

Organizing Home Care:  
Low Waged Workers in the Nation's Health and Welfare

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Last month, the Supreme Court considered whether the Department of Labor (DOL) in 1975 overstepped its rule making authority when exempting “elder companions”—including those employed by a third party, like a for-profit agency—from the Fair Labor Standards Act (FLSA). During oral testimony, Justice Stephen Breyer worried whether “millions of people” would be able to afford home care if they had to abide by the nation’s wage and hour law. “[A]ll over the country,” he declared, “it’s the family, the children, the grandchildren, an aunt, an uncle, maybe a good friend, maybe they’re not even related, who is paying for a companion for an old, sick person so they don’t have to be brought to an institution.”<sup>1</sup> Such a formulation expressed the anxieties of a generation faced with a crisis in the availability, affordability, and quality of long term direct care. In foregrounding the concerns of receivers of domestic and personal services, however, Justice Breyer erased the very presence of the providers, low-waged workers—predominantly women of color and immigrants—whose entitlement to minimum wage and overtime now rests in the Court’s hands. Or, to put it another way, the terms of the juridical contest, revolving around the rule making authority of DOL and Congressional

intent, obscured the palatable presence of those who perform care work for the welfare state, like the case's 73 year-old Jamaican immigrant respondent Evelyn Coke.<sup>2</sup>

Today home health care stands as one of the fastest growing sectors of the economy. However, the median hourly wage, adjusted for inflation, has dropped, leading to high turnover rates. At the same time, the number of uneducated women aged 25 to 54, who generally have filled such positions, has stagnated.<sup>3</sup> Concerns over who will care and how will we pay for care now justify public policy that keeps home health attendants poor. Those who ask the Supreme Court to affirm the FLSA rule rationalize it on the basis of expense. They warn, as did New York's Corporation Counsel, that any other outcome threatens "limiting consumer access and capping service levels" because of increased government costs, an additional \$279 million in wages for New York City alone.<sup>4</sup> They pit consumers and workers against each other, as if the possibility of paid care must depend on low wages.

Though the cost of homecare in the early 1970s rapidly rose in New York and California, the states receiving the largest chunk of Medicaid, no evidence exists that either Congress or the DOL excluded elder companions on that basis. Intent on rectifying legacies of racism and sexism, Congress in 1974 intended to expand wage and hour standards to private household workers, thought of as domestic servants, and bring hospital and nursing home employees fully under the law. That home care in their minds belonged to the policy realms of welfare, poverty, and old age, not labor standards, may explain the confusion of such a champion of worker rights as the bill's sponsor New Jersey Democrat Harrison Williams. During Senate hearings, he analogized that "a babysitter is there . . . to watch the youngsters" and that "'companion,' as we mean it, is

in the same role—to be there and to watch an older person, in a sense.”<sup>5</sup> The babysitter was the teenage girl next door, not a family breadwinner who needed higher wages to support others; so too the elder sitter was a friend or neighbor assumed not to be employed otherwise. But some child minders were workers, and so the managers of the bill added “casual” to clarify the distinction between teenage babysitter and family breadwinner.<sup>6</sup> They clearly did not conceive of the home aide as a worker similar to a nursing home or hospital attendant, even though “manpower” and related programs had been training women for all three.

In contrast, the DOL’s 2006 post-hoc reasoning —that “keeping health care worker wages below the federal minimum,” as the Urban Justice Center mocked their arguments, serves the public good by making the service more affordable to those “with modest means,” “safeguards” public finances, and “benefits” workers by allowing them to work more hours even if earning less than the minimum wage—undermined key objectives of the FLSA: to increase coverage, prohibit sub-minimum wages, and maintain worker self-support. Removing previously covered workers appears inconsistent with the act.<sup>7</sup> As a columnist for the *St. Petersburg Times* recently editorialized, “a business model where the venture can succeed only if slave labor is used . . . is intolerable.” Or as the AARP [American Association of Retired Persons] and the American Association of People with Disabilities contended in an *amicus* brief, “only by paying home care workers decently will there be a sufficient and qualified labor pool.”<sup>8</sup>

Certainly in 1975, when DOL issued its rule on this matter, New York, California, Illinois, and other states had begun to address the long term care of the elderly and the disabled. Growing numbers of the frail, the elderly and the disabled required help with

daily living, but fewer family members were available at home to attend them. With nursing home scandals front page news,<sup>9</sup> home care had expanded over the previous decade as the humane alternative to institutionalization. But home care appeared out of control, with confused regulations, spiraling costs, charges of fraud, and a poorly paid, untrained and unsupervised workforce.<sup>10</sup> Across the nation, local and state governments were contracting such services to private agencies or designating care workers as “independent contractors” without benefits or job security. They sought to displace the cost of the program onto other levels of government, particularly the federal. Unlike Congress, the states certainly sought home care on the cheap. They were denying responsibility for the working conditions of an occupation whose contours government policies had done so much to shape during the previous quarter century.<sup>11</sup>

While the term home care includes a wide variety of tasks, here we focus on personal attendants, in-home support service workers and home health aides, who are America's front-line caregivers. Predominantly Latina, Black, and immigrant women, they are often casual laborers without health insurance, paid sick leave, vacations, or worker compensation. Their labors enable aged, blind, and disabled individuals to remain at home and outside of institutions. They cook and clean, shop, and help clients get out of bed, brush their teeth or move around.<sup>12</sup> Cleaning bodies as well as rooms, they engage in intimate labor, a kind of toil most essential but mostly stigmatized, as if the mere touching of dirt degrades the handler.<sup>13</sup> As one union activist explained in 1980, “it's a human service.” She viewed herself as “a little bit of everything—nurse, companion, psychiatrist.”<sup>14</sup> In supporting “persons who . . . are dependent,” she also performed labor that theorists name “care giving work.” Clients, though consumers as

they prefer to be called, are not customers; rather than marked by an ability to pay, inabilities, including meager finances and impaired capacities, distinguish them from shoppers of other goods and services. They require being cared about in order to be cared for, necessitating that caregivers respond to the whole person—thus often finding themselves in conflict with the Taylorized time-task schedules through which social workers, hospitals, and private agencies have organized the job.<sup>15</sup>

Both the state and the long-term care industry have shared the presumption that “women would always be willing to provide care and companionship for our loved ones—despite jobs that kept them working but poor.”<sup>16</sup> This conflation of home care with domestic labor is historical and not merely some categorical equivalency. Not only has home health care as work been defined against and through domestic service, but home care laborers, their hospital and nursing home counterparts, and paid household workers often have been the same people who have moved in and out of public assistance. Moreover, home care became associated with domestic service because it originated in programs called homemaker or housekeeper service and its tasks were necessary to sustain daily living, but not technically medical. It easily became confused with routine family maintenance, mother love, or wifely obligation. In numerous examples throughout the century, the home care aide not only assisted in personal tasks but, when the client was a mother or incapacitated wife, performed the family labor generally undertaken by such women.<sup>17</sup>

The history of home care expands our understanding of the home as workplace for paid as well as family labor. But this is not just a history of wage labor in the private sphere. In contrast to the usual depiction of casual, low-wage labor that blames shady

employers operating out of sight in tenements, sweatshops, and fields, government social policies since the 1930s directly have organized the development of home care—including the beneficiaries of the service, the structure of the industry, and the terms and conditions of the labor, though implementation of policy varied by states, counties, and cities. Home care's history, we show in our larger study, illuminates the public-private configuration of the American welfare state, the medicalization of care, the workings of federalism, and the twisted logic of welfare reform.

We argue that home care as a distinct occupation emerged in the crisis of the Great Depression as work relief for unemployed domestic servants and as an alternative for fiscally-strained public hospitals. After World War II, broad transformations in old age and disability policy, which would necessitate a new labor force, occurred as prevailing notions of public assistance began to shift toward fostering wage work. Home care further grew in the postwar period as both an expansion of the hospital and as an attempt to free hospitals from direct care of charity and chronic cases. The Great Society fostered home care by authorizing new services for the aged with the Older Americans Act and Medicare and Medicaid. Poverty programs, including manpower training under the Office of Economic Opportunity (OEO), and workfare incentives, especially following 1967 Public Welfare Amendments, were to provide the labor force. Expansion of public welfare thus occurred before Nixon's new federalism and Reagan's contracting out relocated responsibility to local levels of governance and privatized the delivery of services.

Throughout this period, welfare administrators conceptualized care for the chronically ill and frail as a form of dual rehabilitation. Poor women of color—easily

conceptualized as household workers—would be incorporated into the welfare state's service agenda not only as clients of social assistance but as workers who would meet the care and rehabilitation needs of others. In the process, they too would be “rehabilitated” into self-supporting citizens. Rather than a bifurcated state, divided between the deserving and undeserving poor, as often assumed, an interconnected state emerged, where multiple programs advance “independence.” But there was an irony here. Whether under the rubric of rehabilitation, manpower development, or welfare reform, state social services risked reinforcing racial and gender inequalities because the pathway to independence depended on household labor undervalued from both the characteristics of the workers and the nature of the work performed. Attempts to upgrade the occupation met resistance from nurses and other health workers intent on defending their own status. Fiscal crisis amid the “New Federalism” and backlash against welfare further impeded higher wages and better working conditions. The home attendant hovered in a liminal space, not a professional but entrusted with preserving the humanity of those under her charge.

