murphy would be admitted. We waited for awhile with Mrs. Murphy, but when a doctor arrived we were asked to go sit in a waiting room. Once there, I noticed that Sally still looked panicked, and she again shared her concern that Mrs. Murphy's sudden illness was brought on by the spoiled milk. Sally told me that Ms. Murphy's health seemed to have declined significantly in previous months, and she no longer felt capable of providing Ms. Murphy the care she required. She thought Ms. Murphy needed a home care worker who could drive, and perhaps someone with stronger medical training. Despite my reassurances, Sally remained quite upset, blaming herself for Ms. Murphy's illness.

When Ms. Murphy finally came home nearly a week later, the agency managed to convince Sally to stay overnight for a few days, sleeping on Ms. Murphy's 40 year old couch to make sure Ms. Murphy got settled in okay. Prior to this, Sally had long refused to take overnight assignments, insisting that she was too old and too easily tired to do overnights. She later told me that she resented the agency insisting she do this work, but could see that it was the best thing for Ms. Murphy at the time. The next time I saw Ms. Murphy, Sally had retired and Ms. Murphy was struggling to get used to a new home care worker.

Too often, the subtle and intricate ways that care sustains both life and ways of living become tragically apparent only in its absence. Both care, and the effects of care can be difficult to see in daily life because care makes possible what seems to have always been. I had casually noticed that Sally habitually smelled each carton of previously purchased milk when she put away newly purchased groceries before this incident, but didn't fully comprehend the consequences of this habitual, small action. Sally's habit of smelling all the milk to detect spoilage made it safe for Ms. Murphy to continue eating her supper with milk, a substance so entwined with Ms. Murphy's culinary sensibilities that to go without it made her feel diminished in both health and wealth. The severity of health consequences when Ms. Murphy missed one session of home care underscores Ms. Murphy's growing vulnerability to the mundane risks associated with her culinary habits and way of life. That Sally was able to forestall a significant health crisis for many months despite Ms. Murphy's mounting susceptibility speaks to both the consistency and vigilance with which Sally cared for Ms. Murphy.

Care most concretely sustains life, which is its raison d'être and the apparent source of its moral force. And yet, in this ethnographic context, care that sustained only bare life (Agamben 1998) was considered bad or at least insufficient, and often seemed doomed to fail even in this most concrete task. According to the home care workers and older adults I knew in Chicago, good care sustained life through practices which signaled the worker's ongoing recognition of the older adult as a person and by working to sustain each older adult as the person she or he had always been. Good care worked to sustain older adults' personhood and ways of life, even as older adults experienced interconnected physical, sensory and cognitive changes that rendered their ways of life increasingly dangerous. Good care simultaneously sustained lives and ways of living, and in doing so, sustained persons. These three facets of good care were one and the same, indivisible and occurring in the same moments, the same actions.

Explaining why and how, and to what effect care workers sustain older adults' lives and ways of living begins to disrupt many of the moral categories that pervade academic and popular writing about home care and caregiving more generally. Common characterizations of home care reproduce a set of linked moral oppositions between bodies and emotions, between relationships and tasks and between money and love. For example, caregiving has been described as a complicated mixture of "caring for and caring about" (Finch and Groves 1983), a "labor of love" or as "action and emotion" (Graham 1983; Ungerson 1990b). In recent work, Kleinman and van der Geest argue that

> The term care has various shades of meaning. Its two basic constituents are emotional and technical/practical. The latter refers to carrying out activities for those who may not be able to do them alone… 'Care' also has an emotional meaning: it expresses concern, dedication and attachment. To do something with care or carefully implies that one acts with special devotion. Depending on its context an aspect may dominate, indeed overrule another. In 'health care' the term has assumed an almost entirely technical meaning. In personal relationships the emotional meaning prevails (2009).

Here, Kleinman and van der Geest follow a longer tradition of scholarship on caregiving and care work by drawing attention to the distinctions made between human bodies and human emotions, between care tasks and caring relationships and between the maintenance of biology and the reproduction of sociality in order to advocate for greater attention to the emotional and relational aspects of care. A great deal of scholarship on paid home care has critiqued the nearly exclusive focus of home care policy on home care tasks by showing that worker-client relationships are more central to workers' and older adults' understandings of quality care than the efficient completion of home care tasks (Aronson and Neysmith 1996b; Barer 1992; Chicin 1992; Eustis and Fischer 1991; Karner 1998; Piercy 2000; Piercy and Woolley 1999). While this body of literature largely aims to increase the amount of attention policy makers and home care administrators pay to the emotional and relational aspects of care, it does so through reference to Cartesian dichotomies that in the end assume that bodies and emotions, social actions and social relations are analytically divisible aspects of human experience. As scholars such as Zelizer and Folbre have argued, analytical reliance on these dichotomies can have deeply pernicious effects, for justifications that the low wages paid in caregiving jobs actually improve the quality of care by recruiting a labor force motivated by love rather than by the mercenary desire for a pay check (Folbre and Nelson 2000; Zelizer 2005).

In this chapter I seek to reach beyond these entrenched dichotomies and their potentially pernicious effects on care policy and practice. Instead, reflecting the understanding of care described to me by those who were giving and receiving it, I propose a vision of care as a kind of deeply embodied, inter-subjective practice that, by sustaining a person's way of life, also recognizes the ongoing social personhood of those for whom it is threatened on account of their immature, aging or disabled bodies[57]. Thus, though this chapter shares with earlier care scholars a desire to emphasize the importance

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[57] It's worth noting that this understanding of care depends on understandings of personhood, aging and social relations that are common in the United States. Whether or not this understanding of care is comparatively useful or applies to other contexts is a matter for further investigation.

of the social and relational in home care, it does so not by relying on conceptual divisions between home care tasks and home care relationships, between human bodies and human sociality, but rather by suggesting that home care tasks are deeply relational just as home care relations are deeply embodied. In contemporary American home care, at least, bodies, emotions and social relations are one and the same.

In home care that met workers' and older adults' understandings of good care, workers develop a kind of sensory inter-subjectivity, which I call *phenomenological empathy*, that enabled them to assist in sustaining older adults' lives by sustaining their ways of life. The term phenomenology refers originally to a branch of philosophy that focuses on the central role of perception and experience in human understandings of and engagements with the world (Bachelard 1964; de Certeau 1984; Jackson 1983; Merleau-Ponty 2002). Phenomenology thus attends to the meanings of human sensorial experience. The term phenomenological empathy is meant to signify not only the central role bodily experience and perception plays in the everyday life of workers and older adults, but also to suggest that perception is, or at least can be, deeply social. Through acts of sensorial empathy, human beings seek to understand, engage and sustain one another not simply as fleshy bodies or as social actors but as experienced and experiencing persons. Phenomenologically empathetic home care workers approached their work with an implicit awareness that caring for older bodies meant sensing, imagining and incorporating their lifetimes of deeply inculcated, often meaningful sets of embodied preferences and habits - what social scientists call habitus (Bourdieu 1984; Mauss 1979 [1935]) – into daily acts of care. Thus, in home care, phenomenological empathy worked as a kind of moral imagination (Beidelman 1986), enacted in mundane and deeply practical ways. The word ‘imagine’ here is not intended to indicate some purely representational or cognitive process, but rather a kind of inter-subjective moral and sensory calibration by which workers attempted to use their own bodies as proxies for those of their older adult clients. They attempted to use their own perceptions and life experiences to imagine the perceptions and experiences of older adults. Workers drew on this form of empathy to gauge how to adjust the manner in which they provided care in ever-changing circumstances.

Thus, phenomenological empathy required workers to draw on domestic knowledge usually learned within their own homes and families. At the same time, older adults preferred care that was reminiscent of the care and caring relationships they had experienced at other times in their life. Thus rather than apply their own domestic knowledge in a direct or straightforward manner, workers used their experiences of care as a set of social metaphors that informed their moral imagination about care. Thus they draw from their own families both practical knowledge of how to cook and clean and moral knowledge that cooking and cleaning are meaningful parts of people’s way of life. While workers may have learned to cook or make a bed from their own relatives, in order to provide phenomenologically empathetic care, they replaced the recipes of their youth with recipes from other times and places, or substituted the manner in which their mothers tucked and folded sheets and blankets with the bed-making aesthetics of their clients.

Older adults frequently bemoaned the ways that their changes in their physical senses not only compromised their safety but also made it difficult to take physical pleasure in their experience of the world. Diminished hearing made conversation more difficult and frustrating for many older adults, while the hearing aids that younger people so often exhorted them to wear were uncomfortable and altered their perception of sound in disorienting ways. Diminished balance was often a significant reason older adults stayed home, since many worried about falling on the sidewalk, especially in during Chicago's icy winters. Diminished smell and taste were often even more disconcerting, disrupting older adults' taken–for-granted enjoyment of favorite foods and leaving them without a crucial and often underappreciated means of detecting dangerous changes in their environments (spoiled milk is one example, the smell of gas emanating from a stove left on unaware is another). Losses of taste and smell also had the particularly disconcerting potential to disrupt the connections older adults felt[58] between remembered tables and present tables, remembered meals and present meals, and even between their remembered tastes and current preferences. While many older adults also experienced impaired vision, loss of vision tended to be recognized much earlier than other sensory losses and older adults were relatively more accustomed to their poor sight. Still, some older adults found their vision so impaired that they had given up driving while others could no longer read their morning newspapers. Moreover, a number of relatively unobtrusive technologies were available to correct or compensate for older adults' vision, such as glasses, contact lenses and large print books. While many of the sensory changes experienced by older adults involved decreased sensitivity, older adults often experience increased sensitivity to cold temperatures, leaving them vulnerable to both the drafty rooms and to the risks associated with their efforts to keep warm (burns from hot drinks or overly hot baths, for example). Rather than working to simply eliminate all the

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[58] A particularly useful word here given its ability to simultaneously connote physical sensation and emotion.

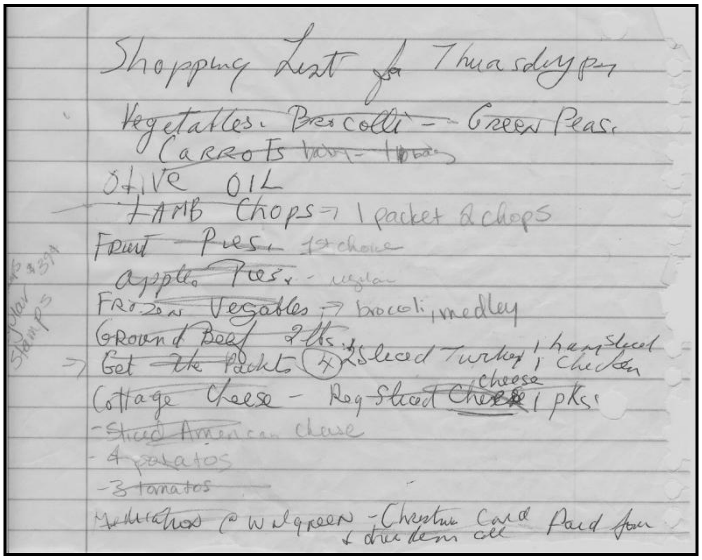
dangers associated with older adults changing senses, home care workers attempted to use their bodies as proxies for their older clients, substituting their relatively undiminished senses for those of their clients.

In using their own bodies to imagine the perceptions of their older clients, home care workers had to not only calibrate their own senses to reflect older adults different sensitivities (to heat or sound for example), but to reflect the often different ethnic and generational aesthetics that had formed older adults tastes. To provide good care, younger women of color spent much of their working days using their bodies to imagine older adults' tastes and preferences. These efforts were complicated by the fact that older adults' tastes were forged in ethnic and generational contexts quite different from those in which their own were formed. Comparative ethnographic research suggests that social inequalities permeate both local understandings of the senses and individual sensory perceptions (Geurts 2002; Howes 2005b). Typically, hierarchies amongst the various senses are understood differently by people from different local moral worlds (Kleinman and Kleinman 1991), however powerful groups tend to be associated with the most valued senses while oppressed groups are associated with less valued senses (Classen, Howes and Synnott 1994; Corbin 1986). In this way the "transformation of class distinctions into physiological sensations is a powerful enforcer of social hierarchies" (Howes 2005b, p.10). In a similar fashion, Serematakis, argues we consider "a politics of sensory creation and reception as a politics of everyday life" (1994, p.14). The relatively limited literature regarding the phenomenology of home care or other forms of paid care work and domestic service has suggested that one of the reasons these tend to be low-status jobs is that they require contact with taboo or dangerous substances (feces, urine, saliva, blood) and are associated with sensory disgust (Douglas [1966]1999; Twigg 2000a; Twigg 2000b). Here, I want to consider what might be illuminated by considering the everyday politics of race, class, gender and age in home care as also a politics of sensory creation and reception. I suggest that home care worker's phenomenological empathy orders hierarchies of sensation in particular ways such that workers feel themselves using their senses to sustain their client's ways of life, even as their own sensory preferences are ignored at best and reviled at worst. If, as I argue earlier in the chapter, sustaining sensory distinctions and pleasures is an important piece of sustaining personhood, what might it mean to and for workers that they regularly prioritize their clients' sensory distinctions over their own?

Thus, to sustain Ms. Murphy's way of living, as well as her life, Sally developed an ability to use her own physical senses, emotions and experience to imagine Ms. Murphy's senses and emotions, and then used this imagination to guide her home care practice. Rather than encouraging Ms. Murphy to replace her milk entirely with non-perishable Ensure©, a brand of fortified protein drinks made specifically for older adults, as Ms. Murphy's doctor had suggested, Sally used her nose as a proxy for Ms. Murphy's. As a worker, Sally did not seek to alter Ms. Murphy's daily life in fundamental or mundane ways, rather she sought to sustain it, and thus she began sniffing for cartons of sour milk. That milk helped Ms. Murphy recognize herself as herself, helped her feel that she was the still person she had been, despite – or rather against – both her diminished sense of smell and the ravaging pain of rheumatoid arthritis that kept her indoors. That milk - even that bland, watery, pasteurized American milk - helped Ms. Murphy recognize herself as herself, against even the sensory diminishments that weakened her ability to taste in it her memory of the fresh, thick stuff of her rural Irish childhood.

"To be Treated as a Person, Not as a Piece of Furniture."

By the time Ms. Murphy and I sat down for an interview, she had been home from the hospital for several weeks and was starting to adjust to her new home care worker. Though she was struggling to accept that her health might not fully recover, I was increasingly concerned that her social support network of friends had also diminished markedly in the short time I had known her. Early on in my fieldwork, Ms. Murphy had sometimes asked me to stop at a market on my way to her house and buy her a few perishable groceries – usually milk, cheese and a few bananas. By the winter, as her friends struggled to care for their own families and illnesses, I had become her only reliable grocery shopper. I finally understood what items she was requesting on each of her previously cryptic shopping lists, and knew the contents of her refrigerator nearly as well as Sally knew them.



Shopping List for Thursday [illegible]
Vegetables. ~~Broccoli~~ – Green Peas.
~~Carrots [illegible]~~
Olive OIL
~~LAMB Chops~~ → 1 packet 2 chops
~~Fruit – Pies.~~ 1st choice
~~apple Pies.~~ – regular
~~Frozen Vegetables~~ → broccoli, medley
~~Ground Beef 2lbs.~~
→ ~~Get the Packets~~ (4) 2 sliced Turkey, 1 ham sliced, 1 Chicken
Cottage Cheese – Reg ~~Sliced Cheese~~ cheese 1 pks.
– ~~Sliced American~~ cheese
– 4 potatos
– ~~3 tomatos~~
~~Medications~~ @ Walgreen – Christmas Card & dividend cll Paid for
[illegible] $39 [illegible] Stamps

Figure 12. Mrs. Murphy's Shopping List, 2006.
Dark pen indicates Ms. Murphy's original list, while light pencil indicates my notes clarifying what she wanted.

I was about to move on to fieldwork with Plusmore and could not continue in this role, and worried that unless Ms. Murphy could afford more help at home, it was soon going to be unsafe for her to remain in the apartment she had lived in for over thirty years. I hesitated to mention my fears to Ms. Murphy, but wondered if she had considered what would come next for her. As the end of the interview neared, I asked Ms. Murphy to tell me how she distinguished good care from bad, much as I asked every older adult who participated in my fieldwork. Though she spoke more poetically than most, Ms. Murphy's answer echoed throughout my interviews. She told me, "I look for how they treat me and I don't like when they treat me like I'm an imbecile. I get upset. I want them to treat me like I'm a human being and I have a few brains left too." Then, at the very of the interview, trying to find a way to ask Ms Murphy what she would want to do if she found herself unable to live alone much longer, I asked Ms. Murphy to describe her ideal future care. She sat silently for several minutes, and just as I was indicating that we could move on, she told me, "If I have my senses at all, I'd like to be treated as though I have some. I'd like to be treated as a person, and not as a piece of furniture. I don't think there's anything else, really." In each statement, Ms. Murphy eloquently articulated that for her, good care was care in which the worker's actions signaled that she was recognized as a person. In each statement, Ms. Murphy suggested that care which objectified her by ignoring her subjectivity and intelligence threatened to thereby unmake her personhood. Ms. Murphy felt particularly threatened by care that focused only on the changes in her body and in her cognition, rather than her remaining intelligence, her "senses." Such care threatened to reduce her to an object, to a piece of furniture that might be cleaned and fluffed, but never asked for an opinion. For Ms. Murphy, such care - bad care - meant social death (Agamben 1998; Biehl 2001).

But for Ms. Murphy, good care was not simply care that did not hasten social death. Good care was not neutral, but rather sustained older adults' personhood by supporting their ways of life. To do provide good care, workers attended to older adults' sensory pleasures, their memories and their lifelong habits. As Ms. Murphy described her struggles adjusting to Luisa, the care worker who had replaced Sally, she spoke about how Luisa had initially irritated her, by asking questions that made her feel that Luisa thought she was mentally incompetent. Perhaps because Luisa had been following agency instructions, but to Ms. Murphy Luisa's behavior also reflected her unfamiliarly fussy demeanor. As Ms. Murphy told me:

> Ms. Murphy: I'm getting used to Luisa now. She's a little different, but then everybody is different.
>
> Buch: Does she treat you like you're stupid?
>
> Ms. Murphy: No, not so much now. At first she did then I found out it wasn't her, it was the orders. Like with my medication, "why are you taking it? Why do you have to take it?" I said, "Because the doctor orders it. Because I have arthritis." "When did you get the arthritis?" "I don't know, it just came, I didn't go around looking for it."
>
> Buch: So you had some communication problems at the beginning?
>
> Ms. Murphy: It's getting a little better now. She's a little on the motherly type. I never had that kind of stuff, you know… I was always much more to myself. Kids in Ireland those days they didn't get a lot of fuss made out of them. Especially if you were in a farming community like I was because they were all so busy.

Ms. Murphy’s frustrations with Luisa were telling. When Sally worked with Ms. Murphy, she spent most of her time in the kitchen, while Ms. Murphy sat at her dining room table and watched television, wrote letters or talked on the phone. They interacted mostly when Sally needed instructions or Ms. Murphy made a request. Though from the outside, their relationship might have seemed impersonal, to Ms. Murphy, it was familiar and made her feel that she was being treated as a human being. She appreciated Sally’s formal demeanor and ability to work independently, which did not make her feel fussed over. As a foster child, Ms. Murphy had not grown up in a family in which she was fussed over and doted on, but rather in which she was expected to contribute to the running of the household from a very young age. Then as a former nurse in nursing homes, Ms. Murphy associating fussing not with maternal caring, but with the way she saw her co-workers treat patients with significant cognitive deficits. Ms. Murphy had spent much of her adult life living with roommates or by herself, so that having a worker who went about her work independently was reminiscent of the domestic arrangements she was most familiar with. For Ms. Murphy, too much fussing made her feel that she was being treated like an imbecile; it made her feel that she was no longer being treated as a competent person. To be sure, Ms. Murphy’s idea of good care contrasted sharply with many of the other older adults I worked with, some of whom desired or tried to create care relationships that echoed the close relationships they had with their spouses or the protective relationships they had with a child. Indeed, older adults shared only a desire for care relationships that felt familiar, which often meant relationships that felt familial. But given older adults’ diverse experiences of earlier care and family life, these relationships did not share a particular character – some were flirtatious, some were maternal, some were formal and others raucous.

“Find Their Thing:” Sustaining Personhood in Everyday Home Care Routines.

Ms. Murphy was not alone in speaking of good care as based upon recognition of the care recipient’s personhood, nor was Ms. Murphy the first to draw links between good care and older adults’ ways of life. Maria Arellano and I had known each other for many months by the time we sat down for an interview in the large, sun filled living room of the nursing home located across the street from the Belltower Home Care offices, and operated by the same large non-profit agency. Maria was Eileen Silverman’s home care worker, and had been visiting Mrs. Silverman’s home on Tuesday and Friday afternoons for the past several years. My notes from the first several afternoons I spent with Ms. Silverman and Maria are filled with my anxiety, my attempts to impress Maria, and her regular frustrations with me. Maria was slow to warm to me, unsure of my seriousness or my willingness to work. I struggled with my resentment over the way she constantly tested my knowledge and ability, making sure I did not underestimate her despite her lack of a college degree, even though I repeatedly and sincerely assured her that I considered her the expert in our relationship. Maria teased me for having to take my trousers to a tailor because I could not sew a simple hem, noting that her daughters, also in their twenties, had never learned to sew. To Maria, her daughters and I, each grandchildren of expert, professional tailors and seamstresses, represented the diminished capability and pride in craftsmanship common among children raised in the United States. Though Maria had agreed to participate in my study, like other workers, she was initially skeptical about my willingness to follow her lead during my visits. It took many weeks before Maria seemed to come to enjoy my presence, and shifted from testing me to carefully explaining and showing me how she approached home care work.

The breakthrough seemed to come in the midst of one of our longer errand runs we went with Mrs. Silverman. By this time, I had learned that Maria and Mrs. Silverman did more or less the same things each day they were together. At about 10:30 am, after spending two hours providing extra assistance to a woman living at the Belltower nursing home, Maria Arellano drove to Mrs. Silverman's high rise condominium on the city's northwest corner. Once Maria arrived at Mrs. Silverman's apartment, their first order of business was for Mrs. Silverman to take a bath. Mrs. Silverman greatly preferred to take very long, very hot baths, and told me she would have liked to take one every day, but was concerned about doing so when she was home alone because she usually needed help getting in and out of the bath tub. Often Mrs. Silverman would have started filling the tub with hot water, but waited until Maria arrived to top it off, ensuring that the water was nearly scalding when she got in. Before Mrs. Silverman got in the tub, Maria always checked the temperature to make sure that the water was not hot enough to actually burn Mrs. Silverman. Like Sally, Maria used her body to try to approximate Mrs. Silverman's bodily perceptions. Yet, because Maria could not sit in the bath to gauge the effects of heat over time, her calibrations were an imperfect art. Maria compensated by remembering which water temperature had previously been hot enough for Mrs. Silverman, but not too hot to burn. Still, even the temperature Mrs. Silverman could safely tolerate changed depending on her health, the weather etc. and so there was little Maria could do to guarantee that Mrs. Silverman did not overheat but check on her regularly. Mrs. Silverman usually bathed for between twenty and thirty minutes, until the water cooled down. Much as Sally accommodated Mrs. Murphy's mundane but moderately dangerous preference for drinking milk, Maria worked to make Mrs. Silverman's potentially dangerous preference for extremely hot baths as safe as possible. In doing so, both Maria and Sally acted in ways that suggest that to them, older adults' physical vulnerability to the dangers of their everyday habits were not a sufficient reason to radically alter their routines. Rather, home care workers tended to try to manage danger so as to sustain the daily pleasure and comfort that older adults felt from continuing their habits and routines.

Once Maria helped Mrs. Silverman into the tub, she went about the house assessing what else needed to be done that day, sometimes going back to the bathroom to ask Mrs. Silverman questions about what she had done since her last visit. While Mrs. Silverman soaked in the bath, Maria washed, dried and put away any dishes that were in the sink, took stock of what had been eaten in the refrigerator, and checked Mrs. Silverman's desk for bills, correspondence and other notes that might indicate any bookkeeping or office work that required attention. When Mrs. Silverman called out that she was ready to get out of the bath, Maria returned to the bathroom and carefully helped Mrs. Silverman maneuver out of the bathtub, making sure that she immediately dried off and put on a warm robe. While Mrs. Silverman dressed in her adjoining bedroom Maria dried herself off, tidied up the bathroom so that she could continue to get work done while remaining nearby if Mrs. Silverman needed help fastening a tiny button or hard to reach bra hook. On Tuesdays cleaning the bathroom often took extra time, because, as Maria would teasingly complain, Mrs. Silverman's son Chip never wiped off the bathroom mirror after shaving when he visited on the weekend, leaving Maria to scrub the dried on whiskers off.

When I visited Maria and Mrs. Silverman, I tried to time my arrival so that Mrs. Silverman would already be bathed and dressed because she worried that I would be bored waiting for her. However, on a few days that Maria arrived late, Mrs. Silverman greeted me wearing her robe, and then left me sitting on a chair in the living room while she tended to the bath water. I was grateful that Mrs. Silverman allowed me to continue to wait in the living room while she and Maria went about the beginning of their routine together, since none of the other older adults I worked with allowed me to be in their homes while they were being assisted with bathing[59]. Though most of the older adults I worked with received assistance bathing from their workers, Mrs. Silverman was the only one who even acknowledged that she received help bathing, much less allowed me to be present during her bath. This meant that I could begin to decipher what Maria actually did to help Mrs. Silverman bathe through their discussions in the bathroom and afterward. In other cases, I learned about bathing only from workers' descriptions and training sessions.

Once Mrs. Silverman was bathed and dressed, she joined Maria and me in the living room. Maria then went over the list she had put together with Mrs. Silverman, asking if there were other errands or tasks that needed to be done. Each week, Maria would make sure that all of Mrs. Silverman's financial bookkeeping and correspondence

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[59] With the exception of locker rooms at public gyms and swimming pools, Americans consider bathing a private and intimate activity, associated as much with sex and sexuality as with other hygiene related activities, such that many adults are deeply reluctant to bathe in the presence of anyone other than their sexual partners. Swimming pools have themselves been the subject of periodic controversy in the United States and elsewhere, related to the class, gender and racial tensions evoked when people from different backgrounds bathe together and the varying understandings of intimacy attached to recreational bathing (Henkel 2009; Wiltse 2007).

were gathered and put in order so that Mrs. Silverman's son Chip could quickly address everything on his next weekend visit. On days when I didn't visit, Maria did Mrs. Silverman's laundry, but on days I did visit, Mrs. Silverman preferred to get out of the condominium and run errands. Mrs. Silverman looked forward to getting out of the house as much as possible, but throughout Chicago's long winter, she only felt comfortable getting around by car. In the summer, she preferred to walk to the McDonald's across the street, if, for example, a friendly ethnographer would accompany her. Until five or six years prior, Mrs. Silverman told me she traveled nearly everywhere by foot, regularly walking several miles a day to run errands or meet her friends.

Before we left the apartment to run errands it often took the three of us ten or fifteen minutes to locate the soiled clothing, library books, grocery lists, bank slips, McDonald's coupons, eye glasses, hearing aide, cane, coats and disabled parking permit that we needed to get all of the errands done. Nearly every week, Maria and Mrs. Silverman went to the grocery store and to the library, and sometimes they also went to the bank, the dry cleaner or the tailor. Each time I ran errands with them, Mrs. Silverman also insisted that we stop for lunch at McDonald's, though Maria tried to limit these visits because she thought the food wasn't healthy for Mrs. Silverman. Maria knew the directions to each of these places without asking, and often got into teasing arguments with Mrs. Silverman about the order they should visit each place, with Mrs. Silverman angling to stop at McDonald's as soon as possible and Maria insisting we stop there towards the end in case Mrs. Silverman became too tired to complete the rest of the errands.

Once we were all loaded into Maria's hastily cleaned car, Maria would drive to the dry cleaner, which was about half a mile away. After parallel parking on the street and pulling the dry-cleaning slip and cash out of the purse Mrs. Silverman wore over her shoulder, Maria would leave the two of us in the car while she ran into the dry cleaner to drop off or retrieve Mrs. Silverman's clothing. At the bank, a quick three-block drive away, Maria would gingerly help Mrs. Silverman out of the car and into the bank, where she would help her fill out any additional deposit or transfer slips that needed to be filled out. Maria would also help Mrs. Silverman in her transactions with the bank teller, sometimes helping Mrs. Silverman figure out which forms the teller needed for which transactions, and checking over each receipt to make sure that the teller had followed Mrs. Silverman's instructions. Once, watching Mrs. Silverman transfer several thousand dollars from a trust account to her checking account, I wondered what it felt like for Maria, who earned less than $8/hour, to have such constant reminders of her client's wealth. Neither of us ever directly brought this up, so I never found out[60].

Once they were finished at the bank, Maria helped Mrs. Silverman back to the car, and drove the next several blocks to the neighborhood public library branch, this time parking in a handicapped spot directly in front of the library door. Taking with her the several tote bags worth of books that Mrs. Silverman was returning, Maria again helped Mrs. Silverman out of the car. While Maria stopped at the front desk to return the books

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[60] This is perhaps indicative of larger taboos about directly discussing finances and economic inequality in the United States. Certainly, I felt at least as uncomfortable violating these norms as many of my research participants, and my discomfort in directly asking low-income, minority women to talk about their understandings of class may have been exacerbated by my own position as a white, middle class woman. This is a risk of doing native ethnography, though luckily for me and this research, several of the workers and I developed frank enough relationships that they initiated unsolicited discussions of class and inequality. At the same time, as the next chapter shows, I believe that taboos against discussing income inequality and class are part of larger cultural processes that work to obscure the deep interdependencies between persons in different class positions.

and check to see if any of the books Mrs. Silverman had placed on hold were available, Mrs. Silverman walked directly towards the large print fiction section to pick out more books to read over the coming week. Soon, Maria would come to escort her, carrying the books Mrs. Silverman selected and pointing out books by Mrs. Silverman's favorite authors, or those that looked like the kind of romances that Mrs. Silverman greatly preferred. After fifteen or twenty minutes of browsing, Maria would tell Mrs. Silverman to finish up, and push her to select only five or six books for the week and reminding her that they would come back next week to get more.

After the library, and sensing that Mrs. Silverman needed to sit down and take a break for awhile, Maria would drive to the McDonald's located across the street from Mrs. Silverman's apartment. After parking as close to the door as possible and again gently helping Mrs. Silverman out of the car, Maria guided Mrs. Silverman into the nearest booth possible, also trying to find one far away from noisy children. Maria would help Mrs. Silverman take off her coat and gingerly lower Mrs. Silverman into the too-low booths, and then check to make sure that Mrs. Silverman wanted her regular meal. Mrs. Silverman would either give Maria cash, or one of the gift cards that her son regularly purchased with the explicit instructions that she should use it to take "the girls" out to lunch. If I was along, Mrs. Silverman's insistence that she pay for the meal inevitably provoked a humorous argument about if I could purchase lunch[61]. Money in hand, Maria

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[61] This was one of the fieldwork encounters that most explicitly created tension between the formal research ethics imposed by IRB boards and the informal ethics of everyday social life. Mrs. Silverman insisted that because she was the one who wanted to eat at McDonald's, she should treat Maria and me. While I agreed that it was appropriate for her to purchase Maria's lunch (given that eating at McDonald's was part of Maria's job), I told Mrs. Silverman that she was already doing me a great favor by allowing me to do fieldwork with her, and that she shouldn't also feel obligated to purchase my meals. I was also told her I was concerned about what Belltower supervisors or IRB supervisors would think about my research costing a participant money. Though the actual money involved never amounted to more than two or three dollars a meal, we developed a small joking ritual around this disagreement. I initially allowed her to buy

(and I) went up to the counter and ordered our meals. Mrs. Silverman always ordered a chicken sandwich without mayonnaise and a hot tea and Maria often ordered a Filet-O-Fish, which she had determined was the least unhealthy food on the menu. I would order French fries or a burger and a large soda. Maria always remembered to ask for an extra glass of ice and check Mrs. Silverman's sandwich to make sure it did not have mayonnaise on it before we returned to the booth. Once we were all settled into the booth, Maria would remove the paper wrapping from Mrs. Silverman's sandwich and lay it out in front of her, setting down the plastic silverware and napkins in the formation of a more formal place setting. She would then drop several cubes of ice into Mrs. Silverman's tea, telling her to wait to drink it until the tea cooled down, and testing the water with her finger several times before she told Mrs. Silverman it was okay to sip it. The three of us sat together, eating and making light conversation about our families or Mrs. Silverman's neighbors, for about half an hour. Mrs. Silverman, who told me she was never much of an eater, took quite awhile to eat her sandwich, which she rarely finished. Sometimes, to Mrs. Silverman's consternation, an elderly man who lived in her building would stop by our booth to say hi and talk with us for a little while. Mrs. Silverman considered him a horrible gossip and *schnorrer*[62], and Maria would usually maneuver to hurry our group out of the restaurant as quickly as possible in order to avoid ruining Mrs. Silverman's mood for the rest of the afternoon.

