



OWN E-LETTER – August 2020, Vol. 7, Issue 1



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From the OWN Desk

Erin Harris

Activism and Intersectional Feminist Advocacy

Renee Simon and I have been providing stewardship of our OWN office since our AGM in February 2020. Due to the COVID-19 pandemic we needed to restrict our work in the office. COVID-19 has led to a global pause, volunteer fatigue, and uncertainty. In any event, this has amounted to a low-carbon economy, renewed resources, and shifts in our worldview.

“The vacuum of uncertainty is palpable. Social distancing and the pandemic have produced little advice about the economic disaster that has been unleashed. If we are entering the worst crisis since the 1930’s, there is little to alarm us to the fact that we need a major emergency and long-term response to survive. The enormity of the response will have to be unprecedented in its scope and resolve.”

-- Beric German, anti-poverty activist and co-founder of the Toronto Disaster Relief Committee.

Personally, I am grieving the loss of community through this “lifequake,” and often feel the restraint of being in a social straitjacket. COVID-19 has exposed some of our fault lines and has helped us see what must be done. Some of us are discovering the courage and capacity to be resilient, flexible, adaptable, and creative. It is time for all of us to do our part and remain committed to offering hope and encouragement to our members—and others—whether by phone, email, text, or social media; talking with each other and reaching out to our global partners in Australia, South Korea, Spain, and Ireland is also important.

The unprecedented global impact of COVID-19 on the lives and functioning of older adults has been well documented around the world. Compounding the higher risk of COVID-19 on older people and those with underlying health conditions is a growing age-based challenge around the world. Ageism has been demonstrated to negatively impact mental health and functional ability of older people, ultimately reducing life expectancy by 7.5 years on average.

In a recent interview, Toronto Councillor Kristen Wong-Tam states that governments at all levels need to incorporate an "intersectional gender analysis" into the responses for COVID-19 assistance. Below is the data she's using to make her point that women are more affected than men by the virus.

Did you know that women are:

- 84% of all cashiers
- 99% of all childcare workers
- 72% of all food preparation & service workers
- 80% of all community & social service workers

Much of this work cannot be done at home, so most of these women have suffered from a dramatic reduction in employment.

The Canadian Centre for Policy Alternatives states that primary & long-term care systems are mostly staffed by women:

- 90% of nurses
- 75% of respiratory therapists
- 80% of workers in medical labs
- 90% of personal support workers
- > 2/3 of workers who clean/disinfect our hospitals/schools/office buildings



Comments from our members:

"As usual, I am amazed at the extent of activity in your annual report. For all that funding is still a problem, you do manage to keep your finger in a great many pies."

"I just read your September newsletter and was once again, full of admiration for your dedication and expertise. Thank you for taking the trouble to record the Ford government initiatives so thoroughly. I never saw such a record in any newspaper or iPad. Well done!"

--Janice Tait--

"Thank you for your informative Newsletters; and all of the excellent work that you do to support us, the seniors of Canada!"

--Wendy Gaertner--

"Thanks for the fabulous rabble rousing work you do! It sure is needed. We need more women do be militant in this tradition. Thanks too for the great lobbying and advocacy that OWN has done for housing for older women. So needed."

--Prabha Khosla--

"We are still very much in COVID time so I thought I would muse on the experience so far. *Liminal times are intentionally uncomfortable. Maybe that's the point. Sometimes we need a knock on the head to remind us that something -what we call "normal" -wasn't working and there is a better way.*"

<https://becomingofage.com/>

--Audrey Danaher--

Members on the move:

Prabha Khosla has moved to Burnaby, B.C.

Dr. Marion Lynn has moved back to Toronto from Vancouver

ALERT!

Phishing, Scams & Technology Challenges

Please be vigilant in these troubling times with respect to technology. Cybercrime is increasing during the pandemic. Perhaps you get an email from the CRA. Maybe it's a text message from Netflix. Of course it could be a simple phone call asking for money.

Ignore them all. If they need to contact you, they will send a letter to your home address.

Stay safe and stay healthy.



