COUNCIL OF THE CITY OF PHILADELPHIA

COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES

Remote location using Microsoft® Teams
Friday, November 13, 2020
1:00 p.m.

PRESENT:

COUNCILWOMAN CINDY BASS, CHAIR
COUNCILWOMAN KENDRA BROOKS
COUNCILMAN DEREK S. GREEN
COUNCILWOMAN HELEN GYM
COUNCILMAN DAVID OH
COUNCILMAN ISAIAH THOMAS

ALSO PRESENT:

COUNCILMAN CURTIS JONES, JR.

BILL: 200338

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COUNCILWOMAN BASS: I understand that state law currently requires that the following announcement be made at the beginning of every remote public hearing as follows: Due to the current public health emergency, City Council Committees are currently meeting remotely. We are using Microsoft Teams to make these remote hearings possible.

Instructions for how the public may view and offer public testimony at public hearings of Council Committees are included in the public notices that are published in the Daily News, Inquirer and Legal Intelligencer prior to the hearings and can also be found on phlcouncil.com. I now note that the hour has come.

And, Madam Clerk, will you please call the roll call to take attendance. Members that are in attendance will please indicate that you are present when your name is called. Also, please say a few brief remarks

when responding so that your image will be displayed on screen when you speak.

Madam Clerk.

THE CLERK: Councilmember Henon.

Councilmember Oh.

COUNCILMAN OH: Good morning, Chairwoman. Good morning, colleagues. Good morning, public.

COUNCILWOMAN BASS: Good morning.

THE CLERK: Councilmember Gym.

COUNCILWOMAN GYM: Good morning, Madam Chair. Good morning to my colleagues.

COUNCILWOMAN BASS: Good morning.

COUNCILWOMAN GYM: Good afternoon I should say. Sorry.

COUNCILWOMAN BASS: Oh, yes. Same thing in our world. It all runs together.

THE CLERK: Councilmember Green.

COUNCILMAN GREEN: Good

afternoon, Madam Chair. Glad to hear you and good afternoon.

COUNCILWOMAN BASS: Good afternoon, Councilman.

THE CLERK: Councilmember Thomas.

COUNCILMAN THOMAS: Good afternoon, Madam Chair. Good afternoon, colleagues. And of course thank you, Madam Chair, for allowing us to convene to have this important conversation. We appreciate your leadership.

COUNCILWOMAN BASS: Thank you, Councilman.

THE CLERK: Councilmember Brooks.

COUNCILWOMAN BROOKS: Good afternoon, Madam Chair. Good afternoon, colleagues, and I'm excited to be a part of this hearing today.

COUNCILWOMAN BASS: Good afternoon.

THE CLERK: And we also have Councilmember Jones in attendance.

COUNCILMAN JONES: Thank you

for having me, Madam Chair, for this very important topic.

COUNCILWOMAN BASS: Thank you for being here, Councilman. We appreciate your presence.

A quorum of the Committee is present and the hearing is now called to order. This is the public hearing of the Committee on Public Health and Human Services regarding Resolution No. 200338.

Madam Clerk, will you please read the title of the resolution.

THE CLERK: A resolution authorizing City Council's Committee on Public Health and Human Services to hold hearings regarding the disproportionate numbers of seniors in congregate care settings who have passed away as a result of the COVID-19 pandemic.

COUNCILWOMAN BASS: Before we begin to hear testimony from the witnesses that we have here today, everyone who has been invited to the meeting to testify should be aware that

this public hearing is being recorded. Because the hearing is public, participants and viewers have no reasonable expectation of privacy. By continuing to be in the meeting, you are consenting to being recorded.

Additionally, prior to recognizing Members for the questions or comments that they have for witnesses, I will note for the record at this time that we will use the chat feature available in Microsoft Teams to allow Members to signify that they wish to be recognized. In order to comply with the Sunshine Act, the chat feature must only be used for this purpose.

And, Madam Clerk, will you now please call the first panel of witnesses that we have to testify this afternoon.

THE CLERK: Councilmember Jones, did you want to be recognized for a statement?

COUNCILMAN JONES: (Muted).

COUNCILWOMAN BASS: You're on mute, Curt. Councilman Jones, you're on

mute.

COUNCILMAN JONES: I will defer to the Chairwoman's wishes to bring a panel up, but I would like to be recognized at a later date because this topic is very germane to my District.

COUNCILWOMAN BASS: Councilman, if it's okay with you, I would like to call the panel forward and if Councilman Thomas as the sponsor has a question or a comment, and then if you wanted to -- have a question or a comment and then if you would like to make a question or comment going forward; is that okay with you?

COUNCILMAN JONES: Thank you for your indulgence, Madam Chair.

COUNCILWOMAN BASS: Absolutely. All right.

THE CLERK: First witness is Dr. Thomas Farley, Health Commissioner of the Department of Public Health.

DR. FARLEY: All right. Shall I start?

COUNCILWOMAN BASS: Good

afternoon. Please state your name for the record and then proceed with your testimony.

DR. FARLEY: All right. Good afternoon, Chairmember Bass and members of the Public Health and Human Services Committee. I'm Dr. Thomas Farley, the Commissioner of the Department of Public Health. Thank you for allowing me to testify on Resolution 200338 regarding the disproportionate number of seniors in congregate care settings who have passed away as a result of the COVID-19 pandemic.

Congregate care facilities are a very high risk for the spread of COVID-19 because of the concentration of very vulnerable elderly persons indoors and the close contact between staff members and residents. Once the COVID-19 is introduced into these facilities, it can spread quickly from one resident to others.

In Philadelphia and in the United States as a whole, the COVID-19

pandemic struck congregate care facilities very hard. In Philadelphia, there are 47 skilled nursing facilities, typically referred to as nursing homes, and 66 personal care homes and assisted living facilities.

In the spring of 2020, all 47 skilled nursing facilities had outbreaks with COVID-19 with over 3,300 COVID-19 cases in residents. Approximately 27 percent of these residents died. Personal care homes and assisted living facilities were affected to a lesser extent with 125 resident cases of COVID-19 and 24 deaths reported. In many facilities, the introduction of COVID-19 was from an infected staff member, many of whom had no symptoms of their infection.

The Department of Public Health does not fund to regulate these congregate care facilities. However, we have supported these facilities since March by designating response teams for each site that offer outbreak management

and support, infection prevention control guidance, COVID-19 testing and personal protective equipment.

In a couple of instances, we have provided staffing support through the Medical Reserve Corp. In addition to frequent and ongoing guidance by phone, our infection prevention experts have conducted site visits to assess infection control practices in 43 separate long-term care facilities and 6 personal care homes. We recognize though that these facilities need additional support during this pandemic.

In June 2020, the Health Department partnered with the University of Pennsylvania Health System to support a small number of long-term facilities to contain their COVID-19 outbreaks. Then in July, the Pennsylvania Department of Human Services funded the University of Pennsylvania Health System, the Jefferson Health System and Temple University Health System to provide similar support to all

congregate care facilities in their region, through what is called the Regional Response Health Collaboration Program.

With this additional support, we believe congregate care facilities now have much stronger infection control practices and are in a better position to limit the spread of COVID-19 virus. Now, the Health Department has collaborated with these hospital-based support teams on site visits, weekly coordination meetings, creation of an infection prevention educational tool kit and providing influenza vaccination.

We have taken additional steps to strengthen the facilities defenses against this virus for the coming fall and winter wave of COVID-19. Two key steps are defining minimum requirements the facilities must meet to care for residents with COVID-19 and then creating the Philadelphia COVID-19 Relief Unit of specialized facility that can care for residents with COVID-19 if

the facilities cannot meet these requirements. We hope that by separating residents who have COVID-19 from those who do not will reduce the spread of the virus within facilities.

In addition, the COVID-19 Relief Unit may also serve to decompress acute care facilities this fall and winter if they become full because of patients with COVID-19. As we approach this dangerous period, we will continue to work with the congregate care facilities. We will work closely with the health systems support teams as long as they're funded and operational. I will be happy to answer any of your questions.

COUNCILWOMAN BASS: Thank you, Commissioner.

Councilman Thomas.

COUNCILMAN THOMAS: Thank you, Madam Chair. I appreciate it.

And thank you, Dr. Farley. We appreciate your leadership and your support on this matter. I think when I

first introduced the resolution, we were in the midst of the pandemic as it relates to the spring and summertime. And the timing of the hearing unfortunately couldn't be better because this week we've seen rising cases like no other.

The hearing today is about specifically nursing homes. But I'm wondering if you could start by just telling us a little bit about the spiking cases that we're in the midst of right now and the correlation between the spiking cases that we're seeing and what we've seen earlier as it relates to the spread in nursing homes?

DR. FARLEY: So we are seeing a very rapid rise in cases right now. It is growing exponentially and people often use that term incorrectly, but this is truly exponential spread. That means if case rates double -- if daily case counts double over 14 days, then they'll double again over the next 14 days. We're already at the highest

daily case counts we've seen in the entire epidemic. So I'm very concerned about the epidemic's effect on the City as a whole, and then I'm very concerned about the effect on these congregate care facilities, nursing homes particularly, especially because we saw how hard they were hit in the spring.

