MAKING GRAY GOLD

NARRATIVES OF NURSING HOME CARE

FOREWORD BY

CATHARINE R. STIMPSON

TIMOTHY DIAMOND

Making Gray Gold

Women in Culture and Society
A Series Edited by Catharine R. Stimpson

Making Gray Gold

Narratives of Nursing Home Care

Timothy Diamond

The
University of Chicago
Press
Chicago and London

The University of Chicago Press, Chicago 60637
The University of Chicago Press, Ltd., London
© 1992 by The University of Chicago
All rights reserved. Published 1992
Paperback edition 1995
Printed in the United States of America
13 12 11 10 09 08 07 06 05 04 5 6 7 8 9

isbn (cloth): 0-226-14473-9
isbn (paper): 0-226-14474-7

Library of Congress Cataloging-in-Publication Data

Diamond, Timothy.
Making gray gold : narratives of nursing home care / Timothy Diamond.
p. cm.—(Women in culture and society)
Includes bibliographical references (p.) and index.
ISBN 0-226-14473-9
1. Nursing homes—United States. 2. Nurses' aides. I. Title. II. Series.
RA997.D49 1992
362.1′6′0973—dc20 91-45755
CIP

♾ The paper used in this publication meets the minimum requirements of the American National Standard for Information Sciences—Permanence of Paper for Printed Library Materials, ANSI Z39.48-1992.

For nursing assistants and
the women and men they
care for

Contents

Foreword
by Catharine R. Stimpson
ix

Acknowledgments
xiii

Introduction
1

PART ONE: MINING THE RAW MATERIALS
11

1
"Welcome to the Firing Line of Health Care"
13

2
"How Do You Make It on Just One Job?"
35

3
"Where's My Social Security?"
53

Part Two: Forming the Gold Bricks
75

4
"Why Can't I Get a Little Rest around Here?"
77

5
"If It's Not Charted, It Didn't Happen"
130

Part Three: Melting the Gold Bricks Down
169

6
"There's Nothing Wrong with the Scale,
It's the Building That's Tipped"
171

7
Now for "A Little Rest around Here"
215

Notes
245

References
265

Index
277

Foreword

Making Gray Gold: Narratives of Nursing Home Care is a cry for change in the huge machine that is the American health care system, particularly in its nursing homes. I wish that every bureaucrat who regulates the industry, doctor who has patients in a home, politician who talks about health care, investor who holds stock in a health care corporation, and health-care researcher would read Timothy Diamond's ethnographic study of the nursing assistants in these homes. He speaks clearly, strongly, bravely, compassionately. My surmise is that the assistants, their patients, and their patients' families would welcome this book.

In Winter, 1981, Diamond was a sociologist studying health care organizations. By accident, he befriended two African-American women who were employed as nursing assistants across the street from a coffee shop all three patronized. To his regret, he had to stop talking to the women, except for rare moments, because they were forbidden to leave their place of employment during lunch periods or breaks.

The curiosity about their work that these women had engendered remained. Diamond enrolled in a vocational school, became certified as a nursing assistant, and went to work, with some ethical qualms, in several homes. As a participant-observer, he did not discover a melodramatic snake-pit of violence and corruption. Residents have birthday parties. Nice people do volunteer work. Doctors ask

kindly questions when they check patients and their charts on a monthly visit. Rather than hell, Diamond finds a bureaucratic purgatory run for profit. The graying of America, the demographic fact that its population is aging, has brought gold to some.

Three sectors now collaborate to maintain this purgatory. The first is corporate America, which has built up the health industry. Here, caretaking is a business. The staff of nursing homes is a labor cost, judged by criteria of productivity and efficiency. The second sector is medical America, which, in Diamond's homes, reduces a person to a body, the body of an aging man or woman into a sick body, and the complexities of experience to a chart. The third sector is the government. Through its administration of Social Security, Medicare, and Medicaid, federal and state governments transfer monies to the health care industry. Moreover, public agencies certify nursing homes and approve the schools that train their workers.

Diamond is often scathing about the routines each sector imposes on caretaking, routines so hierarchical, insensitive, and remote from actual human needs that they often make good care impossible. A nurse can dole out an array of prescribed medicines but not an aspirin for a headache. A woman dying of cancer cannot get moisturizing lotion for her itching skin. Nursing assistants must give showers to the patients on a fixed schedule whether the water is hot, warm, or cold. Diamond is also acutely sensitive to language, the impersonal and often demeaning professional jargon of each sector. One teacher in his vocational school, who veers towards self-parody, instructs his students to say "tactile communication" instead of touching. "Lesbian behaviors" is sternly noted on the chart of a 69-year old woman who tries to go to another floor of her nursing home, in order to cuddle with her 89-year-old mother, also in residence. Blending together, in an ugly

polysyllabic harmony, these languages screen and deny the visceral, existential realities of everyday.

Diamond is realistic about the difficulties of patient care—the smells of urine and cleaning fluids, the nausea of cleaning up excrement-filled diapers and beds, the multicultural misunderstandings, the separate worlds of the senile. Nevertheless, he is sympathetic to the residents of nursing homes. Largely though not exclusively white women, they find themselves in a downwardly mobile system that transmogrifies them into passive, dependent, isolated paupers. Women who were successful teachers now find themselves treated like little children. Women who were active homemakers and cooks are now recipients of unappetizing if nutritionally correct meals. Carefully, Diamond exposes the intricate webs of relationships residents create with each other and their small, often subtle acts of self-assertion and resistance. A woman tries, surreptitiously, to tip a nursing assistant 15¢ for getting a 50¢ cup of coffee.

Sympathetic though he is to the residents, Diamond's heroines are the nursing assistants themselves. Their labor is both back-breaking physically and emotionally heart-breaking. To it, they often bring "mother's wit," a combination of caretaking skills they have learned with their own families, common sense, and attention to the needs of another dependent human being. Much of the work they do is invisible, unrecorded on official charts. Assured that they are professionals on the front lines of health care, they are nevertheless desperately underpaid. Diamond's first paycheck, after deductions, was $104.50 per week. In order to survive, many must hold two full-time jobs. Not surprisingly, this labor force, the foundation on which a nursing home rests, comes from groups vulnerable because of race, class, and gender. They are, in brief, largely poor women of color, either from the United States or the Third

World. What, an administrator asked Diamond, was a white man doing working for wages like this?

In a grand sociological tradition, Diamond has recommendations for reform. Some of them are pragmatic. He suggests, for example, that unions may be necessary if nursing assistants are to have enough strength to challenge the conditions of their toil. He believes nursing homes ought to listen to their residents and let them share in the shaping of their nights and days. Other recommendations are more radical. For they ask us to transform the moral, social, and economic arrangements that permit some of us to profit from caretaking while the actual caretakers, the menders and tenders of the weak, walk the poverty line.

