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LONG-TERM CARE SYSTEM

INQUIRY—DEBATE ADJOURNED

Speech by:
The Honourable Yonah Martin

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Hon. Yonah Martin (Deputy Leader of the Opposition): Senator Seidman, thank you for your inquiry and for starting off this very important debate with such eloquent words, and words of hope, and a call to action to all of us in this chamber.

I rise today to add my voice to Senator Judith Seidman's important inquiry into Canada's long-term care system and prevalent weaknesses that have been exposed by the COVID-19 pandemic. This subject is very close to my heart as well, and I hope I'm able to get through this without my emotions getting the better of me, because my own mother is a resident in a long-term care home in Vancouver, B.C.

I would like to acknowledge the caregivers at her residence, some who have become extensions of our family, more so during the past number of months while the home has been under lockdown. Without the trust that has been established over a seven-year period, I would be sick with worry beyond measure.

This year has been a very challenging time for our nation and around the world that has brought grief and financial difficulties to so many, a complete disruption to daily life, unprecedented mental health challenges, coupled with economic hardships that have pushed individuals, families, businesses and organizations to their limits. One of the hardest and harshest of realities has been the lockdown of the long-term care homes and the forced separation of those in care from their families.

From the onset of this pandemic, Canadians were asked to help protect those at the highest risk of being infected, namely the elderly. While a majority of seniors over 65 years of age in Canada live at home, with family or are living independently, 4% of seniors live in long-term care facilities, which provide them full service throughout the day, and 3% live in assisted-living facilities.

By June of this year, just three months after the World Health Organization declared the pandemic, it was reported by the Canadian Institute for Health Information that 81% of COVID-19-related deaths in Canada were residents of nursing or retirement homes. By August, the National Institute on Aging reported that long-term care residents and staff comprised 23% of COVID-19 cases and 77% of COVID-19 deaths in Canada.

Senator Seidman already spoke about the Canadian Armed Forces issuing their heartbreaking interim report. I, too, thought about some of the tragic cases and the urgent need to do things better.

Compared to other OECD countries, Canada averages 2.3 nurse aides/personal support workers per 100 long-term care residents aged 65 and over. This figure is comparable to 2.4 in

Germany and 2.9 in Ireland. The United Kingdom is significantly behind at 1.2, while the United States is ahead with 4 per 100 long-term care residents.

In contrast, some long-term care centres were able to minimize exposure to COVID-19 and hired additional staff at the onset of the pandemic to better support the residents, while family members were asked to stay home. I can speak from personal experience that our family care team has worked very closely with the care staff at my mother's residence to add support when and where it was needed most, often during meal times when extra hands were always welcomed.

However, when family members were prohibited from visiting during the pandemic, this added support that is often not documented or accounted for revealed the gap in quality care as personal support workers were stretched thin and unable to give the kind of service they normally could, because there is only so much one person can humanly do.

To make up for the support that visiting families naturally add to the overall care of the residents, this is where government should and must fill the gap through additional funding to hire and train more personal support workers where needed.

Some specific gaps that I experienced and observed during this period came to light when my mother had a fall a few months ago. It was one of the most difficult phone calls I took, because my mother, who has advanced dementia, would have to be sent to emergency at a nearby hospital. I could follow the ambulance but I wouldn't be guaranteed access to my mother in emergency. We knew there were delays and she could be there for hours.

To send a person with advanced dementia into the unknown seemed like a worse option than keeping her at the residence with her injury. Because of her dementia, she has no short-term memory and she experiences pain differently, it seemed as though she was not as injured as we originally thought, but she was clearly in pain, and they did their best to manage that pain. She was given some therapy, but at this time I can tell you that, since her fall, she has never recovered. She is in a wheelchair, and — I guess thankfully — with her advanced dementia, she has forgotten that she used to walk and sometimes run and sometimes dance.

I don't want to generalize and say that the health care system is broken, but it is accurate to say that there are gaps between the parts that make up our system, even in the same city, and most likely in the province and across our country, with interprovincial challenges.

