

Cynthia Barrett, Personal Care Assistant
Bill 6486
Human Services Committee, March 8, 2011

My name is Cynthia Barrett and I live in Middletown. I've been PCA for my son Dan for two years. Dan has Muscular Dystrophy and relies on caregivers for basic daily activities.

On a typical day, I'm up at 8am. I wake him up and soak his eyes so that they'll open. Then I put splints on him and we do range of motion exercises for half an hour, then I feed him breakfast and give his meds. Next I put his personal things together and put him on the commode, usually at 11am. I have to lift him out of his bed on to his Hoyer pad and then onto the commode and guide him into proper position. After he's finished using the commode, I bathe him from head to toe and dress him for the day. By the time this is all done, it's about 1pm.

In the afternoon I put him back in his wheelchair and he'll go to his computer. While he's on the computer I'll do some laundry and work on lunch. I feed him lunch around 1:30pm. After that I hang him over a basin to wash his hair, and then he brushes his teeth. Brushing his teeth and the computer are about the only things he can do on his own. After lunch I continue house cleaning and laundry along with his personal bills. The next shift starts at 3 or 4pm.

The afternoon shift starts with putting him in splints and then house cleaning. At 5pm I give him his medication and start preparing dinner. I lift him on to the commode again and then feed him dinner between 6-7pm. At 9pm it's blood pressure and med time. At 9:45 it's commode time again, he washes up, we change him into pajamas and his special socks, and bundle him into bed at 10:30pm. Then I collapse.

This is just too much work for one person, especially when you're 61. We've hired outside aides to cover the morning and evening shifts, but we have such high turnover that several days a week I have to do one if not both of these shifts. If it snows out, or if one of the caregivers is sick, or if one quits, I have to be ready to give the care.

In the two years that we've been hiring aides, we've gone through more than 30. It's so stressful since you just don't know when an aid will let you down and you'll have to do two shifts a day. Through the PCA program we get 86.7 hours a week of paid care and ideally we'd like reliable caregivers to cover all of those plus backup, but it just hasn't worked that way. I am the backup. And I do this a lot.

This is bad for my son. He's 35 and needs to be independent. He doesn't want his mom taking care of him, but we can't find anyone to take care of him reliably. As a PCA and parent provider, this work is hard for me, but it's also very emotional.

We need to fix this problem with turnover. Right now, the highest we can pay for CNAs is \$12.37 an hour. The nursing home up the street is paying more than \$15. So when we finally find a good PCA they don't stick around long—why would they when they can earn more somewhere else?

We also need PCAs that are properly trained. PCAs need to get ongoing training pertaining to their patient's needs. We hire only CNAs but the classes for that certification don't talk about client's specific needs if they're muscular dystrophy or MS, and they don't teach the latest techniques.

We need an advocate in the state to push for better training. That's why I'm asking lawmakers to support forming a Workforce Council. With the council we can create training programs and give PCAs an opportunity to get more skills and more pay.

Many people take this job because it's easy to get, but it's the most important job there is. I think the state needs to take a more active role in making sure there are quality, reliable PCAs that we can hire. I hope that our lawmakers will create this commission so we can start making the improvements we need.