Recently, one of my elderly aunts died in a nursing home. She had not yet spent down all her savings and could still afford an attractive home with a staff that did not seem frazzled and driven. Her room was pleasant. She had devoted family members who were comfortable with the medical system and could negotiate within it. Although I lived too far away to visit often, I saw her pass from using a walker, to being pushed in a wheelchair, to being bedridden. I believe she died without much pain. Reading *Making Gray Gold*, I realized again how comparatively fortunate she was, and her family was. Inseparable from this perception of family luck were anger (because Diamond's profoundly careless purgatories exist), and fear (because I, my family, or my friends might end up in one of them). What if I, at my aunt's age, were to be in a different and more difficult place? What if I were to be strapped in a chair and made to watch TV? Will Timothy Diamond's book, my anger and fear, and the anger and fear of others be strong enough medicine to prevent such decay?

Catharine R. Stimpson

Acknowledgments

This project has taken nearly ten years. So many people have helped me over that time that the book seems more like a collective than an individual effort. All through it, and long before, my family was there with support and with lessons about caretaking. First thanks, therefore, go to my mother, Anne, sisters Mary and Anne, and brother Bob. I have been blessed, too, with having great teachers who introduced me to sociology, feminist studies, and critical thinking—in particular Norm Choate, Derek Gill, Laurel Richardson, and T. R. Young.

After being invited to undertake the research at Northwestern University's Program on Women by its director, Bari Watkins, I met a host of fine scholars who helped keep the work going. Among them were Marj DeVault, Mary Kate Driscoll, Elizabeth Elliott, Susan Hirsch, Lisa Jones, Robin Leidner, Judith Levy, David Maines, Kathy Phillips, Beth Renninger, and especially the program's founder, Arlene Kaplan Daniels, who supported the work at every stage.

In 1983, when Dorothy E. Smith was in residence at Northwestern, I was privileged to have the advice and friendship of this monumental thinker without whom this book could not have been conceived or executed. In a sense the work could be dedicated to her since it is an attempt to apply the sociological method she has outlined.

During the fieldwork I received a fellowship from the Midwest Council for Social Research in Aging. This orga-

nization helped me not only to survive but to thrive on the encouragement of its faculty, fellows, and associates, particularly director Warren Peterson, as well as Barbara Brents, Robert Habenstein, Rob John, Helena Lopata, Hal Orbach, and most notably Stan Ingman, who introduced me to the Council and stood by the research in subsequent years.

After that fellowship I received a grant from the Retirement Research Foundation, thanks to the recommendations of Brian Hofland and Bernice Neugarten. Later on, I was invited as a junior scholar to the Rutgers University/Douglass College Laurie Chair in Women's Studies. There I was able to formulate a prospectus for the book under the tutelage of another generous mentor and friend, Alison Jaggar, along with the members of the seminar she coordinated. There, too, I met Catharine R. Stimpson, who offered the book a place in her Women in Culture and Society series, then waited patiently during the several years it took to complete it.

During those years I called on friends for all kinds of support: intellectual, emotional and financial. My deep thanks to Jim Ashby, Sheila Collins, Maureen Connolly, Judith Cook, Fred Elkin, Helen Helwig, Linda Myrick, Lucille Salerno, Angelika Siewert and her family, Lisa Vaughan and especially, Diane Vaughan.

As drafts of the book came together, many people contributed suggestions. Valued readings were made by many already mentioned, and by Gail Arriola, Catherine Boutte, Marie Campbell, Cowan Collins, Rosanna Esparza, Martha Hipskind, Debra Schultz, Susan Steiner, Suzanne Vaughan, and Kath Weston.

Toward the end, while I was teaching at California State University, Los Angeles, I was encouraged by the sociology faculty, and by chairperson Del Kelly and Dean Donald

Dewey, who granted me an academic leave to finish the writing. In Los Angeles I had the opportunity to consult with fellow ethnographers Bill Darrough, Bob Emerson, Linda Shaw, Carol Warren, and especially Emily Abel, who provided the University of Chicago Press with an official and most helpful review of the manuscript.

At the University of Chicago Press senior editor Karen Wilson was warmly supportive, even during the long lulls when it seemed I would never finish. When at last I did, Wilma Ebbitt offered splendid copyediting that clarified the writing and referencing.

Through it all there were those dearest friends without whose critique, confidence and care I never could have finished. Mary Beth Hawkinson, Paul Luken, Adele Mueller, and Judy Wittner were with me every step of the way. Lynn Olson was there steadily with kindness, insight, and love. Judi DiIorio showed through her research that I really could do a participant observation study, and her very special friendship sustained me daily through the whole decade.

These brief expressions of gratitude are linked closely to the final pages of the book. I have enjoyed the rare privilege of having friends whose own research has provided the background for this work. Three-fourths of the people I acknowledge here reappear as references at the end, so I have the pleasure of thanking them again and documenting what I mean by this project being a collective effort.

Finally, I am indebted to the many residents and staffs of the nursing homes where I worked for sharing parts of their lives with me, especially the two nursing assistants who prompted me to undertake the project and who now, in the opening paragraphs, begin the book.

Introduction

It was 9:30 on a Sunday morning in the winter of 1981 when I first heard nursing assistants talk about their jobs. Ina Williams and Aileen Crawford worked in a nursing home across the street from a coffee shop where I spent leisurely weekend mornings.[1] We had seen each other several times in Donna's Café and now were about to have the first of many conversations. While I was enjoying my coffee and newspaper, I joked to Donna that because of some part-time tutoring of students, I was forced to be up and on the move at this early hour.

"It's tough to have to set the alarm on Sundays," I griped.

"Tough?" Donna whipped back, hands on her hips. "Why don't you try getting up at 6:30 to open this place?"

"Tough?" interrupted Aileen from a corner booth, as she and Ina shared a laugh. "Why don't you both try 4:30 like we do six days a week?"

At the time, I looked at them with some skepticism, sure that they were exaggerating. As the months passed, however, and as Ina, Aileen, and I talked at length about our work, it became clear that they were not joking about their early rising. They were two African-American women who had to travel a long way on public transportation before reporting to work at 7:00 A.M. Though they were not kidding about rising at 4:30, they did joke about many things related to the nursing home and their work. As they did, I became curious and asked them to tell me more.

