



Open Letter to Premier Doug Ford

May 28, 2020

Dear Premier Ford,

While we are pleased that your government has committed to independence, non-partisanship and transparency with regards to the commission into long-term care and COVID-19, we are seeking some assurances regarding both this commission and the immediate measures needed that cannot wait for a commission. In addition, we believe that it is imperative that Ontario hold a full public commission or inquiry into the province's overall response to COVID-19, like the SARS Commission, as there are many lessons to be learned from this experience beyond the long-term care sector.

To be clear, the Ontario Health Coalition called for the commission into long-term care to be under the Public Inquiry Act. You have voted against this in the Legislature. Failing that, Premier, we must state in the clearest possible terms that it will be unacceptable to the public if the commissioner(s) and any supporting staff are not fully independent of long-term care operators. Any long-term care commission must have unimpeachable credibility and operate in the public interest. This means it cannot be led or controlled by any partisan (political party) interests or by long-term care owners and operators. It must be transparent and open, not by invitation only. Access to the Commission must be equitable and it must allow for voices from families, residents, staff and their associations and unions, public interest groups and advocates who have worked closely on these issues. Care workers and professionals must be protected to speak on the record about conditions in the homes. Testimony and research must be on the record and fully available publicly as with formal commissions and inquiries in the past, and the commission must report as quickly as possible.

Further, this commission cannot delay immediate action being taken to stabilize and support the workforce to stop the COVID-19 outbreaks that continue to spread in long-term care homes across significant parts of Ontario. We need a coherent plan from your government to stop the spread of COVID-19 in long-term care and retirement homes, including concrete measures to improve PPE supply, workplace safety and infection control, and to stabilize the workforce. We urgently need your government to take leadership and concrete coordination measures to immediately address critical staffing shortages that mean even basic daily care like feeding, bathing, hygiene, human contact are not able to be done; that palliative care needs are not being met; that care for the gravely ill is less than what is needed, as follows:

- Understaffing in long-term care is critical and must be addressed. The provincial government cannot rely on long-term care homes in crisis to get themselves out of crisis. There must be a coherent plan, led by our government, to step in with a set of coordinated, concrete measures to get staff into the homes that have lost staffing levels due to sickness, having to choose one part-time job, staff leaving etc. Leaving it to the providers to forge voluntary arrangements among themselves is not sufficient. Staff need a permanent improvement to their wages and access to full-time hours. This cannot be voluntary and there is no path to stability without the provincial government undertaking these measures. In addition to the permanent improvements to wages and access to full-time work, measures are needed while homes' operations remain under the emergency directives. Many staff have lost significant hours of work (and thus income) as a result of the requirement to choose one work site. They are risking their health and their families to go into the homes to do care work and the loss of hours is not offset by the pandemic pay increase. Yet some homes are bringing in PSW aides, nurses and others without giving their part-time staff any increase in hours. To address this, long-term care homes must be required to increase their pay for part-timers who have been required to give up part-time work in

other homes to be equivalent to full-time pay and benefits, so as not to maintain the operator's economic incentive to limit the proportion of care delivered by full time staff. Further, the Minister of Long-Term Care must use her powers to revoke licences and appoint new management in long-term care homes that have uncontrolled outbreaks and evidence of negligence and poor practices.

- Infection control practices, workplace safety and access to PPE must be improved. Reusing surgical masks patient after patient, resident after resident, would have been totally unacceptable before COVID-19. Insufficient access to N95 masks continues to be a problem and there are shortages of other equipment. There needs to be a clear plan from the government to improve the supply of PPE or develop our own. Leaving it to industry to do voluntarily has so far been insufficient. Standards for infection control and workplace safety must be improved. Staff need the appropriate equipment, enough supply and training in order to comply with them. Staff who are infected must be supported to isolate at home. The directive allowing health care facilities to require staff to work who have tested positive for COVID-19 but are asymptomatic is dangerous and should be changed as should the loopholes that fail to stop agency staff from working at more than one location. Ongoing training and support for infection control regarding the use of PPE are needed. Testing of all residents and staff must be ongoing in long-term care homes, and completed in retirement homes and congregate care facilities (and shelters). Testing, tracking and isolating people who test positive is shown to have stopped the spread of COVID-19 in other countries. It must happen here. Access to PPE using the precautionary principle must be implemented in long-term care, hospitals, home care and across the health care system as soon as possible.
- Testing, contact tracing and isolation must be improved using our province's full public capacity. Public hospital laboratories that are not currently doing COVID-19 testing and have unused capacity should be ramping up testing. We need a clear honest plan from the provincial government that assesses our full capacity to test (including all the public hospitals, not just those that are currently testing) and immediately ramp up to our province's real full capacity the testing, tracking and isolating to stop the spread of COVID-19. There must be a coherent plan and immediate action to get the supply or develop it for testing kits, swabs and reagents, and transparency about what is happening with this.
- Transfers to hospitals. Where there are long-term care homes in crisis without sufficient staff to provide proper palliative and end-of-life care, as well as being unable to address the general care requirements of the residents, residents should be considered for transfer to public hospitals, which are not in crisis, for safe and proper care, subject to their right to consent.
- Bring in family caregivers and volunteer nurses as soon as possible: As soon as testing/contact tracing capacity and PPE supply are stabilized enough to do so, and as soon as training in infection control can be properly conducted, primary family caregivers need to be able to be involved as partners in their families' care. The pool of nurses that the RNAO has recruited to help should be utilized if they have not already been.
- Institute a minimum care standard in long-term care: There has been deep consensus for decades that the rising acuity (complexity and severity of the care needs) of long-term care residents requires more care. This cannot be left to operators to do on their own, and resources -- both financial and human -- need to be provided to support this. There cannot be further delay in beginning to move to a 4-hour average minimum care level for residents in long-term care to protect their safety and the safety of staff.

