EXAMINING LONG-TERM CARE IN AMERICA: THE IMPACT OF THE CORONAVIRUS IN NURSING HOMES

HEARING

BEFORE THE

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

OF THE

COMMITTEE ON OVERSIGHT AND REFORM

HOUSE OF REPRESENTATIVES

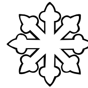
ONE HUNDRED SEVENTEENTH CONGRESS

SECOND SESSION

SEPTEMBER 21, 2022

Serial No. 117–105

Printed for the use of the Committee on Oversight and Reform



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48–802 PDF WASHINGTON : 2022

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* List of other states that had significant nursing home problems; submitted by Rep. Foster.

EXAMINING LONG-TERM CARE IN AMERICA: THE IMPACT OF THE CORONAVIRUS IN NURSING HOMES

Wednesday, September 21, 2022

HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND REFORM
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS
Washington, D.C.

The subcommittee met, pursuant to notice, at 2:56 p.m., in room 2154, Rayburn House Office Building, and via Zoom; Hon. James E. Clyburn [Chairman of the subcommittee] presiding.

Present: Representatives Clyburn, Maloney, Foster, Raskin, Krishnamoorthi, Scalise, Jordan, Green, Malliotakis, and Miller-Meeks.

Also present: Representative Stefanik.

Mr. CLYBURN. Good afternoon. The committee will come to order.

Without objection, the chair is authorized to declare a recess of the committee at any time. I now recognize myself for an opening statement.

Few places have felt the devastating effects of the Coronavirus more deeply than America's nursing homes. More than 200,000 Americans living in nursing homes and other long-term care facilities have died from the Coronavirus representing 20 percent of all coronavirus deaths in our Nation.

The outside risks to nursing home residents and workers became evident in the earliest days of the crisis. The first major coronavirus outbreak in the United States occurred in the Life Care Center of Kirkland, Washington, in February 2020, where the virus infected more than two-thirds of the facility's residents and dozens of staff, resulting in the loss of nearly 40 lives.

The ferocity with which the Coronavirus swept through our Nation's nursing homes in 2020 exposed vulnerabilities that had been building for years, for too many nursing homes had inadequate staffing and poor infection control viruses well before the pandemic.

These long-standing problems helped to drive outrage that exacerbated the risks for Americans who need long-term care. Compounding these problems, Americans at greatest risk were left behind by our leaders when the virus hit our shores. The Trump administration's failure to heed early warnings left nursing homes workers and residents ill-prepared. They refused to take steps necessary to curtail the spread of the virus before vaccines were developed, leaving nursing homes without testing and personal protective equipment necessary to detect and prevent outbreaks.

New documents obtained by the select subcommittee and released today paint a devastating picture of conditions inside large for-profit nursing homes across the country during these crucial early months of the pandemic. In reports to hotlines run by nursing home chain residents, their loved ones and staff members describe the dire conditions they were experiencing during that terrible time.

At one facility in Texas, a caller reported that employees were forced to make isolation gowns out of disposable bags that were, quote, "stapled and taped together." At another home in the Midwest, a caller stated that employees had to wear the same disposable masks for seven days in a row.

Examples of the reports we received are illustrated here. I think we all should be able to see this. Multiple reports from facilities around the country describe severe staff shortages, with one family member commenting that, and this is a quote, "criminal for there to be so few staff members present."

These new documents also shed light on the pressure that was placed on nursing home staff. An employee at the Maryland facility who was experiencing coronavirus symptoms was reportedly told that if they—that, they would be fired if they did not come to work.

At another nursing home in Colorado, a manager pressured employees to come to work even if they feel bad and have concerns that they may be sick with COVID–19.

Fortunately, our Nation has come a long way since these dark days. Life-saving vaccines and treatments have helped to save countless lives among nursing home residents and staff. The Biden/Harris administration has prioritized protecting the health of Americans in long-term care facilities. In addition to conducting an historic vaccination campaign and dramatically increasing the supply of tests and PPE, the administration has sought to institute important reforms, such as minimum staffing requirements and measures to reduce crowding inside nursing homes.

While the heightened risks that existed in 2020 have passed, risks to nursing home residents and staff will remain. We must take further steps to address long-standing challenges in this industry. We must increase the uptick of boosters among residents and staff to make sure that they stay protected against new coronavirus variants.

We must ensure that nursing home workers receive adequate pay and benefits, such as paid sick leave, which is crucial for the health and safety of residents as it is for staff.

We must also improve oversight and transparency in the nursing home industry to give residents and their loved ones the ability to make informed decisions about their care. I would like to thank all our witnesses for testifying today. I look forward to hearing more about the challenges facing our Nation's nursing homes and the changes that are needed to fix these long-standing problems so that our Nation's nursing homes are safe places for those who need care.

Before yielding to the ranking member, I ask unanimous consent that Representative Stefanik be allowed to participate in today's hearings.

Without objection, so ordered.

I now recognize the ranking member for his opening statement.

Mr. SCALISE. Thank you, Mr. Chairman. Appreciate you having this hearing, and thank you for the unanimous consent request to allow Ms. Stefanik to participate as well.

I really want to thank our witnesses for coming, and we look forward to hearing your testimony as well.

I'll keep my remarks brief to allow for a short Video that I'll be playing from Ms. Janice Dean. She and her family were affected in the worst way by the deadly nursing home policies that were put in place by a handful of Governors at the beginning of this pandemic. She's been very outspoken in talking about and trying to highlight this issue. She obviously got some very emotional feelings about this that she'll share.

It is incredibly sad, though, that what we've seen in this past year plus is a refusal to acknowledge the deadly mistakes that were made and subsequently covered up by certain Governors in nursing homes. We've highlighted this over and over again. We've called for hearings on what happened to get more transparency. We still, to this day, can't get some of that information. But we've seen thousands, tens of thousands of preventable deaths that happened because some Governors gave orders. We've highlighted these mandates over and over again by specifically five Governors who seemed to all, almost cookie cutter, take the same order over and over again to go against science, to go against the CDC and the CMS guidance for how to properly take care of nursing home patients in a nursing home setting.

If you go back to when the Trump administration wrote numerous documents to protect the elderly, to protect the vulnerable, especially in nursing homes, and I've included some comments from CDC from CMS, where they talked about things like limiting visitors, increasing protective equipment, and strengthening the quarantine guidelines in nursing homes, especially.

Clearly, some of the states that I referenced ignored that went against the science. Despite the cover-ups that we've seen, here's what we do know: Completely ignoring the CDC and CMS scientific recommendations that positive patients not be admitted back into nursing homes without the availability of proper care, multiple Governors mandated that COVID-positive patients, in fact, be admitted or readmitted to the nursing home setting, despite the fact, in some cases, that they knew they were COVID positive.

In fact, if you read the Governor of New York's mandate—and again, the state of New York, like in most states, the state is the regulator of nursing homes. I'll just read from the advisory. March 25, 2020, Mandate from New York to all nursing homes, quote: No resident shall be denied readmission or admission to the nursing home solely based on a confirmed or suspected diagnosis of COVID–19. Nursing homes are prohibited from requiring a hospitalized resident who is determined medically stable to be tested for COVID–19 prior to admission or readmission.

Again, going against the science that CMS and CDC laid out. The regulator, not just New York, but then it was almost cookie cutter, cut and pasted by the Governor of New Jersey, we saw the Governor of Michigan do the same thing, the Governor of Pennsylvania, and the Governor of California all gave mandates very simi-

larly saying that you had to, as a nursing home, take patients back even if they were COVID positive and prohibited them from testing for COVID. And should anybody be shocked of the results we saw? Tens of thousands of patients died who never should have died.

These orders were in direct conflict with the science. We saw it with Governor Cuomo. He actively and multiple times covered up the total number of COVID–19 nursing home deaths by not reporting those nursing home residents that died in hospitals. Governor Cuomo and his team engaged in a cover-up that was designed to deceive the public and protect the Governor's image and personal profits from a multi-million dollar book deal. He had millions of reasons to cover up the truth.

No wonder Governor Cuomo refused our request to testify. We asked him to testify at this very hearing, and he still, to this day, has not even responded. Surely, he's not here, he's not participating, but he didn't even feel he owed those victims a response to the questions we had for him.

I continue to be shocked that my colleagues on the other side of the aisle have largely ignored this scandal. Why is excessive and preventable death in nursing homes being made a partisan political issue? The Democrat majority has consistently used this pandemic as a political tool to divide Americans, and it has caused great harm and led to more distrust in public health.

With that, Mr. Chairman, I would like to show the Video from Ms. Janice Dean because it does give some more insight into what happened.

Specifically, if we could run that.

[Video shown.]

Mr. SCALISE. Thank you, Mr. Chairman. Thank you, Ms. Dean, and my thoughts and prayers continue to be with Ms. Dean, with all the other family members who had loved ones who were lost during that period. We will continue, Mr. Chairman, to press for the answers.

Why were these orders by the regulators of those nursing homes sent out, mandating that they do something that went against the very science that was coming out from CDC and CMS explaining in detail how to keep seniors safe when we knew the data was there showing this is how to keep seniors safe?

They went the opposite direction and forced those nursing homes to take COVID-positive patients, banning them from testing the people that were coming back into the homes. Tens of thousands of people died unnecessarily. We will continue pressing for those answers.

With that, I yield back the balance of my time.

Mr. CLYBURN. Thank you, Mr. Scalise.

