



# DEBATES OF THE SENATE

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## **LONG-TERM CARE SYSTEM**

INQUIRY—DEBATE CONTINUED

Speech by:

The Honourable Patricia Bovey

Thursday, November 19, 2020

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### LONG-TERM CARE SYSTEM

INQUIRY—DEBATE CONTINUED

**Hon. Patricia Bovey:** Honourable senators, what worrying and horrific situations are happening across this country. Today I add my thoughts to those of senators who have spoken to Senator Seidman's apt and timely inquiry.

Words fail as we digest the dire events in our care homes, with the numbers of COVID deaths and illnesses spiking, care lacking, our seniors isolated within and loved ones barred from visiting. Those not suffering COVID are also isolated. The isolation has bred despair, people have given up, and died. The courage and self-sacrifice of front-line workers are tremendous. Again, I thank them.

Last week we commemorated Remembrance Day, reflecting and thanking those who served in both world wars, the Korean War, Afghanistan and other global conflicts. Their bravery gave us our freedom — the lives we have been privileged to live.

My father served in World War II. My mother did not see him for over three years. My brother was three and a half before he and dad met. My family was like so many, including some of yours. But my father was spared a care home, dying in his own bed.

My mother suffered dementia for more than 15 years and spent her last few years in an excellent home in Victoria. How glad I am those were different times. We could visit daily, my girls would drop in with friends, she came for dinner at least weekly and we took her on drives. She shared graduations, birthdays and many special events, some providing touchstones for past memories, others being only momentary diversions. I cherish them all.

The pain now is unimaginable. Many in care cannot comprehend the circumstances. Families are filled with anguish, fear and unable to share their love with elderly family members.

Words starting with "H" are essential in facing this crisis: heroes, honouring, honesty, help, harmony, health and hope. History is another. History teaches, through events long past and those recent. This is not society's first pandemic. In 1918 the Spanish flu witnessed similar reactions over wearing masks, washing hands and limiting contacts. The polio epidemic was another.

In recent months the alarming situations in Ontario and Quebec overwhelmed us all. Military intervention was requested, urgently needed and given, with military medics joining front-line care workers to fight the virus war. The cost was \$53 million. A continuum of care would have cost so much less in dollars, deaths and mental health. The Ontario and Quebec reports were blood-curdling.

I cannot understand why their recommendations have not been heeded in my province. The lack of staff, lack of PPE, lack of consistent standards and lack of full honesty regarding the realities are repeating those Central Canada faced. Surely at the end of 2020, these could have been addressed. Surely we know the fix for at least some of these problems. Our front-line workers have been giving and giving. One Winnipeg nurse herself went out to buy wipes, masks and even socks for patients. Our systems are broken.

I quote Senator Seidman:

. . . it is evident that Canada is not short of sound evidence on how to achieve lasting change within the long-term care sector . . .

. . . Yet, despite this, tragic events continue to happen, deep-rooted issues remain unchanged and concern for the well-being and safety of our frail elderly deepens, even now, with each passing week.

The situation is deepening in Manitoba, becoming darker every day. We are failing to provide for our seniors in long-term care homes and they are dying because of it. Numbers are increasing exponentially. On November 17 there were 269 new cases province-wide, yesterday 400, today 475. Deaths climb, now to 198, and the infection rate today was 14%. I think 1.5% is what's considered the safe level.

By November 17, 36 care homes in Manitoba had experienced outbreaks — 692 cases with 85 deaths. This past Saturday, in Opaskwayak Cree Nation's Rod McGillvary Memorial Care Home, all 28 residents and 13 staff members tested positive. In that wider community, 124 cases have been reported in total, including those in that care home. Steinbach is another concerning centre.

[Translation]

Honourable colleagues, two long-term care homes in Winnipeg have been absolutely overwhelmed by the virus. The Maples and Parkview Place homes have experienced some of the deadliest outbreaks in Manitoba. What happened in these two homes is a bloodbath, perhaps one of the saddest chapters of the pandemic in my province.

As of November 17, Parkview Place had registered 158 cases, including 117 residents and 41 staff members infected with the virus, and 25 deaths. These numbers are certainly sobering, but what happened at the Maples home is even worse and represents a real tragedy for Winnipeg. The Maples home reported 207 cases of COVID-19. No fewer than 40 residents lost their lives. These numbers are increasing daily.

[*English*]

The media has reported heartbreaking stories regarding Maples Long Term Care Home. Over the weekend of November 7, paramedics responded to 18 calls and encountered a scene reminiscent of what occurred in Ontario and Quebec earlier in the pandemic. Paramedics administered IVs and oxygen, and helped feed patients. Eight residents died over that 48-hour period.