Networking and Partnerships:

Re-imagining Long-term Residential Care in the COVID-19 Crisis

By Pat Armstrong

Please click here to [Download](#) the full article

The COVID-19 crisis offers an opportunity to create a new, better normal at Canadian long-term residential care facilities.

The report's short-term recommendations include: making all staff permanent and limiting their work to one nursing home; raising staff wages and benefits, especially sick leave; rapidly providing testing for all those living, working or visiting in homes; ensuring access to protective equipment immediately; and severely limiting transfers from hospitals.

In the long term, evidence suggests policymakers should more effectively integrate long-term residential care into the public health care system, through federal legislation similar to the Canada Health Act, in order to develop a universal public long-term care plan that is accessible and adequately funded; stop privatization and promote non-profit ownership; ensure protective equipment is stockpiled for the future; build surge capacity into labour force planning and the physical structure of facilities; and establish and enforce minimum staffing levels and regulations.

Further reading on promising practices in long-term care

- Baines, D. & P. Armstrong (eds.). (2015/16). [Promising practices in long-term care: Ideas worth sharing](#). Canadian Centre for Policy Alternatives.
- Armstrong, P. & S. Braedley (eds.). (2016). [Physical environments for long-term care: Ideas worth sharing](#). Canadian Centre for Policy Alternatives.
- Armstrong, P. & T Daly. (2017). [Exercising choice in long-term residential care](#). Canadian Centre for Policy Alternatives.
- Armstrong, P. & R. Lowndes (2018). [Negotiating tensions in long-term residential care: Ideas worth sharing](#). Canadian Centre for Policy Alternatives.

Offices:

[National Office](#)

Issue:

[Health, health care system, pharmacare](#)

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[Seniors issues and pensions](#)

Why Are Canadians So Upset About The Abuse, Neglect And Deaths In Our Long-Term Care Homes?

By Karen Henderson

Politicians, ex-politicians, lawyers, doctors, academics, and citizens are speaking out—even raging—about the deplorable conditions now exposed in our long-term care homes.

Twenty years ago, my father lived in a long-term care home. Since I could not be there for hours every day, I was forced to hire private caregivers to ensure my father was fed, bathed and properly cared for. I saw abuse. I saw unacceptable food. Ultimately, I provided the special care that dementia demands. I didn't blame the staff; they were doing their best, most of them with great compassion.

Fate and caregiver guilt have impelled me to continue to speak, educate and write about the unacceptable conditions that families face as their loved ones require care near the end of life. In 2008, I wrote an article entitled "Caregiving: Plus ça change, plus c'est la même chose." This is a small part of what I wrote about long-term care:

What do we have to do to ensure our long term care facilities provide adequate and safe care for the frail elderly? In May 2005 one poor 86-year old soul in Edmonton felt that she had no choice but to launch a hunger strike to try and demonstrate the inadequate level of care in the facility where she resided. In Toronto it took three murders in the summer of 2003 to get the attention of the courts; the result was that a jury made 85 recommendations in all, saying the provincial government needed to take more seriously, and spend more money on, nursing home care and safety. It remains unclear what recommended changes have been instituted. In 2004, violent residents attacked other residents 864 times in Ontario's long-term care homes, and attacked staff 264 times, the inquest heard. There are ten times as many attacks today as there were five years ago.

There are many more people like me who have seen the suffering, who have tried to bring about change, who have been deeply affected by the fractured fairy tale we call long-term care. But sadly, the status quo has always been too strong to overcome. Older people in long-term care homes can't advocate for themselves; their families are too exhausted and discouraged to march. The media has done their best; there have been countless exposés on long-term care home abuse and neglect followed by a momentary public outcry, followed then by life as usual.

We are experiencing a perfect storm that is fueled by government health care cutbacks, by politicians squabbling among themselves, by short-sighted public health experts, by overflowing hospitals and long-term care homes, by greedy long-term care home owners and by people unable to work in health care under the conditions imposed by the current system. The devil could not have planned it better.

