



Essential Yet Invisible

Oregon Homecare Workers and COVID-19

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Homecare is Essential Work

When COVID-19 struck in early 2020, long-term care facilities quickly confronted high infection and fatality rates among elderly residents and workers caring for them. Recently, work in such facilities has been recognized as the most dangerous job in the country, while workers continue to lack adequate support.¹ While workers in these residential facilities absolutely deserve more recognition and support, less attention has been paid to the in-home caregiving work that homecare workers² provide to vulnerable clients³ through the COVID-19 pandemic.

Homecare work is considered essential work and homecare workers have been taking on additional risks to their health and safety to continue to provide care under COVID-19. Our research team, based at the University of Oregon's Labor Education and Research Center (LERC), conducted over 30 interviews with union and nonunion Oregon homecare workers to examine how homecare workers have been navigating increasingly risky working conditions under COVID-19. Our findings revealed that COVID-19 has presented both new challenges and revealed and deepened long-standing issues that these workers must navigate. Because homecare work is primarily conducted by women and is one of the most racially and ethnically diverse professions nationally and in the state of Oregon, these new challenges disproportionately affect women and women of color specifically.

Homecare workers expressed that, despite being classified as essential, they feel sacrificial and undervalued. COVID-19 has made already hazardous and complex work even more risky and challenging to navigate, as homecare workers often must figure out on their own how to adapt care routines and take on additional health and safety precautions at work. Additionally, many homecare workers work with clients with cognitive challenges who may struggle to understand these new hazards. Underpaid homecare workers are often paying for necessary supplies out of pocket. Under COVID-19 pandemic conditions, these costs have increased as workers scramble to find and pay for masks, gloves, cleaning supplies, and the gas (gasoline for driving) required to make multiple trips to try finding and purchasing adequate supplies. Meanwhile, many homecare workers have lost clients (consumer-employers) and income as these clients reduce or stop care due to fears of COVID-19 infection. Workers navigate anxieties both from increasingly unstable hours and earnings and from fear of contracting the infection while working. Below, these experiences are discussed in more detail, concluding with homecare workers' recommendations for how to address these rapidly shifting, hazardous working conditions.

1 Haug, Oliver C. August 3, 2020. "Nursing Home and Care Workers Officially the Most Dangerous Job in the U.S." *Ms. Magazine*. Accessed at: <https://msmagazine.com/2020/08/03/nursing-home-and-care-workers-officially-the-most-dangerous-job-in-the-u-s>.

2 Homecare is an umbrella term, encompassing the in-home paid caregiving work that homecare workers, personal support workers, personal care attendants, and job coaches provide for consumer-employer clients in their private homes, assisting them with activities of daily living. For this study, we interviewed union and nonunion, public and private sector homecare workers and personal support workers. For the purposes of this report, we will use the umbrella term homecare workers.

3 Homecare workers are employed by consumer-employers, who are clients of the state agency or private agency or who directly employ homecare workers. In this report, we generally refer to consumer-employer clients as clients.

Essential Yet Invisible

On March 23, 2020, Oregon’s homecare workers were officially deemed essential. Under Oregon Governor Kate Brown’s Executive Order No. 20-12 and Oregon Health Authority guidance, the Oregon Department of Human Services (DHS), which employs public sector homecare workers in Oregon with the Oregon Home Care Commission (OHCC), is designated as an “essential business or operation.” This means that homecare workers were designated as essential workers and could continue to provide care to vulnerable clients through the COVID-19 pandemic lockdown period.

Considering the vital support that homecare workers provide to vulnerable Oregonians, this designation as essential workers makes sense. When asked if she considers herself an essential worker, Renee,¹ a Black American homecare worker explained, **“Yes. I’m an essential worker, because without me, my client wouldn’t be able to do basic things. She would be lost. She wouldn’t be able to have clean clothes, she wouldn’t be able to eat, she wouldn’t be able to shower, she wouldn’t be able to live.”** In response to the same question, Carmen, a Spanish-speaking Latina homecare worker agreed:

“Yes, absolutely essential. Because the people I care for, especially this woman I am working with now, she has limitations and needs my support. Practically, I arrive every weekday early in the morning and I help her to get up, bathe, eat breakfast, fix her space, go to the bathroom, everything. She can’t walk and she has a machine to help her get up, but she does need the help. I don’t know how she manages when I’m not there, to be honest.”