"Nursing assistant," said Ina, "is a new name for nurses' aides, even though we still say 'aides' a lot. In nursing homes we do most of the work—I mean we're the ones with the people." At this point she stroked one hand over the other, suggesting the hands-on nature of her job.

They were curious about my work as well, and they found it odd that I knew so little about theirs.

"You're supposed to know what we do," they teased. "You're the professor."

They were teasing a sociologist, one who had studied health care organizations for almost ten years. When we were getting to know each other I was teaching a course in medical sociology at a nearby university. Statistics indicate that nursing assistants are the largest single category of health care workers and one of the fastest growing occupations in general.[2] What the work actually involves, however, is mentioned in only a handful of books and articles.[3] I had carried an image of these workers, almost all of whom are women, doggedly performing simple, menial tasks.

But when Ina and Aileen came to the coffee shop on those morning breaks, they expressed strong feelings about their work. One day Aileen sat quietly gazing out the window with a sad expression. Eventually she shared her sorrow with us. "One of my ladies died during the night," she said. "I was with her for almost two years. I'm gonna miss that old goat." Another day Ina made a biting quip about the low wage scale: "For what we get, it ain't hardly worth our time to come out here."

Often they got Donna and me laughing over some of the antics in the home, like the couple who ran away and got married at eighty-two, or the ninety-six-year old woman who wore black and gray wigs on different days to confuse

the new staff. Almost every time we talked they contradicted my image of their work as dull, unskilled labor.

These conversations turned out to be only an introduction to the study reported in this book. We went on talking and laughing during their breaks for several months, and I even asked them if I could start taking notes on their stories. The notion of looking more closely at the nature of their work was dawning on me as a research opportunity. At first I thought of doing some interviews with them and some of their co-workers. Ina and Aileen thought this a bit strange, but they also liked the idea. Then one day they abruptly stopped coming to the coffee shop. It was weeks before Donna and I learned that staff at the nursing home would no longer be allowed to leave the building during breaks or lunch. Since Ina and Aileen lived too far away for them to drop in at the shop before or after work, we seldom met. Still, partly as a result of this forced breach in our developing friendship, my curiosity about their work and nursing home life increased.

From previous studies of health care organizations, I had come to the same conclusion as Robert Butler, then director of the National Institute on Aging, who said in an interview, "We know precious little about what goes on inside nursing homes".[4] That seemed to be true of the professional literature, yet almost everyone I knew had some personal story to tell about nursing homes, and I began to wonder what they looked like from the inside. Ina and Aileen were no longer available to tell me.

Over the next several months, while I was deciding to undertake research and figuring out what method to pursue, I formulated the basic theoretical questions that fed this developing interest. There were nursing homes scattered throughout the United States, growing rapidly as

health care institutions[5]. Most had pleasant-sounding names referring to a valley or a view, a rest or a happy mood, like Sunset Manor or Pine View Hills or Merry Rest. What was Ina and Aileen's work like that it could give rise to such strong positive and negative reactions? What kind of rules operated there so that our conversations could now be canceled so abruptly? What was life like inside, day in and day out? Who lived in nursing homes, and what did they do there?

These questions crystallized under one overarching research issue, which provides the title of the book. One of my students brought to my attention an article about nursing homes that had appeared in a financial journal. Strongly recommending investment in this growing industry, the author concluded that "the graying of America . . . is a guaranteed opportunity for someone. How the nursing home industry can exploit it is the real question." The title of the article was "Gray Gold."[6]

The author of the article assumed that nursing homes constitute an industry and went on to discuss how they could prosper as such. But nursing homes, like hospitals and other health care organizations, have not always been considered businesses, nor are they now in many societies outside the United States. A sociological approach which does not assume that care for older, frail people is naturally a business might ask how nursing homes have become an industry and how it is that their current expansion comes to be defined in those terms. The terms of exchange that make up an industry—productivity, efficiency, labor, management, ownership, stocks, profits, products—have not always characterized caretaking; they are relatively recent, historically. Moreover, caretaking does not seem to be much like building a car or selling

merchandise, nor does it easily conform to the logic of commodity production.

So I began to wonder how nursing homes operate as industrial enterprises. How does the work of caretaking become defined and get reproduced day in and day out as a business? What is the process by which goods and services are bought and sold in this context? How, in other words, does the everyday world of Ina and Aileen and their co-workers, and that of the people they tend, get turned into a system in which gray can be written about in financial journals as producing gold, a classic metaphor for money? What is the process of making gray gold?

If this substantive issue explains the title, the subtitle refers to the method I pursued in answering these questions. I wanted to collect stories and to experience situations like those Ina and Aileen had begun to describe. I decided that if they could not come outside to talk about their work, I would go inside to experience the work myself. I became a nursing assistant.

First I went to school for six months in 1982, two evenings a week and all day Saturdays, to obtain the certificate the state required. Then, after weeks of searching for jobs, I worked in three different nursing homes in Chicago for periods of three to four months each. These homes were situated in widely different neighborhoods of the city. In one of them residents paid for their own care, often with initial help from Medicare. In the other two, most of the residents were supported by Medicaid. Between jobs and for several years thereafter, I assembled and analyzed field notes, read the relevant literature, and wrote this book. In the course of writing, I visited many homes across the United States to validate my observations and to update

them in instances where regulatory changes had been instituted.

In part, this book is a collective story told by the residents and the nursing assistants I came to know. It is also an analysis of administrative language as contained in formal documents. I weave the two threads together and intersperse my own interpretation of how they are connected. These, then, are my narratives from inside nursing homes.

The motivation to undertake this kind of work flowed from three sources. I had studied the tradition of participant observation in sociology and wanted to contribute to it.[7] Robert Butler's observation that "we know precious little about what goes on inside nursing homes" served as an invitation to a sociologist interested in health care. More important, I was also studying feminist literature and methods. It seemed that, as a white man who wanted to work in this field, it might be valuable for me to experience some of the work that is done largely by women. These influences coalesced in the writings of sociologist Dorothy Smith. Smith suggests a method of practical research that begins in the ordinary everyday world of work that women do. From that standpoint, she argues, much can be learned about how organizations and societies operate. Unfortunately, that standpoint is rendered invisible by the way most administrative and professional documents and texts are constructed. This study follows Smith in exploring the disjunctions between everyday life and administrative accounts of it.[8]

