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contracts to make Wall Street and other potential investors believe that the numbers looked good required deep soul searching.

In addition to its efforts to keep factories open, NVP established Valley Care Cooperative (VCC), an employee-owned home care company, which provided high-quality, low-cost health care to Medicare/Medicaid patients and employed more than eighty people. The core of Valley Care's mission was "both to create a worker-owned company and to ensure a high level of worker participation in it" (p. 121). Workers participated on committees that reviewed personnel policies and monitored the quality and effectiveness of care. Just as efforts to make factories work ran into the problems caused by larger market forces, so too did Valley Care's efforts bump up against the vagaries of state and federal health care policies. A better fate awaited NVP's effort to establish a housing cooperative.

Despite the fits and starts detailed throughout *Banded Together,* the book offers readers a way to begin to imagine alternatives to the growing inequality and powerlessness that workers across the United States wrestle with on a daily basis. Brecher concludes by placing a challenge in front of everyone concerned with the creation of a more equitable economy. Economic change, he suggests, "that does not include a dimension of democratization from below is likely in the end to leave ordinary people and communities powerless, whatever arrangements are made at higher levels" (p. 202). Excluding these people and their communities is a recipe for more of the devastation and dislocation we all can see if we have our eyes open and our ears ready to listen while traveling the interstates.

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The Caring Self: The Work Experiences of Home Care Aides. By Clare L. Stacey. Ithaca, NY: ILR Press (an imprint of Cornell University Press), 2011. 216 pp. ISBN 978-0-8014-4985-7, $65.00 (Cloth); ISBN 978-0-8014-7699-0, $19.95 (Paperback).

Home health workers constitute a large and growing workforce in the United States and currently total more than 2.3 million workers—more than four times the number of autoworkers, steelworkers, and machine workers combined. A large number of workers in the care workforce are classified as personal care aides (PCAs)—those who provide home-based custodial care for persons needing assistance with activities of daily life. As the population ages, demand for personal care aides is expected to grow by 71% between 2010 and 2020, placing it third on the list of U.S. occupations projected to add the most new jobs in the next ten years.

Despite the size and importance of this workforce and its skyrocketing growth projections, personal care work is a marginalized profession in terms of both monetary reward and social status. Care in the home has historically been done by women, as unpaid homemakers or as low-wage servants or, earlier, as slaves. This legacy is reflected in the current demographics of paid personal care aides who are overwhelmingly women (88%), disproportionately nonwhite (49%), and foreign born (22%). The legacy is also seen in the substandard remuneration in care jobs. The median hourly wage for personal care aides is $9.44 (compared with $16.27 for all U.S. workers), and nearly a third of those in the PCA workforce are uninsured (compared with 18% of all U.S. workers). Given the low wages and lack of benefits, it should come as no surprise that more than half the PCAs in the United States receive some form of public assistance, such as Medicaid, cash welfare payments, or food stamps (PHI, *Caring in America*, 2011). Equally unsurprising, very few PCAs are represented by a union.

Beyond these broad descriptive strokes, we know little about this burgeoning workforce. But thanks to Clare Stacey's terrific new book, *The Caring Self,* we are beginning to learn. In *The Caring Self,* Stacey relates the experiences of 33 PCAs whose lives on and off the job she documents by interviews and observation. The aggregate portrait is at the same time poignant and inspiring; because it points out the fragility of our system of care in the United States, it is also terrifying.

Nearly all the workers Stacey interviews follow a similar trajectory in their attraction to, and entry into, the occupation. Most are middle-aged and arrive at paid care work after years of unpaid care for family members. Many describe their work as a "calling" to which they are innately attracted and feel uniquely qualified, despite the lack of anything more than perfunctory formal training. They speak of the bleak hardships of the work, but at the same time they vividly describe its rewards. It is in articulating this incongruity that Stacey's work is most valuable.

Care work is hard work, entailing equal measures of physical and emotional labor. PCAs have work injury rates far higher than other workers have, and their rates of physical assault on the job are twice that of general industrial workers. Even compared with similar workers in nursing homes, home care workers have three times the rate of lower back injuries due to factors such as improper lifting (Myers et al., *American Journal of Industrial Medicine,* 1999). A PCA's job is also emotionally taxing and requires patience and psychological endurance. Such emotional labor is often invisible to employers and others, and it does not appear as a compensable factor in wage and salary determinations. As Stacey notes, "Listening, talking, emoting, relating, counseling, reassuring, nurturing, coaxing, and arguing are all parts of an aide's job, although these relational aspects of the job often go unrecognized by agencies and policymakers" (p. 61).

Unsurprisingly, there is high turnover among PCAs and high vacancy rates in care work agencies. It is easy to see why people leave the occupation. What is more difficult to discern is why they stay. Here Stacey offers two explanations. The first is structural: Care workers are disadvantaged by gender, race, and class in the labor market and often enter into and stay in the profession due to a lack of better options. The second reason is more interesting and involves the complex identities and meanings that care workers construct for themselves and to justify their work to outsiders. While home care work is demanding, because the workplace is the client's home, workers have little direct supervision and thus a good deal of autonomy in how they schedule their tasks and perform the functions of their jobs. In addition, Stacey notes that the work involves "relational autonomy," or freedom to determine how much and in what form to invest emotionally in clients. In some cases, the aide can become a "fictive kin" to a client, assuming the role of a close family member who is looking after grandma in place of absent family members. For other clients, the aide can be more distant, providing companionship and care without the inevitable stings of a pseudo-family relationship.

The workers in Stacey's study cite autonomy as one reason for staying on the job. The other reasons have more to do with the construction of identity to enhance the dignity and meaning in their work, emphasizing the care rather than the work part of their jobs. Many care workers describe themselves in terms of their natural abilities to provide comfort to those in need. These abilities are seen as unique gifts that are indelible parts of their larger characters or personalities that set them apart from others who are less caring. Prosocial motivation is also an important part of care worker identity. Many care workers describe their jobs in terms of providing an opportunity to make a difference and perform a larger public service. They positively distinguish themselves from others, and in these ways their work is not just a job but a calling, both in terms of self-fulfillment and in fulfillment of the broader social good.

Stacey closes with a discussion of how the organization of care work can be improved. This is perhaps the weakest part of the book and may be due to the inherent limitations of generalizing from the qualitative accounts of a small set of workers. Stacey recommends unionization, higher wages, and a reconsideration of the companionship exemption to the Fair Labor Standards Act so that personal care aides can enjoy the same protections as other workers. But she is vague on details or priorities and, in these regards, the book may not find its widest audience among policymakers and practitioners. This is unfortunate because her central message about the tensions between the simultaneous exploitation and emotional rewards of care work as it is currently constructed is a crucial one. Despite this limitation, Stacey's work vividly illustrates the humanity behind the dismal statistics on the care workforce. It is a profound revelation.

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