While the daily tasks that homecare workers complete vary widely based on clients’ needs, the majority of homecare workers we spoke with emphasized that many of their clients absolutely need care to survive and to continue to live in

their homes. Jean, a Native American homecare worker spelled this out: “Without my presence to my consumer clients, because of the severity of his health, and the severity of his mental health issues on top of his health, he would not and could not function, and could possibly even die. He was on a ventilator for almost a month back in December and we didn’t think he was going to make it. But he’s got a whole host of health conditions that he himself should not be leaving the home. He had a recovery period where



¹ All names used in this brief are pseudonyms, to protect the workers’ confidentiality. When each homecare worker is introduced here we use a pseudonym and a racial/ethnic descriptor, to underscore the diversity of this workforce while still protecting the workers’ identities.



it was questionable. He can't read or write. He doesn't know how to fill his meds. If I wasn't there to fill his medicine box, he could miss a dose, or take an extra dose. He doesn't understand, so yes, I am essential,"

As homecare workers pointed out, they deserve more support and recognition for this essential work. While officially called essential, providing vital care and in doing so, facing heightened risks, homecare workers continue to be underpaid and undervalued. Sofía, a Hispanic homecare worker noted, **"I'm wondering how people in my line of work today are seemingly forgotten. They talk about [personal protective equipment] PPE but almost none of that is coming our way. I know our work is so important so why isn't it? Why are we not getting that response we need to have?"**

Emi, a Mexican American homecare worker elaborated, sharing her frustration about feeling undervalued as an essential worker working under risky conditions in the COVID-19 pandemic:

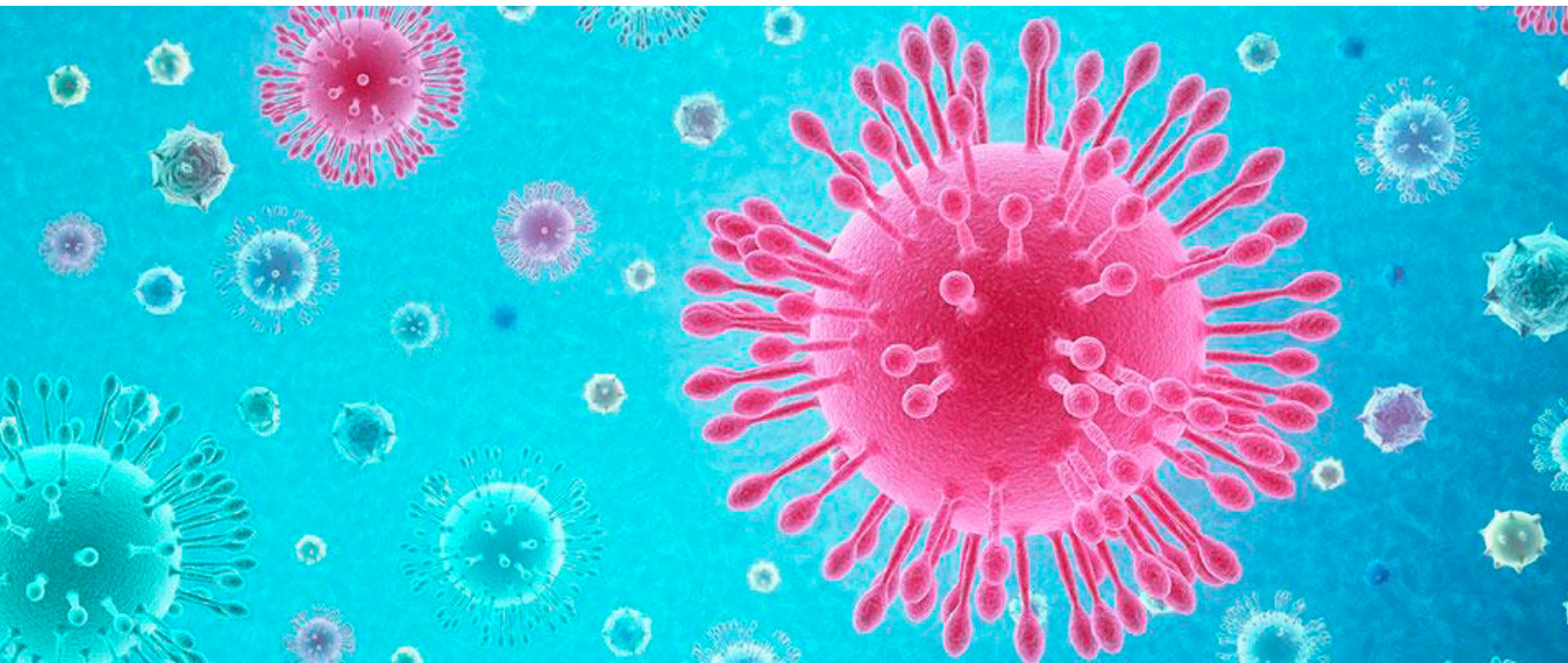
"The thing that irritates me is that here we are and we are essential workers. We have to be doing this. Years ago we were domestic servants. We weren't considered workers. We were servants. When are we going to be visible to people as essential workers? We don't feel validated in that. And I'm not trying to say that they don't deserve it, but we have grocery workers who are getting hazard pay. And they are taking a huge risk by being out there in the public, but we are taking risks too with vulnerable populations and we're feeling completely underappreciated."