We are -- no question, we are much better prepared now than in the spring. And the nursing homes individually and both us as a system, they've got PPE, they've trained their staff on how to do things, the staff are careful. And we have these Regional RRCHP -- I forget exactly the word that I said in my testimony -- but the support from the health systems to the nursing homes, I think that that is crucial support and I'm very appreciative that all those health systems provided that support. Nonetheless, even with all that I'm worried, but I feel like we've done everything we could to try to protect

them for this wave.

COUNCILMAN THOMAS: Thank you. And so, when we're seeing the increase in numbers, again I know specifically right now we're talking about nursing homes. Is the spread that we're watching right now, does any of it have to do with nursing homes?

And I know you talked about this in press conferences, but I'm trying to get it on the record for the purpose of today's hearing. Why are we seeing the spread right now? Where are the places that we're seeing a lot of confirmed cases?

Again, earlier in the year we knew that a big part of the spread was because of what was taking place in nursing homes and healthcare facilities. Is that the case now or is it something else that we're seeing the number of confirmed cases grow as rapidly as you said?

DR. FARLEY: So it appears that the coronavirus is following the same

pattern of other respiratory viruses, like influenza. Each year influenza starts out slowly in the fall and then it rises throughout the fall and it peaks around January or February, and then it tends to subside in the spring. There's something about the winter weather that makes it easier for these viruses to spread. We don't know if it's just because people are inside more, because it's colder, because the air is drier. But for whatever reason, those viruses are worse. So behavior in situations that were safe a couple of months ago are no longer safe.

As for where it's spreading, this virus is spreading right now a little bit everywhere. A lot in small social gatherings, just a few people get together at somebody's house, to parties and a large number of people at somebody's house, people go out to restaurants. It's spreading in offices, workplaces, people get together over lunch and they don't wear their masks.

We have definitely seen cases in nursing homes in this wave, but they've been relatively small and relatively contained so far, so the nursing homes are not the cause of the epidemic wave at this point by any means. But I'm worried that they will -- we know that COVID will be introduced in those nursing homes by the staff, if nothing else. And so, we're doing everything we can to try to protect it. So if it's introduced, it doesn't spread to residents.

COUNCILMAN THOMAS: Thank you, Dr. Farley. Just a few more things real quick. You talked about the Regional -- I think you called it the Regional Response Health Program, RRHP --

DR. FARLEY: Yes.

COUNCILMAN THOMAS: -- so I'm assuming a lot of the funding for it comes from CARES dollars; is that correct?

DR. FARLEY: It's funded as federal dollars that go to the state and

from the state to these health systems. And let me just say right now, those dollars and the CARES Act expire on December 31st. And so, I'm very concerned what happens after that. And we have been advocating very strenuously with the state to try to figure out a way to extend the funding of this into the new year.

COUNCILMAN THOMAS: So you already answered the follow-up question so thank you for that. I assume you knew where I was going with that. That's a very important matter that I definitely wanted to get on the record. And I know that myself along with my colleagues and Council stand with you as it relates to advocating for that federal support, so programs like that and other programs that we have in place to stop the spread continue to exist.

The last question I have and then I'll pass it back to our Chairwoman, when do you think we will be communicating new guidelines? Like you

said, this week has been the worst week you've seen so far. I'm pretty sure knowing you and your team and the Administration, you all are probably huddling and talking about what we need to do to stop the spread and flatten the curve. When can we anticipate an announcement from the Health Department as it relates to the direction the City is going to go in as we fight this virus this winter?

DR. FARLEY: We will be announcing new restrictions on Monday.

COUNCILMAN THOMAS: Okay. Thank you, Dr. Farley. Thank you, Madam Chair. I appreciate it.

And again thank you, Dr. Farley, for being here today to communicate some important information about an important issue. Thank you.

DR. FARLEY: Thank you, Councilmember.

COUNCILWOMAN BASS: Thank you, Councilman. And thank you, Commissioner.

Councilman Jones.

COUNCILMAN JONES: Thank you, Madam Chair.

And thank you, Member Thomas, for introducing this so important resolution.

And I want to say thank you -- we don't have Fauci, but we do have a Farley in Philadelphia. And if I had to go into such dangerous times of this pandemic, I am thankful that we have you at the head of our Health Department that is led by science and not by fears or not by false promises of a better day, but dealing with the hard truths and the hard facts, and I mean that. I watch your daily briefings and I am encouraged about whatever you bring forward because I know it's the truth. And sometimes it's the hard truth. So thank you and your staff.

DR. FARLEY: Thank you, Councilman.

COUNCILMAN JONES: And, Madam Chair, I was compelled to be on this

because those who are At-Large Members know, but also people who share similar demographics like you, know how hard it was early on in this pandemic dealing with our senior centers.

A lot of the prisons got a lot of the attention because they were a "a captured audience," and people rallied, the power rallied and churches rallied to get the prison population reduced, but our most vulnerable, the seniors, had no place to go.

And what I found out in the early part of it, I started getting calls, Madam Chair, from workers that worked at these facilities. And they said first and foremost, they didn't have PPE. Secondly, some of them were getting sick and were bringing that to the attention of management and they said, well, yeah, come in anyway.

Some of these facilities had wards that had residents that had dementia so they don't know what's going on with their health. And some of the

care that they were receiving was a little sketchy to say the best, and I'm being polite. Dr. Farley got on a group with an unintended consequence, that all of the homes in my area, so if you stand in the parking lot of Target and throw a rock, you're going to hit 5,000 people in assisted living facilities.

Some of the places are Brith Sholom, Kearsley House, Hayes Manor, Park Tower, The Pavilion, Ivy Residence, the Wynnefield Place, Bala Nursing Home, Belmont Behavioral Health, Simpson House, Inglis House and Opportunities Towers. You mentioned 24 deaths. Most of them were in those areas. But to our doctor's credit, when we got these folks together along with PCOM to start to talk about this and we talk about the lack of PPE, I want to tell you the next day an ambulance full of PPE arrived based on Dr. Farley's effort to assist those workers. I couldn't have -- I mean, No. 45 up in the White House wasn't coming over a hill riding a white

horse, but our doctor, our Health Commissioner did that. This is something I saw him do.

What has happened since then is people have put into place, they were trying to build a plane, Madam Chair, and fly it at the same time and land it. There was no playbook for this pandemic. And I am just thankful to say even with the deaths that we had, even with the problems with labor and management that we had, that because of his leadership, it could have been worse.

I was looking at reports from other counties where they were bringing in the National Guard to assist in what could only be called a mashup dealing with some of these problems. So he's very modest and humble, but I don't have to be for you and I don't have to be for your staff.

And when Member Thomas said he was going to have this hearing and Chairwoman Bass decided to do it, I wanted that story on the record, and

thank you. So now we've evolved to we're giving senior citizens with the help of University of PCOM and University of Penn flu shots with your assistance, with your staff's assistance so that we can minimize some of this second wave. So all I wanted to do was say thank you and have it on the record.

Thank you, Madam Chair.

DR. FARLEY: Thank you very much, Councilmember. If I could say, I want to acknowledge my colleagues at the Office of Emergency Management. They're really the ones who procured all of that PPE and had it in storage and they said, where does it need to go. And we said, okay, here's where it needs to go. So they're the ones who really delivered it and did the hard work on that.

COUNCILMAN JONES: I thank them too, but I called you.

DR. FARLEY: Thank you, Councilmember.

COUNCILMAN JONES: Thank you, Madam Chair.

COUNCILWOMAN BASS: You're very welcome. And I want to echo that thanks because I think that it's under Dr. Farley's leadership that we had, you know, we didn't turn into the hot zone that some of those folks in Washington said that Philadelphia would be next. I remember that. And they said that and there were other folks who were just sort of watching and waiting on what we did.

And this is a perfect example of where Philadelphians and particularly our Health Department, OEM, our first responders, everyone rose to the occasion and said that we want to get in front of this thing as much as possible. And I guess the question going forward is as we see Round 2 of COVID happening, how do we make sure that we get in front of it with lessons learned so that we never have to relive some of these things again.

I did just get an alert on my phone, Dr. Farley, that there's going to

be a press briefing Monday, November 16th at 1:00 to announce new COVID restrictions in response to the recent rise in new cases. And I just wanted to see if you wanted to make any announcements today before we --

DR. FARLEY: That is the announcement. The --

COUNCILWOMAN BASS: Feel free.

DR. FARLEY: I will say this, that still no matter what we talk about as far as restrictions, most of this is spread in private gatherings and private settings, so the individual Philadelphia residents still have to change. And what I started to say today is think how you behaved in late March and early April during the lockdown, that's how you ought to behave right now.

COUNCILWOMAN BASS: Yes. Absolutely. Thank you, Dr. Farley.

Councilman Green had a question and then we're going to circle back to Councilman Thomas. All right.

Councilman Green.

COUNCILMAN GREEN: Dr. Farley, thank you for your leadership on this issue. I want to thank my colleague Councilmember Isaiah Thomas for holding this hearing.

I actually had a staff member who lost her mother (inaudible) from this pandemic, complications from it, so this is a very important conversation. And I wanted to ask you, Dr. Farley, can you give some perspective upon what steps we should be giving guidance to (inaudible) this holiday season --

COUNCILWOMAN BASS: Councilman, we're having a very difficult time hearing you.

COUNCILMAN GREEN: Okay. I'll try to adjust a little bit. But quickly, Dr. Farley, what guidance would you give for (inaudible) going into the holiday season and relatives who may be in congregate care, whether they should or should not do that because of a spike and increase of COVID and how do we try to maintain and keep seniors safe?

