

EPISODE 4 - "ONTARIO REAPS ITS DIVIDENDS"

COLD OPEN

[ARSHY MANN]

Sharleen Stewart has been angry for a long time.

[SHARLEEN STEWART]

I am outraged. I myself personally, have been fighting for improvements in long term care for over two decades now. I've sat in front of government officials and said "There is a tsunami coming."

[ARSHY]

Stewart is the president of SEIU Healthcare, the union that represents Ontario's personal support workers. PSWs are the people who do the heavy lifting, often literally, in long-term care homes. They bathe and feed residents, take them to the bathroom and provide the bulk of actual care.

When the first coronavirus outbreak hit an Ontario long-term care home, Stewart says she was going to the owners of these homes and asking them for a plan.

[STEWART]

We were trying to talk to the front line managers in those homes and we were saying, "OK, it's predictable that this community of seniors is going to be hard hit. What is your plan, employer, to, first of all, be proactive on this? And they didn't do that.

[ARSHY]

On April 12th, Stewart tweeted out a photo. It was personal support workers wearing garbage bags over their gowns because they didn't have enough personal protective equipment. They worked at a facility owned by Chartwell, a for-profit company worth almost \$2 billion.

A few days later, those same workers had a supply of fresh gowns. But they didn't get it from Chartwell. It came from a private donation.

[STEWART]

How could you not be paying to be accessing better equipment than that? You know, a good quantity of personal protective equipment so that your staff did not have to do that.

[ARSHY]

Chartwell maintains that even before the WHO declared COVID-19 a pandemic, they were trying to source PPE from suppliers and that that work is continuing. But long-term care workers encountered even fiercer resistance on other fronts as the pandemic raged. SEIU Healthcare, along with the Ontario Nurses Association, went to court and a labour tribunal to try to force some for-profit companies to provide more PPE and safer working conditions.

The for-profit companies fought them every step of the way.

[STEWART]

It was disappointing and shocking that they would fight against those types of things. And thank goodness the courts and the, uh, arbitrator and the Ontario Labour Relations Board did rule that those things had to be put in place.

[ARSHY]

Ontario's long-term care system is convoluted to the extreme. But when it comes to the COVID-19 pandemic, one thing has become clear in the last few weeks: Many, many more people are dying at Ontario's for-profit homes than anywhere else. There are horrifying outbreaks at public and non-profit homes as well, but compared to public homes, if you're an Ontarian living in a for-profit facility experiencing a COVID-19 outbreak, you are four times more likely to get sick and die.

I'm Arshy Mann and from CANADALAND, this is *Commons*.

PART ONE

[ARSHY]

That stat you heard earlier is shocking, so I'm going to break it down for you one more time.

In Ontario, there are three types of long-term care homes. There are public ones that are run by local municipalities, there are homes run by non-profit organizations, and then there are for-profit homes. All of them get the same amount of money from the government per resident, but during the COVID-19 pandemic, we've seen a pattern. There is no difference between which type of home experiences an outbreak, but when there is an outbreak, Ontario residents in long-term care homes run by for-profit companies have been four times more likely to die than those in public, municipally-run facilities. That's according to a recent *Toronto Star* analysis.

Today, around 60 per cent of long-term care beds in Ontario are operated by for-profit companies. So how did such a massive part of this province's health care system end up being run by private companies?

There's a short answer to this question.

[MIKE HARRIS]

We're going to bring jobs back to Ontario. We'll cut provincial income taxes 30% over three years, and cut government spending by 20% on everything except health care. Help make Ontario great again. Join the common sense revolution.

[ARSHY]

That is Mike Harris, the former Progressive Conservative premier of Ontario. Harris's "Common Sense Revolution" led to both massive tax cuts and cuts to public spending in the 1990s, and his government laid the groundwork for the system we see today.

They instituted policies that led to an explosion of for-profit companies in Ontario's long-term care sector. These companies are often multinationals with immense resources and political sway: Extendicare, Revera, Leisureworld, Chartwell. That last one is the company you heard Sharleen Stewart talk about

earlier, where personal support workers at one of their facilities were wearing garbage bags over their gowns.

And, as it happens, the chairman of the board of Chartwell today is none other than Mike Harris.

But Harris can't solely be blamed for offloading this care onto private companies. To understand how we got this system, you have to go back through the history of long-term care in Ontario.

For the first half of the 20th century, there were no long-term care homes in the province. The first public home opened up in Toronto in 1949. It was meant to house poor, elderly people. But the demand for these kinds of homes ballooned and the private sector came in to fill that need. Over the next few decades, for-profit companies were housing more and more elderly people. But these were often terrible places to live, with high death rates, squalid conditions, and almost no oversight.

