

Good afternoon, my name is Ruth Heller. I am an Executive Vice President of 1199SEIU United Healthcare Workers East, overseeing our nursing home and hospital sectors in Upstate NY. Our Union represents over 65,000 nursing home workers across the state, including 15,000 in Upstate NY. Last Monday, you heard from another of our Executive Vice Presidents – Milly Silva – and three of our members from downstate nursing homes.

I appreciate the opportunity to share some of the Union’s perspective of the nursing home response to Covid 19 and two of our member leaders will talk about their experience in their facilities, and you will also hear from a home care worker who is a member of Healthcare Workers Rising, a non-profit organization for home care workers in NYS.

Home Care

We know the primary focus of these hearings are nursing homes, and rightly so given the toll the pandemic took there. But as you listen to industry associations, it is also vital to hear from rank and file workers from across the long-term care continuum. Our union represents 75,000 home care workers, primarily downstate. We are also supporting efforts like Health Care Workers Rising, which is bringing together nonunion home care workers Upstate to advocate for better jobs and better care. You will hear from a Healthcare Workers Rising member from Rochester as part of this panel.

Home care workers are too often invisible, as their workplaces are individuals’ homes. But this work is vital to help people live independently in the community, and to provide an alternative to nursing homes for those who want to stay in their own homes. And home care workers faced many challenges during the pandemic, including the lack of PPE. If nursing homes were second to hospitals, home care was after nursing homes. And that meant more risk for home care clients and home care workers than was necessary.

We applaud the Senate for passing S8261, which would have required payments for PPE from the managed long term care companies that, like all insurance companies, saw their costs go down during the pandemic. We urge the legislature to address the needs of frontline home care workers, like PPE and hazard pay, so that they can support their clients safely.

Nursing Homes

1199SEIU nursing home members provide the hands-on care to residents. It’s intimate work that includes feeding, bathing, and toileting residents and it often results in very strong emotional bonds between the resident and their caregivers. It’s hard work, it’s stressful, it’s dangerous, it’s frequently understaffed, it’s underpaid, yet, despite this, many of these workers have been caring for residents for 20, 30, and sometimes more years.

And they didn’t stop during the pandemic and we’ve heard all the stats about how many of them got sick and some died.

We want to thank the Legislature for holding a second day of hearings to examine what happened in nursing homes during this pandemic, and most importantly, to learn the lessons that we need to collectively learn so that this tragedy is never repeated.

There has been much press and discussion in these hearings about the Administration's contention that, through no fault of their own, nursing home workers often brought Covid 19 into facilities because of community spread. I know it is not the intent of the Administration to blame these workers. But you should know what workers hear is they are being blamed for the death of their residents and their co-workers, and that is hurtful. And in many cases, due to lack of PPE, nursing home workers actually caught Covid 19 in the nursing home, brought it home to their families and from there, out into the community.

Last week, my colleague Milly Silva shared a lot of background challenges faced by both the industry and workers.

Today I want to focus on two things – what we've learned and are learning about the broader trends in how the pandemic impacted the industry and how facility-level decisions and practices played a crucial role in pandemic outcomes.

The initial analysis of available data shows that the level of community spread in the area around each nursing home had a major impact on the number of illnesses and deaths. We also know that the pandemic had a disproportionate impact on workers and residents of color. We are also seeing emerging studies finding differential outcomes based on underlying staffing in the facilities and other factors.

As many of you have emphasized, it is vital that there be continuing analysis of the impact of the pandemic, using complete data, including an accurate count of deaths by facility. Just as this deep data dive is important, we also feel that a qualitative understanding of facility-level responses is critical to inform how we move forward. Soon you will hear from two 1199 member leaders with very different experiences that highlight diverse facility responses.

As you heard last week, many of our members experienced inadequate PPE, poor communication, ineffective infection control practices and a terrible struggle to get enough paid time to recover from their illnesses. Our Union has also tried to collect stories of where facilities seemed to have succeeded in slowing the spread so we can learn from these examples.

There are a couple of findings we wanted to highlight:

Communication was and is key. Members told us over and over about not knowing what was happening. Not knowing if a resident or worker was infected. Not knowing why there was a PPE shortage and not being trained on how to properly use PPE. This created stress, anxiety, call offs, and fear.

The lack of communication was particularly frustrating for those of us in Upstate NY. Facilities saw what was happening downstate and should have immediately swung into action and brought workers and managers together.

Facilities that were effective set up weekly and sometimes daily Covid 19 updates for all staff. They held regular in-service trainings on CDC and DOH guidance. They explained the situation

with PPE. In all cases, workers reported this communication eased anxiety and fear and allowed them to do their job more effectively. What was particularly effective was when worker leaders were included in educating their coworkers on updated guidance or PPE use. This allowed information to flow through the building more effectively.

The other important practice was real collaboration around problem solving. We have facilities where workers and management identified a problem and workers came up with solutions and implemented changes. This happened with PPE distribution and simple workflow changes to minimize contact between nursing and non-nursing staff. Finally, we know of infection control or health and safety committees that took the lead educating co-workers on best practices and CDC guidelines.

Where this type of collaboration happened workers were able to contribute their frontline knowledge and experience and facilities were either able to slow the spread or even keep infections to a minimum even while nearby facilities had high levels of infection.

Last week Chairman Gottfried asked if Unionization made a difference, while noting that maybe that was a “softball” question. Frankly, that was a very fair question. Not only were unionized workers in a better position to organize when they needed to fight problem employers for PPEs, they also had the structures in place to have a seat at the table as an advocate for their residents and a hands-on expert for the employers who welcomed their input through LM, infection control or H&S committees.

There is much we must do to prepare for a potential recurrence of the pandemic. Our recommendations include:

- Prioritize nursing homes for testing resources during shortages.
- Require each facility to institute an Infection Control Committee, with participation from rank and file staff, to guide its policies.
- Adopt the Massachusetts model of an infection control audit, along with the availability of technical aid and other resources and require homes to pass it. You may have seen that that state recently barred Medicaid payments to three homes based on their repeated failure to pass the audit.
- Ensure that each facility has a 90-day supply of PPE, calculated at the peak burn rate from this past year.
- Require a link between each nursing home and a specific hospital to aid with managing infection control and planning for the next surge. In Upstate we saw that NHs connected with hospital systems were more successful in limiting the spread of Covid in their facilities. We attribute that to earlier access to and use of PPEs and better infection control training and oversight.
- Set up a system to recruit and centrally deploy emergency staff for nursing homes.

As we work on the short-term needs, it is also vital to address the underlying problems with the industry. As we discussed last week, New York ranked 31st in the nation for nursing home quality according to CMS surveys, and in the bottom 10 nationally for persistent pressure ulcers. Residents are only getting 2.38 hours of hands-on care per day, earning our state a “D” on a

national scorecard. Nursing home caregivers are forced to work multiple jobs to make ends meet, leading to staff turnover and burnout. We can, and must, do much, much better.

It is vital to take the stories of residents, families and workers in the front lines and commit to a comprehensive plan to dramatically improve the quality of long-term care services in our state. The New Jersey legislature recently introduced a comprehensive package of reforms, and our state should not be far behind. 1199SEIU members stand ready and willing to work with you.