



SENIORS FOR SOCIAL ACTION ONTARIO



THIS REMEMBRANCE DAY LET'S SHOW SOME REAL RESPECT

November 10, 2022

Our veterans fought valiantly for this country. They gave their all to serve in combat and in peacekeeping. They have served us when there have been natural disasters and when residents were in distress in long-term care facilities. They have always been there when we needed them. But are we there for them?

The Government of Canada admits that veterans' "health status and medical conditions can be, and often are, related to their history of military service" (Government of Canada, n.d.). In other words they suffered for us and that suffering has an impact on their health as they age.

What does happen to veterans as they age and become infirm? Do we, as a province and a country, take care of them? Or are they forced, like everyone else, into long-term care institutions and hospital wings because we have not invested in bringing care to them, where they live, in their own homes and communities?

The Veteran's Ombudsman put it succinctly: "While most seniors may prefer to remain in their own homes, the reality is that many will not be able to do so without substantial support from the health care system. The same can be said for Canada's Veterans as many of them fall into this demographic cohort." (Government of Canada, n.d.). In other words, veterans are in the same leaky boat as the rest of us. But for veterans, staying at home and maintaining their independence is especially important.

The Veterans' Ombudsman got it right:

"The desire to remain in one's own home cannot be understated. For seniors and Veterans alike, the ability to live in their own home represents more than just a roof over their heads. It symbolizes independence and reinforces their ability to make their own decisions. It is a tangible representation of their individuality and a guarantee of privacy. But more than anything else, it provides a safe haven for them to enjoy their golden years and live out their lives amongst their loved ones with dignity. Further, remaining in one's home affords seniors and Veterans with a number of other intangible benefits that might be difficult to measure, but are essential elements in the maintenance of physical and emotional well-being, including:

- ***the ability to be supported directly by their partners or spouses;***
- ***the maintenance of independence through the management of their own affairs;***
- ***the proximity of family support;***
- ***a network of friends and other seniors; and,***
- ***familiarity with their environment and surroundings.***" (Government of Canada, n.d.)

This has also been the position of Seniors for Social Action Ontario for almost three years. All older adults require this, but in light of their sacrifices, it is especially true for veterans.

Unfortunately institutionalization of veterans and other elders is blithely accepted in society and by the health care system as this statement by a manager of Resident and Family Experience and Safety at Sunnybrook demonstrates. “People want to stay in their own homes for as long as they possibly can.... But when the time comes to live with long-term care, the centre offers a variety of programs.” (MacGregor, 2017).

That time should never come – for veterans or for anyone else.

There is an understanding gap in professionals and in society at large when it comes to actually hearing what veterans and other older adults are saying. They NEVER want to enter an institution, and as a society, it is about time we stopped making it so hard for them to stay out of them (Clarkson, 2022). Other jurisdictions have come up with ways to prevent institutionalization so why not Ontario? (Welsh, 2022). Why are we not providing needed care in veterans’ homes, or at least in small, safe, non-profit homes in their own neighborhoods and communities? Why are we forcing those who gave so much to us and this country to be uprooted from their familiar surroundings and moved to institutions?

Veterans do want to stay in their own homes as long as they can. And that should be forever. When they come home, we need to ensure that they can stay home. But that is not currently the case.

Over 6300 veterans throughout Canada live in 1400 long-term care institutions (MacGregor, 2017). Most of us have never given this a thought, even though we know what conditions are like in most long-term care facilities. In Ontario, 85% have been shown to be out of compliance with the Act (Pedersen et al, 2020). The pandemic shone a bright light on them as demonstrated in the Canadian military’s own report (DeClerq, 2021). Sadly, in detailing those conditions, and with Ontario’s focus on warehousing old people, members of the military may have actually been looking at their own futures.

That should not be the case for anyone in this country much less veterans – to be segregated and excluded from their communities and removed from all that is familiar.

Federal Funding?

Even the Government of Canada seems to stress funding of institutional care for veterans (Government of Canada, n.d.) in spite of also funding a Veterans Supplementary Benefits Program that covers things like home health or hospital services, nursing services, medical equipment, prosthetics, prescriptions and specialists (Government of Canada, n.d.) and a Veterans Independence Program (VIP).

Where home care funding (VIP) is discussed, we see the usual caveats that open the door to ultimate institutionalization (Long Term Care Program (LTC) - caveats such as they should be able to stay at home “for as long as medically possible”. Their care is seen as on a continuum ultimately leading to institutionalization. There is little to no recognition that with appropriate

supports institutionalization need not ever be necessary and that even if residential care is ultimately needed, that it could be delivered in their own neighborhoods in small, non-profit community residences or assisted living environments. These smaller, safer settings also lend themselves to trauma-informed care being provided – something many veterans need and deserve.

