

Cheryl Rogers

Chairs Gelsler, Vice Chair Heard, members of the committee,

My name is Cheryl Rodgers, I live in West Salem and I am a private agency caregiver. I am 69 years old, I have a disability, but I still need to work in order for my husband and I to maintain a roof over our heads.

I am here today to ask you to support Senate Bill 669. Prior to my caregiver job I was also a home care worker through the Oregon Home Care Commission. As a home care worker I cared for my client in her final years and I was with her until she passed away. That experience taught me that no one should be alone when they are no longer able to care for themselves. The wages I earned allowed my husband and I to once again move into a home. You see, we were homeless for a while despite having worked all our lives; in the private sector and my husband in public service. As a matter of fact, my husband Keith Rodgers who is here today, worked in this very building as a legislative aide for the Oregon legislative assembly from 1975 to 1993.

After the loss of my client I wanted to be there again for another person, so I decided to be a caregiver for someone. Unable to find a client through the home care program I decided to give private agency home care a try. I am grateful that I found work right away but it came at a cost.

I lost my health insurance benefits. I also had to take a \$2.50 per hour pay cut. The cut in pay was hard on my husband and I because we are now just one more rent hike away from becoming homeless again.

As a private agency caregiver I found myself performing significantly more specialized tasks than before. Tasks like administering medications to clients. Sometimes this meant being responsible for making sure that a client take a cocktail of meds in the right order, the correct dosage, and the precise time. For this important responsibility, I received a training that was a half hour to an hour at the most during a day long orientation.

As a substitute for meds during the training we were given candy. Meds are not candy! Candy may seem a light-hearted substitute for meds during a training but ironically but to me it is an example of the lack of seriousness given to this critical care service. The consequences of making a mistake could be as inconsequential as missing a dose with little to no adverse effects to as severe as triggering a seizure, a sibo-acidosis reaction or heart attack. A thirty minute training is not enough.

If that weren't bad enough, most trainings are not accessible to workers like me. You see, I cannot afford the gas money to drive to where they are held. Some are held in Dallas, others in Albany and others in Salem. We are on a tight budget and cannot afford the added gas costs. Even if I did have the gas I would have to cancel a work shift.

To make matters worse, I don't get paid mileage to and from trainings.

Please vote yes for SB669. It will help raise training standards as well as make sure that trainings are taken as seriously as the care we expect our clients to receive. It might just save lives.