



# OVER EXPOSURE

*The devastating impact of Covid-19 on Missouri Healthcare workers and how we can create a path forward for safety and recovery*

The World Health Organization (WHO) on March 11, 2020, declared the novel coronavirus (COVID-19) outbreak a global pandemic, and Missouri hospital, nursing homes, and healthcare facilities scrambled to prepare for an unknown disease with unknown consequences. However, nearly a year later, frontline healthcare workers are still working in hazardous conditions with a lack of adequate and/or consistent safety protocols to protect workers or patients/residents.

In the following paper, Service Employees International Union Healthcare Illinois Indiana Missouri Kansas (SEIU HCIIMK) will present the realities of what frontline hospital and nursing home workers face everyday on the job during the COVID-19 pandemic.

In order to better protect workers and fix a broken healthcare system and racial injustices, SEIU HCIIMK has a series of policy recommendations for Missouri state, county, and city officials. These recommendations include:

- » Increasing the state minimum wage to \$15 an hour;
- » Creating the position of a COVID-19 safety ombudsman in cities and counties to better train and protect workers and patients/residents;
- » Requiring hospitals and nursing homes to create in-facility safety committees of management and worker representatives to set and review safety protocols;
- » Convening city-wide hospital safety committees to set industry safety standards; and
- » Providing additional supports to frontline workers during the pandemic such as free or subsidized public transportation passes, child care assistance, and/or housing assistance/eviction moratoriums.

Frontline healthcare workers are struggling in facilities with outdated safety protocols and need assistance from city, county, and state officials in enacting laws and regulations to keep them and their patients/residents safe and able to thrive.



**SEIU**Healthcare  
United for Quality Care

# Introduction

Essential frontline healthcare workers are experiencing devastation from the COVID-19 pandemic. Certified Nurse Assistants (CNAs), medical technicians, dietary workers, medical secretaries, and janitors who work in hospitals and nursing homes have been repeatedly exposed to the virus. They have been forced to work longer hours in more direct contact with COVID-19 infected patients than any other group of essential workers. Many healthcare workers are people of color who are almost three times more likely to die from COVID-19, according to the CDC<sup>1</sup>. This is a disparity linked not just to workforce composition but to systemic racism giving rise to a whole range of health disparities before the pandemic. Here in Missouri, forty-one nursing home workers have died between late May 2020 and January 17th, 2021, according to Center for Medicaid and Medicare Services (CMS) data.<sup>2</sup> Nationally, the numbers astonish; 3,300 frontline healthcare workers have died, according to the Guardian.<sup>3</sup>

Furthermore, the pandemic is having a negative sociological and economic impacts on essential healthcare workers. It is very difficult for workers to find child care and/or elder care due to closures of care facilities and schools. Workers' families and their communities are suffering record unemployment and housing insecurity. Healthcare workers are psychologically fragile and physically exhausted because of the terrible demands of the pandemic: extra shifts, longer shifts, short staffing, increased stress, and of course, many patients dying.

In addition to the toll that this disease is wreaking on communities and workers of color, healthcare facilities are not doing what they should to combat the disease. Hospital Corporation of America (HCA) operates 150 care sites with 8 inpatient hospitals in the Kansas City metro area and received more federal CARES dollars than any U.S. healthcare corporation (\$1.8 billion nationally). Service Employees International Union Healthcare Illinois Indiana Missouri Kansas (SEIU HCIIIMK) has discovered that HCA is using outdated infection protocols. The infection protocol that HCA is using was originally developed for tuberculosis control in the last century. We fear that many other Missouri health facilities are using similar outdated protocols based on infection control surveys we have done of the management of more than 30 healthcare facilities.

Obviously, the tuberculosis infection protocol does not take into account the latest science. Since March, researchers have been racing to find out how the disease is spread and should be treated. We have learned a tremendous amount about pre-existing conditions, demographic factors, and aerosol spread of COVID-19. It is shocking that Missouri healthcare facilities, despite receiving many millions of dollars and having months to adjust to COVID-19, have not taken care of the basics. Instead, they are mistreating and losing workers at alarming rates. Even more alarming, these facilities are not using the latest sanitation techniques to keep workers and patients/residents safe. Basic ventilation and protection equipment are still substantially subpar and are likely to be inadequate for months.

