

Committee on Public Health and Human Services
November 13, 2020

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

1 - - -

2 COUNCILWOMAN BASS: I

3 understand that state law currently
4 requires that the following announcement
5 be made at the beginning of every remote
6 public hearing as follows: Due to the
7 current public health emergency, City
8 Council Committees are currently meeting
9 remotely. We are using Microsoft Teams
10 to make these remote hearings possible.

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

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

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

3 Madam Clerk.

4 THE CLERK: Councilmember
5 Henon.

6 Councilmember Oh.

7 COUNCILMAN OH: Good morning,
8 Chairwoman. Good morning, colleagues.
9 Good morning, public.

10 COUNCILWOMAN BASS: Good
11 morning.

12 THE CLERK: Councilmember Gym.

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

16 COUNCILWOMAN BASS: Good
17 morning.

18 COUNCILWOMAN GYM: Good
19 afternoon I should say. Sorry.

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

23 THE CLERK: Councilmember
24 Green.

25 COUNCILMAN GREEN: Good

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

3 COUNCILWOMAN BASS: Good
4 afternoon, Councilman.

5 THE CLERK: Councilmember
6 Thomas.

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

13 COUNCILWOMAN BASS: Thank you,
14 Councilman.

15 THE CLERK: Councilmember
16 Brooks.

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

21 COUNCILWOMAN BASS: Good
22 afternoon.

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

25 COUNCILMAN JONES: Thank you

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

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

6 A quorum of the Committee is
7 present and the hearing is now called to
8 order. This is the public hearing of
9 the Committee on Public Health and Human
10 Services regarding Resolution No.
11 200338.

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

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

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

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

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

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

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

23 COUNCILMAN JONES: (Muted).

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

1 mute.

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

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

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

18 COUNCILWOMAN BASS: Absolutely.
19 All right.

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

23 DR. FARLEY: All right. Shall
24 I start?

25 COUNCILWOMAN BASS: Good

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

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

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

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

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

7 In the spring of 2020, all 47
8 skilled nursing facilities had outbreaks
9 with COVID-19 with over 3,300 COVID-19
10 cases in residents. Approximately 27
11 percent of these residents died.

12 Personal care homes and assisted living
13 facilities were affected to a lesser
14 extent with 125 resident cases of
15 COVID-19 and 24 deaths reported. In
16 many facilities, the introduction of
17 COVID-19 was from an infected staff
18 member, many of whom had no symptoms of
19 their infection.

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

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

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

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

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

5 With this additional support,
6 we believe congregate care facilities
7 now have much stronger infection control
8 practices and are in a better position
9 to limit the spread of COVID-19 virus.

10 Now, the Health Department has
11 collaborated with these hospital-based
12 support teams on site visits, weekly
13 coordination meetings, creation of an
14 infection prevention educational tool
15 kit and providing influenza vaccination.

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

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

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

18 COUNCILWOMAN BASS: Thank you,
19 Commissioner.

20 Councilman Thomas.

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

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

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

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

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

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

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

1 them for this wave.

2 COUNCILMAN THOMAS: Thank you.

3 And so, when we're seeing the increase
4 in numbers, again I know specifically
5 right now we're talking about nursing
6 homes. Is the spread that we're
7 watching right now, does any of it have
8 to do with nursing homes?

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

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

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

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

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

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

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

19 DR. FARLEY: Yes.

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

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

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

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

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

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

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

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

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

21 DR. FARLEY: Thank you,
22 Councilmember.

23 COUNCILWOMAN BASS: Thank you,
24 Councilman. And thank you,
25 Commissioner.

1 Councilman Jones.

2 COUNCILMAN JONES: Thank you,
3 Madam Chair.

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

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

22 DR. FARLEY: Thank you,
23 Councilman.

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

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

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

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

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

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

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

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

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

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

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

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

9 Thank you, Madam Chair.

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

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

22 DR. FARLEY: Thank you,
23 Councilmember.

24 COUNCILMAN JONES: Thank you,
25 Madam Chair.

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

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

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

1 be a press briefing Monday, November
2 16th at 1:00 to announce new COVID
3 restrictions in response to the recent
4 rise in new cases. And I just wanted to
5 see if you wanted to make any
6 announcements today before we --

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

9 COUNCILWOMAN BASS: Feel free.

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

20 COUNCILWOMAN BASS: Yes.

21 Absolutely. Thank you, Dr. Farley.

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

25 Councilman Green.

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

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

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

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

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

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

21 COUNCILMAN GREEN: Thank you,
22 Madam Chair.

23 COUNCILWOMAN BASS: Thank you,
24 Councilman.

25 Councilman Thomas.

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

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

25 Before we let you go,

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

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

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

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

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

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

22 COUNCILWOMAN BASS: Thank you,
23 Commissioner.

24 Councilman Thomas, any
25 additional questions? You can ask as

1 many questions as you'd like.

