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PCA Testimony

Tonight I wake family member and tomorrow I burry him, but right now I sit in front of you to tell you of the difficulties I face as an in-home aid, caring for those who cannot care for themselves. The last time I sat before you I spoke about Governor Malloy's proposed 2012-2013 budget cuts to higher education, specifically the CICS Grant program, and yet again I sit before you to speak about an important decision that you will have to make that will have an enormous impact on my life.

I have been a CNA since June 2002, and I currently work as an aid in both the PCA Waiver Program and the Home Care Program for Elders since last April. These positions were my savior since I had been unemployed for 22 months prior to that.

When I accepted the positions I was offered a salary of \$12.50 per hour, which made me ineligible for medical assistance through the state, yet this job also offers no option for insurance. But what was I to do? Do I take the job, or do I stay unemployed so that I can see my doctors when I need to? You see in June 2009 I suffered a mild traumatic brain injury that has resulted in seizures and constant migraine headaches. The headaches are so bad that sometimes I can't see. And because I am not eligible for insurance and these positions do not offer insurance options, I cannot afford to go to the doctor, let alone pay for my medications. Two weeks ago I suffered from a severe respiratory infection and I was forced to go to the hospital because I could not breathe. My lips and nail beds were turning dusky because I was not getting enough oxygen. I had to borrow the money from a friend to purchase the medication I would need to breathe until my body took care of the virus and I now have a rather large hospital bill that I cannot pay. Which, that brings me to another issue of a medical nature. Last fall, while transferring a client from a car to her chair, something didn't go right.

She was not able to assist in the transfer as she normally would be able to. She slipped and my back was hurt. I was out of work for a week for that injury. I should have gone to see a doctor, after all you only get one back. But because there is no workers compensation, or health insurance options, I ended up not going, and still today I occasionally get a spasm in my lower back.

Within these programs I am only allowed to work 25.5 hours a week per consumer and the consumer is listed as my employer. And this brings out a couple of issues;

1. When I first started and I was told that I was only "allowed" to 25.5 hours maximum a week, I asked why that was. The answer I got was that if aids were allowed to work more hours, then the consumer would have to provide the workers compensation insurance.
2. In order to make ends meet, I have had to take on multiple clients and I work 51 hours a week. So here is my question; if I get paid by the same company for both consumers, and they get paid by the state of Connecticut to pay me, how can they get away with calling it two separate jobs when my paychecks and the money that goes into my paychecks come from the same place?

Recently things got worse. In a letter from Allied Community Resources date February 21, 2012 my hourly wages were cut from the \$12.50 per hour to \$11.99 per hour due to an increase in the unemployment rate. And these are my issues with that;

First, multiple sources including the labor department are reporting that the unemployment rate is the lowest it has been in three years. And this is also shown by the Department of Labor's own graphs. You can see the downward trends. So again, why am I losing money?

Secondly, what does my pay have to do with people who are collecting unemployment? I work hard for my money and I need every penny of it and then some. My duties have not changed, so why should my pay? What this all leads up to is because people can find work, and because I can only work 25.5 hours a week per consumer, I am now having difficulties with bills

because every penny I was earning was going to them and was strategically planned out, and now I definitely cannot afford to go to the doctors and purchase the medication that I need.

I have heard that there are some concerns from the consumers, as well as other opposition. In closing I want to leave you as well as those who are against what we are trying to accomplish including those who are on the fence with the following;

As PCA's we choose these careers and positions because we have a genuine concern or care for the wellbeing of others. If we worked in the traditional skilled nursing homes and facilities we would be afforded the benefits we are asking for. Because of the care we provide, our consumers are allowed to maintain their dignity and make the decisions on who is allowed to provide their much needed private and personal care. Ask yourselves this; if you were all of a sudden not able to care for yourself, would you want to be able to choose who cares for your intimate hygiene needs, or would you rather to go to a nursing home where your life and who is going to care for you is dictated? I am almost positive that you would want the option to stay home. And just like you, that is what our consumers have chosen. Additionally, by keeping them in their home the state is saving close to \$70,000 a year for just my two consumers alone.

Neither one of my consumers is related to me in any way, but I care about them enough to provide them with the care they need. Does that mean I should have to suffer too? Does that mean I don't deserve to be able to care for my needs as well? And if I can't take care of myself, how can I care for my consumers?

As I already said, as PCA's we choose these careers and positions because we have a genuine concern or care for the wellbeing of our consumers, nothing we are asking for or hoping to accomplish will impact our clients in a negative way. Our only goal is to be able to not only care for our consumers, but for ourselves as well.

Thank you for your time, and if you have any questions for me, please feel free to ask.