In this paper, we focus on the welfare/home care connection that did so much to organize the occupation as a low waged and stigmatized one. We first consider the origins of home care during the Great Depression. Here the case of New York City is particularly salient for its pioneering efforts. We then turn to the recruitment of women on relief in the early post war era, looking at Chicago as well as New York to emphasize the links between welfare, racialization, and home care. Finally we turn to the War on Poverty. Over the years, what social workers had hoped would be a good job became a low paid one, relied upon by—but existing outside of—the medical hierarchy.<sup>18</sup>

### The Emergence of an Occupation

Private welfare agencies and social work professionals in centers of immigrant populations like New York, Philadelphia, and Chicago initiated homemaker services in the early 20<sup>th</sup> century for “a very limited task: the replacement of the sick mother in the household.”<sup>19</sup> With the New Deal, the nexus between the home care workforce and public assistance grew when state-funding began to play a significant role in formulating a new occupation. The state financed private efforts, ran demonstration projects and created new programs, particularly through the Works Progress Administration (WPA). These homemaker/housekeeper projects were initiated “primarily as a method of employing needy women,” admitted the U.S. Children’s Bureau.<sup>20</sup> In the process, home aides helped poor families and individuals with medical emergencies, chronic illness, and old-age. Before the WPA disbanded in 1942, some 38,000 housekeeping aides, over 90% African American, in 45 states and the District of Columbia assisted needy families.<sup>21</sup>

The New Deal left a three-fold legacy, which persisted through the rest of the century. Although tied to the medical sector, the state would pay for home-based care through welfare agencies. Second, policy experts and welfare administrators saw female public assistance recipients as a ready supply of labor for home care. And, third, the exclusion of home attendants from national wages and hours laws, with some exceptions, would remain in place for the next seven decades. Although institutionally home care remained linked with childcare in the DOL and then the Department of Health, Education, and Welfare (HEW), increasingly after World War II, homemaker services

prioritized support for the aged, a group of voters privileged by the American welfare state over other recipients of social assistance.

In New York City, as elsewhere, the Great Depression underscored the inadequacy of social and medical services for the indigent chronically ill, leading to an amalgam of private and public initiatives facilitated by federal monies. During the Depression, the city's public hospitals were expected to take in every New Yorker who arrived on their doorstep; as private voluntary hospitals limited admissions and closed down ward beds, ever more desperate and destitute patients turned to the public hospitals. While New York's private hospitals remained half-empty, public ones overflowed. Hence, by the mid-1930s, these hospitals were intolerably overcrowded and finances precarious. For forty years, visiting nurses had tended the home bound, but with the economic collapse, groups like the pioneering Henry Street Settlement House lacked adequate resources to meet patient demand in spite of fundraising efforts promoted by the Mayor.<sup>22</sup> In 1933 the eight year old Welfare Council of New York, an umbrella group of private and public welfare agencies with close to a thousand affiliates, formed the Committee on Chronic Illness. This committee sought to determine the appropriate and efficient use of hospitalization, boarding (what became the nursing home), and home care for those requiring long-term treatment.<sup>23</sup>

Lacking the financial and organizational capacity to cope with soaring caseloads, private family agencies turned to government to relieve mounting need. States had to invent new mechanisms of aid, especially as more people became classified as "medically indigent." Worried that cash handouts to the "able-bodied" threatened prolonged dependency, state and federal officials turned to work relief. In the process of

mitigating the distress of the ill, elderly, and disabled, they believed, housekeeping aide projects would “rehabilitate” unemployed women at the bottom of the labor market

When New Deal money became available, the Committee on Chronic Illness and the Henry Street Visiting Nurse Service in 1935 initiated a WPA work relief project. The Mayor, the Department of Hospitals, and the Department of Health served as sponsors, supported by an advisory committee that represented a virtual who’s who of religious and secular philanthropy.<sup>24</sup> Three years later, the Housekeeping Service for Chronic Patients formed out of this and two additional initiatives: a housekeeping aide project organized for the benefit of unemployed black domestics as an alternative to the notorious “Bronx Slave Market,” then under the direction of the Department of Welfare (DOW),<sup>25</sup> and a home care project developed to meet the needs of the aged on public assistance.<sup>26</sup>

Administratively, the new program stood apart from other WPA projects established to increase the supply of trained domestic servants. Under the WPA, home care was a good enough job. At a time when domestics and laundry workers barely received a cash wage, WPA homemakers worked 30 hours a week and earned the prevailing relief rate for “unskilled workers.”<sup>27</sup> This federally funded, but locally run, program proved the feasibility of personal attendants to enhance well-being, promote efficient use of hospitalization, and reinforce the independence of those able to remain home with assistance.<sup>28</sup>

African American women dominated the workforce, though not to the same extent that they did domestic service. Nearly all workers with Housekeeping Aides were black. On the Chronic Illness Project, four out of five aides in 1938 were African American; sixty-seven percent of them previously worked in domestic and personal

service. A few women formerly were housewives, caring for their own home and family. Most were between ages twenty-five and forty-four, with African Americans among the younger women. Nearly eighty percent were or had been married, and nearly seventy percent cared and supported dependents. The WPA judged such women “experienced,” especially those who had “handl[ed] things on her own initiative under economic conditions resembling those in the patients’ households” and also had labored “under somebody else’s initiative” as a domestic. In addition, housekeepers had to be able to undertake strenuous labor, be in good health, and be free from both contagious and organic diseases, like cardiovascular impairment. The main health test required by the WPA was the Wassermann to detect syphilis, perpetuating the lingering association of black women with sexual contagion and official concern with protecting the white household at the expense of worker privacy.<sup>29</sup>

Conflicting agendas swirled around a project that originated in relief but was to uplift its participants and advance the goals of social work, medical care and home economics without challenging racial divisions of labor or racialist thought. The restriction of tasks claimed by professional nurses reinforced classification of home aides as unskilled, more akin to domestic servants. A survey of Chronic Project housekeeper duties found that cleaning consumed more hours than any other chore, with the bedridden requiring the most personal care. “The field supervisors watch constantly to see that aides are not used exclusively as laundresses, which could easily occur,” it noted.<sup>30</sup> The WPA did nothing to improve the compensation or working conditions of private household employment. But it promoted the image of the happy, self-sacrificing home aide as servant, who displayed her “fine spirit and interest . . . not only in working overtime but

on pay day," who would bathe and feed an infant before thinking of picking up her own wages.<sup>31</sup>

Further, New Deal labor law refused to recognize the home as a workplace. Nurse companions, homemakers, and other in-home care workers became classified as domestic servants, thereby outside of recently enacted old age insurance, unemployment benefits, collective bargaining, minimum wages, maximum hours, or other labor laws.<sup>32</sup> Nor did employees of non-profits come under the labor law, which excluded most nurses and health aides. The extension of women's work for the family into the market had created an arena easily cordoned off as impossible to regulate.<sup>33</sup> While most home care programs in the post-war period would not allow clients to hire family members, some would, further confusing the legal standing of the workforce. As state funded programs grew, so did the fiction that the needy hired the homemaker/attendant, removing the state from the status of employer.<sup>34</sup>

The U.S. Children's Bureau served as a midwife to the promotion of homemaker-housekeeper services. Organizing private as well as state providers of what social service professionals referred to as a "substitute mother" movement," in 1939 it formed a group that became known as the National Committee on Homemaker Service, which attempted to define and disseminate the standards of the occupation.<sup>35</sup> The Children's Bureau expected local entities to establish programs. Despite its push for national standards, regional variation distinguished child and family welfare; as with so much social policy, racism interfered with universal access and quality of services, as did dependence on the fiscal largess of individual state and local governments. Given this divided responsibility, where the public ended and the private began was not always apparent.

### The Significance of Welfare Funding

After World War II, welfare professionals and the Children's Bureau eagerly planned to continue homemaker service and expand the state's role in maintaining families, ending dependency along the way. They further sought to create and define a new occupation—a job that took place in the home but performed the public work of the welfare state.<sup>36</sup> Initial descriptions stressed child welfare, but also included the elderly or chronically ill, even though coverage for these groups only grew slowly amid new funding streams in the 1950s and more often under medical than social worker authority. Welfare advocates substituted “homemaker” for “housekeeper,” the WPA title, to stress the greater responsibility of women whose management of the home embraced the care of children as well as housework.<sup>37</sup> A handful of cities, including New York, Cleveland, Chicago, and Washington, D.C., continued WPA housekeeper programs after the war.<sup>38</sup> By the early 1960s, over 300 programs existed in 44 states, the District of Columbia, and Puerto Rico, the vast majority under private social welfare auspices. But public programs in New York and Chicago were the largest.<sup>39</sup>

The Welfare Department of New York City offered a successful model of a public homemaker service that directly employed homemakers, worked closely with the public/private Welfare Council and local agencies, secured federal funds, and soon expanded from child welfare to elder care. In the same month that the war ended, the DOW opened a Homemaking Center, and Homemaking Service became a permanent part of New York City government, employing its own staff for the next three decades. Homemakers cared for families on public assistance and were recruited from such

families. From 1945 until the 1970s, homemakers—who had civil service status—belonged to a booming municipal public sector, even though their actual workplace was individual homes.<sup>40</sup>

Private agencies laid the groundwork through demonstration projects and limited service to patients and the aged in the late 1940s. Private agencies thought small demonstration projects could convince the local community to fund centralized services or establish more wide-ranging public ones. This expectation certainly prevailed when the Jewish Family Service launched a demonstration project in 1948 that provided homemakers to 3,000 elders on waiting lists for hospitals and other institutions. In other cases, condition-specific charities or service agencies, such as the New York Cancer Committee working with Montefiore Hospital, sent homemakers to assist those suffering from a designated disease.<sup>41</sup> Hospital affiliated programs, however, would eventually become a competing medical model, defined and dominated by medical professionals<sup>42</sup>.

