

Hospitals and COVID-19:  
2020 Joint Legislative Hearing

Testimony of Debora M. Hayes, Area Director Upstate NY/NE/CT  
Communications Workers of America, District 1

August 12, 2020

Good afternoon! My name is Debbie Hayes and I am the Upstate New York Area Director for the Communications Workers of America District 1. I'd like to thank all of the Senate and Assembly committee members for allowing me the opportunity to testify today on behalf of the 15,000 health care workers that CWA represents in New York State.

I want to start by acknowledging and thanking the tens of thousands healthcare heroes in our State who have been on the frontlines of the devastating battle against COVID-19, a battle that many are still fighting. The epidemic has put unprecedented strain on our healthcare system and it is only due to the bravery and steadfast commitment of our healthcare workers that we have made it as far as we have, facing record lows in our state while the rest of the country is being ravaged by the virus.

CWA has reached out to hundreds of members as we debriefed this crisis, who described the conditions they worked under through the high inpatient days. Members who told of the intense pressure of caring for patients with a disease they knew little about, hoping they were providing the right treatments. Members who were begging for the right personal protective equipment (PPE), hoping to keep themselves and their families safe from the disease. Members needing on a daily basis more help than was available. Members who wrote goodbye letters from the dying, facetimes worried family members for a last visit and wrapped more bodies for the morgue than many saw in an entire career. Members who were forced to work once they

were diagnosed with COVID-19 as long as they were not showing symptoms. That is just wrong! We now have a workforce that is exhausted, traumatized and suffering from post traumatic stress syndrome.

Our takeaway is that there are issues that must be dealt with before a second surge in the Coronavirus is upon us. Throughout this crisis, we have been greatly concerned for the health and safety of our frontline workers. While we are grateful for the Administration's diligent efforts to increase the supply and distribution of the necessary PPE to healthcare facilities across the state, even in May, three months into the pandemic, many of our healthcare workers caring for COVID-19 patients were still facing shortages and being forced to operate under the CDC's PPE supply optimization guidelines. As you can imagine, this has put enormous stress and worry on our members who fear for the safety of their patients, their families and themselves.

The CDC's "Conventional" guidelines state that PPE, particularly respirator masks, should be used for one patient encounter only, consistent with the manufacturers' guidelines. In times of shortage, the CDC recommends "contingency" and "crisis" guidelines that allow the reuse and decontamination of respirators. On May 4th, from a survey to understand PPE usage and availability of all of the healthcare facilities we represent we found our healthcare facilities continuing to be operating under "Crisis" and "Contingency Guidelines." We had members who were reusing their N95 respirators weeks at a time, using decontamination methods that were authorized under the FDA EUAs but were never previously approved or even properly evaluated.

It is important to note that many of these healthcare facilities have made repeated attempts to procure additional PPE, especially N95 respirator masks. For example,

Kaleida Health System attempted to procure additional N95 masks through County and State government and even directly through the manufacturer, 3M. Unfortunately, these efforts were unsuccessful. While calls for PPE have somewhat subsided as the State is experiencing record lows of the virus, we know this is not the end of this battle. We know that the need for PPE will unfortunately spike again, and we cannot allow our healthcare workers to be in this position. The legislature must act swiftly to ensure that all healthcare workers have access to sufficient PPE in alignment with the CDC's conventional guidelines on PPE use. And, the State needs to be more transparent in terms of where PPE is being sent including the type and amount of PPE.

While the pandemic stretched our hospital system to a point we were not prepared for, many of the issues that COVID-19 exacerbated have been long-standing issues in our hospitals. In order to protect our healthcare workers, our hospitals and ensure the best quality of care for all New Yorkers, we need a massive investment in our healthcare system, in our hospitals and in our healthcare workers. In the future of our state. It cost hospitals millions of dollars to prepare for care of the COVID-19 patients. Then they were prohibited from performing elective surgery and procedures. While these steps were necessary, the financial toll on the hospitals has been devastating. In order to cut costs, our members are being laid off and staffing levels have been cut. We need more staffing not staffing cuts.

For over a decade, CWA has been fighting for mandated patient-healthcare worker ratios because understaffing in the hospitals was already an immediate patient safety crisis. However, COVID-19 has turned that crisis into a catastrophe. We know that people died because we didn't have the staff to care for them.