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me one meal, but insisted at the next meal that she allow me to pay for all of us. Because I had such a difficult time convincing Mrs. Silverman to let me reciprocate, I eventually resorted to tricking her, paying for my own meal and not telling her. Maria did the actual ordering and purchasing of food at McDonald's and, understanding my concerns, agreed to participate in my deception. Such a deception was perhaps not an ideal solution to the research ethics paradox I faced.

[62] *Schnorrer* is a Yiddish word for someone who asks for a lot but gives little.

Figure 13. Eating at McDonald's with Mrs. Silverman, 2007.
Photo: Elana Buch

Once back in the car, we drove just across the street to the Jewel-Osco supermarket located on the corner diagonal from Mrs. Silverman's corner. This was always the last errand because Maria didn't want to leave groceries sitting in the car too long. We often arrived between 12 and 1:30, a time when the supermarket was crowded with young Orthodox Jewish men talking on their cell phones while browsing in the store's large Kosher foods section for something to eat. Parking in a "handicapped" parking spot, the three of us would slowly make our way to the store entrance, where Maria would select a shopping cart, which she asked Mrs. Silverman to push. Maria explained to me that Mrs. Silverman resisted using her cane, and would tire out while walking through the large supermarket. By having Mrs. Silverman push the cart, Maria was able to make sure that Mrs. Silverman had something to lean on without being conspicuous. She also hinted that it helped her make sure that Mrs. Silverman did not wander off in a different direction while Maria was looking for the various items on their grocery list. Mrs. Silverman's list was usually fairly short ,often consisting of: a grapefruit, a bottle of juice, bananas, prepared coleslaw, crab or egg salad from the deli, ice cream, and several boxes of Little Debbie© cakes and cookies. Mrs. Silverman's fondness for Little Debbie© cakes was the source of ongoing and good natured teasing from Maria, who could not understand why Mrs. Silverman preferred packaged baked goods to the freshly made ones available elsewhere in the store. While Mrs. Silverman defended her preference by arguing that she had always liked Little Debbie© cakes, and that's just the way it was, it may be that some of her attachment was linked to sensibilities formed by raising children and running a household in the 1950s and 1960s, at the height of American wonder at and appreciation for industrially produced foodstuffs. Little Debbie© cakes first appeared in American supermarkets in 1960, as sunny packages of brightly colored snack cakes, each graced with the cheerful and wholesome image of a young redheaded girl wearing a straw hat. As a product, Little Debbie© cakes were a huge hit, selling 14 million packages in their first ten months on grocery shelves. According to the McKee foods website, which makes Little Debbie© cakes, the product was named after the then four year old granddaughter of the company's owners. Mrs. Silverman's fondness for Little Debbie© cakes thus seemed connected to her broader modernist sensibilities about the possibilities of industrial progress and the market to liberate her from the drudgery of housework.

By the time we finished shopping and paying for Mrs. Silverman's groceries, she was usually exhausted. Moving slowly, Maria would help her into the car one final time and load the back seat with the rest of the groceries. Luckily, Maria had organized the trip so that our return drive only took a few minutes. Finally, she would help Mrs. Silverman out of the car and carry the groceries into the building with Mrs. Silverman on one arm and the groceries, library books and dry cleaning in the other (unless I was there to help, and then I could carry the bags). Before heading upstairs, Mrs. Silverman would often want to check her mail and read the postings in the mail room, which often frustrated Maria, who had frequently overstayed her allotted time by this point. Once up the elevators and finally back in the apartment, Maria would put away the groceries, hang up the clothes and make sure that Mrs. Silverman didn't need anything extra.

As I mentioned earlier, Maria warmed up to me only after we had spent several days together. At first, she seemed frustrated by my inability to anticipate what Mrs. Silverman needed and downright irritated when I would offer help that she found counterproductive. At the library, Maria shot me a dirty look when I gave a glowing review of a novel I thought Mrs. Silverman might like before checking to see if it came in large print. She whispered that Mrs. Silverman would probably try to read it and strain her eyes doing so. At the grocery store, I made the honest mistake of answering Mrs. Silverman's question about the difference between "natural" and "original" applesauce by explaining that the natural version probably did not have added sugar. Maria was exasperated when Mrs. Silverman predictably chose the original applesauce, explaining to me that given the choice, Mrs. Silverman would always choose the sweetest product, and so she wouldn't have told her about the sugar. I was underfoot, in the way, asked obvious questions and did not appear to know much of anything about anything.

Maria started to thaw later the same afternoon as the applesauce fiasco, when I managed to unload the groceries, return the shopping cart and close all of the car doors while Maria walked Mrs. Silverman back to the car and got her seated. Noting that we were ready to go, and that I had neither been explicitly been instructed to do any of these things nor made any noticeable errors with these unbelievably simple tasks, Maria raised a pleasantly surprised eyebrow and refrained from challenging me with questions or criticism for the rest of the afternoon. The next week, Maria asked me to order Mrs. Silverman's meal at McDonald's, and looked pleased when I remembered to ask for the glass of ice. Not one to let any oversight slide, Maria teased me for forgetting to ask for a packet of real sugar and a packet of fake sugar, but still treated me as though I had passed an unknown test.

As I learned later, it was not my ability to transfer groceries or get a cup of ice that had impressed Maria, but my attentiveness and ability to anticipate others' needs. As I found out, for Maria, a good caregiver was someone who not only attended to the mundane tasks of everyday life, but also someone who helped bring clients joy by sustaining their ways of life. For Maria, sustaining clients' ways of life required both significant adjustments to basic care plans and minute, nearly imperceptible attention to the simple sensory details of daily life. By the time we sat down for our interview, I had spent many months observing and mimicking the subtle adjustments – whether monitoring the heat of Mrs. Silverman's tea or helping her find large print romance novel - Maria made to sustain Mrs. Silverman's way of life. During that time, I had come to realize that Maria's kind of care required sustained attention not only to older adults' stated preferences, but also required Maria to use her body as a proxy for Mrs. Silverman's – using her fingers to determine whether tea was too warm for her or her ears to determine whether a room was too noisy. During that time, I had also come to realize that Maria's kind of care – which was also Sally's kind of care, and the kind of care given by most of the workers I came to know in my field work - required sustained attention not only to older adults' stated preferences, but also to more subtle sensory needs and pleasure. I had come to realize, both by my observations and through my bumbling attempts to assist workers, that good care was both an embodied and an inter-subjective practice. For Maria, each care task offered an opportunity to recognize and sustain each older adult as a unique person by adapting care to incorporate elements of their histories, personalities and way of life. For Maria, care was a way of honoring and sustaining each older adult's "true self," as she told me during our interview:

> I always say your true self comes out when you are old. I don't care what kind of a person you are in your teens, twenties, thirties, forties, fifties, up to seventy. I would say up until you are seventy-five. Your true self comes out if you live that long. So if you are nasty, crabby (laughs) whatever it is, your self is coming! If you were a sweetheart, it will show, no matter how old you are. So mind you, your true self comes at a certain again, so everybody is a person of their own.
>
> I had a gentleman, his name was Maurice. He never married because he made a success of just taking care of his family…. I used to take him for long walks. I would always try to find that little thing that person likes. And him being in the navy, it would be the water. So I would drive him to the beach so he could watch the kids. Went to the lake and just watched the boats. He liked to take baths, so I would make sure his showers were a little longer. And his sister used to say, if he was well, you guys would be married. And then I had this other lady, she must have been some lady when she was young! She was SPICY! She would ask you, about your sex life and how you doing. She would turn you red. She was wonderful.
>
> (Buch: So when you have a new client, how do you go about figuring out what their "thing" is?)
>
> They pretty much tell you if you give them half a chance. Because they tell you what their surrounding was. Was it religious? Was it parties? Was it a home life? Was it abuse? Whatever it was, find that. With Maurice it was the beach. With Iris it was food. She loved food so I found her special dinners. With Dorothy it was company, men. So I would make sure when I came to visit once and awhile I would bring one of my boys and that would just bring a smile to her face. Or I would invite a neighbor over to tea for her. With Violet, it's the bible. You don't have to be their religion to do what they want. We do the Our Father, Hail Mary, Guardian Angel. I read from the bible. With Ms. Silverman it's the library. She loves the library and walking. So you find their thing. Ms. Silverman, I could just take her out for a walk and it makes her shine.

As I began to interview workers it also became clear that, for them, care was a deeply moral practice. For Maria, care was about honoring and sustaining older adults' true selves. For her, this true self is hinted at or perhaps formed through the activities of youth but most honestly expressed in old age. For Maria, care meant recognizing an older adult as a "person of their own," by helping the older person continue to enjoy and participate in the activities he or she had enjoyed earlier in life, whether flirtation or eating fine cuisine or sitting by the sea.

Maria also hinted at the complexity and challenges entailed by her vision of care, recognizing that non-Catholic care workers might balk at the idea of reciting Catholic prayers with a client, and suggested that good care exempted caregivers from religious circumscription. I have since wondered if Maria emphasized this point because of her awareness that she was speaking to a Jewish ethnographer who had observed her working with a Jewish client. Maria's prescription made me anxious even then, not simply because I would be disinclined to participate in Christian prayer but because I did not know the words to any of the prayers she referred to (by what felt to me like insider shorthand) – the "Our Father, Hail Mary and Guardian Angel." I could not have adequately practiced this kind of care with this client if I had wanted to. My lack of religious/cultural knowledge felt, at the time, like a greater barrier to good care than the mandates of my faith. Likewise, though Mrs. Silverman was not a particularly religious woman, Maria would probably have been similarly hard pressed to join her in Hebrew prayer. For Maria, providing good care was more important than rigidly adhering to religious precepts, and certainly more important than imposing her own culturally informed ideas about healthy eating, financial management or family relations.

Providing good care depended in part upon understanding and participating in care recipients' local moral worlds (Kleinman and Kleinman 1991).

On Cooking and Commensality: Sustaining Senses, Social Relations and Persons with Food

As fieldwork proceeded, I found myself surprised by how much attention was being paid, to how much attention I paid to food and all the activities surrounding it. I should not have been surprised, as anthropologists have found in context after context (Carsten 1997; Farquahar 2002; Feeley-Harnik 1994; Mintz and DuBois 2002), food in home care is simultaneously symbol and sustenance; it does not "merely symbolize or represent in the static sense, rather it moves, penetrates and transforms"(Fajans 1988, p.165). Indeed, to observe home care work is to observe the rituals of daily life, in which procuring, preparing and consuming food play a constant role. In home care, the mundane and even rote rituals of food and eating seemed part and parcel of a constant effort to push against the changes, indeed the bodily threats, imposed by age. Yet, the daily rituals of food were never straightforward acts of sustenance, but also efforts to restore natural, or at least naturalized, links between memory and the sensory delights (and disgusts) of eating (Bahloul 1989; Feeley-Harnik 1995; Holtzman 2006; Seremetakis 1994; Sutton 2001). As food was transformed, so were bodies and social relations (Fajans 1988). As food was transformed, so food itself transformed persons into themselves, sustaining older adults' sometimes threatened senses of being who they'd 'always' been. It was in these daily rituals that workers most visibly drew upon their phenomenological empathy to sustain older adults' lives by recognizing them as the persons they had always been.

Mr. Thomas complained over and over that he had lost his appetite, and could eat no more. He worried constantly that he was not eating enough or well enough. Yet, when questioned, he was not losing weight and ate at least twice a day. But, he said, he forced himself to eat and took no pleasure in it. Mr. Thomas was widowed not quite two years when I met him, and told me more than once of the night he held his wife of sixty-four years in his arms as she took her last breath. During her long illness, he had gladly cooked her every meal, and towards the end, helped her eat every bite. When they married, Mrs. Thomas had not known how to cook, as she had been raised on a farm in Tennessee where black servants cooked every meal. Mr. Thomas had grown up the eldest son of a Pennsylvania prison groundskeeper, in a household which had its traditional gender roles turned upside down when his father died. He was eleven at his father's funeral, and told me that from that date he began to help his mother in household tasks big and small and had therefore "always" known how to cook. Mr. Thomas taught his wife how to cook early in their marriage and they continued to cook together throughout their lives together. But, with Mrs. Thomas' passing, he lost his interest in cooking and came to despise eating at home, alone. Rather, at the age of 93 he began to drive each morning the six miles that separated him from the Seven Brothers Restaurant. Seven Brothers had been the place that he and his wife had gone every Sunday for breakfast before church. He told me that he could have eaten somewhere closer, but he thought the long daily drive was important for maintaining his ability to drive at all. And besides, he liked the company at Seven Brothers. He also liked their management's willingness to serve him his glass of "juice" (actually white wine) every morning, including Sundays. When he went there alone, he ate at the long counter at the front of the restaurant and, as he told me, fending off or flirting with several female regulars who fought over the chance to sit next to him.

When Doris and/or I visited, Mr. Thomas continued his daily habit of driving to Seven Brothers, but instead of going at eight o'clock, he waited, often impatient and hungry, until 10 am when we both arrived. Doris' commute from Waukegan to Mr. Thomas' suburb took her nearly an hour in good traffic, which rarely occurred. Once we had both arrived at Mr. Thomas' house, he would hurry us out his back door and into his aging grey Buick. More than once, Mr. Thomas' next door neighbor would see us as he tended to his lawn, and waving goodbye, tease Mr. Thomas about taking his "harem" out on the town. Mr. Thomas would chuckle, embarrassed, but delighted nonetheless. He then drove us, cautiously, from one suburb to the next as we observed the progress and debated the purpose of the many behemoth mansions in various states of construction along our route.

At Seven Brothers we were warmly greeted by the owner, a dapper and obsequious Greek man who acted overjoyed to see Mr. Thomas each morning. Rather than seating us at the counter, the owner found us a table in the smoking section of the main dining room so that Doris could enjoy a menthol cigarette. Doris and I immediately tried to get the attention of a waitress to request coffee, while Mr. Thomas ordered his glass of white wine "juice" which was always served to Mr. Thomas in an inconspicuous juice glass. As Doris and I looked over our menus, Mr. Thomas bantered with the waitresses who stopped by our tables to say hi, teasing him about when he would propose to one of them, or about how one of his counter companions had asked after him that morning. These conversations brought a blush to Mr. Thomas' usually stoic face, and temporarily lifted his taciturn demeanor as he asked after their children or hobbies. Mr. Thomas never asked for a menu, as he got the same thing each time we visited: scrambled eggs, white toast not buttered, bacon and melon instead of the offered potatoes. Doris favored a sweeter breakfast, sometimes ordering French toast, and other times pancakes or waffles. Some days Doris also ordered a bowl of berries on the side. The most consistent part of Doris' breakfast was the three or four cups of coffee she drank each morning. They were not her first of the day. Eventually I settled into a routine of ordering two poached eggs, wheat toast, fruit or bacon and cottage potatoes. As we sipped our drinks and waited for our food, Doris smoked her cigarette and worked to draw Mr. Thomas into conversation. Though Mr. Thomas enjoyed his light flirtations with the waitresses, he usually answered Doris' questions about his son, his neighbors or events she knew had happened in the past week with one or two word answers. These conversations were always a little amusing to me, because both Doris and I had professional reasons to want to keep the conversation focused on other people at the table, and Mr. Thomas was not a natural conversationalist. My reasons were ethnographic – though I was happy to share details of my life with workers and clients if they were interested, I also considered my time with them precious and wanted to learn as much as I could about them. Though Doris spoke about her family quite freely (despite Belltower policy that she refrain from sharing personal information with her clients), she first tried to learn as much as she could about how Mr. Thomas was feeling and what he had been doing. Doris was quite adept at deciphering relatively subtle changes in Mr. Thomas' physical and emotional well-being even through his brief and often mumbled answers to her questions. Though Mr. Thomas was not a talker, he was keenly interested in Doris' family and would regularly ask her about was going on for both of her daughters and their kids. In his interview, Mr. Thomas told me that he found Doris' stories "interesting," which suggested to me that Mr. Thomas enjoyed listening to Doris' worries and complaints about her daughters. I got the sense that Mr. Thomas enjoyed being able to continue to listen to a woman discuss these kind of worries since Mr. Thomas' son suggested that Mrs. Thomas had been the kind of woman who liked to discuss the problems of her relatives and neighbors.. By the end of each meal, it seemed to me that Mr. Thomas had become more talkative and more jovial.

When we finished eating and got the bill, each of us paid for our own share of the meal[63], and then Mr. Thomas drove us back to his house where Doris would clean the bathroom, I would dust surfaces in the four other rooms of the house and Mr. Thomas sat in the living room reading the paper or watching the weather channel. When she finished cleaning, Doris would wash and cut some lettuce for Mr. Thomas to make a salad from later in the week or trim his hair. When we were each finished we gathered in the living room, where Doris might ask Mr. Thomas, a former Sunday school teacher at his church, to help her with her bible study worksheets or ask me to read all of our horoscopes out loud from the newspaper. Like Maria, Doris drew from what she knew of Mr. Thomas' past to engage him and bring him out of his often silent shell. When Doris' shift was over at 2 pm, we would drive, separately this time, to Sewell's, the tavern located across the highway from Mr. Thomas' home. There, Mr. Thomas would have another glass of

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[63] Doris paid cash each meal we ate together, which struck me as problematic, considering that Doris earned less than $8 an hour and the average cost for breakfast and tip at Seven Brothers was probably close to $10. I figured that by 11:30, Doris had probably spent nearly an hour and a half driving to Mr. Thomas' home, $10 on gas (which went over $4 a gallon that summer), and $10 or $12 on breakfast. She probably spent another $5 on a drink at Sewells, meaning and was paid between $28 and $32 for her four hours of work. Before taxes, it appeared that Doris' income for each shift was $5 or less. As I describe in chapter 6 Mr. Thomas' loans to Doris made this arrangement sustainable for her. ,

white wine, Doris would order a rum and coke and I would have a pint of beer. Mr. Thomas and I might also order a cup of soup, depending on what was offered that day. Mr. Thomas particularly favored Sewell's baked potato soup, a thick bisque with bacon and scallions, in part because it struck him as quite a novelty. At Sewell's, much as at Seven Brothers, Mr. Thomas was a daily patron, known and apparently adored by all of the waitresses, who fussed over him, happily poured him extra "spoonfuls" of wine, and worried about him if he did not come in for a few days. Two of his favorite waitresses were invited and attended the 95th birthday party that Mr. Thomas' neighbor threw for him. Once we finished our drinks, we would each head our separate ways, and Mr. Thomas would spend the rest of his day alone unless his neighbor invited him over in the evening for a final glass of wine after supper.

Going out for breakfast and lunch were the high points of Mr. Thomas' day and the only events to give it structure. He ate out as much as possible not only because he no longer enjoyed cooking but because he could not bear the loneliness of eating meal after meal alone. Mr. Thomas was a little defensive about how much he enjoyed drinking wine at each meal. Mr. Thomas reminded me that he used to drink much more heavily, as three martini lunches were the custom for business men when he was in the workforce. He also joked that his longtime doctor had told him that his drinking was bad for his health and might kill him, but that that doctor had passed away nearly a decade ago and Mr. Thomas was still living independently at 95. Mr. Thomas' son once suggested to me that his father had long been a functional alcoholic, and remembered finding a bottle of liquor his father hid in the garage when he was a child. Mr. Thomas was clearly deeply attached to his daily libation, it was part of who he was, and he fiercely defended his right to enjoy this pleasure.

Mr. Thomas also seemed enlivened by the attention and concern women paid to him at these restaurants. Though Mr. Thomas told me he had always been shy around women, I also got the sense that as a younger man he had become accustomed to women’s attention. When Doris first began working with him, he wasn’t entirely sure why his social worker and son had thought he needed help so badly, so he just included her in his normal routine. Thus, though Doris was more fastidious about housekeeping than Mr. Thomas thought was necessary, he appreciated her company at meals. Mr. Thomas was a transformed person when he was at these restaurants – full of banter and good cheer. By accompanying Mr. Thomas to these restaurants, Doris was able to participate in this transformation, to engage Mr. Thomas at his most social. Sharing a meal with Mr. Thomas at the same restaurant where he had enjoyed countless Sundays with his wife was one way in which Doris was able to provide him with the female companionship that he lost when his wife died. It was this sense of companionship that later made Mr. Thomas comfortable enough to let Doris help wash his hair or help him pick out his first new pair of glasses in twenty years.

Like Doris and Mr. Thomas, Kim Little and Mr. Samson spent much of their time occupied with food. Kim and Mr. Samson did not go out to eat at restaurants often, but Kim spent most of her daily visits with Mr. Samson buying and preparing food. Mr. Samson was fastidious about both his house and his body. A deeply religious man and long-time waiter at elite men’s clubs, Mr. Samson saw cleanliness and orderliness of both body and home as manifestations of personal morality. Though his severe asthma made his personal ministrations challenging, he showered each morning, combed his remaining hair until it gleamed and dressed in worn, but carefully laundered and pressed slacks, a dress-shirt, suspenders and tie. He told me that though Kim was always agreeable, she never seemed to be able to get his home as clean as he would have liked, and insisted that if he had the energy, the whole house would be “shining, just like that ceiling is shining.”

Once or twice a week, on her way to Mr. Samson’s apartment, Kim would interrupt her bus ride to purchase several packages of frozen cod from the Aldi discount grocery store on the bus route for Mr. Samson. This fish was of higher quality and far less expensive than what she could find at the Jewel near Mr. Samson’s apartment. After exiting the bus at the busy intersection near Mr. Samson’s subsidized senior apartment in Chicago’s Gold Coast, Kim would stop in at the Dunkin Donuts outlet to buy Mr. Samson a small hazelnut cappuccino. Some days she would also get herself a cup of coffee and bring Mr. Samson a donut as well.

Balancing the coffee cups, her bags and a grocery bag, Kim would then walk down the busy downtown block to Mr. Samson’s apartment building, where she would banter for a moment or two with the security guard and any residents lingering in the parking lot or lobby. By the time Kim arrived at Mr. Samson’s door around 2 pm, he usually had showered, meticulously dressed in a pressed shirt, bow tie, suspenders and slacks, made his bed, and administered his lengthy breathing treatment. Unless Mr. Samson’s asthma had significantly slowed him down for the day, he would have already fixed and eaten his breakfast of instant oatmeal and fruit. After stowing her belongings in the far corner of Mr. Samson’s small bedroom, Kim and Mr. Samson would spend several minutes talking about Mr. Samson’s health, people in the building and their families, and then would discuss what errands Mr. Samson needed done before heading back out onto the street.

Most days Kim's errands included a trip to the dry cleaners, the drug store and two grocery stores. Having dropped off the dry cleaning, Kim retraced her steps back towards Mr. Samson's apartment, first stopping into the gourmet Treasure Island grocery store to buy one or two products she often couldn't find elsewhere, before walking several more blocks to the Jewel grocery for the bulk of her purchases. Finally, if she hadn't been able to locate the specific brand and flavor of fried pork rinds that Mr. Samson preferred, she would head over to a CVS drug store another block away to check there. Kim had learned exactly which of the neighborhood stores sold Mr. Samson's preferred sodium-free V-8© vegetable juice and diet Sprite© at the lowest cost, which store carried the no-pulp orange juice he liked and knew where to look for his first, second and third choice flavors of Snackwell's© low calorie desserts. Occasionally, Kim would purchase an additional item –a new brand of crackers or a special kind of tea - for Mr. Samson in an attempt to get him to try foods she thought would be healthier for him. Though a few of these experiments had ended up on Mr. Samson's regular shopping list, most of these foods languished in his cupboard until Kim ate them as a snack.

By the end of an hour or so, Kim would make her way back to Mr. Samson's apartment, loaded down with several heavy bags of shopping. When I was with Kim, I helped her shop and carry the groceries, but on other days if the load was too much for her, she would pay one of the homeless men who congregated at the intersection near Jewel a few dollars to help her get the bags to Mr. Samson's building. She never asked

Mr. Samson to reimburse her for this, because in the past he had worried about her safety and gotten angry at Kim for conversing with these men.

Once back in the apartment building, Kim checked Mr. Samson's mailbox in the lobby and rode the elevator back up to his apartment where she unloaded the groceries and started preparing a hot meal for Mr. Samson. Though I often tried to help Kim unload the groceries, it took me many weeks of observation before she would let me do it unsupervised. Mr. Samson was extremely particular about where each item should go in his refrigerator and cupboard and would chastise Kim if his cupboards were out of order. Sometimes cooking the meal would be as simple as warming frozen peas and carrots and cutting meatballs or fried chicken purchased from neighborhood restaurants into bite size pieces. Just as often, it would mean broiling a piece of the cod purchased at Aldi, boiling a pot of rice and warming frozen vegetables before cutting each of these items into smaller pieces. Sometimes Mr. Samson would request that Kim make him a pot of beans, which took so long to cook that she had to put them on the stove first thing when she arrived, before she ran her errands, and still ended up staying late. Kim was particularly concerned that she would make Mr. Samson sick to his stomach if she served him undercooked beans. After I once successfully made Mr. Samson cornbread to go with these beans using a method I had learned from Hattie Meyer's home care worker Loretta, it became my job to cook enough corn bread to last him the week. Mr. Samson was particular, and once he found something he liked, he ate it as often as possible. Mr. Samson told me that he had been spoiled as a child, for his mother was the kind of woman who made everything taste good. During our interview, Mr. Samson said that his mother

> Was a good cook. That's why I never had to learn to cook. Nobody messed in her kitchen but her… She could cook cake, pies, cookies, anything.
>
> (Buch: Do you remember your favorite meals that she made?)
>
> I liked chili that she'd make and barbecue, chicken, fish. She could cook everything… everyday she'd have different meals (for every one). Breakfast, lunch and dinner.
>
> (Buch: Wow, so she must have spent a lot of time cooking.)
>
> All day, but she could cook! I remember at home we had this cabinet with glass doors and pies and cakes and cookies and donuts inside. She could cook anything. All the dudes at school would want to come over to my house to eat.

In the face of Mr. Samson's mouth watering memories of his mother's cooking, Kim never seemed to stand a chance to live up to his standard. Mr. Samson himself recognized that his culinary standards might be unfairly high, telling me that though he didn't think Kim's cooking was very good, that was probably because "I'm used to good cooking, but it's edible. Especially when I'm ill like I've been, that's the only food you are going to get."

Mr. Samson's permanently set dining room table was located immediately inside the apartment door. To serve the meal, Kim removed plates and cutlery from Mr. Samson's table, rinsing them off before arranging a meal on the plate. On top of patterned cloth placemats, each place setting included a large black octagonal dinner plate, a small white melamine salad plate, a black octagonal salad bowl, and white cup and saucer. Each setting also included a cloth napkin, a water glass, salad fork, dinner fork, spoon, knife, dessert fork and dessert spoon. Kim thus removed and precisely replaced various pieces of these place settings to serve Mr. Samson his meals.

While Kim cooked, Mr. Samson removed himself from the living room and went his bedroom where he sat at the edge of his bed watching the Judge Mathis television show, occasionally commenting loudly on the courtroom proceedings or encouraging the Judge in his brusque, common-sense decisions. To serve Mr. Samson his lunch, Kim set up a small folding “television” table at the edge of Mr. Samson’s bed, arranging a folded paper napkin and silverware on the table to mimic the place settings permanently displayed on the dining table in Mr. Samson’s main room. She then carried a glass of Sprite© and a glass of water into the bedroom, placing them on the dresser. When the meal was ready, Kim cut any solid food into very small pieces, carefully arranging them on the plate so that the different kinds of food were kept separate, and stored any leftovers in the refrigerator. Then, before bringing the dish into Mr. Samson’s bedroom, she started any pots soaking. While Mr. Samson ate, Kim sat on a stool on the other side of the bed, and often ate a snack she had brought from home while discussing the televised courtroom proceedings with Mr. Samson. By the time Mr. Samson finished eating, Kim usually had just enough time to wash the dishes and put away the tray table before she had to leave to catch her bus home.

In every aspect of her work, and especially tasks associated with food, Kim paid keen attention to Mr. Samson’s sensory experiences and preferences, and strove to accomplish each task in exactly the manner that was most familiar to him. She arranged each item in his cupboards and cut each morsel of food with “what he likes” in mind. And while this might seem like a kind of basic customer service, Kim tried to do so without asking for explicit instructions from Mr. Samson, because she did not want to irritate him or have him think she did not know what she was doing. For example, making beans meant using her knowledge about which spices and how much salt he liked in other dishes in order to make an informed decision about what flavor of beans he would like. At the beginning of the visit, when Mr. Samson and Kim discussed what he wanted to eat for lunch, Mr. Samson frequently had a difficult time making up his mind, which could slow Kim down and mean that she did not have time to make him something to eat. To speed the process along, Kim frequently drew from her repertoire of past successful meals as well as her evaluation of how well Mr. Samson was feeling that particular day to suggest possible dishes.

For both Mr. Samson and Mr. Thomas eating had become a daily reminder that they were no longer sharing meals with the people that nevertheless continued to inhabit their emotional lives. The shared meals that permeated earlier relationships and marked the passing of days earlier in life had ceased to exist except as memories of a mother's perfect baking or a wife's tentative steps towards domesticity. Because of the sensory reminders of food and the inexorable necessity of eating, meals threatened to become incessant and visceral moments of loss, nostalgia and loneliness. In home care, food so frequently signaled loss – loss of family and loss of pleasure. Despite Kim's exquisite attention to Mr. Samson's culinary preferences, he could only compare this food to his mother's cooking and find it lacking. Cooking and eating reminded Mr. Samson of an idealized, better past. Though Mr. Samson saw Kim's inability to replicate his mother's cooking as a sign of irreversible loss and absence, perhaps loss and absence made Kim's food less enjoyable. Home care workers did what they could to mitigate these losses, offering themselves as fleshy, imperfect specters of the mothers, fathers, wives, husbands, sons, daughters, friends and lovers who had previously prepared and eaten meals with older adults. For the mirage to remain viable, it seemed as though everything else about meals had to remain as familiar as possible, so home care workers focused on perfectly replicating recipes or place settings or spend money to eat at familiar restaurants.

Sometimes workers deployed phenomenological empathy to serve food that mitigated new risks associated with aging bodies without making substantial changes to older adults' diets. Sally smelled for spoiled milk, enabling Mrs. Murphy to continue drinking it despite a doctor's suggestion that she substitute Ensure© instead. Instead of precisely following instructions from her supervisor to make sure Margee Jefferson had well-balanced breakfast that was more substantial than sweetened cereal, Grace Washington secretly refilled Mrs. Jefferson's sugar bowl with Splenda©, a sugar substitute, recognizing that Mrs. Jefferson wouldn't eat breakfast if she couldn't eat her cereal with several tablespoons of "sugar."

At other times, workers deployed phenomenological empathy to enhance older adults' pleasure and enjoyment of everyday activities, often by accentuating associations with the older adults' past. This was particularly true when older adults complained about losing their senses of taste and smell, which threatened to turn meals into agonizing battles to mitigate the increasingly unpleasant physical sensation of eating dry, mealy or mushy food. Losses of smell and taste, so frequently associated with memory and nostalgia, meant that food sometimes lost its power as a direct sensorial link to older adult's past lives and instead became signs of earlier signs. Many older adults suggested that the loss of taste and smell meant that they struggled to take pleasure in the act of eating itself, and instead felt pleasure from eating foods that they remembered enjoying, or from the sociality of eating with others. This wasn't some simple substitution of remembered tastes for present taste, but rather a kind of extension of past self into present self. Mrs. Silverman told me, when speaking of her treasured Little Debbie© dessert cakes that, “I don’t really want to try new foods anymore. I like the foods I have always liked. I don’t even really remember what they tasted like; it’s just that I know I liked them, so I still like them.” Mrs. Silverman found this endlessly amusing, because she could no longer taste the sweets very well, and knew that rationally she might enjoy healthier foods as much as she enjoyed her processed desserts. Yet, the person she understood herself to be was a person who had a weakness for prepackaged baked goods, and so that was what she continued to eat. Eating her favorite foods, whether she found physical pleasure in them or not, became a way to link the person she had been to the older person she became. Food and eating thus not only creates relatedness among people and across time and space, but also grounds personhood across the life course (Bahloul 1989; Carsten 1997; Feeley-Harnik 1994; Feeley-Harnik 1995; Holtzman 2006).