Both public and voluntary agencies shared an emphasis on casework and, through mutual cooperation, they expected to broaden the meaning of “public” during these years. As a first step in this direction, DOW requested authorization from the City and State in 1949 to use the Old Age Assistance title of Social Security to fund homemaker service to the indigent aged. Their petition hung in limbo until federal expansion of public assistance injected funding into homemaker services. 1950 amendments to the Social Security Act added both a caretaker’s grant to Aid to Dependent Children (ADC) and a new means tested category of support, Aid to Permanently and Totally Disabled (APTD).<sup>43</sup> With 31 states and 100,000 individuals participating by mid-1951, APTD helped provide states with a remedy for long-term care. A survey of 93,000 recipients

revealed that one in five was homebound.<sup>44</sup>

In early 1951, Illinois moved to displace some of the cost of homemaker services from counties reluctant to spend their own monies to federal funds attached to the categorical aid programs (aid to the blind, elderly, disabled, and dependent children). New York subsequently joined its petition to the federal Bureau of Public Assistance (BPA) to apply such monies to pay for homemakers. Relying on an earlier argument for the role of homemaker service in maintaining family life, BPA then generalized the maintenance function of homemakers and in the process advanced a new interpretation of the Social Security Act: “to help needy individuals through assistance and other welfare services to remain in and maintain their own homes.” BPA provided hypothetical cases, such as a brother and sister with muscular dystrophy, an aged couple—the husband with a heart condition and wife in a wheelchair—and an elderly woman with cancer, to suggest the need for long-term care. It further justified payment because “the homemakers are staff members of the department of public welfare” and their “training is focused, not upon housekeeping duties, but upon the principle of maintaining the home.” Eighteen months later the Social Security Administration approved federal participation in the administrative costs of long-term homemaker service in the categorical programs, encouraging public provision of such service.<sup>45</sup>

The clients of old age support and those of ADC became more tightly linked when administrators of New York's Homemaking Center called for continued expansion of homemaker service as a more cost-efficient and humane alternative to institutionalization. Proponents simultaneously invoked the language of independence and protection, arguing that “[t]he homemaker's supportive role has been found to have

sound psychological values for the older person in increasing his security and his ability to do things for himself.” DOW characterized these as “enabling services,” which would have a restorative impact on public assistance recipients in myriad ways. They would encourage self-support by making employment possible or enhancing self-sufficiency. Two aspects of welfare—“services dealing with employment and rehabilitation; services for the aged and handicapped”<sup>46</sup>—became administratively linked, part of the same project for ending dependency.<sup>47</sup>

The Department of Welfare boasted that homemakers “are in the non-competitive class of Civil Service.” That meant they were “eligible for pensions, HIP [Health Insurance Program], sick leave and vacation rights.”<sup>48</sup> Like any public employee, and unlike a typical domestic, city homemakers officially worked a forty-hour week. Advancement in annual salary was possible within a narrow range, from \$2,750 for beginners to \$3,650, with yearly steps of \$150. The workers’ training program, established by the Homemaking Center in 1953, claimed the dual rehabilitation mission. Drawing on pre-war precedents, homemaker services recruited directly from public assistance rolls.<sup>49</sup> New York welfare officials expected to make “older female recipients of public assistance” employable, readying them “to be placed in household and related types of employment.” The Homemaking Center’s training program consisted of “cleaning, laundry work, food and nutrition, home sewing, simple bedside care and child care.” After a mere fourteen months, it claimed to have “removed recipients from the relief rolls to payrolls . . .” African-American and poor women would be made into independent citizens through new jobs in domestic labor.<sup>50</sup>

By 1960, 135 women worked on the staff of the department as public

homemakers; in October 1963, after increased federal funding, the numbers had jumped to 263 full-time workers, covered by a collective bargaining contract with the American Federation of State, County, and Municipal Workers (AFSCME). In comparison, the Association for Homemaker Service, a voluntary social welfare agency with a three year old program, employed 80 full-time and 20 part-time and the Catholic Charities of the Archdiocese of New York had 76 full-time and 107 part-time employees. Homemakers still earned just a bit above minimum wage, with the top annual salary reaching \$4,580.<sup>51</sup>

From its inception, homemaker service in Chicago aimed to put women on welfare to work. Its DOW hired most of their staff homemakers, which numbered into the hundreds by the mid 1960s, through referrals from caseworkers, who sent women currently or recently on public relief rolls. Nearly all homemakers were African-American.<sup>52</sup> This approach set a pattern followed a decade later when the Cook County Bureau/Department of Public Welfare began offering homemaker service. It gained homemakers from ADC recipients “who were able to arrange adequate care and supervision for their own children during working hours.”<sup>53</sup> Private family agencies found part-time, temporary workers, who acted as floaters or substitutes for full-timers, in women about to lose aid “because of the age of the children.”<sup>54</sup>

Public work often meant good employment for black women in the 1940s. They received regular hours and wages. Unlike New York, Chicago's public sector workers were covered by workers compensation.<sup>55</sup> Chicago's training program, while not as formalized as New York's, apparently offered a richer assortment of classes. In addition to instruction in household tasks by a home economist, a medical consultant explained community based medical services, and American Red Cross taught a home nursing

course. Child health agency representatives lectured on child care and DOW psychiatrists conducted classes on behavioral problems of children and adolescents.<sup>56</sup> Administrators in Chicago shared with the wider homemaker network a belief in the multiple benefits of professionalization of work in the home. As a result, claimed supervisors, homemakers “get tremendous satisfaction from the job.”<sup>57</sup>

As under the WPA, rhetoric about “mature women” and their “richness of experience” persisted in personnel discussions. Trying to infuse the job with seriousness of purpose and responsibility, Chicago caseworkers talked of the “honesty, reliability, good morals, industry, cooperation, adaptability and understanding of human behavior” they expected from the women hired as homemakers. On the one hand, these descriptions of “high standards” were meant to give the work and the workers dignity and respect. On the other hand, they reflected long-standing discourses about black women, especially those who would enter other people's homes. Emphasis on homemakers' personal cleanliness and good health, including the array of medical tests each had to take, invoked old fears about servants, disease, and contagion. It enabled program administrators to assert with confidence, “You doubtless can see that the objectives of Homemakers Service of the Chicago Department of Welfare are indeed the same as are those of the entire program of public welfare; preservation of family life, rehabilitation of recipients, and adequate and effective meeting of needs of recipients.”<sup>58</sup>

Throughout the 1950s, even as the scope of homemaker programs and funding grew, public welfare never lost its connections with private family service agencies. In fact, the interconnectedness deepened. During the 1950s, New York's DOW had contracts with five voluntary agencies to provide homemaker service, and it worked with

approximately 50 agencies “concerned with client rehabilitation and employment.” Contractors included Jewish Family Services, Federation of Protestant Welfare Agencies, and Catholic Charities.<sup>59</sup> Because of civil service rules, DOW homemakers could not work as live-in caretakers on call 24 hours a day; yet demand was mounting. After state approval in 1957, DOW turned to the privates to offer 24-hour homemaker service to public assistance clients. It subsidized a 24-hour service run by the Children’s Aid Society; these workers, however, received full pay for only 12 hours of active duty. By the end of the 1950s, New York’s own Homemaker Service accounted for just 40% of what the Department of Welfare spent for this type of home care. While the private agencies had fewer homemakers, they could be more flexible. As envisioned by the Welfare Council a decade earlier, public-private cooperation was essential to the notion of a service provider state. Yet, this service arrangement also tended to rely on greater casualization of the labor. So did the shift from all-day assignments in mother absent families to part-time split shifts for elderly and disabled adults.<sup>60</sup>

### Fighting Poverty through Home Care

Once John Kennedy entered the White House, welfare advocates and social workers brimmed with optimism, particularly from the creation of a new federal Welfare Administration. Home care’s proponents looked as well to the commitment to active Manpower policy and, with Lyndon Johnson, a total war on poverty. As we discuss in our larger work, welfare administrators began actively courting medical professionals and hospitals, hoping to tap the ever growing resources of the medical sector and its cultural

and political clout. Home care—as an occupation, a service, and welfare state benefit—easily stood at the confluence of trends in public health, public welfare, and manpower.

The 1962 Public Welfare Amendments to the Social Security Act enabled the social services trend of the 1950s to blossom. Public welfare departments were to identify “defined services” that would “restore families and individuals to self-support” and “help the aged, blind, or seriously disabled to take care of themselves.” This directive also meant that agencies would have to expand their own staffs dramatically to “put such a positive program into operation.”<sup>61</sup> To implement this agenda, Kennedy created a new federal Welfare Administration, consolidating agencies focused on children, families, and the aged, and appointing long time home care advocate Ellen Winston, North Carolina’s head of social services, as Commissioner.<sup>62</sup>

The shift toward service provision required a labor force that could undertake such tasks. “Manpower” policy suggested the needed solution, especially once President Lyndon Johnson declared a war on poverty. Drawing on human capital theory, which stressed personal characteristics, individual behavior, and rational choice as factors in employment, liberals embraced the notion that poverty and unemployment could be overcome through expanding individual opportunity without substantial redistribution. If public policies could modify individual behavior and skills, then poor people would be prepared to take advantage of labor market opportunities. With Johnson’s anti-poverty crusade, manpower policy aimed at the bottom of the labor market. The segment of the low-end labor market with the most growth potential was the service sector.<sup>63</sup>

Welfare agencies, such as the Bureau of Family Services and the Children’s Bureau, had already sought out their allies in the DOL to establish a homemaker training

program under the auspices of the Manpower Development and Training Act (MDTA). They linked homemaker service to “jobs in four distinct occupational fields—domestic employment, certain food service jobs, hotel and institutional housekeeping, and nursing aides” that the Department of Labor had highlighted.<sup>64</sup> MDTA and other training programs—in such diverse places as San Diego, Denver, Sarasota County, Florida, Youngstown, Ohio, and Burlington, Vermont—“coded” home health aide, homemaker, and home attendant with domestic service.<sup>65</sup> The National Council for Homemaker Service pointed out that “ample womanpower” would be available for care work jobs if MDTA channeled funds in their direction.<sup>66</sup> The *New York Times* also highlighted homemaker services, provided by both public and private agencies, as a poverty fighting measure “which helps safeguard, protect, stabilize, and unify families.” Taking its cue from Ellen Winston, it noted that “the problems of poverty are multifaceted and intertwined. The preservation of a strong family life is essential to any degree of success in the attack on it.”<sup>67</sup>

Thus the new Office of Economic Opportunity (OEO) in the summer of 1964 created training programs for AFDC recipients to meet the labor shortage in service occupations, especially health and child aides, home attendants, and homemaker aides.<sup>68</sup> Welfare administrators explicitly acknowledged the connection between welfare recipients and the elderly and disabled. As HEW explained, “public aid recipients are trained as homemakers...Assigned to homes of the aged, blind, [and] disabled recipients, they assist with household tasks and personal care and give companionship. Thus the homemakers become self-supporting and other needy people are kept from living in an institution.”<sup>69</sup> Self-supporting, however, did not mean livable wages, as home care

salaries still hovered at the minimum and often included wage caps for long shifts.