DR. FARLEY: Yeah. The upcoming holidays is going to be a tough time for everybody. That's a wonderful time of the year ordinarily where you get together and express our love for the people that we care so much about, and everybody wants to do that again this year. And I have to say you shouldn't do that this year.

And we're saying if you want to celebrate Thanksgiving and other holidays, do it with your immediate household members only. Don't invite your relatives over to your house or don't go to their house for the holidays. Same rule goes for visiting relatives in congregate care. I hate to say it, but you're going to have to express your love over Zoom. It's just too dangerous right now.

COUNCILMAN GREEN: Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Councilman.

Councilman Thomas.

COUNCILMAN THOMAS: Yes. Briefly, I just wanted to in the spirit of my colleague Councilmember Jones and Councilmember Green as well as Councilmember Bass just also communicate my support for the Health Department. Everybody knows I'm a big sports person. I still coach high school basketball. And the Health Department made themselves readily available, just to put it out there for the record. We had a number of different listening sessions with sports providers throughout the City so that we could make sure that they were abreast as it relates to the guidelines and restrictions for participating in physical activity.

And I think that, again, that's another example of how Dr. Farley and his team stepped up to the plate, and stepped outside of their norm and put us in a position to make sure that people were safe. So I just wanted to throw that out there.

Before we let you go,

Dr. Farley, real quick, can you just talk to us a little bit about the contact tracing that took place. The last time we had a conversation with you, we didn't really get a chance to dive into contact tracing because we still had too many confirmed daily cases. So I don't believe we've heard from you since contact tracing. Can you just talk a little bit about how contact tracing is going and what we can do to support you as it relates to that initiative.

And I promise you, Madam Chair, I'm done after that.

DR. FARLEY: So the contact tracing is part of a larger containment effort where you try to identify individual cases and then quickly see who they may have exposed and then have those contacts that they might have exposed go into quarantine so the virus doesn't spread any further.

We are able to handle maybe 150 or maybe 200 cases a day with our

contact tracing staff, but we're now averaging about 700 cases a day. So the system is completely overwhelmed with the cases we're having. So the contract tracing system is not effective right now in addressing the epidemic, which is why we're going to put in place these restrictions we'll talk about on Monday.

So we are going to be providing written guidance to people that internally we're calling right now, trace your own contacts of what you should do if you are positive so that we don't need to guide you individually because we can't nor have the staff time to do that. And then when we will at some point be on the other side of this epidemic wave and as case counts start to go down again, then contract tracing will take on much greater importance again.

COUNCILWOMAN BASS: Thank you, Commissioner.

Councilman Thomas, any additional questions? You can ask as

many questions as you'd like.

COUNCILMAN THOMAS: No, Madam Chair. I appreciate it. I'm pretty sure Dr. Farley doesn't want to sit here and answer a ton of questions, but we do appreciate again your leadership, your guidance, your support in fighting this coronavirus plague.

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you and thank you again to you, Dr. Farley, for all that you have done. We know it's been a trying few months here, but we appreciate you and we want you to know we might not always say it, but we really do have a great amount of respect and appreciation for you.

DR. FARLEY: Thank you. Thank you very much.

COUNCILWOMAN BASS: Absolutely. Madam Clerk, can we have --

DR. FARLEY: Just to be --

COUNCILWOMAN BASS: Say it again, Commissioner?

DR. FARLEY: Just to be clear,

I can leave the meeting now?

COUNCILWOMAN BASS: You can, but you're more than welcome to stay as long as you like.

DR. FARLEY: I will take my leave, but I hope you have a great hearing.

COUNCILWOMAN BASS: All right. Thank you so much, Commissioner, for joining us today.

Madam Clerk, can we have you call the next panel forward.

THE CLERK: Nelson Jones of the Somerton Center Nursing Home.

MR. JONES: Hello. Can y'all hear me?

COUNCILWOMAN BASS: Yes. Nelson Jones, can you pause for one moment.

Madam Clerk, can we have you call the next three folks on the panel so that they can be in queue so that after Nelson Jones speaks, we can move to the next two after them.

THE CLERK: Yes. Julie Moore

the SEIU Healthcare Pennsylvania, Thomas Nordeman and Dr. Nina O'Connor of Penn Medicine.

COUNCILWOMAN BASS: Okay. In that order. Up first, we have Nelson Jones, Somerton Center Nursing Home.

MR. JONES: Hello. My name is Nelson Jones. I'm a cook at Somerton Center Nursing Home in Northeast Philadelphia. Thank you for inviting me here to speak today. My job is an important one. Cooking food for people I care about. I have a long history of doing it and I'm good at it.

I've been at Somerton for almost 10 years and in the last few years, we have been bought and sold twice. I'm sure you can imagine the shake-up that caused not just for the workers like me, but for the residents who call Somerton home. Each new company that came in caused more trouble than the last.

When I started at Somerton, we were owned by Genesis. With Genesis, we

could at least say we felt respected for the job we did and the care we delivered. No one takes a job caring for the elderly to get rich, but we could at least make a living and then vest it in training for everyone. Then a few years ago a company called Vida Health Care from New Jersey bought the building and voided our contract.

We negotiated with them for more than a year and it was just take, take, take. They cut our wages to the bone, took away our vacation time and made our health care too expensive for almost anyone. They made it clear what was important to them. It was not how to best take care of residents, not how they could respect and support the caregivers. They only cared about how could they take more money out of Somerton. They only cared about the bottom line.

It took us a year to negotiate a new contract, but we finally settled on a contract with them. It wasn't a

contract we wanted, but it was one we were willing to live with so we could get back to caring for our residents. Then not even six months went by, we were sold again, another New Jersey company but it was the same story. Everything we had just fought for, for a year was thrown out and we were back where we started with another owner who only cared about the bottom line. I worry what they say about us, that we can just sell their homes to those out-of-state corporations and no one looks into their intentions. No one vet them to see if they want to help care for the residents or just find a way to take money out of our community.

After all we've been through with the coronavirus and all we're going to have to go through as the numbers keep rising, this is the worst possible thing we can do to the people who need us most. If anything, we should be looking at these companies with a magnifying glass. We should be

inspecting their records carefully and holding public hearings so they have to answer to the community before they can move in here and take over.

I'm here today to ask you to protect those people. They are valuable people. They are our mothers and fathers, our brothers and sisters, our friends and neighbors. They need our help and we are letting them down. They deserve better. Our community deserve better. I'm asking you now to make a commitment to do better and make sure we protect those who need it the most. Thank you.

COUNCILWOMAN BASS: Thank you. Thank you so much for your testimony, and I have to say it's really moving. You're doing the work to take care of folks that can't take care of themselves and I just really want to say thank you. My heart really means every word of it. Thank you for all that you're doing because but for the grace of God there go any one of us, and the work that

you're doing, making sure that people have good nutrition food and caring for folks, I can't even put it into words, the work that you're doing and how very, very important it is. So I just want to say thank you for all that you're doing.

Councilman Thomas.

COUNCILMAN THOMAS: I just want to echo your sentiments, Madam Chair, and I'm not going to go into questions until we get through the whole panel. I know that there is one person who has to leave at 1 o'clock on this particular panel. So once we go through the panel, I'll come back and ask questions for this panel.

COUNCILWOMAN BASS: Thank you.

COUNCILMAN THOMAS: But thank you, Mr. Jones, for your testimony.

MR. JONES: Thank you.

COUNCILWOMAN BASS: I didn't know if you had a question now. I'm probably reading an old request for a comment, so I apologize. Okay. Thank you so much.

And next panelist to testify. Please state your name for the record and begin your testimony.

MS. MOORE: Hi. Julie Moore.

COUNCILWOMAN BASS: Good afternoon, Julie Moore. Please state your name for the record again and begin your testimony.

MS. MOORE: Hi. My name is Julie Moore. Hello, guys, and thank you all for having me today. I'm Julie Moore, nursing home CNA here in the City of Philadelphia. I'm also a leader in my union SEIU Healthcare Pennsylvania and serve as a member, political organizer over the past several weeks. I've been a caregiver for many years, but never in my life experienced anything like COVID-19.

Nursing homes have been called Ground Zero for pandemic deaths in this country. And I'm here to tell you that -- everyone who works in a nursing home knows they will deal with death. It comes with the job. That doesn't

mean it's easy. I do this job because I love caring for people. My residents are my family. Every day I go to work I want to bring a smile to their face, care for them and comfort them.

Comforting them is a job we take very seriously every day. You can ask anyone who works in a nursing home. We do not let people die alone. We will sit in a resident's room, hold their hand and be with them as long as it takes until they pass and I've done that many times.

COVID, however, has changed that. It was impossible to keep up with deaths when COVID swept through my buildings. I once lost like maybe I'm saying 10 residents in a day in one shift. And imagine that, imagine coming in and seeing people just dying and ambulances coming inside the building every few hours and the residents that we see every day are dying.

My co-workers and I were putting in 16-hour days watching those

we care for suffer and die. There was no time to mourn, no time to rest. It's very unacceptable and we cannot let this happen again. The long-term care industry needs to change. The problems we saw beginning in March didn't come out of nowhere. For years, nursing home workers like me have sounded the alarm on inadequate staffing and poor conditions.

People come to work at this job and then leave quickly because of poverty wages and lack of respect. The pandemic threw all of these problems onto a national stage. Nursing home workers -- nursing home owners must be held accountable to providing PPE. There were many days that my co-workers and I had to dress in trash bags and spray our hands and shoes with bleach that we brought from home because there were no gloves and there were no proper PPE. And the owners need to treat their caregivers with respect and pay them a living wage.