Several homecare workers concurred with this sentiment, that some clients, state and private agency employers, and the general public do not understand or appro-

propriately value the skilled work they do and the level of risk they assume in continuing to work in private homes through the COVID-19 pandemic. Sofia concurred that homecare workers do not receive the respect they deserve:

“We need to elevate the care worker from the perception of, we’re not just maids. We are a part of the medical system. It’s really, really difficult to have to go and work in this when people are in fear and they are neglecting it, not giving the workers the materials they need and our state needs to do more. The idea that, okay these are often women of color and that they’re maids, that is really missing what so many of us bring to this profession. Especially immigrants who may speak multiple languages and may have credentials that aren’t recognized here. There needs to be an elevation of the profession and also the critical role of homecare workers has to be seen.”

In over 30 interviews with a diverse¹ sample of Oregon homecare workers, these experiences of invisibility and being underappreciated, despite the essential work they do, emerge throughout the study. Homecare workers expressed that they feel the burden of navigating working conditions under the COVID-19 pandemic with little support, particularly for workers without access to a union. Working in private homes and in joint employment relationships with the state agency or a private agency and their individual consumer-employer clients,² homecare work-



¹ We interviewed workers from diverse backgrounds in terms of age, years of experience, education levels, countries of origin, languages spoken, gender, and race and ethnicity. This included respondents who identified as African American, Black, Hispanic, Latinx, Mexican-American, Asian, Asian American, Korean, Native American, and mixed race. To underscore this diversity, we highlight workers' racial and ethnic backgrounds by using the terms individuals use to identify themselves when we first introduce them in the text.

² Homecare workers can be employed directly by a client, employed jointly through a private agency and a consumer-employer client, or jointly through a public state agency such as Oregon Department of Human Services (DHS) and the Oregon Homecare Commission working through a broker and their consumer-employer client.

ers face unique challenges in bearing workplace risks and navigating increasingly hazardous working conditions.

