

**Testimony on Vaccine Rollout and Challenges
for
Long-Term Care Providers during the
Coronavirus**

**Joint Virtual Hearing
Senate Aging & Youth and Health & Human
Services Committees**

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My name is Suzanne Owens and I am CEO of a campus of 500 long-term care residents that have been classified by CDC, CMS and Pennsylvania Department of Health as the top priority for receiving the COVID-19 vaccination. The reason I have come to you today, is to express the urgency needed of getting our seniors the COVID-19 vaccine. Unfortunately, the current distribution and administration system of the COVID-19 vaccine has failed our senior living communities. Not only have our seniors suffered immensely during this pandemic, due to the communal structure and services these communities provide that residents typically thrive upon, but they are at the highest risk of fatality. Whether they ever see their families and loved ones again rests in our ability to distribute the vaccine to this demographic. It is simply inhumane to allow our seniors to continue to live in isolation, or die because we were not able to get them a vaccine soon enough.

First, I want to explain to you why there needs to be greater urgency for getting the vaccine to our seniors.

Every facility is faced with the reality that another outbreak can happen on our campuses at any moment despite taking every precaution that will result in deaths.

I have been a part of weekly zoom conferences with several CEO's and medical directors from southeastern Pennsylvania throughout the pandemic. Not only did my campus have an outbreak that caused the death of many residents, but everyone on our calls had experienced the same. One facility less than 10 miles from my campus experienced the deaths of 18 individuals from a COVID outbreak in December 2020. Another medical director shared that a facility he is affiliated with had 100% of the personal care residents test positive for COVID in early spring of 2020 and 50 died.

Additionally, the fact that our facility and other across the state do not have 100% of our employees vaccinated, means that residents who have not received a vaccine, remain as vulnerable to an outbreak as before the vaccines started. Despite doing everything we possibly can to educate our employees at Peter Becker regarding the benefits of the vaccine, only 65-70 % of our employees were vaccinated, and this remains consistent with national averages. We believe this is related to the fear portrayed in the media. And sadly, many of my central Pa. colleagues reported only averaging 50%.

Lastly, maybe arguably the most powerful reason is quality of life. The facts are, that COVID-19 is sweeping through senior living facilities and causing deaths across the state. But imagine a far worse scenario in which your last year on earth was alone, isolated in your room, unable to see your family. Unable to share a meal with friends in the dining room. Unable to be hugged by one human being. Unable to walk freely around the halls or campus where you live. Unable to enjoy life.

I spoke with many families on zoom conferences as Thanksgiving and Christmas approached, unfortunately sharing the news that no visits could be allowed. Many

were concerned about their loved ones eating a meal of takeout food, alone in their room or apartment for each holiday as required by our current COVID status. I begged for their patience because we were told the vaccine was so close and holds so much promise for our residents to resume seeing their families and loved ones again. Our residents could understand the need to isolate but they cannot understand why the Pennsylvania Department of Health (DOH) has abandoned them now. There is no possible reason that it can be seen as acceptable that such a high percentage of long-term care residents await vaccination on this date in February.

Now I want to explain why the current system for providing vaccinations to long-term care facilities is failing this group of people.

The Pa. DOH nor our designated vaccine provider have at this time ever acknowledged who they consider to be a part of the vaccine rollout. There continues to be great confusion about what levels of care in senior living campuses should be part of the vaccine process.

At Peter Becker, we were first given a date that skilled nursing and personal care residents and employees would be vaccinated. Days later we were told only skilled nursing residents would be part of the process. Apparently DOH was restricting vaccinations for personal care residents. In numerous conversations, no one knew if residential living residents would ever be part of the clinics. How is it possible that no answers are available? How can I serve my residents if I don't have any access to key information?

I was angry when CVS told me a few weeks ago, that our personal care residents would not receive vaccinations until March 8, 2021 and our residential living residents might not ever qualify for clinics so they would need to find a site in the community. How is it possible that a group that is deemed to be the highest priority in the country could be scheduled months after the general public schedules appointments in local clinics?

The fact that we now hear DOH excludes independent living entirely also makes it clear that no one knows who independent-living residents really are. One might assume by the phrase "independent-living" that these are individuals who can use the internet and locate local clinics, drive, and receive the vaccine on their own. That is simply not the case. The majority of our independent-living residents do not have internet, or smart phones, they no longer drive. Many use walkers and have significant ambulation challenges. Many have aides that assist them regularly. Most enjoy the benefits of a retirement community because the services provided allow them to live an independent lifestyle that they could not manage at home alone.

My anger at not receiving vaccines for personal care until March 8th in the end helped our community to secure vaccinations. The day I received that communication I held a broadcast for residents and families and asked that they call

the governor and the department of health and anyone they could think of to communicate their outrage. One daughter of a personal care resident contacted media who eventually came to interview myself and several residents for a NBC-10 Philadelphia segment. Calls were made to everyone that could possibly help. And we did get help. The same day the interview was held we were told we would be scheduled for the vaccines on January 24 and 25 instead of March 8. On those two dates we provided the first vaccine shot to all remaining residents on our campus.

Despite my relief and joy to have accomplished this seemingly impossible feat, I was saddened to hear from 12 colleagues on another zoom call last week that only one other facility in that group had been able to secure vaccinations for their entire campus.

Although we are happy to say they have now completed the second shot for our skilled nursing residents we have been told that once we complete our three clinic dates for skilled nursing there will be no additional clinics for individuals that move in after those dates. Individuals move in to skilled nursing daily. It does not appear that there is any plan for this going forward **and we need action.**

Now. What can we do?

The Department of Health should abandon the system they put in place to vaccinate long-term care because it isn't working. We know the vaccine distribution process in other groups is working very well. Many Hospitals received the vaccine in late December and within days vaccinated all employees. The local hospital that our community works with daily, vaccinated 1900 employees before December 31.

I will take the liberty to speak on behalf of all senior living communities in the state of Pennsylvania and say that the only possible solution for vaccinating our residents is to provide the vaccinations on the site of their campuses. There is no other practical way to accomplish this. As a health care community, we have close relationships with hospitals, pharmacies, physicians and of course have our own nurses. There are ways to work within the current standing structures to have vaccines provided.

I'll leave you with this.

This week a receptionist at my dentist office mentioned to me she received her second vaccination. My 62-year-old neighbor was able to sign up in a clinic and received the shot because she is slightly overweight.

And yet long-term care residents across Pennsylvania continue to wait. And not only wait but receive conflicting information and no concrete answers. Why is our most vulnerable and isolated population so neglected? The sad truth is that there are many people across the state in facilities that are waiting with no certainty and need your urgent assistance.