Workers should not have to beg their manager for basic protective equipment. These managers in my building were hiding and hoarding PPE that they did have in the basement during this pandemic, and we need to go to the media when these conditions get this bad. These are businesses operating within Philadelphia in charge of caring for the most vulnerable citizens of our City. As the City Council of Philadelphia, you should be holding them accountable to being a good employer that treats its workers well and providing the care that every resident needs and deserves. COVID numbers are on the rise again. We must never ever go back to the way things were. Thank you.

COUNCILWOMAN BASS: Thank you, Julie. Thank you so much for your testimony. And I really do appreciate all of the work that you're doing with SEIU, all of the work that they've been doing just making sure that workers are

protected which protects the public, which protects the patient, which protects all of us, those who need assistance in nursing homes, those who are not in need of assistance. But SEIU has certainly done their part and then some and we want to say thank you.

Next person to testify.

MS. MOORE: Thank you.

COUNCILWOMAN BASS: Thank you. Our next panelist to testify. I believe it was Judy Martin.

MS. MARTIN: Good afternoon, distinguished members of City Council.

COUNCILWOMAN BASS: Good afternoon. Please state your name for the record and begin with your testimony.

MS. MARTIN: My name is Judy Martin, and I am a certified nursing assistant in a long-term care facility. I am also a member of District 1199c National Union of Hospital & Health Care Employees AFSCME. I sit before you today to discuss the very serious

COVID-19 crisis taking place in long-term care facilities here in Pennsylvania and throughout America.

Our City must be prepared for the next major health crisis and that preparation must start early. I have worked as a CNA for 31 years. This year has been the most difficult and stressful by far. Across the Commonwealth, more than 4700 long-term care residents died from COVID-19 between the beginning of the outbreak and August, 68 percent of all deaths to that point. Though we have fallen into a relative low in the number of cases and deaths in Philadelphia, cases are now back on the rise.

The City reported 761 new cases on Wednesday, 11th of November, bringing the number of cases above a grim milestone of 50,000. Yesterday for the first time Pa reported for the first time, 5,000 cases. Philadelphia has now seen 1,904 deaths from COVID-19. 918 of those deaths, nearly 50 percent have

occurred in long-term care facilities.

Nationwide the situation is no better. Cases are rising to all-time highs and hospitals are running out of beds in states like Texas, Massachusetts and Michigan. At the beginning of this pandemic, I often felt like I was working in a war. I know I speak for many of my colleagues when I say that the physical and mental stress was extremely difficult to bear. Those things have now improved as we have gotten a better handle on the logistics. Every day is still a new challenge.

Residents cannot see their families regularly which has a very negative effect on mental health. Though we work in full PPE, there is still always a risk that we can pick up the virus somewhere else, bring it into our homes and affect our families. Leaving our home carries inherent risk. Mental health is challenging for care workers too. Those things have improved as my employer and others have brought

in counselors.

I think there are a couple of key matters where the City can and should step in to help further improve conditions in long-term care facilities. First, the City needs to ensure that long-term care facilities staff are provided with at least two weeks sick pay, expanded hazard pay, sufficient training, PPE and continued access to mental health counseling. These are crucial support systems that allow my colleagues and I to continue doing our jobs to the best of our ability every day.

Second, the City needs to invest resources into an educational campaign in advance of our vaccine coming available in 2021. Front line workers and healthcare facilities will likely be some of the first to receive a vaccine and distribution begin. Personally, I have some questions about the distribution process and the safety of this vaccine. And I know for sure

that I am not alone. Though leaders of Operation Warp Speed, the federal government's vaccine program has expressed optimism on delivering the vaccine to states. It will be up to the state and local officials to run that program here.

I want to make sure that everyone is on the same page when it comes to vaccination programs because it's a matter of life and death. While things have certainly improved, there is still progress to be made to ensure that long-term facilities are safe and secure for residents, staff and others.

I know the City has our back these last months, but we need your support to continue doing our job safely and effectively. Things have certainly not always been perfect, but we are making progress. In all likelihood, another global pandemic will hit us one day, but we can rest easy knowing that we prepared early, invested the proper funding and provided the best guidance

and information possible. I thank you all for your time and I look forward to speaking further with you individually in the coming days, weeks and months. Thank you very much.

COUNCILWOMAN BASS: Well, I want to thank you for your testimony. I think that this is a Council that has done a lot to try to make sure that workers are protected, but I think your statement really hits home, which is what more needs to be done and what more can we do to be helpful to you.

And you're the expert because you are on the ground doing the work and we're going to take our cues from you in terms of moving forward in what needs to be done. So I really wanted to thank you and all of the panelists for all of the work that you all are doing. You are really and truly the front line putting yourselves and your families in harm's way and risk as well to make sure that other people are taken care of. So again, many, many thanks and much love

to you.

Councilman Thomas.

COUNCILMAN THOMAS: Thank you, Madam Chair.

And of course, thank you to all the witnesses who testified. I appreciate your service. I appreciate you putting your lives on the line. I had a chance to be at a press conference and they said that everybody's being called essential workers now, but you are the only ones who are considered contact workers, because you are actually forced to come into contact with the virus. And whoever said that this was a war, I think you're absolutely right.

Ms. Martin talked a little bit about the mental health side, and I did document all your suggestions, Ms. Martin. And I want to be honest with you, I wish we could do something about a lot of the things you said. But a lot of those things would require our state partners. Where we could step up

to the plate and provide paid sick leave and other support initiatives, we tried our best to step up to the plate. And like you said, it definitely was not good enough.

But with that being said, Ms. Martin, you talked a little about mental health support. I would love to hear what mental health support did or did not take place for employees. Mr. Jones, you can answer that question. Ms. Moore, you can answer that question. It doesn't matter who answers it. But if you can briefly talk about the mental health support that you got or did not get in the midst of all the trauma that took place dealing with this coronavirus pandemic.

I listened to one person testifying say that they've seen about 10 deaths in a short amount of time, and I can only imagine the trauma it was to experience that. So if either one of the other panelists can talk about the mental health support that was either

there or not there throughout the midst of this pandemic, that will definitely be appreciated.

MR. MOORE: Hi. Yes. I'm Julie Moore. I work at the Care Pavilion in Philadelphia, and I said about the 10 deaths. As far as the mental health side, I didn't receive any type of therapy or get a chance to talk to anyone because I was on autopilot the entire time. It was almost similar to like a fight or flight instinct.

And I had the option -- I have two children. I had the option to stay home with them. But for some reason, I just felt compelled to stay inside the building as a union delegate and a union leader because I saw how unfairly my co-workers were being treated by the owners in management.

I just felt compelled to stay there to try to fight for all of us and also the residents, because a lot of residents that -- like CNAs, people put us on the bottom of the food chain

because we don't have all the degrees. But we are with the patient more than anybody in the building.

So when we would notice a change in the residents' behavior, and because COVID when they were broadcasting it on television about, like, the main symptoms, COVID-19 is much more than that. There's a million symptoms other than the main ones. So when we should see a change even in mental status with the patient, it was almost like it was being ignored. And so, then going home and coming back the next day and see that Mrs. Smith is five minutes away from passing away and then her roommate is too and now the guy down the hall is and now somebody on the other side is, that was overwhelming. And these people were looking at us and asking us, am I going to die from this, and we didn't know what to say.

Every night I would come home and I would have to undress on the porch with things underneath my clothes and

put them in a trash bag because I, like my daughter, have respiratory issues and I didn't want to get them sick. And I was just unbelievably, unbelievably disgusted how we were treated by management. We had to fight to get a new mask, and we were scared to death.

And so, I didn't have time to let the dust settle because I just had to get up every day and go to work. And then that's when I really got a feel for my co-workers because we were all in it together, like we were all in it together, because 70 percent of the staff were out because they were sick or they had underlying health conditions and they didn't want to put themselves at risk.

So we've got three staff on the floor with 40 residents and we're just running crazy. We didn't even make the regular assignments of who gets what. We just all kind of worked together because the next thing you know, we would hear the ambulance coming in and

we would all get scared and run to the other unit like, well, who's next and now it's another ambulance. It was very, very overwhelming.

And sometimes I would just have to go in the bathroom and I would sit in the bathroom on the floor and just cry because it was very scary, and it seemed like at that time nobody understood, you know, nobody understood what was going on. It was nobody to reach out to, nobody to talk to. It was a hard time for me.

And my kids would look at me every day and say, mom, please don't go to work, because they were afraid. I have asthma, they were afraid. But I still got up every day and I would layer my clothing and I would go in there and then I just got the job done. So I never got a chance to talk to anybody.

But platforms like this and being able to speak out has helped me in ways, and knowing that everybody on this call and other organizations care, it

means a lot to me and it allows me to know that I'm not alone in this and other people felt the way that I did, so I appreciate this.

COUNCILWOMAN BASS: I was just going to say please know that you're not alone and we're with you. We stand with you. Like I said, we take our cues from you. Direct us and we will follow your lead on this because you are on the front line, you are on the ground. And the directives really should come from the folks who are most impacted and know exactly what's going on.

I'm sorry, Councilman Thomas. I just jumped in front of you. This was your question.