So why are Canadians now so shocked at the state of long-term care? We shouldn't be. The truth is that there have always been too few beds, too little money. PSWs have always been

underpaid, and underappreciated. They have always been forced to work in multiple homes to earn some sort of living. We have always known that flu outbreaks happen every year, killing long-term care residents every year, including my father. One would think that governments, public health officials and home administrators would have the drill down by now.

Canada—and indeed the world—can no longer relegate home and long-term care to the sidelines. The horrors have been made public. Our hospital and long-term care systems have needed a kick in the ass for years; I am just sick that it has taken a lethal and anticipated novel corona virus to expose the despair our most vulnerable citizens live with on a daily basis.

Collectively, as a nation, we will grieve for years to come, but right now I believe we need to focus on a long-overdue and unrelenting rage. We have not yet earned the right to cry; first we must assume the responsibility to act.

One of the first things we must do is plan for our own ageing. This can be accomplished by understanding the long-term health care system and talking to our families about what we want in our last years. If you don't make your own choices, others will make them for you.

Other steps you can take include:

- Contact Premiere Doug Ford's office to demand an inquiry into the state of long-term care in Ontario at <https://correspondence.premier.gov.on.ca/EN/feedback/default.aspx>
- Contact your local MPP and ask for a meeting to state your concerns. Locate your MPP here: <https://www.ola.org/en/members/current/contact-information/constituency>
- Take your message public—a letter to the editor can be an effective way to get your story or opinion across
- Visit CanAge <https://www.canage.ca> and subscribe to their newsletter

We are all accountable for the deplorable state of long-term care in Ontario that must start changing now.

Are you with me?

https://www.youtube.com/watch?v=2dI8hAIRLpI&list=PLvntPLkd9IMdKxGBJTlhtF4Z2Oa_rKwOR&index=6&t=0s

Karen Henderson is the founder of the Long-Term Care Planning Network, and was responsible for the care of her father for years. She is currently a specialist in ageing and long-term care planning, and works with Canadians to help them understand the implications of ageing and the need for care on their personal, professional and financial well-being.



HOUSING COMMITTEE

By Kate Chung

The OWN Housing Committee's *Living in Place Campaign* has grown into an *Accessible Housing Network*. We had always wanted to find a way to bring other organizations on board, and it is now happening.

Members now include:

- OWN
 - Centre for Independent Living Toronto (CILT)
 - Alliance for Equality of Blind Canadians (AEBC)
 - Citizens with Disabilities - Ontario
 - Unitarian Commons Cohousing Corporation
 - Toronto Raging Grannies
- and others are showing interest.

Advisors/ Supporters include:

- Designer Thea Kurdi (an OWN member who has been a huge support to the OWN housing committee for several years)
- David Lepofsky, Chair of the Accessibility for Ontarians with Disabilities Act Alliance (AODA Alliance)
- Cathy Birch, Chair of Responsible Personal Accessibility in Toronto Housing (R-PATH)

We have been exploring ways to call the Government of Ontario to account for contravening the laws regarding Human Rights in their refusal to require that any housing be accessible. Twenty-two percent of Canadians have a disability. However, there is no law in Canada requiring that ANY housing be accessible.

The federal government is responsible for all Indigenous & military housing, and funds housing across the country. In fact, they just adopted the National Housing Strategy and passed an Accessibility law.

Yet the national Building Code does **not** deal with housing at all, despite the fact that it is the model for provincial Building Codes.

What will you do to ensure that not one nickel of tax dollars funds any housing which is not fully accessible (universal design)?

OWN's written submission, by Housing Committee member Kate Chung:

To: the City of Toronto Planning and Housing Committee

From: the Living in Place Campaign

The need for accessible affordable housing is at a crisis level.

Almost one in four Canadians has a disability, and this figure is rising. Anyone can have been born with a disability, and anyone of any age can be struck by illness or accident, which creates a temporary or lasting disability.

Universal design will accommodate anyone of any age or ability, going beyond mere accessibility.

Three years ago, Toronto City Council endorsed the Living in Place campaign, which calls for a change in the Ontario Building Code to make universal design mandatory in all units in new multi-unit residential buildings. Now it is urgent that the City take action.