The issue of understaffed and under resourced hospitals is not new. As a union that has represented healthcare workers in NYS for over fifty years, we have heard daily from our members about the impossible choices they have to make because they do not have enough staff to adequately care for their patients and residents. Staffing is on the top of the list of poor working conditions for our members year after year. However, this is not exclusively a labor issue. The terror that our members face on a daily basis is not about the bathroom breaks and lunches they are forced to work through, it is the care that goes undone, the minutes patients and families are left waiting and the pit in workers' stomachs that comes from knowing that given more staff they could've done better. Terror that turns into anger and tears on the drive home.

Our members file hundreds of forms with management each year stating that they are working in unsafe conditions that could jeopardize patient safety. While the geography and size of those hospitals vary widely, the patients and types of floors do not. The needs of patients that have gone through open heart surgery or have pneumonia are not different from Buffalo to Manhattan. Therefore, the ratios of healthcare workers to patients in departments created to care for a certain type of patient are actually fairly consistent regardless of the size or location of the hospital. However, the staffing ratios that each facility provides for one type of patient department are often very different. Not only do the ratios change by geography and system, they also fluctuate wildly day by day. Even when the plans for staffing appear sufficient, facilities are consistently staffing below their own stated goals. The result is an intolerable cost to our state's patients, residents, their families and the healthcare workers that bear the burden of knowledge.

The crisis of understaffed and under resourced hospitals turned to devastation for hundreds of thousands of New Yorkers during the COVID-19 pandemic. Ratios of patient to

healthcare worker skyrocketed. For example, at Queens Hospital Center the ratio in the emergency room hit 23 to 1, whereas best practices call for a maximum of four patients per nurse. In the ICU, where that ratio should be 2-1, we saw ratios quadrupling. There are countless stories from our members, and reported in the news, of patients suffering the consequences and many lives lost from understaffed hospitals. Many of these issues come from lacking the most basic treatment strategies - like COVID-19 patients being turned on their stomachs in a technique called proning. This has been shown to help many patients breathe. However, because it is labor intensive, requiring several healthcare workers to help successfully turn the patient and keep IV lines sorted, hospitals have been unable to provide it.

The devastating consequences of understaffing, exacerbated by COVID-19, can be seen in the mortality rates. There are significant disparities in mortality rates between hospitals that are well resourced and therefore well staffed, and other hospitals that are not. According to data collected and analyzed by the New York Times patients at hospitals with lower staffing rates and worse equipment were three times more likely to die than patients in better staffed and resourced medical centers. We have seen a lot of unnecessary death during this pandemic, which is heartbreaking - and untenable staffing levels have absolutely contributed to that. For example, the NYTimes article reported that at one of NYU Langone's flagship hospitals, approximately 11% of their patients died whereas in Bellevue Hospital Center, a public hospital, 22% of its COVID-19 patients died. This pattern is repeated across the city, the epicenter of the virus in the Spring. Approximately one in five coronavirus patients in New York City hospitals died while at some prestigious medical centers with higher staffing levels, it was as low as one in 10. At

some community hospitals outside Manhattan with low staffing levels, it has been one in three, or worse.

On shifts where there is adequate staffing we know that there is less chance of hospital acquired infection and/or injury, there are less medication errors, all treatments can be done, more one-on-one time can be spent with patients and families and more teaching can be completed. From decades of research, it is undeniable that safe staffing saves lives. The level of care is superior and nurses feel more satisfied in the performance of their job.

In 2019, the Legislature passed budget language that acknowledged the need for action on health care staffing and required the Department of Health to study staffing enhancements in order to improve patient care and what the potential fiscal impacts of these changes would be. Despite the Study being due to the legislature in December of 2019, we are now eight months later and the Study has yet to be released. The delay in action has led to deadly consequences as we've seen in the COVID-19 crisis. New Yorkers can't afford to wait any longer. We must enact safe staffing now.

As a union of frontline nurses, we must also speak up because New York remains unprepared for a resurgence of COVID-19. Our testing and tracing infrastructure is overstretched, with many results delayed by days or even weeks. Our hospitals are still rationing rapid testing reagents, PPE, hand sanitizer, and sanitizing wipes because of federal shortages and persistent supply chain constraints. Frontline nurses, along with other essential workers, suffered the consequences of New York's lack of preparation for the first COVID-19 surge. We cannot let that happen again.

We need to do right by the healthcare heroes who work in our hospitals, in our nursing homes and our healthcare facilities. Over the past few months, across the country we've seen an outpouring of support for these workers. However, as my members have said "we've gone from heroes to zeroes." What good is a round of applause at 7pm if we're being forced to do our jobs in a way that compromises patient care and puts untenable stress on healthcare workers? To really show the healthcare heroes of this state gratitude, we need to protect them and their patients and mandate adequate staffing levels NOW.