I would like to welcome today's witnesses. Dr. Alice Bonner has been a nurse practitioner caring for older adults and their families for over 30 years. Dr. Bonner is currently the senior adviser for aging at the Institute For Healthcare Improvement, the chair of the Moving Forward Nursing Home Quality Coalition, and an adjunct faculty member at the Johns Hopkins University School of Nursing.

Dr. David Grabowski is a professor of healthcare policy at Harvard Medical School, where he studies long-term care and post-

acute care. He's a current member of the Medicare Payment Advisory Commission and previously served on the CMS Nursing Home Coronavirus Commission. Dr. Grabowski has appeared before Congress numerous times in the past, including at a briefing of the select subcommittee in June 2020.

Ms. Adelina Ramos is a certified nursing assistant who has worked in nursing homes for 11 years. As a staff member at the Greenville Nursing Center in Greenville, Rhode Island, she worked on the front lines of the pandemic, including periodically providing care for dozens of critical ill patients during the early months of the coronavirus pandemic.

Dr. Jasmine Travers is an assistant professor of nursing at NYU Rory Meyers College of Nursing. Her current work focuses on mitigating health disparities in long-term care for older adults. Dr. Travers is a primary care nurse practitioner and has published widely on the topics of aging, long-term care, health disparities, and work force diversity.

Mr. Daniel Arbeeny is the principal at the executive search firm CMF Partners. Mr. Arbeeny's father, Norman, passed away during the early months of the pandemic while living in a nursing home. Mr. Arbeeny, please accept our sincere condolences for your loss.

Will the witnesses please rise and raise your right hands.

Do you swear or affirm that the testimony you are about to give is the truth, the whole truth, and nothing but the truth so help you, God?

You may be seated.

Let the record show that the witnesses answered in the affirmative.

Without objection, your written statements will be made part of the record.

Dr. Bonner, you are recognized for five minutes for your opening statement.

STATEMENT OF DR. ALICE BONNER, SENIOR ADVISOR FOR AGING, CHAIR, INSTITUTE FOR HEALTHCARE IMPROVEMENT, MOVING FORWARD NURSING HOME QUALITY COALITION

Ms. BONNER. Chairman Clyburn, Ranking Member Scalise, members of the House Select Subcommittee on the Coronavirus, Representative Stefanik, and others, thank you for the opportunity to speak today on behalf of the Moving Forward Nursing Home Quality Coalition. We are a growing coalition of more than 200 action-oriented leaders and organizations that have come together this year to create action plans for effective and sustainable improvements that will be delivered in the near future. I'm here today because each and every one of us cares deeply and is committed to improving the quality of life for individuals living in nursing homes in the United States.

We have submitted a letter to the subcommittee on behalf of the coalition that outlines six ways that Congress can begin taking meaningful steps to improve nursing home quality. It's not an all-inclusive list, and not all the proposals can be done right away. Some will require more time.

We urge Congress to work alongside us to take action so that all nursing home residents receive the care and support they deserve. Nearly 1.3 million people live in our Nation's 15,000-plus nursing homes, as you know, and another 1.5 million work in them.

The coronavirus pandemic has brought an intensified sense of urgency to addressing long-standing issues of inadequate care and support. The Moving Forward Coalition is committed to improving quality by building on strong research, clinical expertise, tested models, and advocacy for sustainable improvements.

The Moving Forward Coalition's approach is different from some other groups. Our purpose is to develop, test, and promote a set of step-by-step action plans that can be implemented based on the recommendations in the National Academies of Sciences, Engineering, and Medicine report that was released in April 2022.

The coalition began this past July and has established seven committees, each focused on key priorities. Over 200 individuals and organizations, including nursing home residents, workers, policymakers, advocates, and others, have joined the coalition in just a few months. And that number continues to grow every week.

NASEM report recommendations are well-aligned with critical needs described in the White House's February 2022 fact sheet on protecting seniors and people with disabilities. Both documents clearly convey a sense of urgency to address growing gaps in care and support that were brought into sharp focus during the pandemic, as well as they cite best practices.

Every person deserves safe, high-quality, age-friendly care and support throughout their life, and the people who dedicate their professional lives to that work for whom it is a calling or the work I was meant to do, they also need the resources, compensation, training, and support to deliver that care.

I began my professional working with older adults when I was 19 years old and got a job as a nurse's aide in a nursing home when I was still in college. I proudly wear the name badge that says nurse's aide because that experience led me to a lifelong career in nursing homes because I was inspired by what was possible and what the nurses and nursing assistants did to create a positive, supportive, loving home.

I've seen how hard many nursing home teams work to provide quality care and support for older people, often under challenges such as COVID. However, I've also been in nursing homes in which care falls short of meeting basic human needs, such as getting help to go to the bathroom or getting a bath or a shower, even once a week.

Over 85 percent of nursing home residents need assistance with one or more activities of daily living, and yet many of them are not receiving that care consistently. That must change and must change as soon as possible.

While we have Federal and state regulations designed to set standards for nursing home quality, those regulations may not be fully enforced in all cases by inspectors or state surveyors. We need a regulatory framework that reinforces and rewards quality. We need to ensure that what matters to residents is part of the culture in every nursing home. All nursing homes need to be quality homes.

The Moving Forward Coalition is off to a strong start. Our committees are holding their first calls or meetings this month, and we look forward to sharing action plans with this subcommittee back in early 2023 on the work that's beginning now.

Nursing homes are a part of the healthcare system that's often overlooked. The Moving Forward Coalition is bringing individuals and organizations together to raise expectations about what is possible. We urge Congress to lead the way toward a future of nursing homes full of the humanity and grace that all of us want and deserve.

We offer the Moving Forward Coalition as a leader eager to work with Congress, state and Federal agencies, and others to improve nursing home quality now and in the future.

Thank you very much for this opportunity.

Mr. CLYBURN. Thank you, Dr. Bonner.

We'll now hear from Dr. Grabowski. You are now recognized for five minutes.

STATEMENT OF DR. DAVID GRABOWSKI, PROFESSOR OF HEALTH CARE POLICY, DEPARTMENT OF HEALTH CARE POLICY, HARVARD MEDICAL SCHOOL

Mr. GRABOWSKI. Great. Thank you. Chairman Clyburn, Ranking Member Scalise, and distinguished members of the House Select Subcommittee on the Coronavirus Crisis thank you for the opportunity to testify today on this important topic.

I am here today speaking in my capacity as a professor of healthcare policy at Harvard Medical School who has studied nursing home quality for 25 years.

Residents, their families, and their caregivers have long-known that U.S. nursing home care is broken, yet this issue has gone largely unnoticed in the broader population. COVID changed this. As one family member recently stated, the pandemic has lifted the veil on what has been an invisible social ill for decades.

COVID completely devastated nursing homes in the U.S. There have been over 1.2 million COVID cases among residents leading to roughly 172,000 COVID-related fatalities. Over 2,600 nursing home staff members have died from COVID, making nursing home worker the most dangerous job in America.

Not surprisingly, both resident census and staff employment levels are still down by over 10 percent relative to their pre-pandemic levels.

A key question in directing policy resources is determining what factors were associated with COVID outbreaks in nursing homes. In a systematic review of 36 peer-reviewed studies, our research team concluded that COVID outbreaks were largely a function of where you were located versus who you were as a facility.

This does not suggest there was nothing that could have been done to prevent COVID outbreaks; rather, it suggests that policymakers needed to adopt a system-level approach to address this problem.

It is not too late. There are several short-run and long-run reforms that can support nursing home residents and their caregivers. In the short-term, I would encourage policymakers to focus on two areas: increasing vaccination levels and improving staffing.

First, it is time to extend the initial Federal vaccine mandate for nursing home staff to include booster doses. Roughly half of all staff are not fully vaccinated; second, to ensure all residents and staff have access to a vaccine clinic, I would recommend federally supported clinics for any facility with low booster vaccine rates for staff and residents.

Short-term steps to improve nursing home staffing include introducing a Federal minimum staffing standard, increasing staff pay and benefits, providing opportunities for career advancement, and creating a better work environment.

In the longer run, the recent National Academies of Sciences, Engineering, and Medicine Committee on which I served concluded that the way in which the United States finances and regulates care in nursing home setting is ineffective, inefficient, fragmented, and unsustainable.

To create a more rational approach to financing nursing home care that would address these significant shortcomings, the National Academies report included a recommendation about moving toward a Federal long-term care benefit by studying how to design such a benefit and then implementing state demonstration programs to test the model prior to national implementation.

To ensure adequate investment in caring for long-stay nursing home residents, our study committee recommended the use of detailed and accurate financial information to ensure payments are adequate to cover comprehensive nursing home care.

We also recommended the designation of a specific share of Medicare and Medicaid payments go toward direct care services as opposed to noncare costs, such as lease payments. And we also recommended the increased use of value-based nursing home payment models to reward facilities for providing better quality.

In terms of regulatory reforms, the National Academies committee provided recommendations to ensure state survey agencies have adequate resources, and we made additional recommendations for the oversight of state survey performance.

In terms of increasing financial and ownership transparency, we recommended collecting, auditing and making detailed facility-level data on the finances, operation, and ownership of all nursing homes publicly available in real-time in a readily useable data base that allows for the assessment of quality by a common owner or management company.

In summary, the pandemic has indeed lifted the veil on nursing home care in America. We have an incredible opportunity right now to address problems that we have ignored for far too long.