Because of groundwork laid by the 1962 amendments, welfare administrators already had articulated clearly how these different imperatives fit together. As Wilbur Cohen, Assistant Secretary of HEW, had argued:

The opportunity for public welfare agencies to develop and expand homemaker services to raise the level of living and for ill persons, mentally retarded persons, and others should directly utilize significant numbers of Negro women as trained homemakers. The service aspects of the amendments necessitate more caseworkers to provide assistance and services and should result in the employment of substantial numbers of additional Negro staff in public welfare agencies.<sup>70</sup>

OEO instantly took up the charge, disbursing grants along exactly these lines in such far-flung places as Madera County, California, and Allegheny County, Pennsylvania.<sup>71</sup> “In the ‘war on poverty’,” wrote Commissioner Winston, “homemakers have a crucial role.”<sup>72</sup>

OEO's part in creating a low-wage service sector became even more pronounced with the launching in 1966 of New Careers after the influential *New Careers for the Poor* by Arthur Pearl and Frank Riesman.<sup>73</sup> New Careerists became nurses' aides and hospital orderlies, home health aides and attendants, and homemakers. For those directed into jobs associated with domestic work or family care, however, the new career turned out to be a lot like the old one. Evaluating New Careers, the National Committee on Employment of Youth concluded that most of the sub-professional jobs were temporary and peripheral to major service functions. Permanent ones were “low-paying, low-status, dead-end.” Movement up the health care services hierarchy was impossible. “The more recently developed jobs, such as home health aides, who provide outreach services, are usually

unconnected with other levels of work and often are described as suitable for older women.” The wage rates hovered close to the poverty level; investigators found instances where trainees made more money before than after placement. Although purportedly a solution to welfare dependency, home health aide and homemaker aide jobs now kept women working but poor.<sup>74</sup>

In New York, the City began various anti-poverty projects that reflected these assumptions. Women recipients of AFDC were directed into a new Home Helper Project, a part-time, neighborhood-based training program which prepared women for jobs in “homes for the aged, nursing homes, the Division of Homemaker Service, and the Bureau of Child Welfare.”<sup>75</sup> By 1967, the program had mutated into TEMPO, Training and Employment for Mothers in Part-Time Employment, specifically for women on public assistance. Most placements were in the paramedical area, then seen as suffering from an acute labor shortage.<sup>76</sup>

An interconnected dual agenda—preservation of family life and improved prospects for employment—stood at the center of another local War on Poverty program, a new Housekeeping Aide Project, begun in August 1964. In order to mold AFDC recipients into better mothers, it offered manpower training for the home. The course also included child care and care of the aged, with demonstrations in feeding, bathing, moving the patient, and checking vital signs. AFDC mothers attended their training course in a model four-room apartment in public housing projects. The intention was that these skills would be deployed not only in their own homes, but in the paid labor market as well.<sup>77</sup> Since New York’s civil service “homemakers” continued to tend families with children, the Department of Welfare expanded its use of these newly-trained “housekeepers” to

increase services to the elderly and disabled. Housekeepers provided chore services—cleaning, shopping, and laundering, a service supposedly distinct from the homemakers. Moreover, unlike homemakers, housekeepers were not city employees. Before 1969, they were sent to client homes by private agencies (vendors) with contracts from the Department of Welfare, or consumers, with funds from the state, hired them directly. Either they were contingent employees of voluntary agencies or independent contractors. Who their employer was—or who was responsible for proper compensation, Social Security deductions, or workers' compensation—remained unclear. By 1969, the DSS, State Department of Social Services (the former DOW), realized that housekeepers received none of these benefits, and the state ruled that henceforth the city had to contract through vendor agencies, who became the employer. Thus through the War on Poverty, women on welfare were now trained for jobs that might have even less compensation and job security and fewer regular hours than that of homemaker.<sup>78</sup>

Not only did New York's DSS place the poor as homemakers, but so did community-based anti-poverty programs, such as Mobilization for Youth. As former MFY co-director George Brager explained, "homemakers teach the use of community resources (e.g. help clients establish eligibility for public assistance and public housing), offer companionship and psychological support and provide escort and mother's helper services."<sup>79</sup> The substitute mothers' movement had been resuscitated for the War on Poverty, but the growth in home care came not merely from the presence of services but from activists making them known to poor communities. Emerging welfare rights groups, connected to MFY, encouraged recipients to take advantage of this stream of monies by hiring neighbors and relatives as their providers.<sup>80</sup>

AFDC recipients participated in the welfare system in ways that transformed services into a community resource. They arranged visits to doctors who would certify them as unable to work. The Western Center on Law and Poverty, one of California's activist legal services agencies initiated by the War on Poverty, for example, had "thick files of cases" showing AFDC recipients with "a heart condition, diabetes, a bad back or some other ailment" that led to employer rejection. Women preferred to qualify for public assistance on the basis of "the incapacity of the mother, rather than the absence of the father," activist Catherine Jermany recalled. Despite representation as victims and unfortunates, being disabled bore less public stigmatization, thus eliciting less opposition. The status certainly brought more generous welfare resources. With eligibility for disability came access to additional monies for home helpers. At the same time, black women on welfare understood home aide jobs as no stepping stone to higher wages and professional status but rather as another form of "maid work." To bring income into the community as an attendant caring for family or friends was using the system to help others in need. Otherwise, welfare rights activists rejected these jobs for what they judged as real paraprofessional training in nursing or law.<sup>81</sup>

#### State Expansion, Home Care Devolution

Two other Great Society programs deepened public-private cooperation and its dependence on low-wage labor. The Older Americans Act of 1965 rested on the rights rhetoric that permeated federal legislation during the civil rights era: to secure for the elderly "equal opportunity to the full and free enjoyment" of everything from decent housing and employment to health services. "Independence" became defined not through

measures of income or economic security, but through access to services in the community.<sup>82</sup> The Act created a new Administration on Aging to distribute grants for community-based services. Private agencies, such as the Community Council of Greater New York, soon began applying to run home health services. The Committee on Aging of the Community Council received a three-year demonstration grant to promote, in language that evoked domestic service, “home help personnel” with the goal to “increase those para-professional services, i.e. homemakers, home health aides, and housekeepers which were in extremely short supply and which were crucial adjuncts to the activities of health and welfare professionals.”<sup>83</sup> Rather than provide service directly, the Council brought together private vendors and public agencies. At the end of the project, the Council claimed to have tripled the number of homemaker-home health aides. It also ran training sessions for the Department of Social Services on how to meet specific needs of the elderly through homemakers.<sup>84</sup>

Even more transformative for the delivery and politics of home health care were the Social Security Amendments of 1965: Medicare and Medicaid. The new Medicare program (Title XVIII) provided benefits to the elderly for hospital insurance and partially subsidized medical insurance. Following hospitalization, it also would pay for limited in-home “professional” services, such as skilled nursing or physical therapy, on a part-time basis, authorized by a physician and supervised by a registered nurse or therapist. Paraprofessionals, defined as home health aides, could deliver some services but only as long as the patient’s primary need was for skilled medical care. Thus, Medicare created a particularly medicalized definition of home care.<sup>85</sup> The companion Medicaid program (Title XIX) opened space for the anti-poverty service strategy to move its way into health

provision. For those identified as “functionally disabled elderly individuals,” it offered medical assistance through community health or welfare agencies. Physicians could prescribe in-home health services to any person who would be eligible for nursing homes. Unlike Medicare, the individual did not need prior hospitalization. Soon Title XIX would become the main funding source for nursing home care, but it also created a window through which states could provide indigent and low-income elders and the disabled in-home support through homemakers, personal care attendants, and housekeepers.<sup>86</sup>

Medicaid offered major relief to New York State, which in 1965 alone spent \$449 million on medical care expenses for the poor. The State Department of Social Welfare applauded as “long overdue, this federal acknowledgement of responsibility.” To comply with Title XIX, New York State enacted Medical Assistance for Needy Persons in 1966, a generous plan which included not just public assistance recipients but “self-supporting” persons and families crushed by medical expenses and the burdens of chronic or catastrophic illness. Local welfare departments would issue direct payments to physicians, hospitals, or other providers. While NY’s Medicaid consolidated various programs, it continued the divided authority that characterized medical care to the needy. The Department of Health shared responsibility with the Department of Social Welfare out of the conviction, as Governor Rockefeller pointed out, that “sickness has long been acknowledged as the greatest individual dependency-making factor.”<sup>87</sup>

Once again seeing an opening to shift its financial burden onto the federal government, New York City redefined home care yet again. DSS devised *Home Attendant Service*, especially for more severely functionally limited, usually older, clients in need of greater personal care for more hours each week. It emerged as a separate

service specifically in order to access Medicaid funds, since those who qualified for Medicaid were eligible for a home attendant only under physician approval and nurse supervision. In the early 1970s, the Department increasingly characterized the service as medical, and in 1973 obtained federal approval for Medicaid coverage. Since Medicaid had no spending caps and paid 50% of the cost, the City began to transfer more and more of its elderly caseload to the Home Attendant Program. The number of publicly employed homemakers, which peaked in 1972, dropped precipitously, as the City assigned cases to either housekeeping or home attendant service. In 1972, eight of its vendors providing housekeeping services were Community Development Agencies stranded by Nixon's cut of OEO funds. DSS, however, found their delivery "inadequate in quantity and quality," with 1800 complaints out of 3300 cases in 1971 alone. The Home Attendant caseload grew 231% from about 2,000 cases to 7,000 in 1977 to 11,500 in 1978. Under additional public funds, the labor market for vendor agencies and independent contractors mushroomed.<sup>88</sup>