Phenomenological Empathy and the Colonization of Home Care Workers’ Bodies.

Over and over again, I saw home care workers draw on their own sensory experience to imagine the sensory needs and pleasures of the older adults they cared for. In doing so, workers selectively and metaphorically drew on the domestic knowledge they usually learned and honed within their own families. Providing phenomenologically empathetic care also occasionally required that workers follow their own judgments about how to best care for their clients even when that judgment contradicted instructions from their supervisors. Yet, even as workers drew from their own experiences to sustain older adults’ sensorial worlds, and sometimes put their jobs in jeopardy to do so, they found that the sensory worlds of their own homes and families were not simply ignored but sometimes subject to their clients’ derision and disgust. As such, phenomenological empathy, as used in paid home care, can also be seen as a practice of sensory colonization, in which poor women of color are positioned to literally incorporate and embody the felt values and sensory histories of their older, often wealthier, clients without any expectation that the moral worlds of their sensorial landscapes will circulate in a similar fashion.

While home care agencies did not directly require workers to practice phenomenological empathy, agencies did practice a kind of sensory politics in which workers were expected to practice particular forms of bodily discipline in order to minimize clients' disgust. Perhaps the most potent example of this discipline was Plusmore's lengthy field dress code (see Chapter 2), which specified how often workers were to bathe and brush their teeth, required that they wear deodorant and undergarments. As both Jackie and Alicia explained in training, each of these requirements was intended to ensure that older adults were not disgusted by the odor of their workers' bodies. Such instructions represented Plusmore's attempt to extricate its workers from longstanding sensory politics in the United States and parts of Western Europe that associate poor people, women, minorities, immigrants and working folks as foul smelling (Classen, Howes and Synnott 1994; Corbin 1986; Orwell 1937). At Belltower, Celia told me that live-in clients, in particular, sometimes made specific requests that workers only bring already prepared food to their homes because the clients didn't like the smell of workers' cooking. Some older adults refused to even allow workers to reheat the food they brought with them from home in their kitchens, not wanting to risk that their homes would be permeated with the smell of Filipino or Puerto Rican cooking. In one case described further in the following chapter, a client receiving live-in care specifically requested that she not have any workers who cooked "smelly food," by which she meant food cooked with fish sauce, a typical ingredient in most Filipino dishes. These kinds of sensory prohibitions enact class and racial hierarchies even as they work as another kind of threshold practice, protecting older adults' homes from being permeated by strange smells.

While workers spent the vast majority of their time using their bodies as proxies to sustain older adults' sensory comfort and pleasure, now and again they invited older adults to experience their own sensorial worlds. In doing so, workers momentarily reminded older adults that they too had families and histories, and encouraged older adults briefly engage in the same intersensoriality workers practiced every day (Howes 2005b). Their efforts were often received with ridicule, disdain or outright disgust. Sometimes, to be sure, workers efforts to share their own sensorial histories with clients were rejected simply because older adults were set in their sensorial ways and only interested in sustaining already experienced pleasures. Even then, workers found their own sensibilities repudiated even as these sensibilities were extracted to sustain older adults' lives and ways of living.[64]

One of the more poignant examples of a worker inviting her client to experience her own sensorial world occurred just after Thanksgiving, 2006, one of the most politically, nationally and sensorially evocative holidays in the American calendar. For Thanksgiving, Grace Washington had cooked a massive feast for her large family, making many of the recipes she learned from her mother as a young girl (see Chapter 2). For weeks before Thanksgiving, Grace had told me about her plans to make ham and fried turkey and ribs, as well as "all the fixings" which in this case included cornbread

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[64] Thanks to Daniel Buch for this phrase.

stuffing, cornbread, collard greens, candied sweet potatoes, several pies and a few other dishes I couldn't write down quickly enough. It was clear to me that for Grace, cooking all her siblings' favorite foods, which she had learned at her mother's side each year, was an extremely important expression of love and care. This meal also seemed to be one of her intermittent efforts to insert herself at the center of her natal family's social relations and win her mother's favor. By the following week, Grace was visibly exhausted and told me she had spent the entire weekend before Thanksgiving cooking. Grace told me that the day before Thanksgiving, knowing that Mrs. Jefferson's favorite restaurant would be closed for Thanksgiving dinner, she had brought plates of food for Mrs. Jefferson and Bertram so that they too could have a home cooked meal. However, when I came for my visit nearly a week later, the plates that Grace had brought remained virtually untouched. I was surprised that Mrs. Jefferson had not tried Grace's cooking because she had told me that macaroni and cheese and ham were some of her favorite dishes. True, Mrs. Jefferson was accustomed to the German ways of cooking these foods and not Grace's southern style. When I asked Mrs. Jefferson if she minded if I tried the food, she dismissively told me that it was fine, because she "wasn't going to eat it anyway."[65] Grace was not surprised but perhaps disappointed that her well-intentioned effort to bring Mrs. Jefferson and Bertram home cooked food for Thanksgiving was rejected.

Given the restraint and generosity Grace had shown not only accommodating the pungent smells and general disorder –which she percieved as "filth" - of Mrs. Jefferson's home, Mrs. Jefferson's rejection of Grace's home cooking was also an unconscious assertion the primacy of her sensory world. True, Grace was paid for the time she spent

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[65] Incidentally, I found Grace's Thanksgiving food exceptionally delicious, even after a week sitting in the refrigerator.

experiencing unpleasant sensations in the Jefferson house. However, Grace went beyond passively perceiving the Jefferson's sensorial world, she regularly defied her supervisor's instructions in order to make that world as safe as possible while protecting it from being completely re-ordered. As Grace told me,

> I know you folks [the agency supervisors] do things according to guidelines, but when you go into these people's houses, you got to do things in steps and measures and these peoples are used to getting up at a certain time. They are used to doing things at a certain time. They are old. You can't come in here and say 'Baby, you got to get up at 7:00am. You got to get clean, dressed, whatever. No. I don't do things like that… I don't do that. I let them keep up with their daily routine. It may be modified a bit but I'm not trying to modify it too much whereas it is kind of confusing. Because, mind you, they are already old and they got medical problems as is. So you got to work with both hands. I'm trying to keep it as close to her regular schedule with bending it just a little bit so it won't kind of confuse her too much. It was working…
>
> You cannot change people's life style. This lady is used to doing stuff in a certain way. Yes, we can modify it. We can do a little bit, but don't do it so much whereas its becoming a problem. I was doing it to a way whereas it was working. She was happy. She sits in there and talks to me for hours. I don't care if she's telling me the same thing over and over. It doesn't matter. I understand that.

Grace's efforts to provide phenomenologically empathetic care did not just go beyond her job description they also sometimes meant she defied her supervisor's instructions. To provide good care, she went far beyond what she was compensated for and put herself at risk to sustain Mrs. Jefferson's life and way of living. She used her own body and metaphorically applied lessons she had learned from her own family to try to understand why Mrs. Jefferson lived the way she did and help her sustain it. For all that, neither Grace nor Mrs. Jefferson felt that Mrs. Jefferson was in anyway obligated to reciprocally partake in meaningful parts of Grace's sensorial experience. The structures of care, and especially paid care, are such that the caregiver uses her body to engage with and then reproduce the sensorial landscape of her clients' worlds without ever expecting a similar engagement in return.

Certainly, the sensory economy of Mrs. Jefferson's home was particularly complex and laden with meaning due to her hoarding behavior. Had this been the only moment in which worker's tastes were ignored or derided, it would not tell us much about the structures of home care. However, I want to return for a moment to examine the scene with which I began this dissertation in which Doris decorated Mr. Thomas' living room and front door in preparation for celebrating Christmas. Mr. Thomas' son Johnny was there, and spent much of his time making hushed comments to me about how tacky Doris' decoration ideas were. Wrapping the door in shiny metallic paper was over the top, and constructing a wreath out of dime store plastic pine branches and cheap paper bows simply looked slapdash. Doris said she had done something quite similar to the door of her own apartment, proudly describing the purple and silver theme she had used. Johnny seemed disconcerted that Mr. Thomas gave Doris so much leeway, noting that his mother would have been furious to find such trashy decorations in her home, not to mention her doorway covered in hard-to-remove scotch tape. Rather than noting that Doris had spent her own money and time to procure these decorations, and that his father seemed to appreciate the exertions of a woman prepare his home for the holiday, Johnny seemed wrapped up in his own (and his memory of his mother's) classist aesthetic judgments[66]. Again, while we might understand and thereby excuse Johnny's criticism of Doris' taste as a kind of misplaced expression of maternal loss, these critiques also drew from a sense of privilege that he could safely and legitimately share his deeply classist

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[66] The words trashy and tacky have obvious classist overtones, referring usually to stereotypes about low-income people's use of inexpensive vibrant, metallic, shiny, décor that imitates the opulence of wealth.

judgments of a poor black female worker's taste with me. This was perhaps in part because I too am white and educated and thus perhaps Johnny assumed I shared his aesthetic preferences. Yet it also indicated that to Johnny, Doris' taste was apparently not worthy of the same respect she paid to Mr. Thomas' sensory preferences. I'm not entirely sure if Doris was aware of Johnny's comments as she was unfailingly kind to him in spite of his rather obvious derision.

Phenomenological empathy was, in most cases, unidirectional. Older adults sought care that sustained their personhood, while workers felt it was their moral responsibility as caregivers to sustain older adults' personhood by sustaining their ways of life. In order to do so, home care workers strove to make the past felt in the present by using their bodies as proxies for those of older adults and by attempting to reproduce the dynamics of older adults' earlier social relations. Through their home care work, workers draw metaphorically on domestic knowledge learned in their own families to colonize their own bodies with their clients' sensorial landscapes. Even as they do so, workers while accepting that the sensory worlds of their families are unlikely to receive similar consideration. Rather, the sensory landscapes of workers family and domestic lives were often subject to classist and racist derision and disgust. Paid only for accomplishing tasks, neither home care workers wages nor the gifts described in chapter 4 compensate for workers' unreciprocated sensorial labor.

Chapter 6

The Hidden Abode of Reproduction: Unseen labor and the Unpaid Costs of Home Care Work.

> A society can no more cease to produce than it can cease to consume. When viewed therefore as a connected whole, as flowing on with incessant renewal, every social process of production is, at the same time, a process of reproduction.
> (Marx, 1924 [1867] #2238@620)

Revealed by Absence

Around noon on a frigid Tuesday in January 2007, I received an agitated phone call at home from Mrs. Silverman, who was desperate to know when Maria would return to work. Maria had been absent both the Friday and Monday prior because she had fallen on ice and injured her leg. I had visited Mrs. Silverman the previous Friday, when she complained that Maria's absence was particularly disruptive because her son, Chip, was coming to visit for the weekend. To prepare for his visit, Mrs. Silverman had stripped the sheets off of her bed and gathered the laundry together, and didn't know how she would manage to get the house back in order without Maria. She also wanted Maria to take her to the grocery store so that she could purchase the egg salad Chip favored. Despite this, she was reluctant to accept the substitute home care worker Belltower offered, and arranged to have her daughter take her to the store instead. Mrs. Silverman's reluctance to consider having a substitute worker who could help her prepare for Chip's visit suggested to me that her distress was only partly related to her voiced concern and deeply tied to her attachment to Maria and the disruption in their relationship these absences represented.

Mrs. Silverman explained that Maria was missing work more and more frequently, usually on Mondays and only very rarely on Fridays. Mrs. Silverman suggested that Maria's absences were caused by stress and depression, as Maria struggled to cope with the fact that her husband had left her without warning, and that she was being forced to move from the apartment she had lived in for many years. Mrs. Silverman told me that she felt Maria was not being entirely truthful in claiming she was injured because when they spoke on the phone on Monday, Maria was laughing and joking and didn't sound like someone in a lot of pain. Yet, Maria had previously told me many times that maintaining a cheerful demeanor, regardless of how she was actually feeling, lifted a client's spirits and was crucial to good caregiving. Indeed, I had observed that no matter how frustrating a given situation seemed to me, Maria always kept a smile on her face. Maria told me that occasionally clients would get angry or frustrated with her for no apparent reason and yell or insult her. Maria had learned from hard experience that the best thing she could do was to remain calm and friendly and not to take it personally[67]. Knowing that Maria was loathe to let a client see her in anything but a cheerful mood, I wondered if, despite her pain, she had been laughing on the phone with Mrs. Silverman as an extension of her care work.

When Mrs. Silverman called me on Tuesday, she was aggravated because she felt that the staff at Belltower had not been appropriately responsive to her concerns about

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[67] A number of workers suggested that when older adults insulted them (sometimes calling them racist or sexist names, sometimes insulting their work ethic), they told themselves that their clients "didn't really mean it" because they were old, uncomfortable and couldn't always control what they said. I also heard workers excuse racist comments from older adults as a generational thing, suggesting that these older adults weren't "really" racist; they just didn't know any better. When workers excuse clients' behavior as a function of their age, it makes it easy for them to continue responding in a calm and friendly manner, but it also reinforces ideas about older adults as having lost control and as not subject to the same social norms of politeness as other adults. Indeed, by not holding older adults to the same standards of behavior that they everyone else to, workers subtly participate in discourses that unmake older adults' personhood.

whether Maria would return to work on Friday. She told me that she had not received a return phone call and had not heard from "them" since Friday, though she didn't specify which of the supervisors she was waiting to hear from. Mrs. Silverman also told me she thought that Maria wasn't really injured and that the agency was covering for her or just letting her get away with it. Mrs. Silverman was wondering if I had enough influence with the Belltower supervisors to get them to be more responsive to her, though I assured her that I did not. Nevertheless, with Mrs. Silverman's permission, I told her that I could share our conversation with the Belltower supervisors.

In response to my e-mail letting the Belltower supervisors know that Mrs. Silverman had contacted me about these concerns, Kathy Hirschorn and Celia Ricardo assured me that they had indeed been in touch with Mrs. Silverman every day regarding this situation – and continued to offer to send her a substitute care worker. They also told me that in her fall Maria had reinjured an old knee injury that had never fully healed. They told me that they had asked Maria to contact Mrs. Silverman again to reassure her, but were unsure if that had occurred and surmised that this was the unreturned phone call Mrs. Silverman was referring to. In her e-mail, Kathy Hirschorn told me that, "We did not want to discuss the accident with Mrs. Silverman and get her more worried. We will continue to assure her that all is well and Maria will be there with her this Friday." Like Maria, the Belltower supervisors believed withholding information from Mrs. Silverman was an act of caring in that it protected her from being overly concerned about Maria.

This series of tense interactions made visible three key facets of home care labor that are normally kept hidden, as well as some of the consequences that often accrue when they are revealed. First, the actual work of home care is usually hidden behind closed doors so that the actual labor of maintaining an older adult's home and personhood remains unseen. This illusion helps to sustain the social perception of older adults as autonomous persons. In this case, Maria's absence forced Mrs. Silverman to ask for help from her daughter, Donna, and thereby highlight the fact that she was only able to host Chip in the manner she desired (with fresh linens on the bed and egg salad in the refrigerator) with significant assistance from others. Donna lived in a neighborhood only a few minutes from Mrs. Silverman's apartment, in a home she had inherited from her parents. Though Donna did not work, she was kept extremely busy caring and advocating for her adopted adult son who struggled with disabilities related to an inherited genetic syndrome. Thus, though Donna was nearby and could help Mrs. Silverman by taking her to the grocery store or to run other errands if necessary, Mrs. Silverman was loathe to ask Donna for assistance. Rather, Mrs. Silverman told me that besides the days when Maria visited, she really only got to "get out" when Chip came to visit.

Second, home care workers tend to hide their own emotional states, stress and opinions in order to maintain a cheerful, soothing and placatory countenance. This emotional labor (Hochschild 1983), promoted by agency policies, formed the foundation of relationships between workers and older adults. While workers felt compelled to listen to and accept the full range of clients' emotions, they often buried their own frustrations and anger. Older adults were aware of workers' emotional labor to various degrees, but many encouraged their workers to talk about their lives, leaving workers in the difficult position of deciphering just how much information was appropriate to share. Moreover, older adults tended to desire consistently cheerful workers, and were not particularly concerned with whether that cheeriness was a straightforward expression of the worker's mood or a laborer’s mask worn to please. For example, despite Maria’s determined attempts to always have a smile on her face when she was with her clients, Mrs. Silverman was a perceptive person and could still decipher the differences in Maria’s moods. Thus, Mrs. Silverman noticed when Maria started seeming worn down behind her upbeat façade. Though Maria spoke rather matter-of-factly about her husband leaving her without warning, Mrs. Silverman suspected that Maria was hiding her distress. Not surprisingly, workers struggled to balance between sharing enough information to be seen as invested in their relationship with clients, but not so much information as to cause their clients to feel overly concerned or obliged to help workers who were in trouble. In this case, Maria had shared only the most basic details about her marriage, impeding divorce and plans to move with Mrs. Silverman, which only led Mrs. Silverman to suspect that Maria’s absences were caused by domestic strife rather than legitimate illness and injury. While genuinely concerned about Maria, Mrs. Silverman also read these absences as a sign of Maria’s wavering commitment to their relationship. Then, when Maria and her Belltower supervisors hid the seriousness of Maria’s injury from Mrs. Silverman as part of their effort to care for Mrs. Silverman, she misread why Maria had missed work.

Third, home care agencies’ policies ignored workers’ personal family lives, while workers were expected to keep the demands of their non-work lives hidden from their clients. Even more hidden were the ways that home care work created costly burdens for workers and their families. I include in this category both agencies’ prohibitions on workers’ revealing their wages to clients. Workers who shared their troubles with clients or whose demeanor belied their own stress and worry were often seen as “getting too close.” Indeed it was just this kind of revelation that led Mrs. Silverman to believe that

Maria was missing work because she was depressed. Yet, over and over, I witnessed the ways that the absence of sensible work/family policies (including sick leave, living wages, and health insurance) and workers' general stress over the persistently fragile state of their own households and families diminished the energy they had to devote to home care. Unseen conflicts between workers' responsibilities to their families and their clients were at the root of many of the resignations and firings that I observed during my fieldwork.

This chapter, then, is about what is hidden in home care, and what happens when those aspects of care are revealed. I show that workers sustain older adults' senses of independence and autonomy through a range of linguistic, spatial and emotional practices that obscure their own contributions to maintaining older adults' homes and ways of life. More broadly, home care workers' labor and the costs required to sustain it are broadly ignored by the state and by employers, as is evidenced by a rapidly diminishing and systematically inadequate public social safety net. Such processes reflect the broader socioeconomic practice in which the state and capitalist institutions avoid paying the costs of reproduction such that "today's global capital is not nearly paying for the costs of maintaining the current labor force, nor for nurturing the next generation of workers, nor caring for those who have worked for many years and can no longer produce" (Glenn 2007).

Home care workers and older adults engage in a range of spatial, linguistic and emotional practices that obscure workers' contributions to older adults' wellbeing and thereby help older adults sustain the appearance of independence. I argue that these practices minimize the perception of home care as a public invasion of older adults' private homes and lives (Chapter 3) while also making the illusion of independence and continuous personhood possible (Chapter 5). In this way, I argue that that the invisibility of care work and care workers simultaneously makes possible the reproduction of persons that can be recognized as autonomous and reproduces social stratification. In doing so, these practices exacerbate the broader invisibility of care workers' contributions to the economy and society at large.

Older adults and workers use both language and space to minimize everyday reminders of older adults' dependence on workers. Workers perform emotional labor (Hochschild 1983; Leidner 1999) in which they maintain a cheerful, positive demeanor despite their frustrations with their clients or in their non-work lives. Through their emotional labor, home care workers hide not only their frustrations with their clients, but also the immediate and ongoing personal consequences of working in an exploitatively undercompensated job. When workers hide the costs they pay to care for older adults, they simultaneously protect their clients from the feelings of guilt and dependence. Older adults can then materialistically or paternalistically see themselves as providing employment to poor women of color rather than as benefitting from the longstanding reproduction of economic, gender and racial inequality that justifies the absence of decent wages and benefits for paid care workers. Workers begin to appear dependent on their clients for employment rather than clients appearing dependent on workers to sustain their lives and ways of living. At the same time, practices which obscure workers' emotions, family lives and contributions to their clients' well-being also make it easier for policy makers, agency administrators and more abstractly, global capital[68] at large, to

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[68] The abstract and unspecific term "global capital" is used here to note the fact that the inability of agencies or public policy to pay workers adequate benefits and compensation is caused the fact that very

deny responsibility for providing significant economic and social support to care workers. Problematically, it was precisely these stresses and burdens that caused the majority of turnover that I witnessed during my fieldwork.

Indeed, long histories of patronizing racial maternalisms undergird practices which obscure the exploitative and extractive qualities embedded in paid caring labor by poor women of color , thereby rendering those whose lives and households are sustained by women's labor somehow "independent" while perpetuating patterns by which global capital avoids paying the full costs of reproducing the labor force (Glenn 1985; Glenn 1992; Glenn 2007; Hondagneu-Sotelo 2000; Hondagneu-Sotelo 2001; Parrenas 2001). The avoidance of global capital to pay the costs of reproducing the labor force through payment of either adequate wages, pensions or taxes is apparent in the low wages workers are paid and in the dearth of public benefits that support these workers, from insufficient public transportation to lack of health insurance to the lack of paid sick or family leave. In a strange reversal, when home care workers are unable to adequately support themselves and their families on their wages alone and turn to the United States' limited social welfare system for assistance, they are portrayed as "dependent" and "needy." (Abramovitz 1989; Meyer 2000; Piven and Cloward 1993). While figures are not available for the home care work force specifically, direct care workers are twice as likely as other workers to be eligible for food stamps and Medicaid (United States General Accounting Office 2001). The ideal of independence and the obscuring practices used to create the appearance of independence are both supported by and exacerbate

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few individuals or families could afford the full cost of care. This is, in large part, because large corporations and their owners have extracted increasingly large profits from the US and global workforce by failing to adequately compensate workers for the costs of reproducing labor either through wages or through tax payments which would support a stronger safety net.

existing global, national and local inequalities. This chapter thus argues that the hidden aspects of home care work make care both possible and ultimately unsustainable. What *is not* done, seen or said in home care is thus as crucial to the practice of home care as what *is* done, seen and said.

Ironically, this chapter suggests that the very same practices that obscure workers' contributions to older adults' independence are related to the home care industry's endemically high turnover rates. Turnover not only reduces the quality of home care, but also costs employers significant amounts of money in hiring and training costs. Turnover has in fact become a major national policy concern as the United States struggles to build a stable, high-quality workforce able to care for its rapidly aging population (Koeske and Kirk 1995; Mittal, Rosen and Leana 2009; Morris 2009; National Academies 2008). Thus, in turn, the failure of capital to adequately pay for reproductive labor creates an ever increasing demand for new workers, who are themselves either black women from low income families or immigrant workers, since "neither capital nor citizens pay for *their* reproduction, maintenance and education" (Glenn 2007).

Hidden Labor and the Appearance of Independence

As I described in Chapter 3, Harriet Cole fervently guarded her independence and her privacy. Mrs. Cole was perhaps more outwardly defensive and vocally concerned with the threats aging posed to her independence that many of my research participants. However, her stubborn refusal to have her space or her behavior controlled by other people was echoed by many older adults' discussions of what worried them about aging and care. Over the months I visited Mrs. Cole and her home care worker Virginia, Mrs.

Cole told me stories from her history, many of which revolved around the theme of maintaining her independence from those who might try to control her or her household.

Born in Savannah, Georgia, the middle daughter of nine children, Mrs. Cole learned about hard work and independence from her parents. While her father worked two jobs, Mrs. Cole recounted with pride that she “never went to bed hungry” as a child. Mrs. Cole started babysitting before she was in high school and quickly learned that she had to contribute to some of her earnings to the household. One day, Mrs. Cole recalled, after she had been paid “$50, five ten dollar bills. I came home flashing it. My mother said, ‘come over here and sit.’ She snatched one. Ever since, I’ve been giving money back to the household. It teaches you independence.” By the time she was in high school the family had moved to Gary, Indiana, a working class industrial town just south of Chicago. When she graduated from high school Mrs. Cole had hoped to go to college in Cleveland where her aunt lived, but that plan didn’t work out. Instead, Mrs. Cole went to business school and got a job as an accounts clerk with Spiegel Department Store. She lived in a room with four other women at The Phyllis Wheatley Home located in Bronzeville (the same neighborhood as the senior apartment building where she lived), which opened in 1907 and aimed to “befriend… the Colored girls and women who [came] into this great city seeking work, often without relatives, friends or money.”[69] (Knupfer 199687) During this time, Mrs. Cole vigilantly guarded her few possessions and private space, at one point putting itching powder on her bedspread to deter a friend who insisted on sitting on her bed in her underwear.

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[69] Phyllis Wheatley Homes were built in many of cities in the northern United States as a response to problems commonly faced by young women who migrated from the rural south , and while some operated under the auspices of the YWCA, others, like the Phyllis Wheatley home in Chicago were independently run by black women’s clubs, called Phyllis Wheatley clubs. Homes aimed to provide a “Christian influence,” domestic skills and help young black women find respectable employment. (Knupfer 1996).

Before she was married, Mrs. Cole worked as a secretary and then worked for an insurance agency. Eventually she realized that she was bringing in more income to the agency than her salary so she decided to get her own license and open up her own office down the hall from her former employer. Mrs. Cole developed a specialty business selling life insurance to black ministers, which,

> Worked out real nice. As long as they paid the policy, I'd get a little check. But, it taught me a sense of independence. In fact, that gave me… I like the good things. I always had some girlfriends that I thought looked sharp and were nice but they were always going with people. I had one girl, she was going with [major magazine editor]. He was very nice to her, I thought. Anyway, I liked my own independence. I took her to a party one night down to a lawyer's office. It was Christmas time. Every two seconds she had to stop and make a phone call. I said, 'I don't want this kind of life.'

Through this experience, Mrs. Cole learned that, "I don't want to need somebody like that. I don't want nobody to own me." Mrs. Cole believed that "nobody needs to spoil you more than you spoil yourself." When Mrs. Cole met her husband, he was already quite successful and owned a large house on the far south side. When they got married, she moved into the house and soon after her eldest brother moved in with them. For Mrs. Cole, being independent did not mean being or living alone, but about being able to earn enough to support herself, fulfill her own desires and not be controlled by anyone else, particularly a man. As proud as she was of her own career, Mrs. Cole never told me what her husband had done for a living, only that when she met him, she told him that she made her own money and wasn't interested in his, so he "couldn't buy me." Mrs. Cole worked throughout her marriage though they didn't need her income and he was "very nice to me. But in turn, when he got sick, I was very nice to him. I was there every day." Indeed, Mrs. Cole spoke in great detail about the lengths she had gone to make sure her husband was well cared for at the end of his life.

Not long after her husband died, Mrs. Cole told me that she decided that she and her brother no longer needed to live in such a huge place, and that she wanted to move closer to her church. So, she talked to some of the well-connected people she knew in order to get into the senior apartment building where she lived. As she described independence later in her life, Mrs. Cole more frequently referred to how little she required of her home care workers, suggesting that she mostly viewed Virginia as a subsidized housekeeper. Describing how she came to have a Community Care Program worker, Mrs. Cole told me that after she had a stroke, she "got everything she could" in terms of the social services available upon her release from the hospital. Despite the physical and cognitive limitations she experienced after her stroke, Mrs. Cole viewed home care not as a necessary service to help her continue living independently, but as her way of milking the social services system for free services. This was only one of the ways Mrs. Cole verbally obscured her reliance on her home care worker. As Mrs. Cole told me about her disapproval of how some of her neighbors at the senior housing complex lived, she argued that, "some of the senior people are out of touch and some shouldn't be by themselves." In response to my query about what she thought the limits to living by oneself should be, Mrs. Cole said,

> I think you should be able to think for yourself and keep yourself well and do the things you got to do. When I first got sick, they said, you need someone to push me in the wheelchair. I said "Oh, hell, no. Everybody is going to be busy." I said "No." I got in the wheelchair myself and pushed the wheelchair and go all over the house by myself. You got to maintain a sense of independence. I definitely take my shower. At 5:00 am, I'm fixing my brother's breakfast and then I make up my own bed and I get everything together. I said [to Virginia] "I don't leave things around just because you're coming here. You only come two days a week. These things I'm going to do whether you come or not." I said "Don't think that's why I want you here. You're not doing that much."

In downplaying how much work Virginia did in her home, Mrs. Cole was able to assert that despite receiving home care, she was still independent. Regardless of whether or not Virginia came to her home, Mrs. Cole claimed that she would be able to maintain her household because she was able to think independently and take care of herself and her brother. Thus, in order to assert that she remained independent after a debilitating stroke, Mrs. Cole linguistically erased Virginia's labor and the contributions she made to the maintenance of her household, perpetrating a kind of symbolic violence[70] that was simultaneously symbolic self-preservation (Bourdieu 1991).

It's worth nothing that Mrs. Cole also criticized Virginia for not wanting a better job and more financial security. She told me that Virginia's problem was that she wasn't ambitious enough and that, "if you don't push for something, what are you going to do? One of these days she's going to go around and social security going to be coming up and she won't have none… You got to want something, you know… You got to have a little respect for you and want for yourself." Mrs. Cole regularly criticized Virginia's relationships with her boyfriend and her daughters, noting that Virginia was too dependent on men and spent too much energy trying to please them. Knowing that Virginia struggled, and out of a sense of charity (and a desire to prevent theft), Mrs. Cole gave Virginia her used clothes and housewares. Taken together, Mrs. Cole's assertion of her own dependence and her critiques of Virginia's inadequate income and dependence on men produce a striking reversal in which Mrs. Cole asserted that she was a generous, independent person whom Virginia depended on to improve her way of life.

For home care to successfully sustain older adults' senses of being the persons they had always been, home care also needed to support clients' senses of independence

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[70] Symbolic violence is the internalization of cultural norms that naturalize and reproduce social inequality

and autonomy. In part, supporting older adults' senses of independence meant workers needed to simultaneously enable elders to live in a familiar manner while also working to erase the traces of their labor. When done with great skill and tact, home care workers' phenomenological empathy (Chapter 4), helped accomplish this double-move, because it enabled workers to sustain older adults' ways of life without requiring ongoing instructions or dialogue about what older adults wanted.

Older adults told me that they valued workers who just knew what to do in their homes and didn't require ongoing instructions. When describing what he thought made someone a good home care worker, Mr. Samson told me, "What I'm saying is a helper, someone that comes, is super because you get to talk to someone and let them do what is supposed to be done. With Kim, there is nothing I got to tell her to do." Older adults' widely shared preferences for workers who 'just knew' what to do in their homes without instructions reflects a preference for workers who are able to accomplish their work in the background. While Mr. Samson considered his worker a "helper" and acknowledged that he looks forward to "getting" to talk to Kim, he described her work as something he "lets" her do. Mr. Samson's choice of words suggests that he saw himself as only passively involved in his home care workers' assigned tasks, and preferred to actively engage with her in a largely social manner.

Older adults' use of space while workers were in their homes further helped to conceal their reliance on home care workers. Indeed, though Mr. Samson spent most of his day in the living room of his apartment listening to the Moody Bible Church radio station, he went to sit in his bedroom and watched Family Court and Judge Mathis on television during the time that Kim cooked his lunch and cleaned the living room. Like

Mr. Samson, many of the older adults and workers in this study spent a good portion of their daily appointment in different spaces of the home (see Chapter 3). Almost all of the older adults had a favorite chair or spot where they would sit while their worker was in their home. Mrs. Meyer sat in her living room watching CNN or Judge Mathis while Loretta cooked and cleaned in the other rooms of the house. Mr. Jack sat in his favorite La-Z-Boy© and watched the Weather Channel on television while Doris cleaned his house. Mrs. Silverman read on the couch. Mrs. Holmes, Ms. Murphy and Mrs. Jefferson sat at their dining room tables, watching television. I found that workers felt so invisible/inaudible when they were in separate spaces from the clients that they would confide deeply personal stories about family traumas in me while we cleaned, asking me to protect their confidence from an older adult sitting no more than fifteen feet away. Older adults often described their seating choices as efforts to stay out of their workers' way, not wanting to suspiciously follow the worker around inspecting their every movement.