In working through this method I adopted some unconventional approaches, both in collecting data and writing up my findings. While I was getting to know nursing assistants and residents and experiencing aspects of their daily routines, I would surreptitiously take notes on scraps

of paper, in the bathroom or otherwise out of sight, jotting down what someone had said or done. Off duty I assembled the notes and began to search for patterns in them. The basic data are these observations and conversations, the actual words of people reproduced to the best of my ability from the field notes. In trying to preserve the context in which things were said and done, I employ a novel-like format so that the reading might move along as in a story. Increasingly, as the chapters proceed, I intersperse sociological commentary with the conversation. The literature and theory that inform these reflections are cited as endnotes rather than as part of the discussion, so as not to interrupt the flow of the narrative. In pursuit of the same objective, I often choose not to pause to indicate which nursing home each speaker was in, but rather to organize comments made in different settings around the key themes they illuminate.[9]

Throughout the investigating and the writing, I maintained formal ties with Northwestern University. I was associated there with the Program on Women in an unpaid capacity as research associate. This affiliation made me eligible for fellowships from organizations that supported research in the fields of aging and women's studies, primarily the Midwest Council for Social Research in Aging. I had to subsist exclusively on nursing assistants' wages for only part of this period. For the rest, grants provided stipends. The fellowships also enabled me to visit workers and residents in many nursing homes in the United States after the fieldwork was completed and to meet briefly some in Canada, England, France, and Switzerland.

The most important connection that these university links provided was the ongoing reassurance from colleagues that what I was doing was ethically and legally valid. For, as I discovered in the course of the project, some

people thought otherwise. Some friends and associates to whom I proposed my plan dismissed it outright, declaring it was not feasible: "They'll never let you in, that's all there is to it." Similarly, during and after the fieldwork the first question many people asked was "Did you tell them?" "They" and "them" referred to the administrators and owners, and implicit in these comments was the belief that these were the people who determined who was to enter homes and in what capacity.

I had initially hoped to disclose at every phase of the project my dual objective of working as a nursing assistant and writing about these experiences. In some instances it was possible to disclose this dual purpose, in others it was not. I told many nursing assistants and people who lived in the homes that I was both working and investigating. I told some of my nursing supervisors and some administrators. It was not possible to tell everyone and proceed with the project. Rather than answering here the question "Did you tell them?" with a categorical yes or no, I will refer to it as the analysis unfolds. But the short answer is that as the study proceeded it was forced increasingly to become a piece of undercover research.

The question of disclosure came up with a definite jolt a few moments into my first job interview. It was a state law that all nursing assistant applicants had to attend an approved training program and become certified in order to work in a nursing home. I had not known about this requirement prior to arranging an interview at the home where Ina and Aileen worked. The administrator of the home had agreed to see me on their recommendation. The interview lasted less than one minute.

Before I had a chance to explain my dual objective of work and research, the administrator glared at me across his desk, and probed suspiciously, "Now why would a

white guy want to work for these kinds of wages?" Shocked by his bluntness, I stumbled for words, but he was not interested in a response. He continued without pause, "Besides, I couldn't hire you if I wanted to. You're not certified." That, he quickly concluded, was the end of our interview, and he showed me to the door.

Shortly thereafter, I came to note the end of that interview as the beginning of the project. Within days I was off to sign up for school to obtain a certificate and learn how to become a nursing assistant.

Part One

Mining the Raw Materials

In the first three chapters I introduce some social and economic characteristics of nursing assistants and nursing home residents. Chapter One describes the training program for becoming a certified nursing assistant and identifies the gender, race, and class dynamics that provide undercurrent themes in later chapters. Chapter Two gives information about nursing assistants' wages and their consequences; it also addresses the international character of the labor force. Chapter Three shifts the focus to nursing home residents and to an economic journey that they experience and speak about.

1

"Welcome to the Firing Line of Health Care"

The owner of the vocational school stood tall in his three-piece suit on that first night of class, greeting the new recruits to the nursing world with military imagery: "Welcome to the firing line of health care!"

Thirty-six students sat in front of him, all in clean white uniforms, their newly purchased textbooks on the desks, listening intently. We were joining what the owner, the texts, and the teachers continually referred to as the health care team. The school, they said, would teach us our place in that team. "Firing line" in the military means the front lines of battle; here it meant caring for patients. One of the teachers later described the work much as Ina Williams had done in the coffee shop. "Registered nurses," the teacher instructed, "do the paper work nowadays. Your job, at least if you work in a nursing home, as you probably will, will be to deliver the primary care."

The owner, Mr. Cohn, continued his lecture: "You used to be called nurses' aides. In here it's nursing assistants. Things are getting more professional throughout the health care industry. I helped them draft the law. Now nobody works in an extended care facility without a certificate from a course approved by the state Board of Health. There's been a lot of trouble in nursing homes, and some of it is because staff has not been properly trained. We're here to correct that. When you're finished with this course I expect to be able to bounce a quarter on the beds you've made."

Before Mr. Cohn had called the class to attention, the students had milled around, introducing themselves and chatting. It became clear that for most of us being in this particular class was the product of a search for the program that could best fit into our work schedules and budgets. It had meant interviewing at some of the six programs that were available in Chicago. Privately owned schools advertised in the daily papers and beckoned prospective candidates to become health care professionals. Each of the three schools where I interviewed assured me admission, provided I could pay the tuition. At the time, the early 1980s, the fee was $695. This cost did not include the required textbook, uniform, shoes, watch, and thermometer, which added another $200 to the start-up costs. The school I selected had night classes and Saturday clinical training, which was convenient for those who had daytime jobs.

Ms. North, who conducted the interviews, oriented each of us to the program. "Although our school is not responsible for finding you a job," she began, "there are plenty of nursing home jobs out there, and none of you should have any trouble." She went on to describe the state requirement of one hundred hours of theory in the classroom and thirty-six hours of clinical experience.

It was a rushed interview because the waiting room was filled, largely with women of color in their twenties and thirties, and Ms. North seemed anxious to enroll her next candidate. "Do you have any questions?" she asked while closing my file.

I had many questions, but time for just one. "I'm a little uncomfortable being the only man and one of the few white people signing up. Will I be out of place?"

"Not at all," she insisted, "there's need for men in this

field." As she talked she walked toward the door and opened it for me, with a quick "Good luck."

On that first night of class Mr. Cohn continued his welcoming remarks with the assurance that this course was no laughing matter, that the days were gone when nursing assistants were considered unprofessional, and that if we did not pass the tests we would fail the course. Glancing around the room, I could feel the typical jitters of a first class session, but in some ways this was more acute than any I had known, for the whole classroom environment was alien to many. To enroll, it was not necessary to have graduated from high school, and later it became clear that some of the students had not. Some were foreign-born, as was evident from their speech. The people in the classroom were mostly black, though not all American; some were Spanish-speaking, and a few were of Asian origin. It was a class of women, except for three men: one eighteen and white, one mid-thirties and black, the other mid-thirties and white—me. Most students were working at another job during the day, pursuing at night this second career with its virtual guarantee of a job.