COVID-19 Reveals Longstanding Challenges in Homecare Work

The increased risks that homecare workers are taking to care for vulnerable people reveal many long-standing issues homecare workers face. These include the need for health and safety protections on the job, how homecare workers regularly feel pressure go above and beyond to provide necessary care to meet their clients' basic needs with insufficient support, often paying for supplies out of pocket, and how challenging it can be to hold a state or private agency employer accountable.

Accountability for the state or private agencies that are in joint employment relationships with individual consumer-employers clients, is particularly hard to define for the homecare workforce. Homecare workers work for clients in their homes and are paid through public or private agencies and it is not clear to whom homecare workers should turn when they face workplace health and safety violations. Homecare workers stress that if they leave a hazardous position because they are unable to remedy the situation in the client's private home, they may be out of work or face reduced hours and income until they are assigned another client through state funded homecare private agencies (aka brokerages) and/or searching employment leads via OR-HCC Registry (web based search engine). This puts additional pressure on workers to try to find solutions themselves or endure hazardous working conditions.

A homecare worker who used to work for a private homecare agency and now works in a unionized setting emphasized that having access to a union helped her





feel confident that she could leave a worksite where she felt unsafe as the union supported her in that process, though she was still concerned about lost income while waiting to be assigned clients and hours. Homecare workers who belong to a union have a voice on the job and support if they face hazards. As Renee put it, **“The union is our only safety net, but they are also limited often to focusing on what is in the contract and so much is not in there so we have to bring it up in bargaining.”** Many homecare workers we spoke with emphasized that they planned to raise issues related to workplace health and safety in their upcoming contract bargaining efforts, particularly around increased hazards due to COVID-19, but also to address long-standing workplace safety concerns.

Hazardous Work Becomes More Hazardous

Before COVID-19 struck, homecare workers already had one of the riskiest jobs in terms of workplace health and safety, with some of the highest on the job injury rates of any occupation in the country. Homecare workers faced injury rates higher than those for workers in oil and gas industries, and twice as high as the injury rate for the U.S. labor force overall.¹ Working in private homes, homecare workers also face unique working conditions and employment relationships that leave them particularly vulnerable to threats, violence, and racist and sexist harassment on the job from clients and

others in their client’s home. A unionized homecare worker speaking during an SEIU 503 action underscored this saying, **“The risk is inherent in the work.”** This worker also stressed that homecare workers are essential links in the healthcare system for vulnerable patients and are often the first to notice symptoms or make sure clients get treatment. Yet, homecare workers are last on the priority list for personal protective equipment (PPE).

Many homecare workers also work with clients who experience cognitive challenges due to dementia, autism, or other conditions. These clients may struggle with disrupted routines under quarantine and may not always understand why new health and safety procedures are necessary. Joanna, an African American homecare worker whose clients have discontinued care during the COVID-19 pandemic noted that her clients already struggled with handwashing. She is currently picking up and dropping off groceries for these clients even though she is not being paid because she sees their dire need for food. Joanna explained that when her clients to resume care, **“we are definitely going to have to have a talk about how not to spread it, how not to contract it and that’s another reason why I don’t want**

1 Farrell, Chris. 2018. “The Shortage of Home Care Workers: Worse Than You Think” *Forbes*, April 18, 2018; Seavey, Dorie and Abby Marquand.. 2011. “Caring in America: A Comprehensive Analysis of the Nation’s Fastest-Growing Jobs: Home Health and Personal Care Aides.” *Paraprofessional Healthcare Institute*.

“we are definitely going to have to have a talk about how not to spread it, how not to contract it and that’s another reason why I don’t want my client to pick up groceries because she doesn’t understand the gravity of what’s going on and so she thinks she can talk to everybody, go into the back, hang out.”

my client to pick up groceries because she doesn’t understand the gravity of what’s going on and so she thinks she can talk to everybody, go into the back, hang out.” Despite the fact that her clients’ discontinued care and she is not being paid, Joanna not only continues to provide necessary supports for her clients, but is also strategizing how to support them through the shifting conditions of the COVID-19 pandemic whenever her clients decide to resume care.