Much as Mr. Samson told me that he preferred workers who didn't require instructions, Mrs. Silverman told me that workers "have to have a little direction of their own. I can't say, 'Do this, do that.' I make it sound like God knows what you are expecting. If they do it themselves, they do it." When workers anticipated their clients' needs and preferences without waiting for instructions, it meant that older adults did not have to linguistically perform the role of the boss and could more easily view their workers as friendly companions. By helping older adults avoid taking on the role of employer/supervisor in their own homes, workers who "just knew" what to do also helped to decrease older adults' senses that home care was an invasion of the "public" world into their private lives. In preferring to engage one another as companions rather than as workers and clients, both older adults' and workers' relationships also conformed to domestic moral norms in which relationships were nominally based on reciprocity, affection and mutuality rather than on the extractive norms of public wage-labor exchange (see Chapter 4).

Mrs. Silverman, whose family had employed domestic workers since she was a young child, emphasized that the "right" way to treat domestic workers was to treat them in much the same way as members of the household were treated. Growing up, Mrs. Silverman's mother always had a housekeeper, as had Mrs. Silverman. Mrs. Silverman also hired a German woman to work as a nanny when her husband served in the military during World War II, leaving her with small children and a clothing store to run. At the end of their lives, Mrs. Silverman's parents also had home care workers who were much beloved. She told me that her family knew how to treat "the help," and therefore "the help" treated them well in return. When I asked Mrs. Silverman to describe how her family treated "the help" well, she told me that, "You have to treat them like a human being. That's it in a nutshell." Probing further, I asked her describe specifically what her family would do to treat domestic workers like human beings, and she told me, "You don't put aside food – this is for you and this is for the rest of us. You leave the food in the refrigerator and help yourself. They were just polite to the help. Never a cross word. They could keep help a long time and enjoyed the help and got along well. Black, white it didn't matter to them. They really treated the help properly." In emphasizing how important it was to treat domestic workers like human beings, Mrs. Silverman uses similar language to that used by workers and older adults to describe good care.

However, in describing how to treat a worker like a human being, Mrs. Silverman does not describe adjusting the work to suit a worker's individual preferences, but instead focuses on including the worker in the household by sharing the family's food with her[71]. For Mrs. Silverman, the way in which to treat a worker like a human being was to include the worker in not only some of the shared resources of the household, but also in the reciprocal moral norms of the domestic community. Treating workers like members of the household thus helps preserve the domestic moral world even when the public sphere intrudes in the form of a paid domestic worker. In doing so, the well-intentioned and often kind- hearted efforts of older adults to include workers in their households also worked to obscure workers' status as employees whose membership in the household was always conditional on pleasing their employers.

Likewise, workers tended to appreciate clients who trusted them around the house and let them work without interference. It seemed that workers and older adults had unspoken agreements to minimize the number of formal, supervisory interactions they had, and to focus their interactions on friendly, social topics rather than on what the workers were "supposed to do." Thus, workers and older adults engaged in linguistic and spatial practices that eased older adults' discomfort about relying on someone to help sustain their ways of life and about having to supervise someone in their own home. Keeping to separate spaces while home care workers cleaned and treating workers as companions or members of the household thus helped to obscure the ways that public

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[71] Mrs. Silverman extended this ethic of sharing food to her regular meals with Maria at the McDonald's across the street, which she insisted on purchasing. Though Mrs. Silverman described her family as sharing food with their domestic workers, she did not say that they ate at the table together. Indeed, while sharing food is one of the most common and accepted forms of charity in the United States, commensality between food givers and receivers seems to be more rare. Comparative studies suggest that sharing food and eating together often have important consequences for the constitution of relatedness (kinship) and moral communities (Bahloul 1989; Carsten 1997; Feeley-Harnik 1994).

sphere moralities had penetrated older adults' domestic lives (Chapter 3). These practices thereby helped to sustain the impression that older adults continued to live independent lives, much the same as they had always had. At the same time, these linguistic and spatial practices obscured many of the concrete ways that workers contributed to maintaining older adults' households and ways of life, leaving behind only the illusion that homes remained perpetually clean and orderly.

While older adults and workers actively engaged in linguistic and spatial practices that concealed or obscured the contributions workers made to older adults' well-being, workers' race, class and gender sometimes also facilitated their concealment. In one case recounted to me by a supervisor at Belltower, a new client with moderate dementia and had ardently refused to have a home care worker in her home, insisting that she needed no assistance. Finally, after several matches that only lasted a few weeks, the supervisor introduced the client, who was of European-descent, to a worker who was also white. Many months later, the worker and the client continued to get along well. The supervisor told me that the client, who had originally been mortified that her friends would learn she could not manage her apartment any more, now went on long walks, introducing her worker to her neighbors as a dear and loyal friend. The supervisor even said she had difficulty accounting for her own presence during home visits, since the client seemed to have forgotten that this loyal friend was in fact a paid worker. In this case, the supervisor, always sensitive to clients' racial biases, suggested that the client's preference for this white worker had less to do with racism and more to do with the visibility of a non-white worker in the client's predominately white North Chicago neighborhood. In this neighborhood, it would have been quite unusual for an older white woman to have a younger non-white woman as a friend. Thus, in these cases, though the client did not intentionally ask for white worker, the worker's racial similarity to the client helped her to blend into the scenery, to become an unmarked and unremarkable presence in the client's life.

On the other hand, white clients who had domestic workers in their homes earlier in life were sometimes more likely to prefer women of color as their workers, thus perpetuating longstanding patterns of bourgeois white domesticity predicated on the domestic labor of women of color (Glenn 1992). Thus, instead of obscuring the workers' roles by describing their relationships as friendships, these clients were more likely to call their workers "the help[72]" or "my girl," labels widely used in the United States to describe poor and non-white domestic servants and considered derogatory by both domestic workers and home care workers (Colen 1989; Lewis 1995; Mendez 1998). Describing workers as "the help" objectifies workers and alienates workers from their labor, while describing a worker by the possessive and diminutive "my girl" emphasizes her subordinate status and dependence on her client for wages. While workers almost invariably called their clients by a title and their surname, clients tended to call their workers by their first, given names[73]. By using these kinds of labels, older adults evade recognizing the central role workers play in sustaining their own quality of life. These labels also fail to acknowledge workers' expertise and subjectivity.

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[72] What a difference an article makes. In our interview, Mr. Samson referred to his home care worker as "my helper," (and "my buddy") a phrase I didn't hear often. It seems to me that there is a world of difference between Mr. Samson calling Kim Little "my helper," which acknowledges their relationship and Kim's labor, and older adults who described home care workers with the objectifying term, "the help."

[73] In my fieldwork, the only exception to this pattern was that Margee Jefferson insisted on being called Margee rather than Mrs. Jefferson. It's interesting to contemplate why she preferred this relatively informal naming practice with Grace and if it is somehow (in this case) connected to her larger disinterest in maintaining domestic order. Mrs. Jefferson never explained, but after I tried to call her Mrs. Jefferson a couple of times during our first meeting, she explicitly told me to call her Margee.

In other cases, widespread stereotypes about women from particular ethnic or national backgrounds served to justify their low wages in home care work. For example, in Chicago as in other parts of the United States, Filipina women were widely prized as home care workers not only because they often had received specialized training[74] but because "Asian cultures" were widely believed to instill greater respect for elders than "Western culture." Indeed, Filipina workers and supervisors echoed this essentializing statement, even as they told me that they were largely motivated to accept positions with poor working conditions, not out of concern or respect for their elderly clients but because they felt pressure to send large remittances home.

Similarly, Chicago's Polish community is well known for the large number of recently immigrated and non-English speaking women who work as house cleaners throughout the city. Carmen Rodriguez, one of the supervisors at Belltower, told me that she liked to keep a small number of Polish women on call, and would use them to staff new cases in which the client's home needed a significant amount of heavy cleaning before a "regular" worker could be expected to take the case and spend eight hours or more in the home. It was this supervisor who hired several Polish women to do the majority of the early work cleaning Mrs. Jefferson's home of the hundreds of boxes and bags of belongings necessary before Mrs. Jefferson could return home. In another instance, I was observing Carmen when she took Lucja, a Polish worker, to meet a new client's family. Lucja met us at Belltower's west-side office, which was located in the

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[7474] Many Filipina workers had received an LPN, RN or other health care certifications in the Philippines but were not qualified to work in these positions in the United States. Some worked in home care while they worked on their US certifications. Through the Technical Education and Skill Development Authority (TESDA) the Philippine government supports a range of low cost training programs. These programs have strong relationships with the Philippine Department of Labor's Office of Overseas Worker Welfare Administration which prepares and works to protect overseas workers. Remittances from overseas workers to the Philippines have amounted to approximately 10% of the Philippines' GDP between 2004-2010, and the nation has a significant interest in promoting workers abroad (Borgne 2007) heart of Chicago’s Polish neighborhood, and we drove together in Carmen’s luxury SUV to the new client’s apartment about half an hour away.

As far as I could tell, Carmen had given Lucja very little information about her new clients before we arrived at the apartment and gave her no opportunity to fully evaluate the situation she would be put in. The family lived in a dimly lit basement apartment in a low-rise brick building in the leafy, mixed-income suburb of Oak Park. It would take Lucja a long walk and several bus rides to return to her neighborhood. Once we were in the home, Carmen walked Lucja through the apartment with the new client, pointing out exactly what needed to be cleaned. In this case, the client was a woman who had recently injured her knee and needed surgery. The client’s husband had recently suffered a stroke and the client’s son had early-onset Parkinson’s disease, rendering both 200+ pound men immobile, incontinent and unable to feed themselves. The apartment smelled strongly of urine, and crumbs of moldy food were ground into the carpet around the dining area. Carmen explained to the family that Lucja was a “miracle worker,” and wouldn’t stop cleaning until the apartment was spotless. While cleaning, Lucja was expected to sponge bathe, toilet and feed both the son and the father, making sure the client didn’t over-exert herself. Carmen intended to replace the Lucja with a live-in worker who spoke English during the time the client was in the hospital for her surgery. Though Lucja barely uttered a word during the entire drive or orientation, when Carmen and I turned to leave at the end of our introductions, Lucja clutched my arm and looked at me with a frightened, desperate expression which I interpreted to mean, “don’t leave me here!” In this case, Carmen relied upon her impression of Polish women as thorough and docile cleaners, assuming that Lucja would be willing to work in this particular home despite the fact that she would be expected to do heavy cleaning (something Belltower says its workers do not do) and care for three disabled adults. All for about $6.75 an hour. As we drove back across the Westside suburbs to conduct a surprise home visit, Carmen rhetorically asked me what I thought would happen if "we" had not helped this family, and responded by telling me that the son and husband would have had to go into a nursing home while the wife recovered from surgery. Carmen noted that the family could not afford to hire more than one worker, but largely blamed the couple's other children for not providing additional help or resources. Given the circumstances, I could not help wondering if staying in the apartment was really the safest and most appropriate solution for the family. I also noted that serving the family also helped to increase the caseload for the division of Belltower that Carman ran. Carmen took credit for saving the family from the nursing home, never considering whether her arrangement was safe or fair to Lucja and the worker who would follow her. Given Lucja's limited comprehension of English and lack of say so, the situation struck me as only a few slippery steps away from hidden and illegal forms of human trafficking in domestic servants reported elsewhere (Dickey 2000; Gamburd 2008; Hondagneu-Sotelo 2001; Jones 2010 [1985]; Liechty 2005; Meillassoux 1984; Rubin 1975). As we sat in the car, I shook with silent rage, afraid to express my concern to Carmen, who had been an enthusiastic and open participant in my project and upon whom I depended for future introductions to clients and workers.

As mentioned above, both Belltower and Plusmore prohibited workers from telling their clients how much they earned. Most adults never asked about worker's wages, another way in which they obscured the incursion of the labor market into their homes. Officially, I was told that this policy was to try to minimize the discussions of personal finances in home care situations, and to protect the agency's role as the worker's employer. Agencies also worried that older adults would try to compensate for low wages through tips, bonuses or gifts. At Belltower, administrators worried that if clients realized how much of their fees went to administrative costs, insurance and taxes, they would try to hire an independent worker under the table. As chapter 4 suggests, this happened even when wages were not explicitly discussed. Supervisors at both agencies told me that when older adults found out how little money their workers earned, they were frequently quite angry and would call the agency to complain. At Belltower, supervisors worried that if clients realized that the agency paid its workers less than half the hourly fee it collected, they would decide to hire workers independently so that they could both pay less and the workers could earn more. To try to prevent this reaction, Belltower's welcome packet for new clients included several mentions of the fact that out of the fee Belltower also bonded and insured workers (this insurance is not health insurance but rather insurance in case the worker stole or otherwise harmed the client), paid employment taxes and social security, provided background screening and supervision and provided full time workers with some health insurance and paid leave[75]. At Plusmore, I observed a supervisor respond to an irate phone call from a client upset that her worker earned so little money. The client was trying to advocate for her worker, explaining that the worker was always exhausted from doubling up in an apartment with her sister's children and her own children. The worker couldn't afford to rent a place of

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[75] Very few workers were able to be assigned enough hours for a long enough period of time to qualify for these last benefits. Still, Belltower management was concerned that these benefits were simply too expensive to provide, and given that they were virtually unheard of for home care workers, Belltower thought it could eliminate them while still attracting quality workers.

her own, and seemed to be sleeping on the floor. The client was deeply concerned about her worker's wellbeing and demanded that the agency give her a raise. It took the supervisor nearly fifteen minutes to explain to the client that the agency had little control over wages, because the agency was compensated for care by the state, and only made a very slim profit margin (Katherine Tubbs told me about $0.13/hour) from these. Finally, when the client seemed to understand how the compensation practices worked, the supervisor suggested that the client call her state representatives to advocate for higher hourly reimbursements from the state. This was, perhaps, the only time I heard of a client or agency directly and proactively address the broader political economy of home care work, suggesting that by trying to hide workers' wages from clients, agency policy aims to prevent these kinds of critiques.

Based on both older adults' stated preferences and their everyday practices, older adults highly valued home care workers who did not appear to be working. Spatially separating themselves from workers during cleaning and cooking meant that older adults did not have to directly observe workers' physical labor in maintaining their homes and ways of life. When workers employed phenomenological empathy in order to determine how to accomplish various household tasks without regular supervision, older adults were able to focus on the aspects of their relationships that were based on companionship rather than wage-labor exchange. A worker's race, ethnicity and nationality also sometimes helped justify or naturalize the worker's status and exploitative working conditions. Not being the workers' official employer, and not knowing the workers further helped obscure market relations and made it easier to view workers as helpful companions. Taken together, these various practices sustain work to obscure both the contributions workers make to older adults' households and ways of life, and the fact that these contributions are the result of unsustainably low wage labor.

Hidden Feelings and the Emotional Labor of Care Work

If older adults were generally unaware that their linguistic and spatial practices worked to obscure the contributions workers made to their well-being, workers were highly aware that their work also required them to hide a great deal. Primarily, workers hid their emotions. They hid the vast majority of their emotions, working to appear perpetually cheerful, perpetually accommodating and never stressed, offended or angry. Home care workers engaged in classic performances of what Hochschild calls "emotional labor," in which workers carefully managed which emotions they expressed and which emotions they hid behind veils of laughter and smiles (Hochschild 1983). Hochschild defines emotional labor as labor that "requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (Hochschild 1983). Much of Hochschild's theoretical formulation of emotional labor focuses on the ways in which it produces and exacerbates gender inequalities. Hochschild considers the ways in differences between middle and working class service jobs might entail different kinds of emotional labor and dispositions towards emotion, and that these classed dispositions might in turn be reproduced within families. While Hochschild argues that corporate control over feelings threatens to alienate the person from his/her true self, I found that in home care, workers remained quite aware of their real feelings, despite their talent for hiding them while in their clients' and supervisors' presence.

Hochschild developed her theory of emotional labor based on the labor of white, middle class flight attendants, and has surprisingly little to say about the role race might play in further complicating the ways that class and gender interact in emotional labor. Yet, women of color have long been coerced into some of the most intense and complicated forms of emotional labor through their disproportionate levels of employment as domestic servants, nannies and elder care workers (Glenn 1992; Glenn 2007). Unlike the airline industry Hochschild was studying when she developed her theory of emotional labor, home care workers receive very little explicit instruction about how to manage their emotions when working with clients. Rather, workers are generally encouraged to maintain a cheerful demeanor, refrain from airing their private woes to clients and to call a supervisor if they have a major concern or conflict with a client. This difference may in part be explained by the relatively brief contact airline flight attendants have with their customers as compared with the many months or years home care workers spend developing intimate relationships with older adults. These ongoing relationships, which depend in part on the worker's ability to empathetically adjust care, could never be adequately scripted by employers.

Though agencies could not script workers' emotional labor, older adults clearly preferred workers who had a consistently cheerful demeanor, suggesting that they valued workers who exerted high levels of emotional management. For example, Mrs. Silverman described good workers as having an "upbeat personality." When I asked Mr. Samson what made someone a good home care worker, he said,

> A cheerful person. Not a grouchy person. You know what I'm saying. Your attitude first, and Kim's got a nice attitude. Be willing to do what is going to help this person that you're working for like going to the store, cooking, cleaning and whatever little old things they need. That's about all really, because you can't

> make no one take their medicine and stuff but you can always let them know it's time for it. That's about all.

John Thomas described his ideal worker in similar terms as someone who shaped their expression of emotion to comfort their clients. Mr. Thomas told me about the first worker he hired to help him care for his wife before she died, disapproving of that worker's "self-centered" attitude and angry that she had made "a big deal" out of cleaning up his wife because she was "messed up after all night with a diaper." On the other hand, Mr. Thomas sang the praises of a second worker because when "she would come in the morning, the first thing she'd do was go in and put her arms around her [his wife] and ask how she did. What did your helper [Mr. Thomas] do last night? Did he leave you alone? Stuff like that." When I asked him to describe what he looks for in a home care worker, Mr. Thomas summarized, "Just general work is all. They should learn to be diplomatic about the way they talk to the individual they are taking care of. They should – I use the term practice. I mean, you come in here and you see this person lying in bed. You know they're not feeling too good so you think in your mind, 'just what can I say to help her?' That's what they should do." For older adults who often struggled with their own ongoing frustration, boredom and depression, workers' cheerful demeanors were a constitutive part of their caring labor, part of home care workers' "general work." This was especially true for older adults who were incontinent or could not bathe themselves and often felt shameful and feared being humiliated by workers whose reactions betrayed disgust (Isaksen 2000; Twigg 2000a; Twigg 2000b). Workers who betrayed their own disgust or frustration over the sometimes putrid odors, exhausting work, unhygienic homes or insulting attitudes of their clients reminded older adults of their diminished abilities and their reliance on potentially disloyal or disrespectful outsiders in order to maintain their ways of life.[76] Thus, workers' emotional labor, their ability to hide less-than-cheerful emotions about their clients or their clients' homes while displaying a cheerful demeanor, played an important role in helping to sustain older adults' ways of life and senses of autonomy.

Workers often took great pride in their abilities to transform their own demeanors so as to improve their clients' moods. Several workers spoke of this labor as one of the most draining and challenging aspects of their work, though also one of the most personally rewarding. Workers often told me that they relied on both their families and their spiritual beliefs to fortify and sustain them while they did this emotionally exhausting work. When I asked Grace who took care of her, she told me that her husband does, as long as she takes good care of his diabetes. She also credited God with her gift for improving her clients' moods:

> I don't know what it is about me, I'm just a regular person like everybody else, but I just feel that I can't do what I do on my own. It's something within. The Lord gives me the strength to do what I do and I don't know what it is about me, it's just some way I have of dealing with people. I have never met a person that I have not dealt with. When they say it's one of the grouchy ladies, I'm like well, that's what you say. Let me go in there. Give me two days with her and I bet you when I leave there, they are going to be like, "Wow! What did you do?" I didn't do nothing. I just go look and observe and in some kind of way the Father puts a certain light on me whereas I see certain things and I can pick up certain things and do certain things to see where the problem is. I don't know how I do it. I don't even know where the hell it comes from. It's just something within me. Give me a day with them. The next day I go there, it's a change. I'm so persistent that I'm not going to let you sit there and wallow in your misery because misery loves company and I ain't trying to be your company. I'm going to be your friend, sister, brother. If you need a hug, I'll give you a hug. I'll be whatever you need me to be.

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[76] It was interesting to me that older adults did not talk to me about their own bodily shame or humiliation, but always spoke of these concerns in relationship to someone else. One interpretation of this is that if older adults were concerned about being humiliated because of their lack of control over their bodies they were quite unlikely to discuss these with an ethnographer who they watched take copious notes and who they knew hoped to publish their stories in a book one day. Thus, older adults spoke relatively rarely about their own shame or humiliation and instead spoke about witnessing friends' and loved ones' humiliation at the hands of home care workers.

Grace described the somewhat peculiar, seemingly mysterious form of emotional labor required by home care work. She described her experience of developing and using phenomenological empathy as a kind of divine inspiration, while also describing her own persistence in making the changes that improved her clients' lives. Grace suggested that her willingness to be whatever her clients need her to be is both a moral imperative of care work, and so difficult that only divine intervention can explain her ability to persevere in this work.

Workers were both highly articulate and critical about the degree of emotional labor required by their work, recognizing that the pressure they felt to hide their true emotions often extended beyond their work. Several workers argued that they hid their true feelings because that was what was required to survive as a poor woman of color in the United States. Indeed, these workers suggested that emotional labor was the price of entry into the U.S. workforce and society. Celia Tomas, a Belltower supervisor who had worked as a home care worker for several years after her arrival United States from the Philippines, told me that workers have to know how to "dance with the music," offering a poignant metaphor for the physically performed empathy described in the previous chapter while also noting that such empathy requires careworkers to suppress their own needs and feelings. Celia said that this meant understanding that,

> I'm over there to work, I'm not thinking of my own comfort. I'm dancing to their music. Maybe just because I came from another country, I wanted to impress them, but maybe also because from everyday life that's how you're supposed to do – you accepted the job and you really have to accept that you have to go down to the client's level. When I came here I had to adapt and swallow my ego because it was a different environment, a different kind of job. If you're a good caregiver and doing a good job satisfying what they want is so easy, it's so easy for them to be satisfied, and then you develop rapport. So it's important that you

> accept your job and accept your client when they are scolding you – it's not because you're a low class worker, but because they are sick. (Fieldnotes)

In the last sentence of her statement, Celia suggests that workers need to "swallow" their frustrations with clients because the clients are sick and not because of the low status of home care work. A former social worker with graduate-level training in the Philippines, Celia also recognizes that this is a "different kind of job" in which one has to leave aside considerations of personal comfort, satisfaction and even self-respect. While older adults rarely spoke about the reasons workers might struggle to present a cheerful demeanor, workers were quick to excuse older adults' complaints and anger as a symptom of their age and infirmity. Celia acknowledges that because she was from the Philippines, she felt an additional burden to impress her clients and keep them satisfied with her work. Though at the end of this quote Celia denies that this emotional labor is the result of structural inequality, the rest of her statement suggests that Celia recognizes that her compulsion to accept clients even when they are rude and demanding is motivated as much by structural insecurity as by compassion for the sick. Apparently, for Celia, labor migration disqualifies workers from legitimately demanding respectful treatment and recognition of their needs.

Born in Puerto Rico and raised between her grandmother's rural island home and her mother's transient life in Chicago, Maria Arellano was particularly articulate about the relationship between structural inequality and emotional labor. At one point in our formal interview, Maria spent a great deal of time instructing me on the importance of managing one's emotions in public. This was perhaps because this interview occurred only a day or two after I learned that my father had been diagnosed with Parkinson's Disease. When Maria asked after my family before we turned the tape on, I became visibly upset as I shared this news with her, and she referred to my sadness more than once during our interview. At one point, as we talked about how she had coped with the challenges of raising her four children as a single mother in Chicago, Maria obliquely offered me advice about managing my own distress, telling me:

> Maria: I very strongly believe that you can be crying your head off. Soon as you walk out [your] door, wash your eyes, put a smile on your face, my problem is not yours. Don't ever, ever forget that. Okay.
>
> Buch: Seems like sometimes pulling that off would be exhausting.
>
> Maria: It's very exhausting. I remember, one of my first patients around here, at this company. She was blind and I was going through a lot and I would cry and she could not see me and I would put something in my mouth. [She would ask] How are you doing? Oh I am just fine, even if I was just tearing. So, I could cry all day with her cause I knew she could not see me.
>
> Buch: So was that easier, an easier case for you because of this?
>
> Maria: I felt a relief that I could cry. I wasn't around the kids. I wasn't able for her to see me and I was going through so much. I was going through so much you know but you put your face on and I put my face on for a long time. Like I said that doesn't mean I haven't had my occasional breakdown but they are mine and I teach my kids that strength that you have to have. It's like. They are mine. It's like being retarded. Okay. Everybody can feel sorry for you but nobody is going to hold your hand and invite you to eat. And the same thing with yourself. Everybody loves you and cares for you but nobody wants to hear you say, I am a hundred dollars short for my phone bill. But that same person will invite you out to eat and spend $200 dollars on your dinner tomorrow. But would he give you that hundred dollars?
>
> Buch: For your bill, no. Isn't that weird?
>
> Maria: And if you, analyze all that, swallow it, take care of it, deal with it, give a little if you can. Tomorrow you can give a little more if you can. You don't have to give one hundred percent, but you could show a one hundred percent. Never show love. Okay.
>
> Buch: Right. So what is it for you besides coming to work with this great big magical smile. What else? What else does it mean for you to, you know, show one hundred percent?

> R: You show one hundred percent and you get one hundred percent. Because you show one hundred percent even if you give fifty, it doesn't show. So if you lack a small thing that day that I have many times. Okay, this is Maria's secret…One day you might forget to fix the bed or throw out the garbage or give that extra hug or something but you are so happy that day you showed everybody such a wonderful time nobody even noticed that small lack and that is because your mind was on something else. That day or that week your world is coming down... You know. You can give me 25%, 50% but show 100%. Because even though everybody will feel sorry for you, nobody really cares, it's your problem. And that's the secret of staying alive in America**.**

Maria's description of showing one hundred percent regardless of how she "really" felt perfectly captures the classic understanding of emotional labor but also connects it to a broader critique of morality and inequality in the United States. Maria also poignantly described how her emotional labor was connected to her incisive insight into the general callousness of those with privilege towards those without. In Maria's experience, despite people's kindness and charity, those with privilege were fundamentally callous when it came to the struggles of others. Maria's words were particularly damning when she equated the experience of being poor in the United States with the experience of being developmentally disabled, suggesting that though both conditions evoke sympathy from the luckier born, such sympathy is fundamentally insincere because no one really cares enough to help in any substantial or ongoing way, as is evidenced by the poverty level wages and lack of benefits home care workers earn. Certainly, clients give workers gifts as an attempt to mitigate some of the consequences of their financial instability, but these were akin to the $200 for dinner. In critiquing the lack of genuine care shown by people with privilege towards those with less, Maria also argued that she was not required to share her real thoughts and feelings while at work. Rather, Maria suggested that her carefully managed expressions of care and joy are justified by the similar lack of genuine care shown by those with greater privilege.

Maria's description of her emotional labor both reflects and challenges ongoing discussions about the value of genuine emotion and relationships in caring work. This discussion circles around the assumption that good care requires genuine caring and emotional attachment, often described as "love." However, I would argue, along with Maria's employers and clients, that she was a skilled and successful home care worker who excelled at developing phenomenological empathy with her clients. Maria's calculated displays of emotion were intertwined with her empathetic care. Maria also managed her demeanor as a method of creating flexibility in her job, arguing that when older adults were having a good time, they were less likely to complain if she did not have the energy to finish every housekeeping task on her list. Unlike in Hochschild's case, in which emotional management primarily benefits employers, in this case Maria argues that her emotional management directly (if marginally) increases her control over the conditions of her labor. Indeed, as discussed above, I never heard an older adult express concern over whether or not a worker's emotions were genuine. Rather, older adults expected that workers would hide any disgust, frustration or disapproval under a cheerful, respectful and diplomatic demeanor.

Most of the workers that I observed were so skilled at hiding their emotions that I rarely observed workers verbally confront or visibly react to rude comments made by older clients. Nevertheless, when we were working outside of the older adults' view, workers sometimes shared their frustrations with me. For example, one winter afternoon, Loretta Gordon took me with her to buy Hattie Meyer's groceries and lottery tickets. Almost as soon as we had left Mrs. Meyer's apartment building, Loretta told me that she had been in the hospital over the weekend because she had a severe asthma attack. While she said she felt well enough to work, Loretta confided that she did not feel one hundred percent healthy, and really wanted to take a vacation because she thought that her ill health was directly caused by overwork. Loretta explained that though she had only been working in home care for two years, she had been a child care worker for many years prior to that and so she was exhausted by always having to take care of someone else. Though Loretta felt certain that a break would greatly improve her health, she felt unable to take a vacation because she was in such desperate need of money. Loretta spoke at great length about how tired of home care work she was, and specifically about how exhausted she was of working so hard for people who seemed impossible to please. Loretta explained that this wave of frustration was sparked by an incident that had occurred the prior week while she was working with Mrs. Meyer. I recounted her story in my fieldnotes as follows:

> Last Saturday when Loretta was here, Mrs. Meyer was in the kitchen while Loretta was sweeping the floor. Mrs. Meyer got very angry with Loretta for supposedly sweeping some dirt or dust on her feet. Loretta insists this did not happen – that she would never sweep on Mrs. Meyer's feet, but that sometimes old people don't really know what is going on, so they get upset and blame you just because you are there and an easy target. Loretta seems pretty upset about this, and tells me she's just tired of working so hard and not having it appreciated. Loretta says she's sore all over and sometimes her patience just wears thin from working with people who are difficult and confused. She says that Mrs. Meyer's mood changes a lot and some days it's just impossible. (Fieldnotes 3 6 08)

During another conversation, Loretta denied Mrs. Meyer's persistent accusation that she was stealing change from Mrs. Meyer's change jar and pocketing the change from grocery runs, suggesting again that Mrs. Meyer was confused and irritable. As in Celia's statement above, Loretta suggested that clients' old age and mental instability excused their flashes of anger, complaints and lack of appreciation. While Celia was able to reflect on her previous challenges as a home care worker, Loretta was still struggling to sustain her physical strength and emotional endurance while working with difficult clients. Despite her desperate need for a vacation to calm her asthma and her emotions, Loretta was never able to miss more than a day or two of work at time. Each time she was forced to miss a day of work because of her asthma, Loretta panicked, afraid that she would not be able to make her rent at the end of the month. Still, like so many other workers, Loretta never complained to either Mrs. Meyer or her supervisor when Mrs. Meyer accused her of malicious sweeping or theft. Stuck in this pernicious double bind, Loretta continued to struggle throughout the time we worked together, hiding the severity of her physical and emotional exhaustion.

When Sally Middleton found herself physically exhausted and emotionally drained following Ms. Murphy's spoiled milk induced hospital stay, she retired from home care work. Sitting in the hospital waiting room for Ms. Murphy to be diagnosed, Sally told me that she no longer felt she had the energy and stamina to do this work, and that Ms. Murphy really needed a younger, more robust worker. Sally was also upset that Belltower supervisors continued to ask her if she would do live-in work, which she felt she was just too old for. Sally said that though she still enjoyed home care, she could no longer manage the emotional and physical demands of the work. In particular, she found it too difficult to sleep on folding cots and lumpy couches, waking up at all hours of the day and night. Yet, when Belltower asked Sally to stay overnight for several days with Ms. Murphy when she returned from the hospital, Sally agreed. She told me that those days and nights really wore her down, but that had she agreed to them because she was concerned about whether Ms. Murphy would be able to adapt to a new worker while she was so vulnerable. Hiding her exhaustion from Ms. Murphy, she gave Belltower notice that she would be retiring as soon as the live-in period was over. Thus, Ms. Murphy took Sally’s retirement quite personally, and worried aloud to me if she had done something to drive Sally away. In this case, Sally’s emotional labor, intended to protect Ms. Murphy from worry, instead left her in a state of prolonged distress, confusion and guilt.