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1 "COVID-19 Hospitalization and Death by Race/Ethnicity", CDC Press Release, November 20, 2020,

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>

2 <https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/COVID-19-Nursing-Home-Dataset/s2uc-8wxp> CMS has not required nursing homes to disclose for publication cases or deaths going back to the start of the pandemic.

3 "Lost on the Frontline", The Guardian, January 29, 2021 <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>

What we are seeing are historic trends which are being exacerbated by the pandemic. Over the last few decades, a dismaying disinvestment in our public health infrastructure and a shocking decrease in the enforcement of health regulations and laws by the Occupational Health and Safety Administration (OSHA) and others have led to health care corporations cutting corners and putting lives at risk. More work is being done by fewer workers in terrible conditions for very little remuneration. Our healthcare system is failing because it is not built to care for patients in the best way possible, but instead is built to benefit for-profit and marginally more accountable non-profit corporate owners of health care systems. For-profit owners, motivated by greed, have continued to game the system as much as possible, even during a historic pandemic. For example, HCA has had record profits in 2020, \$3.754 billion, up from \$249 billion in the previous year. During the same time period, HCA cut spending on supplies by \$112 million. The unfortunate losers in this terrible racket are patients and workers. The winners are the owners who are reaping unholy profits.

Missouri Governor Mike Parson's resistance to common sense health regulations such as a mask mandate, poured fuel on the fire that healthcare workers have been living through. Curfews, masking, business closures, and other pandemic safe regulations have been delayed or never implemented in our state, making the job of healthcare workers much, much harder. This was further aggravated by a lack of industry oversight by health inspectors and regulators.

Missouri's low wages are particularly problematic for large numbers of healthcare workers. Efforts to increase wages for essential workers in St. Louis and Kansas City were resisted by state legislators who eventually overturned the ability of localities to raise wages above the state minimum wage. While some hospital systems

like Barnes-Jewish, University of Missouri Kansas City, St. Luke's, and Truman have responded to the Fight for \$15 campaign by raising their system-wide base pay to \$15 an hour during the pandemic, many have not. SEIU HCLIMK is not aware of any Missouri nursing home that has raised its starting wages to \$15.

In Missouri the long history of racial oppression exploded into the Ferguson crisis, and more recently into an armed confrontation by white St. Louis homeowners against peaceful Black Lives Matter protesters. Racial oppression has manifested itself in our healthcare system in multiple ways. Disease rates are higher in the Black community from environmentally caused diseases like allergies, asthma, birth defects, and cancer. People are sicker, have more chronic conditions, and/or die at a younger age in Black and Latinx communities. COVID-19 has worsened health outcomes for people of color exponentially.<sup>4</sup> Racial oppression has also meant that essential Black and Latinx workers are more likely to be poorly paid and have less opportunity for advancement in healthcare careers.

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<sup>4</sup> "State of Black America 2020." National Urban League. <http://sobadev.iamempowered.com/sites/soba.iamempowered.com/files/NUL-SO-BA-2020-ES-web.pdf>

# The Workers' View

It is no secret to any healthcare worker that there was a crisis in the industry long before the COVID-19 pandemic. Corporate greed and systemic racism have resulted in chronically short-staffed work places and a large low-wage workforce in communities of color. Before the pandemic, healthcare's dirty little secret was exposed through campaigns like the Fight for \$15, and many healthcare workers believe there is little difference between fast food work and their own.

Healthcare workers do not have the luxury to stay home. For many their homes have become spaces of overwhelming concern. Through in person interviews and surveys, healthcare workers from SEIU HCIIMK have regularly expressed concerns such as Who will take care of my child? How will I manage remote learning? Will I bring the virus home to my family due to the risk of exposure and inadequate PPE?

