

Travel nurse speaks on the conditions in California nursing homes: “I am guaranteeing you that the virus is still in that facility right now”

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The World Socialist Web Site recently spoke with a travel nurse in Northern California about the conditions working in nursing homes and long-term care facilities. To protect this nurse’s identity, certain details, including his name, have been changed. At the time of this interview, the nurse was working at a facility owned by Avalon Health Care Group.

Ike Sasson: Could you start by saying a little about your background and work experience?

Nathan: I just started becoming a travel nurse. I’ve been a travel nurse for probably two months. I’ve been a CNA [Certified Nursing Assistant] for about three years. But as a CNA you work with registries. They are registered CNAs who are dispersed out to different facilities that need help with CNAs because there are not enough people being hired on.

I’ve worked in nursing homes, health care facilities, convalescent homes, all sorts of homes for the elderly for about three years now.

IS: My understanding is that these facilities don’t tend to have a good nurse-to-patient ratio. Could you describe the situation at the place where you are now?

N: Nurse-to-resident ratio is not great. We have wings or corridors that are filled with residents. I am on the A wing, and there are B, C, D wings as well. There should be a nurse for each wing but with the current ratio you have a nurse for two wings, or hallways. A hallway can have 30 or up to 40 at times.

So there could be 70 to 80 residents per nurse.

There are nurses assistants [NAs]. All nurses assistants are nurses, like myself, who are not certified. So they have done the class work and field work. For

nursing assistants you’ll probably have two for the whole facility, and three maybe four CNAs. So the CNAs are still doing the bulk of the work.

IS: Could you describe some of the common problems you and your coworkers are facing?

N: There are bedsores and we need to move patients who are bedbound to prevent them. One patient I was working with yesterday, her skin was so thin and easily torn that you had to be extremely careful with how you changed her bedding, her brief or clothes. This is very common, you have very fragile residents.

These residents often have fall issues. They have not accepted that they can’t do things themselves. One of the biggest issues is residents falling. They will stand up out of a wheelchair or out of their bed and fall.

When the [call] light goes on, we go there. And there are times when multiple lights are going at once. We are trying to be as professional as we can be, as quickly as we can so that we can go to the next resident.

IS: We are talking about a very high risk population, and I know there were reports of the spread of COVID in nursing facilities. Could you say a little about the current state of COVID in these areas?

N: When I started there was a COVID unit up. They separate one of the wings as a COVID unit. Every facility I go to has a COVID unit.

The staff is tested every day and the residents are tested every week. COVID creates a lot of confusion since we don’t know where it is coming from. A lot of the family members will say they are vaccinated, when they are not, and will sometimes come in and give it to the residents.

They just took down the COVID unit, and it had been up for a month. The residents, if they test positive, they will be in the COVID unit for 12 days, and if they test negative they will be put back into their original corridor.

Two CNAs tested positive just the other day, when they were walking into the facility, and were sent home. I am guaranteeing you that the virus is still in that facility right now. I am sure that someone will test positive again, whether a resident or a worker.

IS: In terms of COVID in these facilities did you notice any real change after the CDC lifted mask mandates, or other changes in regulations under the Trump or Biden administrations?

N: There were minor changes, like that we didn't have to wear goggles. But the families of the residents became more at ease. Half these people thought COVID was a hoax, especially under Trump, claiming the "China virus" was a hoax. They didn't get vaccinated. So when the restrictions were lifted they were happy about it.

But when the restrictions were lifted COVID came back fierce. The first facility I was at COVID hit three or four times, and it was fiercer every single time because of the restrictions that were lifted.

When COVID first hit, the facility I was at was so poorly managed that around 200 residents died from COVID. That was a much larger facility than where I am now.

Trump didn't seem to give these facilities any help getting PPE, so it was very easy for them to just say you don't need this or that anymore. After the first wave of Omicron [under Biden] things relaxed and we weren't prepared for it to come back. It always came back harder.

IS: What is the situation for the staff at the facility? What would happen if they tested positive? Do they have sick days or could take time off? What is their economic situation in general?

N: Most of the staff are working doubles all the time. They are trying to work as many doubles as possible to get time-and-a-half overtime pay.

In terms of COVID pay, I don't think our governor [Gavin Newsom] has renewed COVID pay for the 12 days we are out. If someone has sick days they can use it, or they can go without.

IS: You are saying that your coworkers are doing

double shifts, and you had previously stated that you are working 16 hour days. Are there any legal limitations for these workloads?

N: There is no legal limit that I know of. My schedule is a 4-2, meaning I have four days working then two days off. They are working five doubles a week. You can do the math but it is well over 40 hours a week, probably around 80 hours a week. It definitely brings up the question of exhaustion, and what kind of quality of care they can provide.

These workers need the money so bad that they can't work eight-hour days, take two days off and be living comfortably. When I was a CNA I was paid \$15 an hour. I don't know exactly what they are being paid now, but I would guess around that. I know McDonald's is hiring at around \$16 an hour. You have CNAs who are doing back-breaking work lifting residents but getting paid this.

This facility is unionized and the CNAs are in SEIU [Service Employees International Union].

IS: Is there anything you would like to say to health care workers in other facilities?

N: I would just like to say never stop fighting for your right to a livable wage. The CNAs and other health care workers are paid next to nothing, especially with inflation and cost of living in California.



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