

Long Term Care Covid -19 Commission Mtg.

Ontario Senior Pride
on Friday, December 18, 2020



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held via Zoom, with all participants attending
remotely, on the 18th day of December, 2020,
1:30 p.m. to 2:27 p.m.

1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead

4 Commissioner;

5 Angela Coke, Commissioner;

6 Dr. Jack Kitts, Commissioner.

7

8 PRESENTERS:

9

10 Tom Warner, Chair, Senior Pride Network (Toronto);

11 Barbara Freeman, Member, Ottawa Senior Pride

12 Network;

13 Ashley Di Benedetto, B.A. Hons., New Horizons for

14 2S-LGBTQ+ Older Adults Program Coordinator, The

15 AIDS Committee of North Bay & Area.

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19 PARTICIPANTS:

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21 Alison Drummond, Assistant Deputy Minister,

22 Long-Term Care Commission Secretariat;

23 Dawn Palin Rokosh, Director, Operations, Long-Term

24 Care Commission Secretariat;

25 Derek Lett, Policy Director, Long-Term Care

1 Commission Secretariat;
2 Lynn Mahoney, Counsel to the Ministry of Health and
3 Long-Term Care;
4 Adriana Diaz Choconta, Senior Policy Analyst,
5 Long-Term Care Commission Secretariat;
6 Ida Bianchi, Counsel, Long-Term Care Commission
7 Secretariat;
8 Angela Walwyn, Senior Policy Analyst, Long-term
9 Care Commission Secretariat.

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11 ALSO PRESENT:

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13 McKaya McDonald, Stenographer/Transcriptionist.

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1 -- Upon commencing at 1:30 p.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Good afternoon, everybody.

4 COMMISSIONER JACK KITTS: Good
5 afternoon.

6 TOM WARNER: Good afternoon.

7 BARBARA FREEMAN: Good afternoon.

8 COMMISSIONER ANGELA COKE: Good
9 afternoon.

10 COMMISSIONER FRANK MARROCCO (CHAIR):

11 Well, I guess we're all here. Sorry if I kept you
12 waiting.

13 BARBARA FREEMAN: No.

14 COMMISSIONER FRANK MARROCCO (CHAIR):

15 Are you waiting for anybody on your side, Barb?

16 BARBARA FREEMAN: No.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 Okay. Well, I'm Frank Marrocco with Commissioner
19 Angela Coke, and Commissioner Jack Kitts.

20 BARBARA FREEMAN: Hello, hi.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 We are the three commissioners, so we are the
23 entire commission. And I don't know if you've been
24 following, but we have been posting a transcript of
25 these interviews on our website so that people who

1 are interested in what we are doing are able to
2 follow along and understand what's going on on our
3 end.

4 BARBARA FREEMAN: Okay.

5 COMMISSIONER FRANK MARROCCO (CHAIR):
6 We tend to ask questions as we go along, if we have
7 any, if that's all right with you.

8 BARBARA FREEMAN: M-hm.

9 COMMISSIONER FRANK MARROCCO (CHAIR):
10 And other than that, we're prepared to start when
11 you are.

12 BARBARA FREEMAN: Okay.

13 TOM WARNER: Okay. That's great.

14 BARBARA FREEMAN: I'm --

15 TOM WARNER: Go ahead, Barb.

16 BARBARA FREEMAN: No, it's okay.

17 There's a small matter of getting a small dog out
18 of the room, but I think it's been done.

19 COMMISSIONER FRANK MARROCCO (CHAIR):
20 Well, as a matter of fact, I'm going to get rid of
21 my phone because, as everybody else knows, the air
22 duct people phone me almost every day. So just
23 give me one second.

24 BARBARA FREEMAN: Okay.

25 COMMISSIONER FRANK MARROCCO (CHAIR):

1 Thank you.

2 BARBARA FREEMAN: M-hm.

3 TOM WARNER: Okay. Well, I think I'll
4 start things off with some introductory remarks and
5 just kind of an overview of some of the matters
6 that we would like to discuss or present on today,
7 and then I'll be passing things over to Barb and
8 Ashley who also have some parts of representations
9 to make.

10 So to begin, first of all, thank you
11 very much for meeting with us. We really do
12 appreciate having this opportunity to speak to you
13 about 2S-LGBTQ seniors and COVID-19 and how we have
14 been impacted by COVID-19 as residents of Ontario's
15 long-term care system.

16 I am Tom warner. I'm the chair of the
17 Senior Pride Network (Toronto) and the coordinator
18 for Ontario Senior Pride which is an ad hoc
19 coalition of seven organizations that advocate on
20 behalf of the 2S-LGBTQ+ seniors. And I'm going to
21 now ask that the other two members of our -- that
22 Barb and Ashley introduce themselves.

23 BARBARA FREEMAN: Okay. I'm Barbara
24 Freeman. I'm a member of the Ottawa Senior Pride
25 Network.

1 ASHLEY DI BENEDETTO: I'm Ashley
2 Di Benedetto. I'm the 2S-LGBTQ+ seniors program
3 coordinator at the AIDS Committee of North Bay, and
4 I do a lot of front-facing advocacy for seniors in
5 our area.

6 TOM WARNER: Thank you. The member
7 organizations of Ontario Senior Pride are:

8 Aging with Pride Waterloo-Wellington;
9 Ashley's organization, New Horizons,
10 2S-LGBTQ+ plus seniors program in North Bay, and
11 that program is housed out of the AIDS Committee of
12 North Bay and Area and has chapters in Barrie and
13 Sudbury regions;

14 Ottawa Senior Pride Network;
15 Senior Pride Network Niagara;
16 Senior Pride Network Toronto;
17 Rainbow Faith and Freedom;
18 and Windsor Pride Community.

19 We advocate on behalf of 2S-LGBTQ+
20 seniors in all of our diversities including our
21 community members who are Indigenous -- that's 2S
22 or two-spirit -- Black, East Asian, South Asian,
23 Southeast Asian, Latinx, other People of Colour, or
24 Francophone.