Juan Cooper, a nursing home worker in Kansas City puts it well: "Working on the frontlines of the COVID-19 pandemic is scary. I feel like I'm in the movies 'Contagion,' 'Outbreak,' and 'World War Z'. I wear as much personal protective equipment as I can to avoid getting the disease. I wash my hands so much they get dry and look like I'm baking a cake. I'm terrified I will bring this home to my spouse."

Since April 2020, more than 3,000 healthcare workers across Missouri in union and non-union worksites have united to advocate for safe working conditions. They are demanding that the billions in CARES Act funding to the healthcare industry in response to the pandemic reach patients and workers instead of bloating corporate profits.

"It has been frightening with all the COVID-19 cases inside of the facility I work in. It is scary that 24 patients out of 60 have tested positive for COVID-19 as well as 5 employees. **Meanwhile, they only pay \$3.00 more to employees for hazard pay and \$5.00 more if you work on a COVID-19 unit. It isn't enough money to be on the frontlines risking our lives over.** We are worth more than that."

- Jamie Wend, CNA,  
HillsView Nursing Home

In a survey of approximately 250 HCA workers at Menorah and Research Medical Centers (HCA facilities in the Kansas City metro area), 90 percent of the respondents report that their pay is far too low. HCA has threatened wage freezes during the pandemic and has refused to pay \$15 minimum wage to union workers. Four other health systems in Missouri are all on a path to a minimum wage of \$15. HCA has staked out the lonely position as a holdout, paying union "healthcare heroes" under \$13 an hour.

In survey after survey, the bottom line for most healthcare workers is a livable wage. "Respect us, Protect Us, Pay Us" is a chant heard often at

rallies and public events, but it's not hyperbole. The desire that most healthcare workers feel for better pay has been demonstrated in online surveys, polls during union webinars, and by the 2,300 petition signatures gathered demanding decent pay. Healthcare workers believe that they deserve to be paid at least \$15 an hour for the enormous risks they are taking every day to care for our most vulnerable patients and residents, so they can live with dignity. Workers want a livable wage, and they need adequate PPE.

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This virus has really shown me how the big bosses really feel about us. It is a feeling that no one should have to experience ever when you're dealing with anxiety and stress already. **This stress at work on top of the pandemic, is really hard to deal with when you're working short staffed and not being paid and mistreated on the job."**

- Mic Gray, Lab Aide,  
Mercy St. Louis Hospital

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# Policy Recommendations

The following recommendations were developed after reviewing sources as diverse as the California Aerosol Transmissible Disease Standard<sup>5</sup> and the Center for Disease Control's Infection Control Guidance for Healthcare Professionals.<sup>6</sup> We believe these recommendations are some great first steps to fixing a woefully dysfunctional and broken system.

## Recommendations for Cities/Counties

### ***1. \$15 an hour Minimum Wage for City/County Contractors & Funding Recipients***

Cities/counties should:

- » Require "quasi governmental" organizations that work closely with the city/county to pay a \$15 minimum wage.
- » May include a funding threshold (minimum volume or percentage of revenue from city/county sources).

### ***2. Convene City-Wide Hospital & Nursing Home Safety Committees to set Industry Safety Standards***

Cities/counties should:

- » Convene either:
  - A table of city/county representatives, hospital employers, nursing home employers, hospital workers, and nursing home workers tasked with creating a mutually agreed upon, binding set of health and safety standards for hospitals (including COVID-19 safety standards), or:
  - Should hospital employers decline to participate, a table of city/county representatives and hospital workers tasked with creating a set of health and safety guidelines (including COVID-19 safety guidelines) that hospital employers may opt into.