I look forward to working with the members of this subcommittee on this effort. Thank you.

Mr. CLYBURN. Thank you very much, Dr. Grabowski.

We'll now hear from Ms. Ramos. Ms. Ramos, you are now recognized for five minutes.

STATEMENT OF ADELINA RAMOS, CERTIFIED NURSING ASSISTANT, GREENVILLE, RHODE ISLAND

Ms. RAMOS. Thank you, Chairman Clyburn, Ranking Member Scalise, and the members of the committee for inviting me to speak today.

My name is Adelina Ramos. I'm a certified nurse assistant at a nursing home in Greenville, Rhode Island. I'm also a proud member of SEIU 1199 New England.

Like so many facilities across the country, we were not prepared for COVID. Our facility already had issues, and COVID made everything worse. When COVID first hit, three or four residents in my facility died each week. A CNA at my facility was one of the first nursing home workers to die of COVID in Rhode Island.

In May 2020, I got the news that I've been dreading for so long. I had COVID. I did everything I could not to catch the virus, but the conditions were so bad in my facility, it was impossible to avoid. It didn't have to be like this.

We needed personal protective equipment. We needed more training to keep ourselves and the residents safe. We need more staff. We pleaded with the management, but nothing changed.

Mother's Day 2020 really broke my heart. One of my residents was slipping away, and her children could not see her, and she wanted me to sit with her, but I couldn't because I was caring for 25 other residents. There was only a nurse, another CNA, and a housekeeper on that shift that day.

Most of those residents couldn't eat, drink, get out of bed, or go to the bathroom without help. They all required oxygen changed every 15 minutes. We regularly have to make impossible choices about which residents to help first. Do I go to the resident sit in a soiled bed, or do I go to a resident who fell and is asking for help? What if it happened—the fall happens while I'm toileting another resident.

Rushing can only cause more harm. Our residents' families trust us to care for their loved ones. I can't describe how painful it feels when we are forced to make those kinds of choices.

Today, I'm vaccinated. The vaccine and boosters have made a huge difference. We can care for our residents better, and they're not as scared of the virus; however, the crisis in our nursing homes is far from over. We continue to face a severe staffing shortage.

CNAs are burnt out mentally and physically. Our pay is so low that some of us have to work two or three jobs. Nursing home staff leave the work force for agencies because they pay higher. The residents want care from people they know and trust. They can get the right—I'm sorry.

They can't get that right now at my facility because the turnover in agency staff is in and out. We never know who will be there on a given day if there will be enough staff.

Residents are disappointed and frustrated. Some ask me, why can't we have more staff? And why can't they pay more? I also want to say that this isn't about CNAs. Every single nursing home job is essential—housekeepers, maintenance workers, nurses, dietary workers, aides, and activity workers, altogether, to give residents the best care possible and the best quality of life.

The majority of nursing home workers are women and people of color, and we are often called unskilled and uneducated. Our jobs are devalued. It's disgraceful. After 2–1/2 years of a daily pandemic, we're still treated this way.

We are fed up with the lack of respect nursing home owners and lawmakers show our work force. Change needs to happen now. One

way we can do that is through unions. Our unions have secured additional sick leave and better health insurance.

We want guidelines to ensure that we have safe staffing levels more often. A union contract means management has to follow the rules; it means workers have a seat at the table, and it means we can fight for our residents to have better care, but not every nursing home has a union. The workers—and the residents are suffering.

I'm here today, again, representing the thousands of nursing home workers who are still fighting for what we deserve. Congress has the power to set standards in all nursing homes. You have the power to hold nursing home owners accountable and make sure that public dollars are used to improve care and care jobs, not increase profits.

We will need quality care—we all will need quality care at some point of our lives, and that can only happen with a skilled, strong work force that is respected, protected, paid, and staffed.

On behalf of all nursing home workers and our residents, please take action. Thank you.

Mr. CLYBURN. Thank you, Ms. Ramos.

We will now hear from Mr. Arbeeny. Mr. Arbeeny, you are recognized for five minutes.

STATEMENT OF DANIEL ARBEENY, SON OF NURSING HOME RESIDENT

Mr. ARBEENY. Thank you, Chairman Clyburn, Ranking Member Scalise, and members of the Select Subcommittee on the Coronavirus.

My name's Daniel Arbeeny, and I live on Amity Street in Brooklyn, New York. In one week in April, four family members died:—my father, my uncle, and my two close cousins of the virus. Three of them are in nursing homes.

It was—we reluctantly, at that time, joined the 100,000 other New Yorkers in what we call the New York COVID nursing home orphans. There were a lot of people.

Thank you for very much for hearing this, and appreciate the opportunity to speak about our personal family experience.

The GAO testimony last year pointed out that while nursing home residents are less than one percent of the population, at that time, they were nearly 30 percent of the COVID deaths. Thank you, Chairman, for pointing out its now 20 percent.

Those are the ones that we're supposed to love, honor, and protect, and we failed. We failed miserably. No family should go through this, and we all went through it. Many here lived it on the other side.

In New York state, the critical component was the March 25 directive compelling nursing homes to accept COVID-positive patients. My family has lived on the same block for five generations in Brooklyn. It's a wonderful heritage we were given, but more importantly, it's where my family has deep community roots.

My father was a vivacious 88-year-old man, still working and driving with a very sharp mind and a quick smile. He sat on the stoop of the house, always offering a smile, a helping hand, and a greeting to everybody regardless.

In short, my dad was in rehab to get strong right around the corner. From his window, he saw the rehab center. And was COVID-free up until the time of the Governor's March 25 order. It was the nursing home who actually came to us and told us about the order and how Cuomo and the state health commissioner refused to listen and just ignored their pleas. They even came up with options for the state, all ignored. Excellent options, mind you.

Despite 24-hour care, we brought our father home, gave him 24-hour care. A week later, he passed away.

We took a COVID test 12 hours before; he died 12 hours later. Twelve hours after that approximately, we got a COVID-positive test. Even nonmedical personnel, we knew it was senseless for state government to exercise the fullest of its powers to compel people with a highly contagious disease, a killing machine at the time, into nursing homes where the weakest and most vulnerable were confined.

What could they possibly be thinking? My brother and I, we talked about this my family, our friends, and those similarly situated like us.

Then the state legislature agreed with the Governor and gave blanket immunity to everybody. At that point, our family decided we were going to find the truth, and that's what we're going to focus on and meaningfully help those like us.

Thankfully, the media began to focus on the Cobble Hill Health Center, our local nursing home. Why? Because New York state had asked all the nursing homes what were the number of probable deaths from COVID. One out of over 600 nursing homes answered truthfully—five, 10, 15, and our nursing home said 55.

Well, the media, thankfully, descended on them. They were the canary in the coal mine. They truthfully answered. They truthfully answered, and the media were trying to skewer them. We spent hours speaking to every outlet you can imagine, AP, The Wall Street Journal, and CNN, to show them what was happening. And in the end, each one of them realized that had nothing to do with the nursing homes in New York, they were forced into this, and they had no idea about the March 25 order, the PPE shortages in the nursing homes that the state was ignoring.

On October 18, we held a mock funeral for our Governor's leadership and integrity, which focused on two simple things: An apology and the true death toll. That came about because he was writing a book on his leadership, and he had just published it. October, six months later?

Despite the fact that COVID being a virus, knows no political party; he blamed it on politics. Based on what we know today, every statistic New York state used was misleading. Rather than using facts to point us to the truth, the guardians of the public interest used their offices to point us away from the truth.

Finally, and thankfully, on January 2021, the state attorney general announced a bombshell report that the deaths were undercounted, and so were the readmissions. Speaking for myself and almost every other family member in this situation, we still have not accomplished our goal of learning the truth. And I'm here before you to hope that you can help us accomplish that.

No one in public or private sectors admitting the culpability for the death, distress, pain, and suffering that was caused and concealed; for this reason, we welcome the attention of this committee on the nursing home aspect of this American tragedy and urge further oversight and help.

Thank you.

Mr. CLYBURN. Thank you.

The chair now recognizes Dr. Travers for five minutes.

STATEMENT OF JASMINE TRAVERS, RN, ASSISTANT PROFESSOR OF NURSING, NEW YORK UNIVERSITY RORY MEYERS COLLEGE OF NURSING

Ms. TRAVERS. Chairman Clyburn, Ranking Member Scalise, and members of the Select Subcommittee on the Coronavirus Crisis thank you for this invitation to speak today on the work force issues, equity, and disparities.

Several issues are inherent to the nursing home work force of many rooted and structural inequities. These inequities present as staffing shortages, inadequate pay and benefits, lack of advancement opportunities, and poor working conditions. Certified nursing assistants, and CNAs, bear the brunt.

When asked about the biggest challenge affecting nursing homes' day-to-day operations, administrators often mention insufficient staffing. Proposed minimum staffing hours had been defined, yet these levels are rarely met. Nursing homes, not meeting hours, have higher Medicaid census portions of Black residents, for-profit ownership, and located in severely deprived neighborhoods and rural settings.

Staff shortages have severe consequences for resident safety, quality of care, and job satisfaction. CNAs have reported being responsible for more than 20 to 30 residents simultaneously, creating heavy workloads and unhealthy working conditions.

Insufficient staffing can result from the inability for homes to recruit and retain staff and not scheduling enough staff. Such challenges center around stigma toward nursing homework, including the type of work, pay, and workload. Often staff receives less pay than peers working in other settings, such as hospitals or even other industries where the work is less demanding.