The Office of the Veterans’ Ombudsman identified housing with supports as a problem.

“While the VIP and the LTC each address a specific health care need for Veterans, there may be a gap that exists in cases where it is no longer medically advisable or safe for a Veteran to reside at home because of failing health or increasing care requirements, but they are not unhealthy or disabled to an extent that would require them to be cared for in a long-term care facility. The addition of an assisted living option would not only benefit the Veterans whose health care needs would be better met, but would likely also afford the Federal Government a more cost-effective health care option than long-term care currently offered under the VIP as Intermediate Care.” (Government of Canada, n.d.).

Where Are The Assisted Living Options for Veterans?

The U.S. Department of Health and Human Services has defined assisted living as a model of care that “...emphasizes resident autonomy and privacy in a homelike, congregate community setting. Services typically include assistance with activities of daily living, which include such personal care activities as bathing and dressing, but may be "unbundled"--provided by the facility or others on a fee-for-service basis, rather than included in the cost of residence. Long-term care, on the other hand, concentrates more on medically-oriented services and disability rather than on providing a home-like living environment” (Government of Canada, n.d.).

The Veterans’ Ombudsman recognizes that, as for the rest of the population, veterans are unable to access costly assisted living options, and that this does lead to placement in long-term care institutions. As for everyone else, veterans are caught in having to accept the first available bed in an institution “regardless of the preferences of the client or the location of the facility. Failure to accept the offered bed in a reasonable amount of time usually results in the client going to the bottom of the waiting list unless exceptional circumstances exist.” (Government of Canada, n.d.)

Why is there no assisted living program for veterans? And why is there no in-home assistance available at a level that could maintain veterans where they live?

It is time that their government and society did better by them, ensuring that the care they want is delivered where, when and how they want and need it.

Where Are Our Veterans Ending Up?

The Tony Stacey Centre for Veterans’ Care

In late 2020, the Toronto Star exposed a situation where a private company with a very sketchy track record was selected by the government of Ontario to take over management of a long-term care institution in Etobicoke where 27 elders had died of COVID. The Star learned that it also

managed other facilities cited for “multiple violations of provincial rules designed to protect residents.” (Wallace, 2020).

UniversalCare Canada Inc., the Star alleges, had violations for “failing to protect residents from abuse and neglect, failing to use safe transferring and positioning devices, and failing to ensure all staff participated in an infection prevention and control program” (Wallace, 2020).

What most people do not know is that UniversalCare manages non-profits as well as for-profit facilities, and one of these is the Tony Stacey Centre for Veterans’ Care in Scarborough (MOLTC, 2022).

Inspections completed there over a seven day period in March of 2021 resulted in 5 written notices, 4 voluntary plans of correction, and two compliance orders.

There were problems with:

- monitoring of food and fluid intake;
- failure to ensure that staff participated in the infection prevention and control program. Staff were observed repeatedly violating infection prevention protocols (“The ADOC (Administrative Director of Care) acknowledged that the staff did not participate in the implementation of the home’s IPAC program, and that the associated risk was potential for transmission of infection”);
- fall prevention protocols were not followed (“The ADOC acknowledged that the risk associated to not reassessing the resident, reviewing and revising the plan of care when the care set out in the plan has not been effective, would be safety issues with regards to falls”);
- resident weight loss was not monitored and addressed (improper/incompetent treatment of a resident had resulted in harm) (Ministry of Long-Term Care, 2021).

A year later, in response to a complaint, another inspection report revealed that falls prevention and staff failure to comply with infection prevention and control protocols were still problematic (Ministry of Long-Term Care, 2022).

Is this really the best we can do for veterans who served this country?

Parkwood Institute, St. Joseph’s Health Care, London

The Veterans Care Program of Veterans Affairs Canada provides funding for 141 beds at Parkwood Institute in London in three units for veterans of World War II and the Korean War. Many now have complex medical issues. St. Joseph’s also operates an Operational Stress Injury Clinic that provides specialized mental health services to veterans currently serving in the Canadian forces and eligible RCMP members experiencing mental health symptoms as a result of their service. It assists veterans from southwestern Ontario, the GTA, Hamilton, and Niagara as well as portions of Northern and Western Ontario (St. Joseph’s Health Care, London, 2022).

In 2018, conditions were sufficiently bad that psychiatrists publicly identified “problems with access to Parkwood Institute Mental Health Care, lack of outpatient resources at LHSC (London Health Sciences Centre) and a lack of resources in the community contributing to the problem within the psychiatric system” (Dubinski, 2018).