<sup>5</sup> "California Code of Regulations. Title 8, Section 5199." CA Department of Industrial Relations. <https://www.dir.ca.gov/title8/5199.html>

<sup>6</sup> "Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)." Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

### ***3. Create COVID-19 Safety Ombudsman Position***

Cities/counties should:

- » Create a new city/county office dedicated to protecting healthcare workers from COVID-19 and empowered to:
  - Collect worker testimony;
  - Coordinate worker safety trainings;
  - Create and maintain a list of healthcare workers who have completed safety trainings;
  - Conduct public hearings regarding workplace safety concerns; and
  - Create a monthly report available to the public.

### ***4. Protect Workers from Retaliation for Reporting COVID-19 Safety Concerns***

Cities/counties should:

- » Enact anti-retaliation ordinances that protect workers who report unsafe conditions to the citywide health and safety committees, the COVID-19 Safety Ombudsman, or any other public official/agency.

### ***5. Provide Additional Supports to Workers During Pandemic***

Cities/counties should:

- » Provide additional supports to low-wage workers during the pandemic, including but not limited to:
  - Free/subsidized public transportation passes;
  - Housing assistance/eviction moratorium;
  - Child care assistance (including additional/expanded public programs)

# Recommendations for State

## ***1. \$15/Hour Minimum Wage***

The Missouri legislature should:

- » Enact legislation to increase the minimum wage to \$15 by 2025.

## ***2. Repeal Preemption to Allow Higher Municipal/County Min Wage***

The Missouri legislature should:

- » Repeal Sections 290.528 RSMo which prohibits “political subdivisions” from requiring employers to provide “a minimum or living wage rate...that exceeds state laws, rules, or regulations.”

## ***3. Amend Missouri Statute to Provide Emergency Powers to Home Rule Cities***

The Missouri legislature should:

- » Revise statute to provide home rule cities with special regulatory and enforcement powers regarding healthcare facilities during public health crises.

## ***4. Pass Proposed Worker Safety Committee Legislation***

The Missouri legislature should:

- » Enact the proposed Labor Management Health and Safety Committee bill, which requires hospitals and nursing homes to create safety committees of management and worker representatives to set and review safety protocol within these facilities (including COVID-19 safety protocol).

## ***5. Pass Safe Staffing Legislation***

The Missouri legislature should:

- » Enact proposed safe staffing legislation similar to HB 2606 introduced during the 2020 legislative session, which requires hospitals to conform to safe staffing standards without shifting work to support staff and/or reducing support staff positions.

# Appendix

## Definitions

**\$15 an hour for all healthcare workers:** \$15 an hour becoming the new wage standard in Missouri. All workers deserve a living wage.

**Worker Safety Committees:** Worker safety representatives can help craft a COVID-19 Exposure Control Plan, assist in a risk assessment process, and advocate for employees who feel unsafe at work when they have a seat at the table with management.

**Ventilation:** Engineering controls such as Airborne Isolation Infection Rooms (AIIRs) which use exhaust vents and filters to prevent air stagnation and minimize exposure of healthcare workers to airborne infection particles.

**PPE:** Respiratory protection guidelines that ensure all employees that interact with COVID-19 patients and/or enter COVID-19 isolation rooms have appropriate PPE (N95 ventilator or PAPR depending on level of exposure).

**Safety training:** Mandatory COVID-19 safety training for all employees at risk of exposure. Worker risk assessment: A worker risk assessment process that evaluates each employee's risk level by looking at both work tasks and employee vulnerabilities (age, underlying health conditions, race, etc.)

**10 day quarantine:** Employees who test positive must quarantine for 14 days

**Weekly testing:** Either PCR or rapid antigen and PCR test for all new inpatient/residents  
Isolation: Inpatients with emergent conditions placed in AIIRs or other isolation rooms until test results are available.

**Contact Tracing:** Hospital will conduct contact tracing following each positive COVID-19 test (both employee and patient).

**Essential Worker Hazard Pay:** Workers who work in a facility that treats COVID-19 patients/residents should be given essential worker pay. Workers who are in direct contact with COVID-19 patients should receive an additional hourly bonus.

**Paid Time Off:** 10 days paid time off each time an employee either contracts COVID-19 or is in "close contact" with an employee or patient who tests positive for COVID-19.