Amber, a white personal support worker who works with clients on the autism spectrum, shared how she has had to adapt her client’s routines to mitigate his risk of COVID-19 infection and has to explain why this is necessary:

“It’s constant work trying to problem solve the situation. Especially now. I’m building in as many treats to incentivize skillbuilding behavior as is reasonable and explaining that there are just things that we can’t do right now. Recently we made his wish list and he wanted to go to a restaurant, so I had to explain again that it’s not open now and it’s not just you. It’s everywhere. It’s really frustrating for him.”

Homecare workers regularly navigate working with clients who each have unique needs and the COVID-19 pandemic has made this process of individualizing care even more complex and time consuming. Sometimes this includes providing anxious clients, who have heard about the COVID-19 pandemic, with reassurance so that the use of masks and gloves does not seem threatening. For workers who work with clients with dementia, this process is ongoing. Leticia, a Hispanic homecare worker explained that it can be challenging to explain the need to make adjustments under COVID-19 with her client who has dementia:

“It’s hard to explain. And most everything does take twice as long as it does to do things closer under normal circumstances, you know, because I’m trying to keep my distance as much as I can, but they’re not understanding why am I doing this differently. Trying to explain it is really hard. Dressing them, bathing, meals, taking them to their appointments. Yes, it is very hard.”

This reveals how working conditions under COVID-19 have resulted in new demands and work tasks that take longer and are more cumbersome. Home care workers have to figure out how to adapt work tasks often on their own, and additional emotional labor of explaining the changes and reassuring clients. One homecare worker suggested that the state could develop and share scripts that homecare workers could personalize to share with clients who have difficulties understanding the need for additional precautions and adjusted routines during the COVID-19 pandemic.



Homecare Workers Do More Without Adequate Support

Homecare workers demonstrate exceptional dedication to their work. When asked what keeps her going to work these days, Hayley, a white homecare worker shared that several things keep her coming to work despite the additional risks under COVID-19:

"I know that my clients really need me. One of them can't get out of the bed or really do anything alone. I know they really need someone and they have no one else. My mom wanted me to quit my job because she was really concerned about the virus. But I thought that when I pass away, whenever that is, and when we talk about this in history, I don't want to be the one who said that I was too scared to go help my clients. And I've been thinking about the doctors and the nurses and the custodians at the hospital who risk their safety for patients and I chose a job that is risky too. I never thought that I would do something like this in a pandemic. But I'm not going to abandon my clients just because there's a pandemic right now, not when I felt like I would be letting the clients down and letting myself down, if I did not stay."

Homecare workers exhibit this high level of dedication in the face of increased risk, and also emphasize that they deserve more resources and support, which would enable them to continue to provide a high level of care for their clients while navigating shifting and hazardous working conditions.

Homecare work has always required skill and creativity to navigate risk in the isolated home workplace settings with clients who have multiple and highly variable needs. Heightened risks under the COVID-19 pandemic make this even more clear as homecare workers have taken on new tasks of additional cleaning and sanitizing without additional training or compensation, and many have creatively modified routines with their clients to account for COVID-19 infection risk and quarantine. However, while homecare workers are now mandated to wear masks and gloves and many immediately implemented new health and safety precautions on their own, their official scope of work has not been revised, clients' hours have not been increased, and workers lack adequate support to implement necessary adjustments to their work tasks.

Carmen explained that she tries to maintain at least a six-foot separation between herself and her client whenever possible, but that most of her work tasks do not allow for that distance. She has to help her client get in and out of her bed and chair and help her to dress and bathe:

"For me, the most important thing I focus on is trying to stay protected and wear a mask and gloves, because sometimes when I bathe my client or try to help her I end up sweating and it is hard work so I can be breathing heavily. Sometimes it is difficult when I am helping her to bathe and I have to make sure to breathe to the side. It's hard with that kind of work to take all the precautions I try to take."