Last, funding the care of older adults has often been deprioritized in deference to childcare, critical care, and other specialties. Staffing interventions must address these issues.

Centers for Medicare and Medicaid services, hereafter referred to as CMS, intends to propose a minimum staffing standard next year. CMS is collecting information and opinions from staff residents and families. Vital for the success of the minimum staffing standard is supplying more funding.

As it stands, CMS is pushing states to use their Medicaid funding to improve nursing home funding and tie increases to accountability efforts, such as quality measures and higher staff wages; however, CMS must do more than encourage state action.

A strong commitment is needed to improve the working conditions and environment related to education and training, compensation and benefits, opportunities, empowerment, and treat-

ment through mandates, incentives, and accountability efforts, along with temporary support, such as strike teams.

It is important to highlight this systemic inequities that have perpetuated disparities among nursing home residents. Homes with any Black residents experience significantly more COVID infections and deaths than homes with no Black residents.

Beyond the pandemic, when compared to the White counterparts, Black and Latino's residents are likelier to experience pressure ulcers and falls, and under treatment for pain, ordered antipsychotics and restraints, and less likely to receive preventive care.

Residents who identify as LGBTQ+ or living with dementia often do not receive the required care because of limited staff knowledge and training on how to care for these groups, along with biases.

Failure to hire staff that is culturally congruent to residents results in inequitable care experiences when residents' cultural and linguistic preferences are unmet. To that end, all older adults deserve equitable care. Several recommendations in the National Academies reports speak to this.

First, identify care preferences and implement and monitor corresponding care plans. Second, ensure nursing homes are accountable for the total cost of care and poor care delivered through alternative payment models. Third, require staff participation in ongoing diversity, equity, and inclusion training. Fourth, prioritize models that reduce disparities and strengthen connections to communities and broader healthcare systems. Last, develop a health equity strategy for nursing homes. This is important to know what additional work is needed and where.

Finally, I want to emphasize the importance of combining policies, data, and experience to truly appreciate the consequences of decreased oversight, support, and accountability.

During the pandemic, CMS waived inspection requirements outside of infection control. Thus citations for deficiencies such as odor and care planning were ignored. Visiting homes, my nose would sting from the pungent smells of urine and feces. Sheets were heavily soiled, and residents were severely unkempt. Pleas among residents for simple requests such as going outside just to feel the sun on their faces were constant yet unaddressed.

While such citations may seem unimportant, it leads to poor quality of care, such as falls, pressure ulcers, infections, depression, and avoidable hospitalizations and deaths. We must consider the lives that were lost for these reasons and approach such waivers more meaningfully in the future.

In conclusion, I urge the subcommittee to recognize that older adults do not want to stop living, although they might need help living. Only then we'll be able to start to make a meaningful change necessary to improve nursing home care for our staff, residents, and families.

And I just want to recognize Congresswoman Carolyn Maloney, who represents NYU. Thank you.

Mr. CLYBURN. Well, thank you very much, Dr. Travers. Each member will now have five minutes for questions.

The chair now recognizes himself for five minutes.

Thanks to the Biden/Harris administration's historic vaccination campaign, 87 percent of nursing home residents and 89 percent of

staff have been vaccinated against the Coronavirus. These tremendous vaccination rates helped to curtail the devastation that we saw in nursing homes in 2020.

Ms. Ramos, you worked on the front lines of the coronavirus pandemic as a certified nursing assistant at a nursing home in Rhode Island. You've testified today that you had personal experiences that I would like for you to tell us what you think has been the impact of this Coronavirus on your life and the lives of the residents you cared for.

Ms. RAMOS. Thank you, Senator, for the question.

So on, 2020 was the worst day I've ever experienced in my whole life when we first got our residents that was sick with the virus. At that time, I was working on the dementia unit, which means that those residents couldn't tell us, like, their symptoms, how they were feeling.

We—our residents were falling, and then that's when we find out they were very weak and sick. And at that time that's when we kind of figured, like, they were getting sick and then they were trying to test them and to make sure they had the virus.

But for us, the staff, they weren't testing us at that time. So we had to go out on our own and, if we had the symptoms, to test ourselves. The facility wasn't doing that. And also, we didn't have enough PPE at the facility. We were told we had to use the same mask for several days and we have to reuse the gowns. And we were also told that what we were trained in infection or if you had any virus, we're supposed to change our PPE. And we were told that they didn't have enough.

So since the facility that I work at, we have a union. We had to call our union organizer and complain the situation that was going on at the facility, that some staff are having the symptoms and they were not testing them. And they would go out on their own and get tested, and that we didn't have enough PPE.

So our union had to bring us extra PPE, and also they had to call the state to come in and test us. That's how they send in the National Guard, and that's when I find out I was asymptomatic, and I find out that I was positive when the state came in.

Mr. CLYBURN. Can you tell me, did the vaccine, once the vaccine came, was there—what was the extent of the change?

Ms. RAMOS. So when we finally got the vaccine, I was actually one of the first ones in the group with my other colleagues that decided to go first because a lot of our colleagues weren't sure about the vaccine. They were kind of afraid of the symptoms, and they were afraid that they have to lose time from work.

And so our—, again, our unit had to make sure and, like, work with the management and told them that we're doing that for the best care of our residents and that we shouldn't be losing our pay if we get the symptoms.

So after we got the vaccine, our coworkers saw that, you know, we were doing better with the—symptoms weren't that bad. So—and also, our residents, some of our residents were very excited that we had the vaccine, and they were excited to get the vaccine.

So they went, and I got the vaccine. So after we got the vaccine, our residents and our staff members were very excited, and also our residents didn't die on the rate they were dying previously. So

we probably had three—, like one to two residents that died from COVID for the past year.

Before the vaccine, we lost like 20-plus residents at my facility.

Mr. CLYBURN. Well, thank you very much. I'm almost out of time.

I'll now yield to the ranking member.

Mr. SCALISE. I thank the Chairman again, and I appreciated all of the witnesses' testimoneys. As we covered in the beginning, we saw pretty early often in the pandemic as the CDC and CMS were putting out guidance and specifically for nursing homes, they were making it very clear that a nursing home shouldn't be taking patients if they didn't have a plan to keep COVID-positive patients separated. Yet, in fact, you saw New York, through Governor Cuomo, start issuing that order that, ultimately, then other states followed.

We saw New Jersey come right behind it, almost verbatim. And I'll read the New York guidance because it was then used by New Jersey, Michigan, California, and Pennsylvania went for it as well, and this is, quote, from the mandate from Governor Cuomo's health department: No resident shall be denied readmission or admission to the nursing home solely based on a confirmed or suspected diagnosis of COVID–19.

Nursing homes are prohibited from requiring a hospitalized resident who is determined medically stable to be tested for COVID–19 prior to admission or readmission.

So there you have the Governor of New York saying, if you're a nursing home and there is a patient coming from a hospital, possibly COVID-positive, back into your nursing home, and you're not prepared to take care of that patient, you still have to take them going against guidance from CDC, and even further more egregious, you are banned from testing them for COVID.

And, of course, New York is the regulator of the nursing homes. And so Mr. Arbeeny, in your testimony, you pointed out that the nursing home saw this. They saw what was going on with COVID, the deaths that were happening, especially in the most vulnerable populations, and they knew this could be a huge problem, but their regulator's telling them, you got to do something that actually could undermine the health of your own residents, and they pleaded with the Governor not to do this.

If you can expand on that, what did you hear from the guy? Have you gotten a response from the Governor, because we surely haven't, and we've asked time and time again for the same numbers you're talking about. Still, if you could share—because that had to be a really frightening experience to be told by your regulator, you have to do something that you know could lead to the deaths of the very people you're there to protect?

Mr. ARBEENY. Thank you. It was—we knew at the time what was happening at the hospitals, which were struggling, too, with staffing, and we knew what was happening on our nursing home. And when they came to us and said, you can take better care of your father at home because you're engaged, you need to take him home, it was—it was like a hurricane.

I have no other way to describe how my family and I all got together and came up with a plan. The hospital had left some med-

ical needs alone. They weren't doing anything unless it was life-threatening, so we had to get those taken care of.

It was—we were in a race for our lives, and we knew it, and we did everything in our power to get him home. And at the same time, we were going out, and—we made a donation. My family led a group donating to our local police station and twice to our local nursing home, thousands of pieces of PPE because we saw with our own eyes what was happening to our loved ones. We saw what was happening to our police. They had nothing.

So our city knew, our state knew what was happening, and they ignored it. Their focus was the hospital——

Mr. SCALISE. And did you get any reaction from Governor Cuomo or his office that they were,—I mean. Obviously, they're being told this could be deadly. Did they even care? Did they do anything differently?

Mr. ARBEENY. No, they did nothing differently. Our local elected officials sent emails, called. We had a fully functional ICU hospital one block from our house, one and a half blocks from the nursing home. They were, Please, use that building. It's the perfect building. Negative. Pressure rooms built specifically for this. Governor Cuomo would not use it.

Mr. SCALISE. Let me come back to that. I wanted to ask Dr. Grabowski because it seems like you've done some research. There's some pretty riveting numbers that you talked about, not only nursing home deaths, but especially 2,600 people who worked in nursing homes—it wasn't just the nursing home families, like you said, 100,000 families who were part of this orphan class now you're talking about, but those workers, were you aware of these mandates from the regulators, the states like New York who said you have to take them back and you can't test them for COVID?

