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GET THEM OUT! AND KEEP THEM OUT!

Bruce Darling, with the Center for Disability Rights in the U.S., recently issued an urgent call to get people out of long term care facilities and keep them out. Citing the statistic that 1 in 10 people who lived in long term care facilities had died of COVID, he called it a public health crisis (Center for Disability Rights, undated). Also citing evidence published in the Journal of the American Medical Association (JAMA) (Robison, et al, 2021) showing that “people receiving services in the community were 11 times less likely to get infected with COVID-19 and die than their nursing facility counterparts”, he called racist as well as ableist due to the high number of people of color living and working in them (Center for Disability Rights, undated).

Darling also blew apart the argument that people living in these institutions died because they were more frail. Citing the JAMA research, he wrote: “Although people may assume that the COVID-19 deaths in nursing facilities and other institutions were unavoidable or exacerbated because people in institutions are ‘sick’ and ‘frail’, the research told a different story.” The researchers found that – after infection – the death rates in the community and in the nursing facilities were comparable. This can only mean that nursing facility residents were not, in fact, more “frail” than their peers in the community. In summarizing their findings, the researchers noted that “The main distinction between groups was their living situation. It is likely that living in the community, vs a congregate setting, accounts for the significantly lower infection rates.”

We now know that over 3900 long term care residents died from Covid-19 in Ontario for a variety of reasons, including residents not being sent to hospitals for fear they would occupy limited ICU beds and thereby overwhelm hospital wards. The appalling level of ageism implicit in this policy directive utterly failed to protect older residents and people with disabilities in these settings. It will remain a dark stain in Ontario’s history.

Thus we also know now that people in LTC facilities are much more vulnerable to infection and death than people with similar needs living in the community. Therefore, it is incumbent upon everyone involved in the medical and nursing professions and public health authorities to recognize that institutionalization
itself poses a serious risk to residents. The problem is where seniors live – what Seniors for Social Action Ontario (SSAO) has been saying for over a year.

Identifying institutionalization as the problem – not people’s frailty – makes it clear that congregate living is a threat to immune-compromised groups like older adults and people with disabilities. Given current outbreaks in Ontario’s long term care facilities\(^1\), the recent rise in Covid infections despite higher rates of vaccination, and front-line workers still being unvaccinated (Bergeron-Oliver & Cousins, 2021), residents in nursing homes remain sitting ducks.

Hence the CDR’s call to action: “Get them out!”

Public health efforts ignoring congregate settings are not just ableist. They are also racist. The vast majority of nursing facility staff are black, indigenous, or women of colour. Staff also became sick and died during the pandemic. Now that the Center for Disability Rights in the U.S. is recommending what SSAO has been advocating all along, will Ontario finally get older adults and people with disabilities out of long-term facilities and return them to their communities?

Community-based services have long been available there for people with disabilities. It is government’s failure to invest enough funding for many of these, especially small residential services, which has resulted in years-long waiting lists. Worse, it has resulted in the unnecessary and unjustifiable institutionalization of young and old alike. Instead of addressing this issue by increasing funding to Home and Community Based Services (HCBS), Ontario’s government is doling out billions of dollars to the LTC corporations providing services for profit in large institutions – even those with the worst track records.

Meanwhile, that which seniors want – to avoid nursing homes altogether – is ignored!

Giving seniors a real alternative to the nursing homes they dread, federal funding for pandemic emergencies needs to provide transition supports and emergency housing so that seniors have the real choice of in-home and non-profit community living. Furthermore, to end the exodus of personal support workers from community-based agencies, governments must provide wage parity between LTC

care workers and those hired by non-profit agencies which provide in-home and residential care.

The appalling disregard for those living in institutions is not surprising – devalued and dehumanized, they are left to fend for themselves by a government elected by a society which continues to accept mass institutionalization.

With new and more infectious variants, we cannot wait to take action until residents in LTC facilities and other congregate settings start falling like flies again. It will be too late.

Surely Ontario and Canada can do better than that.

The remedy is simple: Get people out of long term care institutions, and keep them out by returning them to age-friendly communities with staffing support. Now.

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REFERENCES