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

9 Thank you, Madam Chair.

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

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

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

22 DR. FARLEY: Just to be --

23 COUNCILWOMAN BASS: Say it
24 again, Commissioner?

25 DR. FARLEY: Just to be clear,

1 I can leave the meeting now?

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

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

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

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

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

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

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

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

25 THE CLERK: Yes. Julie Moore

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 Councilman Thomas.

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

17 COUNCILWOMAN BASS: Thank you.

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

20 MR. JONES: Thank you.

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

1 And next panelist to testify.

2 Please state your name for the record
3 and begin your testimony.

4 MS. MOORE: Hi. Julie Moore.

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

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

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

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

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

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

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

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

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

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

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

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

8 Next person to testify.

9 MS. MOORE: Thank you.

10 COUNCILWOMAN BASS: Thank you.

11 Our next panelist to testify. I believe
12 it was Judy Martin.

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

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

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

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

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

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

1 occurred in long-term care facilities.

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

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

1 in counselors.

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

16 Second, the City needs to
17 invest resources into an educational
18 campaign in advance of our vaccine
19 coming available in 2021. Front line
20 workers and healthcare facilities will
21 likely be some of the first to receive a
22 vaccine and distribution begin.

23 Personally, I have some questions about
24 the distribution process and the safety
25 of this vaccine. And I know for sure

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

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

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

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

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

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

1 to you.

2 Councilman Thomas.

3 COUNCILMAN THOMAS: Thank you,
4 Madam Chair.

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

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

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

6 But with that being said,
7 Ms. Martin, you talked a little about
8 mental health support. I would love to
9 hear what mental health support did or
10 did not take place for employees.

11 Mr. Jones, you can answer that question.

12 Ms. Moore, you can answer that question.

13 It doesn't matter who answers it. But
14 if you can briefly talk about the mental
15 health support that you got or did not
16 get in the midst of all the trauma that
17 took place dealing with this coronavirus
18 pandemic.

19 I listened to one person
20 testifying say that they've seen about
21 10 deaths in a short amount of time, and
22 I can only imagine the trauma it was to
23 experience that. So if either one of
24 the other panelists can talk about the
25 mental health support that was either

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

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

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

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

1 because we don't have all the degrees.

2 But we are with the patient more than
3 anybody in the building.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Thank you, Madam Chair.

7 COUNCILWOMAN BASS: Thank you,
8 Councilman. Thank you.

9 Councilmember Brooks, question
10 or comment?

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

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

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

23 COUNCILWOMAN BASS: Thank you,
24 Councilmember. Councilmember Brooks,
25 thank you.

1 Councilwoman Gym.

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

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

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

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

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

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

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

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

25 COUNCILWOMAN BASS: Okay. Why

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

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

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

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

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

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

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

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

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

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

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

4 So I personally went on site
5 along with the team from Penn and
6 members of the Health Department to the
7 10 nursing homes in West Philadelphia,
8 and we did a combination of a listening
9 tour to understand what the challenges
10 were. And then for each nursing home,
11 we put together a plan with whatever
12 resources we could put together for that
13 nursing home. Sometimes they needed
14 PPE. Sometimes they needed help with
15 testing. Sometimes they needed
16 bereavement care for their staff.
17 Sometimes they needed staff recognition.
18 We put together lunches and other ways
19 to just really celebrate the heroes in
20 long-term care. And it was a very
21 powerful experience for us as a health
22 system and for me personally. But we
23 learned a lot about what it takes for a
24 nursing home or a long-term care
25 facility to really battle COVID-19.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 MR. NORDEMAN: Would that be
13 me?

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Councilmember Thomas.

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

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

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

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

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

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

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

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

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

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

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

25 COUNCILWOMAN BASS: Thank you,

1 Councilman.

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

4 DR. O'CONNOR: Thank you very
5 much.

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

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

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

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

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

1 215-545-5728. Our help is free and
2 confidential.