Most homecare workers emphasize that they are very careful about wearing a mask and gloves, and to change them frequently, but they receive little support in securing these health and safety supplies. Carmen elaborated: **“The employer, the state, has given us some gloves and some masks, but mainly I pay for them myself out of my earnings and I find them myself so I have enough and so the masks are better quality and I’ve bought boxes of gloves as well because I have to use so many.”**

Many homecare workers shared that the COVID-19 has necessitated increased work-related travel to find and purchase necessary supplies. They traveled great distances to find and purchase with their own money supplies that they needed to care for their clients, including masks, hand sanitizer, specialized cleaning compounds, groceries, or other supplies for their clients. Joanna, shared that she pays for gas herself to pick up the food boxes that she delivers to her former clients, even though her clients had discontinued care during the COVID-19 pandemic and refused to have people in their homes because they had underlying health conditions and feared COVID-19 infection. She explained she does this simply because, **“Well, they have no food. They’re hungry”** and she felt she could not leave them in that condition even if she was not being paid.

Renee added that the additional travel homecare workers undertake to get supplies during the COVID-19 pandemic is not adequately compensated, because she is only reimbursed \$4.85 every two weeks for up to 10 miles of travel, but has needed to travel many more miles than that, especially due to the COVID-19 pandemic. Homecare workers also explained that the restrictions in place at grocery stores to prevent hoarding presented additional barriers when they tried to shop for clients. People did not always believe them when they explained that they were homecare workers and were purchasing food and supplies for multiple clients. This forced many to make multiple grocery trips per week, and workers noted that these additional trips increased their risk of exposure to COVID-19.

Due to their high levels of dedication to their work, homecare workers strategize creatively to try to ensure their clients’ health. However, because they lack adequate support from their state agency or private agency employers, the burden of figuring out how to navigate increasingly hazardous working conditions falls on the workers. This is a form of compassion exploitation, in which homecare workers’ dedication to their vulnerable clients is exploited by state agencies and private agencies that do not provide workers with adequate support. Many workers shared that they had organized collectively to make and share masks and information about where to find supplies and how best to work with clients under these hazardous conditions, but that they only received one small baggie of supplies from DHS and did not feel they could count on the state agency for timely support.

Anxiety and Additional Precautions

Like other essential workers, homecare workers also expressed fear and anxiety that they could contract the infection from clients or clients’ families in their work providing care and return to unknowingly infect their family members, so they have been taking extra precautions both at work and when they arrive home. This fear is particularly acute for homecare workers, who have little control over their work environment and the individuals who come and go in their clients’ homes.

Carmen shared that she takes extra precautions because she is anxious about potentially infecting clients or family members:

“Yes of course it worries me that I could carry the virus and pass it to someone who is vulnerable. That’s why when I go to work and when I come home I completely disinfect myself. When I come home I go through the garage and take everything off and bathe right away. My husband is very vulnerable because he was ill with the virus so I don’t want to take anything home. My husband had 20 days when he was very, very sick and he is still vulnerable and I’m very concerned even now. Thank god he is doing better now and he has been well enough for a couple weeks to be back working but his blood pressure is low and sometimes he gets dizzy or breathless and a bit of a cough still lingers. It’s very concerning so I think and worry about it all the time, thinking how can I be more careful and take all these precautions so that he and my client can stay safe.”

The majority of homecare workers agreed, also expressing fear and anxiety about the virus--primarily worrying that they could potentially contract the virus through their work and potentially carry it and infect those more vulnerable. These new fears and anxieties were omnipresent, which can affect workers’ emotional and physical health, as many expressed feeling hypervigilant about working during the COVID-19 pandemic.

Sofía emphasized that this fear takes a toll:

“It’s just constant, knowing that I can go out to work, and maybe, who knows if I’ll be able to sustain being there in the world without getting sick. But mainly it’s that if I get sick five people could go. In my family, in my household all of us are older and my mother is in her 80s. Then my nephew who lives on the other side of the house, who was a preemie, and has a lung problem. So we could all go, in a matter of hours, because that’s what I understand. I understand that you might not be showing symptoms. And then you get a fever, you know, and then you’re done. It’s exhausting, always trying to keep that in mind.”

