

Report documents Ontario government's ruinous role in pandemic's ravaging of long-term care homes

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Ontario's Long-Term Care COVID-19 Commission submitted its final report to the province's hard-right Progressive Conservative government at the end of last month. Its findings constitute a cogent condemnation of the failure of the Doug Ford-led Tory government to protect the province's tens of thousands of elderly care home residents during the COVID-19 pandemic. In both Canada's first and second waves of the pandemic Ontario's chronically underfunded and profit-driven long-term care sector became the scene of mass infections and death.

The government established the commission, which was chaired by Associate Chief Justice Frank N. Marrocco, last summer due to the public outcry over the devastation the pandemic had wrought in nursing homes and other long-term care facilities during the first wave. By the end of May 2020, that is, just three months into the pandemic, 1,587 residents of long-term care facilities in Ontario had died after contracting the virus, about 75 percent of all the province's pandemic fatalities to date.

A year on, close to 4,000 residents of long-term care homes in Ontario have died from the virus, as well as 11 staff members. Across Canada, nearly 15,000 residents of long-term care and retirement homes have succumbed to COVID-19. According to a report released in March by the Canadian Institute for Health Information, Canada's long-term care homes have the worst record for COVID-19 deaths among wealthy nations.

The independent commission was tasked with investigating how and why COVID-19 spread in care homes so aggressively, if the actions taken by the Ford government were adequate, and if the roots of the devastation lay in the conditions of the facilities prior to the pandemic's onset. Over the course of nine months, the commissioners interviewed more than 700 family members, residents and workers from the long-term care facilities. Chillingly, the report acknowledges that those interviewed "provided a first-hand oral history of the loneliness, anguish, and fear that, for them, forever marked this time in Ontario's history." It adds, "The Commissioners were indelibly marked by what we heard."

Following the deadly impact of the first wave, Ontario Premier Doug Ford vowed that the province would build an "iron ring" around long-term care homes to protect residents and staff from further disaster. The commission's findings demonstrate that the premier's vow was a hollow, farcical sham, and that government inaction meant that the second wave had an even deadlier impact on long-term care residents than the first.

As the pandemic surged in the spring of 2020, low-paid, poorly

trained and precariously employed staff were largely left to fend for themselves in facilities that lacked even the most basic provisions of personal protective and infection prevention equipment due to decades of austerity and privatization. The cost-cutting drive of LTC providers and the poverty wages they pay forced staff to continue working at multiple sites, spreading the virus throughout the system. The situation was so catastrophic during late April and May 2020 that the Canadian military was called in to provide emergency support in several LTCs, where they uncovered horrendous living conditions. (See: Ontario takes over five nursing homes after military exposes systematic negligence)

The report concludes that the province not only forgot the lessons learned from the 2003 SARS outbreak—which exposed almost two decades ago how ill-prepared the country's emergency and health systems were, at both the national and provincial levels, to cope with the spread of a deadly virus. The Ford government failed even to implement changes after Canada's first COVID-19 wave had caused so much tragedy in the long-term care sector.

As early as April 2020, a group of physicians had warned the Ontario government that infection prevention and control (IPAC) measures needed to be immediately implemented in long-term care homes. Calls were made for IPAC specialists to be hired for the facilities at a ratio of one full-time specialist per 200 beds, and one per 250 beds in retirement homes. This is what is known as a "hub and spoke model," and the workers at the facilities in which it was executed would have been trained and overseen by specialized doctors at local hospitals.

The infectious disease experts who implored the government to instigate these measures estimated the proposal to cost a mere \$5.5 million to \$7.2 million per year. Yet despite the urgent calls for rapid action, virtually nothing was done. Funding letters only began to arrive for these measures in January 2021, nine months after the proposal was made. It wasn't until November 2020 that the Ministry of Long-Term Care began outlining recommendations for care homes akin to the hub and spoke model.

The commissioners also concluded that problems that had "festered" in the sector for decades undoubtedly contributed to the loss of thousands of lives of Ontario's most vulnerable citizens. Chronic underfunding, severe staffing shortages, outdated infrastructure and poor oversight were all existent within the sector long before the pandemic began. Indeed, the assault on long-term care that led to the COVID-19 catastrophe began thirty years ago, when the New Democratic Party government of Bob Rae began privatizing

homes as part of its assault on public services. This drive was massively accelerated by the right-wing Tory government of Mike Harris, and continued under the trade union-backed Liberal governments of Dalton McGuinty and Kathleen Wynne. In other words, the entire political establishment has blood on its hands.