Public pressure forced governments to respond. Municipalities began to build homes with the help of the provincial government, and legislation was passed to regulate private nursing homes. By the 1970s, a strange hybrid system had emerged. There were public homes run by municipal governments, non-profit homes usually run by religious charities, and private nursing homes that nonetheless received their funding from the government.

When Bob Rae's NDP government came into power in the 1990s, everyone expected the system to change. The New Democrats had campaigned on turning the for-profit homes into non-profit ones. But they didn't follow through and, instead, they increased funding to for-profit providers.

They did institute one major reform. All residents were entitled to 2.25 hours of hands-on care each day. But the big changes in the industry came when Mike Harris and the progressive conservatives came to power in 1996.

[NEWS CLIP 1, FEMALE]

Good evening. Ontario voters have decided who will lead the province for the next four years, and the province has taken a decidedly right turn away from Bob Rae's NDP in favour of Mike Harris's Conservatives.

[ARSHY]

Harris went after the public sector with fanatical zeal, and hospitals were at the top of his list.

[NATALIE MEHRA]

They closed another 10,000 or so hospital beds, including a very significant proportion of the chronic care hospital beds. And they moved people out into long-term care.

[ARSHY]

That's Natalie Mehra, the head of the Ontario Health Coalition. Harris's government closed 39 hospitals, including four chronic-care facilities. Almost 9,000 hospital beds were eliminated. This included more than 5,000 that were designated for chronic-care patients.

To keep up with the demand for the remaining beds, hospitals had to discharge patients faster. But those people had to go somewhere, so the Harris government funded the creation of 20,000 new long-term care beds. And that money went mostly to big multinational companies like Extencicare and Leisureworld.

Here's the problem with that: The money the government provides for someone in long-term care is way less than if they were in a hospital. But it's not like these people were any less sick than before.

[MEHRA]

Hospitals have continued to offload their chronic-care patients and sick geriatric care patients into long-term care, which is funded at a third of the rate of chronic-care hospital beds. And so, these much more complex people who require heavier, more intense care have been offloaded in order to save money, and what has ensued has been, you know, major staffing crisis in the homes as staff have left.

[ARSHY]

And while they were expanding the number of long-term care beds, the Harris government cut staffing ratios. That meant that long-term care homes could choose how many staff they had working in the home at any time. The consequences of that decision would be felt over the next two decades.

As the years went on, issues in long-term care only got worse. An aging population meant that there was a surging demand for more beds and a growing waitlist. And because people were living longer, they had more severe health problems that needed to be cared for.

[MEHRA]

The daily hands-on care is inadequate. Families, if they can afford it, have to hire in extra caregivers to provide care for their loved ones in the homes. Families who are not there or can't afford it, you know... Those people go without

[ARSHY]

Throughout the late 90s and into the 2000s, journalistic outlets published deep, disturbing investigations into the conditions at long-term care homes. Those, in turn, led to government reports and inquiries, one after another.

In 2008, the Sharkey Report found numerous systemic deficiencies. An Ontario ombudsman investigation in 2010 found "serious systemic problems." The auditor general has raised numerous concerns about long-term care over the years. And, every time, new regulations would be brought in. But critics argue that this just led to more paperwork and didn't address the roots of the issue: Not enough staff.

Dalton McGuinty's Liberals promised to increase the staffing levels so that residents would get at least three-and-a-half hours of care every day. But they didn't. Instead, the McGuinty years are probably best remembered for when health minister George Smitherman vowed to wear a diaper when confronted with the realities of long-term care.

Throughout this time, the for-profit long-term care industry prospered. The companies consolidated and became even bigger, and investors piled in to get a piece of the substantial dividends that these companies provided their shareholders. And every time there was a scandal or an investigation, the government responded with more regulations.

But these regulations mostly meant more paperwork, which just benefited the large operators even more. They didn't touch the one area of regulation that would've made the biggest difference: The number of workers. And even though the system benefitted for-profit companies, they continued to push for laxer regulations, especially when it came to inspections.

[MEHRA]

And then, since then, there has been a sort of ongoing struggle that pits on the one side, led by the for-profit chain companies, attempts to deregulate, attempts to reduce inspections, reduce the number of inspections, reduce the depth of the inspections, reduce the enforcement activity of the government in the homes.

[ARSHY]

In the 2010s, inspections of homes decreased and the system was overwhelmed with complaints. And when homes were found to be violating the rules, there was little that inspectors or regulators could do. By 2016, the problems continued to pile up on one another with no end in sight.

And that is when we all learned about Elizabeth Wettlaufer.

[NEWS CLIP 2, FEMALE]

Thank you for joining us tonight. We have special coverage of a multiple-murder investigation like no other in Canadian history. A former nurse is facing eight counts of first-degree murder.