Mr. GRABOWSKI. So we didn't study those directly in our research. We took a much more national focus, but certainly, I've since then heard a lot about the——

Mr. SCALISE. Does it sound like that followed CDC guidance to force them to do something that CDC was telling them not to do?

Mr. GRABOWSKI. Yes. So I didn't sort of get into that in my research at the time. We didn't focus a lot on kind of the New York and the timing of when CDC was releasing that guidance, so I wouldn't be the right person to comment on that.

Mr. SCALISE. Mr. Chairman, I'll yield back, but Mr. Arbeeny and every other family out there, we are not going to stop fighting to get those answers even if Governor Cuomo and others want to keep hiding the facts. We are going to dig until we get the answers to those questions.

I yield back.

Mr. CLYBURN. Thank you, Mr. Scalise.

The chair now recognizes Mrs. Maloney for five minutes.

Mrs. MALONEY. Thank you so much, Mr. Chairman, for calling this important hearing. Paid sick leave for nursing home workers allow staff to take care of themselves and their families and to keep residents safe, but shockingly, many nursing homes do not offer paid sick leave to workers at all.

This puts many staff in an impossible situation, particularly during outbreaks of infectious diseases like the Coronavirus.

Dr. Bonner, what impact does the lack of paid sick leave have on the health and well-being of both nursing home staff and the residents they care for? Ms. Bonner?

Ms. BONNER. Thank you for the question.

So I think it's significant that in nursing homes, not only things like lack of paid sick leave but other benefits may drive people to, you know, come to work even when they are not feeling well, even when they, you know, have sick children or sick older adults at home.

And so, you know, this has been identified in some of the studies that our colleagues have talked about today as, you know, one of the factors that may have led to spread of the coronavirus crisis more rapidly in, you know, organizations like nursing homes.

So there are over 500,000 CNAs who work in nursing homes and many other professionals, and, again, they felt a sense of duty to be there to take care of residents. And so the lack of paid sick leave—also, many of the people who are nursing-home workers are single parents. They've got children at home, and they've got bills to pay. And so, you know, without any paid sick leave, this was thought to be one of the challenges during the pandemic.

Mrs. MALONEY. Well, thank you.

Ms. Ramos, I understand that you have been caring for nursing-home residents throughout the pandemic and that the facility where you work does provide paid sick leave to you and your colleagues.

How has paid leave helped you and your coworkers do your jobs effectively during the pandemic? Ms. Ramos.

Ms. RAMOS. Thank you for your question.

So our facility does have sick leave. That's because it says in our union contract that we accumulate sick leave through the bargain that we did. And, also, we have a state sick leave that's, like, separate from our contract.

But at the beginning of the pandemic, we were also told that we had to use our sick time when we got COVID from work. So our union had to work with the management and negotiate with the management, saying to them they got sick from work, and they shouldn't be using their sick time to pay for them to be out because they got COVID from work.

So what ended up happening is that our union finally talked to the management, and they come up with, if we got COVID from work, we will go through workman's comp. And so that's how we got paid. And we were homesick, and then, whenever we got better, that's when we went back to work.

But for a lot of workers that are not—that have non-union facilities, I've heard from some of my friends that they had to go to work sick or else they would lose their jobs, they were told.

And some of them were actually sick at work until they couldn't be sick anymore, you know, they couldn't take it anymore, and they had to be out, but they were not getting paid. And I felt bad for one of my friends when she told me that, what was happening.

Thank you.

Mrs. MALONEY. Thank you.

Nursing-home workers, many of whom are women and people of color, also struggle with low pay and have high poverty rates. Ac-

cording to a 2022 report by PHI, a leading authority on the direct care work force, 12 percent of nursing assistants working in nursing homes live in a household below the Federal poverty line, and 34 percent rely on some form of public assistance.

This is not just an economic issue; it's a real-life consequence for nursing-home residents.

Dr. Grabowski, how does low pay for nursing-home workers create risk for nursing-home residents in addition to the staff?

Mr. GRABOWSKI. Thanks for that question.

Our nurse staff are heroes. We didn't treat them or pay them like heroes before the pandemic, and we certainly didn't treat them and pay them like heroes during the pandemic.

When we underpay staff, they leave these positions, there's huge staff turnover at these facilities, leading to gaps in care, discontinuities in care that leads to bad outcomes for our residents.

The best thing that we can do for our residents is support our staff. And that means paying them well, giving them strong benefits, like Ms. Ramos just described with paid sick leave, and really making it a job worth having.

Thanks.

Mrs. MALONEY. Thank you.

My time has expired, and I yield back.

Mr. CLYBURN. Thank you very much.

The chair now recognizes Mr. Jordan for five minutes.

Mr. JORDAN. Thank you, Mr. Chairman.

Dr. Grabowski, was it a bat, to a penguin, to a hippopotamus, to Joe Rogan, and Aaron Rodgers, or did COVID start in a lab? Dr. Fauci and Dr. Collins say it's the former; they said it was animal to human.

Some of the virologists who they've given our tax dollars to over the years have said the same—, although, initially, I think it's interesting to point out, before they had their conference call with Dr. Fauci and Dr. Collins on February 2, on January 31, 2020, Dr. Kristian Andersen, who's received a number of our tax dollars over the years, said "virus looks engineered," "virus not consistent with evolutionary theory." Dr. Garry said, "It's easy to do this in a lab." They, of course, changed their position after they had this famous conference call with Dr. Collins and Dr. Fauci.

I was just wondering what you think. Did it start in a lab, or was it from a bat, to a penguin, to a person?

Mr. GRABOWSKI. So, I'm a health economist. My research has been focused on nursing-home supporting staff, supporting residents——

Mr. JORDAN. You've got a degree—I saw your background. You've got a degree from Duke degree from Chicago. You're a professor of healthcare policy at Harvard.

Is it a good idea for the guys in charge of our government policy on this to mislead the American people?

Mr. GRABOWSKI. So, I don't have an opinion on where the virus started or——

Mr. JORDAN. Just last week, Dr. Redfield was interviewed, and Dr. Redfield said this: "Fauci knew he was misleading the Congress and the country."

Do you agree with Dr. Redfield, or do you think Dr. Fauci was telling us the truth?

Mr. GRABOWSKI. Once again, I don't have an opinion on this. This is sort of outside the scope of my——

Mr. JORDAN. When the government said the vaccinated couldn't get the virus, were they guessing or lying?

Mr. GRABOWSKI. Once again, this is sort of outside the scope of what I focus on. I'm really focused on the care of our nursing-home residents, in particular——

Mr. JORDAN. Yes, but you're a smart guy. You're a professor at the Harvard University School of Medicine.

Mr. GRABOWSKI. And I'm a smart guy that chooses to focus on nursing homes and really supporting those——

Mr. JORDAN. Well, how about this question? How about this——

Mr. GRABOWSKI [continuing]. And putting better nursing-home policies in place to really——

Mr. JORDAN. Well, can the vaccinated——

Mr. GRABOWSKI [continuing]. Provide better care for our residents and our staff.

Mr. JORDAN. Can the vaccinated get the virus?

Mr. GRABOWSKI. Sorry. Ask that again.

Mr. JORDAN. Can the vaccinated get the virus?

Mr. GRABOWSKI. Did individuals who were vaccinated get COVID?

Mr. JORDAN. Can they get it, yes.

Mr. GRABOWSKI. Sure.

Mr. JORDAN. Sure, they can. So when the government told us that they couldn't, were they guessing or lying?

Mr. GRABOWSKI. Once again, that's sort of outside the scope of what I——

Mr. JORDAN. How about this one? Is the pandemic over?

Mr. GRABOWSKI. Once again, that's not for someone in my position. I'm a health economist whose research focuses on nursing homes.

Mr. JORDAN. Yes, but you're in front of the—you're in front of the Select Committee on Coronavirus. I mean, we talked about the number today. I think you cited—Representative Scalise cited this as well. I think it was 172,000 individuals in nursing homes lost their lives. We're talking about healthcare policy.

One of the things it seems we should be getting to the bottom of is how did this thing start. You're a witness in front of the committee with this background—educated guy, professor of healthcare and policy at Harvard. I'm just asking you something—the President of the United States seems to think the pandemic is over. I'm asking, do you think the pandemic's over?

Mr. GRABOWSKI. Once again, this is a hearing about nursing homes. I'm really focused on, how do we support our staff and how do we support our residents? And that's what my research——

Mr. JORDAN. Well, we might not have had the terrible things happen in nursing homes if the government would've been square with us from the get-go. That's one of the things I think is important for the country to understand. Maybe some of these terrible things don't happen.

In fact, we've had testimony in front of this committee that said if they would've focused on the idea that this came from a lab—, and I asked Dr. Jarrar. I said, "Would that have changed how we dealt with the virus, and could that have saved lives," and he said, "Yes, it would've."

So that's why we're asking the question. That's why it's important to the American people. And, frankly, just on a fundamental level, it's important that the government not mislead its citizens, which it obviously seems they're doing.

So maybe I'll ask it this way now. If the pandemic's over—because the President said it just a couple days ago—and the government misled us on the origin of the virus—it seems pretty obvious they did. They definitely misled us on the statement that the vaccinated couldn't get it or transmit it—should people who lost their job be able to get it back?