3 In Philadelphia, there are 47
4 nursing facilities and 61 personal care
5 homes. The pandemic has had drastic and
6 tragic effects, as we've heard today, on
7 residents and staff who care for them.
8 About almost 6,000 long-term care
9 residents have died because of COVID
10 which represents 68 percent of all
11 deaths in Pennsylvania. A little over
12 1900 deaths reported in Philadelphia,
13 918 or 48 percent were for long-term
14 care facility residents. There are
15 other deaths though that can be
16 attributed to COVID, such as failure to
17 thrive as we heard about today as well.
18 But unfortunately, these types of deaths
19 are not being tabulated.

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

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

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

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

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

1 which we've already heard about today.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 Dr. Phil McCallion from Temple
10 University.

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

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

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

4 There are also older adults in
5 the assistive living. Many of them are
6 also in their eighties, have two to
7 three chronic conditions and need
8 assistance with two to three areas of
9 daily living, such as shopping and
10 transportation. And then I also think
11 about adults with intellectual and
12 developmental disabilities living in
13 congregated settings who typically have
14 four to six chronic conditions and need
15 assistance with multiples aspect of
16 daily living.

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

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

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

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

4 We all have a role to play in
5 reducing infection and death in nursing
6 homes. There's studies in California
7 and West Virginia that find that
8 top-rated nursing home facilities were
9 less likely to have COVID-19 cases.

10 What staff do and how they do it is
11 important. There's also relationship
12 between having staff who are
13 symptomatic, and unsurprisingly the
14 number of residents were confirmed or
15 suspected COVID-19. Regular testing is
16 the best way to ensure that exposure is
17 not from positive individuals who are
18 asymptomatic.

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

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

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

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

1 due to restrictions placed on visiting.

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

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

1 to testify.

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

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

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

15 COUNCILWOMAN BASS: Absolutely.

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

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

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

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

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

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

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

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

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

17 Some of the things we're trying
18 to work on because this is the perfect
19 time to do it is diversion. You don't
20 have the ability to get services in the
21 community in 24, 48 hours. You do have
22 that ability to get in a nursing home in
23 24, 48 hours. Right now diversion
24 should happen because admissions are
25 down because people don't want to go

1 into nursing homes.

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

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

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

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

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

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

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

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

13 Councilman Thomas.

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

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

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

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

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

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

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

1 community.

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

14 COUNCILWOMAN BASS: Thank you.
15 Thank you, Kathy.

16 I see that Councilmember Brooks
17 has a question.

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

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

11 MS. SALANDRA: Yes. So --

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

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

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

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

15 There is priority for vouchers
16 for nursing home transition, but they
17 run out really quick. There's also an
18 811 PRA program, but that's not easy to
19 necessarily access. There's not enough
20 to meet the need. That's why we're just
21 one provider within the City of
22 Philadelphia and we have 59 people on
23 our list, and that's pretty much all the
24 time.

25 COUNCILWOMAN BROOKS: Nancy,

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

3 MS. SALANDRA: Always. Always.

4 COUNCILWOMAN BROOKS: Thank
5 you.

6 COUNCILWOMAN BASS: Thank you.
7 Nancy, I had a question and it just
8 slipped my mind. So when it comes back
9 around, I'll -- I know what it was. So
10 as a housing provider or a facilitator
11 to provide housing, do you have
12 conversations, network sections with
13 individual property owners, landlords to
14 help develop additional units? And I'm
15 talking about probably on a smaller
16 scale. Not when they're building the
17 great big building and they're adding in
18 10 units out of a 100-unit building, but
19 I'm talking about on a much smaller
20 scale in the neighborhoods and
21 converting like a three-bedroom regular
22 rowhouse, you know, into something
23 that's going to be accessible. And we
24 know that the modifications on that the
25 City can be helpful with, so you can

1 talk about that.

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

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

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

4 MS. SALANDRA: She's --

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

7 MS. SALANDRA: -- to move
8 people --

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

16 Councilman Thomas, anything
17 else?

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

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

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

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

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

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

15 Thank you, Madam Chair. I
16 appreciate you.

17 COUNCILWOMAN BASS: Thank you,
18 Councilman.

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

21 (No response.)

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

1 Councilman Green.

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

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

13 So thank you, Councilmember
14 Thomas, for this hearing, this
15 conversation and for having this
16 discussion this afternoon.

17 COUNCILWOMAN BASS: Thank you,
18 Councilman.

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

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

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

12 (Committee on Public Health and
13 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.

TANEHA C. CARROLL
Court Reporter - Notary Public

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