"We like to think we're the best in the market," Mr. Cohn noted in concluding his welcoming lecture. "The allied health industry, as we call it in the school business, is the third largest industry in the country, worth over $225 billion. Now, before I dismiss you for tonight, are there any questions?"

Tense silence reigned for a long ten seconds. It was broken by the African-American woman who had seemed least intimidated by his presentation. She asked pointblank, "Are we going to have to deal with dead people?"

Mr. Cohn's military bearing crumpled somewhat, but while the class shared a muted release of laughter, he had

time to think of an answer. After clearing his throat, he said, "The job of nursing assistant pushes personal care to the limit. Our teachers are all highly trained registered nurses. You can go into that with them." With that he told us to read the first chapter of the text and dismissed the class.

The textbook, *Being a Nursing Assistant,* introduced us to the work in a different tone, less military and business-like. The dominant motif of the first section was health care professionalism. Like other manuals in the field, almost all of which are written by nurses with graduate degrees, it began with a cordial greeting: "Welcome to being a nursing assistant . . . a very special job, one you can take much pride in. You will be helping people and making your community a better place to live."[1]

After introducing some of the tasks and procedures that nursing assistants perform, the chapter outlined some basic personal qualities required on the job, especially dependability, accuracy, confidentiality, and good personal hygiene. It concluded with a section called "climbing the career ladder." A pyramid graph showed a bar for each step, with nursing assistants at the bottom. Students were advised to work as nursing assistants for a while, then go on to study to become licensed practical nurses (LPNs). After another year of work, they could begin schooling in a registered nurse program to obtain a diploma. Then, after a year of work as RNs, they might enroll in college for a B.S. in nursing, beyond that work for an M.A., and eventually return to graduate school in pursuit of a doctorate.

To suggest that this career ladder was beyond the reach of most of the students in that classroom would be an understatement of great magnitude. Many expressed a combination of pride and anxiety at having achieved their

present enrollment. This career ladder would extend from these first days of nursing assistant class through as many as seventeen years, considerably longer than the training required of most physicians.

"What this work is going to take is a lot of mother's wit"

The tensions generated by the introductory lecture and these ideas of career professionalism were reflected in our conversations as we waited for the second class to get under way. Yet within the next half hour they seemed to dissolve. Mrs. Bonderoid, our teacher, saw to that. A registered nurse and nurse practitioner, an African-American woman of about fifty, she must have understood a lot about classroom jitters and about who was sitting in front of her as well. "What this work is going to take," she instructed, "is a lot of mother's wit." "Mother's wit," she said, not "mother wit," which connotes native intelligence irrespective of gender. She was talking about maternal feelings and skills.

The room was nearly filled with mothers, as I later learned, but even the others could tell that some notion had just been introduced that relaxed the tension. The subject matter had been put into a framework more familiar than military metaphors or the promise of professionalism. Able now to inquire about the work from their own base of experience, several students came alive with questions. Beverly Miller, for example, asked again, "Do we have to deal with dead people?"

On this night the answer was different. After a moment of reflection, Mrs. Bonderoid leaned over her podium to get closer to the class and spoke softly and slowly, "You have to look into a patient's eyes as much as you can, and learn to get the signals from there. You have to make that contact, especially when they're dying. It makes it easier

for you that way, and sometimes for them, too. And whatever you're thinking at the time, say something to them, always keeping in mind that hearing is the last to go. If you've cared for them and they die, they're not just another dead person, they're still your patient."

"Mother's wit," she repeated several times during those first weeks of class, "use it and you'll stay out of trouble." Naturally I failed to share the precise feeling it induced in the mothers in the room, yet her phrase stayed with me all the time I was working in the homes. "A certain kind of just being there," was how Mrs. Bonderoid once defined it.[2]

She herself practiced mother's wit in the classroom to ease the fears fostered by the threat of tests and failure. Still, the threat hovered over the class from first day to last. She was responsible for teaching a curriculum that had been set by the state, as we had been told in our welcoming lecture, and it was more rigorous than some of us had expected.

The theory primarily concerned biology and anatomy. As in any high school or college biology course, we were responsible for memorizing the rudiments of human anatomy and physiology: cells and tissues first, then the skeletal, muscular, gastrointestinal, nervous, excretory, reproductive, respiratory, circulatory, endocrine, and skin systems, their functions and principal organs. This comprised the core of what was meant by theory in the class; biology was the dominant theory in nursing assistants' education. The textbook made the point succinctly: "All cells, tissues, organs, and systems operate together to form a human being."[3]

The Latin- and Greek-derived polysyllabic words proved challenging, even frightening, to many students, just as they do in high school and college biology classes.

Yet Mrs. Bonderoid managed to calm most of our fears by reviewing former test questions, and she kept interest high by frequent references to what we were all abundantly eager to experience—contact with patients.

If Mrs. Bonderoid was successful in easing these fears inside the classroom, she had a more difficult time reconciling us to the circumstances that greeted us on beginning our clinical training at the nursing home.[4] Half the class, eighteen students, stood in a circle on that first morning, trying to ward off the smells that rose up to greet us: the cleaning chemicals, the stale urine, the lingering odor of leftover powdered eggs. The first hour we spent half-listening to instructions, half-exchanging pleasantries with the residents who came up to greet us in the hall. One woman in a wheelchair was especially curious and convivial. She appeared to be in her nineties, and though her speech was slurred, she spoke continually, supplementing Mrs. Bonderoid's instructions with her insider's knowledge. "Wait till you see my floor," she chuckled. "You'll get some surprises."

We were assigned to various wards and proceeded with a typical day's work, at the side of a nursing assistant on her job. My assigned instructor, Erma Douglas, pulled at my sleeve as she headed down the hall. "Let's go, fella," she said with a smile. "Today you're the nursing assistant's nursing assistant." On the floor we were assigned to, there were four paid nursing assistants at work, one registered nurse, and one licensed practical nurse. The latter two sat at the nurses' station filling out charts and coordinating our work, and twice during the day they dispensed medications. Forty-seven women and eleven men lived on the floor, in two- and three-person rooms.

Our tasks sounded fairly simple on a first scan through the assignment sheet: assist patients with toileting, make

beds, give showers, make notations in the charts for each of these tasks, and prepare to serve lunch. Yet it turned out to be a long, sometimes frightening morning for most of us. We wanted to greet our patients with a smile and a note of good cheer, but since they were strangers, some inarticulate or only partially coherent, many suffering from physically unattractive maladies, it was clear that this was going to take some practice. With some, toileting had to be done while they remained in bed, which meant starting by cleaning someone who had already defecated, perhaps hours earlier. I ran to Mrs. Douglas in fear, hoping she knew some tricks that would make it easier.

