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Testimony of Jeffrey Freiser, September 2, 2020
Listening Session Regarding Potential Legislative Proposals on
COVID-19 Related Public Health Issues

To the members of the Appropriations, Human Services and Public Health Committees: Thank you for holding this listening session. I want to express my special appreciation to Sen. Mary Abrams and Rep. Cathy Abercrombie for their responsiveness and support in my many communications with them about my mother's situation.

➤ Lack of Priority for Assisted Living

My Mom, Florence, will turn 103 years old next month. For that, I am so very grateful. But in May, she contracted COVID-19. I am testifying to tell you this: I believe that misguided, discriminatory state policy increased her risk of COVID-19 infection and her possible death.

Florence is a resident of an assisted living facility in Stamford. When Mom got COVID-19, I was obsessed with worry. Even at her age, she was sharp and vital, and I was not ready to lose her. The Department of Public Health reports that at the facility where my mother lives, there have been 10 COVID-19 associated deaths, 17 infected, and 68 surviving residents. 10 dead of what had been 78. It has been a COVID-19 hot zone. Somehow, despite her age, my Mom survived.

My deep concern is that DPH has had an inflexible, unsupportable priority to nursing homes over assisted living, giving significant support, including testing and PPEs, to nursing homes only. I do understand that nursing homes have, on average, patients who are more frail and higher risk. Nevertheless, some assisted living communities – including my mother's – had severe outbreaks of COVID-19, with far more urgent need than many nursing homes.

DPH should have ranked all nursing homes and assisted living facilities together according to the severity of COVID-19 incidence and deaths, without regard to label. Medical professionals are supposed to allocate limited resources through a system of triage, based upon assessment of need. Apparently, DPH does not. I fear that many of our loved ones in assisted living may have died, far more than should have, because of inadequate state attention.

➤ Family Councils

A second concern, for which I also urge legislative attention, is the role of family councils at long-term care facilities. At my mother's facility there is a family council, composed of family members and other loved ones of residents. We typically have 10 to 15 members. I so much value this group, for the mutual support we provide to one another, for the information we gather at meetings (now virtual) with the facility management, and for our collective strength to advocate for changes in facility policies and practices when we think that is necessary.

Before COVID, we would visit the facility, meet family members of other residents, and invite them to join the family council. Because we often lose family council members, when a resident dies or moves to a higher-care facility, we must continually replenish members through word-of-mouth. Since COVID restrictions, we can no longer do this, because we no longer meet other family members. Therefore, we asked our facility's management to send a letter to the family members of all residents, inviting them to join the family council. Management refused. I assume that is because, on occasion, we have had an adversarial posture with facility management, when we advocated for what we thought best for our loved ones. I ask that the legislature enact a statutory requirement for family councils in all long-term care facilities, creating standards for facility management cooperation in the creation and operation of family councils.

In conclusion, I admit that I have no expertise in the statutory framework for nursing homes and assisted living. I only have my experiences with Florence, my mother. I hope that you can find legislative remedies to the problems I have described, so that others will not have to experience my heart-breaking fears and frustrations.