These contracting arrangements varied tremendously. Henry St. Settlement organized its employees to petition for higher wages, conveying their workers' complaint to the city in an attempt to gain greater funding. In contrast, the incompetent Morrisiana Development Corporation delayed paying its workforce, precipitating a unionizing drive in 1977. While the vendor agency recognized the workers, the Human Resources Administration [the main agency within DSS] refused to bargain with them; the state ended the effort by cutting off the contract and reassigning the workers to other vendors.<sup>89</sup>

The independent contractor strategy resulted in marked deterioration of both the conditions of labor and the care received. The exclusion of elder companions from FLSA when private household workers finally gained coverage only exacerbated their condition. By design, home attendants did not receive any employee benefits; they were not covered by workers' compensation, disability insurance, or unemployment insurance. There were no deductions for income tax or Social Security. Yet repeated investigations found that as a consequence of not receiving over-time, there were home attendants who ended up making less than the minimum wage. Home attendants who worked an eight-hour shift in 1976 were paid \$33; live-in workers, on call all the time, were paid the same. On an hourly basis, this came out to well below minimum wage. "The home attendant neither punches time clocks nor signs in," like the domestic of old.<sup>90</sup> No one knew how many hours the attendant worked, since the client paid the worker from a dual-party check. Every audit, whether conducted by a public or private agency, found "inordinate delays and errors in payment," with workers who waited weeks or even months for their wages. Edna Walch, an immigrant from Guyana who cared for an elderly woman in Queens, received no pay for five months; nor was she an exception. Elderly and disabled clients "have to help out unpaid attendants from their own Supplemental Security Income checks," a report by Union Settlement found. Provision of carfare and meal money to home attendants was sporadic. Other attendants hid the fact that they had to apply for public assistance. Clients found themselves with untrained, unprepared caretakers, who rapidly left. Abuse of workers, such as clients demanding washing of outside windows, followed from lack of precise job specifications. Neither the Visiting Nurse Service, vendors, nor the city explained duties to attendants or clients.<sup>91</sup>

New York City government had a political reason for moving toward the independent contractor model for home care services. AFSCME represented DOW employees, including homemakers, who generated a militant wave of public sector unionizing in the mid-1960s. Along with social workers and case aides, homemakers were among 8,000 workers who shut down two-thirds of the city's welfare centers in 1965. In 1966, union activists took to the streets again to protest and impasse in negotiations over working conditions and caseloads.<sup>92</sup> Militant unionism at DOW involved more than simple contract negotiations between union and employer. Working conditions, caseloads, over-time compensation, promotional opportunities, and pay rates were tied to public budgets and social policy at the city and state levels. Consequently, unionists deployed traditional tactics of public-sector organizing: political action, public appeals, and legislative lobbying.<sup>93</sup> At the end of the decade, the City and the DOW sought new tactics to contain militancy of AFSCME and its off-shoot, the independent Social Service Employees Union. Chief among them was reduction of the workforce. The Department set out to do so through collective bargaining itself as well as through policy and programmatic changes. Beginning in 1969, the city reached an agreement with three welfare unions to reduce social service personnel by 9,000 employees over two years. Employees from caseworkers to homemakers would receive immediate wage raises, while job eliminations would decrease promotion opportunities. These changes accompanied a major reorganization of the whole administration of social services.<sup>94</sup>

### Consequences

By the late 1970s, the job of homemaker-home health aide had been relegated to the lowest rungs of health care and service labor. Yet it had become essential to the privatizing welfare state. The legal determination that home care would be low-paid, low-cost, casual labor somehow reassured governments that herein lay the answer to several public welfare budget problems. Nor did these conditions of labor ever deter policymakers who sought to end women's "dependency" on public assistance. At the very same moment investigations reported extensive labor violations in New York City's Home Attendant Service, and forecasted increased need for housekeepers, health aides, and home attendants, public authorities argued expansion of "the Home Health Care Program...affords excellent employment opportunities for thousands of public assistance recipients who are able to work and thereby break their public assistance dependency with gainful employment." They predicted savings of \$3 million yearly "from decreased public assistance costs." Gainful employment clearly meant workfare, as the state instructed in 1978, "HRA must also match the attendant and provider rolls against its PA [public assistance] recipients on a regular basis to ensure that earned income is considered in the computation of PA grants."<sup>95</sup>

Conveniently, New York's public and private agencies could apply to the newest federal jobs program, CETA, Comprehensive Employment and Training Act, to carry out this agenda. A consortium of six home care providers in New York City, under the umbrella of the State Communities Aid Association, received a CETA grant to train welfare recipients and put them to work as homemaker and home care attendants through these agencies. While the project evaluators stressed the "training" these workers

received, project participants described the work they did as “helping clients with personal hygiene,” “shopping,” “helping clients move about and cleaning” the house.<sup>96</sup>

Independence for the elderly continued to rest on the domestic servitude and impoverishment of other poor women, who could not appeal to the labor law for relief.

Policymakers also eased reimbursement rules and deregulated entry into the home health market. After 1976, the home health care sector entered a phase of significant growth that as yet is unabated. The number of agencies certified to deliver Medicare or Medicaid home health services rose from about 2,000 in the mid-1970s to approximately 6,000 by 1986 and Medicare reimbursements tripled. Beyond those, unlicensed agencies proliferated, for while they were not certified to deliver Medicare or Medicaid services directly, they could arrange to do so indirectly by contracting with certified agencies—mainly to provide homemaker and personal care services. With this growth, the home health sector became the home health industry. For-profit home care agencies previously had been a negligible presence; there were only about 50 prior to Medicare/Medicaid. After 1980, the number of for-profit proprietary agencies and chains took off, while Visiting Nurse Associations simultaneously declined. For-profit agencies jumped ten-fold in the first half of the eighties, capturing 30% of the market by 1986. The nurses' aide workforce increased at the same rate. The Bureau of Labor Statistics estimated that the number of paid homemaker, personal care attendant, and home health aide positions jumped from under 2,000 positions in 1958 to 60,000 in 1975, to over 350,000 in the late 1980s; nor did this include many of the aides employed as independent providers. The expansion of their labor was critical to the whole enterprise: without an aide who helps with daily tasks of living, most clients could not remain in their homes.<sup>97</sup>

Even as the welfare state location of the labor devalued the workforce, it opened up a new site of social and political struggle. In 1973 a coalition of welfare groups, led by the emerging Independent Living Movement among post-polio paraplegics, forced Ronald Reagan to sign off on consumer-directed home care in California as part of enabling legislation for SSI (Supplemental Security Income)—though California's creation of an independent provider mode for home care also confused the employment relation and led to legal and political battles for over twenty years over who would serve as the employer for collective bargaining purposes. Simultaneously in New York during the 1970s, the civil rights movement among domestic workers led to union organizing of household employees who had been transformed into home attendants, hired by both non-profit and for-profit agencies. During the next two decades, senior citizens, the disabled, their advocates, and unions built a coalition linking better working conditions to better care. The demands of the receivers of care were central to re-organizing of the service. These campaigns culminated at century's end with massive SEIU [Service Employee International Union] victories in New York, Illinois, and California that marked a new unionism among immigrants, women, and people of color—characteristics of the workforce that had reinforced the degraded status of the labor, its racialization, and feminization in the first place.<sup>98</sup> In organizing home care, making what was private the subject of political intervention, the state opened up the possibilities for home care to become organized.

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<sup>1</sup> In the Supreme Court of the United States, *Long Island Care At Home, LTD., Et Al., Petitioners v. Evelyn Coke*, No. 06-593, Transcript of Oral Testimony, April 16, 2007 (Washington, D.C.: Alderson Reporting Company, 2007), 27.

<sup>2</sup> Nahal Toosi, "Ailing NYC woman at center of Supreme Court home-care case," *Newsday.com*, April 13, 2007, assessed at [www.newsday.com/news/loca/newyork/ny-bc-ny--](http://www.newsday.com/news/loca/newyork/ny-bc-ny--), 4/17/2007.

<sup>3</sup> Jane Gross, "New Options (and Risks) in Home Care for Elderly," *New York Times*, March 1, 2007, A15; Table D-3, "Personal and Home Care Aides Employment and Wages in 2000 by Industry Group," in National Center for Health Workforce Analyses, Bureau of Health Professions, Health Resources & Services Administration, *Nursing Aides, Home Health Aides, and Related Health Care Occupations: National and Local Workforce Shortages and Associated Data Needs*, February 2004, 92, available at <http://bhpr.hrsa.gov/healthworkforce/reports/nursinghomeaid/nursinghome.htm>, accessed October 9, 2005.

Compare this with nursing aides, orderlies, and attendants whose average was over a dollar more, 91.

<sup>4</sup> Press Release, New York City Law Department, Office of the Corporation Counsel, "U.S. Supreme Court Takes Case Impacting City Programs Providing Long-Term Home Health Care," Jan. 8, 2007, at [nyc.gov/law](http://nyc.gov/law), accessed April 17, 2007.

<sup>5</sup> U.S. Senate. Committee on Labor and Public Welfare. *Fair Labor Standards Amendments of 1971*. Part 1, May 26, June 3, 8, 9, 10, 17, and 22, 1971, 30; Committee on Labor and Public Welfare. *Legislative History of the Fair Labor Standards Amendments of 1974 (Public Law 93-259)*. 94<sup>th</sup> Cong. 2d Sess. (Washington: GPO, 1976), vol. I, 963.

