What Are They Doing Here?

by Polly Mann

I am now in the rehabilitation unit of a nursing home, recuperating from a badly fractured hip. At least half of the physical therapists, nurse’s aides, nurses, and dining room staff are non-native-born Americans – mostly African-like, for example, Steve, under 30, tall and muscular. He was the attendant assigned to my first shower. It occurred in a suite of cubicles?toilet, shower, and tub?sufficiently large to accommodate wheelchairs.

"You surely weren’t given that name at birth?” I questioned. “No,” said Steve, “you wouldn’t be able to pronounce the name my Liberian parents gave me.” “Liberia?” I responded. “All I know about Liberia is that, some time after the U.S. Civil War, a group of former American slaves went there. I’ve forgotten everything else except that I read they considered themselves superior to indigenous Liberians.” “Correct,” he responded, his teeth gleaming white in his almost black countenance, “I am descended from them.”

The nurses’ aides help you perform all those physical activities that accompany being human and that you formerly engaged in without even thinking about the effort they required – eating, drinking, eliminating, etc. Walking, in my case, can now only be done under the supervision of the occupational or physical therapist. One evening the aide was Asian; I assumed he was Vietnamese. But no, he was Tibetan, and I have seldom met a more genial and competent individual. He came with a questionnaire about pain.

One evening as another aide, Jared – about six feet tall, fortyish, with the build of a Rugby player – was removing tight stockings from my legs, he told me about his love for Kenya. “A beautiful, beautiful country he said. (We had previously discussed English pronunciation, agreeing that the word John logically should be spelled Jawn or, at least, Jahn.) All that came to my mind about Kenya was the existence of Mount Kilimanjaro and a short story Ernest Hemingway wrote about a couple (British? American?) with major differences experiencing some sort of crisis at an encampment atop Mount Kilimanjaro.

Somehow our conversation produced a question. “Do you have children, Jared?” I asked. An expression of painful sadness spread over his countenance. “I have four and they are in Kenya,” he replied. There was a knock at the door and a voice asking if Jared could leave me for a while. He left, promising me he would soon return, which he did. But somehow we didn’t return to the subject of his children. The next time I saw him in the dining room I tried to return to our conversation. I wanted to know how many children he has, their sexes, their ages, and when he thought he would be able to see them. "We will talk in your room,” he said. This was not
information he wanted to share casually. I should not have brought it up under the circumstances. But we would continue to talk.

As with all the other staff, Jared performed in many capacities. I termed the institution “nonhierarchical,” until I was reminded that there is, indeed, a hierarchy with the nurse manager on top. However, at mealtime all help are in the dining room, including nurses and physical therapists. The ratio of patients to personnel is 10:1, which I understand is required by the State of Minnesota. From 6:30 in the morning to about 9:00 in the evening there is constant activity: people pushing walkers down the hall followed by a therapist, nurse’s aides scurrying from room to room, nurses working at a mobile cart measuring medications, people carrying huge plastic bags of used materials, others with brooms and pails of soapy water, and visitors carrying food and flowers.

One day at the close of a physical therapy session, the therapist, an attractive, very white-skinned woman of about 50 wearing a bit too much eye makeup, was telling me that formerly she had been an actress. As she was pushing me back to my room we somehow became involved in a conversation about immigrants. “There’s no reason why we should be spending our tax dollars supporting these people,” she said. “But we aren’t,” I said, “according to the Center for American Progress and Immigration Policy Center, the United States could bring in an estimated $4.5 billion every year by simply legalizing undocumented immigrants. And it isn’t as if these people chose to leave their own countries to come here,” I said. “Political conditions in many instances forced them to leave their homes in search of work. And, unfortunately, the United States is too often responsible for some of these conditions.”

She had never considered this. I didn’t mention to her that health facilities all over the country are staffed by huge numbers of immigrants. Most of these jobs are extremely demanding, with low pay and long hours. I suspect that if economic and political conditions were to improve in their countries of birth many of them would return home.

And I doubt if the services they perform would be done more efficiently, or with more care and compassion, by people who happened to be born in the United States.

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