

**Testimony to the House Select Committee on the Coronavirus
“Examining Long-Term Care in America: The Impact of the Coronavirus in
Nursing Homes”**

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Thank you to Chairman Clyburn, Ranking Member Scalise, and members of the Select Committee on the Coronavirus for inviting me to speak today. My name is Adelina Ramos and I’m a Certified Nursing Assistant (CNA) at a nursing home in Greenville, Rhode Island. I am a proud immigrant to this country, having moved here from Cape Verde Islands off the western coast of Africa when I was child.

At my facility, I work with patients who have a range of issues. To be trusted by families in my community to care for their loved ones is a great privilege and honor. But over the past two and a half years, my days have been filled with fear and sadness.

I don’t think anyone in my small Rhode Island community thought COVID-19 would arrive at our doorstep. But it did and nursing homes were not prepared. When COVID first hit, we lost over 20 residents in just over a month. A CNA at my facility died, too, and she was one of the first nursing home workers to die of COVID in Rhode Island.

After the vaccine came out and residents and staff were able to get vaccinated, a lot less people died from COVID. In the past year or so, we have lost one or two residents to COVID, which is very sad, but before the vaccine we were losing up to three or four residents in one week. The vaccine and booster shots have been helpful in reducing the death toll from COVID. I am proud to say that I was one of the first staff members at my facility to get vaccinated.

As more and more people in my facility tested positive at the beginning of the pandemic, our union confronted management to let them know we didn’t have the right Personal Protective Equipment (PPE) — and what we had wasn’t enough to last. We also let management know that we did not have enough training to keep our residents safe and prevent the virus from spreading in our facility.

We were extremely short-staffed, too. At one point I was caring for 26 extremely fragile residents with only the help of one other CNA, a nurse and a housekeeper. Most of my residents were “complete care”, meaning they could not perform most activities of daily

living without help. My residents couldn't eat or drink without help. They couldn't move or get out of bed by themselves, and for many it takes two staff members to lift them out of bed. They all required oxygen changes every 15 minutes. And because they had Alzheimer's, sometimes they would get very scared or angry. Residents with this level of need require more people to help them, not less.

It was horrifying. But management didn't seem to be too concerned when my co-workers and I told them what was going on.

When I started working at a nursing home, I understood I'd have residents pass away and I do my best to make sure they're comfortable, cared for and surrounded by loved ones in their final moments. Understaffing during the pandemic made this impossible. Family members couldn't come into our facility to be with their dying parents, grandparents, siblings, or friends. We were unable to do one of our most important jobs, which is to hold the hands of the dying.

Normally, when someone passes away, the funeral home comes to our facility to handle the body. But it wasn't safe for funeral homes to enter our facility because they didn't have enough PPE. So we became the morticians and had to put bodies into body bags. Despite my years of training and the love I have for my residents, there was nothing I could do to help them. It was devastating.

I was also devastated when I contracted this deadly virus. In May of 2020, I realized I couldn't smell my ginger tea. I knew that was one of the symptoms of COVID, but I wasn't experiencing anything else. When I got my test results back I got the news I had been dreading for so long: I was COVID positive. I was unknowingly putting those around me at risk — at work and at home.

My in-laws live with us, and I serve as their caregiver. They are both in their late sixties and have pre-existing conditions that put them at high-risk of contracting a serious case of COVID-19. I was worried about infecting my husband, because then he wouldn't be able to see his parents.

As a mother, I never thought I'd have to tell my 15-year-old son to stay away from me. Don't touch me. Don't hug me. Don't get too close. I knew I would never be able to forgive myself if I passed this deadly virus on to my child. I did what I had to do to keep him safe, even though it broke my heart into a million little pieces.

Today, I'm COVID-free and vaccinated, and I can finally hold my son close and care for my in-laws again.

As I said before, the vaccine has made a world of difference. We also have a better understanding of how to protect our residents now and they're not as afraid of the virus now that they've had their vaccines and booster shots. However, the crisis in our nursing homes is far from over.

We continue to face severe staffing shortages. Over the last few weeks, I've had to work at least three 16-hour shifts. Far too many CNAs are not returning back to this industry for several reasons.