Another homecare worker with outside experience in mental healthcare, agreed that this hypervigilance is a real concern, emphasizing that workers need additional support to deal with the emotional exhaustion of being essential workers at this time.

Lost Clients, Lost Income

Due to their unique joint employment situation where their work hours and income are dependent on clients, homecare workers’ income fluctuates based on their clients’ hours. This has been especially apparent during the COVID-19 pandemic, when many clients decided to reduce hours or entirely stop receiving care due to fear of COVID-19 infection. In a national survey of domestic workers, the majority of respondents had lost hours or employment entirely during the COVID-19 pandemic due to their clients’ decisions to end their employment, without any guarantee of if or when they would be able to return to work.¹

Carmen shared how she lost hours and income for a period of time due to the COVID-19 pandemic:

1 https://domesticworkers.org/sites/default/files/Coronavirus_Report_4_8_20.pdf



“My other client was too scared to continue having me come because of the pandemic. I was without work for a while because of that, but fortunately they eventually found me another client. But yes, I did lose hours for a while and it was very challenging. And it was very confusing because I did not think I had enough hours for paid time off so it was challenging financially. I had almost two months not working because my client from before was scared about the pandemic so it was very challenging financially. And my husband had been sick with the coronavirus and so he was still vulnerable and I was worried.”

Indeed, while many homecare workers feared taking on additional risk of exposure by working through the COVID-19 pandemic, most felt they could not take time off even if working conditions are risky due to financial necessity. As Renee put it, **“I can’t. I couldn’t really afford to take time off. That’s just not an option financially.”**

Because homecare workers’ hours fluctuate based on client hours, many homecare workers regularly lack sufficient hours to pay their bills and some take on second jobs. During the COVID-19 pandemic, many homecare workers lost both homecare hours when clients discontinued care and lost work at their other jobs. For example, Jean worked at a daycare before it was shut down in the COVID-19 pandemic and has struggled to cover basic expenses. She shared, **“I’m in the middle of filing for a second bankruptcy, because I just can’t, can’t keep up with rent, with everything.”** She has tried to find more work and apply for benefits, but with limited success.



The majority of homecare workers who reported losing hours and income shared that their clients had made the decision to discontinue care during the COVID-19 pandemic. However, some also stressed that there are many homecare workers who work with underlying conditions themselves, and some decided their working conditions were too hazardous to take the risk to continue working. Evelyn, a Black homecare worker, shared that she had clients who were not compliant with taking the necessary precautions to avoid contracting and transmitting COVID-19 and she felt that working in private homes increased this risk. She said, **“With my own health issues, I just don’t want to walk in blind. I mean even when there are precautions, I’m just not willing to take that risk.”** She explained that there are too many unpredictable factors that homecare workers face when entering clients’ private homes and her underlying health conditions meant that continuing to work felt too risky.

Leticia explained that the COVID-19 pandemic poses new financial challenges and to keep everyone safe and healthy, state agency and private agency employers should provide PPE and ensure that workers can take paid time off (PTO):

“Employers need to continue making PPE and cleaning supplies and give it to the workers who really need it. And to be able to take paid time off in quarantine so if you are exposed you can actually quarantine to keep everyone safe. I’m glad I am able to take a rest, but it’s because I have paid time off. But now I’ve used it up so I would need to apply for benefits and who knows how long that could take. It is very challenging now with this virus. If a company protects a worker and pays you for time off that is what they need to be doing so people don’t feel pressured to work sick, but many employers are not doing it.”