Premier, we are also deeply concerned about our research finding that the death rates in for-profit homes are significantly higher than in non-profit homes. It is imperative that your government halt any expansion of for-profit long-term care. We will follow up with your office regarding these issues and look forward to your response.

Cordially,

Natalie Mehra
Executive Director
Ontario Health Coalition

Ross Sutherland
Chairperson

Please see the following list of more than 100 organizations representing more than 1.5 million Ontarians that have signed onto this letter in support in the following pages.

The following organizations representing more than 1.5 million Ontarians have signed onto this letter in support:

ARCH Disability Law Centre
Advocacy Centre for the Elderly (ACE)
Bowmanville Nurses Association
Canadian Association of Retired Persons (CARP)– Essex Chapter
Canadian Federation of University Women, Stratford
Canadian Office and Professional Employees Union (COPE) I. 96
Canadian Union of Public Employees Ontario (CUPE Ontario)

- CUPE I. 786
- CUPE Council (Niagara Region)
- CUPE I. 4207

Care Watch Ontario
Committee on Monetary and Economic Reform (COMER) Kingston
Community Elder Abuse Prevention Committee of Thunder Bay
Concerned Friends of Ontario Citizens in Care Facilities
Congress of Union Retirees of Canada (CURC)

- South Central Ontario Branch
- Hamilton Burlington Oakville
- Thunder Bay
- Toronto and York Region Council

Council of Canadians

- Council of Canadians – Hamilton Chapter

Council on Monetary and Economic Reform (COMER) Kingston
Decent Work and Health Network
Downsview Community Legal Services
Family Councils

- Algoma Family Council Coalition
- Cedarvale Lodge Retirement Community, Keswick
- Champlain Region Family Council Network
- Family Councils Collaborative Alliance (FCCA)
- Family Councils of Region 4 Advocacy Committee
- Grand Family Council for the City of Greater Sudbury
- John Noble Home, Brantford
- Linhaven Family Council, St Catharines
- Macassa Lodge, Hamilton
- North East Family Council Network
- Park Lane Terrace Nursing Home
- Shepherd Lodge Family Council
- Shalom Village
- St. Peter’s Residence at Chedoke Family Council
- Village of Humber Heights

Hamilton Community Legal Clinic
Health Providers Against Poverty
Image Promotions Inc.
Interfaith Social Assistance Reform Coalition (ISARC)

International Association of Machinists and Aerospace Workers (IAMAW)

International Brotherhood of Electrical Workers (IBEW) I. 636

Latin American Canadian Solidarity Association

Municipal Retirees Organization of Ontario (MROO)

National Pensioners Federation

Network of Women with Disabilities (NOW)

Niagara Poverty Reduction Network

Ontario Disability Support Program (ODSP) Action Coalition

Older Women's Network (OWN)

Ontario Council of Hospital Unions (OCHU)

Ontario Health Coalition (OHC)

- Chatham-Kent Health Coalition
- Hamilton Health Coalition
- Kawartha Lakes Health Coalition
- Kingston Health Coalition
- London Health Coalition
- Niagara Health Coalition
- Ottawa Health Coalition
- Peel Health Coalition
- Sarnia Lambton Health Coalition
- Thunder Bay Health Coalition
- Toronto Health Coalition
- University of Toronto Health Coalition
- Sudbury Health Coalition
- Windsor Health Coalition
- Wallaceburg-Walpole Island Health Coalition

Ontario Federation of Labour (OFL)

- Kingston and District Labour Council
- Lindsay and District Labour Council
- London and District Labour Council
- Niagara Regional Labour Council
- Peterborough and District Labour Council
- Windsor and District Labour Council

Ontario Federation of Union Retirees (OFUR)

Ontario Nurses' Association

- ONA I. 75

Ontario Secondary School Teacher's Federation

- OSSTF – Association of Retired Members Chapter 11 Thames Valley
- OSSTF ARM Toronto (Chapter 12)
- OSSTF ARM Niagara (Chapter 22)

Oxford Coalition for Social Justice

Oxford County Voices for Education

Peel Poverty Action Group

Poverty Free Thunder Bay

Protecting ODSP OW Funding (POOF)

Raging Grannies

- Toronto
- Ottawa

Ralph Thornton Community Centre

Retired Teachers of Ontario (RTO) District 43 Nipissing

Seniors' Health Advisory Committee Sault Ste. Marie and Algoma District

Shelter and Housing Justice Network

Socialist Project

Social Justice Network of Antler River Watershed Region

St. Athanasius Anglican Church Orillia

Steelworkers Organization of Active Retirees (SOAR)

- Chapter 80
- Chapter 16-6

Street Nurses Network

The Committee of Progressive Pakistani-Canadians

Thunder Bay and District Injured Workers' Support Group

Trillium United Church Social Concerns and Outreach Team

Unifor

- Unifor I. 222
- Unifor I. 222 Retired Workers' Chapter
- Unifor I. 27

United Food & Commercial Workers (UFCW) I. 175 & I. 633

United Steelworkers (USW) District 6

- USW Toronto Council

Voice of the Elderly

Waterloo Regional Council of Retirees

Worker's Action Centre