Change can begin at the municipal level. The City of Toronto can make universal design mandatory in all new housing that the city creates through the Affordable Housing Office, Open Doors and Housing Now; and in new developments built with any tax dollars and/or on land made available by the City, and through agreements with developers to defer fees and taxes. All renovated Toronto Community Housing units must also be made accessible.

There is currently no Ontario law requiring that housing be accessible. The AODA does not mention housing. The Ontario Building Code only requires that 15 percent of new apartments be "visitable", not accessible enough to live there. Both the AODA and the OBC are in contravention of the Canadian Charter of Rights and Freedoms, the Ontario Human Rights Code, and United Nations Convention on the Rights of People with Disabilities. Barrier-free housing is a human right.

The cost is less than 1 percent more when planned from the design stage. (It is renovation of existing housing which is costly.)

There will be huge healthcare savings if people are not needlessly stuck in acute care hospitals and on waiting lists for long-term care. Making new apartments and condos accessible will reduce the City's costs for future long-term care facilities. It will also reduce caregiver burnout.

Thank you for your support of this urgently needed action.

Appreciation of OWN Members

Remembering: Connie Yang

Connie Yang was a Council member and Treasurer of the Older Women's Network. She passed away recently and had sadly suffered from dementia. Her son Gordon mentioned "that if she were not stricken with dementia, Connie would still be burning the sidewalks armed with a cause to debate in efforts to better her community, city and province."



Connie chaired the SLNA Canada Day Committee for several years and raised the bar on this event. Connie was a proud Canadian who moved to Canada in 1967. Her son furthered this by saying, "Connie cherished her times while working alongside the SLNA members and volunteers. It brought her great joy and purpose as she blazed through the causes within the community with passion and determination."

Her son Gordon said that dementia is a terrible and crippling disease that stopped Connie in her tracks. It was the one enemy that she could find no way of fighting or overcoming.

To honour the memory of Connie Yang, donations can be made to the Alzheimer Society of Canada. (alzheimer.ca)

Remembering: Terry Pimento



Born on September 20, 1929 in Georgetown, Guyana, Terry attended St. Rose's Ursuline Convent School. At 16 years of age, Terry moved to Aruba, Netherlands Antilles, and married Alvaro Pimento (deceased 1969). They both worked at Lago Oil & Transport Company and their son, Michael, was born in 1953. The family moved to Montreal in 1954. Terry enjoyed a very long career with Union Carbide Canada Ltd. and Nova, first in Montreal and then in Sarnia, Ontario, in 1974. Terry began public service and community involvement, in addition to her job, with the blessings of her company. She

enjoyed the opportunity to "give back" to the community of Sarnia. Terry valued loyalty and promoted this among the many organizations and groups she joined. Terry served in the Sarnia-Lambton United Way and the Provincial Chapter of I.O.D.E. She had a wry sense of humour, but always tried to be sensitive to the feelings of others. Terry retired in 1990 and was resilient in dealing with several health issues following her retirement. She spent many years among her friends and neighbourhood of the Older Women's Network (OWN). Terry became a member of OWN the week she moved into the Co-Op. Her enthusiasm, dedication and determination contributed to the success of our advocacy and activism

Terry passed away on January 29, 2020 and will be greatly missed by her family and the Older Women's Network.

A celebration of her life will occur at a later date. Donations may be sent to Dixon Hall-Supportive Housing (<https://dixonhall.org/housingservices/>)

Anam Cara – Consider a donation to OWN

Anam Cara is a Gaelic term for “soul mate.” Soul mates share a bond that transcends time and place. OWN has a commemorative record book which honours individuals or a group. A donation to OWN purchases a page in the book with a message concerning the honoree, a photo, or any other tribute desired. This book is on permanent display at the OWN office. It is a great way to celebrate a life and help OWN continue its work. If you would like to take advantage of this opportunity, please contact us.

*Check our website and Facebook page for more info on OWN activities and news.

<http://olderwomensnetwork.org/>

<https://www.facebook.com/OlderWomensNetwork/>

Disclaimer: The views and opinions expressed in the following articles are those of the authors, and do not necessarily reflect the official policy or position of the Older Women’s Network.