"Start with George first. He'll help you," she advised. "Just go in there and pretend he's your father. After a while, when you get to know these folks, you'll find out whose shit stinks and whose don't."

It was some time before I understood what she meant by this graphic phrase, but it became immediately clear that she was right about George Lewis. He helped me through his cleaning, especially with his jokes about being an expert at how it's done. But, when it came time to wheel him to the shower, his mood changed abruptly. It was the middle of winter and the water was not warm. He screamed and struggled with me all through the shower. After going through this sequence with four more people, I was physically and emotionally exhausted, but there was no time for reflection. The charts had to be filled in to certify that these five had been toileted and showered, and before that was half done the lunch trays were arriving.

Back in class the following week, students peppered Mrs. Bonderoid with questions about the work, the people, and the place. Because she had a strict course curriculum that needed addressing, she had to quiet the questions as best as she could. Mostly the students wanted to

know how better to perform the tasks that had been so unnerving and how to start conversations with patients. They wanted to know, too, why conditions at the place were as they were, especially why the water was cold. She was prepared to talk about the tasks and how to start conversations, but the conditions of the place, she said, were beyond her control. "You'll work in better places." The subject matter at hand was human physiology, the material for the next examination.

During the classes and the clinical experience, I began taking notes on everything I could, mostly on little squares of paper that fit into my back pocket. I tried to do it unobtrusively—often in the bathroom—but my somewhat frenzied scribbling soon led to the inevitable question.

"What are you doing, Tim, writing a book?" Joanna Santos was the first to ask.

Caught off guard, I responded with a sheepish yes. Shortly thereafter, I decided to tell my classmates, with whom I was becoming increasingly friendly, about my project. It was time, I thought, for a forthright disclosure.[5] So I practiced a little speech and seized a moment before one of the classes to tell everyone that I was a teacher and a scholar and that I hoped to write a book about the work we were doing and about nursing homes.

The rejection I feared did not occur. Instead, most took the disclosure quite casually, saying, "Hey, good luck, Tim" or "Yeah, Tim, keep it up." I was on the financial fringes myself at the time, as they could no doubt see. Perhaps for this reason, or for others, most did not take my announcement with the seriousness that I expected. A friend pointed out that they probably saw me much as they saw Charles Baker, the other mid-thirties man in the class. Charles was an African-American jazz musician who wrote music and, as he said, always carried a tune in his

head. They may well have seen both of us as launching a second, safer career, while keeping the first in mind. Whatever they thought, there was enough acceptance so that I could continue taking notes and even be interrupted periodically by students saying, "Hey, don't forget to put this in your book."

As the classes continued, students had more to be concerned about than that one of their members was taking notes. They had notes of their own to take and memorize, and the class was becoming more difficult. The initial awe and excitement of the course gave way to some disgruntlement.

"Why do we have to learn all this biology and take these tests? What's this got to do with the job?" asked Martha Vogel, mother of three, formerly a home health aide.

Charles tossed in an answer to Martha's question before the teacher spoke, one that, while not calming the complaints, cut through them by getting everyone to laugh. "Hey, relax, will yuh?" he said. "What do you expect? This is America. You don't want everybody to know biology, do you? How could anybody get ahead?"

Most students picked up on his irony with its inversion of America as the land of opportunity. But for some this class was one of their early experiences in the United States and was a learning experience about the whole culture. It was, among other things, an exercise in learning its racial divisions. Comments by Vivienne Barnes and Diana Obbu introduced some of the racial dimensions of the work.

Vivienne was Jamaican and had been a nursing assistant in her country for six years. Her first work experience in the States was as a home health aide in a wealthy suburb. One evening, as she, Diana, and I were riding home on the bus, she told a story about the woman for whom she had worked. "You talk so well," Vivienne mimicked, feigning

the woman's upper-class accent, "and your nose isn't flat like the others ." Vivienne continued, squinting her eyes in chagrin: "Then a few days later she said, 'You're so cute, I just love you. Oh, by the way, would you scrub my kitchen floor?' "

"That was it!" Vivienne told us, with a flash of her hand. "That's all she had to say. I quit the next day. I knew that for her I was no nurses' aide, I was a black woman."[6]

With Vivienne's comic telling of the tale we all laughed together for an instant—that is, until I interrupted the joviality with a dash of white American ignorance. Like the wealthy suburbanite, I was impressed with Vivienne's perfect diction, her British-sounding speech. It seemed that Diana spoke similarly, so with my newfound wisdom that not all black women sounded alike, I turned to her and asked, "Are you from Jamaica, too?"

"No," she said with only a faint hint of insult. "I'm from Ghana." I had missed the mark by a mere five thousand miles, not to mention the vast cultural differences between the countries. As I tried to recover, she put us all at ease with a remark about how funny white people look when they blush.

I was to meet black women and men from many different societies, and some talked about each other as much in terms of differences as similarities. Both Vivienne and Diana were surprised to discover how poorly American black people were treated. And when I mentioned to Diana something about an American student whom I had called black, she paused, puzzled, and asked, "Oh, do you mean that light-skinned girl?" Over time it seemed less and less likely that there existed any such generic social category as "black."

At the same time, the category was continually being reinvented even within our small circle. Once one of the

school supervisors made an announcement to stem the growing tide of criticism about conditions at the nursing home, like the cold water showers and the screams that kept haunting us.

"Your job," admonished the supervisor, "is to deal with the patient; it is not your place to criticize the institution."

Hearing this lecture, Vivienne turned to me and whispered with a wry smile, "Hey, Tim, what do you think? Are they teaching us to be nurses' aides or black women?" She was remembering her experience in the suburbs.

Mrs. Bonderoid had a way of quieting criticism, even racial conflict, by keeping us focused on patient care. As she was taking us through several wards during one of the clinical training sessions, she cautioned us: "Patients have to be one size and one color. Even if they tell you that they want a white nurse instead of a black one, you have to swallow your pride and keep going."

During the clinical sessions she was carefully introducing us to some people with conditions that were initially frightening. Gently folding down the blankets of a woman who appeared to us to be unconscious, she kept on talking to her. Then she turned to us, whispering, "Always assume the patient is conscious." While we tried to bear the lesson in mind, it was difficult not to gasp as we gazed upon the sores that had developed up and down this woman's backside. Mrs. Bonderoid continued, "They call it septicemia, we call them bedsores. One of the most important things you have to do in your work is to keep turning patients and massaging their skin with creams and oils and anything you can think of to prevent these as much as possible." In the midst of this kind of intensive training, student interest remained high, and many would come to class bubbling over with questions.