In 2020 according to the Ministry of Health’s own data, Parkwood’s “mental health wards were overcapacity 176 out of the first 181 days of 2019, with the institution's average capacity at 102.9 per cent” (Butler, 2020). Part of the problem was that younger people with mental health issues had nowhere to be discharged to because of an absence of supportive housing.

One can only imagine, in light of the overcrowding at Parkwood, what must have been happening in the veterans’ wards.

Perhaps the saddest news comes from an employee of Parkwood who conducted a study on the association between mental health conditions and social support. The study found that “among treatment-seeking Veterans and CAF personnel, only a small percentage reported high levels of perceived social support. Symptom distress of PTSD, depression, and anxiety and SI frequency significantly increased as social support decreased from high to medium, and medium to low...social support was found to be a significant predictor of mental health condition symptom distress. Military personnel face unique social challenges due to the nature of their work, from being deployed overseas, to integrating back into civilian life post-deployment. This is potentially further complicated by development of a trauma-related operational stress injury such as PTSD or depression.”(Ketcheson et al, 2017).

It appears that the majority of those who were willing to sacrifice everything for us receive very little social support in return - something for all of us to reflect upon.

Sunnybrook Hospital K (Kilgour) Wing and George Hees Wing

The Veterans Centre at Sunnybrook is a federally and provincially funded 500 bed facility with a troubled history.

In 1997 there was a tragic fire there that killed three veterans. The response was to install sprinklers and house veterans with “behavioral problems” in a “special unit” (Boyle, 2014).

In 2010 a \$1 million lawsuit was filed against Sunnybrook by the daughter of a veteran, alleging that medical staff “stood back and allowed the World War II veteran to die against his wishes and to the shock of his daughter” (Cribb, 2010). It took nine years, but that lawsuit was thrown out when a judge decided that “two doctors were acting within the rules and providing adequate care to an elderly patient when they imposed a “do not resuscitate order” on the man without notifying him or his substitute decision maker” (McQuigge, 2019). Doctors ignored the wishes of Douglas DeGuerre and his daughter, and this was condoned by the court.

The College of Physicians and Surgeons gave the doctors involved a slap on the wrist. The College issued a written caution to them for “failing to ensure proper communication with the patient’s substitute decision maker”, requiring them to “carefully and fully review the HCCA

(Health Care Consent Act), and provide the Committee with a written report, approximately 2-4 pages in length about what they have learned” (Kennedy Institute of Ethics, n.d.).

In 2012 families lodged complaints alleging their loved ones had been neglected or forced to endure unsanitary conditions. The families complained about “delayed bathing and feeding, soiled sheets, dead mice in rooms, a lack of toilet paper, and constant room and caregiver changes”. K Wing’s 3rd floor was described as “Spartan”. They said their concerns were mostly met with “indifference or hostility” (Perkel, 2012).

Rodney Burnell, whose 92 year old dad lived there, made a comment that still rings true today – “they fought for us and it’s our turn to fight for them”.

Indeed it is. Today veterans are still being forced to live in institutions – spartan facilities where their basic needs are not met.

Those complaints led to more families coming forward with “stories of neglect” involving injuries to the veterans who lived at Sunnybrook. One family found their “ailing 96 year old father-in-law....with a bloody mouth, and discovered his front tooth had been knocked out. Sunnybrook’s explanation was that “the virtually immobile man had somehow wriggled his way out of bed and fallen”(The Record, 2012). The family described the facility as like One Flew Over the Cuckoo’s Nest – a film about mistreatment of institutional residents popular at the time.

In December, 2019 Toronto Police Operations reported another fire at Sunnybrook K Wing (Toronto Police Operations, 2019). That fire appears not to have been reported in the press.

A search for inspection reports for Sunnybrook’s K wing resulted in no publicly available information, so it is difficult to know what conditions are like for veterans living there now. It appears that K Wing is not subject to the same inspection requirements as long-term care institutions in Ontario, so no public inspection reports are available.

Respect That Was Earned

Veterans, like every other older adult in this province and country, deserve to be treated with respect and care – especially because they gave so much. We all owe them a debt of gratitude and that debt can best be paid by ensuring that their old age is characterized by comfort and the embrace of their loved ones and communities.

It is not enough for us to wear a poppy and attend Remembrance Day services in November every year. Our governments and citizens owe them much more than that. We owe them a comfortable old age, secure in the knowledge that as much as they have loved this country, this country has loved them back.

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