Related to this gap, between one institution and another, as we experienced as a family, is the one caused by a language barrier. I'm concerned about the access to medical support due to language barriers for seniors whose first language is not English or French in some parts of our country. While there is limited conclusive data at this time regarding language barriers affecting

seniors' access to health care during the pandemic, language barriers were known to complicate general care, even before COVID-19.

In 2015, the Essex County Chinese Canadian Association concluded a two-year study revealing that language was the main barrier for Chinese seniors accessing health care. For residents who do not speak English or French fluently or who do not have a family advocate who speaks English or French fluently, it would be more difficult to seek the appropriate medical attention, especially during this period.

I have regular and clear lines of communication with both management and care staff at my mother's care home, but it is a very complex system at the best of times, and I have encountered major communication challenges speaking the same language, let alone if I had to try to speak a second language. I often wonder how other families are able to navigate the complex labyrinth of our health care system if there are language barriers. Would their loved ones have gotten the same kind of care my mother was able to receive?

Constituents have contacted me on several occasions because they could not properly communicate with staff at long-term facilities and hospitals. They were stuck when their queries went unanswered, and they were unable to ask for medical assistance. Imagine the heightened pain and fear caused by a language barrier, especially during these unprecedented times.

Last, I wish to highlight the mental and emotional strain that has one of the most difficult challenges families and long-term care residents have had to face during these times. In my mother's care home, there is a limit of only one designated visitor per resident. Senator Plett mentioned he has two designated family members who can go. As the eldest daughter, I'm the designated visitor. No one else in my family has seen my mother, face to face, since the lockdown began months ago.

Like my mother, long-term care residents have spent far less time in the company of loved ones living outside the facility. A combination of the lack of social interaction and visits from loved ones, the fear of illness and death from COVID-19 and a reduction in physical activity have contributed to increased rates of isolation, loneliness and depression among long-term care residents. Video communication, standing in front of windows or speaking on the phone have become alternative means of communication between the residents and their loved ones. However, it is not a replacement for in-person visits — not even close.

As we can appreciate, seniors are less likely to be digitally literate. Some, like my mother, have failing eyesight and cannot see images clearly on a screen, and voices can sound muffled and less audible if there is background noise or a bad connection.

There are sad stories of seniors who have passed away during the pandemic, not because of COVID-19 but because of sheer loneliness and quality of life after being separated suddenly from their loved ones. Cognitive impairment in seniors in long-term care, such as dementia, poses an additional hardship. Long-term care residents with dementia have been less likely to see loved ones and fading familiar faces since the pandemic began. In addition to the loneliness caused, the isolation could also accelerate the deterioration of memories of their loved ones. The use of personal protective equipment has also been disorienting for some dementia patients, as they are less likely to recognize a person wearing a face mask, including personal support workers.

In truth, the remedy to lockdown and shutting out families to protect residents from the outside world is perhaps worse than the virus itself. Residents have suffered, and some are dying, lonely and afraid.

Honourable senators, I share with you these concerns that have been brought to light. For me personally, as well as for all of us as senators over the course of the COVID-19 pandemic crisis, I know this is a complex issue and one that needs to be addressed with care and urgency to ensure that, above all, we protect our veterans, our parents and grandparents and the most vulnerable seniors in care.

We must work to find solutions to fill the gaps in our systems with effective measures and adequate funding, some which have been outlined by Senator Seidman already. We must do better than the average of 2.3 personal support workers per 100 long-term care residents. Greater and better management of funds will ensure staffing needs are met and ultimately ensure better care for residents. The long-term care system can be improved and we must not ignore the issues that have been brought to light. The lives of our loved ones depend on what we do better together.

I would like to conclude by commending our health care workers who are on the front lines in our care homes and fighting every day to do their best with the given equipment and resources they have despite the many challenges of this current situation. They are doing so at the risk of their own health, for the well-being of others. In fact, I was talking to one of the nurses on duty who said she is not able to visit her mother in care because of the work she is doing on the front lines. They are making great sacrifices for our family members. For that we should all be grateful. As the daughter of one such resident in care, I am most grateful. Thank you.
