

**The Upshot**  
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# Apprentices Need Expert Eye. So Does Trump's Plan for Them.

Kevin Carey    SEPT. 28, 2017

Last December, Destina Garcia found herself outside a locked front door in the Hunts Point section of the Bronx. Somewhere on the other side was an older man who needed her help.

She didn't know yet that he had terminal cancer. She hadn't met his estranged daughter, the one she would eventually bring north to spend the final days at her father's side.

At that moment, Ms. Garcia was only a few weeks into a brand-new and also very old kind of job, one being modernized to help fix the broken American system of education, training and employment. She had just begun work as an apprentice.

President Trump has started a debate about whether it's possible to vastly expand the number of apprenticeships nationwide without losing the elements that make them work best.

Ms. Garcia, who is 30, grew up in the Manhattanville Houses project in West Harlem and had a son at 18. She found entry-level work coding medical records. But she soon ran into a quandary: While most good jobs require some kind of credential, going to college can be expensive and time-consuming. Even if you finish, there's no guarantee of employment.

She picked up certificates as a certified nurse assistant and an emergency medical

technician, but neither led to permanent work — perhaps because in those fields, as in most, employers value skills that can be learned only on the job. But how do you get a job without the skills?

Then Ms. Garcia got connected to a new program jointly sponsored by Bronx-Lebanon Hospital, the New York Alliance for Careers in Health Care, LaGuardia Community College and the nation's largest health care workers union, 1199 S.E.I.U. Using apprenticeships, the program trains people to become community health workers.

Apprenticeships have been around for ages. Ben Franklin and Paul Revere were apprentices. Since the Industrial Revolution, apprenticeship in America has been concentrated in areas like plumbing, welding and ironwork: male-dominated, blue-collar trades.

But the real growth in today's job market is in fields like health care and technology. The number of community health workers, who connect vulnerable people to the medical and social service systems, increased to 51,900 in 2016 from 38,000 in 2013.

To learn the trade, Ms. Garcia took classes at Bronx-Lebanon taught by LaGuardia Community College professors. They covered the ins and outs of the health care system — insurance, government programs, medical terminology — along with interview techniques and principles of case management.

It was important knowledge, but not enough. The rest of her education came from her mentor, a 20-year veteran of the field named Dwight Chambers.

He was the one, she recounted months later, who assigned her first case file, the elderly man in Hunts Point. Nobody answered the door there on the first day, or the second, or the third, even though she knew someone was inside. Ms. Garcia checked back daily with her mentor for advice. Travel light and reduce the risk of losing your case files, he said. No heels — wear comfortable shoes. Look at how people dress and keep up their rooms to understand their state of mind. Listen for turns of phrase that suggest involvement with drugs. In most apartment buildings, the porter or super knows everyone's business. Make friends, and he'll open up doors.

She finally got the old man to let her inside. He was born and raised in Puerto Rico and came to New York years ago. The doctors wanted to do a lot of tests, but he didn't see the use. It's my time, he told her. She persuaded him to go anyway, but after a day of poking and prodding, the diagnosis was grim.

She went back to Mr. Chambers, who relayed more tricks of the trade. Ask him, "How are your children?" They live in Florida, the man replied. He hadn't talked to them in a long time. He felt that he hadn't been the best father. His emergency contact number, for his son, was disconnected. But Ms. Garcia found a daughter living in Orlando, who got her father a cellphone and helped him keep appointments. Things went better for a while.

Ms. Garcia took on more cases as her apprenticeship continued. She got two raises, bringing her salary up to \$42,000 per year. This is a hallmark of the apprentice system. Unlike interns, who are often exploited by employers, apprentices are paid more as they advance in experience and skill.

Health care isn't the only field embracing apprenticeship. There are growing programs in cyber security, computer programming, financial services, insurance claims adjustment and early education. Gail Mellow, president of LaGuardia Community College, says programs like Destina Garcia's apprenticeship create a career ladder for low-income workers by bringing the college, union and employer together.

President Trump has called for increasing the number of apprentices nationwide to 5 million from roughly 500,000 today. To do this, he wants to direct \$100 million of federal job training money to the program. He also wants to relax federal standards for "registered" apprenticeships, which require a mentor, salaries that increase with experience, and minimum hours of formal instruction in both the classroom and workplace.

But research and recent experience suggest this approach could backfire. Over the last decade, Britain tried to increase the number of apprentices through a mix of public subsidies and changes that watered down the definition of apprenticeship. The result? Subway took out ads to hire "apprentice sandwich artists" who would be paid the minimum wage.

A 2014 study of 11 different work force training programs in Washington State found that registered apprenticeships had by far the largest positive effect on short- and long-term salaries, returning 18 times the cost of the program in lifetime earnings. A 2012 study of 10 states found that registered apprentices earned \$240,000 more over a lifetime than similar workers who hadn't gone through such a program.

After a few months went by, Ms. Garcia said, she got a call from the daughter. She couldn't find her father. He didn't want chemotherapy and wouldn't answer his phone. Now Mr. Chambers's advice focused less on short-term tactics and more on the philosophy of the profession. Put yourself in the patient's shoes. Advocate what he wants, not what an impersonal system demands. Sometimes people can be frustrating, but you can't give up. You have to let them be whoever they are.

So she took another trip to the apartment, where she talked to a neighbor who knew something. She found the man in a nearby hospital and gave the daughter information about a local hospice and advice about how to spend the last weeks at home.

Ms. Garcia completed her apprenticeship in June and has continued on with Bronx-Lebanon as a community health worker. She is also a member of 1199 S.E.I.U. and plans to use union-funded tuition assistance to pursue a bachelor's in social work at the Lehman campus of CUNY.

Mr. Chambers expresses pride in his former pupil, who still calls him up to ask for advice. Her clients look forward to seeing her and remember her name — another good sign, in his experience.

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