Mr. GRABOWSKI. Once again, that's kind of outside the scope of kind of what I—what I research.

Mr. JORDAN. Recruitment levels for our military are off 40 percent. I just talked to colleagues on the House floor who say for the first time in their time as a Member of Congress where they didn't have as many apply to go into our academies, because of the vaccine—because of the vaccine mandate that's on.

I'm just asking the basic question, should people—healthcare policy. This seems to have a bearing on overall policy. Should people who lost their job be able to get it back, particularly in the United States military?

Mr. GRABOWSKI. So my research hasn't focused on, kind of, job loss in the military. That's really kind of outside the area that I study. I'm very focused on nursing homes, which is the focus of this hearing.

Mr. JORDAN. How about this one? Should Pfizer, J&J, Moderna have to pay the back-salary of people who lost their job, seeing how they've been misled on the effectiveness of this vaccine?

Mr. GRABOWSKI. Once again, that's not an issue that I've focused on in my research.

Mr. JORDAN. Mr. Chairman, I yield back.

Mr. CLYBURN. I thank the gentleman for yielding back.

The chair now recognizes Mr. Foster for five minutes.

Mr. FOSTER. Yes, thank you, Mr. Chair.

And I guess I'd like to start by apologizing on behalf of the U.S. Congress, you know, and to express my admiration for your not getting lured into trying to talk about things where you don't have the training or the knowledge about. As you can see, the U.S. Congress is not constrained in that way, for talking about things we know nothing about.

Mr. JORDAN. Do you think knowing where this thing started is important?

Mr. FOSTER. Reclaiming my time, I would like to actually at this point ask you——

Mr. JORDAN. Well, I mean, this is a fundamental question. This is the Select Committee on the Coronavirus.

Mr. CLYBURN. Mr. Jordan——

Mr. JORDAN. The origin of the virus is an important——

Mr. FOSTER. Reclaiming my time——

Mr. JORDAN [continuing]. Question, Mr. Chairman.

Mr. CLYBURN. Mr. Jordan, I think you know that I'm not going to tolerate that.

Mr. JORDAN. Well——

Mr. CLYBURN. No one has disrupted you.

Mr. JORDAN. No, but he commented——

Mr. CLYBURN. No——

Mr. JORDAN [continuing]. About my questioning, and I'm asking a fundamental question.

Mr. FOSTER. I commented on my time. And I will continue to use my time——

Mr. JORDAN. About my questions.

Mr. FOSTER. Correct. And that's——

Mr. JORDAN. You can ask whatever questions——

Mr. CLYBURN. No——

Mr. JORDAN [continuing]. You want. You don't have to comment about mine. And if you comment about mine, I want to raise the fundamental question, why won't this committee look into how this thing started?

Mr. CLYBURN. I answered your question, and you aren't going to ask a question again now. I'm going to ask you very politely to——

Mr. JORDAN. Obviously——

Mr. CLYBURN [continuing]. Recognize and respect——

Mr. JORDAN. Mr. Chairman——

Mr. CLYBURN [continuing]. The gentleman's time.

Mr. JORDAN [continuing]. Obviously, the Democrats don't care about finding out how this virus that disrupted so many lives, including Mr. Arbeeny's family—they don't care about finding how this thing started.

Mr. CLYBURN. My family has been——

Mr. JORDAN. I do, and the folks I represent do.

Mr. CLYBURN. Your family has been impacted by this, and so has mine. So let's stay away from that.

Mr. JORDAN. So I'd think you would like to know how—I think it makes sense for you——

Mr. CLYBURN. And I've got——

Mr. JORDAN [continuing]. To question how this thing started.

Mr. CLYBURN [continuing]. Enough sense to know that we are going to do this in regular order. And the order here today is to talk about nursing homes. We are not going to get into that.

Mr. JORDAN. You've yet to get into it in two years that we've had——

Mr. CLYBURN. Mr. Foster?

Mr. FOSTER. Yes. Thank you, Mr. Chair.

And I also—I, too, lost my favorite aunt and my favorite uncle in a nursing home in the situation. And I just want to say that the vast majority of people working in the nursing-home industry were trying to do the right thing with imperfect information.

You know, it was months before we knew that this was primarily aerosol and that all of the business of sterilizing your food and super-washing your hands was largely irrelevant, and what was important is not to exhale in the presence of people who are vulnerable. OK? And it took us a while to understand just how simple that was.

Also, I'm a little bit concerned that we're trying to focus too much on what happened in certain—there were problems all over the country. And I'd like to at this point ask unanimous consent to put into the record a list prepared by staff of other states that had very significant problems—you know, Georgia, you name it—large—Connecticut, Maryland—just all over the country.

Mr. CLYBURN. Without objection.

Mr. FOSTER. And my aunt and uncle passed away in Pennsylvania, and I thought that staff there were doing the best they could under terrible circumstances.

And the way patients passed away, you know, being unable to talk to their loved ones, was tragic and, unfortunately, necessary, given what we knew about the virus then and what we know now, actually.

And there's a large number of lessons to be learned. One of them, too, is, as has been mentioned, the fact that we have been under-investing in the end-of-life care in this country for a long time. There is enough money in our country to solve this problem. It is not like we're asking for something that's unachievable.

You know, since the start of the Obama recovery, the net worth of Americans has increased from $60 trillion to nearly $150 trillion. All right? That's a lot of money. But unfortunately, not much of that increase in wealth has ended up in those in the middle class who fall out of the middle class at the end of life. Because that is who ends up in nursing homes.

This is not something just—you know, nursing homes are not just for minorities. And there's a sort of narrative about "this is what nursing homes are about," and it's not. It is ordinary, middle-class people who simply run out of resources at the end of their life.

And we have enough money to fix this in this country, and it is to our shame that we don't.

It was one of the first things I did when I was elected, geez, about 12 years ago, I guess. I asked: What, in Illinois, does your life look like when you run out of assets at the end of your life?

And there's a certain amount of money that we have. It's made much worse in Illinois, in fact, because Illinois, like New York, like California, and a number of other states, writes an enormous check to the Sunbelt and to the low-population western states. If we simply had—because we pay a lot more in Federal taxes than we get back in Federal spending.

That alone, fixing that, would provide a much better level of healthcare generally and particularly end-of-life care in states like New York and Illinois, and California, the large-population states who are routinely rooked by formula-driven spending from the U.S. Senate.

That's not the subject of this hearing, but it's really important when you talk about what's going on in individual states is the balance of payments between the states.

So I'd like to just talk a little bit about the labor force shortage here. You know, there's an obvious solution to this. It is called immigration reform. And there are hordes of very competent, well-trained nurses around the world. And they traditionally have entered the U.S. work force. They enter the U.S. and then start qualifying to get nursing credentials. They work as ordinary nursing as-

sistants in eldercare homes. I visited one just a few weeks ago here.

And this is an obvious solution. And is there any reason that you've come to understand about why we can't fix this? Because it's all Americans who suffer from the lack of assistance.

Yes, Dr. Grabowski, any——

Mr. GRABOWSKI. Yes, sure.

So a large share of our labor force in nursing homes are currently immigrants. And I think as you're suggesting, Congressman, we could expand that, and we need to expand that going forward, especially with the aging baby-boom generation.

We're doing a study right now, and it fits exactly with what you're asking. It turns out areas with greater immigration see an increase in the work force in nursing homes, and guess what: It leads to better quality.

And so that link is absolutely there. We need to encourage strong pathways to get more immigrants in because that's going to be a big part of the puzzle. It's not the only piece, but it's going to be a big part of it going forward. We cannot do this on just using domestic workers alone. We're going to need strong immigration going forward.

Mr. FOSTER. OK. Thank you.

My time is up, and I yield back.

Mr. CLYBURN. If you have another question, I'm going to allow it because I think we took a minute and a half of your time listening to some foolishness. So I will allow you——

Mr. FOSTER. Yes, OK.

I guess, what we talked about,—you know, I'm a scientist, so I look for technological solutions that will make things better. And one of the things that strikes me is that there are a,—you know, diabetes is one-third of our healthcare costs. And there are treatments that are now looking like they're home runs in treating obesity and diabetes. You see them on TV, which—I won't quote the trade names, but you see them all the time.

And so the question that I have is, we've learned in COVID there are huge advantages in giving away certain things, like vaccines and testing, for free and that they net out as a huge savings in quality of life as well as taxpayer savings.

And I was wondering if there are ongoing ways—what is the framework for studying that and understanding if we can save the taxpayer money by distributing these diabetes cures, you know, for free to everyone?

Sure, yes. That sounds like healthcare economics.

Mr. GRABOWSKI. All right. I'll take that one.

Absolutely, there's a whole area of economics called value-based insurance design, where you lower the cost-sharing, maybe even make it zero, as you suggested, for high-value drugs and interventions. This might be an example of one such drug.

In order to study the savings with nursing homes, you'd really want to think about, what are the changes in functioning that this kind of drug might have for nursing-home residents?

Remember, for most nursing-home residents, Medicare is going to be paying for their healthcare, so a lot of the savings would be on the Medicare side, presumably, in terms of their healthcare

spending. But are there savings on the nursing-home side, in terms of, you know, their functioning gets better, as you mention, maybe obesity is lower?

There are all sorts of ways that they may potentially end up costing Medicaid and Medicare less in the nursing home, and that's where we'd want to focus on and see if there's any potential offset there.

Mr. FOSTER. Thank you. And we'll be following up with you on that.