25 We use the acronym 2S-LGBTQ+ which

1 stands for two-spirit indigenous, lesbian, gay,
2 bisexual, transgender, queer, and other.

3 We have filed a written submission to
4 the commission in October that included a number of
5 recommendations to the commission and through the
6 commission to the Ontario Government.

7 Our submission explains how outbreaks
8 of COVID-19 in long-term care homes are
9 highlighting the long-standing systemic
10 discrimination within the long-term care system and
11 the many unaddressed issues, inequities, and
12 failures in that system in regard to the nature and
13 quality of the care provided to us in long-term
14 care homes.

15 For us, the LGBTQ seniors of Ontario,
16 the COVID-19 pandemic is a stark reminder that the
17 long-term care system in Ontario is neglectful of
18 or unresponsive to our particular health issues,
19 our care needs, our fears and concerns, and our
20 social and emotional well-being.

21 We have many recommendations that, when
22 implemented, we believe would better prepare
23 Ontario's long-term care homes to provide us with
24 adequate care during pandemics such as COVID-19
25 and, indeed, at all times.

1 They would help immeasurably to ensure
2 that we receive the care that we deserve and that
3 it is our right to expect and to receive under the
4 Long-Term Care Homes Act and its Residents' Bill of
5 Rights and under the Ontario Human Rights Code.

6 Our written submission and
7 recommendations to the commission are a call to
8 action. Critical improvements are required to
9 ensure that long-term care homes are sensitive
10 to and inclusive of our needs, care preferences,
11 and life experiences.

12 There is a pressing need to integrate
13 inclusivity and respect for 2S-LGBTQ+ seniors in
14 the long-term care system both in the ordinary
15 course of providing quality of care and a safe and
16 welcoming home environment and in that system's
17 response to COVID-19 outbreaks.

18 We have a lot of recommendations, and I
19 don't think time would permit for us to go through
20 them all. They are in our written submission.
21 I'll just highlight a couple of them that I think
22 are particularly relevant in terms of COVID-19 and
23 the current situation.

24 Overall, long-term care homes should be
25 required to adopt a resident-centred model of care

1 that is tailored to positively respond to the
2 unique issues, needs, and concerns of our diverse
3 seniors communities, 2S-LGBTQ+ seniors communities,
4 and ensure that long-term care homes are positive,
5 welcoming, safe, and inclusive environments for
6 2S-LGBTQ+ staff, caregivers, family council members
7 and volunteers.

8 Long-term care homes should be required
9 to adopt equity, inclusion, nondiscrimination,
10 antiharassment, and protection of persons policies
11 that specifically include sex, sexual orientation,
12 gender identity, and gender expression. There's a
13 need to have compulsory 2S-LGBTQ+ seniors cultural
14 competency training for all staff, family council
15 members, and volunteers.

16 And there's a need for long-term care
17 homes to recognize and respect 2S-LGBTQ+ spousal
18 relationships and our families, whether they're
19 chosen or biological families -- family members,
20 and members of our care teams or support networks
21 for visitation and for providing essential care to
22 2S-LGBTQ+ residents.

23 We also -- like many, many other
24 organizations -- have called for the elimination of
25 the housing of four residents to a room or ward and

1 providing a private room for each resident in
2 long-term care homes.

3 In our presentation to you today, we
4 will address, to the extent that we are able, how
5 2S-LGBTQ+ residents, staff, volunteers, visitors,
6 and family members are impacted by the spread of
7 COVID-19 in long-term care homes.

8 We do so with some caveats, however.
9 As 2S-LGBTQ+ seniors, we are mostly invisible in
10 long-term care homes. In fact, homes often say
11 that they do not have any 2S-LGBTQ+ residents. To
12 our knowledge, data are unavailable on the number
13 of 2S-LGBTQ+ residents of Ontario long-term care
14 homes who contracted COVID-19 or those who died
15 after contracting it.

16 In addition, as 2S-LGBTQ+ seniors, we
17 often experience or have a fear of experiencing
18 discrimination, harassment, and abuse, both
19 physical and verbal, from residents, staff, and
20 volunteers in long-term care homes.

21 For safety and privacy reasons and to
22 prevent neglect, rejection, and being ostracized,
23 most of us choose to conceal our sexual orientation
24 or to not disclose our gender expression or gender
25 identity.

1 A gay man who has been a long-term care
2 administrator, home care -- long-term care home
3 administrator for more than 30 years has told us
4 that in his entire professional life, he has never
5 had a resident tell him that they were gay or
6 homosexual.

7 As he has stated, residents upon
8 admission are simply not identifying but instead
9 choosing to remain silent and hope any homophobia
10 the home may have does not include them and their
11 care. Long-term care is frightening to people who
12 are different.

13 "When you are at your most
14 vulnerable and you are most
15 dependent upon others for your basic
16 care, it is sad that people fear the
17 judgment of those who give care and
18 so hide themselves as a form of
19 self-preservation."

20 And that's the end of his quote.

21 Research studies have found that hiding or not
22 disclosing our 2S-LGBTQ+ identities negatively
23 impacts the quality of care provided to us as
24 residents of long-term care homes including causing
25 feelings of isolation, loneliness, and anxiety.

1 Long-term care homes in general also do
2 not have policies, practices, and procedures that
3 invite or encourage seniors to disclose our sexual
4 orientation, gender identity, or gender expression
5 at initial intake or assessment in a safe,
6 welcoming, and confidential manner.

7 They also, for the most part, do not
8 take proactive measures to visibly convey to
9 residents and visitors that they are welcoming,
10 safe, and inclusive spaces for us to live in.

11 There is, as well, a general lack of
12 awareness on the part of staff and administrators
13 about the particular health and social factors that
14 make 2S-LGBTQ+ seniors more vulnerable to
15 contracting COVID-19 and that put us at greater
16 risk of dying from the virus.

17 Although there are no surveys or data
18 available specifically on COVID-19 and 2S-LGBTQ+
19 seniors, two recent national surveys conducted on
20 the impact of COVID-19 on Canada's 2S-LGBTQ+
21 communities --

22 (BRIEF INTERRUPTION).