Over the weeks, months and years that workers cared for older adults, it was usually impossible for workers to completely hide their stresses and emotions. Workers were more successful hiding their critiques of and emotional responses to their clients’ behaviors and to the work itself than they were at hiding their emotions about their lives outside of their home care work. In part, this was because the demands of providing companionship required that they share at least a little bit about their families and relationships outside of work. For example, when I asked Mr. Thomas if there were things he particularly liked about Doris, his home care worker, he told me, “She’s just here and I have somebody to talk to… She keeps me up to date on her family which is interesting. She has a 10-year-old granddaughter that gives her problems.” Like Mr. Thomas, many older adults found workers’ stories about their lives interesting and a source of entertainment and tended to resent and distrust workers who didn’t share anything about their lives. Just as many of older adults delighted in watching courtroom television shows (i.e. Judge Mathis, Judge Judy, Family Court etc.), gossiping about their workers’ family lives offered older adults an opportunity to continue to participate in a moral community despite their relative isolation. For example, Mrs. Cole regularly criticized the lack of respect Virginia’s daughter showed her, telling Virginia that she ought to kick her daughter out of the house. Mrs. Meyer often responded to Loretta’s worries about money by suggesting that perhaps the problem was that her boyfriend did not work and was spending all of her money. Both Virginia and Loretta responded to such unsolicited advice with a patient, "yes, ma'am." Each seemed to realize that sharing details about their family relationships gave their clients the opportunity to act as wise community elders and moral authorities. This helped older adults sustain their senses of self as not only autonomous persons with valuable moral judgment, but as having earned a certain amount of additional authority and respect as elders.

Workers were thus put in the delicate position of needing to share some information about their family lives with their clients, but were also aware that older adults did not "really" care. Moreover, both agencies explicitly prohibited workers from talking about their personal lives with clients. Indeed, workers generally edited what they told older adults, trying to strike a balance between sharing enough to be perceived as open and friendly, but not so much that their clients would hear the full extent of their structural and social critiques. Sharing too many details about their family lives could put workers at risk. For example, there were multiple occasions in which an older adult told me that a stressful situation in the worker's personal life such as an impending divorce or troubled child was impeding the worker from properly doing her job. As illustrated by Mrs. Silverman's concern over Maria's absence recounted at the beginning of this chapter, older adults tended to be sympathetic about the stresses in workers' lives only until they felt these stresses were affecting their ability to do their jobs. At that point, Mrs. Silverman's limited knowledge about Maria's personal life became justification for her to call me and her agency and accuse Maria of lying about the cause of her missed work. Most frequently, workers shared the immediate and interpersonal causes of their distress while skimming over the structural and institutional causes of their distress. This echoed a broader pattern in home care in which individual behavior was seen as the cause of both interpersonal conflict and systemic problems such as turnover. Workers' emotional labor thus encouraged older adults to see themselves as potentially helping workers rather than the other way around. By having a home care worker and showing workers some generosity through small gift exchanges, older adults were able to see themselves as behaving charitably rather than as benefiting from structures of exploitation and inequality.

Asked to engage in emotionally taxing labor all the while deflecting their clients' sometimes harsh critiques, workers developed a keen sense of their inequality. Workers recognized that the expectation that they diligently maintain cheerful demeanors was not simply a demand of home care work, but one of the ways in which their experiences and critiques of inequality were silenced. To both workers and older adults, it seemed commonsensical that caregivers should shape their comportment in the manner that would be most comforting to those they care for. Such emotional labor struck them as intrinsic to the work of caring, which was predicated in part on the notion that caregivers sacrifice their own comfort to enhance the comfort, well-being and personhood of those for whom they care. Thus workers generally masked their reactions to older adults' demands under cheerful facades, and only selectively discussed other sources of their distress. Workers who aired their concerns risked drawing their elderly clients' attention to the vast structures of exploitation and inequality upon which the labor that sustained clients' well-being was predicated. Workers knew that though elderly clients might respond to such knowledge with momentary sympathy, they also resented workers who made them feel uncomfortable or burdened them with guilt. For, in Maria's damning words, "no one really cares."

Hidden Family Lives and the Costs of Reproductive Labor.

Workers' often fragile family lives simultaneously made their home care labor possible and impeded it. Both agencies instructed workers not to talk to clients about their personal lives, and though workers selectively shared information as described above, workers were careful to avoid sharing too much information about their financial struggles or to complain about the ways their work contributed to these struggles. The same linguistic, spatial and emotional practices workers and older adults used to obscure workers' labor and make older adults appear independent make it easier for agencies and the state to ignore the needs of workers' families.

Home care workers' labor was made virtually invisible to social policy through the "companionship exemption" to the Fair Labor Standards Act (FLSA) which excluded home care from federal workplace regulations including minimum wage and overtime protections. When the FLSA was expanded to include most types of domestic service, the U.S. Congress "expressed their discomfort with treating the private home as a workplace and the domestic care provider as a worker rather than as a member of the family" (Glenn 200755). Through this exemption, Congress excluded baby sitters and those who provided "companionship services" for disabled and elderly adults as long as it did not require specialized training from FLSA protections. Glenn argues that by excluding home care work from the FLSA "through this label and definition, the work of hundreds of thousands of home-care workers, many of them paid through state stipends to disabled and elderly individuals was effectively invisiblized – rendered into ‘companionship’ rather than physical, mental and emotional labor” (Glenn 200755). Congress’ insistence on imagining home care workers as part of their clients’ families not only justified excluding them from the category of workers, but also erased the fact that home care workers also care for their own kin and that exempting their work from FLSA protections would seriously compromise their ability to fulfill these responsibilities. While FLSA protections for other workers have been justified through ideas about male breadwinners whose wages needed to support their families, the families of poor women of color were ignored, a way of failing to pay the costs of reproducing the reproductive labor force and thereby perpetuating the exploitation and inequality of the families of color (Glenn 2007).

The contradictions and complications of poor women’s family lives were rarely accounted for by institutional policy or broader social welfare policies, and thus were often hidden in plain sight from agencies that provide care. Even when older adults or agency supervisors were aware of their workers’ family obligations, they often found their hands tied by policy, unable to accommodate workers’ needs for flexibility. Complementing earlier sections of this dissertation which describe workers’ histories and their routines at work, this section describes workers’ daily routines and responsibilities outside of their home care work. In doing so, this section seeks to show how workers’ families justify and support home care work, and the ways that the failure to account for workers’ familial obligations in policy impedes workers’ ability to do their jobs. Through these stories, the full range of workers’ caregiving obligations becomes clear as workers stretch their days to care not only for their clients, but for their spouses, siblings, children, grandchildren and elderly parents. Workers, it turns out, are often linchpins in deeply under-resourced social networks whose minimal wages support entire households. Their kin's lack of resources tended to stem from a combination of disability, lack of education and the limited employment opportunities available to black working class men in Chicago (Wilson 1996). In the stories recounted here, inadequate child care, insufficient public transportation systems and lack of health insurance play recurring parts, adding to workers stress, lengthening their days and sometimes making their home care work ultimately untenable.

Waking up at five thirty in the morning each day, Kim quickly dressed herself in brightly colored hospital scrubs before preparing breakfast and lunch for her son and daughter. She then woke up the children, got them showered, dressed and ready for school and fed them their breakfast. Kim told me she was "paranoid" about her children's hygiene, and reminded them daily to put on deodorant and to brush their teeth with the bathroom light on. By seven o'clock, Kim herded her children onto their first bus ride of the day. She and her two youngest children lived in the home she had grown up in and now shared with two of her brothers, her youngest sister and her niece. From what I gathered, Kim was the only person in the household who worked regularly. This north-bound bus took them almost to her daughter's middle school where all three got off the bus and walked several blocks to the school where her daughter would arrive long before the opening bell. A hurried walk back to the bus stop and a quick transfer took them to her son's elementary school where Kim would walk her son to his classroom. Though she could have enrolled her children in the closer public school in their notoriously dangerous mid-west side neighborhood, Kim was convinced that these charter schools were safer, offered her children far better opportunities and were therefore worth the inconvenience. Luckily, Kim's eldest daughter – herself pregnant during the period I knew Kim - was in her mid-twenties, and the owner of a hair salon. Because she was self-employed, this daughter had a flexible schedule and was able to pick up and watch her younger siblings after their school days ended. After school, this daughter also braided her sister's hair to speed up the time it took her to dress in the morning. Without this assistance from her daughter, Kim would not have been able to work enough hours to make ends meet.

From the elementary school, Kim boarded a third bus which took her to her first client's house, where she aimed to arrive by 9 am. This last bus ride took nearly forty-five minutes, which Kim said were often the only quiet forty-five minutes she had to herself all day, so she would try to spend it relaxing, either by doing a crossword puzzle, people-watching or polishing her nails. After several hours cooking and cleaning at her first client's house, Kim would take yet another bus to Samson George's apartment in a public senior housing high rise at the edge of Chicago's Gold Coast neighborhood, often stopping to purchase Mr. Samson his favored frozen fish and to buy him a cappuccino from Dunkin' Donuts along the way. At the end of the day, after several hours of grocery shopping, cleaning and cooking, Kim would bid Mr. Samson goodbye and walk back to the bus stop at the nearby corner to catch the first of her two buses home, perhaps stopping again at Aldi along the way to do her own grocery shopping. Once home, she cooked and fed her children supper, helped each child with his or her homework and encouraged them to practice for their music lessons and modeling classes. Before bed, she laid out her children's clothing and anything else they needed for the next busy morning. Finally, often only a few minutes after she tucked her children into bed, Kim would herself fall into an exhausted slumber.

Kim's weekends were always packed to the brim with church, housework, family gatherings and her daughter's modeling lessons. After a long day of worship at the Pentecostal church her family had been members of since her childhood, Sunday dinners were a warm and chaotic affair with often over a dozen kin in attendance. Though Kim had a large extended family, she was the eldest sister among seventeen siblings, and therefore was often counted on to help her younger siblings. Kim told me with delight that the past Christmas one of her sisters had finally realized that she could host a family dinner rather than having everyone return to the childhood home where Kim ran the household. Nevertheless, sharing the house with several of her siblings meant they could share housing costs and bills.

With the support of her siblings and daughter, Kim did not have to miss work very frequently to care for her children. Still, Kim found that she missed work once or twice a month to attend a child's parent-teacher conference, recital or take a child to the doctor – activities where another family member could not substitute for a parent. Kim was quite conscientious about letting Mr. Samson know about planned absences ahead of time. Mr. Samson never received a substitute worker when Kim missed work. Mr. Samson hinted that this was because he signed Kim's timesheets for the days she missed (thereby giving her unsanctioned paid days off), and therefore did not report her absences to Plusmore. When I interviewed Mr. Samson, he told me that he was becoming a little frustrated with Kim's absences, and longed for two previous workers who had not had family responsibilities to distract them from their paid work:

> Buch: What did you like about those workers?
>
> Mr. Samson: They would do anything. They had brains and could remember everything. They could clean, they could cook. They could go to the market. They could do everything joyfully. They wasn't grouchy or nothing about. They didn't have children.
>
> Buch: So they weren't worried about getting home at a particular time?
>
> Mr. Samson: Right. They work every day and just go by the rules. They were two super young ladies.
>
> Buch: And how long did you have them?
>
> Mr. Samson: Months. Wasn't even a year. Maybe five months, six months, seven months, eight months. Something like that. Never a full year. They applications be calling them…
>
> Buch: What made you settle on Kim being the right person for you?
>
> Mr. Samson: She try to do everything. In a way though I find one fault with Kim but I guess she be trying to work so hard and got too many clients or something because she's off today and these other persons, they never was off. One day might not seem like nothing but it happens each month…

While Mr. Samson was sympathetic to Kim's reason for missing work, he longed for his previous workers who, besides being young, were not responsible for children of their own. He believed this was the reason they were such reliable workers. At the same time, Mr. Samson realized that part of the reason these workers did not remain home care workers for very long was because they had the time, energy and education to find better paying employment. Even as Mr. Samson complained that Kim missed work too frequently, she was drilling into her children's minds the mantra, "education, vacation." Kim had to leave school when her oldest daughter was born, and felt that her lack of higher education was the main reason she worked for low wages without paid time off. Kim said that she regularly told her children, "you don't want to do what mommy is doing. You want to get a better education. I constantly tell them to get your education, vacation. Education, vacation. Get as much education as you can so you can take a vacation. Then you can decide if you want to get married or settle down." Ultimately, Kim and Mr. Samson agreed that one of the long term effects of her responsibilities to her children was that she did not have access to formal, paid days off from work.

While Kim Little made her way eastward across the city, Grace Quick made her way westward. Grace normally arose at five o'clock in the morning, and looked forward to the days when her husband did not work. On those days, she could sleep in an extra hour, because he could drive her to work. Grace lived in a two-bedroom duplex on the far South Side of Chicago, where the city curves eastward towards Lake Michigan. Her neighborhood, like many in this part of the city, was full of once middle class homes with peeling paint and frayed awnings. The neighborhood had long since ceased to house middle class families, the homes now filled by families struggling to get by on incomes from legal low income employment, under the table (off the official employment and tax rolls) work and illegal trade. Grace's husband, for example, worked intermittently under the table at a friend's auto repair shop. Grace's son had recently left home to attend college in Florida, and her daughter and granddaughter often stayed with Grace. Thus, by 5:40 am on a regular morning, Grace, dressed in scrubs, kissed her still sleeping granddaughter goodbye and was and out the door, walking to the bus stop a few blocks away, accompanied by her husband for safety. A few minutes later, Grace was on the first of three buses that would take her to the far western edge of the city where Margee Jefferson, a Belltower client, lived with her son Bertram. The first bus took her from her south side neighborhood northward to Downtown, where after a brisk walk of several blocks she would transfer to a second bus which continued her northward journey several more miles into the north side of the city, where she would transfer to a final bus, this one taking her almost the full width of the city to its Western edge. It was essential that each ride go smoothly and each transfer take no longer than its scheduled time, since any delays made Grace late for work, and Bertram left for his clerical job at a law office downtown by 8:00. Grace's boss Carmen believed it was important for Grace to be in the Jefferson home from the moment Bertram left until he returned at 6:00 each evening, though Bertram did not worry about Margee being alone for a few minutes in the morning because she usually slept until the early afternoon.

By 5:45 in the evening, Grace would begin preparing herself to leave the Jefferson house, knowing that she had only minutes to catch the express bus back across the west side to her north side connection. If Bertram was late, even by a few moments, she would be left standing and waiting for the regular bus which might easily add another hour to her trip back to the south side. Several days a week, Grace would interrupt her cross-town commute to stop at the senior housing complex on the south side where her father, who was diabetic and had been blind for over a decade, lived. Grace had helped him access a variety of services, including a home care worker funded through the Community Care Program, and still stopped to visit him most week days in order to bring him cigarettes and prepare him meals which she would leave in the microwave, set so that he could press one button to have a hot meal. After an hour or two visiting her father, Grace walked back to the bus stop to finish her journey home, spending a little time with her husband and granddaughter before she collapsed, exhausted.

Grace was able to maintain this backbreaking routine through the winter of 2007, when after a number of brief absences, Carmen, her supervisor, fired her. Carmen had told me when she introduced me to Grace that she thought Grace was an excellent home care worker, but that Grace needed to focus on her responsibilities at work and let other family members deal with crises within her widespread kinship network. According to Carmen, Grace periodically missed work to care for her granddaughter or take her father or her mother to the hospital, but should have instead insisted that one of her five brothers and sisters do so. Grace told me that though her siblings usually looked after her mother, they had all cut her father out of their lives because of his extremely abusive past. Grace felt that some additional responsibility for her parents' well-being fell on her because she was considered the expert in the family due to her experience caring for older adults.

By the end of 2006, Grace began missing work somewhat more frequently. First, Grace missed another day or two of work to attend her own grandmother's funeral several hours outside of Chicago. Then in mid-January 2007, Grace's daughter was arrested, and Grace missed work because she needed to take care of her granddaughter for several days until they made another arrangement. Several weeks later, in the dead of Chicago's bitter winter, Grace slipped in the dark on some ice as she made her way to her neighborhood bus stop and injured her knee. After her fall, Grace missed nearly a week of work and when she tried to return she was told she had lost the position

Grace told me that when she had an emergency, she was always conscientious about calling the Belltower office before six o'clock in the morning to let Carmen know that she was going to miss a day of work. Grace told me that Carmen had strongly objected to Grace missing work to attend her grandmother's funeral. Unfortunately, the day of this funeral, Carmen was particularly short of home care workers and was unable to locate a worker who could be at Mrs. Jefferson's home by eight o'clock in the morning. Carmen demanded that Grace come in to work, but Grace refused – by the time Carmen got to her office and heard Grace's message, Grace was already in the car with her mother and sister, half way to the funeral. Carmen demanded she turn around and head to Mrs. Jefferson's home, apparently not believing that Grace did not have her own transportation. Carmen thus had to cover Mrs. Jefferson's care herself until a replacement worker arrived at eleven o'clock in the morning. Carmen insisted that it was irresponsible of Grace to miss work without coverage in a non-emergency situation, suggesting that there would be plenty of other family members at the funeral to look after Grace's mother. Carmen considered this unplanned absence Grace's first warning.

When, at the end of January 2007 Grace told me that when she unexpectedly missed work a few days earlier to care for her granddaughter because her daughter had been arrested, Carmen was similarly unsupportive. Grace told me that Carmen suggested that her granddaughter "isn't your problem." This left Grace wondering if Carmen had children (she did), because she couldn't imagine how a mother could be so thoughtless about Grace's responsibility to take care of her grandchildren. Though Grace again called Carmen early in the morning to let her know she could not make it to work, Carmen wanted her to go to Mrs. Jefferson's house until Carmen could find a replacement. Grace told me that she wasn't able to do this, because she needed to pick up her granddaughter from the home where she had been staying with her mom right away. Grace was particularly concerned that the Department of Child and Family Services (DCFS) would take custody of her granddaughter, and told me she believed that if DCFS "got their hands on her" it would be bad for her granddaughter's "whole life" so "she wasn't about to let that happen." So Grace missed several days[77] of work caring for her granddaughter until she found a family member who could watch her on the days that Carmen's husband worked. Carmen told Grace that these absences counted as her second warning, and that she could expect to lose her job if she missed work without giving warning again in the near future.

Recounting this, Grace's voice grew louder, her body began to shake and her language became increasingly punctuated with profanities. Grace explained that she was utterly unused to working for someone who was so unsympathetic and inflexible, but that she couldn't afford to leave her job at the moment. Grace had spent years on the Chicago Housing Authority's (CHA) waiting list to move into a subsidized "rent to own" property. In the last year, she had finally made it to the top of the list and qualified to move into a property. In the fall, she had found the perfect house for her and her family in the much a safer and more convenient neighborhood in Hyde Park. Anchored by The University of Chicago on the south side of the city, Hyde Park was one of the most economically and racially diverse neighborhoods in Chicago. Even before President Barack Obama's residence there brought Hyde Park national attention, it was the neighborhood within which many black south-siders aspired to live. While many of the white academics I knew who lived and worked in Hyde Park Chicago openly voiced their concerns about the neighborhood's safety, black workers told me it had one of the lowest crime rates on the south side. Grace had anxiously awaited the CHA inspections and was devastated when, early in the fall, CHA had demanded the landlord make repairs to the building before she could occupy it. By January, the house was nearly ready for them

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[77] I was never able to determine exactly how many days of work Grace had missed during this period. Grace suggested that it was less than a week, but Mrs. Jefferson told me that it was "a lot" of days over more than a one week period.

to move into, and Grace told me she was nearly finished packing for the move. If she lost her job and her steady income, she feared she would be disqualified from the CHA program and would lose her dream house as well. Thus, no matter how poorly Carmen treated her, Grace was resolved to do everything in her power to stay at her job.

Despite Grace's determination to keep her job, the frigid day in late January when Grace told me about her daughter's arrest was the last day that I saw her at Mrs. Jefferson's home. When I returned after being out of town and missing my visits for several weeks, a different home care worker was at Mrs. Jefferson's. When I finally got in touch with Grace, she told me that shortly after our last meeting, she had fallen on a patch of ice at the end of her block on her way to work and injured her leg. Still in her neighborhood, Grace insisted that her husband return home and call Carmen to let her know Grace had been injured before he took her to the hospital. Though she had not broken any bones, Grace told me that she had twisted her ankle and was covered in bruises from the fall. Thus, again to Carmen's dismay, Grace missed nearly a week of work. When Grace recovered she went into the Belltower office to bring Carmen her doctor's verification of the injury and her recovery so that she could work, Carmen informed her that she was no longer employed by Belltower. Carmen argued that in order for Grace to keep her job, she would have had to bring Carmen proof of her injury immediately. Grace argued that this did not make any sense – how was she supposed to get Carmen a doctor's note when she was laid up in bed? Grace was particularly incensed because it had cost her a lot of money (I never found out the exact dollar figure) for the extra appointment to get the doctor to sign off on her returning to work.

When I met Grace at her home to interview her several weeks after she was fired, she was still living on the far south side, and I saw no evidence that she was preparing to move. Still unemployed, she told me that things with the CHA program had "gotten messy," and declined to elaborate. She and her family were struggling to get by while she fought for custody of her granddaughter. Grace noted that although her husband was often too ill to work and they were raising their granddaughter, the family got neither foster care subsidies nor disability payments from the government. Though she had little faith in the system, she hoped that this might change when her granddaughter's custody was finalized, and planned to return to work as soon as she could. When I called Grace a few weeks after our interview to find a time to come visit her (and learn how to cook some of her famous southern recipes), her telephone had been disconnected. I never heard from her again.

When I next saw Carmen at a Belltower staff meeting, she told me that she had had to let Grace go because she turned out to be an unreliable worker who did not prioritize her responsibilities to her job or to her clients. Each time Grace missed work Carmen was left scrambling to find a replacement worker to staff Mrs. Jefferson's case. Unlike Plusmore, Belltower did not employ (and probably could not afford to employ) a standing staff of "perm-temps" who were available to provide substitute care on short notice. Moreover, finding substitute workers for Mrs. Jefferson was particularly challenging, in part because the worker needed to arrive early in the morning and because the worker needed to be available for the entire working day. Though I could understand that Grace's absences created staffing problems, my fieldnotes from that meeting recall my deep and growing frustration that a care worker as compassionate and skilled as

Grace had been fired because of the incredible care burden she shouldered at home. I was incensed that Grace essentially lost her job because her employer did not have paid sick and family leave, or even an official policy regarding these kinds of absences. Rather, Belltower supervisors determined whether a worker's request for emergency time off was legitimate on a case by case basis. Most of the Belltower supervisors that I met were aware of the multiple responsibilities shouldered by their workers and worked to accommodate their needs. However the lack of an official policy or wages for leave left workers vulnerable to the whims of individual supervisors. Indeed, Carmen had always struck me as less reflective than most of the Belltower supervisors about the ways that racial and class prejudices conditioned their supervision practices. Carmen's explanation for why Grace lost her job – that she was unreliable, irresponsible and had poor work habits – mirrors language widely used by the U.S. media and poverty-reduction policies to explain why poor minorities have a difficult time finding and maintaining employment (Edin and Lein 1997; Harris 1993). Carmen's description of Grace as having poor working habits echoes "culture of poverty" arguments that rely on stereotypes of black Americans as lazy, irresponsible and lacking in initiative to justify racial economic disparities (Bonilla-Silva 2006; Jones 2010 [1985]; Office of Policy and Planning Research 1965).

Describing home care workers (and especially Grace) as irresponsible or as having poor work habits, fundamentally and insidiously misrecognizes the causes of their chronic tardiness, absenteeism and the unpredictability of their absences. Such explanations imagine low income workers as completely autonomous individuals whose only legitimate responsibility is to their employment. However, as described in Chapter

2, home care workers were often members of extended kinship and social networks in which many members face periodic and severe crises. Many of the home care workers that I met in the course of my fieldwork had multiple family members with serious chronic illnesses, drug addictions and/or persistent legal troubles. Frequently, the home care worker was the one of the few people in her social network with income from employment. Home care workers were also likely to be treated as wellsprings of strength and stability by family members, and other members of their social networks often turned to home care workers for both material and emotional support[78].

For the most part, home care workers missed work because they saw no other choice – there was no one in their social network they trusted to watch their children or grandchildren, no one else who could successfully navigate hospital bureaucracies. Workers often linked their own chronic illnesses to the ongoing strain of supporting so many people. Shouldering multiple stressful burdens without health insurance of their own, when workers became ill, they were unable to rely upon formal medical care to speed their recovery. Thus, when home care workers became ill, they were likely to take longer to recuperate than otherwise necessary, all the while losing valuable income and jeopardizing their ability to pay for housing, heat, electricity, telephones and food. Too often one serious episode of missed work cascaded into many more as workers struggled to keep themselves and their families safe and healthy.

Home care agencies, like most other low wage employers of women of color, very rarely formally acknowledge workers' responsibilities to their extended kinship networks. Informally, many of the supervisors I worked with acknowledged that workers

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[78] The pattern in which the resources of one person or household are spread out among extended kin and social networks in low income communities is well documented by Stack (1974).

chose home care employment because it offered a comparatively flexible schedule that allowed them to accommodate routine child care and elder care demands. Indeed, though both agencies tended to deal with workers' family emergencies on a case-by-case basis, Carmen proved far less flexible than most supervisors in accommodating these situations. Still, without formal policies on family or sick leave, workers never knew how many absences would push their supervisors to terminate them and were often left pleading for flexibility and understanding. This contrasts sharply with the standard employment conditions in middle class jobs, where workers' (and particularly middle class women's) family responsibilities are generally acknowledged though the availability of paid sick and family leave.

Home care practices are not hidden simply by the doors and walls that block older adults' homes from view. Even within these walls, home care workers and older adults use linguistic, spatial and emotional techniques to hide the contributions workers make to sustain older adults' ways of life. Older adults and supervisors sometimes draw on racial and ethnic stereotypes which paint women of color as naturally good caregivers or good cleaners, obscuring workers experience, expertise and effort. Together, these practices thereby minimize older adults' potential feelings of guilt and shame, while also sustaining the social perception of older adults as autonomous persons. At the same time, these practices also hide the immediate and ongoing consequences of working in an exploitatively undercompensated job experienced by workers and their families, and perpetuate the failure of both the state and global capital to shoulder the costs of reproductive labor.

Chapter 7

Conclusion

How Does Home Care Work?

In the previous pages I have painted a picture of an industry that consumes its workers in an attempt to sustain itself. Starved from the outside by inadequate funds and inadequate public will, home care depends upon workers even as it leaves workers and their families vulnerable to both economic distress and symbolic violence. Though some workers managed to sustain lengthy careers in direct care, three of the seven workers I knew well left their jobs or were fired during the twenty-four months I conducted ethnographic fieldwork in Chicago, mirroring the endemically high turnover rates in home care nationally. Among those I knew in Chicago, neither home care workers nor older adults were duped by these relations. Most were well aware of both the value of workers' labor and the exploitative relations of reproduction that organized this work. Rather, workers continued to care in part because they felt themselves to be a critical bulwark protecting older adults from forms of loss and symbolic violence that commonly attend aging in the United States – including the unraveling of previous forms of relatedness and the unmaking of their personhood.

Workers began and continued working in home care largely because their families depended on their incomes, and workers initially felt that home care work would offer more flexible working conditions than other low wage jobs. They were often frustrated to learn that the flexible working conditions in home care also meant that workers often struggled to work full-time hours, and thus rarely qualified for the limited benefits and paid leave that were theoretically available at their agencies. Troubled public transportation systems and scheduling gaps between clients meant that workers were often away from their families for two or three hours longer than they were paid for. While many of these workers might not have been able to earn significantly more income from other jobs, they could have earned similar wages for work that required far less of them (for example, at fast food restaurants). Some had worked in a variety of other industries (usually in manufacturing or as low-level office clerical staff), but ended up in home care because they found care work meaningful, and felt competent at caring because they were prepared for domestic work by their families. Other workers were pushed into home care work as a result of TANF work requirements and other welfare-to-work programs.

That workers and older adults make care work at all, and as well as they so often do, within and despite the inequalities that perpetuated the structures and practices of care, is a testament to their strength and determination. That care work so often fails to be sustainable work signals a broader social and civic imperative to improve workers' knowledge and skills, change agency regulations and supervision practices, and radically raise wages and compensation. It also signals a moral imperative among those in the United States to collectively reconsider the implications of independence as the ideal form of social personhood and as the only form of personhood promoted by the state. The moral obligation workers feel to care, and care in a deeply embodied, intersubjective manner, is their gendered, raced and classed inheritance from their parents and other kin. From family, workers learned the domestic skills they used in their daily work and came to imbue everyday tasks like cooking and cleaning with potent moral meanings. For workers, cooking was never simply about producing food, but rather about (re)producing persons. Cleaning was never simply about removing dirt, but rather about sustaining domestic social relations. Home care agencies, on the other hand, relied upon workers' families to impart domestic knowledge on their daughters, but then sought to extract their skills from their moral contexts by requiring that workers avoid getting "too involved" with their clients.

Older adults, on the other hand, experienced care as both signifying impending threats to their personhood and ways of life, as well as temporarily postponing their unmaking. Being able to continue living in their own homes both symbolized older adults' sustained independence and enabled them sustain their domestic social relations and ways of life. At the same time, workers' entry into homes represented an early incursion of the commercial and bureaucratic ethics of service providers into the daily rhythms of their domestic lives. Working to restore the moral worlds of home and relatedness, older adults often initiated small gift exchanges. Such exchanges were sometimes intended as forms of care themselves, ways that older adults reciprocally acknowledged that workers both went far beyond their job descriptions and were underpaid. At the same time, gifts mediated older adults' attempts to foster relations of mutual obligation with workers, hoping to encourage flexible, attentive and empathetic care in return. This often entailed workers' disregard of agency regulations, for example caring for family members who were not explicitly clients or doing work that the agencies' insurance policies prohibited. When there was a breach of social relations or workers failed to adequately reciprocate older adults' gifts, older adults sometimes sought remedy from agencies and thus, gifts transformed into thefts.

In their everyday caring practices, workers and older adults enacted a vision of care as a kind of intersubjective practice that was both deeply relational and deeply embodied. To sustain older adults' ways of life and thereby sustain their personhood, workers drew upon a kind of phenomenological empathy to incorporate older adults' lifetimes of deeply inculcated, moral and embodied preferences and habits into their everyday care practices. While phenomenological empathy was central in enacting older adults' and workers' understandings of good care, it is also a form of sensory colonization, in which poor women of color incorporated and embodied the felt values and sensory histories of their clients without any expectation that their moral worlds and sensorial landscapes would circulate in a similar fashion.

Though feminist scholars and activists have long critiqued the relative invisibility of care work and care workers, this dissertation suggests that the hidden quality care work is not incidental to the work of caring in the United States. By hiding the ways in which workers' labor sustains older adults' ways of life through spatial, linguistic, emotional and racial practices, workers and older adults also hide older adults' dependence. In doing so, they render older adults as recognizably, visibly, independent persons. Obscuring workers' full contribution to older adults' lives and well-being also obscures the depth of workers caring knowledge and skill, reinforcing common descriptions of home care workers as "unskilled" and home care work as not requiring skill. These descriptions also validate and rationalize workers' low wages, lack of benefits and lack of paid leave. When the unpaid costs workers and their families sustain in order to survive the poverty imposed by home care work are revealed, workers often lose their jobs. Thus, invisibility of care work and care workers makes possible the reproduction of persons that can be recognized as autonomous and reproduces social stratification. In so doing, these hidden practices ultimately render home care work unsustainable for many workers.

Comparing Publicly-Funded and Privately-Funded Care

As with any other kind of organization, everyday agency practices were shaped by a combination of economic and policy-based structural constraints, the historical evolution of the agency and the individual efforts of agency managers and supervisors. While it is risky to draw conclusions about the vast array of publicly-funded and client-funded home care agencies from a comparison of just two agencies, it is possible to begin to disentangle which aspects of the agency practices I observed were connected to various kinds of structural constraints and which were likely the result of individual or institutional idiosyncrasies. Moreover, it is possible to analyze the ways in which various kinds of policies and economic constraints influence the extent to which the efforts of individual managers or supervisors are able to influence home care practices.

In Illinois, publicly-funded and privately-funded home care agencies are governed by different regulations and different state agencies. While publicly-funded agencies are regulated through the Illinois Department of Aging and subject to the rules of the Community Care Program, privately-funded agencies are monitored by the Department of Public Health (IDPH), subject to licensing rules overseen by DPH. Despite their different locations in relation to state government bureaucracies, publicly-funded and privately-funded agencies are connected through the movements of workers and clients.

As employers, publicly- and privately- funded agencies form an imperfect hierarchy, such that workers sometimes begin their careers at publicly-funded agencies which provide training and then move to privately-funded agencies as they gain experience. While privately-funded agencies do not necessarily pay better than publicly-funded agencies, they may offer the opportunity to work in safer environments, or for workers to have more control over hours. The hierarchy between publicly- and privately- funded agencies is imperfect, because home care workers – especially those who have CNA training – often move between home care agencies and other kinds of long term care. Thus, many of the workers that I knew had also worked in nursing homes or had been privately employed.