<sup>6</sup> Indeed, they asked the National Federation of Business and Professional Women's Clubs, which spoke in favor of the extension to domestics, for additional statistics that excluded babysitters and students and distinguished the number of live-ins, as well as for data to show that the majority of these workers supported others. See, U.S. Senate. Committee on Labor and Public Welfare. *Fair Labor Standards Amendments of 1971*. Part 1, May 26, June 3, 8, 9, 10, 17, and 22, 1971, 290-1.

<sup>7</sup> Molly Biklen, "Note: Healthcare in the Home: Reexamining the Companionship Services Exemption to the Fair Labor Standards Act," 35 *Columbia Human Rights Law Review* 113 (2003); for a persuasive

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analysis, Brief for the Urban Justice Center, Brennan Center for Justice et al as *Amici Curiae* Supporting Respondent in Long Island Care at Home, LTD, et al., v. Evelyn Coke, No. 06-593 in the Supreme Court of the United States, 26-9.

<sup>8</sup> Robyn Blumner, "Radical Idea: Overtime Pay for Overtime Work," *St. Petersburg Times*, April 1, 2007, at [www.seiu.org/longterm/home-care/](http://www.seiu.org/longterm/home-care/), accessed April 17, 2007.

<sup>9</sup> For example, John L. Hess, "Care of Aged Poor A Growing Scandal," *New York Times*, October 7, 1974, 1; "Abram Names 4 to Panel on Nursing Home Inquiry," *New York Times*, January 31, 1975, 69.

<sup>10</sup> U.S. House of Representatives. Select Committee on Aging. *Comprehensive Home Health Care: Recommendations for Action*. Hearing, 19 November 1975. 94<sup>th</sup> Cong. 1<sup>st</sup> Sess. (Washington: GPO, 1976); *New York Home Care Abuse*; Assembly Committee on Human Resources, *Hearing on Administration of Homemaker/Chore Services Program*, Tuesday, November 9, 1976 (Sacramento: State of California, 1976).

<sup>11</sup> Still unclear is whether any of the Wage and Hour Division staff made the connection; any who came to Washington from New York or California could have been aware of what was happening on the ground. Casper Weinberger, after all, had moved from Reagan to Nixon's HEW and California had wrestled with home care, although as a welfare issue. Still officials were acutely aware of the costs. See, chapter 4, *Caring for America*. But applying such knowledge went outside of the rulemaking process into the legislative, clearly in violation of administrative prerogative. Emily Layzer, *Individual Providers in Home Care: Their Practice, Problems, and Implications in the Delivery of Homemaker-Home Health Aide Services* (New York: National HomeCaring Council, 1981).

<sup>12</sup> William Crown, Dennis Ahlburg, and Margaret MacAdam, "The Demographic and Employment Characteristics of Home Care Aides: A Comparison with Nursing Home Aides, Hospital Aides, and Other Workers," *The Gerontologist*, 35: 2 (1995): 163-169; Lyn C. Burbridge, "The Labor Market for Home Care Workers: Demand, Supply, and Institutional Barriers," *The Gerontologist*, 33: 1 (1993): 41-46; Steven Dawson and Rick Surpin, *Direct Care Health Workers: The Unnecessary Crisis in Long-Term Care*, Report Submitted by the Paraprofessional Health Care Institute to Aspen Institute (Jan. 2001), 11-12, at [www.paraprofessional.org/publications/Aspen.pdf](http://www.paraprofessional.org/publications/Aspen.pdf), assessed October 14, 2005.. See also, Grace Chang, *Disposable Domestic: Immigrant Women Workers in the Global Economy* (Boston: South End Press, 2000), 133, has 80% women, 60-70% people of color, and 40% immigrants in the mid-1990s for California. Using Alameda County data, Candace Howes, Howard Greenwich, Laura Reif, and Lea Grundy found that in 2000, 43% were African American, 24% white, 13% Chinese, 7% Latino, 13% other persons of color. 55% were age 40 or older and 80% were women, with 52% serving family members. East Bay

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Alliance for a Sustainable Economy, *Struggling to Provide: A Portrait of Alameda County Homecare Workers* (Berkeley: Center for Labor Research and Education, May 2002), 4-5. In New York and Connecticut, in contrast, the workforce is predominantly people of African descent, including immigrants from Ghana and the Caribbean. Interview by J. Klein with Griswold Homecare Associates, May 2002.

<sup>13</sup> Phyllis Palmer, *Domesticity and Dirt: Housewives and Domestic Servants in the United States, 1920-1945* (Philadelphia: Temple University Press, 1989).

<sup>14</sup> Paula Parker, "Domestics' Union Makes Gains," *Los Angeles Times*, November 22, 1980, n.p.

<sup>15</sup> Susan Himmelweit, "Caring Labor," *ANNALS, AAPSS*, 561 (January 1999), 30, 36-7, 31; Deborah Stone, "Caring by the Book," in *Care Work: Gender, Labor, and the Welfare State*, ed. Madonna Harrington Meyer (New York: Routledge, 2003), 89-111; Jane Aronson and Sheila M. Neysmith, "'You're Not Just in There to Do The Work': Depersonalizing Policies and the Exploitation of Home Care Workers' Labor," *Gender & Society* 10 (February 1996), 59-77.

<sup>16</sup> Dawson and Surpin, "Direct-Care Health Workers," 8.

<sup>17</sup> *Caring for America*, chapter 5.

<sup>18</sup> We discuss the medical model of home care more in chapter 2, *Caring for America*. Here we can only focus on the social welfare location.

<sup>19</sup> Marta Fraenkel, *Housekeeping Service for Chronic Patients* (New York: 1942), 68; Maud Morlock, *Homemaker Services: History and Bibliography* (Washington: 1964), 4.

<sup>20</sup> Morlock, *Homemaker Services*, 4.

<sup>21</sup> Morlock, *Homemaker Services*, 4; Phyllis Palmer, *Domesticity and Dirt: Housewives and Domestic Servants in the United States, 1920-1945* (Philadelphia: 1989), 102.

<sup>22</sup> Sandra Opdycke, *No One Was Turned Away: The Role of Public Hospitals in New York City Since 1900* (New York: Oxford University Press, 1999), 14, 71-77; Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore: Johns Hopkins, 2001), 112; "Mayor Urges Gifts to Nursing Service," *NYT*, October 10, 1934, 25; "Nurse Fund Drive To Begin At Once," *New York Times*, October 26, 1934, 18, noted: "the load of caring for sickness in the home, which has been left almost entirely to private philanthropy, has steadily increased as the ability of patients to pay for home

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nursing has decreased. In 1929 the visiting nurse service was called on to care for 60,000 patients; in 1931 for 81,000, and in 1933, for 103,000, and the demand continues.”

<sup>23</sup> “Mary C. Jarrett, Health Aide, Dies,” *New York Times*, August 5, 1961, 17; Fraenkel, *Housekeeping Service for Chronic Patients*, 69-70; “New Board to Aid Chronically Sick,” *New York Times*, March 25, 1934, N4; Marie De Montalvo, “When Age and Illness Meet: New York’s Home Care of Dependents,” *The Trained Nurse and Hospital Review* 102 (March 1939), 315.

<sup>24</sup> These included Catholic Charities, the Home for Aged and Infirm Hebrews, Federation of Protestant Welfare Agencies, Russell Sage Foundation, and United Hospital Fund.

<sup>25</sup> Catherine MacKenzie, “Aides for Homes of the Ill,” *New York Times*, September 4, 1938, 25; De Montalvo, “When Age and Illness Meet,” 315.; “Servant Aid Not New,” *New York Times*, September 17, 1935, 8,.

<sup>26</sup> WPA bureaucracy changed over the years. see MacKenzie, “Aides for Homes of the Ill,” 25; Fraenkel, *Housekeeping Service for Chronic Patients*, 70-74; Mary C. Jarrett, *Housekeeping Service for Home Care of Chronic Patients*, Report on Official Project No. 165-97-7002, (New York: Division of Women’s and Professional Projects, Works Progress Administration, December 31, 1938), 8-9.

<sup>27</sup> Fraenkel, *Housekeeping Service for Chronic Patients*, 93-4; WPA regulations, which limited individuals to eighteen months of work relief, accounted for most of the turnover. See also, Jarrett, *Housekeeping Service for Home Care of Chronic Patients*, 11, 95-97; <http://www.dol.gov/esa/minwage/chart.htm>, accessed 8/7/04.

<sup>28</sup> Fraenkel, *Housekeeping Service for Chronic Patients*, 71-2; The Hospital Council of Greater New York, *Organized Home Medical Care in New York City: A Study of Nineteen Programs* (Cambridge:1956) , 35-7.

<sup>29</sup> Vanessa May, “Working in Public and in Private: Domestic Service, Women’s Reform, and the Meaning of the Middle-Class Home in New York City, 1870-1940,” draft chapter 5, dissertation in progress, University of Virginia, 2006.

<sup>30</sup> Fraenkel, *Housekeeping Service for Chronic Patients*, 102, 99.

<sup>31</sup> “Report on Housekeeping Service 89Ez1350-X, Brooklyn and New York Urban Leagues,” February 1934-July 1935,” 5, 8-9, Jarrett Papers, Box 3 folder 53.

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<sup>32</sup> Mary Poole, "Securing Race and Ensuring Difference: The Social Security Act of 1935," unpublished Ph.D. Dissertation, Department of History, Rutgers University, 2001, 131.

<sup>33</sup> "Extension of Old-Age and Survivors Insurance to Additional Groups of Current Workers," Report of the Consultant Group, in U.S. Congress, House of Representatives, Committee on Ways and Means, *Hearings Before the Committee on Ways and Means on H.R. 7199, Social Security Amendments of 1954*, 83 rd Congress, 2<sup>nd</sup> Sess. (Washington DC: 1954), 875.

<sup>34</sup> In some states, notably California, a good proportion of home care workers paid by state funds would be relatives.