23 Sorry about that. My phone rang.

24 The impact on Canada's 2S-LGBTQ+
25 communities have found that the members of our

1 communities are more vulnerable to COVID-19 than
2 persons who are not 2S-LGBTQ+.

3 21 percent of the 2S-LGBTQ+ respondents
4 identifying as Black, Indigenous, and People of
5 Colour, said they have been admitted to the
6 hospital for COVID-19 compared to 9 percent of both
7 2S-LGBTQ+ people in general and the national
8 population. 29 percent of those surveyed are
9 living with a chronic health condition compared
10 with 15 percent of non-2S-LGBTQ+ people.

11 The Public Health Agency of Canada and
12 other public health agencies advise that older
13 persons and people with chronic health conditions
14 or weakened immune systems are at higher risk of
15 developing more severe illness and complications
16 which increase the risk of death if they contract
17 COVID-19.

18 This is particularly true for those of
19 us who are 2S-LGBTQ+ seniors. Research studies
20 have found that we have higher rates of chronic
21 health conditions or weakened immune systems
22 including cardiovascular diseases, diabetes,
23 cancer, HIV/AIDS, and other related comorbidities
24 and respiratory diseases such as asthma.

25 Use of alcohol, tobacco, and both

1 prescription and nonprescription drugs are higher
2 among 2S-LGBTQ+ people. These often stem from and
3 are made more severe by our lifetimes of stress and
4 coping with discrimination and marginalization and
5 hiding in the closet.

6 Caregivers in long-term care homes need
7 to be knowledgeable about underlying medical
8 conditions and comorbidities, their causes, and
9 their effects on 2S-LGBTQ+ seniors and, in
10 particular, on those of us who contracted COVID-19.

11 Unfortunately, the planning and
12 implementation of measures to effectively respond
13 to COVID-19 and the care protocols for residents of
14 long-term care homes do not consider our particular
15 vulnerabilities interrelated health issues and
16 particular care needs.

17 One of our calls to action is that they
18 must now be taken into account in practice and
19 procedure and especially when combatting future
20 pandemics like COVID-19 or other infectious disease
21 outbreaks in long-term care homes.

22 Because of the general invisibility of
23 2S-LGBTQ+ seniors and our fear about how we will be
24 treated if our sexual orientation, gender identity,
25 or general expression becomes known, it is

1 difficult for us to know of and to tell you about
2 the particular experiences of 2S-LGBTQ residents
3 who contracted COVID-19.

4 We have to rely on knowing someone who
5 knows someone who contracted COVID-19 and is
6 willing and is not afraid to come forward to tell
7 their story. Unfortunately, we have to acknowledge
8 that we do not have many stories that we can tell
9 you today.

10 In one case, though, that we became
11 aware of is that of the death of a gay man that we
12 became aware of only as a result of an obituary
13 that was published in The Globe and Mail that
14 reported that he died after contracting COVID-19 as
15 a resident of a long-term care home in Toronto.

16 Douglas Chambers, Professor Emeritus at
17 the University of Toronto, Trinity College died at
18 the age of 80 from complications of COVID-19, as I
19 say, in a long-term care home in Toronto.

20 A distinguished scholar and professor
21 of English literature, he was also a role model,
22 mentor, and unofficial faculty advisor to gay and
23 lesbian students in the 1970s and 1980s when
24 discrimination against 2S-LGBTQ+ people was
25 rampant, and legal protections for them were not

1 yet enshrined in Canadian law.

2 I'll now turn things over to Barbara
3 Freeman to continue with our presentation.

4 BARBARA FREEMAN: Thank you. I think
5 that most people think that because we have gay
6 marriage in our society, that it's legal, that
7 everybody -- a lot of people think "oh, well,
8 that's okay. All these issues are taken care of."

9 Tom mentioned a number of studies. One
10 of the ones that Ottawa Senior Pride did a couple
11 years ago was to survey our members on whether or
12 not they felt comfortable going into long-term
13 care. And the answer was "no, not at all."

14 And it wasn't the usual problem. I
15 think everybody of a certain age would rather stay
16 home to be taken care of. They were -- they said
17 they were afraid that they would be discriminated
18 against or abused if their sexual orientation or
19 gender identity became known inside these long-term
20 care homes. They were actually afraid about that,
21 and they said "well, if I go into long-term care,
22 I'm going to have to go back into the closet."

23 And I think it's -- maybe it's hard for
24 people to understand what that would be like.
25 Because in the last 10 or 20 years, we've been able

1 to have a certain amount of freedom like marriage,
2 live a little more openly, have more protections.
3 And then suddenly you've jumped into a time
4 machine, and you're back 20, 30, 40, 50 years into
5 a place where you have to creep around and not tell
6 anybody who you really are and how you're affected
7 or how you've been affected over your life by being
8 gay and closeted for a lot of it.

9 And, you know, this generation -- 70,
10 80, 90 years old -- we remember very well what it's
11 like to have to hide your sexual orientation. It
12 takes a toll on you emotionally. And the same, I
13 would say, for staff in long-term care homes as
14 well. You can never ever be totally relaxed about
15 who you are.

16 Now, the staff that we've heard
17 about -- and we've done training sessions here at
18 Ottawa Senior Pride.

19 Many of the staff -- there's a big
20 turnover, so it's hard to sort of sit everybody
21 down and educate them. But a lot of them feel that
22 being gay or lesbian or transgender is wrong. And
23 many of them believe it for religious reasons. It
24 doesn't matter which religious tradition they come
25 from. And they are not particularly sympathetic

1 when they find out that somebody is LGBTQ or
2 two-spirited.

3 And so they have their negative
4 attitudes and biases, and we hear this by hearsay
5 from people who are LGBTQ+ who work in these
6 seniors homes on our grape vine, by people who are
7 in there and might have a partner or friends who
8 are still out in our community. So we know that
9 there's a fear there.