Homecare workers who have access to a union have organized and advocated that homecare workers should be able to access benefits and other supports through the COVID-19 pandemic. Joanna noted that unemployment originally excluded homecare workers and union homecare workers had to fight to expand access, though the original exclusion still led to additional delays in getting unemployment benefits for homecare workers whose clients discontinued care due to the COVID-19 pandemic. Union homecare workers also advocated for access to PTO through the COVID-19 pandemic, though workers had to meet a certain threshold of hours to qualify and union homecare workers advocated to reduce that threshold as well. Emi explained how SEIU 503 has organized and advocated for homecare workers in the COVID-19 pandemic:

“Our union in this whole thing with COVID has been fighting because employers are like, ‘I don’t care if you can barely work.’ So the union reallocated funds to help us in the short term. Not only that but they bargained to get COVID pay. If you got sick or lost hours due to it, you could go in and do this as a PTO. You had to have a certain number of hours, which kind of sucks for some people but you got extra hours.”

SEIU 503 also advocated for improvements to the voucher system for payment. Many homecare workers we interviewed reported that they had submitted their paper vouchers in person and DHS had lost them and claimed workers never submitted them. DHS then instructed workers to resubmit the vouchers, which meant that workers would not receive the additional payment owed due to late payment. Workers took photos on their phones of them dropping off the vouchers and had to argue their case, which often entailed going to the office in person. This resulted in workers having to wait weeks for payment. In the COVID-19 pandemic, the union set up a system to submit vouchers electronically, in an effort to make the process safer, **though many workers continue to face delayed payments.**

Homecare Worker Recommendations

When asked what recommendations homecare workers would like to share with policymakers, the majority emphasized that adequate PPE should be provided to workers in a timely and ongoing fashion, as should hazard pay, universal healthcare including mental healthcare for all workers regardless of hours worked, which can fluctuate based on client load, and access to enough PTO so that workers would not feel pressured to work if they were sick or if they felt they would be placing themselves or others at risk of infection. Additionally, many homecare workers stressed the need for equitable access to COVID-19 specific training, including language access and a system of reliable communication with workers who have

direct experience doing homecare work.¹ Carmen underscored homecare workers' urgent needs in the COVID-19 pandemic:

"We need to be more protected and have even better medical insurance and paid time off so we don't have to worry so much if we do get sick or if our clients say they are scared. And our clients need even more protection because they are more vulnerable because many of them are already ill with other conditions. The protective equipment would be the most urgent support, really. The masks and gloves would be very helpful and cleaning supplies that I use to disinfect her bathroom would be good to have, because I purchase all those myself usually."

Renee agreed that homecare workers should be provided adequate PPE, and emphasizes that **"each worker should have their own supply of PPE. I think that they should start stocking up since they see that this is not going to get any better, it's going to get worse."**

In addition to urgently needed supplies, access to health insurance, and PTO, many homecare workers also emphasized the need to expand access to coronavirus testing. Several homecare workers had been tested for COVID-19, and all said they would be tested if the tests were readily available, but they did not want to use up tests that more vulnerable residents might need. As Hayley emphasized, **"I could be an asymptomatic carrier. And that would put my client at risk. I really want Oregon to loosen up the availability for testing."**

For homecare workers who have access to a union, there is an opportunity to organize and advocate for some of these recommendations. While the racist and sexist legacy of the Fair Labor Standards Act (FLSA) and other labor laws have long left out homecare workers and barred them from striking, homecare workers have organized to build power. SEIU 503 homecare worker members have organized for hazard pay, and increased PTO paid time off, retirement, and life insurance, which homecare workers stressed is particularly relevant in the context of the COVID-19 pandemic. They have also organized to support state and federal legislation to support essential workers and are preparing for bargaining around hazard pay, access to PPE, wages, and other necessary support through the current crisis.

¹ These recommendations affirm the commitments to building a union culture with member voices at the forefront and to push the state to invest in "training a diverse workforce, and creating programs with cultural competency" in SEIU 503's Five-Year Strategic Plan: https://seiu503.org/wp-content/uploads/2019/11/SEIU503_Five_Year_Strategic-Plan.pdf