<sup>35</sup> Elizabeth La Hines, "National Group Set Up to Guide 'Substitute Mother' Movement," *New York Times*, November 14, 1937, 92; Morlock, *Homemaker Services*, 5-11; Brahna Trager, *Home Health Services in the United States: A Report to the Special Committee on Aging*, (Washington, DC: 1972), 61; Florence Moore Brownridge, "Short History of the National HomeCaring Council 1962-1987," October 2000, mimeo report from the National Association for Home Care and Hospice, in authors' possession.

<sup>36</sup> Jean Kallenberg to Maude Morlock, December 29, 1948, Box 119, File 4-11-6, RG102, CV 1945-48.

<sup>37</sup> USDOL, CB, *Supervised Homemaker Service: A Method of Child Care*, Publication 296 (Washington: GPO, 1943), 1-2, 5.

<sup>38</sup> U.S. HEW, *Homemaker Services in the United States: Report of the 1959 Conference*, Public Health Service Publication 746 (Washington: 1960), 18.

<sup>39</sup> Morlock, *Homemaker Services*, 11.

<sup>40</sup> Lurry to Morlock, Apr. 28, 1945, *ibid.*

<sup>41</sup> Maud Morlock to Wado C. Wright, July 5, 1947, RG102, CF 1949-52, Box 414, 4-11-6; Dora Goldfarb, "Homemaker Service for the Aged," esp. 3, 6, file "September 1949," both in , Box 413, RG102 CF 1949-52; Jewish Family Service, NY, "A Different and Economical Service to the Aged: Report on the Community Homemaker Service for the Aged Administered by the Jewish Family Service 1945-1950," 2-3, RG102, CF 1949-52, Box 413, folder: July 1950.

<sup>42</sup> For more on this see, chapter 2, *Caring for America*.

<sup>43</sup> Martha Derthick, *Policymaking for Social Security* (DC: The Brookings Institution, 1979), 299-300;

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House Ways and Means Committee, Committee Staff Report on the Disability Insurance Program, Part III.--Background Material, A. Legislative History: The Development of the Disability Program Under Old-Age Survivors Insurance, 1935-74, July 1974, 109-110, accessed February 12, 2006,

<http://www.ssa.gov/history/reports/dibhistory.html>. With the 1950 Amendments, federal participation also included money payments to recipients and payments to vendors for medical and remedial care.

<sup>44</sup> Almost 6% were bed-ridden', 6% were "chairfast"; 9% were unable to get around in there home. Office of Vocational Rehabilitation, "Study of Programs for Homebound Physically Handicapped Individuals," Jan. 7, 1955, HEW, RG 47, Bureau of Public Assistance, Family Services Master Subject Files, box 17, NARA. There were now four so-called categorical aid programs through Social Security: ADC, APTD, Aid to the Blind [AB], and Old Age Assistance [OAA].

<sup>45</sup> "Submittal for Commissioner's Consideration; Subject: Homemaker Service—Illinois and New York," Bureau of Public Assistance to the Deputy Commissioner, September 12, 1952; Jane M. Hoey to W. L. Mitchell, September 12, 1952; Alice Scott Hyatt to Miss Arnold, Miss Emery, Miss Noble, and Miss Morlock, "Decision of Commissioner of Social Security on Homemaker Service -- Illinois A. and New York," September 16, 1952, all in RG 102, CF 1949-52, box 412 (or 416?).

46. "The Bureau of Special Services," *The Welfarer*, Nov. 1959, pg. 6. The Welfarer is the newsletter of the NYC Department of Welfare. It is held at McMillan Library, New York City Human Resources Administration, New York, NY (hereafter HRA).

47. Dorothy V. Prussin, "Home Care for the Aging," *The Welfarer*, June 1957, pg. 3; *The Welfarer*, March 1954, pg. 4; "Home Care for the Aged," Letter to the Editor from Henry McCarthy, Chairman, Mayor's Advisory Committee for the Aged, *New York Times*, Aug. 30, 1956, pg. 24; Jane M. Hoey to W. L. Mitchell, September 12, 1952.

<sup>48</sup> "Our Homemakers," *The Welfarer*, Nov. 1949, pg. 10; U.S. Department of Health, Education and Welfare, Public Health Service, Division of Public Health Methods, *Homemaker Services in the United States: Report of the 1959 Conference* (Washington: 1960), 75.

<sup>49</sup> U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Public Health Methods, *Homemaker Services in the United States, 1958: Twelve Statements*, Public Health Service Publication No. 645 (Washington: 1958), 11.

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<sup>50</sup>“Service Training Program,” *The Welfarer*, March 1954, 4; “Preserving the Home in Emergency: The Homemaking Center,” *The Welfarer*, July 1954, pg. 6-7; *Homemaker Services in the United States, 1958: Twelve Statements*, 42-3, 37-9.

<sup>51</sup> “Welfare’s Homemakers Honored with Ten-Year Service Awards,” *The Welfarer*, Aug. 1959, 3; “A Decade of Service,” *The Welfarer*, July 1961, 11; Shick, 48; “New York City Department of Welfare,” 212, 206, 208.

<sup>52</sup> Maud Morlock to Elinor McCabe, Dec. 27, 1943, RG 102, CF 45-48, box 119, folder 4-11-6

<sup>53</sup> *Homemaker Services in the United States, 1958: Twelve Statements*, 11.

<sup>54</sup> “Report of Field Visit, Ohio,” 9-10.

<sup>55</sup> Beth Muller to Director of Field Service, Sept. 5, 1947.

<sup>56</sup> “Homemaker Service in a Public Welfare Agency,” Presented by Bessie B. Dreifuss..., Oct. 21, 1948, 2.

<sup>57</sup> “Report on Field Visit: State of Illinois,” July 3-11, 1947.

<sup>58</sup> “Homemaker Service in a Public Welfare Agency,” Presented by Bessie B. Dreifuss., 1-2, 6

<sup>59</sup> “The Bureau of Special Services,” *The Welfarer*, Nov. 1959, 7; *Homemaker Services in the United States, 1958: Twelve Statements*, 40, 91; *New York Times*, May 18, 1964; “Keeping Families United,” *New York Times*, Aug. 16, 1964.

<sup>60</sup> “The Bureau of Special Services,” *The Welfarer*, Nov. 1959, 7; *Homemaker Services in the United States, 1958: Twelve Statements*, 40, 91; *New York Times*, May 18, 1964; “Keeping Families United,” *New York Times*, Aug. 16, 1964; “Nine- to Twenty-Four-Hour Homemaker Service Project—Part II,” *Child Welfare*, April 1962, 156; Robert Alan Shick, “The Contracting Out of Local Government Services: New York City Home Health Care” Ph. D. dissertation, New York University, 1989, 49-50, 52.

<sup>61</sup> *Social Welfare in New York State in 1962*, 96<sup>th</sup> Annual Report, 1963, New York State Department of Social Welfare, 2-3; “The New Public Welfare System: A Progress Report on the 1962 Amendments to the Social Security Act,” in *Social Welfare in New York State in 1964*, 10.

<sup>62</sup> Eve Edstrom, “All Welfare Merged as HEW Unit,” *Washington Post*, Dec. 20, 1962, A1, 10; “Welfare Chief Called Critic of D.C. Program,” *Washington Post*, Dec. 20, 1962, 10. Into the new Department went

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the Children's Bureau, the Bureau of Family Services, the Special Staff on Aging, and Juvenile Delinquency Staff.

<sup>63</sup> Alice O'Connor, *Poverty Knowledge: Social Science, Social Policy, and the Poor in 20<sup>th</sup> Century U.S. History* (Princeton: 2001), 141-142; 232-34; Margaret Weir, *Politics and Jobs: The Boundaries of Employment Policy in the United States* (Princeton: 1992), 64-69.

<sup>64</sup> Robert Ball to Grace Hewell, "Proposed Training Program for Homemakers—Your Memoranda of June 21, 1962," July 12, 1962, RG 102, CF 1958-62, Box 836, file: Nov. 1961, NARA.

<sup>65</sup> "Projects Listed for June 2 Meeting," February 1965, in NCHE Papers, MAMC 075, S01, B16, folder "State Activities Colorado 1967).

<sup>66</sup> *Report of the 1964 National Conference on Homemaker Services*, 12, 24.

<sup>67</sup> Howard Rusk, "Keeping Families United: Growing Homemaker Services Will Be Major Tool in Drive to Reduce Poverty," *New York Times*, Aug. 16, 1964.

<sup>68</sup> Office of Economic Opportunity, *A Nation Aroused*, 1<sup>st</sup> Annual Report, 1965, 41, "The War on Poverty, 1964-1968," Part I: The White House Central Files, microfilm edition, Reel 9, Box 125, microfilm edition.

<sup>69</sup> U.S. Department of Health, Education, and Welfare, *Homemaker Services in Public Welfare* (Washington D.C.: April 1964), 14.

<sup>70</sup> Wilbur Cohen to Mr. John Nolan, June 5, 1963, RG 235, General Records of the Department of Health, Education, and Welfare, Office of the Secretary, Secretary's Subject Correspondence, Box 219, File: 1963, Jan-June, NARA.

<sup>71</sup> Office of Economic Opportunity, *A Nation Aroused*, 41-2..

<sup>72</sup> *Homemaker Services in Public Welfare*, 4-5.

<sup>73</sup> Fred Powledge, *New Careers: Real Jobs and Opportunity for the Disadvantaged*, Public Affairs Pamphlet No. 427 (USA: 1968), 8, 11, 4; Frank Riessman, *New Careers: A Basic Strategy Against Poverty*, with introduction by Michael Harrington, 7, 9; Arthur Pearl and Frank Riessman, *New Careers for the Poor: The Nonprofessional in Human Service* (New York: 1965), 249-51.

<sup>74</sup> Edith F. Lynton, *The Subprofessional: From Concepts to Careers* (NY: Sept. 30, 1967), 78-79, 85.

