

Good afternoon, my name is Milly Silva. I am an Executive Vice President of 1199SEIU United Healthcare Workers East, directing our Nursing Home Division, which represents over 50,000 nursing home workers downstate. Our union also represents an additional 15,000 nursing home workers in the Hudson Valley and upstate. I understand you will hear from those members next Monday.

1199SEIU members in nursing homes provide essential care to residents – helping them get in and out of bed, feeding, dressing and bathing them. They do this work because they are committed to providing quality care for the residents who they get to know and love. They do it despite many challenges including high rates of injury, frequent understaffing and often inadequate pay and benefits.

1199SEIU members in nursing homes continued to love and care for their residents during this terrible pandemic, under extraordinarily difficult conditions. Many saw it on television, read of it in the newspapers, but nursing home staff faced it, up close: large numbers of resident deaths, overwhelmed morgues, and up to a third of workers becoming ill, with resulting severe staff shortages. As we know, workers died.

We thank the Legislature for holding these hearings to examine what happened in nursing homes during this pandemic, and most importantly, to learn its lessons so that this tragedy is never repeated. The decisions that individuals made and the systems in place, or lacking, during the pandemic made a real difference in the safety of residents and staff. In a moment, I will discuss those decisions – both positive and negative – as well as provide recommendations for immediate action.

I want to make one key point. The nursing home industry is not going to be the same after this pandemic. Resident census is lower, and it is unclear how quickly it will recover. Returning to the status quo pre-pandemic is impossible. More than that, it is not morally acceptable. New York ranked 31<sup>st</sup> 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.

We urge the Administration and the Legislature not to waste this moment, when there is more attention focused on the experience of vulnerable residents of nursing homes than any time in recent memory. You must listen to the voices of those on the front lines and commit to a comprehensive plan to dramatically improve the quality of long-term care services in our state. 1199SEIU members stand ready and willing to work with you to do so.

As such a plan is developed, there are immediate steps to lessen the impact of another COVID surge, especially during flu season. Our recommendations come directly from our members' experience during the pandemic. You cannot discuss workers being a source of transmission of the virus, without acknowledging the role of a lack of testing and personal protective equipment, and policies that forced workers to return to work sick.

### **Testing and cohorting**

Our members saw wide variation among homes in their capacity to identify residents who had COVID and cohort them into separate units with dedicated staff. Without cohorting, workers were caring for both COVID and non-COVID residents, in some cases without adequate personal protective equipment.

### **Personal protective equipment**

The shortage of available PPE was real. Our union collected over 100 requests from employers who had less than a 7-day supply of PPE on hand. Some facilities resorted to distributing garbage bags and raincoats for workers to wear over their uniforms.

At the beginning of the pandemic, nursing home caregivers were routinely given only a surgical mask, despite the intimate nature of their care for residents. In some cases, only workers caring for confirmed COVID patients were given respirator masks and gowns, even though it was quickly clear that there were many unidentified cases among residents. At other facilities, workers did not receive adequate training on donning and doffing their equipment, which undermines its effectiveness in preventing infections.

We did have employers that approached PPE differently, even within the constraints of the shortage. One employer distributed N95 masks right away to all employees and saw fewer staff shortages as a result. Another quickly formed an

Infection Control Committee that included rank and file workers and met frequently throughout the crisis.

### **Sick pay**

Over 37,000 nursing home workers in New York – roughly one in four workers - were infected by Covid 19, according to the state Department of Health.

Outrageously, our union had to fight with many employers, many for-profit ones, to ensure workers would be paid for the time they were required to quarantine or needed to recover. It was only after our advocacy for additional directives, issued in May and June, from the State Department of Health, that some owners agreed to pay for the required leaves.

### **Staffing**

The pandemic revealed and exacerbated insufficient staffing. The caregivers that remained able to work were desperately trying to meet the needs of residents, but it was incredibly stressful and difficult. Employers who were denying paid sick leave, providing inadequate PPE and failing to implement incentive pay saw even worse staffing crises. More than once, we fielded emergency calls from employers that no one was able to work on a shift. The 1199SEIU Training and Employment Funds did everything it could to assist in recruiting and deploying additional paraprofessional staff, including working with the state’s staffing portal, but ran into many challenges.

New York should consider the model used by other states such as Maryland and Pennsylvania, which created “strike” teams made up of National Guard members, health department staff, and staff from neighboring hospitals to assist with infection control or other critical staffing needs.

### **Recommendations**

Before I turn it over to our members who can speak from their direct experiences, I will speak briefly about other immediate next steps to prepare for another COVID wave, particularly as it may coincide with the annual flu season.

These 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.
- 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.
- Set up a system to recruit and centrally deploy emergency staff for nursing homes.

Thank you for your time and now I yield to my 1199 member leaders.