

# CDC: Over 212 nursing home workers have died from COVID-19 since August

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Over 212 nursing home workers have died from COVID-19 infections since August, according to Centers for Disease Control and Prevention (CDC) data tracking infections and deaths among nursing home residents and staff. In just the first two weeks of October, 26 nursing home workers across the US have died from COVID-19 infections.

This data is collected from nursing homes self-reporting to either the Centers for Medicare & Medicaid Services (CMS) or the Nursing Home and Skilled Nursing (NHSN) COVID-19 module with the CDC. This data does not include deaths or infections from other types of long-term care facilities, such as rehabilitation centers and assisted living facilities.

The CDC NHSN COVID-19 module also displays infection rates among nursing home staff. Since the beginning of August there have been over 111,000 reported COVID-19 cases among nursing home staff. While the severity of these cases and hospitalization rates were not reported, even mild cases have the potential to render workers disabled or fraught with new health conditions if they develop the common post-viral syndrome known as Long COVID.

According to the same data set, there have been a total of 2,732 confirmed nursing home staff deaths from COVID-19 from May 2020 to the end of September 2022.

Workers across Reddit and Facebook shared that many of their facilities are no longer requiring masks for patients, staff or visitors and many are cutting down or completely halting regular testing of staff and patients. Other facilities where infection protocols are taken seriously are finding it increasingly difficult to fend off the new, extremely transmissible variants.

A Certified Nursing Assistant (CNA) from Pennsylvania told reporters via private message on Reddit about his experience working in nursing homes throughout the pandemic. He went on to describe the situation he and his coworkers are facing today: “It has been awful. Cases have spread so quickly already that it’s shocking.”

“We are severely understaffed,” he said. “Our turnover rate is insane due to new employees underestimating the spread of COVID. There is absolutely no support from the administration, which makes it even worse. We are under an immense amount of pressure every single day.”

In response to the high rates of COVID deaths among staff, the CNA stated, “I’m absolutely not surprised. For many of us, going to work feels like an extreme risk every day. We adhere to all of the rules; we are under very strict rules regarding COVID compared to other hospitals and it still has spread so quickly like a fire in our facility. Many of us are getting the virus for the second time.”

When asked if he felt his facility was prepared for a coming fall and winter surge, he added, “I absolutely do not think we are prepared. We are beginning to get slammed with COVID cases and deaths and the anxiety and depression among the staff has become worse and worse. We are trying to prepare ourselves mentally and emotionally for what this season and new year have to come.”

The tragic number of nursing home staff deaths reported is likely a gross undercount. In addition, comparisons between nursing home worker deaths to overall health care worker deaths are not possible, as overall health care worker deaths are not currently being reported or tracked. According to CDC data, there have been zero deaths among health care workers beginning abruptly at the end of February, an obvious falsehood.

In its latest anti-scientific move, the CDC quietly announced that it will switch from daily to weekly reporting of COVID-19 infections and deaths beginning October 20. Coming just before what is widely expected to be another devastating surge of the pandemic across the US this fall and winter, the move marks a major deepening of the Biden administration’s COVID-19 cover-up, tailoring data to match Biden’s lie that “the pandemic is over.”

The reality of the deadly spread of COVID-19 can be found in the voices of nursing home workers who spoke with *World Socialist Web Site* reporters on staff deaths and overall conditions they face in their workplaces.

One Reddit user, another CNA, said, “It ... pisses me off that they act like the pandemic is over when it’s very much not. It’s such a weird difference to go from contact precautions all day at work to everyone acting like nothing is going on after work.”

A travel nurse who works in various nursing homes across Northern California also spoke to reporters about the conditions facing nursing home workers as COVID cases rise.

“From experience I can tell you if someone tests positive they move them out of the wing as quickly as possible,” he said. “But, if someone tested positive today I don’t know where they would put that person since the COVID unit is down. Are they going to move them back down the old hallway, where everyone tested clean, and move those patients out?”

“When I started the wings were depleted, but now they are starting to fill up again. We are getting more people transferred from other hospitals so there are more people that the nurses are attending to.”

He continued, “The ratio is very high, and it can be hard to get around since the residents can be very demanding. We need to work our rounds up the hallway, but at times the residents can be so demanding that they demand the nurse give them their medication right then and there. It can be daunting and very anxiety filled for a nurse to look after these residents.”

A compilation of the *World Socialist Web Site's* coverage of this global crisis, available in epub and print formats.

Throughout the pandemic, nursing home workers across the US have faced a lack of proper PPE, little to no organized infection control protocols, and high levels of staff burnout. According to an analysis by *Scientific American* of Centers for Medicare & Medicaid Services (CMS) and Bureau of Labor Statistics (BLS) data, deaths among nursing home staff ranked among the highest of any job in the US in 2020.

Nursing home workers are a highly exploited group. The average median salary for a CNA in the US is \$30,000. Other nursing home staff, such as laundry workers and kitchen staff, are paid even less.

CNAs comprise the majority of staff in nursing facilities across the country, while there are state requirements that a Registered Nurse (RN) or Licensed Practical Nurse (LPN) also be present to oversee the CNAs. Many workers have little to no sick leave and are responsible for difficult physical tasks such as turning, mobilizing and bathing patients. It is common for nursing home workers to become injured on the job performing patient care tasks without the proper assistance or tools.

The spread of COVID-19 throughout nursing homes that

workers are describing on social media can likely be attributed to the latest BQ.1 and BQ.1.1 variants that the World Health Organization (WHO) has listed as dangerous. These variants concern many health officials and scientists because they are very effective at evading current medications being used to manage infections as well as immunity from vaccination and previous infection.

Data emerging from the current surge in the UK—where cases are doubling every week and spreading twice as fast as previous subvariant BA.2.75.2—seems to indicate that the BQ.1.1 variant is highly transmissible and immune evasive.

These facts sharply contradict the sociopathic pandemic policies demanded by the capitalist elites and Biden’s phrase-mongering that “COVID is over.” The reality is that tens of thousands of nursing home workers, health care workers, and workers across all industries are standing before a tidal wave of COVID-19 variants that threatens to sicken, disable and kill anyone in its path.

Health care workers are not sitting back to accept this fate, but rather are rising up in larger numbers to protest their declining and unsafe working conditions. Nurses at University of Michigan, health care workers at Kaleida Health in Western New York, mental health workers at Kaiser Permanente in California, and over 15,000 nurses across Minnesota are just the latest examples of this growing opposition to conditions and to the trade unions that seek to contain and isolate their struggles.

The situation within hospitals and nursing home facilities is untenable and workers are exiting the profession in droves. Staffing in every state is at crisis levels and health care workers are unable to provide high quality care to their patients. The erosion of medical care resulting from the profit-driven delivery of health care is a crime being carried out against workers and patients alike.



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