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Who Will Care For U.S. Elderly If Border Closes?

By BARRY NEWMAN

Philadelphia

FORTY YEARS AGO, Blanca Maldonado moved to the U.S. from Puerto Rico. She married and had 13 children, 28 grandchildren and 30 great-grandchildren. Now 76 years old and bedridden with bone disease, she is cared for by Xiomara Martinez, an immigrant who arrived in 1996 from the Dominican Republic.

Luis Maldonado, a 43-year-old cook, sat at his mother's bedside on a visit to her small apartment here one afternoon. "We'd all love to be with her all the time, but we have to take care of our needs," he said of his family. "But we never stop thinking of Mama."

Neither does Ms. Martinez. Her own mother entered the U.S. illegally in 1978 and eventually got a green card. After a long wait, her children joined her. At 47, Ms. Martinez earns \$6.65 an hour, paid through a state agency, for taking care of Ms. Maldonado's needs, from baths to rice and beans.

In the immigration fight that continues to adle Congress this summer, low-skilled foreign labor is often viewed as an indulgence in a society used to having its chickens boned, its lawns mowed and its laundry folded. But Ms. Martinez is evidence that the issue cuts into something more basic: a demographic thundercloud moving over the country as baby boomers approach old age.

Immigrants, whether legal or undocumented, make up a disproportionate share of those who care for the elderly—and the need for such workers is set to explode in the coming years. The Department of Health and Human Services predicts that the elder-care work force, 1.9 million

in 2000, must reach 2.7 million by 2010 and five million by 2050 to meet the impending rise in demand. Meanwhile, the pool of 25-to-50-year-old American-born women that has been a prime source for elder-care jobs is also shrinking.

Where will the extra helpers come from?

Operators of nursing homes and home-care agencies say part of the answer lies abroad. The

American Health Care Association, which represents for-profit nursing homes, and the National Association for Home Care both joined an industry coalition to lobby Congress for a new visa that they hoped would annually admit 400,000 low-skilled workers—the grist of the home-care field—which would be equal to the number that now arrive illegally. In May, when the Senate passed a bill aimed at granting legal status to millions of immigrants already here, it cut the proposed number of low-skill visas to 200,000. The House had earlier backed punishment for illegal immigration, with no new visas at all.

Immigration opponents in the House are unmoved by arguments that elder-care jobs will soon go begging without an influx of workers from abroad. "At some price, Americans will fill these jobs," says Will Adams, spokesman for Rep. Tom Tancredo, a Colorado Republican. "Any field related to the retirement of the baby-boom generation is expanding. Let the market do its work."

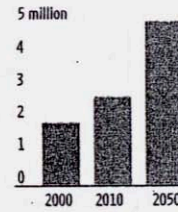
Some proponents of better pay for American elder-care workers agree. Such work may have its unpleasant aspects, they say, but filling vacancies with immigrants might depress wages for the lowest paid workers in the field. "Bringing in foreigners willing to put up with those circumstances may only exacerbate the problem," says Donald Redfoot, a researcher for the AARP, which hasn't taken an official position on the immigration issue. "Employers will say, well, that's the market price for the job."

As a compromise between the two houses of Congress, President Bush wants to seal the Mexican border more tightly than ever. Congress has sidestepped final action for now, but the controversy continues to churn, with the issue at the top of this fall's election agenda.

With poor pay, few benefits and no security, elder care is already a career many Americans

Care Crunch

Estimated need for U.S. long-term-care workers



Source: Department of Health and Human Services

Who Will Take Elder-Care Jobs if Immigration Is Restricted?

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flee—the turnover is huge—yet one that immigrants like Ms. Martinez flock to. One Census Bureau survey counted 850,000 low-skilled home-care workers in the country, 254,000 of them born abroad—and that number doesn't count many undocumented immigrants caring for people privately.

"You force underground unknown, uncounted workers who get exploited, and you have the elderly cared for with no quality control by people who aren't trained," says Steven Dawson, president of the Paraprofessional Healthcare Institute in New York, which exists to promote long-term care as a career for Americans.

Mr. Dawson and his colleagues have decided, reluctantly, that the answer is to legalize undocumented workers already

here, while creating a legal way to admit more, as needed. Along with upgrading conditions for everyone else, that would clear the immigrants' road to better education, English lessons and fair pay.

Addus Healthcare Inc. a Chicago-based home-care agency, says it never knowingly hires illegal immigrants. Mark Heaney, its chief operating officer, acknowledges that "we need to pay a higher wage to attract high-quality folks." But wage rates are primarily tied to government reimbursements, says Mr. Heaney, who also sits on the board of the home-care industry's lobbying organization.

With fewer low-skilled immigrants available, Mr. Heaney fears that Addus will be priced out of the market by companies that will pay more for labor if they must. "Hotels are still going to clean their rooms," he

says. "Restaurants will still have waitresses. Where are they going to get them? If the work force of illegal aliens is reduced, they'll draw away my aides."

With 10,000 workers in 12 states, Addus is a big agency, and, in one respect, an unusual one: Earlier this year, it signed a contract with the Service Employees International Union. The aim for both was to make the job more bearable and to tame the turnover.

At the Addus branch in the old Italian row-house district of South Philadelphia, though, that hasn't happened yet.

"A quarter more an hour is enough to make a person leave," says Bernice Drinks, the office administrator. She needs 90 aides to care for 180 clients—and 10 quit every month. Ms. Drinks hires new ones mostly from welfare-to-work pro-

grams. But 13 of her current aides have stayed longer. One is Haitian, the others, Latinas.

"We need every nationality," Ms. Drinks says. "They like us. They like the clients. They spread the word."

Before she started caring for Blanca Maldonado, Xiomara Martinez was waking up at 4 a.m. to work in a laundry for \$6 an hour. Then Ms. Drinks hired her sister Juana—who soon brought in Xiomara, two other sisters and an aunt.

"Juana told me it was a good job," said Ms. Martinez at her client's bedside, surrounded by pictures of Ms. Maldonado's children and children's children. "I like it. Elderly people are beautiful. I'd like to make a career out of it." Then, considering the money she makes, Ms. Martinez added, "I might get work in a hospital."