Winnipeg's fire paramedics chief said if all these patients had been transferred to hospitals at the same time the system would have been overwhelmed. Winnipeg Mayor Brian Bowman described the events of that weekend as "sickening."

The province will investigate the events at Maples, but the Winnipeg Regional Health Authority already stated that it has discovered the company that owns the for-profit home, Revera, was not accurate in stating the home was fully staffed. Indeed, only 7 of 19 health care aides were present for that Friday evening shift.

I am repulsed by the atrocious conditions and negligence in some of Manitoba's homes. How did our care homes descend into this crisis, this crevasse, abyss? Why do we allow our elders to die of malnutrition and dehydration? We don't let any other sectors of our society die that way.

Why are staff shortages still rampant? Where is the support for our brave front-line workers? Why are individuals, not care homes, forced to call paramedics to intervene at care homes? Did Manitoba have no option but to follow the sad steps of negligence seen in the homes in Ontario and Quebec? I say no.

We must develop proper standards of care, staffing, pay and job safety. Is protecting Canadians not both a federal and provincial responsibility?

The poignancy of Manitoba's situation over Remembrance Day is visceral for me. At the Ottawa cenotaph on November 11, Major-General Chapdelaine quoted our Queen: "Hope may be found in the care we give to the vulnerable in a time of need."

Are we giving the care to the vulnerable in this time of need that truly gives hope? I believe we are not. Canada unfortunately leads the OECD countries with the highest rate of deaths of COVID in long-term care. We should not only thank our elders and pay tribute to their sacrifices for our freedoms, but we have a responsibility to ensure they have the best of care, both physical and mental. We must do more. There are actions we can take that are in the federal domain.

First, we must develop national standards, as Senator Pate has said, for long-term care, as raised in the Throne Speech. All government levels must work together in developing these and not block each other in dealing with this crisis. I am encouraged to learn that NGOs agree. Standards must include proper and enough PPE, and the training to use PPE properly. And had we allowed one person per family with, and trained in, PPE use to visit their elderly family members, I believe we would not have seen the deaths we have seen from isolation.

[*Translation*]

Second, bricks and mortar are important. Having individual rooms with individual bathrooms is essential to providing quality care. I am proud that my province imposed tighter restrictions for newly constructed care homes, but older buildings have unfortunately been grandfathered in, which means that they can have up to four people per room. Talk about a perfect recipe for spreading the virus. I believe that the federal infrastructure program could and should fix this problem, providing for smaller buildings in which the rooms have just one bed.

Third, in order to address the staffing shortage, I urge the federal government to bring in more nurses and support workers through immigration so that they can work in our long-term care homes. We know that the immigrants who work in the medical field and in personal care are essential to Canada, and I think that is even more true today.

[*English*]

Fourth, we must address the increasing incidents of elder abuse during this pandemic — physical abuse, emotional abuse, neglect, abandonment and financial abuse. I am told by professionals that since the outbreak of COVID, people manning elder abuse lines have experienced a dramatic increase in calls. We have all witnessed increases in scam emails and calls in the past months, many targeted to seniors, especially those showing incidents of dementia.

I spoke recently with Margaret Gillis, President of the International Longevity Centre Canada. They partner with the University of Ottawa's LIFE Research Institute, do impressive work and are actively engaged with the United Nations. With increasing loneliness, the need for intergenerational and innovative approaches to connecting with the marginalized is real. We must see and act.

Canada should support the UN's work for an international convention on the rights of elder persons now. That UN convention for older people would confront ageism, assist in policy-making and accountability, and educate and empower the rights-holders. Canada supported the UN Secretary-General's paper this May calling for such a convention. Until then, it seems, the developed world was blocking that step, which had been strongly supported by developing countries. I am pleased we've changed our tune, and I gather that some European countries are now coming onside.

Colleagues, we must support this initiative and protect human rights based on compassion and empathy. I love the line "Human rights do not have a best-before date."

In addition to what I said for our governments, we all individually have a responsibility as told to us every day by health officials. We must wear masks, wash our hands, limit contacts and avoid large crowds.

Senators, a 2006 report on Manitoba long-term-care homes, prepared by the Manitoba Nurses Union, observed:

Personal care homes are just that – peoples' homes. Many residents will spend years in these facilities and the standards maintained will profoundly impact their quality of

life. . . . Since virtually all of our families have been touched by the long-term care system, as citizens and taxpayers we expect our family members to be treated with dignity and be provided the best care possible.

Colleagues, we can and must do better. Necessary deaths and losses, as I know, are hard enough; avoidable, unnecessary ones are unconscionable. Our vision for hope must be achievable. Thank you.

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