10 I, myself, knew a younger woman who was
11 in long-term care because of a chronic health issue
12 a number of years ago, who, on the rare occasion,
13 said -- she could get out of there and come to one
14 of our gatherings would say "I can't tell them I'm
15 gay. I just can't." And so that's been a problem
16 for quite a while.

17 So what we need is training and
18 education because, again, all these prejudices are
19 worse during a COVID-19 or any other pandemic. You
20 know, people already on edge, right, so you can
21 imagine how some of our seniors in there feel. So
22 what we would want or strongly recommend is proper
23 training.

24 Now, I've talked to trainers from
25 Ottawa --

1 Yes?

2 COMMISSIONER ANGELA COKE: Sorry, I was
3 just curious to know if you feel this experience is
4 more broad across healthcare or more pronounced in
5 long-term care?

6 BARBARA FREEMAN: I think it's more
7 pronounced in long-term care. Although I'm sure it
8 might happen in hospitals. I, myself, recently had
9 occasion to visit a particular unit in a hospital
10 for women's health, and they were wonderful. I
11 didn't have to hide a thing. I didn't have to hide
12 the fact that I've been partners with the same
13 woman for almost 40 years. It was -- nobody
14 battled an eye. And I can tell you -- I mean, I'm
15 old enough to find that really refreshing, you
16 know?

17 COMMISSIONER ANGELA COKE: M-hm.

18 BARBARA FREEMAN: So I think it's a
19 long-term care thing as much as anything. But
20 there could be, you know, other hospitals that --
21 where it's a problem.

22 So the Ottawa Senior Pride people have
23 trainers who go into long-term care homes where the
24 administrators are open to this and do training
25 with staff, mainly, and with residents.

1 And what they find is that the
2 biggest -- the most resistance comes from staff who
3 have strong religious beliefs against homosexuality
4 or somebody who's transgender. You know, "pray the
5 gay away," that kind of attitude.

6 And because there's such a turnover,
7 we're recommending that you -- that there be more
8 training, more regular training -- a
9 train-the-trainer program, perhaps -- and that some
10 religious leader -- and it doesn't matter if it's
11 rabbi, imam, Catholic priest, Protestant minister,
12 or some other religious figure who is more
13 interested in compassion, the compassion side of
14 religious teaching -- and many religions have that
15 strong lesson -- than they are about judgment -- be
16 part of these training sessions so that they can
17 talk to people and explain to them that you don't
18 have to believe that homosexuality is right, but
19 you must treat this person compassion and care, the
20 same compassion and care, as everybody else.

21 Similarly --

22 COMMISSIONER FRANK MARROCCO (CHAIR):
23 Do I have it right -- and I just -- sorry for
24 interrupting.

25 But do I have it right -- you have no

1 reason to think that there's any kind of training
2 or educational component when they're, like,
3 training PSWs or, like, people who have gone in to
4 learn and to obtain a qualification so that -- to a
5 community college, for example. There's no
6 training like that?

7 I mean, that's what I'm just -- this is
8 just a shortcut for me to find that out rather
9 than --

10 BARBARA FREEMAN: Uh-huh.

11 ASHLEY DI BENEDETTO: Barb, if I may,
12 so part of the AIDS Committee's mandate is we also
13 have a program called "Safer Spaces" which is a
14 Canada-wide training program for any -- basically
15 anyone -- hospitals, medical care, retailers,
16 anyone who would serve the community in any
17 capacity -- to train them on how to be a safe
18 space, how to be inclusive for 2S-LGBTQ+
19 individuals and not just -- and it goes beyond the
20 "we are a safe space, and we won't treat you
21 unfairly." It's an actual training on how to be
22 inclusive, how to put the needs of 2S-LGBTQ+
23 people --

24 (BRIEF INTERRUPTION).

25 Sorry, my apologies.

1 COMMISSIONER FRANK MARROCCO (CHAIR): I
2 think somebody needs to open the door. Don't worry
3 about it.

4 ASHLEY DI BENEDETTO: Oh, my goodness.
5 Sorry, one second.

6 BARBARA FREEMAN: Okay. I think what
7 she's saying is it's one thing to sort of say to
8 somebody in a classroom, "yeah, you know, you're
9 supposed to treat everybody the same."

10 It's another thing to make them
11 understand why and how and, especially with members
12 of our community, how to do it.

13 COMMISSIONER FRANK MARROCCO (CHAIR):
14 Well, that's what I was directed to. I wasn't so
15 much interested in somebody saying, you know, the
16 Human Rights Code provides --

17 No, I was more interested in, like, a
18 practicum side of it. There's no practical
19 training that you're aware of?

20 BARBARA FREEMAN: That we're --

21 TOM WARNER: I think, no --

22 Sorry, Barb.

23 Not that we're aware of. I mean, I've
24 done some research. I've looked into, you know,
25 the training program.

1 Frankly, the amount of training --
2 required training for certification as a PSW is
3 really, really minimal --

4 COMMISSIONER FRANK MARROCCO (CHAIR): I
5 know that.

6 TOM WARNER: -- anyway in terms of the
7 number of hours and what's covered in terms of the
8 curriculum or the content.

9 But there is nothing that I've seen in
10 the programs that I've looked at through -- offered
11 through the community colleges, primarily, that
12 address the particular healthcare and other needs
13 of 2S-LGBTQ people or seniors.

14 So I would say that there isn't
15 anything there formally or that's required as part
16 of the certification. There are some long-term
17 care homes who are doing that on their own. And,
18 you know, we commend them for that.

19 BARBARA FREEMAN: Yes.

20 TOM WARNER: It's fantastic that
21 they're doing that. And there are courses that are
22 available through a number of organizations that
23 long-term care homes could offer -- could offer to
24 their staff and maybe do. But frankly, most don't.

25 And the other part of it, I would say,

1 is there needs to be continuing education because
2 it might be done at the point of initial hire, but
3 then it's not continued throughout the course of
4 someone's employment with a long-term care home.