"Why Don't You Go Back and Do Some Psycho-social Stuff."

Suddenly, one night about midterm in the seventeen-week course, we were met with a surprise when we came to class. Mrs. Bonderoid was gone. She had been fired. We were given no explanation. Though we inquired, we never learned much, beyond rumors that she did not get along with the administration and did not agree with their philosophy. She was replaced by another registered nurse and nurse practitioner, but they had nothing else in common. Our new teacher was a white man.

Clutching a monogrammed briefcase, Mr. Store strode into class and within three minutes set the tone of the teaching style that was to follow. "I have very high standards as a teacher. I've always been a teacher. I mean I've never just practiced nursing. It doesn't matter what you've learned before. In my class we're going to learn how to deal with the whole person: how to take vital signs, how to assess a patient physically, how to read those charts, and how to go in there with some communication skills." Students sat up straight, silent, slightly stunned as he continued. "You're going to learn how to be a professional now and to be proud of your work, even if it's just making a bed. Soon we're going to start reviewing the body's systems. We'll have a test every week, so let's get studying."

It was probably the tests more than anything else that kept the class on edge for the rest of the term. English was a second language for many of the students, and the tests were almost all the written standardized, fill-in-the-blank variety. "Don't forget," Mr. Store would warn us, "your scores go directly to the state!"

The tests focused on biology, anatomy, physiology, nu-

trition, Latin abbreviations, measurement of fluid intake and output, and the measurement and recording of vital signs (temperature, blood pressure, pulse, and respiration). Mr. Store had some control over what the tests would emphasize and how they were scored, but the content was dictated primarily by the state Board of Health. For the remainder of the term one could hear continual complaints from the students.

"I studied all weekend," Lydia Gonzales, from Mexico, moaned.

"Why can't they make this stuff easy to read?" asked Diana.

"What's all this got to do with nursing homes?" challenged Beverly.

At first I took the tests somewhat lightly, having studied high school and college biology. The casual approach ended abruptly. After a test on the nervous and skeletal systems, for which I had not studied enough, Lydia confided in me, "I know I failed that one, because I couldn't understand the words. And I felt sorry for you, too, watching you sweat during the test." We both failed it.

Mr. Store took over both the classroom and the clinical instruction, and in the latter domain his philosophy was also a radical departure from that of his predecessor. "When you get out on that floor I want to hear some technical terms, some professionalism, like 'ectomy' and 'ostomy.' Don't say a patient is 'mean,' say he's 'acting inappropriately.' Don't say 'touching,' say 'tactile communication.'"

On this theme of communication he offered another piece of advice that provided plenty of material for behind-the-scene comments by students. Toward the end of a clinical session the trainees returned to Mr. Store in his nurses'

station. All the assigned tasks having been accomplished, we asked what to do next. After some reflection, he instructed, "Umm . . . why don't you go back and do some psycho-social stuff."

Upon hearing this term for the first time, Beverly Miller asked with thinly veiled sarcasm, "Do you mean talk to them? What do you think we've been doing all day?"

"Never mind, just go do it some more," he retorted quickly. Back we went to the rooms to talk, but now we were engaged in a distinctly professional act, with its own special name. Mr. Store, meanwhile, recorded in his chart that his students had gone to practice communication skills.

After that day, dissension in the class increased. As the clinicals became more frequent, students wanted more and more to know how to treat their particular patients; but within this medical model, basic nursing questions often went unanswered. Cynthia Gibbons asked on at least three different occasions, "What do we do first to start bed care?" She was searching, as we all still were, for ways to cope with the mutual embarrassment of finding excrement in a patient's bed. Remembering my difficulties with George as he lay in his bed, I too considered it a crucial question.

"Well, first get them out of that, then offer them a bedpan, then move on to a bed bath and teeth care," came the reply. Mr. Store seemed not to understand exactly what Cynthia wanted to know. The question was, How does one "get them out of that"? His answer required that the question be asked again, and yet again. Finally it was abandoned, and we moved on to the more pressing issues of abstract biology.

For his part, Mr. Store asked, "What do you do with

soiled linen?" Students made three tries: "Wash it?" "Clean it?" "Scrub it?" All three answers were wrong. Mr. Store was looking for "Throw it away."

"Why don't you wash it?" asked Vivienne, a six-year veteran of this type of work.

He snapped back quickly, " 'Throw it away' means wash it."

Within his frame of reference, "throw it away" meant that the linen was picked up and thrown into the utility room or down the laundry chute. But nursing assistants had to enter into this process of cleaning up well before they threw sheets down a chute. We had already spent some time in the utility room, scrubbing sheets before they were fit to be sent to the laundry, before they were even clean enough to be called dirty. At the point of removing dirty linen from a bed, some professional health care workers are finished with it, but not nursing assistants and certainly not laundrywomen. They pick up the soiled linen and take it to the next stage of changing dirty into clean. "Throw it away" erased those steps, making them into invisible labor. This instruction was the first of many aspects of the work which, even as they were being taught, remained unnamed.[7]

"Mr. Store," Diana argued, "we don't need to know the six tissue types or all these Latin words, we need to know how to clean someone!"

On this fundamental issue, Mr. Store could only be vague, as though he were proceeding from a different set of assumptions than the questioners. He presupposed the activities of cleaning, but was not able to explain them in terms of what the work actually involved.[8] He and Vivienne got into a heated exchange at one point. She felt insulted when he referred to home health care, the work she had done for six years, as babysitting.

"No, Mr. Store," she objected vehemently, "you don't understand. When you are in someone's home you've got to take care of them in lots of ways. Sometimes you're up with them all night after a full day's work."

On the issue of cleaning people, Mr. Store seemed to know less about its actual practice than did nursing assistant Erma Douglas. She knew the people personally: George, she knew, would help the new recruits. Her lessons proceeded from that specific knowledge, unlike the abstractions that Mr. Store was offering. Even her general principles had more to do with mother's wit than science. "I never wash the head when it's cold, and most times don't put soap on the face at all—it always gets in their eyes or mouth." She stared at me after this instruction, surprised that I did not already know this. "You ain't had no babies, have you?"

"No," I responded.

"I didn't think so," she continued, looking away, shaking her head.