Clients on the other hand, may move from privately-funded care to publicly-funded care[79] as they use up their savings. While some of the privately-funded clients I worked with had seemingly bottomless trusts from which to pay for home care and any other assistance they might need, others, whose assets were just above maximum level for CCP eligibility, were stretching their modest stipends to afford home care and retain some savings with which to maintain their homes, pay for medical emergencies etc. Ms. Murphy, in particular, was aware that she needed more hours of assistance than she could afford, and for several years made up the difference by creatively cobbling together assistance across a wide network of friends. Apparently still ineligible for the CCP program[80], she reluctantly moved to an assisted living facility when she could no longer

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[79] It's worth noting that the opposite is sometimes true when older adult clients have been receiving home *health* care funded through Medicare and then become ineligible because they are no require the medical supervision necessary to qualify for Medicare home health care. These clients may have assets in excess of the CCP cut-offs and thus turn to private home care agencies for care. I did not witness this scenario, but Belltower supervisors had encountered it.

[80] I never understood why she was not eligible for more care, since she told me she had minimal assets and clearly met the age, residence and need criteria. According to Ms. Murphy, she had applied for CCP care

manage to live alone with the limited amount of care she could afford. Some middle class older adults who purchase privately-funded care find that their health declines alongside their savings, and move into institutional facilities (assisted living or nursing homes) before their assets are depleted enough to meet the CCP eligibility requirements. Others move from privately- funded care to publicly-funded care. In the process, the new home care agency would assign them a new worker. Only the very wealthy are able to afford the round-the-clock care that many people with chronic and debilitating illnesses – especially Alzheimer's disease and dementia – require if they are to age and die in their own homes rather than institutions. This can cost between $5000 and $13,000 per month, depending in part on if the client sleeps for five consecutive hours.

The different kinds of economic pressures faced by publicly- and privately-funded agencies seem to influence organizational ethics and understandings of the relationship between the agency, clients and workers. Though Belltower charged approximately $9 to $11 per hour more than it paid its workers in hourly wages, the per hour profit margin at Belltower remained very slim, and the agency thus relied on keeping its total caseload high in order to afford fixed costs like office space and administrative salaries. Thus, Belltower supervisors and agency directors faced constant pressure to recruit and retain as many clients as possible, which led to a largely consumerist ethic (Keigher 1999) dictating that older adults could, within basic limits,

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before she hired Belltower and was rejected because her pension was too high for her to qualify, but according to the IDoA, income is not a factor in CCP eligibility. I do not know if Ms. Murphy misunderstood the situation, or if she had initially had more assets than she did by the time she was looking for additional care. While Ms. Murphy assured me that she had asked to have her eligibility reassessed before she moved into assisted living, it may be that her financial situation was not re-evaluated. I do not know how she paid for assisted living (which not funded by government programs or by health insurance), and thus it is possible that she had savings , long term care insurance or other assets she had not discussed with me.

have workers assist them with a wide range of tasks and could have as many hours of care as they wanted and could afford.

While the upper level management at Plusmore's Chicago office sporadically exhorted Plusmore supervisors to encourage CCP case managers to send Plusmore new cases, Plusmore supervisors never seemed particularly concerned with increasing their caseload as CCP case managers seemed to direct a relatively steady stream of new clients to Plusmore[81]. While Plusmore's 13 cents per hour profit margin was even slimmer than Belltower's, the agency was viable because of its huge caseload. Officially, Plusmore was only the home care workers' employer, and had no formal responsibilities for managing clients' care. CCP clients could refuse services they did not want but their case managers' assessments determined the services allowed in their care plans and the number of hours they would be allocated. These assessments were designed to insure that the distribution of limited government funds equitably accounted only for clients' needs. This lead to a bureaucratic ethos among Plusmore supervisors, who focused on efficiently providing services and on consistently enforcing agency policies to ensure fairness. While CCP clients could theoretically ask their case managers to transfer them to another agency if they were dissatisfied with Plusmore, this seemed to occur quite rarely (I only heard of it once). More frequently, Plusmore supervisors threatened to have clients who refused to respect agency rules transferred to another agency.

This consumerist ethic at Belltower was most visible during client intake and worker-client matching procedures. During intake, supervisors worked not only to learn about each client's specific preferences and needs, but also to find the worker who they

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[81] As discussed in Chapter 2, I was unable to observe or interview CCP case managers. Beyond the limitations this posed for the material discussed in that chapter, I remain curious about how CCP case managers allocate cases among the multiple CCP providers in Chicago.

thought would be the best suited for the job. This required detailed knowledge of both workers and clients, and supervisors not only carefully selected new hires, but strove to quickly learn as much as they could about each worker's personality, working style and specific strengths. Thus, supervisors were able to match self-motivated workers with clients who were not assertive, and patient workers with clients they felt were particularly demanding. Belltower supervisors largely accommodated clients' racial/ethnic preferences (despite their strong personal disapproval of clients' prejudices) regarding workers unless they felt that a client's preference inhibited their obligations under equal employment laws. Similarly, supervisors sometimes made exceptions to Belltower's policy that workers were not normally supposed to do heavy cleaning when a client required such cleaning in order to remain at home and receive services from Belltower.

Keeping clients satisfied required a great deal of supervisors' time and energy, and was one reason that supervisors' individual caseloads were kept relatively low. To insure that Belltower clients were happy, supervisors were in regular touch with each client and tried to either call or visit each client every month to make sure the client was satisfied with his or her worker. Belltower supervisors thus had detailed knowledge about each of their clients' personalities, homes, and way of life as well as each worker's particular strengths and weaknesses. Belltower's consumerist ethic and attendant flexibility, careful matching and attention to client satisfaction meant that Belltower clients seemed to feel both more in control of and satisfied with their home care. This, combined with the fact that their independence was not further undermined by reliance on public funds to pay for home care, meant that privately-funded home care seemed to threaten older adults' autonomy and personhood less than publicly-funded care.

On the other hand, because Belltower gave its supervisors a great deal of discretion, workers were sometimes subject to inconsistent or unclear standards. While the vast majority of Belltower's supervisors were protective of their workers and strove to be as upfront about standards as possible, Belltower also gave its supervisors a great deal of discretion regarding how they managed their workers. Thus, different supervisors potentially interpreted and enforced company policies more or less rigorously. This flexibility also meant that supervisors were able to favor particular workers, used biased standards to decide who to hire, and fire workers who refused to comply with assignments that went beyond their job description. For example, Carmen was deeply committed to keeping older adults out of nursing homes (as long as clients could afford home care), and Belltower's flexibility meant that she was able to arrange the necessary services, even when they apparently put workers in unsafe or extremely demanding situations. In part, Belltower managers gave Carmen the leeway to manage her workers as she saw fit because Carmen had successfully increased the number of clients at the previously struggling west side office. Belltower workers had little recourse if they felt their supervisors' demands were unreasonable or if they felt they were unjustly fired.

At Plusmore, supervisors' large caseloads as well as the agency's lack of official responsibility for clients' satisfaction and general bureaucratic ethos meant that supervisors never met their clients in person and only saw workers at the quarterly in-service trainings unless there was a serious problem. While supervisors individually recognized that clients would be more satisfied if their personalities and preferences were matched with workers, supervisors' lack of knowledge of either party meant that this was rarely possible. Supervisors tried their hardest to match more experienced workers with clients whose care plans suggested they would require more intensive care (i.e. clients who needed help with lifts or had dementia), but otherwise, the most significant factor in matching workers to clients was the worker's availability. This meant that some clients were assigned multiple workers before they settled on one who they were willing to allow in their home on a regular basis. This made clients comparatively unwilling to complain about or ask to have their worker replaced, since they never knew if the next worker would be even minimally satisfactory. While reliance on government funding threatened older adults personhood, clients' lack of faith in Plusmore to consistently provide minimally acceptable workers who clients felt safe allowing in their home radically exacerbated the degree to which home care felt threatening to them. Plusmore clients were much more concerned than Belltower clients that a new worker would come to their home drunk (as happened to Mrs. Cole), steal, or otherwise take advantage of them. Supervisors came to expect that some workers would be rejected by clients. Thus, unless a clients' claim against a worker was particularly egregious, supervisors tended not to hold a small number of these rejections against workers, and instead tried to find them new clients as quickly as possible. While the Plusmore clients that I observed were generally satisfied with their care, each had at least a few horror stories to share about workers. For Plusmore clients, home care was thus doubly threatening.

At the same time, Plusmore's emphasis on fairness and equity across cases meant that workers seemed better protected both from unpredictable supervisors and from discriminatory and inappropriately demanding clients. More than once, I observed Plusmore supervisors tell clients that their expectations of workers were inappropriate, and occasionally, supervisors would threaten to speak to the client's case manager about suspending service if the violation was severe enough (for example, clients who refused to turn on the air conditioning or open windows in sweltering apartments, clients who physically or verbally threatened workers or, in one case, a client who interpreted his care plan's inclusion of "personal services" to mean that his worker should give him regular shoulder rubs, but refused to allow the agency to replace his young preferred worker – a woman he had met in his building – with an older, more experienced nurse or with a male worker). Supervisors never seemed to become more invested in the well-being of any one client and I never witnessed a supervisor knowingly make an exception to work safety rules to satisfy a client demand. Workers at Plusmore were additionally protected from unfair supervisors who inconsistently applied agency rules because they were organized by the SEIU and had a union contract with Plusmore. When Plusmore fired a worker, the worker's supervisor, a senior member of the agency's management and a SEIU union representative were all present to inform the worker about why she was being fired, as well as her rights under the contract.

Based on these findings, I suggest that while the structural and economic constraints that led to a customer-service orientation at Belltower set the stage for home care that sustained older adults' personhood, these same constraints rendered workers' vulnerable to the unpredictable and sometimes inappropriate demands of supervisors and clients. At Plusmore, structural and economic constraints rendered home care threatening and unpredictable for clients, but also led to more consistent supervision and greater protection from inappropriate client demands. Considered as part of hierarchical home care system, it seems that improving home care might mean rethinking the economic and structural conditions faced by both publicly- and privately funded agencies to better balance between client preferences and worker protections. The policy and practice suggestions about how to achieve such a balance are discussed below.

Implications for Policy and Practice

This analysis offers no easy solution, no quick fix, for the problems facing the home care industry. It suggests that the problems with home care are at least partly connected to deeply inculcated moral understandings of independent personhood that no government policy or social program is likely to alter. Perhaps, ongoing discussions (within, but especially beyond the academy) about the processes and practices that constitute independence, and the difficulties many (if not most people) in the United States have sustaining independence at some point in their lives, will initiate a broader reconsideration about how to value and recognize diverse persons across the life course. This dissertation offers a grounded point of entry for such a conversation, inasmuch as it highlights the ways in which those who seek to be recognized as independent individuals rely upon hidden personal relations and broader social support networks to produce the appearance of independence. At the same time, my analysis suggests that a great deal of improvement might come from an approach that attends as carefully to workers' social relations as it does to older adults. What would happen if home care was imagined as sustaining both older adults' and care workers' domestic relations and moral communities? With this goal in mind, I suggest a number of programs and policies aimed at home care participants, home care agencies, and state and federal policy.

Improving Skills

At the individual level, both home care workers and older adult clients would benefit from greater preparation and ongoing support in navigating the home care relations. First, home care worker training should more explicitly address the complexities and common stumbling blocks of forming and maintaining relationships with workers. Relational training would ideally not only assist workers in developing rapport and caring knowledge with their client, but also in setting and maintaining practical and emotional boundaries. Relational training would also prepare workers to anticipate gift exchange within home care, and teach them how to participate in small token gift exchanges and avoid riskier large or illegal exchanges (this would, of course, also require an multiple changes in company policy including allowing token exchanges, guaranteeing paid sick and family leave – since paid time off is one of the more common gifts – and creating avenues for workers to access low cost loans or grants to cover emergency expense so that they don't need to ask their clients for money in these cases). To increase the success of home care workers who were not taught cooking and housekeeping skills within their families (and thereby lower turnover) home care training should give workers a chance to practice both cooking and cleaning. Lessons on food, in particular, should ensure that workers not only have basic cooking skills, but how to address other problems that can inhibit older adults appetites, like loss of taste/smell, loneliness and depression. Workers need to know how to adapt recipes to meet a variety of dietary restrictions, and how to learn to cook client's favorite foods, regardless of differences between their culinary backgrounds. Home care worker training should include a greater emphasis on role playing and active learning, ideally with elderly volunteers or at least experienced workers (rather than other students) playing the client's role. This would give workers have a chance to practice developing and applying phenomenological empathy before they work with clients. To make this form of training cost-effective, home care agencies would benefit from forming regional consortia through which to fund and oversee centralized training programs.

While relational training would ideally be a required part of training for incoming workers at both publicly and privately funded agencies, early training should be supported through ongoing mentorship and a team-based approach to care. By meeting in teams led by highly experienced home care workers as well as supervisors serving as mentors on a regular basis, workers would have the opportunity to discuss and work together to find solutions for many of the subtle challenges that occur in home care. These teams would decrease workers' isolation and make it easier for supervisors to address problems before they become entrenched. Moreover, if workers regularly reviewed their cases as a team, these teammates would be well informed and prepared to provide substitute care in the case of absences. Teams could also collectively review new research, worker safety policies, and emergency procedures in a setting that enables them to actively discuss the implications of new information on their practice. Monthly team meetings would thus be a more effective way of disseminating information than mandatory quarterly in-service trainings.

While it may be difficult to recruit already-reluctant older adults to participate in extensive preparatory activities prior to receiving a home care worker, the success of some Cash- and-Counseling programs and geriatric case managers in helping older adults learn to navigate complex relationships with workers suggests that some clients would be willing to spend a relatively brief amount of time on these activities. Ideally, supervisors would meet with each new client, and any family members who are likely to be present, in the client's home. This should not be combined with initial marketing/intake visits but occur after a client has made up his or her mind to begin services, and – especially if a recent hospitalization led to the need for home care – at a time when the client is most alert. This visit would mostly be concerned with preparing older adults and their family members for the entrance of a worker into their home. Such a meeting would give supervisors a chance to clearly discuss agency rules regarding what workers should and should not be expected to do. In this meeting, supervisors could outline some of the common kinds of relationship challenges experienced in home care (i.e. problematic gift exchange, unvoiced expectations etc.). This would offer older adults an opportunity to anticipate some of the difficulties adjusting to a new worker and to ask questions or express their particular fears. While the information dissemination aspect of such a meeting is important, this kind of discussion can also serve to build stronger relationships between supervisors and clients and begin to prevent situations in which workers and clients feel a stronger allegiance to one another than to the agency or supervisor.

In this first set of recommendations, I have not distinguished between publicly- and privately- funded care because, for the most part, new workers and clients in both settings need to develop similar kinds of knowledge and skills. Finally, I believe that social workers in particular have an important role to play in designing and implementing relational training for home care workers, alongside other health professionals in nursing, medicine, and physical/occupational therapy. Social workers (especially direct practitioners) have long trained one another to manage the complex moral and emotional relationships that arise in intimate but professional contexts.

Balancing Home Care Agencies.

Home care agencies need to effectively balance between their mission of serving clients and their responsibilities to home care workers. While privately-funded agencies seem more likely to satisfy their clients, they sometimes do so at the expense of their workers. Including workers in agency management, either by promoting them to be supervisors (the few supervisors I met who had been home care workers in the past were both more protective of workers and more aware of the complex situations that arise behind closed doors), and/or by forming a workers' council, might begin to redress the structural imbalance created by agencies' need to satisfy clients in order to survive. Workers 'councils might be tasked not only to investigate worker complaints and firings, but also to review supervisor's management practices and their consequences (ranging from hiring practices to turnover rates). A workers' council would potentially protect workers from excessively demanding or inconsistent supervisor by holding supervisors accountable for more than the size of their case loads. While workers' councils may initially have little appeal to privately funded agencies, such councils have the potential to reduce worker turnover by identifying supervisors who serve their clients at the greatest expense to workers.

At publicly-funded agencies where client satisfaction comes second to the equitable distribution of resources and protecting workers, balance might be achieved by significantly lowering supervisors' case loads which would make it feasible for supervisors to conduct regular home visits and phone checks. The costs of hiring more supervisors is significant, and thus a policy change mandating lower case loads for supervisors at publicly-funded agencies would need to be supported through renegotiated contracts with the state programs that fund care. Plusmore was officially only responsible for monitoring the quality of service workers provided, and thus quality assurance supervisors visited each worker in one of their clients' homes on a semi-regular basis, but was only interested in making sure that the worker was doing her job and not directly in the quality or tenor of the relationship between worker and client. Agency supervisors should have at least partial responsibility for clients as well as workers in order to encourage supervisors to more carefully consider how they match workers and clients, and to more carefully attend to developing relational dynamics in worker-client pairs.

Toward Home Care Policy that Sustains Personhood and Disrupts the Reproduction of Inequality.

A whole host of policies might begin to improve both the quality of care and disrupt some of the processes through which home care reproduces and intensifies social inequalities. Most obviously, workers' compensation must be mandatorily raised to meet the local costs of living and safely supporting families. This would mean not only raising wages and offering decent health insurance, but making high quality, affordable child and elder care available to workers. Similarly, workers should be reimbursed for the costs of transportation between their employer's office and their clients' homes, as well as paid for their time in-transit between clients (much as other hourly workers are paid for breaks). Workers should be entitled to paid sick leave. Without sick leave, workers are sometimes forced to choose between paying their bills and protecting their clients from illness; this is an untenable choice and one that contributes to problematic gift exchanges in the form of older adults signing timecards for un-worked hours. Workers should also be entitled to paid family leave so that the family emergencies do not threaten their employment or the consistency of client care.

Another possible policy intervention would be to the restructure welfare-to-work tax incentives and subsidies paid to agencies who hire welfare-leavers to reward agencies with lower turnover rates. While further analysis is needed to determine if such incentives would be more appropriately based on the median length of employment among welfare-leavers or the agency's entire home care staff. Welfare-leavers are likely among the most vulnerable to losing employment, and thus encouraging agencies to develop policies to promote the success and continued employment of welfare leavers could push agencies to make broader changes towards improving the quality and sustainability of home care jobs. However, this kind of incentive might also encourage agencies to continue to employ repeatedly problematic workers, so such unintended consequences would need to be carefully examined and planned for.

While workers and older adults in this study were often able to make care work, sustaining older adults' independent personhood against the looming threats of age, their efforts seem to both depend upon and intensify social inequality. This ultimately unsustainable pattern fuels the ongoing crisis in care. The policy and practice recommendations proposed here would be expensive to implement, and many would require a substantial increase in public willingness to pay for the full costs of care. Reversing centuries of history in which the costs of reproducing social life through care were hidden in families and paid by women requires both patience and determined effort to push through incremental, but cumulative, changes. Beyond working to design more effective training programs, preparing clients to navigate complex home care relations, working as agency administrators committed to balancing between the needs of workers and older adults, and advocating for stronger worker protections and representation within agencies, social workers should actively partner with the various advocacy and community organizations campaigning to create this public will.

Limitations

This study is based primarily on my discussions with and observations of seven pairs of home care workers and older adults, some of their family members, and their agency supervisors and administrators. I have been primarily concerned with rendering the particularities of their experiences, located as they are in time and space. That I have drawn potentially far-reaching conclusions from such a small sample of people will justifiably draw questions and skepticism about the applicability of my findings to other people, populations and places. While the intimacy and depth of these observations had many benefits, ethnographic and survey-based studies of other, larger and more representative populations are necessary to confirm my arguments.

Ethnographic fieldwork, and especially ethnographic fieldwork conducted in domestic spaces, is built from a series of improvised answers to the pragmatic problems of recruiting and gaining entry into people's lives, homes and worlds of work. Many of my answers to these problems were imperfect and have important implications for my findings. First, the workers and older adults on whose experiences I base my argument were unlike many in their willingness to have their lives and labor observed and questioned by an ethnographer. These older adults were perhaps less concerned with being portrayed to the world as requiring assistance, but also more needing of company and conversation. Though many older adults receiving home care live with serious cognitive disabilities from dementia and Alzheimer's disease, concerns about informed consent prevented me from recruiting them. While it may be that the experience of dementia largely exacerbates the threats to personhood experienced by older adults and thereby intensifies the dynamics described in this dissertation, it is also likely dementia complicates caring relations in unpredictable ways due to the ways that dementia is seen to impact meaning, intentionality and memory. The workers I met had mostly been working in home care for a long time, largely proud of their labor and eager to share their expertise with me. These workers had already beaten the statistical odds regarding the length of their careers in home care work, and thus represent the minority of relatively experienced workers. I did not observe workers who visibly hated their work or who older adults thought were notably bad caregivers, though such workers made a regular appearance in older adults' stories of previous workers. In many ways, this ethnography should be considered ethnography of relatively successful home care and home care relations. That it too was so full of tension, difficulty and struggle suggests that ethnography with the full range of home care participants would result in an even direr story.

Most of all, my failure to gain access to many workers' homes and to spend significant amounts of time observing their family relations means that my discussions regarding the implications of care work for their family lives depended only on what they chose to tell me. Had I foreseen this problem, I would have tried to build in routes of entry, perhaps through the SEIU or local community organizations, which avoided the implication that in studying their labor I did not care about their kin.

Contributions

This dissertation contributes to several important areas of anthropological inquiry, while also significantly adding to research in social work, gerontology and other practice-based scholarship concerning home care. First, this dissertation offers a rare processual view into the ways personhood is made, unmade, sustained and transformed in the United States in late life. This is also one the few studies to consider the processes that constitute independent personhood as well as the ways that structures of inequality might be constituted by the same processes that reproduce independent persons. I suggest that ethnographers of social life in the United States in particular, but also in other parts of the world where independence and autonomy are considered the hallmarks of social personhood, continue to attend more closely to the practices, processes and social relations through which independent persons are made and unmade across the life course. Such a practice enriches the comparative enterprise by problematizing a hegemonic form of personhood that North American and Western European anthropologists often take for granted as the unremarkable norm against which other ways of reckoning persons are viewed. Comparative research on personhood would also benefit from close social histories accounting for the ways that notions of independence and individuality became dominant across social classes in these places, and for the ways that state policies and regulations have encoded, enforced and reproduced some particular ways of conceptualizing and recognizing independence over time.

The notion of phenomenological empathy may be productive for scholarship considering the relationship between care and personhood in other parts of the life course. Moreover, this concept offers a way of understanding intersubjective process and practice that relies simultaneously on the representational and material aspects of social life. This concept also extends Bourdieuian research on taste and distinction to consider not only how subjectivities are shaped by class relations, but to consider what happens when those with different tastes (literally and figuratively) interact in intimate and ongoing ways. Too much scholarship on economic inequality and class implies that those of different socioeconomic statuses live in their own neighborhoods, work in separate jobs and socialize in separate spheres. Yet the lives of the poor, the middle class and the wealthy are intertwined not only by economic and structural interdependencies but by daily contact that occurs on partly sensory terms. Perhaps one of the broader hallmarks of being poor is that the poor are more often required to use their bodies to learn and reproduce the sensorial tastes of the wealthy, while for the most part, the wealthy remain experientially ignorant but disgusted by the tastes of the poor.

Anthropological research on care has tended to focus on either the moral values that direct caring or the ways in which care reproduces social stratification at the intersections of gender, race, and class. This dissertation suggests that it may be productive to consider these two aspects in tandem, attending to both the meanings and structures of care as implicated in one another. This study also contributes a new perspective in the longstanding feminist discussions about the ways in which work and family, sentiment and economy are inextricably intertwined. In the context of paid care work, I suggest that labor draws upon gendered moral sentiments that both workers and older adults draw from kinship relations in their understandings of what care is for and how it should be provided. While care work sustains older adults' domestic relations, it simultaneously threatens workers' kinship structures and relations.

For social work and other practice-oriented scholarship focused on improving home care, this dissertation offers a sort of sideways perspective to discussions about how to create both quality homecare and quality jobs. Rather than focusing first on what is wrong with care work or on creating a measurable definition of quality care, I have probed workers' and older adults' moral understandings of good care to ask what the meanings and purposes of care are for them.. I then drew upon my ethnographic observations to examine how workers and older adults enact their understandings of good care in daily home care practice. This is, in research terms, the equivalent of the common social work dictum to 'start where the client is,' in that this method considers understanding workers' and older adults' values, resources and lived experience as the first step in designing appropriate interventions and services. A great deal of home care research has sought to isolate specific factors that influence home care quality or might reduce turnover. While such research offers valuable insight into specific targets for policy interventions, it seems unlikely that any one factor or targeted intervention will resolve the endemic, often structural, problems faced by the home care industry and direct care workforce. This dissertation thus contributes a valuable perspective much in line with social work's emphasis on addressing "the person in the environment" (Ashford and LeCroy 2008; Bronfenbrenner 2005; Sands and Nuccio 2008) by considering the complex interactions between home care workers and older adult recipients and their environments – including their families, homes, communities, agencies and the broader state and national policy context. Such an approach offers the opportunity not only to consider what might be important about care to older adults and to workers, but to consider how their enacted understandings of good care might intersect with the formal bureaucratic structures of care in problematic ways.

At first glance, the intellectual agendas of anthropology and social work may appear as parallel paths, driven by common concerns for human welfare but asking different kinds of questions and holding different epistemological orientations toward finding their answers. Socio-cultural anthropology is largely focused on developing comparative understandings about the ways that people across the globe make meaning and social relations as well as about the makings and workings of power in social organization. Social work, on the other hand, is largely focused on identifying the myriad causes of social suffering and social inequality and then developing, testing and implementing methods of improving the well-being of individuals, families and their communities. Both fields share a formative association based on their historical focus on those considered “other” in Western Europe and North America – in anthropology, with indigenous peoples and ethnic minorities across the globe, in social work with poor urban immigrants. Both fields have since generated sustained critiques regarding their applications of ethnocentric and classist assumptions to the analysis of diverse ways of life, leading more recently to deeply held commitments in both fields to understanding people on their own terms, to respecting the values of those they work with and to producing research that improves the human condition.

Building upon these links, this dissertation is also my initial attempt to work at the intersection of these two fields, moving iteratively between the complexifying tendencies of anthropological analysis and the pragmatic impetus of social work research to identify and concretely address major social problems. While this broader agenda remains incompletely realized, this dissertation offers a glimpse of the potential productivity of an approach in which empirically-grounded research that is deeply engaged with the meanings and lived experiences of those being studied informs the development of social policy and practice implications. Yet, in suggesting that policy and programmatic efforts to improve home care may remain incomplete without broader social re-examination of the values of independence and individualism, this dissertation challenges anthropologists and social workers alike not to translate respect for diverse values into an acceptance of the ways these values contribute to the reproduction of inequality. Instead, as public intellectuals, scholars in both fields could use their comparative and pragmatic knowledge to cultivate broader civic discussions about the social supports independence and individualism require in actual practice, to suggest more equitable ways of reckoning and valuing persons and to push for policies and programs that equally value the well-being of those who give and those who receive care.

Appendices

Appendix 1. Interview Guide

Introduction

I’m interested in learning about your previous and current experiences giving or receiving care. I’m going to ask you some very general questions about your life, but I’m really interested to hear your thoughts about these topics. ***Questions may be altered slightly depending on whether interviewee is a home care worker, client or social support network member)* This is an open ended interview, and questions are intended to act as guidelines.**

First, I’m going to ask you some questions about caregiving in your family life.

Tell me about your family when you were younger.
    Who took care of you (siblings) when you were growing up?

Now I’d like you to tell me a little bit about your grandparents.
    Can you think of an example of a time they needed care from someone else?
        Who was involved?
        Was it easy/difficult to help them?

Now I’d like you to tell me a little bit about your parents
    Do they help take care of family members?
    Do they receive care from others?
    Can you think of an example of a time when they needed (or provided) care from (for) someone else?
        Who helped?
        Was it easy/difficult to help them?

Tell me about your children
    Who took care of them when they were young? Why?
    Can you think of an example of a time when you needed help caring for them?
    Who helped?

Anyone else you’ve helped when they needed care (not as part of employment) or has helped you?

Who do you want to care for you if you need help? Why?

Given your experiences taking care of family members, what would you need to make it easier for you to take good care of them?

(For home care workers)
Now, I'm going to ask you some questions about working as a home care worker.

Tell me how/why you came to work as a caregiver. What other work (formal/informal) have you done?

What is your average workday like?

Think of a day that felt really good at work. Can you tell me about it?
    What made it a good day? (work environment, you, something outside of work?)

Now think of a bad day at work. Can you tell me about it?
    What made it a bad day?

What do you like best about this work?
What do you like least?

What do you think makes a good caregiver?
What do you think makes good care?

For elder home care clients.
Tell me about how you came to hire a home care worker? Have other people worked in your home / provided care in your home before?

Tell me about an average day.

Think of a really good day. Can you tell me about it? What made it a good day?

Now think of a bad day. Can you tell me about it? What made it a bad day?

What do you like best about having a home care worker?
What do you like least?

What do you think makes a good home care worker?
What do you think makes good care?

Appendix 2. Names and Descriptions of Research Participants.

Participants Associated with Belltower Home Care Services

Debra Collins	**Vice President of Belltower Home care**
Kathy Hirschorn	Director of Belltower’s main office
Celia Tomas	Supervisor at Belltower’s main office
Carmen Rodriguez	Director of Belltower’s Central office.
Ann Martin	Supervisor at Belltower’s Central office
Jennifer Morris	Director of Belltower’s Evanston office.
Lena Maxwell	Supervisor at Belltower’s Evanston office.
Eileen Silverman	Belltower client, born in Chicago, lived in West Rogers Park. Maria Arellano’s client.
Maria Arellano	Belltower home care worker, born in Puerto Rico, lived in Back of the Yards neighborhood. Cared for Eileen Silverman.
Joseph Silverman	Eileen Silverman’s Husband. Born in Chicago, deceased at time of fieldwork.
Donna Pearlman	Eileen Silverman’s Daughter. Born and lived in Chicago.
Chippy Silverman	Eileen Silverman’s Son. Born in Chicago, lived in Peoria Il.
Margee Jefferson	Belltower client. Born in Chicago, lived in Galewood, Chicago. Grace Quick’s client.
Grace Quick	Belltower home care worker. Born in Gary, lived in South Chicago. Shirlee Hamilton’s home care worker.
Bertram Jefferson	Margee Jefferson’s son. Born and lived in Galewood, Chicago
Ronald Jefferson	Margee Jefferson’s husband. Born and lived in Galewood, Chicago. Deceased at time of fieldwork.
Susan Jefferson	Margee Jefferson’s daughter. Born in Chicago, lived in Bay Area California.
Carl Jefferson	Margee Jefferson’s daughter. Born and lived in Galewood, Chicago. Deceased at time of fieldwork.
Maureen Murphy	Belltower client. Born in Ballinspittal, Ireland, Lived in West Lakeview, Chicago. Sally Middleton’s client.
Sally Middleton	Belltower home care worker. Born in Central Texas, Lived in Gold

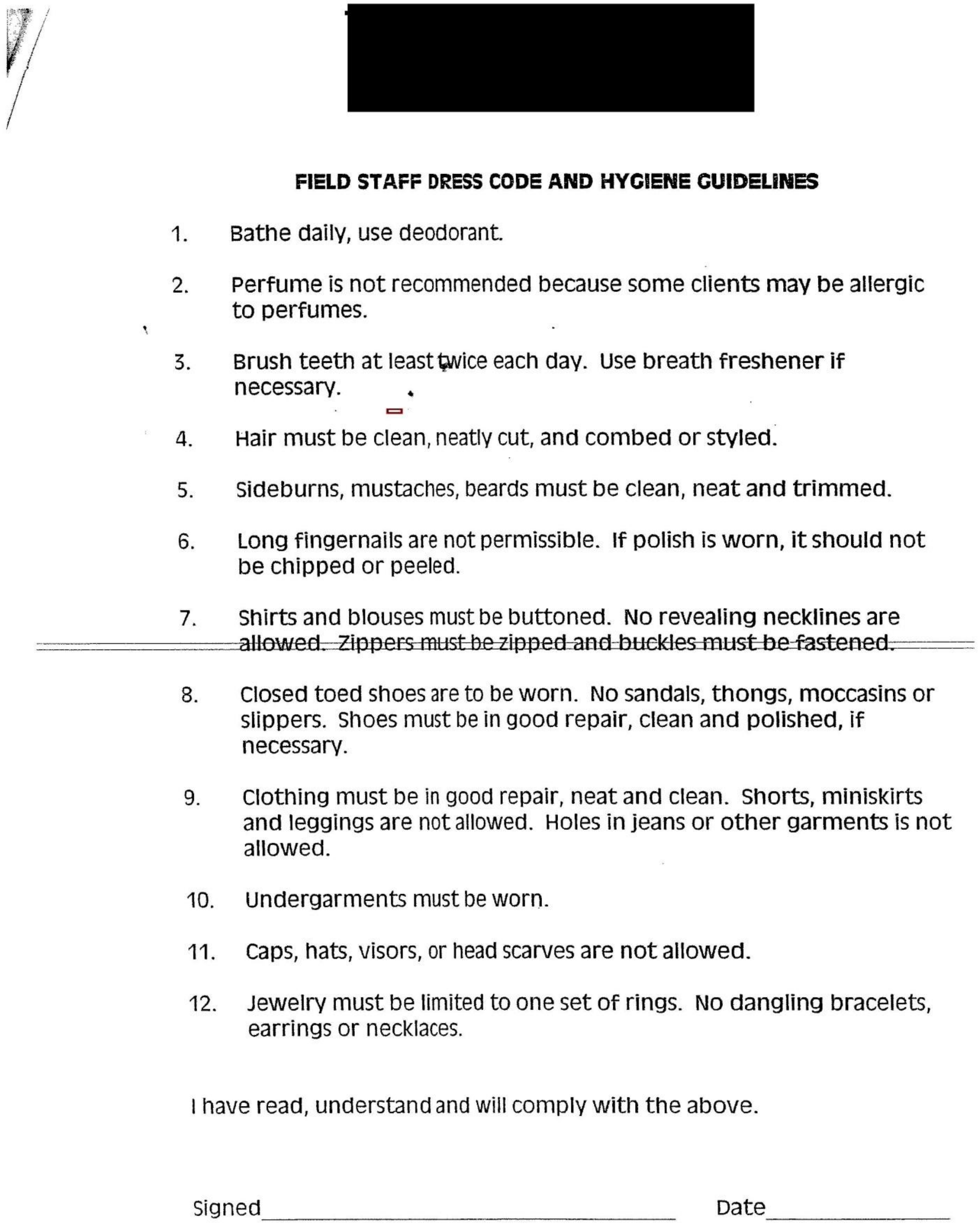
	Coast, Chicago. Maureen Murphy’s home care worker.
John Thomas	Belltower client. Born in rural Pennsylvania, lived in Northfield, Illinois. Doris Robinson’s client.
Myra Thomas	John Thomas’ wife. Born in Tennessee. Deceased at time of fieldwork.
John Thomas Jr. (Johnny)	John Thomas’ son. Born in Chicago, lived in New Hampshire.
Iris Thomas	John Thomas’ wife. Born in Tennessee, lived in Chicago. Deceased at time of fieldwork.
Doris Robinson	Belltower home care worker. Born in rural Tennessee, lived in Waukegan, Il. John Thomas’ home care worker
Helen Whitting	John Thomas’ next door neighbor.

