

Ontario calls military into another for-profit long-term care facility ravaged by COVID-19

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Ontario's Ministry of Long-Term Care announced last Sunday that the military will be deployed to a sixth Ontario seniors' home to deal with the devastating impact of the coronavirus pandemic. Since early May, Woodbridge Vista Community Care, located in Vaughan, a Toronto suburb, has seen at least 22 deaths among its residents due to COVID-19, and over 110 infections among residents and staff.

At the request of Ontario Conservative Premier Doug Ford, some 275 Canadian Armed Forces medical staff and soldiers have been deployed since May 7 at five other long-term care facilities in the Greater Toronto area: Eatonville Care Center, Hawthorne Place Care Center, Orchard Villa, Altamont, and Holland Christian-Grace Manor.

As in neighbouring Quebec, COVID-19 has ravaged Ontario seniors' homes and long-term care facilities. Residents of Ontario long-term care facilities account for more than 1,950 of Ontario's 2,498 COVID-19 fatalities. At least ten staff members have also died, and hundreds of other caregivers have been infected.

The vast majority of the care home deaths have been at for-profit facilities, where wages, staff levels and working conditions are generally even lower than what generally prevails in a sector long notorious for low pay and precarious part-time employment. A CBC analysis of the fatalities at care facilities in Ottawa and the eastern Ontario region as a whole found that 82.5 percent were at for-profit homes, with non-profit and municipal-administered facilities accounting for the remainder.

In an attempt to quell a growing public outcry, Ontario's Minister of Long-Term Care, Dr. Merrilee Fullerton—herself, not coincidentally, an advocate of two-tier health care—announced in mid-May the establishment of an “independent, nonpartisan commission” to investigate what she conceded was a “broken” long-term care system.

Only days later, after the release of a report from the military had exposed systematic neglect and abuse of patients at the Ontario care homes where it has been deployed, Premier Ford was forced to announce his government was temporarily taking over management of five long-term care facilities (see: “Ontario takes over five nursing homes after military exposes systematic negligence”).

A virulent advocate of privatization, deregulation, and ultra-low taxes for business and the rich, Ford demagogically threatened to “take over more homes,” “pull licences,” and “shut down facilities.” “We will do whatever it takes, for as long as it takes,” he vowed. But, even as Ford said this, he attempted to cover for the nursing home industry, declaring that he is convinced most are “good operators.”

Military report details horrendous conditions

Released on May 20, the military's report details the horrendous conditions Canadian Armed Forces (CAF) medical staff and soldiers encountered at the five Ontario long-term care facilities (LTCF) to which they had been deployed. Of these, all but one was for-profit.

“We have sought,” says the report, “to make observations that are strictly factual in nature and not meant to assess or pass judgement on LTCF leadership or staffs.” However, the severity of the crisis in long-term care facilities is so overwhelming that the clinical language in the report cannot mask it.

The report points to crying deficiencies at all five of the LTCFs, including shortages of even the most basic medical supplies, such as dressings for wounds and clean linen. Even vital medications were expired at one facility. It notes that a culture of fear surrounding the use of supplies exists at some of the homes, “because they cost money (fluid bags, dressings, gowns, gloves, etc.).”

Issues with the misuse and/or reuse of PPE were reported at most of the facilities. N95 masks were provided to staff without fit tests, compromising their effectiveness. Other equipment, such as gloves, masks, and gowns, were reused among multiple patients, thus bringing multiple healthy patients into contact with contaminated equipment. At Hawthorne Place, for instance, there was a near 100 percent contamination rate for equipment.

Infection prevention and control was virtually nonexistent, with the military report noting that “little to no disinfection had been conducted at the facilities prior to CAF operations. Significant gross fecal contamination was noted in multiple patient rooms.” Insect infestation, rotting food, reuse of contaminated catheters, reuse of materials after sterility had been compromised, and a litany of other violations were detailed at all of the facilities.

Staff shortages and inadequate staff training were also cited in the report as major problems. At one facility there was just one registered nurse on duty for 200 patients. Given the dearth of staff, the report not surprisingly found “caregiver burnout” at Orchard Villa.

Private providers raking in millions amid mass death

An investigative analysis of the for-profit homes by the *Toronto Star* found that residents of the for-profit facilities were at least twice as likely to contract the virus and die as those in government-run facilities. It noted that a study by the Ontario Health Coalition conducted in 2019, long before the novel coronavirus had appeared, showed that residents at for-profit LTCFs had a ten percent higher risk

of mortality.

The *Star* also found that even before the pandemic, for-profit homes had 17 percent fewer workers. On average, there was just one personal support worker (PSW) for every 8 to 12 residents. This ratio fell to one PSW per 25 residents on the night shift. Low staffing levels are directly linked to the issues cited in the military report concerning continuity of care.