The inconsistencies between these ideas in the classroom and the actual working conditions, at least Mr. Store's and Erma's different entrées to them, reached points of open, cynical humor during the several classes in which we were drilled on the biological systems of the body. Some racial divisions had already surfaced, with some of the angrier American black and foreign-born students calling Mr. Store "that white boy" and some of the white students reacting defensively. Yet even the white students had to recognize by now that, although we were being taught by professional nurses, we were not being taught to be professional nurses; we were being prepared for a different and lower stratum, in which most of our colleagues were nonwhite.

Mr. Store began one class with the question, "What is

the function of the skin?" With racial issues simmering beneath the surface, the question met with subdued snickering, but the lesson continued without pause. "The function of the skin is to protect and regulate body temperature." Mr. Store was conscientious and concerned that we would pass the tests designed by the state Board of Health. He had time to discuss only what the skin does for the body, not what it does for society or for the divisions of labor in this emerging health care industry.

When it came to the reproductive system, incompatibilities between the clinical situations and the scientific biology of the classroom reached the point of absurd humor and practical contradiction. At the clinical training Janet Morris, a student in her mid-twenties, was assigned to tend to Arthur Scott, about fifty, a military veteran bedridden with a leg problem and nervous disorder, but with all his other faculties fully intact, including sexual.

Janet and I had become friends. She conferred with me and another student about a dilemma she had encountered on several occasions after feeding Arthur his lunch. Janet had quickly became fond of Arthur, empathizing with him as he lay there in the bed day in and day out, and Arthur became attracted to Janet. One day as Janet began to tend to him, he became sexually excited and asked Janet to help relieve his tension. Janet chose not to, instinctively made a joke of it, and immediately carried on with the next phase of her work. But the issue caused her concern, as it must many nursing students beginning their training. When she consulted us, she indicated that she had paused to consider his request. She had, she thought, been faced with a dilemma, a choice between unsatisfactory alternatives.

Two days later Mr. Store asked a question, reading it from the prescribed curriculum list of answers that we were supposed to memorize about the biological system.

"What is the function of the penis?" he asked with an unflinching air of scientific detachment. Janet, the other student, and I exchanged quick glances and suppressed a giggle, knowing by then that this was not an environment in which Janet's dilemma could be brought up for reasoned discussion. "The function of the penis," he proceeded, "is to urinate." After this answer he moved on to other questions on the list, stopping to make sure that the students were writing the correct answers in their notes. This biological fact did appear on a test, so from that point of view Mr. Store was fulfilling his duty. Meanwhile, this nursing-as-biology lesson did little for Janet's dilemma and nothing for Arthur's.

"C'mon, Now, When Did You Come Closest to Losing It?"

These incidents are not meant to establish disillusionment as the exclusive or overriding sentiment as the class went on. Indeed, every week uniforms were spotless and texts memorized; and eagerness to get on to employment prevailed right to the end. Even the rumors that nursing homes paid little more than minimum wage did not dampen students' developing interest. In addition, to give credit to Mr. Store and the text, we were learning nursing skills, and most of us spoke proudly about being able to practice this new knowledge.

Moreover, as the weeks went on, the sophistication of the questions increased dramatically, especially when we got to know some people who lived in the clinical training home. The subject matter became ever more fascinating, and inquiries about the causes and trajectories of these peoples' disorders intensified. But interest in returning each Saturday to our full day of clinical training waned somewhat, tempered by our desires to move on to paid

employment. The two groups of eighteen students who attended these all-day clinic sessions complained regularly that the home was receiving many hours of free labor.

"Why does this place always smell cleaner when we leave?" was a recurrent quip by Doreen Foster as we walked out the door. When we learned that this home that had so shocked us was owned by a multinational hotel chain, patience wore extremely thin. "If I'd known that," confessed Doreen, "I sure wouldn't have worked so hard for free." Still, optimism prevailed, supported by our teachers' assurances that we would work in better places.

Toward the end, like students in most professions, talk and study centered on the final examination, the rite of passage that would determine whether we were ready to enter what Mr. Store would occasionally refer to as the real world. The Clinical Skills Proficiency Test was a six-part exam, two of the parts involving demonstration by the student: giving a bedpan, making beds, taking vital signs and other measurements, and demonstrating proper procedures for lifting people. The other sections were written tests on recording vital signs, measuring intake and output of fluids, taking urine and stool specimens, and positioning patients. Our scores on the clinical exam were combined with those from the theory part, the anatomy, physiology, and biology, to determine pass or fail. In the end, grades did not turn out to be the threat many feared. All but one person who completed the course passed it.

On passing the test we were considered ready for the work force. There can be no doubt that confidence, skills, and courage had increased during the weeks of training, but much that we would need later was never mentioned. After the early conversations with Mrs. Bonderoid, the subject of death did not come up anywhere in the text, lectures, or tests. Nor, amid copious material about cells,

tissues, and systems, was the question of the causes or consequences of cancer ever raised. We didn't even speculate why the text pictured patients in hospital beds with call buttons, whereas in our nursing home most people were dressed and sat in the day room or walked around the ward.

"We are cells, and cells are us," Mr. Store was fond of reminding us, echoing the assertion in the text that "cells, tissues, organs and systems operate together to form a human being." What the state and the industry labeled as theory consisted of one hundred hours of biological and mechanical facts, within the context of the medical model of sickness and care. We were admitted into a profession based on the knowledge of bodily systems. It was not a theory of feelings, urges, desires, or needs. It did not address why nursing homes are organized the way they are, who lives in them, or who works in them under what conditions.

Once, when the class was nearing its final weeks, a friend asked me, "How can it take them that long to teach you hand-holding?" I was forced to respond that hand-holding had never been mentioned in the course. There were no concepts taught or discussed that explored the term *caring*. The school taught a language of germs and disease.[9]

A note of pride was heard in many voices as graduation day approached. Becoming a certified nursing assistant was a goal achieved at considerable cost and effort. Many spoke of graduation parties and presents families and friends were to give. Some students organized a farewell dinner at a restaurant near the school, and most of the class attended.

Few groups of new professionals could have joined in the main topic of conversation at that final banquet. After

sharing promises to help each other find jobs, our talk turned quickly to the heart of the matter: which patients we liked most and least during the clinical training, and the times each of us got closest to becoming sick to our stomachs or fainting while learning the work.

Most of the time was spent listening to graduates respond to the question: "C'mon, now, when did you come closest to losing it?" Each story was an attempt to top the previous one and was met with a louder chorus of "Oh, yech! How gross!" followed by an increasing release of raucous laughter.

It was a conversation, as Mrs. Bonderoid might have observed, less about septicemia than about bedsores, less about science than about mother's wit. But now, armed with science and certificates, we were off to see what awaited us on the firing line of health care.