5 Or as staff changes and there's
6 turnover in staff, you know, the education isn't
7 continued. So there are those kinds of issues.
8 But no, there isn't anything that --

9 BARBARA FREEMAN: Tom, you're breaking
10 up. I don't know if everybody else is.

11 COMMISSIONER FRANK MARROCCO (CHAIR):
12 Yeah. So no training going in. No ongoing
13 training.

14 TOM WARNER: No ongoing training,
15 right.

16 ASHLEY DI BENEDETTO: No. And like I
17 was trying to say before, sorry, that part of the
18 research for Safer Spaces was to see what training
19 was being done in the medical and in the health
20 fields for nurses, doctors, PSWs, things like that.

21 And they found that there really isn't
22 any specific training for 2S-LGBTQ+ people in
23 general, seniors or otherwise, that is being done
24 in the capacity of those college training and
25 university training. So there's really nothing

1 that is targeting those specific issues.

2 COMMISSIONER FRANK MARROCCO (CHAIR):
3 Commissioner Coke?

4 COMMISSIONER ANGELA COKE: Yeah. I was
5 just wondering in terms of if there's any
6 difference between -- for example, the municipal
7 homes, do they have any policies that, you know,
8 speak to diversity or inclusion?

9 I'm just curious if you've run into any
10 different homes who may have different policies
11 around these things or no?

12 TOM WARNER: Well, I can give the
13 example of the City of Toronto, and they have
14 developed a toolkit that's basically a practical
15 guide, a training guide, and a toolkit for their
16 ten long-term care homes in the city.

17 And they are now also in the process of
18 updating that and revising it, looking at more of
19 a -- what they call an emotion-centred approach to
20 care and a more resident-centred care approach for
21 their homes.

22 And it's an excellent toolkit.
23 However, our experience with that is, again, it
24 requires -- it requires leadership in the long-term
25 care homes to ensure that the training is provided

1 and that the toolkit is being -- is being used.
2 And so the experience, again, is often that doesn't
3 happen if there's a change in the leadership or the
4 change in staff. Then --

5 Often it's the case that the education
6 is not continued, and the -- you know, the toolkit
7 and the other resources they have simply are not
8 being used, or there is isn't an awareness that
9 they are available for staff to use in homes.

10 I'm not familiar with other
11 municipalities, but there may be. But City of
12 Toronto, generally, has taken a leadership role in
13 terms of developing education modules and training
14 and toolkits for their long-term care homes, yeah.

15 BARBARA FREEMAN: Okay. So --

16 COMMISSIONER ANGELA COKE: Thank you.

17 BARBARA FREEMAN: -- I also want to
18 make the point that this training can also be
19 helpful for staff for our two-spirited or LGBTQ+.

20 I have an acquaintance who works in
21 long-term care, and he told me a number of things.
22 And one of them was that it took the staff months
23 to call him by his name as opposed to "the gay
24 nurse."

25 And I heard a very similar story from

1 somebody else just yesterday, actually, that the
2 other staff seemed to make a point of the fact that
3 this person has a different orientation or gender
4 identity than they do.

5 And that can't really be good for, you
6 know, relationships on staff without some training.
7 The other thing he told me was that it's like
8 "don't ask, don't tell." Nobody talks about
9 anybody's sexual orientation in these institutions.
10 And I've heard that before, too, from somebody else
11 who's a volunteer in another home who said that
12 even if you wanted to, he couldn't approach
13 residents who he thought might be a member of our
14 community because of confidentiality issues.

15 He can't just walk up to them and say
16 "oh, I think you're gay. Do you want to talk about
17 it? Is there anything I can do to help you?" He
18 can't do that.

19 And going back to the gay nurse, he
20 said that he's noticed that some staff are -- seem
21 to be unduly nervous around people who are
22 HIV-positive, which really shouldn't be happening,
23 and some of whom are probably gay.

24 And that, generally, he's worried about
25 our community as we age going into long-term care.

1 He just doesn't feel that there's an open enough
2 environment and accepting environment.

3 So that's how it is now. And, of
4 course, as I said, anything that happens in the
5 pandemic is -- a pandemic is just going to make all
6 these tensions worse.

7 I'm going to turn over to Ashley now
8 who will talk to you about the things she's found
9 out in North Bay.

10 ASHLEY DI BENEDETTO: Thanks. So the
11 preface to what I have to say is that I am in a
12 client-facing role in my area, so do I have lots of
13 clients who live in long-term care that I'm working
14 with now, clients who are approaching the point in
15 which they might be in long-term care.

16 So I've had a great experience. As
17 well, my position started at the beginning of the
18 pandemic. So all of my experience with 2S-LGBTQ+
19 seniors at this point have been during the COVID-19
20 pandemic.

21 And one of the things that we're seeing
22 is the incredible increase in social isolation and
23 a lack of connectedness to the community that
24 2S-LGBTQ+ seniors are experiencing, especially in
25 long-term care homes.

1 We've mentioned a few times how, you
2 know, the fear of experiencing discrimination or
3 the discrimination that they are currently
4 experiencing given their sexual orientation or
5 their gender expression is in large number.

6 2S-LGBTQ+ seniors are choosing to
7 conceal their identities and often doing this for
8 safety and privacy reasons. The connectedness to
9 community and, like, social, mental, physical
10 health is lacking.

11 During the pandemic, a lot of these
12 services have been moved online. A lot of
13 counselling services are being done through OTN,
14 medical doctors, social supports.

15 And we're seeing a lack of ability for
16 2S-LGBTQ+ seniors to actually engage in these
17 mental health services that are so critical to
18 them.

19 One specific example I can give you
20 is -- I started a technology lending program here
21 in North Bay for queer seniors to be able to access
22 technology to get on the internet and take
23 advantage of social services that would help them
24 mostly because, when I did my research with
25 long-term care homes, I was met with the answer of

1 "we don't have any queer seniors here. We don't
2 have any 2S-LGBTQ+ seniors here. We don't really
3 have a need to advertise your program."