Participants Associated with Plusmore Healthcare.

Katherine Tubbs	Plusmore Regional Office Director.
Anita Crofton	Plusmore Regional Office Assistant Director
Leona Mattings	Plusmore Proram Specialist
Alicia Morgan	Plusmore Training Service Coordinator (Supervisor)
Jackie Wilson	Plusmore Service Coordinator (Supervisor)
Gloria Oakton	Plusmore Service Coordinator (Supervisor)
Harriet Cole	Plusmore client. Born in Savannah, Georgia, lived in Bronzeville, Chicago. Virginia Jackson’s client.
Mayfield Cole	Hattie Cole’s Husband. Birthplace unknown. Deceased at time of fieldwork.
Virginia Jackson	Plusmore worker. Lived in Hyde Park, Chicago. Harriet Cole’s home care worker.
Hattie Meyer	Plusmore client. Born in rural Alabama, Lived in Austin, Chicago. Loretta Gordon’s client.
Loretta Gordon	Plusmore worker. Lived in west side of Chicago. Hattie Meyer’s home care worker.
Michael Meyer	Hattie Meyer’s husband. Born in rural Arkansas. Deceased at time of fieldwork
Winston Meyer	Hattie Meyer’s son. Born in Chicago. Deceased at time of fieldwork
Joey Meyer	Hattie Meyer’s son. Born in Chicago. Deceased at time of fieldwork
Samson George	Plusmore client. Born in rural West Virginia, lived in Gold Coast, Chicago. Kim Little’s client.
Iris George	Samson George’s Wife. Birthplace unknown. Deceased at time of

	fieldwork.
Kim Little	Plusmore worker. Born and lived in Garfield Park, Chicago. Samson George's home care worker.

Appendix 3. Plusmore Dress Code



[redacted]

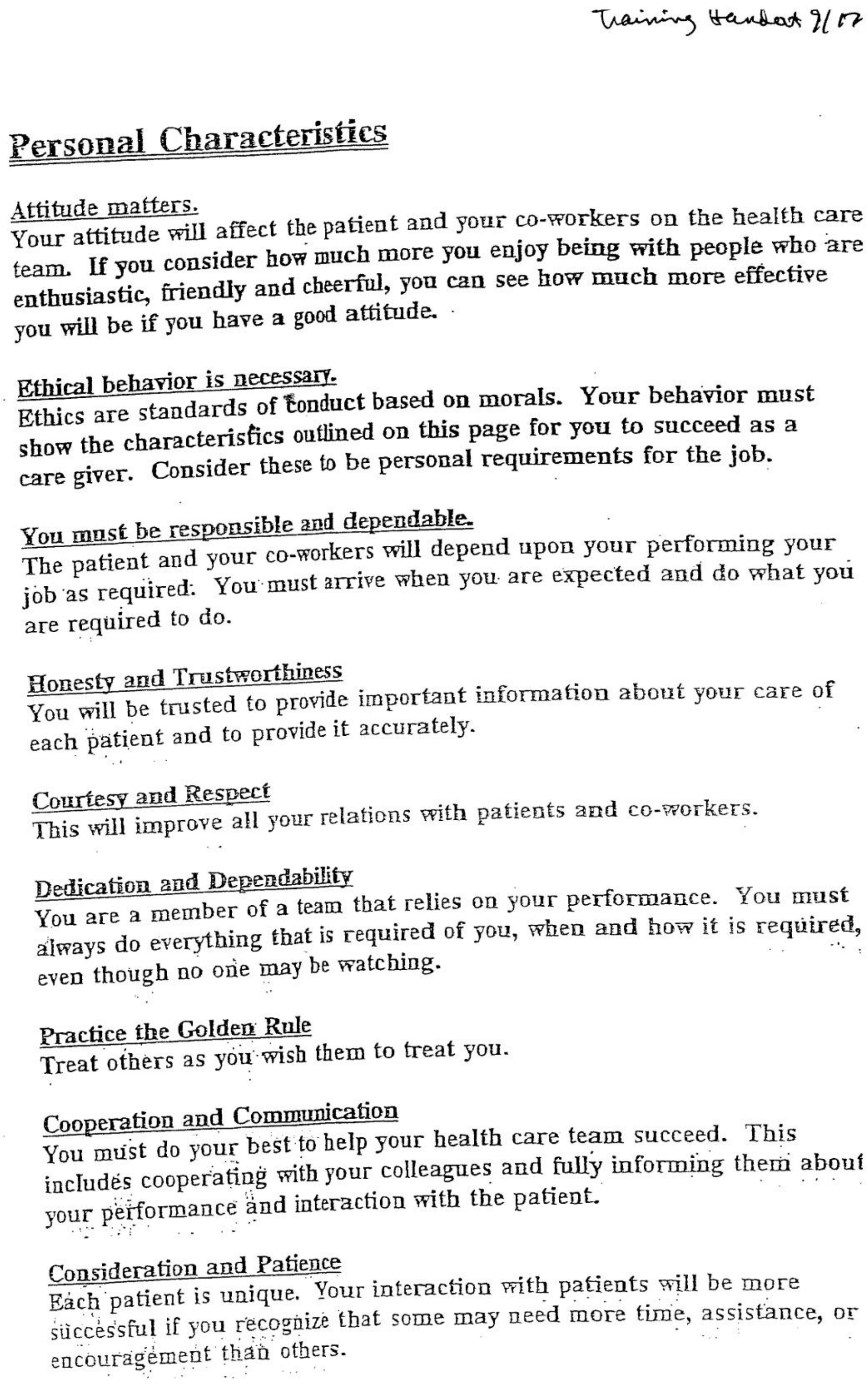
FIELD STAFF DRESS CODE AND HYGIENE GUIDELINES

1. Bathe daily, use deodorant.
2. Perfume is not recommended because some clients may be allergic to perfumes.
3. Brush teeth at least twice each day. Use breath freshener if necessary.
4. Hair must be clean, neatly cut, and combed or styled.
5. Sideburns, mustaches, beards must be clean, neat and trimmed.
6. Long fingernails are not permissible. If polish is worn, it should not be chipped or peeled.
7. Shirts and blouses must be buttoned. No revealing necklines are allowed. Zippers must be zipped and buckles must be fastened.
8. Closed toed shoes are to be worn. No sandals, thongs, moccasins or slippers. Shoes must be in good repair, clean and polished, if necessary.
9. Clothing must be in good repair, neat and clean. Shorts, miniskirts and leggings are not allowed. Holes in jeans or other garments is not allowed.
10. Undergarments must be worn.
11. Caps, hats, visors, or head scarves are not allowed.
12. Jewelry must be limited to one set of rings. No dangling bracelets, earrings or necklaces.

I have read, understand and will comply with the above.

Signed__________________________________ Date________________

Appendix 4 Plusmore Personal Characteristics of Workers



Training Handout 9/07

Personal Characteristics

Attitude matters.

Your attitude will affect the patient and your co-workers on the health care team. If you consider how much more you enjoy being with people who are enthusiastic, friendly and cheerful, you can see how much more effective you will be if you have a good attitude.

Ethical behavior is necessary.

Ethics are standards of conduct based on morals. Your behavior must show the characteristics outlined on this page for you to succeed as a care giver. Consider these to be personal requirements for the job.

You must be responsible and dependable.

The patient and your co-workers will depend upon your performing your job as required. You must arrive when you are expected and do what you are required to do.

Honesty and Trustworthiness

You will be trusted to provide important information about your care of each patient and to provide it accurately.

Courtesy and Respect

This will improve all your relations with patients and co-workers.

Dedication and Dependability

You are a member of a team that relies on your performance. You must always do everything that is required of you, when and how it is required, even though no one may be watching.

Practice the Golden Rule

Treat others as you wish them to treat you.

Cooperation and Communication

You must do your best to help your health care team succeed. This includes cooperating with your colleagues and fully informing them about your performance and interaction with the patient.

Consideration and Patience

Each patient is unique. Your interaction with patients will be more successful if you recognize that some may need more time, assistance, or encouragement than others.

Confidentiality

You must not discuss information about the patient's care with anyone not directly involved in the care of the patient.

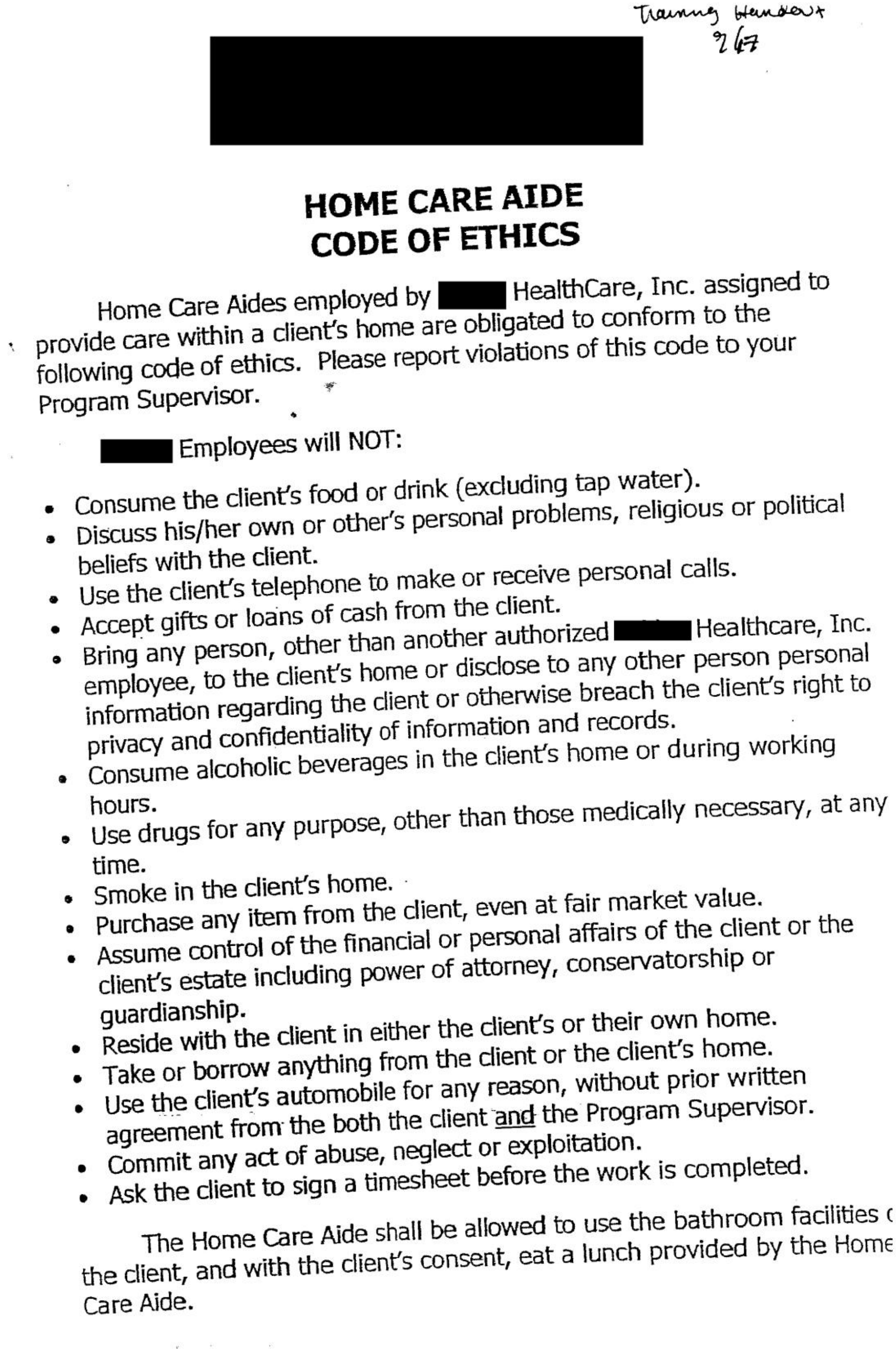
There are legal aspects to many of these personal requirements

Failing to practice them will hurt your job performance and can violate your patients' right. Practicing them will increase your success and enjoyment as a multi-skilled care-giver.

Understanding yourself is a key a helping others.

Think about the personal requirements for the job and honestly consider any area in which you need to improve. Try to see yourself as others see you. How patients and co-workers see you will influence your effectiveness and that of the home care team.

Appendix 5 Plusmore Home Care Aide Code of Ethics



Training Handout
9/07

[redacted]

HOME CARE AIDE CODE OF ETHICS

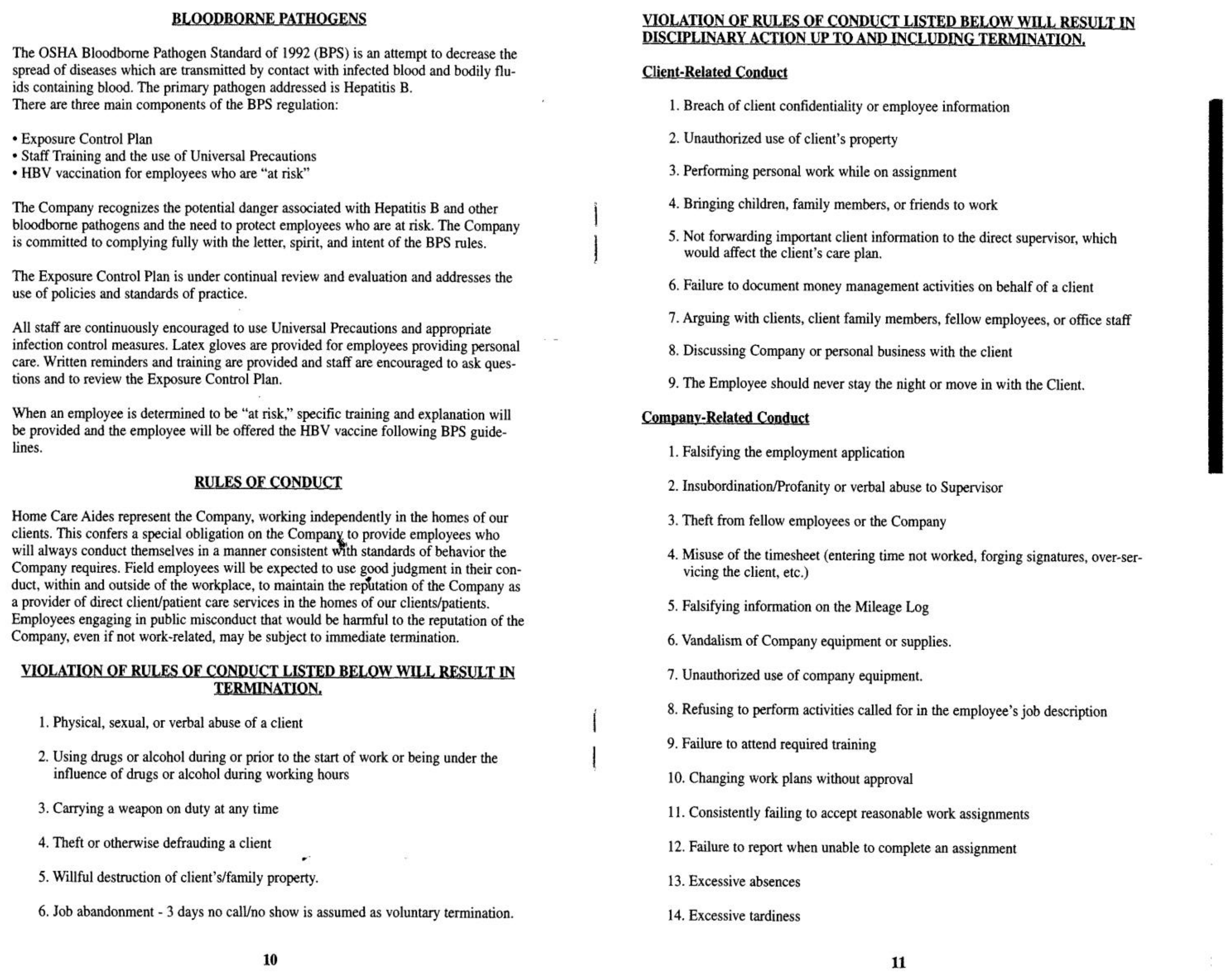
Home Care Aides employed by [redacted] HealthCare, Inc. assigned to provide care within a client's home are obligated to conform to the following code of ethics. Please report violations of this code to your Program Supervisor.

[redacted] Employees will NOT:

- Consume the client's food or drink (excluding tap water).
- Discuss his/her own or other's personal problems, religious or political beliefs with the client.
- Use the client's telephone to make or receive personal calls.
- Accept gifts or loans of cash from the client.
- Bring any person, other than another authorized [redacted] Healthcare, Inc. employee, to the client's home or disclose to any other person personal information regarding the client or otherwise breach the client's right to privacy and confidentiality of information and records.
- Consume alcoholic beverages in the client's home or during working hours.
- Use drugs for any purpose, other than those medically necessary, at any time.
- Smoke in the client's home.
- Purchase any item from the client, even at fair market value.
- Assume control of the financial or personal affairs of the client or the client's estate including power of attorney, conservatorship or guardianship.
- Reside with the client in either the client's or their own home.
- Take or borrow anything from the client or the client's home.
- Use the client's automobile for any reason, without prior written agreement from the both the client and the Program Supervisor.
- Commit any act of abuse, neglect or exploitation.
- Ask the client to sign a timesheet before the work is completed.

The Home Care Aide shall be allowed to use the bathroom facilities the client, and with the client's consent, eat a lunch provided by the Home Care Aide.

Appendix 6 Plusmore Rules of Conduct



BLOODBORNE PATHOGENS

The OSHA Bloodborne Pathogen Standard of 1992 (BPS) is an attempt to decrease the spread of diseases which are transmitted by contact with infected blood and bodily fluids containing blood. The primary pathogen addressed is Hepatitis B.
There are three main components of the BPS regulation:

- Exposure Control Plan
- Staff Training and the use of Universal Precautions
- HBV vaccination for employees who are "at risk"

The Company recognizes the potential danger associated with Hepatitis B and other bloodborne pathogens and the need to protect employees who are at risk. The Company is committed to complying fully with the letter, spirit, and intent of the BPS rules.

The Exposure Control Plan is under continual review and evaluation and addresses the use of policies and standards of practice.

All staff are continuously encouraged to use Universal Precautions and appropriate infection control measures. Latex gloves are provided for employees providing personal care. Written reminders and training are provided and staff are encouraged to ask questions and to review the Exposure Control Plan.

When an employee is determined to be "at risk," specific training and explanation will be provided and the employee will be offered the HBV vaccine following BPS guidelines.

RULES OF CONDUCT

Home Care Aides represent the Company, working independently in the homes of our clients. This confers a special obligation on the Company to provide employees who will always conduct themselves in a manner consistent with standards of behavior the Company requires. Field employees will be expected to use good judgment in their conduct, within and outside of the workplace, to maintain the reputation of the Company as a provider of direct client/patient care services in the homes of our clients/patients. Employees engaging in public misconduct that would be harmful to the reputation of the Company, even if not work-related, may be subject to immediate termination.

VIOLATION OF RULES OF CONDUCT LISTED BELOW WILL RESULT IN TERMINATION.

1. Physical, sexual, or verbal abuse of a client
2. Using drugs or alcohol during or prior to the start of work or being under the influence of drugs or alcohol during working hours
3. Carrying a weapon on duty at any time
4. Theft or otherwise defrauding a client
5. Willful destruction of client's/family property.
6. Job abandonment - 3 days no call/no show is assumed as voluntary termination.

VIOLATION OF RULES OF CONDUCT LISTED BELOW WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

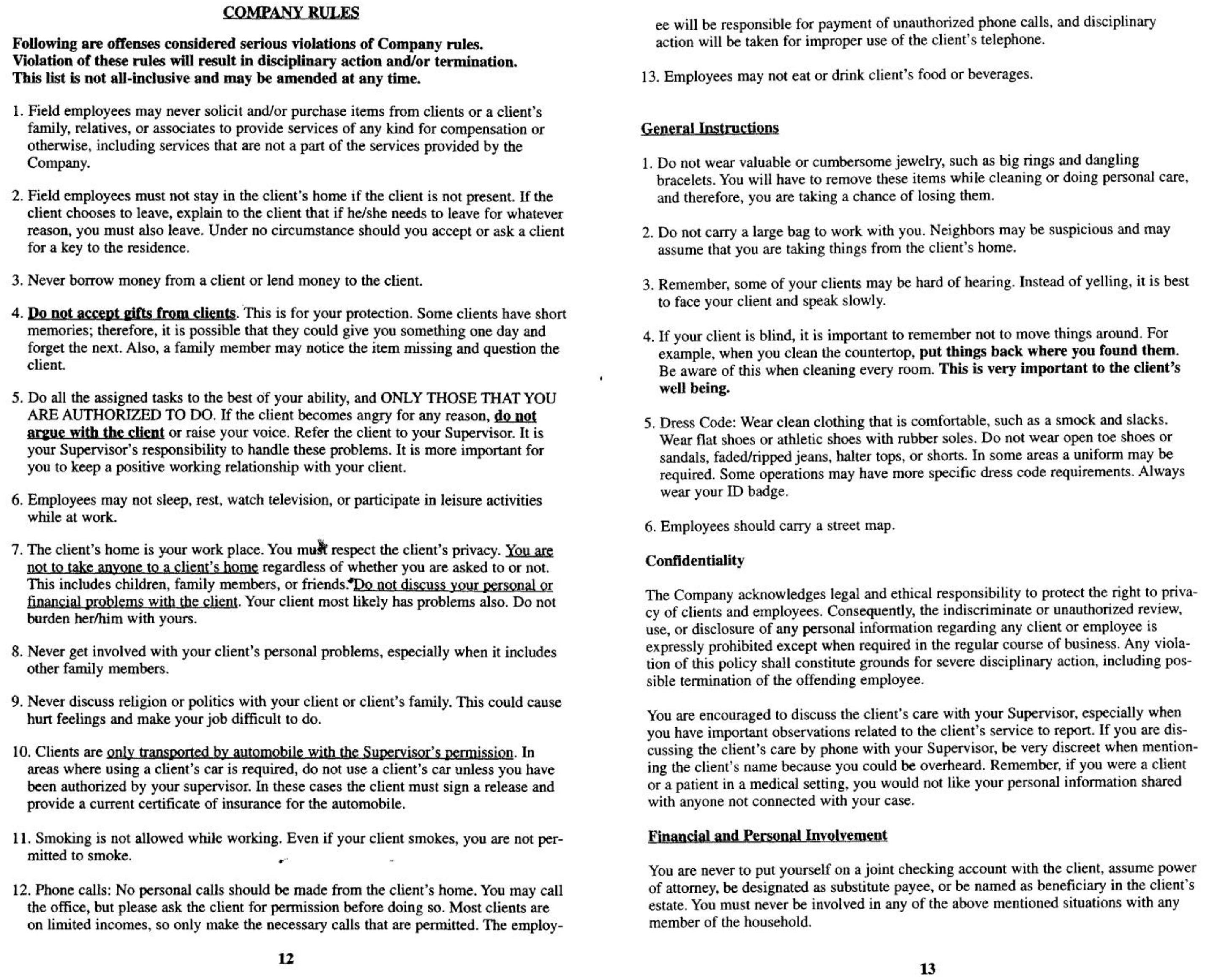
Client-Related Conduct

1. Breach of client confidentiality or employee information
2. Unauthorized use of client's property
3. Performing personal work while on assignment
4. Bringing children, family members, or friends to work
5. Not forwarding important client information to the direct supervisor, which would affect the client's care plan.
6. Failure to document money management activities on behalf of a client
7. Arguing with clients, client family members, fellow employees, or office staff
8. Discussing Company or personal business with the client
9. The Employee should never stay the night or move in with the Client.

Company-Related Conduct

1. Falsifying the employment application
2. Insubordination/Profanity or verbal abuse to Supervisor
3. Theft from fellow employees or the Company
4. Misuse of the timesheet (entering time not worked, forging signatures, over-servicing the client, etc.)
5. Falsifying information on the Mileage Log
6. Vandalism of Company equipment or supplies.
7. Unauthorized use of company equipment.
8. Refusing to perform activities called for in the employee's job description
9. Failure to attend required training
10. Changing work plans without approval
11. Consistently failing to accept reasonable work assignments
12. Failure to report when unable to complete an assignment
13. Excessive absences
14. Excessive tardiness

Appendix 7 Plusmore Company Rules



COMPANY RULES

Following are offenses considered serious violations of Company rules. Violation of these rules will result in disciplinary action and/or termination. This list is not all-inclusive and may be amended at any time.

1. Field employees may never solicit and/or purchase items from clients or a client's family, relatives, or associates to provide services of any kind for compensation or otherwise, including services that are not a part of the services provided by the Company.

2. Field employees must not stay in the client's home if the client is not present. If the client chooses to leave, explain to the client that if he/she needs to leave for whatever reason, you must also leave. Under no circumstance should you accept or ask a client for a key to the residence.

3. Never borrow money from a client or lend money to the client.

4. **Do not accept gifts from clients**. This is for your protection. Some clients have short memories; therefore, it is possible that they could give you something one day and forget the next. Also, a family member may notice the item missing and question the client.

5. Do all the assigned tasks to the best of your ability, and ONLY THOSE THAT YOU ARE AUTHORIZED TO DO. If the client becomes angry for any reason, **do not argue with the client** or raise your voice. Refer the client to your Supervisor. It is your Supervisor's responsibility to handle these problems. It is more important for you to keep a positive working relationship with your client.

6. Employees may not sleep, rest, watch television, or participate in leisure activities while at work.

7. The client's home is your work place. You must respect the client's privacy. You are not to take anyone to a client's home regardless of whether you are asked to or not. This includes children, family members, or friends. Do not discuss your personal or financial problems with the client. Your client most likely has problems also. Do not burden her/him with yours.

8. Never get involved with your client's personal problems, especially when it includes other family members.

9. Never discuss religion or politics with your client or client's family. This could cause hurt feelings and make your job difficult to do.

10. Clients are only transported by automobile with the Supervisor's permission. In areas where using a client's car is required, do not use a client's car unless you have been authorized by your supervisor. In these cases the client must sign a release and provide a current certificate of insurance for the automobile.

11. Smoking is not allowed while working. Even if your client smokes, you are not permitted to smoke.

12. Phone calls: No personal calls should be made from the client's home. You may call the office, but please ask the client for permission before doing so. Most clients are on limited incomes, so only make the necessary calls that are permitted. The employee will be responsible for payment of unauthorized phone calls, and disciplinary action will be taken for improper use of the client's telephone.

13. Employees may not eat or drink client's food or beverages.

General Instructions

1. Do not wear valuable or cumbersome jewelry, such as big rings and dangling bracelets. You will have to remove these items while cleaning or doing personal care, and therefore, you are taking a chance of losing them.

2. Do not carry a large bag to work with you. Neighbors may be suspicious and may assume that you are taking things from the client's home.

3. Remember, some of your clients may be hard of hearing. Instead of yelling, it is best to face your client and speak slowly.

4. If your client is blind, it is important to remember not to move things around. For example, when you clean the countertop, **put things back where you found them**. Be aware of this when cleaning every room. **This is very important to the client's well being.**

5. Dress Code: Wear clean clothing that is comfortable, such as a smock and slacks. Wear flat shoes or athletic shoes with rubber soles. Do not wear open toe shoes or sandals, faded/ripped jeans, halter tops, or shorts. In some areas a uniform may be required. Some operations may have more specific dress code requirements. Always wear your ID badge.

6. Employees should carry a street map.

Confidentiality

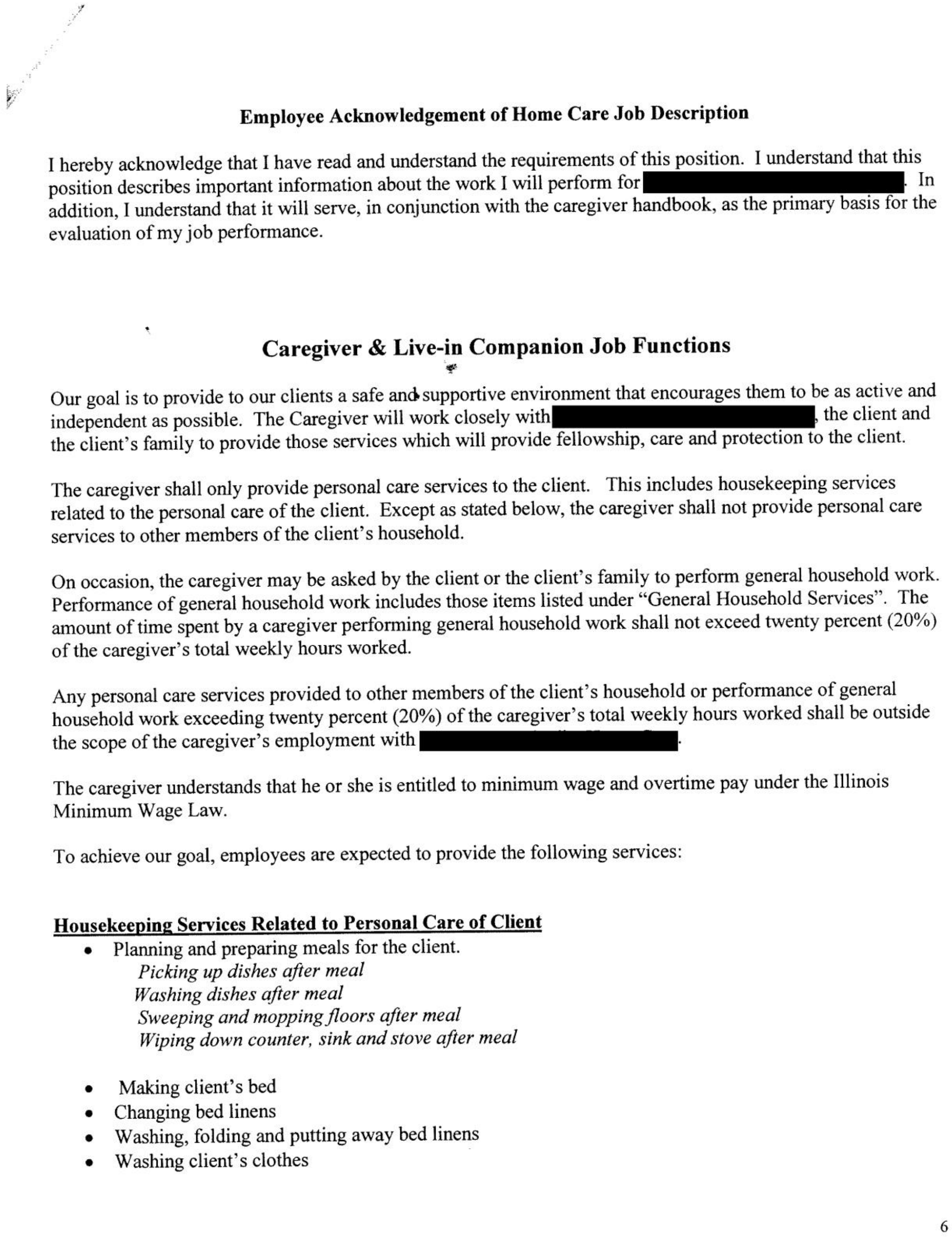
The Company acknowledges legal and ethical responsibility to protect the right to privacy of clients and employees. Consequently, the indiscriminate or unauthorized review, use, or disclosure of any personal information regarding any client or employee is expressly prohibited except when required in the regular course of business. Any violation of this policy shall constitute grounds for severe disciplinary action, including possible termination of the offending employee.