COUNCILMAN THOMAS: No, I'm just nodding my head with you. These are the narratives we need to hear. This is the tough part about our job, but all we can do is commend you and listen to your recommendations. We have all of your recommendations, to the paid sick time, to the hazardous time, to the

mental health support, to the training, to the PPE.

As a municipality, we can support with the PPE. We tried our best with the two weeks' pay. But the other things, we're going to need some state partners and federal partners to be able to help us out with some of this stuff when we talk about hazardous pay, training requirements and other initiatives that you feel like need to be mandated in order to keep these safe spaces safe.

I'm pretty sure I'll be huddling with my colleagues starting with our Chair of this particular Committee to figure out what resolutions and advocacies we need to make happen to try to push our state and federal partners to address the concerns that you all are communicating today. So please know that your testimony is not falling on deaf ears.

And I really, really want to thank you for taking the time to not

just share, but to be vulnerable. This stuff is not easy to share at all and I can only imagine reliving the trauma that you didn't essentially get support for.

Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Councilman. Thank you.

Councilmember Brooks, question or comment?

COUNCILWOMAN BROOKS: Yes. I just want to also let Judy, Kathy and Nelson, I also want to acknowledge your statements and acknowledge the work that you do working at a nursing home. I worked in a nursing home for several years as a nursing assistant. And it wasn't during the pandemic, and I remember how bad things were then and I can only imagine what your experiences were like during this pandemic. So I just wanted to let you know I'm acknowledging the sacrifices you made during this time and also the sacrifice for your family.

And I also want to acknowledge the fact that the paid sick leave legislation we know is ending at the end of the year. And like my colleagues said, we're looking to see what happens with the next Families First Coronavirus legislation and how we can line up supports for you through that funding because it's going to take state and federal funding for us to ensure that we're able to carry on this legislation through the next wave of the pandemic.

And like my Council partner Isaiah Thomas just mentioned, we heard all of your concerns. And Councilmember Bass also said that we're looking to find ways to work with you to ensure that this next wave is safe or as safe as possible so you guys can be the leaders that you are in this pandemic at this time. So thank you, and I just wanted to acknowledge you were heard.

COUNCILWOMAN BASS: Thank you, Councilmember. Councilmember Brooks, thank you.

Councilwoman Gym.

COUNCILWOMAN GYM: Yes. Thank you very much, Madam Chair.

I also just wanted to add my voice to this panel and just express my gratitude to all of you. For several of you, I know that there were early town halls and dialogue that a number of healthcare workers, 1199c among others, conducted with members of Council. So it helped a lot to hear from all of you.

In part, one of the laws that came out of that was a first in the nation, Anti-retaliation law, that prohibited retaliation against employees who raised concerns about health mandates in the workplace. And so, I just wanted to share out with this panel again and with your members that Philadelphia through the time period of a health mandate that's in place, has a Department of Labor, has a place of recourse if your place of business is not following or abiding by mandates. You can file a complaint with the

Department of Labor if there's any retaliation taken against you for having raised these things.

But once again, I just want to thank this panel. We know that there's some serious times in the days and weeks ahead and we want you to know that we are going to be here listening all the way.

COUNCILWOMAN BASS: Thank you, Councilwoman. And as you mentioned, there's some serious times ahead. But I think we're all in agreement we're all going to do our part and I thank you for always being out front on these issues and for your hard work on behalf of all the members of Council and for most importantly, the people. So thank you. Thank you very much.

If we can have the Clerk call the next panel forward.

THE CLERK: Dr. Nina O'Connor, Thomas Nordeman, Kathy Cubit, Dr. Phil McCallion and Nancy Salandra.

COUNCILWOMAN BASS: Okay. Why

don't we start with Dr. Nina O'Connor from Penn Medicine. Dr. O'Connor.

DR. O'CONNOR: Yes. Thank you so much, Chairwoman. Thank you, Council --

COUNCILWOMAN BASS: Thank you. Thank you for joining us.

DR. O'CONNOR: -- for having this important hearing. I have really enjoyed actually listening to the previous panel so thank you for that. My name is Nina O'Connor and I'm the Chief Medical Officer of Penn Medicine At Home and I'm also the Clinical Lead for the Penn RRHCP or Regional Response Health Collaborative Program that Dr. Farley spoke of earlier, and it's really been my honor and my privilege during this pandemic to lead Penn Medicine's efforts to support long-term care facilities in the City, so I really appreciate the invitation this afternoon.

I think it is a very timely topic today, especially. Throughout

these months, almost two-thirds of the COVID-19 deaths in Pennsylvania have been in nursing homes and that doesn't even include the other important types of congregate settings like assisted living and personal care homes or residential treatment facilities, so this is a critical topic for health and also for just humanity, so I'm glad we're talking about this.

So why is COVID-19 so disproportionately affecting our congregate care settings? There's some factors we can't change. Residents live in close proximity. They need a lot of personal care, and the residents also have multiple medical conditions. So once COVID-19 gets into a facility, there's a greater risk that the patients will have complications and do poorly with COVID-19. But there are some factors that we really struggled with in the spring that are starting to get better, and Dr. Farley mentioned some of these. These are things like PPE and

testing and making sure that the staff are equipped with all the right information and knowledge and support that they need to be safe, so we are making some headway.

I think our long-term partners also faced some other challenges. They are financially burdened by the pandemic and everything that is related to testing and supplies, that's a real challenge. And I think the residents are also challenged by the isolation that this has imposed. And so, there's so many things that are difficult about this.

From Penn Medicine, we started working with our facilities on a voluntary basis in the spring. I think Dr. Farley mentioned this. We reached out to the Philadelphia Department of Public Health because we were seeing residential long-term care coming in large numbers to our emergency departments and we wanted to be more proactive, not wait until they were

coming to the hospital, but instead go out to the community and understand what was happening.

So I personally went on site along with the team from Penn and members of the Health Department to the 10 nursing homes in West Philadelphia, and we did a combination of a listening tour to understand what the challenges were. And then for each nursing home, we put together a plan with whatever resources we could put together for that nursing home. Sometimes they needed PPE. Sometimes they needed help with testing. Sometimes they needed bereavement care for their staff. Sometimes they needed staff recognition. We put together lunches and other ways to just really celebrate the heroes in long-term care. And it was a very powerful experience for us as a health system and for me personally. But we learned a lot about what it takes for a nursing home or a long-term care facility to really battle COVID-19.

And then in July, the state created the Regional Response Health Collaborative which is a program which matches long-term care facilities with a health system partner as there go-to resource for COVID-19. It's been incredibly impactful. Penn Medicine is in partnership with Temple Health. We worked together for this and we have 313 nursing homes, assisted facilities, personal care homes, treatment facilities that we support through the pandemic, and we provide a lot of different services.

We provide them with tangible resources like access to a lab, help with a testing cost, swabbing. We help them with PPE. We help them with all sorts of resources. And then if there is an outbreak, they can call us or sometimes the Health Department lets us know and we reach out to them and we offer them support. We can go on site and bring physicians and nurses and social workers. We can help them test

everybody in their building, which can be very overwhelming to do. And then we stay alongside them as partners, keeping in touch with them every day or two during the outbreak to see what they need and if they have questions or if they need extra support.

Sometimes in a small outbreak, a facility is doing very well and only needs a little bit of support. Other times facilities have used our resources and have had people on site from Penn almost daily for weeks, which is absolutely fine. I think one of the other challenges during an outbreak is sometimes staff are infected and then they need to be home quarantined, which leaves staffing gaps and makes this all that much more difficult to do. And so, we also can work with agencies and even provide financial support to get extra staff into the building when that's needed.

More recently, we've been reflecting on other ways we can support

our long-term care partners. I think recognizing the staff is really critical so we're working on ways to do that. Bereavement care and the mental health resources you heard about are something else I think is absolutely essentially. And then lastly, we're starting to think about the resident isolation, are there facilities that need iPads or other technology solutions to be able to connect better with loved ones. So we're going to be spending some time on that in the next month.

So overall, I think this model of a partnership between the Health Department, the health systems in the City that are dedicated to the health of the residents and then the long-term care facilities is a really fruitful partnership. I do want to also give the Philadelphia Department of Public Health some recognition. They often join us on our site visits. We speak with them on an almost daily basis and we make sure that we're not duplicating services,

that we're not both calling the same facility and overwhelming them, but that we're integrating in our care, so that's been really successful.

So in conclusion, I wanted to ensure just a few take-homes. First, even though the numbers are very overwhelming, I actually have a lot of hope about how this will go the second time around in long-term care because we've learned so much. And even though there will be outbreaks, when we take this approach of testing very aggressively, understanding who's positive, having all the right services in place, the outbreaks are not getting as large as they were in the spring.

And I really think that if we all work together, we can keep the outbreaks contained. We may not avoid all of the outbreaks, but keep them much smaller so I think that's really important. But we can't let down our guard, and our long-term care partners continue to need these tangible

resources. They need PPE. They need testing. They need staffing. They need support. They need clinical experts if they have questions who are available, just picking up the phone. They really need our support.

And then lastly, I would encourage us to think broad when we think about long-term care. I know nursing homes are what we all immediately think of, but there's so many other kinds of facilities in our City. There are group homes for individuals with intellectual disabilities, for example. There are residential drug and alcohol treatment programs. There are group homes for individuals with autism, and I think we need to include all of those in our umbrella thinking and not to take any resources or attention from nursing homes that's critical, but to also just widen our scope and really make sure we're meeting the needs of all these different types of facilities in our

planning. So thank you very much again for this opportunity to testify and I'm happy to take any questions you might have.