[ARSHY]

Wettlaufer was a nurse who worked in long-term care homes and, in September 2016, she told a psychiatrist that over the last decade she had murdered eight people in long-term care with insulin injections. All of her victims lived in for-profit facilities.

The news was shocking. After she was convicted, the Liberal government called a public inquiry into how someone could get away with so many murders. The inquiry surfaced many of the same issues that had brought up in previous reports and investigations: Underfunding, understaffing, neglect. And what was most disturbing was that everyone agreed that Elizabeth Wettlaufer would have gotten away with it all if she hadn't come forward and confessed.

The inquiry's findings were released in 2019, and they barely caused a stir.

PART TWO

[ARSHY]

So why hasn't the system been reformed, even after all of these recurrent crises?

Well, for one, it's just hugely expensive. Providing long-term care, proper care, cannot be done cheaply. Successive Ontario governments have been unwilling to eat those costs, especially without any kind of federal support. Then there's the issue of waitlists. The waitlist in Ontario for long-term care beds in 2018 was 36,000 people long. When governments have been faced with the choice of opening new beds or increasing the level of care, they've consistently chosen more beds.

But the other explanation is one that you'll hear from unions and advocates for public health care. They argue that the for-profit long term care lobby is closely connected to government and is able to exert its influence.

Here's Natalie Mehra from the Ontario Health Coalition again:

[MEHRA]

Around 59 percent of the homes are owned by private for-profit companies. And of those, more than 80 percent are owned by chain companies, large chain companies, most of the multinational chain companies that operate in a number of jurisdictions.

And so over time, what we've seen is a much more sophisticated, much more aggressive and effective, lobby on behalf of the for-profit homes. They dominate the lobby of the industry and they are very effective.

[ARSHY]

Between 2006 and 2016, long-term care companies and industry groups donated at least \$600,000 to the provincial Liberals and Tories. That's according to reporting from *Rank and File*. And it's true that problems in long-term care in Ontario aren't just in private, for-profit homes. But many studies show that, on average, for-profit homes provide lower levels of care than non-profit or public homes.

A 2015 study of Ontario facilities found residents in for-profit homes are 33% more likely to end up in the hospital within six months and 16 per cent more likely to die. And of the 20 homes with the highest number of abuse allegations in 2018, 75% of them were for-profit operators.

Natalie Mehra thinks that the reason for these disparities is obvious.

[MEHRA]

You know, a number of those homes have paid out massive dividends to their shareholders at the same time, as, you know, the PSW crisis was happening all across Ontario and, you know, letting their homes run with critical shortages of staff. I think that, you know, it lays bare what is going on in the homes.

[ARSHY]

All of the homes get the same amount of money per resident from the Ontario government. But the for-profit homes have to pay out dividends to their shareholders. There's only a few ways to make up that money. Scale can provide some efficiencies, especially in an industry like long-term care, where you have reams of paperwork to constantly fill out.

Another way is to offload the costs onto families.

[MEHRA]

The daily hands-on care is inadequate. Families, if they can afford it, have to hire in extra caregivers to provide care for their loved ones in the homes. Families who are not there or can't afford it... You know, those people go without.

[ARSHY]

But critics and unions have maintained for years that the for-profit providers find most of their "efficiencies" by paying workers poorly and keeping staffing levels low. After all, labour is by far the biggest cost when it comes to long-term care.

Here's Sharleen Stewart again.

[STEWART]

But I say that that falls directly on the laps of these multinational for-profit corporations where they are neglecting the residents by not putting the proper staffing levels in place in those homes.

[ARSHY]

In 2016, the NDP introduced a bill in the legislature that would have mandated more funding for long-term care. And crucially, it would have ensured that residents were entitled to at least four hours of care a day. The bill was praised by members of all parties and passed second reading without a single vote against it. But the bill died in committee and was never brought up for a final vote.

In 2018, Ontarians went to the polls. But even in the wake of the Wettlaufer murders, long-term care wasn't much of an issue. That's despite NDP leader Andrea Horwath's efforts to make long-term care one of her party's biggest priorities.

[ANDREA HORWATH]

We have to ask the hard questions about funding levels and staffing levels. Because if you ask any family member with a loved one in a nursing home, they will almost always tell you that our nursing homes are understaffed.

[ARSHY]

But at the end of the day, Doug Ford's Progressive Conservatives won.

The PCs promised more long-term care beds, but few changes to the overall system, and earlier this year, Sharleen Stewart met with the Ford government to go over the recommendations from the Wettlaufer inquiry.

[STEWART]

And again, when they said, "What are some of your ideas?" I can't believe they're asking this again. "What are some of your recommendations to improve long term care?" And my response was, "Dust off the last three that I was on and gave you up to 20 recommendations on one of my-- Dust those off. Take a look at them and just add to those numbers, because it has not changed over the last 20 years." It's gotten worse.