You are encouraged to discuss the client's care with your Supervisor, especially when you have important observations related to the client's service to report. If you are discussing the client's care by phone with your Supervisor, be very discreet when mentioning the client's name because you could be overheard. Remember, if you were a client or a patient in a medical setting, you would not like your personal information shared with anyone not connected with your case.

Financial and Personal Involvement

You are never to put yourself on a joint checking account with the client, assume power of attorney, be designated as substitute payee, or be named as beneficiary in the client's estate. You must never be involved in any of the above mentioned situations with any member of the household.

Appendix 8 Belltower Job Functions



Employee Acknowledgement of Home Care Job Description

I hereby acknowledge that I have read and understand the requirements of this position. I understand that this position describes important information about the work I will perform for [redacted]. In addition, I understand that it will serve, in conjunction with the caregiver handbook, as the primary basis for the evaluation of my job performance.

Caregiver & Live-in Companion Job Functions

Our goal is to provide to our clients a safe and supportive environment that encourages them to be as active and independent as possible. The Caregiver will work closely with [redacted], the client and the client's family to provide those services which will provide fellowship, care and protection to the client.

The caregiver shall only provide personal care services to the client. This includes housekeeping services related to the personal care of the client. Except as stated below, the caregiver shall not provide personal care services to other members of the client's household.

On occasion, the caregiver may be asked by the client or the client's family to perform general household work. Performance of general household work includes those items listed under "General Household Services". The amount of time spent by a caregiver performing general household work shall not exceed twenty percent (20%) of the caregiver's total weekly hours worked.

Any personal care services provided to other members of the client's household or performance of general household work exceeding twenty percent (20%) of the caregiver's total weekly hours worked shall be outside the scope of the caregiver's employment with [redacted].

The caregiver understands that he or she is entitled to minimum wage and overtime pay under the Illinois Minimum Wage Law.

To achieve our goal, employees are expected to provide the following services:

Housekeeping Services Related to Personal Care of Client

- Planning and preparing meals for the client.
    Picking up dishes after meal
    Washing dishes after meal
    Sweeping and mopping floors after meal
    Wiping down counter, sink and stove after meal

- Making client's bed
- Changing bed linens
- Washing, folding and putting away bed linens
- Washing client's clothes

6

- Laundry is authorized once a week unless stated otherwise.
- If the client does not have laundry facilities, use the nearest laundromat.
- When using a laundromat, stay with the laundry until it is finished. Do not leave clothes unattended.
- Laundry services can also include mending, ironing, folding, and putting away clothes.
- It is important to follow washing instruction tags inside the clothes
- Cleaning bathroom after client's bath/shower
  Scrubbing bathtub after bath/shower
  Washing, folding and putting away bath towels/supplies

Personal Care Services

- Bowel and bladder care
    - *Assisting with bed pans*
    - *Applying of diapers*
    - *Changing rubber sheets*
    - *Assisting with getting on and off the toilet or commode*
- Bathing, grooming
    - *Giving sponge baths*
    - *Assisting with oral hygiene*
    - **Do not cut fingernails or toenails.**
- Dressing and undressing the client
- Assisting with consumption of food
- Turning the client in bed to prevent bedsores
- Transferring in and out of bed and the bathtub
    - *You are absolutely prohibited from lifting a client.*
- Giving medication reminders (not administering or measuring medication), putting on bandages, administer non-prescription eye drops
    - **You may not dispense. apply or administer prescription medications or give injections.**
- Visiting with client

***It is imperative that you wear gloves when performing any type of personal care such as bathing, applying lotion, or handling of soiled linens or diapers.**

Hand washing:

Washing your hands thoroughly is one of the most important things you can do to help promote wellness and prevent illness. Many germs that cause infection and disease are spread by dirty hands. Wash your hands when arriving at a client's home, frequently during your visit with that client and before leaving a client so you do not spread germs to the next client, especially if you are handling food or doing personal care functions.

General Housekeeping Services

These services shall not exceed twenty percent (20%) of the caregiver's total weekly hours worked. Do not volunteer to do work that is not authorized by your supervisor.

- Sweeping, vacuuming, and washing floors using a mop
    - *Do not get down on your hands and knees unless authorized by your supervisor. Never wax a client's floor. Do not move heavy furniture or turn over a mattress.*
- Washing kitchen counters and sinks
- Cleaning bathrooms
- Storing food and supplies
- Taking out the garbage
- Dusting and picking up
    - *Your safety is our main concern. Do not stand on ladders, step-stools, boxes, counters, etc. Do only tasks that require you to reach from a standing position.*
- Cleaning the oven and stove
- Cleaning and defrosting the refrigerator
    - *Be sure to ask the client before throwing away any food.*
- Preparing meals for both consumption and storage
- Performing other housekeeping services as assigned.
    - *Do not volunteer to do work that is not authorized by your supervisor.*

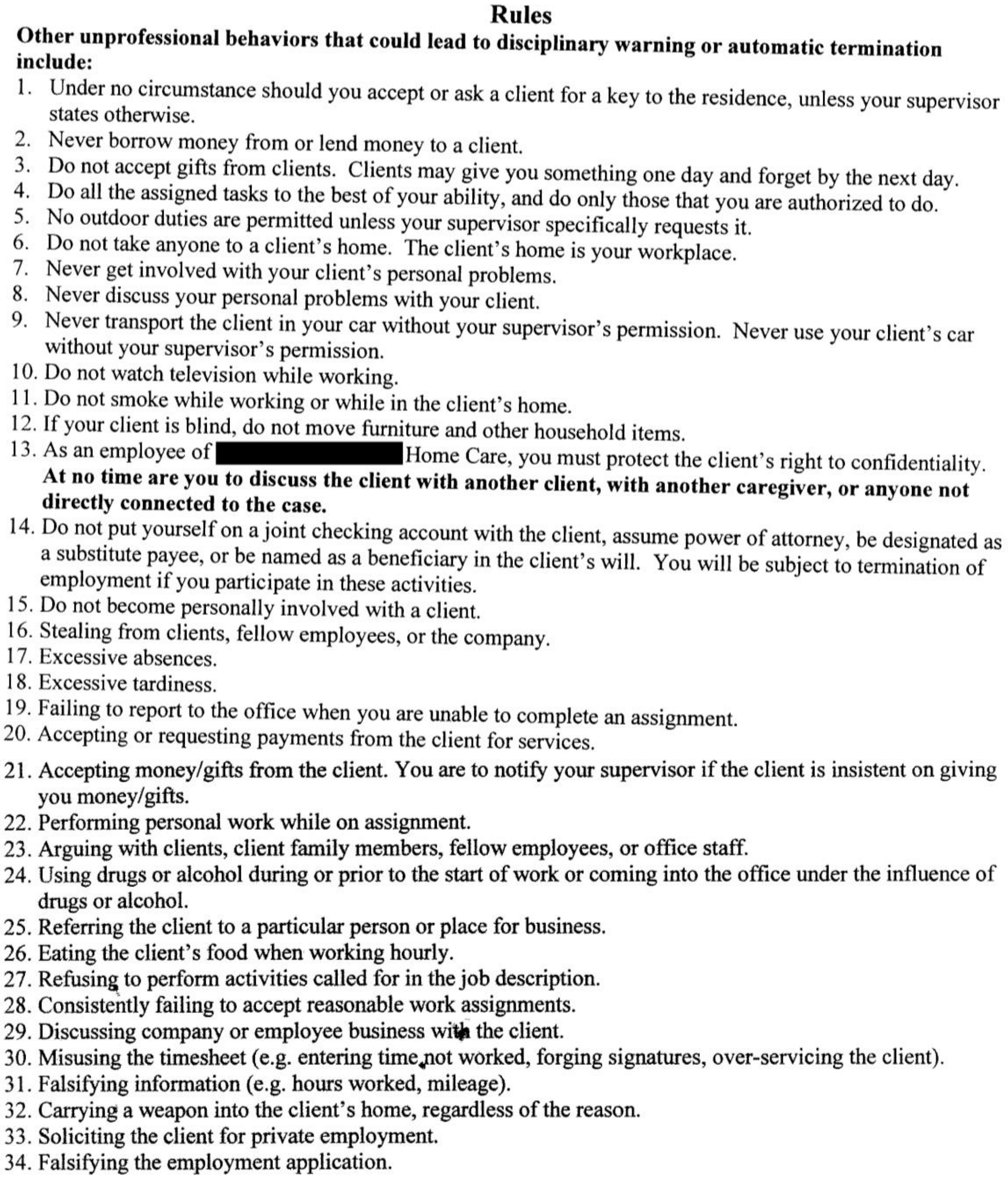
Shopping Services

- A shopping trip is authorized once a week unless stated otherwise.
- Ask the client to prepare a shopping list.
- Go through the list with the client. Get the client to specify each item (e.g. bread – white or brown; milk – 1%, 2% etc.)
- Write on the timesheet the amount of money the client gave you and the amount you returned with after shopping. Please attach a receipt, if possible.
- Always put groceries away.
- Never buy alcoholic beverages or foodstuffs containing alcohol for a client.
- Never buy cigarettes for a client.
- If you did the shopping, include on the client's timesheet, the mileage, the amount of money the client gave you, the amount on the bill and the amount you returned to the client.
- Review the timesheet with the client and have the client initial it.

Heavy Cleaning Services (Only when authorized by a Supervisor)

- Cleaning cupboards (inside and out)
- Washing ground floor windows
- Cleaning underneath and behind furniture
- Do not wash walls or windows unless stated otherwise.
- Performing other heavy cleaning services as assigned

Appendix 9 Belltower Rules

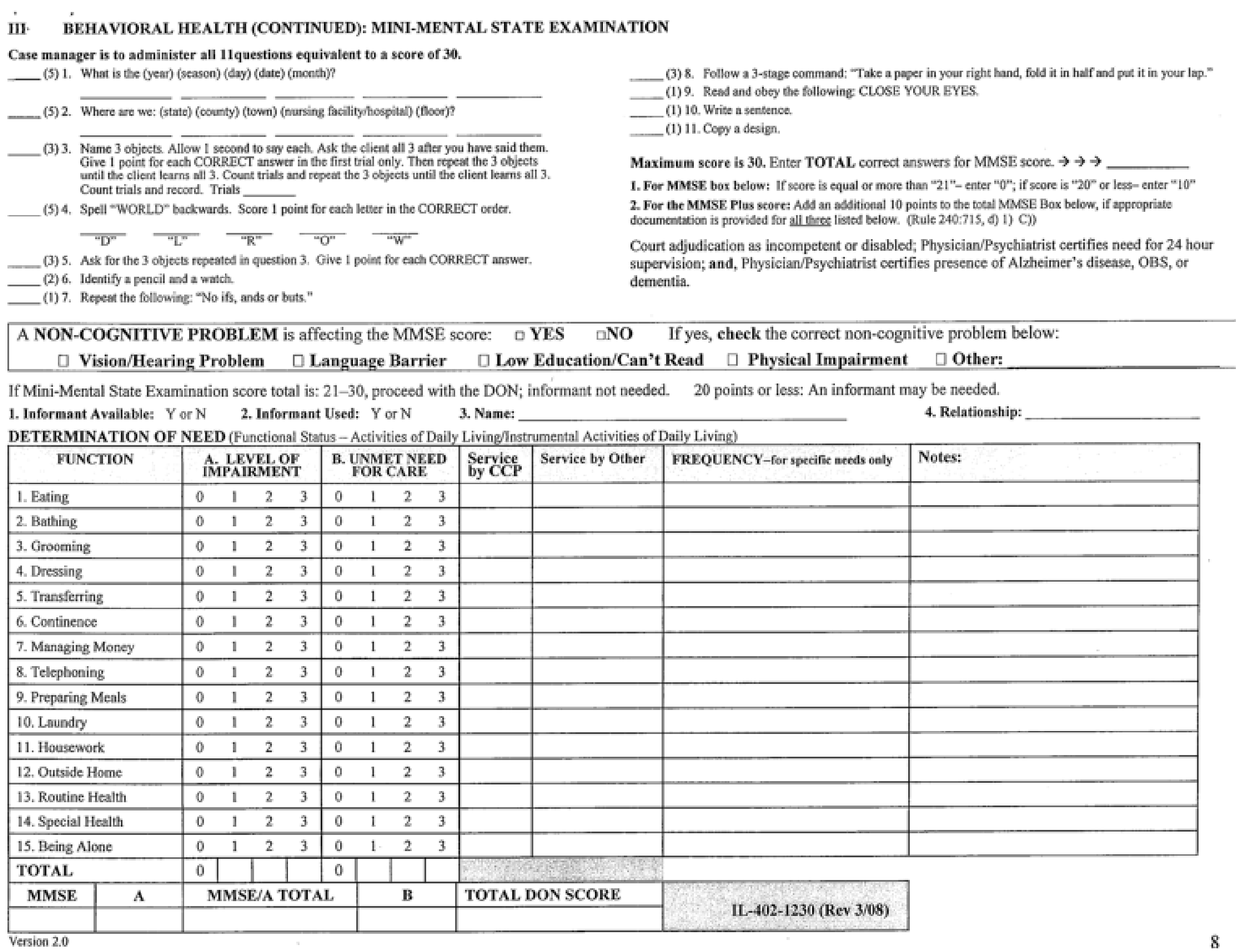


Rules

Other unprofessional behaviors that could lead to disciplinary warning or automatic termination include:

1. Under no circumstance should you accept or ask a client for a key to the residence, unless your supervisor states otherwise.
2. Never borrow money from or lend money to a client.
3. Do not accept gifts from clients. Clients may give you something one day and forget by the next day.
4. Do all the assigned tasks to the best of your ability, and do only those that you are authorized to do.
5. No outdoor duties are permitted unless your supervisor specifically requests it.
6. Do not take anyone to a client's home. The client's home is your workplace.
7. Never get involved with your client's personal problems.
8. Never discuss your personal problems with your client.
9. Never transport the client in your car without your supervisor's permission. Never use your client's car without your supervisor's permission.
10. Do not watch television while working.
11. Do not smoke while working or while in the client's home.
12. If your client is blind, do not move furniture and other household items.
13. As an employee of [redacted] Home Care, you must protect the client's right to confidentiality. **At no time are you to discuss the client with another client, with another caregiver, or anyone not directly connected to the case.**
14. Do not put yourself on a joint checking account with the client, assume power of attorney, be designated as a substitute payee, or be named as a beneficiary in the client's will. You will be subject to termination of employment if you participate in these activities.
15. Do not become personally involved with a client.
16. Stealing from clients, fellow employees, or the company.
17. Excessive absences.
18. Excessive tardiness.
19. Failing to report to the office when you are unable to complete an assignment.
20. Accepting or requesting payments from the client for services.
21. Accepting money/gifts from the client. You are to notify your supervisor if the client is insistent on giving you money/gifts.
22. Performing personal work while on assignment.
23. Arguing with clients, client family members, fellow employees, or office staff.
24. Using drugs or alcohol during or prior to the start of work or coming into the office under the influence of drugs or alcohol.
25. Referring the client to a particular person or place for business.
26. Eating the client's food when working hourly.
27. Refusing to perform activities called for in the job description.
28. Consistently failing to accept reasonable work assignments.
29. Discussing company or employee business with the client.
30. Misusing the timesheet (e.g. entering time not worked, forging signatures, over-servicing the client).
31. Falsifying information (e.g. hours worked, mileage).
32. Carrying a weapon into the client's home, regardless of the reason.
33. Soliciting the client for private employment.
34. Falsifying the employment application.

Appendix 10 Illinois Community Care Program Determination of Need Assessment Tool



III. BEHAVIORAL HEALTH (CONTINUED): MINI-MENTAL STATE EXAMINATION

Case manager is to administer all 11questions equivalent to a score of 30.

____ (5) 1. What is the (year) (season) (day) (date) (month)?

____ (5) 2. Where are we: (state) (county) (town) (nursing facility/hospital) (floor)?

____ (3) 3. Name 3 objects. Allow 1 second to say each. Ask the client all 3 after you have said them. Give 1 point for each CORRECT answer in the first trial only. Then repeat the 3 objects until the client learns all 3. Count trials and repeat the 3 objects until the client learns all 3. Count trials and record. Trials ______

____ (5) 4. Spell "WORLD" backwards. Score 1 point for each letter in the CORRECT order.

"D" "L" "R" "O" "W"

____ (3) 5. Ask for the 3 objects repeated in question 3. Give 1 point for each CORRECT answer.

____ (2) 6. Identify a pencil and a watch.

____ (1) 7. Repeat the following: "No ifs, ands or buts."

____ (3) 8. Follow a 3-stage command: "Take a paper in your right hand, fold it in half and put it in your lap."

____ (1) 9. Read and obey the following: CLOSE YOUR EYES.

____ (1) 10. Write a sentence.

____ (1) 11. Copy a design.

Maximum score is 30. Enter **TOTAL** correct answers for MMSE score. → → → ________

1. For MMSE box below: If score is equal or more than "21"– enter "0"; if score is "20" or less– enter "10"

2. For the MMSE Plus score: Add an additional 10 points to the total MMSE Box below, if appropriate documentation is provided for all three listed below. (Rule 240:715, d) 1) C))

Court adjudication as incompetent or disabled; Physician/Psychiatrist certifies need for 24 hour supervision; **and,** Physician/Psychiatrist certifies presence of Alzheimer's disease, OBS, or dementia.

A **NON-COGNITIVE PROBLEM** is affecting the MMSE score: ☐ **YES** ☐**NO** If yes, **check** the correct non-cognitive problem below:

☐ **Vision/Hearing Problem** ☐ **Language Barrier** ☐ **Low Education/Can't Read** ☐ **Physical Impairment** ☐ **Other:** ________

If Mini-Mental State Examination score total is: 21–30, proceed with the DON; informant not needed. 20 points or less: An informant may be needed.

1. Informant Available: Y or N **2. Informant Used:** Y or N **3. Name:** ________ **4. Relationship:** ________

DETERMINATION OF NEED (Functional Status – Activities of Daily Living/Instrumental Activities of Daily Living)

FUNCTION	A. LEVEL OF IMPAIRMENT	B. UNMET NEED FOR CARE	Service by CCP	Service by Other	FREQUENCY–for specific needs only	Notes:
1. Eating	0 1 2 3	0 1 2 3				
2. Bathing	0 1 2 3	0 1 2 3				
3. Grooming	0 1 2 3	0 1 2 3				
4. Dressing	0 1 2 3	0 1 2 3				
5. Transferring	0 1 2 3	0 1 2 3				
6. Continence	0 1 2 3	0 1 2 3				
7. Managing Money	0 1 2 3	0 1 2 3				
8. Telephoning	0 1 2 3	0 1 2 3				
9. Preparing Meals	0 1 2 3	0 1 2 3				
10. Laundry	0 1 2 3	0 1 2 3				
11. Housework	0 1 2 3	0 1 2 3				
12. Outside Home	0 1 2 3	0 1 2 3				
13. Routine Health	0 1 2 3	0 1 2 3				
14. Special Health	0 1 2 3	0 1 2 3				
15. Being Alone	0 1 2 3	0 1 2 3				
TOTAL	0	0				

MMSE	A	MMSE/A TOTAL	B	TOTAL DON SCORE	IL-402-1230 (Rev 3/08)

Version 2.0

8

Appendix 11 Belltower Do's and Don'ts

[redacted]

[redacted] Home Care

Home and community-based services refers to the menu of support services that help older persons live independently in their home and communities. These services are provided by para-professional caregivers or Certified Nursing Assistants. The purpose of providing home care services is to maintain, strengthen and safeguard the functioning of older persons in their own home in accordance with a defined plan of care.

Specific service components of home and community-based services are detailed below.

DO'S

*Provide assistance with personal care to help manage the activities of daily living, such as bathing, grooming, dressing, and shaving with an electric razor.

*Provide assistance with meal preparation and cooking, meeting dietary requirements.

*Provide reminder and assistance with self-administered medications.

*Provide assistance with light housekeeping, such as vacuuming, dusting, floor mopping.

*Provide assistance with laundry, washing, drying, folding and putting away. Laundry is to be done in the client's residence or local laundromat.

*Provide assistance with grocery shopping and putting away groceries, usually done once a week at a local grocery store.

*Accompany/escort client to healthcare and other appointments.

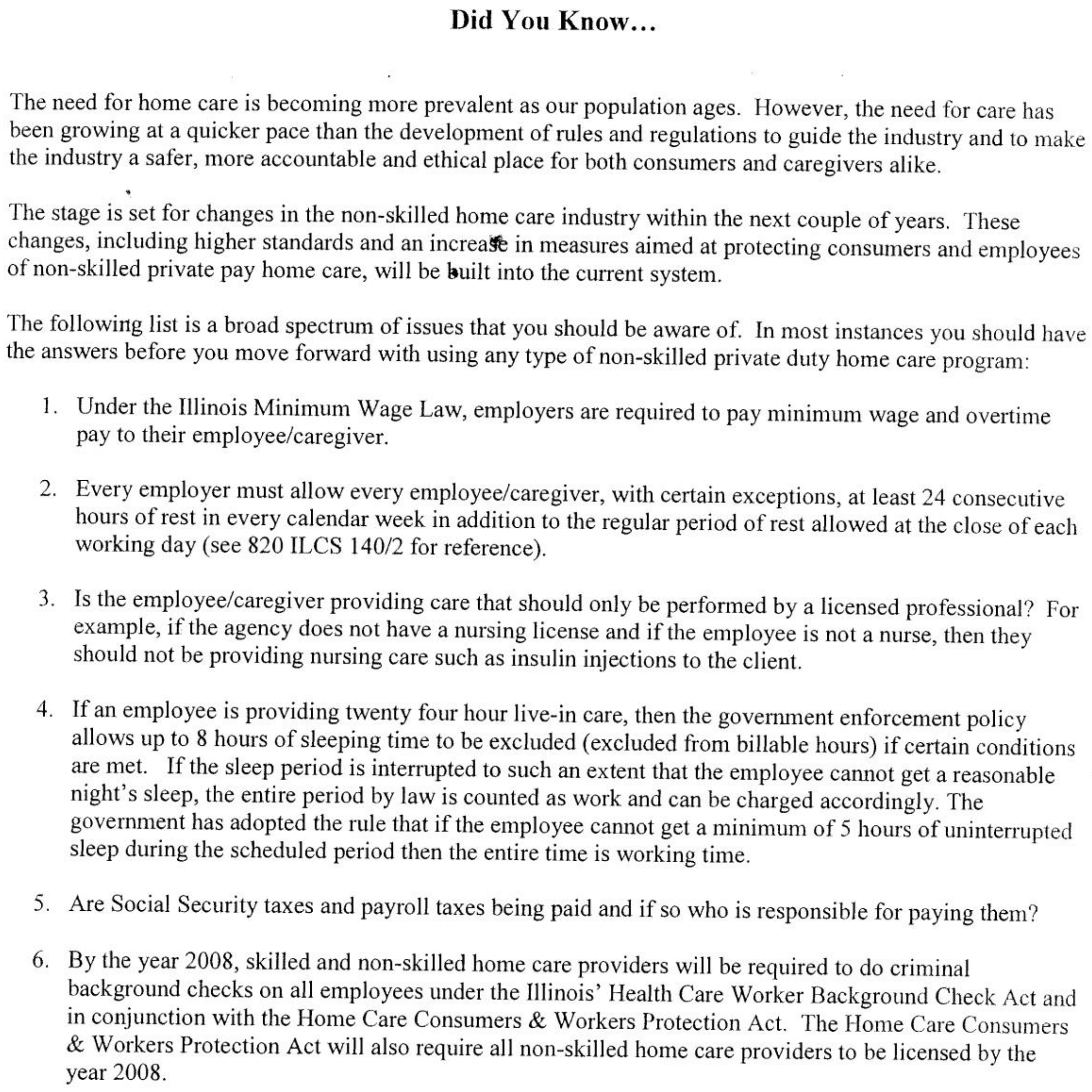
*Assist with pre-established exercise routine.

DON'TS

*Provide any medical care or rehabilitative therapy.
*Cut finger or toe nails, give haircuts or permanents.
*Provide heavy cleaning services such as scrubbing floors or walls, washing windows, moving furniture, hand laundry.
*Provide assistance in any way for a non-client residing in the household.
*Do any yard or outside work, climb on ladders.
*Provide child care.
*Limited pet care.
*Do any home repairs.

• Skilled Nursing, Rehabilitation, and Alzheimer's Care • Assisted Living Residences • Home Care • Home Improvements
A strategic alliance of [redacted]

Appendix 12 Belltower Did You Know?



Did You Know…

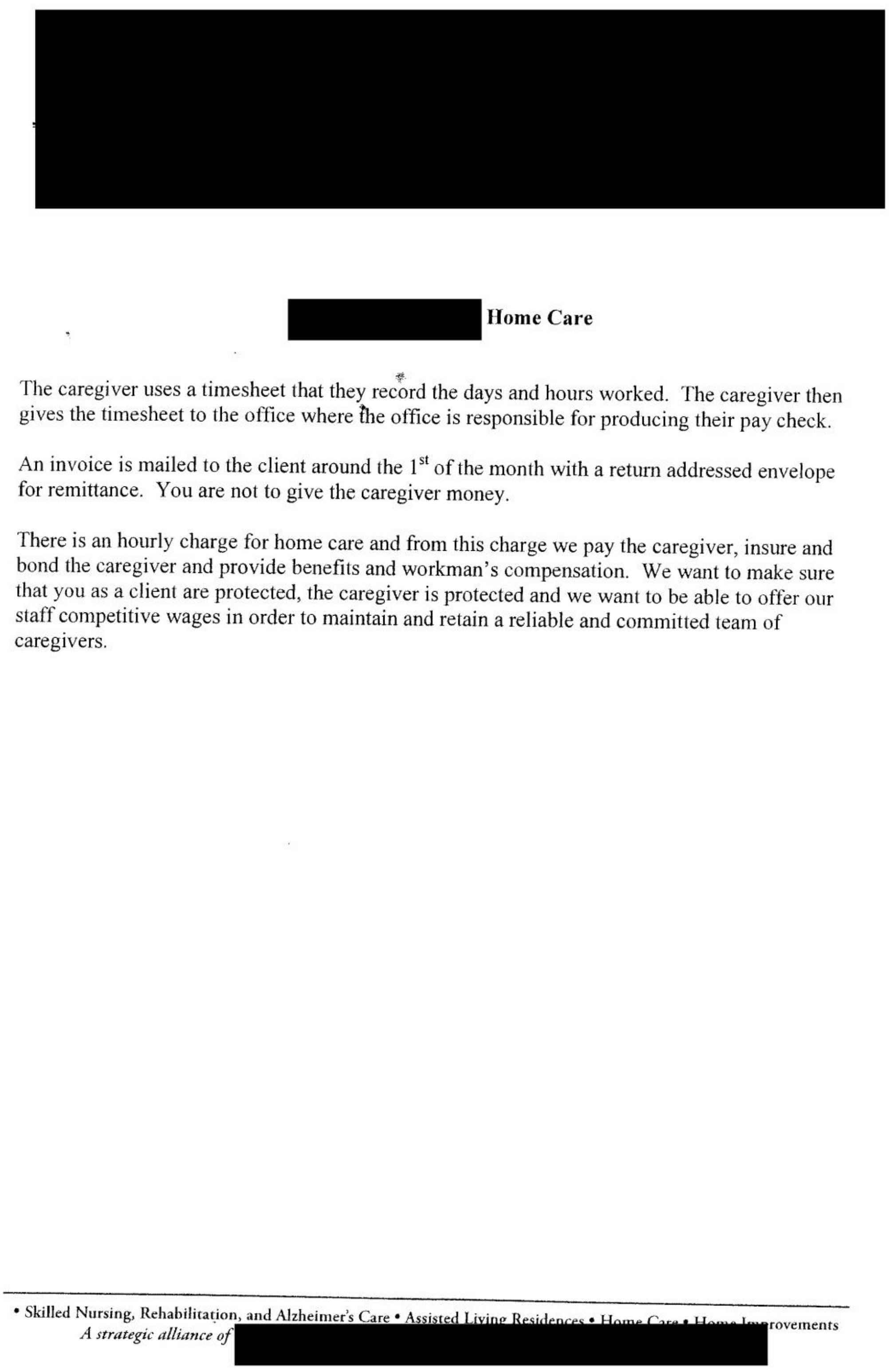
The need for home care is becoming more prevalent as our population ages. However, the need for care has been growing at a quicker pace than the development of rules and regulations to guide the industry and to make the industry a safer, more accountable and ethical place for both consumers and caregivers alike.

The stage is set for changes in the non-skilled home care industry within the next couple of years. These changes, including higher standards and an increase in measures aimed at protecting consumers and employees of non-skilled private pay home care, will be built into the current system.

The following list is a broad spectrum of issues that you should be aware of. In most instances you should have the answers before you move forward with using any type of non-skilled private duty home care program:

1. Under the Illinois Minimum Wage Law, employers are required to pay minimum wage and overtime pay to their employee/caregiver.
2. Every employer must allow every employee/caregiver, with certain exceptions, at least 24 consecutive hours of rest in every calendar week in addition to the regular period of rest allowed at the close of each working day (see 820 ILCS 140/2 for reference).
3. Is the employee/caregiver providing care that should only be performed by a licensed professional? For example, if the agency does not have a nursing license and if the employee is not a nurse, then they should not be providing nursing care such as insulin injections to the client.
4. If an employee is providing twenty four hour live-in care, then the government enforcement policy allows up to 8 hours of sleeping time to be excluded (excluded from billable hours) if certain conditions are met. If the sleep period is interrupted to such an extent that the employee cannot get a reasonable night's sleep, the entire period by law is counted as work and can be charged accordingly. The government has adopted the rule that if the employee cannot get a minimum of 5 hours of uninterrupted sleep during the scheduled period then the entire time is working time.
5. Are Social Security taxes and payroll taxes being paid and if so who is responsible for paying them?
6. By the year 2008, skilled and non-skilled home care providers will be required to do criminal background checks on all employees under the Illinois' Health Care Worker Background Check Act and in conjunction with the Home Care Consumers & Workers Protection Act. The Home Care Consumers & Workers Protection Act will also require all non-skilled home care providers to be licensed by the year 2008.

Appendix 13 Belltower Timesheet Information for Clients



[redacted]

[redacted] Home Care

The caregiver uses a timesheet that they record the days and hours worked. The caregiver then gives the timesheet to the office where the office is responsible for producing their pay check.

An invoice is mailed to the client around the 1st of the month with a return addressed envelope for remittance. You are not to give the caregiver money.

There is an hourly charge for home care and from this charge we pay the caregiver, insure and bond the caregiver and provide benefits and workman's compensation. We want to make sure that you as a client are protected, the caregiver is protected and we want to be able to offer our staff competitive wages in order to maintain and retain a reliable and committed team of caregivers.

• Skilled Nursing, Rehabilitation, and Alzheimer's Care • Assisted Living Residences • Home Care • Home Improvements
A strategic alliance of [redacted]

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