First and foremost, nursing aides have proven during this pandemic that we are very essential but we continue to face many of the same challenges we did before and during the height of the pandemic. If you ask any CNA what their top issues are on the job, they're low wages, unsafe staffing and poor job quality. They are linked together and deter many people from entering our workforce. I feel a calling to do this work and care for others. But it is hard to do this job when you can't pay your bills, put dinner on the table or afford to take your child to the doctor. Some of us have to work two or three jobs, just to meet our basic needs.

And all this is made harder by the fact that because of short staffing, we don't have the time to spend with residents when they need us. One of my hardest days during 2020 was when one of my patients was slipping away and wanted me to sit at her bedside but I couldn't stay because there were twenty other residents who also needed me.

This heartbreaking cycle has only been exacerbated by the changing trends in our nursing homes. Right now, many CNAs are choosing to go to work for nurse staffing agencies who pay more money than most facilities. As a result, nursing home residents aren't receiving the same quality of care because they're not getting care from the same people on a regular basis. During any given shift, half of the nurse aides our residents may encounter could be from staffing agencies. It has been frustrating for residents, especially those with Alzheimers or other forms of dementia, and their loved ones alike. My residents often ask me for my schedule because they know they will have someone caring for them who has firsthand knowledge of their routines and needs. They get disappointed when I have to tell them when I don't know who will be working with them during the next shift and some ask me why the facility can't pay more so that they can have more permanent staff.

Another reason why many CNAs don't want to go back to work at nursing homes is because they are fed up with the lack of respect long-term care facility owners, lawmakers and some members of the general public continue to show our workforce.

Most nursing home workers are women and many of us are women of color and immigrants — just like me. Centuries of systemic racism and sexism have kept alive the false idea that care workers are unskilled, uneducated and just there to clean up. We've been denied a living wage and crucial benefits like affordable health insurance and paid time off, and too many of us don't have a union to advocate for ourselves and our residents.

Having a union at my nursing home has allowed us to considerably improve conditions for workers, even though there is a lot more work to be done. For example, our union has secured additional sick leave through bargaining. This means we earn additional sick time that accrues every week in addition to the three days per year that we are guaranteed by the state of Rhode Island. If we aren't feeling well, we can stay home and not worry that our paycheck will be short. Our union has also gotten us better health insurance that costs less and covers more. There is also a provision in our union contract that does not tolerate discrimination on the basis of race or any other kind of difference. Our union contract also includes a safe staffing guide that helps to ensure we have safe staffing levels more often.

The state of Rhode Island has recently passed safe staffing legislation for nursing homes. The new staffing law requires nursing homes to staff at a minimum ratio of 3.8 hours per resident day. 3.8 hours per resident day is a staffing level where residents end up receiving 3.8 hours of direct care each day from nursing staff. If nursing homes do not meet this standard, they may have to pay a fine. This law will allow us to spend more time with our residents and provide better care. This is a step in the right direction.

Our nation can't continue to stay on the same path when it comes to care. The system was broken long before the COVID-19 pandemic, and the pandemic has only made the issues worse. We need our elected officials to champion higher workforce standards in our long-term care system, and we need to hold nursing home management accountable for using dollars for care, not profits.

Every shift must be appropriately staffed so residents — our nation's parents, grandparents and loved ones with disabilities — can live with dignity and get the care they deserve and depend on. We still need PPE. We need paid time off and affordable healthcare. We need livable wages that allow us to provide for our families. And every nursing home worker must have a seat at the table to be able to negotiate a better life.

With each day that passes, more of the nation's critically-needed Certified Nursing Assistants are refusing to be trapped in cycles of poverty and other parts of the status quo in this industry. Change needs to happen now, and not just on the state level. It's

why we must raise the federal minimum wage, and the starting wage for CNAs, and make sure workers have the ability to join a union to advocate for our own futures. Congress has the power to act and raise the standards in all nursing homes in the U.S. so that everyone — no matter where they are from, where they live or what they do for a living — can access high-quality long-term care provided by a skilled, strong workforce that is respected, protected and paid.