4 Well, again, that's not true because
5 there were seniors who contacted me privately who
6 lived in those facilities.

7 So when I asked them if a senior needed
8 access to technology, how would they get it, what
9 would be the process that they would have to follow
10 to get this technology to connect to social
11 supports and doctors and mental health supports, I
12 was told that the process is they have to basically
13 sign out the devices and disclose what they're
14 using it for which created a huge barrier for
15 2S-LGBTQ+ seniors.

16 Because if they're not out, if they
17 don't feel safe to be out, if they don't feel safe
18 to disclose who they are, they're not going to feel
19 safe telling you what they're using it for,
20 especially --

21 You know, we have a social support
22 program weekly that we offer online right now, and
23 a lot of seniors have said they want to attend, but
24 they don't feel safe having to access the program
25 in a public space. They don't have a private room

1 where they could access it, and they have to
2 disclose why they're using the technology.

3 So that's just one of those huge
4 barriers to connectedness for 2S-LGBTQ+ seniors
5 that we're seeing.

6 And, you know, we know that -- you
7 know, studies are showing that 2S-LGBTQ+ seniors
8 are two times more likely right now to experience
9 social isolation. They don't have close
10 connections with biological family members in most
11 cases. They don't have children that are close
12 with them.

13 And they have chosen families, people
14 that they have picked to be a part of their life,
15 that aren't being recognized by long-term care
16 facilities during this pandemic.

17 Visitation restrictions have been
18 restricted strictly to power of attorney and blood
19 relatives. And for many reasons, 2S-LGBTQ+ seniors
20 don't have assigned power of attorneys, and they
21 don't have blood relatives that they are close with
22 or connected to.

23 And so their social relationships,
24 their romantic relationships, aren't being
25 recognized by these facilities, and it's causing

1 them more isolation, more loneliness.

2 We're seeing higher rates of suicidal
3 ideation, depression, despair, higher rates of
4 physical health problems, mental health problems.

5 It's really becoming -- it's -- a
6 pandemic within a pandemic right now is what we're
7 seeing with 2S-LGBTQ+ seniors' health and the
8 increase in isolation.

9 So with regards to sort of the social
10 distancing protocols, the restrictions I talked
11 about, the spousal relationships, chosen families,
12 and support networks, the distance and the refusal
13 of recognizing these relationships has been
14 exasperated by COVID-19 because of those strict
15 visitation protocols.

16 We're seeing seniors, you know, dying
17 in long-term care homes. We're seeing seniors
18 getting progressively worse in terms of their
19 general health. And their family members, the
20 people they consider family, aren't being
21 recognized, aren't being told what's happening with
22 them. They're alone. They don't have connection
23 to these people.

24 Like, some of the heterosexual
25 counterparts who have, you know, assigned POAs and

1 blood relatives who can come visit them and can
2 stay connected and can call the facility and say
3 "I'm so-and-so's daughter. I would like to know
4 how she's doing or they're doing." So it's
5 becoming a great issue.

6 One of the stories that speaks to
7 this -- I had submitted a client testimony through
8 you guys as well in writing, and you can read the
9 full testimony from Lezlie. But I wanted to
10 highlight some of the key points.

11 So Lezlie is a member of the Senior
12 Pride Network (Toronto). She's also one of my
13 clients, and she submitted a testimony about a
14 story of her friend Alf who lived at Fudger House
15 in Toronto.

16 And Alf was a very vibrant, very active
17 advocate in the 2S-LGBTQ+ seniors community. Even
18 when Alf first started living at Fudger House, he
19 felt it was very welcoming for him, which was
20 great, and this was pre-pandemic.

21 So Alf was able to be out. He was able
22 to attend a lot of the Senior Pride Network events
23 and stay active in the community.

24 Lezlie visited him weekly, had phone
25 calls with him almost daily, and constantly was

1 there to see him and send him gifts and stay
2 connected with him.

3 When COVID hit, because Lezlie was
4 Alf's chosen family and she wasn't a biological
5 relative and she wasn't an assigned POA, she no
6 longer had any connection with Alf.

7 Lezlie attempted to have phone calls
8 with Alf and was denied. She made constant
9 connections, phone messages, emails to the
10 long-term care home, to Fudger House, to say "I'd
11 like to connect with Alf," and nothing was ever set
12 up. She was promised it would be. It was never
13 set up.

14 She resorted to writing him letters to
15 let him know that she was still thinking about him
16 and that she was still connected with him, but
17 that's all she got. He didn't get any visitors.
18 No one was allowed to see him because he didn't
19 have a POA, and he didn't have blood relatives. He
20 was alone.

21 June 1st was Alf's birthday, and Lezlie
22 tried to call the facility at Fudger House, and no
23 one would let her speak with Alf. She called on
24 June 2nd. No one would let her speak with Alf.
25 Every time she asked how Alf was doing, the message

1 was "we can't talk to you. We can't tell you
2 anything about Alf."

3 So on June 3rd, Lezlie showed up at
4 Fudger House to bring Alf a card and to bring him
5 his favorite chocolates for his birthday. She went
6 up to the front door and she said to the attendant
7 at Fudger House "could you please bring Alf to the
8 door even from a distance and just give him this
9 gift for me?"

10 They said "we can't bring Alf to the
11 door" and walked away. Another staff member from
12 Fudger House came up and Lezlie said "can you just
13 tell me that Alf is okay?" And the staff member
14 said "I can't talk to you."

15 So a queer staff member of Fudger House
16 was coming back from his break and recognized
17 Lezlie from visiting with Alf lots before the
18 pandemic and asked Lezlie if she was there to see
19 Alf.

20 And at that point, he asked Lezlie to
21 sit down and told her that Alf had died yesterday.
22 No one told Lezlie. No one told anyone who knew
23 Alf. No one knew Alf had died. He was alone.
24 Everyone who loved him had no idea he was gone.

25 And that is the stories we are hearing

1 over and over again with 2S-LGBTQ+ seniors, is that
2 they're being restricted from the people that love
3 them the most because of this pandemic and because
4 their relationships and their chosen families
5 aren't being recognized.