COUNCILWOMAN BASS: Thank you. We're going to hold the questions until the end of the panel.

Can we have our next person who is here to testify. If you can state your name for the record and begin your testimony.

MR. NORDEMAN: Would that be me?

COUNCILWOMAN BASS: Thomas Nordeman, yes. You can state your name for the record and proceed with your testimony.

MR. NORDEMAN: My name is Thomas Nordeman, N-o-r-d-e-m-a-n. And I would like to begin by first thanking the Chair and rest of the Council for giving me the opportunity to testify today. And I will just say a few words about who I am and my background so you can better understand my testimony.

I am 37 years old and I have lived at Inglis House in Bala Cynwyd. I have cerebral palsy and confined to a wheelchair. I have lived at Inglis House since 2003. And the main reason I came to Inglis was because it was a very active and robust community. I would say from 10 o'clock to 8 o'clock every day there was always a variety of activities that you could do, movies, Zumba. If I had told you all the activities, we would be here all day.

But I just wanted to say since COVID, we have been isolated. All residents are required to remain in their rooms, which flies in the face of what Inglis is as an organization. And I understand they're doing it for the people's safety, but I look forward to when Inglis will be Inglis once more.

The reason I come before the panel today is because I want to recognize our nurses and CNAs that come in every day and put their lives on the line every day during this pandemic.

And I want to say they're great, but I also want to say there's not enough of them and I feel like a lot of our nurses and CNAs are experiencing burn-out because a lot of them work double shifts, so I feel that there needs to be some incentive for nurses and healthcare providers.

I feel that wage needs to be increased. I feel like a healthcare provider, a CNA should have a starting wage no less than $25 an hour as opposed to the $15, the starting rate is now, because I really feel that it's a demanding job for our CNAs and healthcare workers. And I feel that often times they are underappreciated by the upper management as a couple witnesses have spoken about. And I really feel that we need more help during this pandemic.

I feel that the ratio of our residents to caregiver needs to be dropped significantly. A caregiver should not be responsible for more than

three residents. Time didn't stop just because of COVID. The earth kept spinning. So I feel that we need to put these things in place now. We need more staffing, more staffing to have adequate help to do their job and do it to the best of their ability.

I thank you for letting me testify and I will just close by saying that I am praying for all of you on the Council and looking forward to the day when there's a vaccine and we're finally out of isolation again. Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you, Tom, for your testimony and for being here today. And I agree with you that the rates and the ratio for caregiver to patients needs to be adjusted significantly, and it's what you do when you truly care about people. The job and the pay and the offers, the benefits reflect if a society has the level of respect that they should have, and I think that we have a long way to go to

making sure that that happens. And so, I thank you, Tom, for your testimony.

I did want to note that Dr. O'Connor has a hard stop at 2:30 for another meeting. So if anyone had any questions for Dr. O'Connor, we need to get those in now.

Councilmember Thomas.

COUNCILMAN THOMAS: Yes. So first of all, thank you to all the witnesses and I definitely want to get to Tom in a little bit.

But, Dr. O'Connor, before you leave I did want to ask you about what your practices were. So if CARES dollars were to dry up similar to what Dr. Farley said, how would that impact the work that you're doing right now?

DR. O'CONNOR: That would really be a challenge. When we were doing this work on a voluntary basis in the spring, we were able to help with some things. We were able to provide PPE we could spare from our hospital system. We provided with consultants

and support. But to really do this well, it takes funding. For example, testing an entire building, all of the staff and all of the residents, that's hundreds of tests and we do that in most of the buildings every single week.

Same thing with emergency staffing. If a facility has 10 staff and they're out and we want to put 10 individuals in to make sure that the residents are getting enough care, that requires funding. So the program can't continue past December 31st without additional funding.

We wish we had staff from the hospitals to lend to the long-term facilities. But as everybody knows, the hospital capacity is also really full right now and the labs are busy and that sort of thing. So this is really a stand-alone program that we need continued support and funding. And I think we've provided a great value to the City and we really fill that commitment and we want to continue.

COUNCILMAN THOMAS: So before you leave, and I wish we could dive deeper into the conversation but I know you got to go, before you leave, real quick what best practices have you found that apply to your work in the nursing homes that we can also apply to the work that we're doing in general as it relates to this new wave of coronavirus that we've seen and the task ahead of us to flatten the curve?

DR. O'CONNOR: Yes. So the first thing I really encourage is testing. That is absolutely the tool that we've been using to keep these outbreaks small and the same thing applies in our personal lives. In a nursing home if there's one positive case, resident or staff, we test all the residents and all the staff immediately to understand who's positive and that way we can send staff who are sick home, we can isolate residents who are positive and I think we all need to have a similar approach to testing and

isolation in our personal lives. If we're at a gathering and somebody is positive and we learn of that, we need to isolate and we need to get tested, so that's the first thing.

The second thing is the long-term care facilities have gotten really good at infection control practices and some of these are basic things, but more attention to hand hygiene, wearing a mask perfectly all the time. This virus just doesn't give us a lot of room for error. If you take your mask down for a while and you're eating with other individuals and there's coronavirus in the room, people will become infected. So if all of us can be as rigorous with those two things, masking and hand hygiene, as our long-term care partners have gotten and then if we apply testing isolation strategy, it would really go a long way.

COUNCILMAN THOMAS: Thank you. Thank you, Madam Chair.

COUNCILWOMAN BASS: Thank you,

Councilman.

Okay, Dr. O'Connor. We appreciate you joining us today.

DR. O'CONNOR: Thank you very much.

COUNCILWOMAN BASS: Okay. Now, if we can have the next person who was scheduled to testify. I believe we have Kathy Cubit, Dr. Phil McCallion and Nancy Salandra from Liberty Resources.

Kathy, please state your name for the record and begin with your testimony.

MS. CUBIT: Thank you. My name is Kathy Cubit. I'm the Advocacy Manager from CARIE, the Center for Advocacy for the Rights and Interests of the Elderly. I'd like to thank you, Chairwoman bass, Councilmember Thomas and the other members of the Committee, for the opportunity to provide CARIE's perspectives today on why older adults living in congregate care settings have suffered disproportionately during this pandemic.

CARIE's a nonprofit organization. We're dedicated to improving the quality of life for frail older adults regardless of whether they live at home or in a facility. And since 1977, we have worked to promote their well-being, rights and autonomy and have had the privilege of working with many of your offices.

We respond to all types of inquiries, whether housing, healthcare issues and we've also worked with the Philadelphia Corporation For Aging and Center in the Park to provide long-term care ombudsman services that advocate for long-term consumers. And CARIE represents thousands of residents in nursing facilities, personal care homes, domiciliary cares as well as life and adult day participants in part of Philadelphia, and Center in the Park represents folks in the other sections, they have Northeast and Northwest Philadelphia. But anyone can call with questions or concerns, can call us at

215-545-5728. Our help is free and confidential.

In Philadelphia, there are 47 nursing facilities and 61 personal care homes. The pandemic has had drastic and tragic effects, as we've heard today, on residents and staff who care for them. About almost 6,000 long-term care residents have died because of COVID which represents 68 percent of all deaths in Pennsylvania. A little over 1900 deaths reported in Philadelphia, 918 or 48 percent were for long-term care facility residents. There are other deaths though that can be attributed to COVID, such as failure to thrive as we heard about today as well. But unfortunately, these types of deaths are not being tabulated.

There are a multitude of reasons why there's been a disproportionate amount of death and suffering as we've heard today. At the start of the pandemic, the federal government failed to educate the public

about the threat, provide needed testing, distribute PPE or provide other needed supports to long-term care facilities. Our overwhelmed state officials were delayed in making long-term care facilities a priority in its COVID response. And as we've also heard today, the pandemic has laid bare longstanding problems that have been neglected for decades in nursing facilities related to infection control violations and often severe staffing shortages.

Contributing to the spread are just factors related to the design of congregate living, as Dr. O'Connor had mentioned, and when you have multiple residents sharing one room. The physical distancing is particularly challenging, especially for folks with different cognitive or functional impairment. And residents who become infected tend to be high risk for mortality due to multiple chronic conditions.

In the worst circumstances, COVID has triggered high levels of physical, mental and emotional suffering and even needless deaths. The lives lost have had value and many of these lives lost would have been prevented with proper resources and expertise, so we must not only address the COVID crisis, but we must also address the conditions, many of which are systemic that led to these avoidable and tragic outcomes.

CARIE and Community Legal Services quickly partnered and we've been advocating for policy changes around Pennsylvania long-term care facilities and we've written a couple of issue briefs and one related specifically to the problems with isolation, severe isolation and another that took a more comprehensive view that includes more than 40 recommendations that are based on research and based best practices, and the recommendations fall under nine categories, many of

which we've already heard about today.

So there's been some progress as mentioned, but we still need more to prevent additional avoidable deaths and suffering. The current exponential rise in COVID cases is troubling for many reasons. Among them is the clear finding that higher rates of COVID spread within a community increases the probability of introduction of a virus by staff or others entering facilities.

And while the facilities that we've heard are in a better position to mitigate outbreaks than we were earlier on with the infection control and testing and PPE, state officials we've heard earlier this week they're now reporting an average of about 200 new COVID cases in Pennsylvania long-term care facilities a day. Most of these are in nursing facilities, so residents continue to die as we speak.