Mr. GRABOWSKI. All right. Thank you.

Mr. CLYBURN. Thank you very much.

The chair now recognizes Dr. Green for five minutes.

Mr. GREEN. Thank you, Mr. Chairman.

Mr. Grabowski, I'm going to be submitting a question in writing to you.

Mr. GREEN. But, Mr. Chairman, I'm yielding my time to the gentlelady from New York, Ms. Stefanik.

Ms. STEFANIK. Thank you, Dr. Green.

Mr. Arbeeny, thank you so much for being here today as an advocate on behalf of so many New York families, the 100,000 New York COVID orphans, essentially, for the over 10,000 lost loved ones in nursing homes.

I want to start off on March 25, when Governor Cuomo issued that fatal directive, forcing nursing homes to accept COVID-positive patients. Did you consider that a death sentence for the most vulnerable in New York's nursing homes?

Mr. ARBEENY. We absolutely did. And not just myself, not just my siblings, everybody we spoke to, whether they were in nursing homes, whether they were in hospitals, we all did. And we were all dumbfounded because we all knew the USS Comfort was sailing in. I went with my son and my wife to see it sail in.

Unfortunately, five days later, New York City had 3,000-plus beds that were never used——

Ms. STEFANIK. That's correct.

Mr. ARBEENY [continuing]. In the Javits Center and the USS Comfort. And the reason they weren't used was our state layered on top of the Federal admission policies their own admission policies, which I have access to, and so it was never used.

Ms. STEFANIK. It was a disaster. And I've spoken with constituents in my district, in New York 21, who lost their loved ones in nursing homes in the north country and upstate New York.

But I want to point out everyone knew Governor Cuomo and Lieutenant Governor Hochul's directive was not according to CMS guidance.

Look at this. Secretary of HHS: "There is no CDC guideline saying you should be taking positive COVID patients and putting them back in the community in nursing homes."

Former CMS Administrator Seema Verma: "Under no circumstances should a hospital discharge a patient to a nursing home that is not prepared to take care of those patient needs." And then, when asked directly, would New York state's guidance have violated CMS guidance, the answer was yes.

This was a death sentence.

And isn't it true that, only four days after issuing that directive, during Andrew Cuomo's press conference, he himself said that, quote, "Coronavirus and a nursing home is a toxic mix" and can be like, quote, "fire through dry grass"? Isn't it true that he said that?

Mr. ARBEENY. He said that multiple times. And I can actually get out the dates he said that. It was horrific for anybody that was living through that. Yes.

Ms. STEFANIK. So Governor Cuomo knew, and they worked overtime to cover this up. As families came forward,—they certainly came and tried to reach the Governor, tried to share their views, as well as the nursing-home workers—what was the Governor focused on? He was focused on winning his Emmy, which has since been taken away from him, and he was focused on cooking the books, withholding the numbers, so he could get his $5.2 million book contract, which was unethical.

I will always fight for transparency and answers.

My question is: Since Governor Cuomo has been forced to resign, Kathy Hochul, who was the sitting Lieutenant Governor, she promised to fight for transparency. She lied when she said that.

Can you talk about your family's experience, working with other advocates, your reaching out to Kathy Hochul, and what she has failed to do?

Mr. ARBEENY. My brother printed this out. This is my father's death certificate. And we've shown this to our attorney general, our comptroller, and we gave a copy to our current Governor. And she said she was mortified that she couldn't—, and nobody could tell us if my father's death counted, and that she wanted to get a true death count, that we shouldn't 50 years from now be trying to figure out what happened.

Unfortunately, nothing has happened. And as best we've been told through somebody else, they won't be looking back; they only want to look forward.

Ms. STEFANIK. She lied. And she continues to delay any investigation. She has refused to respond to congressional outreach from myself, Ranking Member Scalise, and Ranking Member Jamie Comer.

Isn't it true that the state senate, which is held by Democrats, they've refused to do a fulsome investigation into this?

Mr. ARBEENY. Yes. They have not done an investigation with subpoena power, and they've whitewashed it.

And we know this very clearly because of the attorney general, in January 2021, and our state comptroller came out with—sorry, 2022—and our state comptroller came out with their findings. And I could read to you those findings. I have the quotes. But at the very highest levels in our state government, we were lied to for their narrative.

Ms. STEFANIK. Help is on the way. The subpoenas are coming. House Republicans are committed to standing up and demanding answers and justice for those families that our colleagues across the aisle in New York state and here have failed to do.

The subpoenas are coming. Help is on the way.

I yield back.

Mr. CLYBURN. I thank the gentlelady for yielding back.

The chair now recognizes Mr. Raskin for five minutes.

Mr. RASKIN. Mr. Chairman, thank you very much.

This morning, this subcommittee released reports exposing the truly horrifying conditions in nursing homes across the country in the early months of the pandemic.

And I can remember like it was yesterday how the Trump administration abandoned nursing-home workers and other essential workers as they pleaded for the Federal Government to help them get critical supplies necessary to protect themselves on the job and curb the spread of the virus.

But, instead of mobilizing a serious Federal response, President Trump contemptuously stated that his administration was, quote, "not a shipping clerk," and he told the states to go and find their own supplies.

Today, I'm actually reading about a new book that's been published quoting Melania Trump in a phone call with former New Jersey Governor Christie, in which she discussed seeking help convincing her husband to take the pandemic more seriously.

"'You're blowing this,' she recalled telling her husband," the authors write. "'This is serious. It's going to be really bad. And you need to take it more seriously than you're taking it.' He just dismissed her. 'You worry too much,' she remembered him saying. 'Forget it.'"

The new documents demonstrate just how severely nursing-home facilities were affected by PPE shortages under the dereliction of duty of the administration.

So, long before Donald Trump did nothing to rescue his own Vice President, Mike Pence, as he was being hounded and chased out of the Capitol by Trump's mob, he was doing nothing to rescue tens of millions of Americans from the nightmare of COVID–19.

Some employees were reportedly told to, quote, "share PPE" with other employees. Some were only given one protective face mask to wear for an entire week and were instructed to use makeshift isolation gowns out of plastic or paper bags that were, quote, "stapled and taped together."

Ms. Ramos, as someone who worked in a nursing home during those early months of the pandemic, how did these systemic PPE shortages affect you and the lives and work of your colleagues?

Ms. RAMOS. Thank you for your question, Senator.

So, during that time, we didn't have enough PPE, like I said. We were struggling to get PPE. Like, we didn't have—they told us to use the same mask over and over again, and they told us to reuse the gowns.

So we also had—when our staff members were getting sick, we didn't have enough staff to work either. So we were short-staffed at that time also.

And during that time, we called our organizer and let them know what was going on in our facilities. And our organizer had to come for our rescue and bring us the PPE and also tell them that they need to do something about the staffing or the management has to come in and help out because we didn't have enough staffing.

Like, on Mother's Day, I remember clear that day, we had 26 residents that were very sick. And one of my residents, she asked me if I could stay by her bedside and hold her hand because her children were outside the window, visiting her. And it broke my

heart because we didn't have enough staff on. So there were only 2 CNAs working that day and a nurse working that day, for 26 residents. And so it broke my heart, because I told her I couldn't sit with her because I have other 25 residents that I had to care for.

But we called the management, and the answer was we had enough staff on. And the PPE, our organizer, had to drop off some PPE.

But, also, the short-staffing, it didn't start with the pandemic. It also start before the pandemic. We had a big shortage of staff. So the pandemic made things worse for us in the nursing homes.

Mr. RASKIN. Well, thank you very much for your service and also for your testimony.

The previous administration's refusal or complete inability to do their job allowed one of the worst pandemics in history to run practically unchecked here in the United States.

Dr. Grabowski, how did the Trump administration's failure to provide nursing homes with PPE and other essential health supplies affect their ability to care for residents in the first months of the pandemic?

Mr. GRABOWSKI. Yes. Thanks for that question.

As Chairman Clyburn mentioned during my introduction, I served on the Trump administration's CMS Coronavirus Commission back in 2020. And we were asked to take stock of what had happened up until that point and offer a series of recommendations to really provide nursing homes with a roadmap out of the kind of crisis that they were in at the time.

And our recommendations included personal protective equipment, testing, support for staff like Ms. Ramos, better ventilation, and on and on and on—better data. All these issues have come up. Mr. Arbeeny talked about PPE and more transparency of data. You know, we had a really strong list of recommendations.

Those recommendations were not incorporated. The administration said, "Thank you," but didn't put them into practice. And I think that cost us a lot of lives at the time.

Congressman, if we had went ahead and really provided PPE to facilities, rapid testing, support for our staff, and on and on and on down the list, I think that death total I cited earlier would be a lot lower today.

Mr. RASKIN. Thank you for your testimony.

I yield back, Mr. Chairman.

Mr. CLYBURN. I thank the gentleman for yielding back.

The chair now recognizes Ms. Malliotakis for five minutes.

Ms. MALLIOTAKIS. Thank you, Mr. Chairman.

And thank you to our witnesses for being here today. As a New Yorker, I'm especially happy to welcome Mr. Arbeeny here to tell his story.

I think we could learn a lot from you and expose the decisions that were made by the Cuomo-Hochul administration that ultimately led to over 17,000 of our seniors dying and, unfortunately, your father. And my condolences for that.