The commissioners criticized Ontario's Chief Medical Officer Dr. David Williams for initially ignoring myriad warnings by scientists and health officials that asymptomatic carriers could spread the virus and community transmission was occurring, and discouraging mask use.

The commission's findings are all the more damning given that the Ford government hand-picked its members. In addition to Justice Marrocco, they included such establishment figures as Angela Coke, a former senior executive in the Ontario Public Service, and Dr. Jack Kitts, former president and CEO of the Ottawa Hospital.

Ontario Long-term Care Minister Merrilee Fullerton, whose ruinous response to the pandemic is detailed in the report, tried to shift blame on to previous governments and the deadly character of the virus when questioned about the commission's findings at a May 3 press conference. When asked if the provincial government would issue an apology for the thousands of deaths and immeasurable suffering, Fullerton said, "I think collectively, as a society, we need to do some soul-searching."

Underscoring where the Tories' interests lie and whom they are concerned with protecting, the Ontario government late last year passed legislation (Bill 218) that protects long-term care homes, including those owned by giant for-profit corporations, from civil lawsuits arising from their gross mismanagement of the pandemic.

The results of the commission echoed similar conclusions drawn in a report on pandemic readiness and response in long-term care that was issued by Ontario's Auditor General Bonnie Lysyk on April 28. Lysyk's report highlighted key issues within the long-term care sector, namely residents living in rooms with three or four occupants, care-home staff lacking adequate training to provide appropriate care, inconsistent practice of infection prevention and control even before the pandemic, and a "problematic enforcement practice."

A key reason for the lack of enforcement was the Ford government's outrageous fall 2018 decision to discontinue proactive, comprehensive inspections of long-term care homes. An anonymous former provincial inspector of Ontario's care homes recently spoke to Global News about the lack of enforcement. The inspector described a severe shortage of inspectors and an inability for them to impose fines, meaning that when care homes fail to meet standards, they have no financial or other compulsion to correct their non-compliance issues.

A prime example of this was the case of a Scarborough, Ontario, nursing home in which 81 residents died due to an outbreak in December. Two inspectors had visited the 254-bed nursing home ten times between January 7 and January 20, 2020, and had issued 13 written notices. The inspectors had been called to the home following numerous complaints ranging from nutrition and hydration concerns and understaffing to unexplained injuries.

A months-long Global News investigation has also brought to light documents that reveal that the Ford government was repeatedly warned about the risks in long-term care homes but ignored the appeals of scientists, doctors and seniors' advocates for steps to prevent a second wave ravaging their residents. The documents include a letter from infection prevention and control leaders at Toronto-area hospitals, dated April 20, 2020, warning of the urgent need to train and hire more infection prevention experts, and a

"lessons learned" list from the Ministry of Long-Term Care dated July 15, 2020, that stated the province knew it needed "thousands" of additional personal support workers.

Another document, dated July 24, 2020, was an Ontario Health review titled "Insights and Recommendations for Long-Term Care," which warned that "[Long-term care] and public health are significantly under-resourced to meet IPAC standards to protect the basic needs of residents."

Despite the overwhelming amount of evidence suggesting that major changes need to be immediately put in place in the long-term care sector to prevent further deaths, Ontario Health Minister Christine Elliot announced on April 28 that a new emergency order would allow the province to begin transferring patients from hospitals to long-term care homes in order to free up beds for the massive influx of COVID-19 patients entering hospitals due to the third wave of the pandemic. More infectious variants, including the B.1.1.7 British variant, have produced soaring infection rates among younger people, driving the number of intensive care patients to more than two times the upper limit set by the government for the maintenance of regular levels of care.

Even prior to this announcement, Ontario hospitals had begun discharging elderly patients. By April 22, over a thousand patients had been rapidly discharged and transferred to long-term care homes despite still requiring medical aid.

The new measures allow for patients to be transferred to any nursing home and without giving consent. The Ford government has made a feeble attempt to draw attention away from this concerning fact by emphasizing that those transferred will not be subject to the usual co-payment that homes normally charge upon receiving new patients, as if to infer that they are somehow the recipients of generosity.

These developments only further highlight the urgent need for the working class to form its own organizations of struggle to combat the homicidal policies of the ruling class. Society must be restructured along socialist lines in order to defend and expand public services, including the programs and care facilities that support our most vulnerable and at-risk populations such as the elderly.



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