Despite the confusing, byzantine patchwork of for-profit, government-run, and non-profit long-term care facilities, the provincial government provides a majority of the funding to all three types of facilities. The provincial government spends \$4.3 billion a year, doling out the money to nursing homes in “four envelopes” covering nursing and personal care; programs and support services; raw food; and “other accommodations.” The last “envelope” can be used to cover costs related to property, food preparation, and laundry; and unlike the other three envelopes—where any surpluses must be returned to the government—funding from “other accommodations” can be kept by for-profit operators as profit.

Siena Senior Living, the for-profit provider operating Woodbridge Vista Care, has paid out at least \$15 million to shareholders over the past four months, according to a Global News report. The company was recently forced to fire an executive after she was overheard insulting family members of residents who had succumbed to COVID-19 at an online town hall meeting. Joanne Dykeman, the executive vice-president of Siena Senior Living, was heard to say, “Here comes another bloodsucking lawsuit.”

A review of the publicly traded, for-profit homes reveals that the corporate comments about “bloodsucking” residents and their families turn reality on its head.

According to a 2015 Ministry of Health and Long-Term Care report, 57.1 percent of Ontario’s 78,000 long term care beds are owned by the for-profit sector. Siena, Extendicare, and Chartwell own over 140 of Ontario’s 627 long-term care facilities.

Altamont Care Community in Scarborough, which is owned by Siena Senior Living and has suffered 52 deaths from the pandemic, reported a \$7.5 million profit in 2019, down from \$21.8 million in 2017. The military report cited this particular home for its many malnourished residents—neglect that it said was bound up with chronic understaffing.

Extendicare owns Orchard Villa, where 77 residents have died, and 96 staff and 225 residents have tested positive for COVID-19. Extendicare reported revenue of \$1.13 billion in 2019, \$28.6 million of that being profit.

Rykka Care Centers, which owns Hawthorne Place Care Center in North York, where 46 people have died, and Eatonville Care Center in Etobicoke, where 42 people have died, is privately held. It is at these homes that the military report said there was a veritable culture of fear among PSWs for their jobs, and where workers were found to be afraid to use basic supplies like sanitary wipes because they cost money. Evidently, the “values” listed on Hawthorne Place Care Centre’s website. PEOPLE, with the last E standing for “Efficient Use of Resources, Conserve, Innovate, Share,” are taken literally by company management, right down to the use and reuse of PPE.

The squalor that many of the residents lived and died in stands in stark relief to the \$138 million in executive bonuses and the \$1.5 billion paid out to shareholders over the past decade by Siena, Extendicare, and Chartwell. The Board of Directors of Chartwell, which is publicly traded on the Toronto Stock Exchange, is chaired by former Ontario Premier Mike Harris. Harris takes home \$237,000

from this part-time position, while the majority of workers at Chartwell facilities are only paid minimum wage. Chartwell Ballycliffe Long Term Care Residence and Chartwell Westbury Long Term Care Residence have reported 33 and 22 resident deaths, respectively.

The vast expansion of the multibillion-dollar for-profit elderly care industry in Ontario over recent decades would not have been possible without the complicity of the trade unions, which have systematically suppressed all working-class opposition to privatization, wage-cutting, and the gutting of workplace rights. The unions’ sabotage of the mass movement against Harris’s “Common Sense Revolution” during the late 1990s gave the Progressive Conservative government a free hand to, among other things, vastly expand the involvement of the private sector in health care by slashing health spending and privatizing services. During the 15 years of union-backed Liberal rule from 2003 to 2018, none of these reactionary changes were overturned. On the contrary, austerity budgets for health care and other social services continued, leaving Ontario’s hospitals and care services in a disastrous state (see: “Canada: The unions’ suppression of the 1995-97 anti-Harris movement: political lessons for today”).

Since coming to power two years ago this month, the Ford government has made things still worse, including by virtually suspending provincial inspections of long-term care facilities. In 2019, just nine of the province’s 630 care homes were subject to a full inspection, and non-scheduled inspections were all but abolished. If inspectors continue to work at such a pace, it would take 70 years to inspect all of the province’s long-term care homes just once.

The Ford government’s cutting of inspections was part of a much broader austerity agenda that has provoked mounting opposition from health care workers, teachers and the working class as a whole, but which the unions have done everything in their power to suppress.

This record makes all the more cynical the launching by the Canadian Labour Congress (CLC) and Canadian Union of Public Employees (CUPE) of a campaign to bring the long-term care system under public ownership. This stunt, which calls upon CUPE members to direct appeals to the very parties that bear responsibility for facilitating the expansion of the lucrative private care sector, is a miserable manoeuvre aimed at containing the mounting anger among health care workers over the catastrophic working conditions they confront.



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