I just want to talk about the timeline. Because on March 13, 2020, CDC and CMS released guidance stressing that a COVID–19-positive nursing-home resident must be quarantined and prop-

erly treated. The guidance directly forbids nursing homes from accepting patients they were unable to properly treat.

Then, on March 15, in a phone call between Jared Kushner and Governor Cuomo, Cuomo allegedly said, “For nursing homes, this could be like fire through dry grass.” He admitted that.

And March 19, the Society for Post-Acute and Long-Term Care Medicine warned, “Admitting patients with suspected or documented COVID–19 infection represents a clear and present danger to all the residents of a nursing home.”

So it was very clear, very well known to everyone, that the elderly were the most vulnerable to COVID and that putting positive patients in the nursing home just lacked common sense.

On March 24, it was during his daily press briefing—, and it was very famous this video clip, where he said, “My mother is not expendable, and your mother is not expendable.” And yet the very next day is when he put out that directive, that lethal directive, that mandated nursing homes, regardless of their ability to provide care, to accept the COVID–19-positive patients discharged from hospitals. And that directive prohibited the nursing homes from even testing the patients prior to admittance.

And, to boot, the state didn’t even provide the PPE to help the nursing homes. And, like you said, you were delivering PPE. So was I, going to the nursing homes to try to help them, because they were forced to do this without any help from the Cuomo administration.

And it was directly against the CDC and CMS guidance and common sense.

Now, this is an interesting thing. Even after the Governor set up and the President sent in the USS Comfort ship, the DOD set up the Javits Center, on Staten Island, we had the South Beach Psych Center, even after there were alternatives that were not full, right, hardly used really, the Governor kept this mandate and kept requiring that nursing homes take that.

Why do you think that is?

Yes, Mr.—I would love—why do you think, even after——

Mr. ARBEENY. Yes.

Ms. MALLIOTAKIS [continuing]. There were alternatives, that he continued to put those positive patients in nursing homes?

Mr. ARBEENY. It’s dumbfounding to me. And the way I’d like to answer it is: I could guess, but what I’d like to do is point out some facts.

On March 19, he started working with book publishers on his book our former Governor. And four months later, he all of a sudden has a book and a book deal, and he’s lying about all the numbers.

He called the President at the time, President Trump, and asked for help. President Trump set up, in less than 10 days, 3,000—almost 3,000 beds—no, 2,000 beds at the Javits Center. They mobilized. And five days after March 25th-ish, they all are open.

We did a FOIA request and found out, on April 7, the vice admiral in charge of those facilities was emailing the executive chamber and saying, “We have nobody here. Please send us,”—and you see the chain of emails. They’re getting the runaround.

I can only guess that our Governor—, who then purposely made sure no one could use the Javits Center or the USS Comfort, because he layered admission policies on top of that,—didn't want to do it because it might make the President look good or it might help New Yorkers.

I can't understand how you could not do it.

Ms. MALLIOTAKIS. No.

I think we should also look into whether nursing homes got higher reimbursements than if he had put—would the state have gotten more money putting people in nursing homes or hospitals versus the alternative sites. That's something that should be looked at.

But one question. You mentioned your father was in the nursing home from—when? When did he start being in the nursing home?

Mr. ARBEENY. I don't remember the exact date for——

Ms. MALLIOTAKIS. Uh-huh.

Mr. ARBEENY [continuing]. The last one, but I think it was around March 25, plus or minus a couple——

Ms. MALLIOTAKIS. March 25. So it was before the directive.

Mr. ARBEENY. Yes, it was—I think it was—, sorry. It was a week before.

Ms. MALLIOTAKIS. So he was in that nursing home a week prior to the directive. The directive happens. And you're saying in April is when your father was positive and passed away. And, at that time, there were these alternatives set up.

Mr. ARBEENY. Correct.

Ms. MALLIOTAKIS. So you believe if Cuomo decided to put these individuals in the alternatives instead of the nursing home, your father could still be alive today?

Mr. ARBEENY. So the answer is, absolutely. I'm sure the staff brought the virus in. No one could say no to that. But putting 9,000 COVID-positive patients into the nursing homes is nothing short of a death sentence for my dad and the other tens of thousands of—15,000 people.

Ms. MALLIOTAKIS. Yes.

Well, again, my condolences. And I've run out of time, but thank you for being here.

Mr. ARBEENY. Thank you. Sorry for going over.

Mr. CLYBURN. I thank the gentlelady for yielding back.

The chair now recognizes Dr. Miller-Meeks for five minutes.

Mrs. Miller-Meeks. Thank you, Mr. Chair.

And I want to thank all of our witnesses for being here today.

And let me also say to all of those who lost loved ones during the COVID–19 pandemic, as a physician and a former public health director, we know that infectious diseases are something that we have largely tried to help, to assist with, and COVID–19 is one of those where we still don't even know the origins of COVID–19 and are still uncertain about transmission status with vaccination, but we know people with vaccines and boosters can still transmit the virus. So we still have some to learn.

But one of the things I can say that we do know from the infectious disease and medical standpoint is that when you mix sick people with an infectious disease with well people that, you're likely to get transmission.

And as we've heard from my colleagues today, it's clear that the Governors in New York, New Jersey, and Michigan violated clear guidance and infectious-disease protocols by issuing must-admit orders, which sadly led to thousands of unnecessary elder deaths.

We already knew from the evidence we had from China that there was transmission in elderly people, that children rarely got ill. There was a question whether children would transmit the virus because they have a much better immune system. We knew that this group was the most susceptible group. And we already knew that there was guidance from CMS and from CDC in regards to admission status.

Let me also say that the actions of these Governors went against CMS and CDC guidance when they forced COVID–19-positive residents back into nursing homes, forced them to be accepted, and declined—and sometimes actually tried to get them not to test the COVID–19 status.

While the Trump administration was issuing guidance to attempt to protect this already-vulnerable population, these Governors showed carelessness and acted directly against the science.

This is not political. It's scientific. For those of you who have children and have gone into a pediatrician's office, most pediatricians' offices will segregate out the well children from the sick children. And, in fact, we did that with pathways into hospitals throughout the COVID–19 pandemic.

Long-term-care facilities have always been more vulnerable to infection, and infectious-disease outbreaks, for a plethora of reasons, but especially because they're primarily occupied by elder people who have an already-suppressed immune system. And this has remained true with COVID–19. However, carelessness and a lack of following the science led to worse outcomes than what was necessary.

And I would say any public health director, state public health director—, and I was one in Iowa,—would have known that putting COVID–19-positive patients or patients who had not fully recovered from a COVID–19 diagnosis and admission to a hospital would put others at risk.

When the population of caregivers is primarily younger, who may not get ill, it's possible they could bring in COVID–19 coming into a facility, but more likely introduced from ill patients who had poor immune systems and were more likely to transmit.

So I believe that, as we look back and conduct oversight of the COVID–19 pandemic, we should look at the importance of ensuring long-term-care facilities remain a priority when it comes to allocation of resources such as PPE and vaccines for situations such as when the pandemic arises in the future.

And, Mr. Arbeeny, I think you've spoken to this, but could you speak to the risk this presents to residents of nursing homes.

And can anyone provide a good explanation for the inconsistencies in how we did in hospitals, acute-care hospitals, in segregating patients, and then what was allowed to be admitted and mandated in New York, New Jersey, and in Michigan?

Mr. ARBEENY. It felt to me, in my experience being in the hospital system and in the nursing-home system, that—or, not "it felt to me,"—all the focus in the media and everything our former Gov-

ernor was saying was on the hospitals, not on the nursing homes. It felt like nursing homes were the orphaned stepchild. I can't put it any other way. And yet the nursing homes are where our most loved people are—our parents, our grandparents.

It was just—nobody with common sense would've ever done anything like that. And, what, 50 states—, 45 states didn't do that. The five that did, from what I remember—and I don't remember the numbers—, the outcomes were just so much higher.

Mrs. Miller-Meeks. And at a time when we prevented family members from being with those individuals.

Thank you so much for your testimony.

Mr. Chair, I yield back.

Mr. CLYBURN. I thank the gentlelady for yielding back.

Before we close, I ask unanimous consent to enter into the record 27 letters the committee has received from individuals and organizations about this crucial issue.

Without objection, so ordered.

Mr. CLYBURN. In closing, I want to thank all of today's witnesses for their testimony. We appreciate your insight and expertise as we seek to understand the challenges that America's nursing homes faced during the coronavirus crisis so we can learn from the past and prepare for the future.

I also wish to apologize for the outburst we heard here today. When I was leaving home, going away to college, back in 1957, my dad shared with me a little anecdote, and he concluded with this thought: "Now, son," he said to me, "the first sign of a good education is good manners."

I've held to that. And it seems to me that a lot of people who went off to college did not get a good education. And so I apologize for what you were subjected to here today.

And I'm grateful that the Biden administration is focused on improving nursing homes in America so the Coronavirus and other infectious diseases no longer pose a dangerous threat to residents and staff.

Vaccinations, including being up to date on boosters, remain our most important tool in preventing severe outcomes from the Coronavirus. Nowhere has the life-saving impact of coronavirus vaccines been more apparent than in our Nation's nursing homes.

And I am very pleased to hear your testimony here today, Ms. Ramos, on that subject.

I urge all Americans to get vaccinated and to go out and get the updated bivalent booster as soon as they are eligible.

With that—and, without objection, all members will have five legislative days within which to submit additional written questions for the witnesses to the chair, which will be forwarded to the witnesses for their response.

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