<sup>75</sup> "Two AntiPoverty Project Are Approved For BSS," *The Welfarer*, Dec. 1965, 10.

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<sup>76</sup> “Training and Employment for Mothers in Part-Time Occupations,” *The Welfarer*, March 1967, 1, 8-10.

<sup>77</sup> “Housekeeping Aide Project Trains Mothers in Management and Child Care,” *The Welfarer*, Sept. 1964, 1, 6; *1964 Annual Report of the City of New York Department of Welfare*, April 1965; “Training and Employment for Mothers in Part-Time Occupations;”; “Two AntiPoverty Projects Approved.;”; Annie Creola Fenton, “The Housekeeping Aide and Training Project in the New York City Department of Welfare Bureau of Special Services,” (M.S.W. Thesis, New York: Fordham University, 1966)..

<sup>78</sup> Francis Caro and Arthur Blank, *Home Care in New York City: The System, The Providers, The Beneficiaries* (New York: July 1985) 123-33; Shick, “The Contracting Out of Local Government Services,”. 57-58.

<sup>79</sup> George Brager, “The Indigenous Social Work Technician: Mobilization for Youth,” *Up From Poverty: New Career Ladders for Nonprofessionals*, Frank Riessman and Hermine I. Popper, eds. (New York:1968), 82. Riessman, an educational sociologist at NYU, also worked for Mobilization for Youth, the community action agency connected to welfare rights advocates Frances Fox Piven and Richard Cloward that emphasized education and youth employment. MFY provided services to individuals and families, including visiting homemakers and a parent education aide unit. Another New York program was run by Lincoln Hospital in the Bronx, discussed in Emanuel Hallowitz, “The Expanding Role of the Neighborhood Service Center: Lincoln Hospital,” *Up From Poverty*, 99.

<sup>80</sup> Carol M. De-Ortiz, “The Politics of Home care for the Elderly Poor: New York City’s Medicaid-Funded Home Attendant Program,” *Medical Anthropology Quarterly* 7 (1993, 13; Barbara Caress, “Home Is Where the Patients Are: New York’s Home Care Workers’ Contract Victory,” *Health/PAC* (188), 4-14. for NWRO in California, see *Caring for America*, chapter 4.

<sup>81</sup> Phone interview with Catherine Jermany by E. Boris, April 30, 2006.; Al Stump, “Defenders of Dole,” *Los Angeles Herald Examiner* reprint in *HRD News*, Nov. 4a, 1971, in *Manpower Development* (1966-1974), Vol.I (3), Box H43, RRL; On stigma, conversation, Frances Fox Piven and Eileen Boris, Santa Barbara, California, May 6, 2006.

<sup>82</sup> U.S. Senate, *The Older Americans Act of 1965: A Compilation of Materials Relevant to H.R. 3708, As Amended by the Special Subcommittee on Aging, of the Committee on Labor and Public Welfare*

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(Washington D.C.: 1965); Laura Katz Olson, *The Political Economy of Aging: The State, Private Power, and Social Welfare* (New York: 1982), 189; David K. Brown, "Administering Aging Programs in a Federal System," *Aging and Public Policy: The Politics of Growing Old in America*, William P. Browne and Laura Katz Olson, eds. (Westport, CT:1983), 204.

<sup>83</sup> Community Council of Greater New York, "Report of the Home Health and Housing Program, Citizens' Committee on Aging, January 1967 to December 1969," Revised Edition (July 1970), 1-2, McMillan Library, HRA.

<sup>84</sup> "Report of the Home Health and Housing Program," 1-17.

<sup>85</sup> Buhler-Wilkerson, *No Place Like Home*, 200-01

<sup>86</sup> Katherine Ricker-Smith, "An Historical and Critical Overview of the Development and Operation of California's In-Home Supportive Services Program," San Francisco Home Health Service, Grant HEW-100-78-0027, December 31, 1978, 31-36.

<sup>87</sup> New York Department of Social Welfare, *Public Welfare in New York State 1966 Centennial Year Report*, Legislative Document No. 96 (1967), 9-11.

<sup>88</sup> Citizens' Committee on Aging, Community Council of Great New York, "Systems Analysis of the Home Attendant Program," Jan-Dec. 1977, McMillan Library, HRA; Office of the Comptroller of New York, Bureau of Audit and Control, "Report on the Quality of Care and Operating Practices of the Home Attendant Program: Summary of Significant Observations," Oct. 25, 1978, New York State Library, II; Shick, "The Contracting-Out of Local Government Services," 69-70; Memo, to David A. Grossman, from Karen M. Eisenstadt, Subject: "A Program for Improving City Services to the Aging," October 6, 1972, 19-20, Box 34, folder 606, Reel 17, Subject Files, Papers of Mayor Lindsay, Municipal Archives, New York City.

<sup>89</sup> Find document from Henry St. Records, Social Welfare Archive, University of Minnesota; "Feds Probe Morrisania Povrty Agency Head," *New York Amsterdam News*, Sept. 24, 1977, A1; Louis Ward, "MCC Housekeepers Picket for Better Pay, Facilities," *NY Amsterdam News*, Oct. 29, 1977, B-6; "Question Actions of HRA Aide in Morrisania Center Inquiry," *NY Amsterdam News*, Nov. 19, 1977, B7; "20,000

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City Workers Face Exploitation,” *NY Amsterdam News*, Dec. 17, 1977. For the fullest story of this incident, see the film, “What Can You Do with A Nickel?”

<sup>90</sup> “Systems Analysis of the Home Attendant Program,” pg. 11; Bureau of Audit and Control, “Report on the Quality of Care and Operating Practices of the Home Attendant Program,” 7; Peter Kihss, “Home Care Plan for Oldsters Scored,” *New York Times*, July 16, 1976; Memo, to David A. Grossman, from Karen M. Eisenstadt, Subject: “A Program for Improving City Services to the Aging,” October 6, 1972, 19-20, Box 34, folder 606, Reel 17, Subject Files, Papers of Mayor Lindsay, Municipal Archives, New York City.

<sup>91</sup> “Report on the Quality of Care;” “Aide Stays by Elderly Women’s Side While Pay Remains in Computer,” *New York Times*, May 6, 1977; *New York Times*, July 16, 1976; New York State Department of Social Services, Metropolitan Regional Audit Office, “Audit of Home Attendant Services, New York City Department of Social Services, #76-835-S-029-58,” Aug. 1977, HRA, p. 8, 14-18.

<sup>92</sup> Joshua B. Freeman, *Working-Class New York: Life and Labor Since World War II* (New York: The New Press, 2000), 201-06; On history of social work unionism, see Daniel J. Walkowitz, *Working With Class: Social Workers and the Politics of Middle-Class Identity* (Chapel Hill: University of North Carolina Press, 1999); Emmanuel Perlmutter, “The Welfare Tangle,” *New York Times*, Jan. 25, 1965, 19; Damon Stenson, “Union Pickets Welfare Office to Protest City Talk Impasse,” *New York Times*, Dec. 22, 1966, 25.

<sup>93</sup> “State Action Asked By Welfare Pickets,” *New York Times*, Jan. 12, 1967, 43; Damon Stetson, “Welfare Strike is Ended By Union,” *New York Times*, Jan. 12, 1967, 1, 24. SSEU unionists were also asking for additional benefits for welfare recipients as well, such as semi-annual clothing grants. On tactics of public sector organizing, see Joseph Slater, *Public Workers: Government Employee Unions, the Law, and the State, 1900-1962* (Ithaca: ILR Press/Cornell University Press, 2004).

<sup>94</sup> Emmanuel Perlmutter, “City and Welfare Unions Agree on Cut of 9,000 Jobs,” *New York Times*, Feb. 10, 1969, 79. We tell this unionization story in “We Were the Invisible Workforce: Unionizing Home Care,” in Dorothy Sue Cobble, ed., *The Sex of Class* (forthcoming, ILR/Cornell University Press March 2007).

<sup>95</sup> “Report on Quality of Care,” VI-VII.

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<sup>96</sup> Leah Glass and Laurel Eisner, "CETA As a Vehicle to Recruit Welfare Recipients and the Unemployed Into the Home Care Field," *Home Health Services Quarterly*, 2, (Fall 1981), 5-6, 12-13. "Welfare Reform: A Message to the Congress, Aug. 6, 1977," *Public Papers of the Presidents of the United States: Jimmy Carter*, Book I (Washington D.C. 1977). Carter proposed moving welfare recipients off welfare rolls into "public service jobs" including "home services for the elderly and ill." (p. 1455); See also, L. Orr, *AFDC Homemaker-Home Health Aide Demonstrations* (Washington D.C.: 1986)

<sup>97</sup> Andrew Szasz, "The Labor Impacts of Policy Change in Health Care: How Federal Policy Transformed Home Health Organizations and Their Labor Practices," *Journal of Health Politics, Policy, and Law*, 15: 1 (Spring 1990), 194-7; Penny Hollander Feldman, Alice M. Sapienza, and Nancy M. Kane, *Who Care for Them?: Workers in the Home Care Industry* (Westport, CT: 1990), 7-8, 55-57; Administration on Aging, *Human Resources in the Field of Aging: Homemaker-Home Health Aide Services*, AoA Occasional Papers in Gerontology, No. 2 (U.S. Department of Health, Education, and Welfare, 1977), 2-3, 7, 18-19; Trager, *Homemaker-Home Health Aide Services*, 10-12; Caro and Blank, *Home Care in New York City: The System, The Providers, The Beneficiaries*, 13.

<sup>98</sup> Eileen Boris and Jennifer Klein, "'We Were the Invisible Workforce': Unionizing Home Care," in *The Sex of Class: Women Transforming American Labor*, ed. Dorothy Sue Cobble (Ithaca: Cornell University Press, 2007), 177-93. See also, chapters 5 and 6, *Caring for America*, draft mss.