6 Further to that, Lezlie asked to be
7 notified of Alf's entombment, and she asked to be
8 notified of any memorial services. And it wasn't
9 until last week that Lezlie found out that there
10 was going to be a burial for Alf. She found out
11 through a friend of a friend of hers.

12 And when she showed up, there were
13 exactly four people at that burial, and none of
14 them were from Fudger House.

15 No one who knew Alf knew that this was
16 happening. There was just the pastor, and then
17 there was Lezlie and one of her friends who found
18 out about it who wanted to go and make sure that
19 Alf wasn't alone in that moment.

20 And that, you know, is something that
21 my clients talk about on a daily basis, is that
22 their families can't get information about their
23 health. They can't communicate with their
24 families. They can't see their families.

25 And there's just this complete lack of

1 recognition that they deserve some semblance of a
2 normal life of some semblance of privacy.

3 Even when I -- when they try to have me
4 as their advocate come in and meet with them for
5 mental health services --

6 Now that the weather is very cold here
7 in North Bay, it doesn't happen at all. When the
8 weather was nicer, I was told we could have a
9 30-minute timed visit out in the courtyard where --

10 If someone is talking about some mental
11 health concerns that they're having, a very public
12 meeting like that is not appropriate for someone's
13 mental health. And it's not showing dignity to
14 them, that they deserve that privacy.

15 So, you know, this pandemic has really
16 exasperated a lot of the problems that we're seeing
17 for 2S-LGBTQ+ seniors. Trying to initiate
18 education and training within these facilities,
19 I've been met with complete denial that 2S-LGBTQ+
20 seniors even exist in these facilities.

21 I've tried to guide, you know,
22 residents and programming coordinators on, you
23 know, safe ways to display any business cards, my
24 program information that allow people to take it
25 back to a private area and contact me privately if

1 they wish.

2 But I'm often met with a lot of
3 resistance for that. And, you know, I've even had
4 people just -- I've had long-term care facilities
5 in North Bay outright refuse to advertise my
6 programming strictly because it's 2S-LGBTQ+, and
7 they --

8 The exact words I've been given are
9 "our staff would be uncomfortable with that."

10 And so the programming that is designed
11 specifically to help these 2S-LGBTQ+ seniors to
12 support them -- we're a unique program. We're the
13 only program of its kind in northern Ontario right
14 now doing what we're doing. And we're being denied
15 access to the people who would use our services and
16 benefit from our services the most.

17 COMMISSIONER FRANK MARROCCO (CHAIR):
18 Can you just help me, Ashley? Have they ever --
19 have these homes ever said where they think they
20 get the authority to restrict access to a person to
21 the extent that you've described?

22 ASHLEY DI BENEDETTO: Unfortunately, I
23 get a lot of resistance with asking why. I usually
24 am met with "these are our COVID policies. We've
25 restricted visitors for everyone."

1 But I know that that's not fact because
2 I have family members and I have friends who have
3 heterosexual family members who are in long-term
4 care who they are able to visit.

5 Long-term care homes had set up these
6 visitation booths. I can think of one specifically
7 that they had these plexiglass barriers up where
8 two members of a family were allowed to visit at
9 each time. And they were timed visits, but that's
10 okay. It allows everyone to have time and access
11 to these spaces.

12 But then when my clients, who don't
13 have biological family to meet with them, wanted
14 access to that area to meet with me for mental
15 health support, they were told no because I was not
16 a blood relative and because I was not their POA.

17 Despite being their only support, I was
18 not allowed to come and visit with them. So it
19 was -- it was directly tied back to -- always this,
20 too -- if you're not a power of attorney and you're
21 not a blood relative, COVID tells us you can't --
22 you can't come in, which is just --

23 To me, the lack of recognition and the
24 fact that 2S-LGBTQ+ seniors don't have these things
25 that they're asking and that the people in their

1 life who support them the most don't fit that mold
2 and therefore they're just left alone with nobody,
3 no access, no human contact other than the
4 residents that are in there --

5 But they can't be their true selves
6 with those people, and so they're just living a
7 life of secrecy, and that takes its toll on your
8 mental health, your physical health.

9 COMMISSIONER JACK KITTS: Earlier on,
10 you mentioned the Toronto municipal homes were
11 doing something positive, and you mentioned a
12 toolkit.

13 ASHLEY DI BENEDETTO: M-hm.

14 COMMISSIONER JACK KITTS: Do you know
15 whether -- are you working with them now -- or your
16 association working with them?

17 And Toronto has a history of working
18 with the Michener Institute to introduce innovative
19 programs, and I know they're working with -- for
20 the PSWs and, perhaps, the nursing.

21 So have you explored that venue for --
22 because I really feel that without changing the
23 culture and educating the staff in those homes,
24 it's going to be an uphill battle.

25 ASHLEY DI BENEDETTO: Well, I think

1 what we're seeing with that is even those ten
2 long-term care homes in the Toronto area that have,
3 you know, some form of a mandate to be 2S-LGBTQ+
4 inclusive, the actual experiences of residents in
5 those homes and the family members and the
6 supporters of residents in those homes are showing
7 otherwise.

8 Despite this toolkit, they're not
9 really inclusive, and they're not being respectful,
10 and they're not, you know, navigating the issues
11 with 2S-LGBTQ+ seniors in an inclusive and
12 accessible way.

13 And similar to -- you know, with my
14 mention to the Safer Spaces program, regardless of
15 how many trainings we offer in these facilities, if
16 there isn't some sort of management or mandate or
17 oversight that this is happening, it really just
18 gets shoved to the side, and it doesn't become a
19 priority for people to have this training ongoing.

20 TOM WARNER: If I could just add, from
21 the Senior Pride Network in Toronto which is the
22 organization that I'm involved with and I'm
23 currently the chair, we did work closely with the
24 City of Toronto's seniors and long-term care staff
25 in the development of their toolkit which was five

1 or six years ago.

2 And in kind of an update and a revision
3 of it a couple of years ago, we are now also
4 working with them in terms of the development of a
5 training module that they are developing for staff
6 in their long-term care homes under the new care
7 model that they are pilot testing in the Lakeshore
8 Lodge, one of the city's long-term care homes.