The newly implemented Regional Response Health Collaborative, RRHCPs, which Dr. O'Connor and Dr. Farley spoke

of have been a big help to facilities in terms of their response and preparedness. But as we heard, without funding they will not continue past December 31st.

Since the authority for licensing, regulations and oversight of facilities, long-term care facilities falls on the state and federal government. We are aware that you are limited as City Council on how you can directly help, but we have a few recommendations.

We all need to continue to support public education about COVID prevention to decrease community spread, especially as COVID fatigue increases. We appreciate your holding and hope you continue to hold public hearings to draw attention to what is happening in long-term care and continue to include the voice of residents like Tom, because unfortunately the residents have been left out of development of COVID-related policies. If possible, advocate with

state and federal policymakers to advance the recommendations in our issue brief and ensure that long-term facilities be a priority for support and resources.

As we've heard, the state is trying to seek additional funds for the RRHCPs as well as continuing support for the National Guard, which needs authorization from President Trump, and that support's also expected to expire December 31st, and they've been a key member of the response team.

So the entire long-term care system needs financial support to survive. We're beginning to see and we'll continue to see long-term facilities might start to close and there are people living in the community that also rely upon long-term care services. And quite frankly, providers like Adult Day may not survive much longer without financial relief and that will be a major loss to support people that need this kind of help.

Hoping that facilities, especially with the RRHCP support ending, should be required to develop COVID-19 mitigation plans and we've heard Dr. Farley and hopefully they can help review or oversee these plans and we need to support and enhance virtual visitation, including training residents how to be self-sufficient, if possible, but this does not work for all. And we've been advocating for essential caregivers which will allow all residents who wish to identify one or two essential caregivers who can visit in person following the same safety protocols as staff. As mentioned, some residents are dying from social isolation and these restrictive safety protocols.

The workforce issues as described predate COVID, but certainly has worsened during the pandemic so we encourage support of the workforce as well. And through measures such as Councilmembers Brooks' Public Health and

Emergency Leave bill, quality care is depended upon adequate staffing levels along with properly trained and supported staff.

Also, there's been problems with COVID-related data, especially what's been coming from the state. And if there's any way that Philadelphia could share and identify which long-term care facilities have active COVID cases, this will be a tremendous help to our ombudsmen as well as families and residents that often aren't hearing this important information.

So I want to thank you for your concern for the life, health and well-being of long-term care residents and count on us on any of your efforts to support older Philadelphians. Thank you for your attention to this important issue and the opportunity to testify. Thank you.

COUNCILWOMAN BASS: Well, Kathy, thank you. I want to thank you for your ideas, your suggestions and

your testimony today. It was really insightful, and particularly, the idea that Pennsylvania does not inform folks of active COVID cases. That's something we definitely need to look into as a Committee, and I'll be talking to my colleagues about ways to approach that, so thank you so much for your testimony.

Dr. Phil McCallion from Temple University.

DR. McCALLION: Hi. I'm Philip McCallion. I'm the Director of the School of Social Work within the College of Public Health at Temple University. And I'd like to thank Councilwoman Bass and Councilman Thomas for the opportunity to provide testimony on this critical issue as we all continue to respond to the challenges of COVID-19.

What I think about Philadelphians in residents in congregate settings, I certainly think about nursing home residents, many of whom are 85 and older. They have an average of six chronic conditions and

they need assistance with most activities of daily living, such as dressing and bathing.

There are also older adults in the assistive living. Many of them are also in their eighties, have two to three chronic conditions and need assistance with two to three areas of daily living, such as shopping and transportation. And then I also think about adults with intellectual and developmental disabilities living in congregated settings who typically have four to six chronic conditions and need assistance with multiples aspect of daily living.

When you are older and you have multiple chronic conditions, you're most at risk for COVID-19. And also when you become infected, you're most at risk for adverse consequences. But I also think about the way you're dependent upon others for personal care, lack of PPE and more adherence to safety protocols places you at higher risk. But then the

other thing again that I think about is when people who care for you are living in communities with high infection rates and there's a higher risk that staff will inadvertently bring infection into the place where you're living, particularly when those staff members may be asymptomatic yet positive, so I think the lessons of the first period of COVID-19 are the congregate settings need to be properly resourced with PPE, all staff need to be trained with PPE use, cleaning schedules must be rigorous and meet all requirements and regular testing is needed for staff and residents.

There must also be an ability to isolate those infected. But I think that anything and everything that we can do to reduce infection rates in the community where staff live will make a critical difference. There's not a lot of research I get, but there is research that's supporting all of these things, that one of the strongest predictors of

cases and outbreaks in nursing homes was the level of infection within the surrounding community.

We all have a role to play in reducing infection and death in nursing homes. There's studies in California and West Virginia that find that top-rated nursing home facilities were less likely to have COVID-19 cases. What staff do and how they do it is important. There's also relationship between having staff who are symptomatic, and unsurprisingly the number of residents were confirmed or suspected COVID-19. Regular testing is the best way to ensure that exposure is not from positive individuals who are asymptomatic.

As hard as restrictions are, the evidence is that they work. Looking at across all of the states, what was found was that restrictions helped to reduce the daily growth rates of COVID-19 deaths and of hospitalizations. As difficult as restrictions like

reductions and visitors hours have been, they work to reduce infection and to reduce mortality. But there are other consequences as well that we need to be concerned about.

There are reports of symptoms of anxiety and depression, stress and disturbed sleep. And this is particularly high among people with limited support available to them such as from family members, and that includes those who are widowed, those without children or close relatives or those for whom we've restricted visitation.

Many of these individuals relied successfully in the past on community and often church-based social participation and engagement and the loss of that is being felt really hard. There's also fear among many individuals for themselves and for their family members about contracting the virus and people do talk about a deep sense of isolation and loneliness, particularly

due to restrictions placed on visiting.

Many use phones and computers to keep in touch. But too many of the individuals we're talking about don't have access to technology, don't have the needed training and also the absence of human contact is keenly vowed. I think that we need to be thinking about more education being needed on COVID-19 and how the steps that we're taking are actually helping because sometimes it may feel like they're not.

Addressing loneliness and isolation, it can be done, by supporting more virtual-friendly visiting and companionship programs, providing technology and Internet access and delivering supportive physical activity, recreational, food nutrition and conversational programing which will make a difference for those living in congregated care. There are good evidence-based models of such programs available. Greater access is really needed. I thank you for the opportunity

to testify.

COUNCILWOMAN BASS: Thank you so much for your testimony. It's really helpful and insightful, and I'm sure there's going to be some questions at the end of this panel.

The last person that we have to testify is from Liberty Resources, Nancy Salandra. Nancy Salandra, I'm sorry for messing up your last name, from Liberty Resources.

MS. SALANDRA: Yes. Thank you. Thank you for allowing me to testify today.

COUNCILWOMAN BASS: Absolutely.

MS. SALANDRA: I'm the Director of Independent Living Services at Liberty Resources, which is the Center of Independent Living for Philadelphia County. It's been around for 37 years. We're one of 17 centers in the state of Pennsylvania. We're a non-profit, self-help advocacy organization with programs and services for and directed by disabled people.

Our mission is to ensure that people of all disabilities have the same civil rights and equal access to every aspect of life in the community as to other members of society. LRI has been providing nursing home transition services for 30 years, moving people back into the community to their homes or into a new home.

People in nursing homes are not just seniors, but people with disabilities of all ages. We've spent decades trying to change the institutional bias so more people can live in the community with services if they need them. Somehow we believe people living in nursing homes (inaudible) worth living, but that is simply not true. They are someone's family. They have loved ones. They can be contributing members of society with abilities, skills, dreams and life's worth living.

For every person that's in a nursing home, that same person is living

out in the community. As one of many providers in Philadelphia providing nursing home transition services, we lost six consumers in two months which had never happened in the 30 years of doing this. We have a list of 59 people just on our nursing home transition list that their age has ranged from 28 to 75.

Since the start of COVID, it's been a difficult and frustrating time. For many months we've tried working with the state to get people out of nursing homes sooner, to help people do a 30-day therapeutic leave if someone could take them home and if services could be provided from the state, but that is not necessarily the case, to find funding to get people from nursing homes into hotels just like we're doing with the homeless population. We've been working on that for a month with the state not moving very far.

There has to be the ability for people in this dangerous congregate setting to get out if they want to get

out. People have begged to get out and then have died, and that's been devastating for us here at Liberty Resources and across the state. Many nursing homes also have contracts to take people recovering -- contracts with the City to take people recovering from COVID and put them into nursing homes.

Why they're doing that they've actually removed people who were on our nursing home transition list and moved them outside of the County, and then they can no longer be working with them. And that is not just a problem here. It's a problem across the state and that needs to stop.

Some of the things we're trying to work on because this is the perfect time to do it is diversion. You don't have the ability to get services in the community in 24, 48 hours. You do have that ability to get in a nursing home in 24, 48 hours. Right now diversion should happen because admissions are down because people don't want to go

into nursing homes.

So for us what we've been looking at is that Philadelphia, three of its counties are in the top 20 nationwide COVID deaths. Philly ranks No. 6 nationally as of September 17th for the amount of deaths in nursing homes. We have another report that our staff did that I can certainly send on of how bad things are. But, yes, 50 percent of the people that died in Philadelphia are in nursing homes.

