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United for Quality Care

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Before the Human Services
& Public Health Committees

Good Afternoon Senator Moore, Senator Abrams, Representative Abercrombie, Representative Steinberg, and members of the Committee. My name is Rob Baril and I am President of District 1199 New England. Let me start by thanking the Committees for recognizing the atrocities that are going on in Nursing Homes and other long term-care facilities and holding this hearing today.

Since March, we have seen COVID ravage Connecticut's long-term care facilities. These working-class Black, brown and white workers continue to provide care with love. But they refuse to be treated as expendable creatures.

In particular, Nursing Homes have been incredibly hard-hit. Direct care workers are at risk of contracting COVID-19 every time they report to work. Residents are living in fear for their lives. And they've lost access to visits from their family members and other critical support systems. Thousands of residents have died, and thousands of direct long-term caregivers have gotten sick. District 1199 has lost 13 long-term care workers as of today. We have heard countless stories of caregivers who brought the virus home to fragile family members. Some of their household relatives eventually lost their lives to the virus. Francene Bailey, one of the union's Executive Board members, hasn't fully recovered from the virus. And her own mother died because she brought the virus home. Another member buried her husband two weeks ago. And yet another lost a brother and a father within two weeks of each other. The indifferent acceptance of our state public health officials of the lives lost is unacceptable.

In addition, there needs the unique factors that are present in this workforce must be acknowledged. As I've said this many times: these workers have multiple full-time jobs, and they provide services by moving around nursing homes, home care consumers and group homes. It is time to acknowledge that Connecticut's Long-Term Care industry IS THE vector of community transmission and spread in a pandemic. I don't mean that the workers are purposely carrying the virus. But we know that some carriers can be asymptomatic. And we know that nursing home workers also have jobs in home care and elsewhere due to their low wages. We know that some workers are caring for COVID-positive residents in one job while tending to homes with no COVID cases in their other job. We know that even in homes that have resident cohorts, workers are still sharing common spaces – dining rooms, bathrooms, parking lots. These workers pay is so low that they cannot

afford to stay home. They cannot deliver care through a computer. There are no telecommuting options for them. We must be proactive and prepared to protect workers and the people they care for every day. And the first step is to see and to validate the real scope of the risks associated to their jobs in the middle of a pandemic.

Throughout the pandemic, state officials demonstrated skepticism about the testimony of union workers, despite the critical mass of news articles detailing the crisis in nursing homes across the country. By most accounts, workers bravely face unacceptable and unnecessarily dangerous conditions while management denies or minimizes the problem. This pattern is replicated in the investigations of Connecticut nursing homes where the word of corporate bosses were and still are often considered equal to or more credible than that of our members, the frontline workers. They are not. In coming forward to report scarce or non-existent PPE and haphazard policies, 1199 caregivers are displaying great courage. *Their voices must not only be heard but believed and heeded.* Anything less is morally outrageous and a danger to public health.

Every policy implemented in Nursing Homes has been a half-measure. DPH says “cohort residents,” but no one thinks about the common spaces where workers interact. Not once has the administration taken steps to give workers the ability to stick with one of their jobs as we try to limit spreading the virus. 1199 advocated for expansion of unemployment compensation to allow workers to keep paying their bills AND only work at one home to limit exposure. We asked for an extension of FMLA protections for any 2nd and 3rd jobs that workers would have to drop to do this. We advocated for worker housing to keep them from going home and infecting their family members or spreading it in the community. We asked that the State create a fund to pay for medical bills of workers who get sick so that low wage workers don’t have to pay tens of thousands of dollars for treatments like intubation at the ICU. We have begged for federal help when Nursing Homes refused to give workers 80 hours of sick leave. While staff shortages have long been an issue at nursing homes, the problem gets worse when just a few workers get sick. As their colleagues are forced to take on the extra work, the care and time dedicated to each patient is reduced. We must to address the economic realities of workers if we want to improve the quality of care and save more lives.

Implementing half-measures instead of addressing root causes is just going to make this crisis worse. And it will only add to the suffering and death that our members experience daily. Funding for nursing homes must be increased further. Sufficient PPE must be provided to workers. And insurance, health and housing benefits *that apply to our members* must be implemented. We have screamed this

from the mountain tops in some cases. Every single time we have been met with contempt by those with the power to change these policies.

1199 is advocating for the establishment of Long-Term Care Working Group that would issue immediate recommendations by September 1, 2020 and further recommendations by January 1, 2021. We know that in other states around the country, millions of new cases are popping up. Even though the threat posed by the virus in our state has decreased for now, the disease is raging in other places of our country. A spike of cases may once again threaten our state – perhaps as soon as this fall. Acting now can prevent more tragic losses in our long-term care industry. We owe it to those most vulnerable to be better prepared in the event that the dire predictions of a second wave come true. Thank you.