But the fixes are still all the same. You have to look at the staffing levels and the hours of care, and I've added on that the government has got to take a look at how much profit these homes can really take out of this service.

[ARSHY]

But those fixes weren't implemented. So when the novel coronavirus came to Ontario, long-term care homes were still especially vulnerable. And there's a reason that Ontario has been hit worse than any province other than Quebec. It's the same problem we've seen in the system for decades: Staffing.

Because they're low-paid, many PSWs have to work in multiple institutions. And that means if one home has a COVID-19 outbreak, workers can unwittingly spread it to other homes. If there's not enough staff, residents with dementia will wander into other rooms, again unwittingly transmitting the virus. And these are problems at all long-term care homes. But we can see from the death rates that for-profit homes are more greatly affected.

Sharleen Stewart and SEIU Healthcare have been begging the Ford government to take over the homes where they allege companies haven't been taking the proper precautions.

[STEWART]

And we had asked the government to take over those three homes and manage them because of the horrific things that we were hearing from the front lines going on in those homes. And weeks ago, the numbers of deaths and infections were likely half of what they are now, if not less.

And the government didn't do that. You know, they had all kinds of excuses as to why they couldn't do that, yet it was crystal clear inside the Long-Term Care Act that they did have the ability and the authority to do that.

[ARSHY]

Instead, they brought in new rules that would allow long-term care facilities to no longer require training for staff, allow them to use volunteers and not have to report many complaints to the government.

It was exactly what the for-profit long-term care companies had been asking for.

That was over a month ago and the crisis in Ontario's long-term care homes is still ongoing.

The British Columbian government took a different approach. Early on in the pandemic, they provincialized all long-term care workers, making them essentially employees of the government. And they significantly increased their wages and made sure they were only working in one facility at a time. And because of that, because of their choices, the deaths in BC's long-term care homes are nowhere near the levels of Ontario's.

Throughout this pandemic, Doug Ford has gotten rave reviews from journalists and the public for his straight talk and his empathetic demeanour.

[DOUG FORD]

And when they look back on this, when the history books are written, we'll be judged on how we looked out for each other, but even more importantly, we'll be judged on who we looked out--after, and who could not look after themselves.

[ARSHY]

But Stewart says that much of the blame for what's happening today in long-term care lies with the Ford government.

[STEWART]

The premier and his ministers come on and they're very compassionate, you know, and he speaks to the public as if they're his neighbors. He, himself, is like a "Tale of Two Doug Fords," because he says that on the, uh, presses every day. But yet that's not the reality in long-term care.

[ARSHY]

But Sharleen Stewart is still livid. She's angry at the for-profit companies that have fought against more staffing for years. She's angry that they fought her workers in court when they were demanding safer work conditions. And she thinks criminal charges may have to be brought.

[STEWART]

I want everybody and everything looked into: The companies, the homes, the government, the ministries. Everybody needs to be investigated.

[OUTRO]

We'll never know what would have happened in Ontario if the government had listened to the workers instead of the companies. Right now, the Ford government is refusing to promise to hold a public inquiry after all of this.

[STEWART]

And he stands up there and he says, "Yes, I agree. The system's broken. We need to do better." He's the premier. He has the right to order these things. I don't understand why he's waiting. I don't understand that.

The for-profit long-term care industry says it's way too early to come to conclusions about their pandemic response. The Ontario Long Term Care Association told the *Star* that "To proceed down a path of loose interpretation of incomplete data at this point would not be responsible." But the COVID-19 pandemic has put the industry in the most precarious position it's been in, in decades. Politicians are openly calling for nationalization. Lawsuits are being filed on a weekly basis.

But at the end of the day, whatever system we have, the problem remains the same: money. We're simply not willing to pay enough to provide proper care for people in these facilities. "Non-profit," "for-profit," "public" ... these are distinctions that matter.

But what matters more is if we're finally willing to learn. Are we willing to learn from this pandemic, from this history, and give the most vulnerable amongst us the resources and the care that they deserve?

Because, up until now, the answer has been no.

[END CREDITS]

That's your episode of *Commons* for the week.

This episode relied on reporting and research done by Zaid Noorumar at *Rank and File*, Jack Hauen at *QP Briefing*, Moira Welsh, Marco Oved, Brendan Kennedy, Kenyon Wallace, Ed Tubb and Andrew Bailey at the *Toronto Star*, *CTV News Toronto*, *CBC Marketplace*, Nora Loreto, Tamara Daly, Pat Armstrong and many, many others.

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This episode was produced by myself and Jordan Cornish. Our managing editor is Andréa Schmidt. And our music is by Nathan Burley.

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