We want things to change for our consumers that are on nursing home transition lists to when these response teams come in, that people look at people where they're at. And for some of our people, they were told on the day that they were moving in COVID patients that they were going to be leaving that nursing home and moving somewhere else, so they really did not have any choice and they had to move.

For other people, they found out that day they were moving in COVID

patients and they had to put them on the first floor, so this whole thing is devastating. We've been involved, like I said, for 30 years. So people need to understand people move out of nursing homes and need to understand they're on these lists, and that they should be talked to about what's going on in these nursing homes and work with providers.

There's also managed care, now also is providers, of majority of people in nursing homes and majority of people on waivers in the community, so they are another partner out there. I can't say that they're necessarily doing all the things that we would like to have happen, but they are out there. That's it. If there's questions.

COUNCILWOMAN BASS: Thank you for your testimony. I don't have any questions, but I do have a comment regarding the housing. It just makes me think about as we talk about the need for housing and various housing needs in the City of Philadelphia, that we really

just cannot make sure that -- we cannot forget that there are people with different abilities who need housing. We just really have to make more of a focus and a commitment to folks who are low income who need housing, but also people who have different abilities and who need housing as well, so thank you for your testimony.

Do we have questions from members of Council for this panel? Any questions?

Councilman Thomas.

COUNCILMAN THOMAS: Thank you, Councilmember Bass. I was getting to it. You beat me to it. I had to do that. I just wanted to thank the panel, everybody for their expertise, their perspective and their testimony here today. I think we got a lot of great information, a lot of important insight. There are some things again that was discussed that we feel like we can act on and kind of push the initiative now. There were other things that I felt

like, yeah, we're going to have to do some advocacy more than actual action items.

So with that being said, I know that there was a lot of testimony. I'm just wondering, and this question was answered somewhat, but I'm wondering if anybody wants to give us as Councilmembers or people in the general public any best practices or things that they may not necessarily had an opportunity to communicate. We're talking specifically about nursing homes and senior facilities and home care facilities right now. But again, the timing couldn't be I guess you could say any better or worse, looking at the fact that we are in the midst of our worst wave right now.

So what other advice do you feel like the citizens of Philadelphia need to hear, what do we need to know and what are some other best practices? I also want to put a special note to whoever made a suggestion that we have

more education and awareness. I'm the Chair of the Disadvantaged Communities Task Force, and we did a listening session in the 7th Councilmanic District, and I was actually surprised at how many people said that we need more education sessions around not just the virus, but how to wear a mask and making sure you wear it the entire time and just a brief second of taking it off, then that can be enough of exposing somebody. So anybody who wants to comment on that, I appreciate it.

And thank you, Madam Chair, for your leadership on this.

MS. CUBIT: This is Kathy from CARIE. If I can just take the opportunity to again thank you for this and if people are interested in our issue paper, they can find that on our website at carie.org. And I just want to, everyone -- there's a lot of suffering that's going on right now, especially among residents but also their families and members of the

community.

And I just want folks to know that we are here as an advocate, and don't go through things alone. If you need connections with mental health services or any kind of conversations that you might need to talk about options or problems, please don't hesitate to contact us. And also any of your offices, if we can help through your constituent services, just know we don't want people going through this alone. Thank you.

COUNCILWOMAN BASS: Thank you. Thank you, Kathy.

I see that Councilmember Brooks has a question.

COUNCILWOMAN BROOKS: Yes. Thank you. My question is, Rob -- I'm not really sure who would be able to answer this, but it's mainly around someone mentioned the opportunity for transitioning from a nursing home into independent living or housing outside of the nursing home.

What does the available stock, housing stock look like? I know we talked about lack of low-income housing. But I want you to tell us more about low-income accessible housing, which is something that we run into when we're trying to house people with special needs and some of our elderly population, so can you give us some more information about that for the record?

MS. SALANDRA: Yes. So --

COUNCILWOMAN BASS: Can I -- Nancy, before you go, I want to give the unofficial assessment which is there's not enough. But, Nancy, if you can give us -- which I'm sure, Councilwoman, you're already aware of, you already know. But, Nancy, if you want to go ahead.

MS. SALANDRA: The City of Philadelphia does do 10 percent accessible when they build new housing which is great. We have been working on trying to get 13 percent because our population of people with mobility

disabilities is 13 percent in the City of Philadelphia. We have one of the highest populations of the top 10 cities of disabled people in the City of Philadelphia, so if we could increase that.

We also have Basic System Repair -- I mean Adaptive Mod Program. We have a large one, larger than most cities. So for now, for nursing home transition it will take anywhere from six months to a year and housing is the biggest issue, so that people are stuck in the facilities waiting for that.

There is priority for vouchers for nursing home transition, but they run out really quick. There's also an 811 PRA program, but that's not easy to necessarily access. There's not enough to meet the need. That's why we're just one provider within the City of Philadelphia and we have 59 people on our list, and that's pretty much all the time.

COUNCILWOMAN BROOKS: Nancy,

for the record this was prior to COVID, this was already an issue?

MS. SALANDRA: Always. Always.

COUNCILWOMAN BROOKS: Thank you.

COUNCILWOMAN BASS: Thank you. Nancy, I had a question and it just slipped my mind. So when it comes back around, I'll -- I know what it was. So as a housing provider or a facilitator to provide housing, do you have conversations, network sections with individual property owners, landlords to help develop additional units? And I'm talking about probably on a smaller scale. Not when they're building the great big building and they're adding in 10 units out of a 100-unit building, but I'm talking about on a much smaller scale in the neighborhoods and converting like a three-bedroom regular rowhouse, you know, into something that's going to be accessible. And we know that the modifications on that the City can be helpful with, so you can

talk about that.

MS. SALANDRA: Yes. We have spent years developing that, so one of our staff just works on the housing part of that and has developed relationships with landlords everywhere, so they know to contact us or if they have some thought about how to make something accessible, so we work on that. I sit on the Housing Trust Fund Oversight Board, so I'm always letting them know constantly that this is a huge need and they're aware of what's happening now, that we're desperate to get people out of nursing homes. And they're helpful as far as they can be. But, yes, we do work with any landlord and they're aware of us and we reach out constantly everywhere.

COUNCILWOMAN BASS: Well, thank you. And I also want to give a quick shout-out to Lisa Jackson who is my cousin who works there at Liberty Resources. I cannot have a conversation on anything with Lisa without having

some conversation about Liberty Resources. She's such an advocate and --

MS. SALANDRA: She's --

COUNCILWOMAN BASS: Yes, and has worked to make --

MS. SALANDRA: -- to move people --

COUNCILWOMAN BASS: Yes, to move people out of nursing homes and into the community, make sure that they've got everything that they need when they move into the community, so you all do a fantastic job and I hear about it all the time, so thank you.

Councilman Thomas, anything else?

COUNCILMAN THOMAS: Thank you, Madam Chair. No, I actually don't have any more questions. I just wanted to thank all the panelists and participants in today's conversation. I think it's an important one. I'm glad I got a lot more information and facts. I'm pretty sure this was informative to all of us

as members of Council, to other panelists, of course to the listening audience. I didn't know if there were any final questions or comments from any of the panel who are still here with us.

But again, I appreciate this conversation. I think it's really important. And as City leaders, I'm hoping that we can again address some of the issues, advocate for other issues and in the midst of this current wave of the coronavirus that we're essentially fighting, put ourselves in a position where we can save as many lives as possible.

I know somebody said it before as far as one of the workers. They said, they felt like they were waking up and going to war every day. And I think we have to go back to that mindset of beating the virus instead of living with the virus. I think we've kind of transitioned into this phase of life where we're saying, well, we're just going to live with COVID and that's very

dangerous, because the more of us who decide that we're going to try to live with it, the more of others who consequentially will die because of that decision, so I want to thank everybody for being here today.

Thank you, Madam Chair, so much. I appreciate it. I look forward to working with you and your office to continue to address this issue. And also, a special thank you to my staff as well too who helped put together some of the panels and guests for today's consideration.

Thank you, Madam Chair. I appreciate you.

COUNCILWOMAN BASS: Thank you, Councilman.

Is there anyone else here who wanted to testify who did not testify?

(No response.)

COUNCILWOMAN BASS: Okay. Seeing none, is there anyone else on the Committee who would like to say anything?

Councilman Green.

COUNCILMAN GREEN: Madam Chair, I'll just be brief.

I just want to thank all of the panelists for providing information on this important topic. This is a timely conversation that is so important, especially considering what is happening right now with the increase in infections and the virus and how it's impacting our City, especially those who are more vulnerable.

So thank you, Councilmember Thomas, for this hearing, this conversation and for having this discussion this afternoon.

COUNCILWOMAN BASS: Thank you, Councilman.

There being no more comments or no further questions from members of the Committee and no other witnesses to testify, we've already asked that, and hearing none, I want to thank all the panels and witnesses for your participation today. We value your

opinions and we'll certainly take all of your recommendations to heart.

This concludes the business before the Committee on Public Health and Human Services. I want to thank you all very much for your attendance and wish everyone a safe and happy and healthy weekend. Please be safe and take the proper precautions against COVID. Thank you very much and everyone be safe. Take care.

(Committee on Public Health and Human Services concluded at 2:53 p.m.)

C E R T I F I C A T I O N

I, hereby certify that the proceedings and evidence noted are contained fully and accurately in the stenographic notes taken by me in the foregoing matter, and this is a correct transcript of the same.

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