9 So we are working with them on that,
10 and we have found, actually, at the level of the
11 development of the toolkits and the training
12 modules, it's been very good. And we've had the
13 opportunity to provide input and assist in the
14 development of those.

15 But as Ashley says, sometimes it's
16 the -- sort of the carrying out of the policy and
17 the use of the toolkit by the staff where things
18 start to breakdown over time.

19 COMMISSIONER JACK KITTS: Yeah. Thank
20 you.

21 ASHLEY DI BENEDETTO: So, I mean, I
22 will turn it over to Tom if you want to wrap up our
23 presentation. That's, you know, what I have for
24 you from my end.

25 TOM WARNER: Sure. I can do that.

1 Well, I think we have covered everything that we
2 wanted to address with you. We have made a written
3 submission. I have to confess it's fairly lengthy.

4 But we think that the issues are many,
5 and they're fairly complicated, and they are --
6 they speak to the many -- it speaks to the many
7 systemic issues and failures of the long-term care
8 system over a long period of time.

9 And in particular, though, it makes the
10 point that -- we believe that we make the point
11 that the outbreak of COVID-19 in long-term care
12 homes is not only highlighted, but some of those
13 longstanding and unresolved issues are -- and the
14 failures within the long-term care system are.

15 But they've also made the situation of
16 COVID-19 and how it has been dealt with in terms of
17 2S-LGBTQ+ residents in long-term care homes --
18 sorry, homes has made the situation significantly
19 worse than it was prior to COVID-19 and the
20 pandemic.

21 So we hope that you will have an
22 opportunity to consider the recommendations that we
23 have made. Some are in terms of what the long-term
24 care homes should and could be doing. Some are in
25 terms of what the government should be doing in

1 terms of requiring -- what the requirements of
2 long-term care homes should be in terms of
3 providing care and fulfilling, quite frankly, the
4 obligations and responsibilities put on long-term
5 care homes under the Long-Term Care Homes Act.

6 You know, I notice in your -- in the
7 announcement that was put out of your second set of
8 recommendations, that you made reference to the
9 fundamental principle of the Long-Term Care Homes
10 Act and essentially that the homes have an
11 obligation to provide an environment and to provide
12 care as if they're living -- as if the residents
13 are living in a home, and it is their right to
14 receive that kind of care under the resident --
15 under the Act and, specifically, under the
16 Residents' Bill of Rights.

17 And, quite frankly, the long-term care
18 homes and the long-term care system is not
19 fulfilling its legislated mandate, its obligations
20 under the Act.

21 We believe that the outbreak of
22 COVID-19 in the long-term care homes has simply
23 highlighted the fact that there is a -- there's a
24 huge gap between the legislative intent and the
25 purpose of the legislation and what is actually the

1 policy and practice and the reality within the
2 long-term care homes.

3 And so we hope that the -- and we know
4 that the commission and some of the things that
5 you're looking at and the recommendations you have
6 made are addressing many of those issues.

7 But we believe that there are some
8 specifically related to us, 2S-LGBTQ+ seniors, that
9 have not yet really been looked at at all or
10 considered at all by anyone.

11 And we hope that you, through your
12 report and your recommendations, will begin to
13 address or call for those matters to be addressed
14 in a meaningful way by the government and by the
15 long-term care homes in the province.

16 So we thank you for this opportunity.
17 We do very much appreciate having the opportunity
18 to meet with you directly, Commissioners, to
19 present our case on behalf of 2S-LGBTQ+ seniors.
20 And so thank you very much. We do appreciate it.

21 COMMISSIONER FRANK MARROCCO (CHAIR):
22 Well, I don't think we have any -- I don't see the
23 commissioners wanting to ask any further questions.

24 I want to thank you for the
25 presentation. We referenced the foundation that --

1 the foundational principle quite deliberately in
2 the second set of recommendations. And what you've
3 done is really provide us with a filter that we
4 hadn't properly appreciated when we were thinking
5 about that principle. And for that, I want to
6 thank you.

7 And I want to assure you that we will
8 take what you've said and the personal experiences,
9 Ashley, that you referred to. We will give that
10 very -- we will think about that very seriously.

11 So thank you, and I guess that ends the
12 session, so goodbye.

13 ASHLEY DI BENEDETTO: Thank you very
14 much.

15 BARBARA FREEMAN: Thank you very much.

16 COMMISSIONER ANGELA COKE: Thank you.

17 COMMISSIONER JACK KITTS: Thank you.

18 COMMISSIONER ANGELA COKE: Very
19 valuable.

20 -- PROCEEDINGS CONCLUDED AT 2:27 P.M. --

21

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25

1 REPORTER'S CERTIFICATE

2
3 I, MCKAYA MCDONALD, Chartered
4 Shorthand Reporter, certify;

5
6 That the foregoing proceedings were
7 taken before me at the time and place therein set
8 forth, at which time the witness was put under oath
9 by me;

10
11 That the testimony of the witness
12 and all objections made at the time of the
13 examination were recorded stenographically by me
14 and were thereafter transcribed;

15
16 That the foregoing is a true and
17 correct transcript of my shorthand notes so taken.

18
19 Dated this 18th day of December, 2020.

20
21 

22
23 _____
24 NEESONS, A VERITEXT COMPANY

25 PER: MCKAYA MCDONALD, CSR

CHARTERED SHORTHAND REPORTER

C L A R I F I C A T I O N S

Page 12, lines 7 to 12: All of the text from "residents upon admission" should be in the quotation:

As he stated:

"Residents upon admission are simply..."

Page 44, lines 11 and 12: The text should read, "the outbreak of COVID-19 in long-term care homes has only highlighted what some of those longstanding" -- "is not" should be "has" and "but" should be "what."

Page 21, line 19: "With" compassion and care.

Page 27, line 19: "...helpful for staff 'who are' two-spirited..."

"(Actually, the correct term is 'two-spirit,' but I might have mis-spoke.)"

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