

**Joanne Foote**  
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Good evening everyone. My name is Joanne Foote. I work as a recreation aide in a for-profit long-term care facility in the Fraser Valley, and am a member of the Provincial Executive of the Hospital Employees' Union. HEU represents 46,000 frontline health care workers in hospitals, nursing homes and community agencies across B.C.

I first became involved with the union as a shop steward, and I served as Secretary Treasurer at my local for 8 years. I've been involved with the 1<sup>st</sup> Nations caucus, Equal Opportunities as well as the Nursing Team, and currently I'm on the Provincial Executive governing body.

Tonight, I want to share with you some of my experiences working in a for-profit nursing home, and how I've seen the profit motive affect residents' and workers' lives. Before I get into my personal experience, I'll talk briefly about some of the changes underway for seniors in BC today, as well as some of the impacts that commercial health care has had on nursing home standards south of the border.

Overall, I hope to give you an impression of what for-profit care looks like in BC nursing homes today, and how bad it can get if the Liberal government gets away with privatizing even further.

First, let me share with you some of the context for seniors' health care in B.C.

We have about 25,000 publicly funded long-term care beds, and roughly one-third of those are owned by private for-profit companies. Some owners are independent Mom-and-Pop operations, others are part of large multinational chains like

Extendicare and Central Park Lodge. More and more, the multinationals are buying out the local operators.

The share of long-term care facilities owned by private companies varies across Canada – in Ontario, where the Harris government has handed new construction over to big chain operations, half of the facilities are for-profit.

As you all probably know, there are big pressures on the long-term care system, both in terms of increasing demand and reduced public funding. The Liberal government has drastically cut capital and operating funds, trying to develop a crisis atmosphere to make private funding look like the only option. As a sign of the pressures, there are already over 7,000 seniors on waiting lists for long-term care beds, and the Liberals themselves acknowledge that 5,000 new beds are needed over the next three years. Thirteen percent of acute care beds in the Lower Mainland alone are occupied by patients waiting for long term care.

How is the government going to meet these needs? Their plan is to follow the Alberta model of shifting beds from licensed nursing homes to unlicensed housing units. Their goal is to reduce publicly funded nursing homes by one-third, and only two groups of high needs seniors will keep their spots: those with dementia and behavioral problems, and those with complex multiple health problems.

The remaining 13,000 people (including some who are classified as IC3, which is the second highest level of disability/illness) will be moved into what are called “assisted living” apartments. There, the government will only pay for nursing and for personal care such as help bathing, getting dressed, using the toilet and taking medications. People will have to pay out-of-pocket for food, laundry, rent, rehabilitation, private duty nursing and all other costs. These houses will not be licensed, so there will be no

minimum standards. There may not even be staff available 24 hours a day.

To get a sense of how scary this prospect is, let's remember that 70% of the people now in long-term care have some form of dementia, and the majority also have complicated health problems. Remember that in the 1990s the government already closed nursing home doors to some 20,000 residents who were eligible under the previous assessment guidelines (IC1 and Personal Care).

Let me tell you about just one person in my facility who wouldn't be able to cope with less care. This woman is 70 years old, a widow without family support, living on government pension. She has alzheimers, and she is disabled from diabetes and a bad heart. Everyone in my facility has at least three serious medical conditions.

So where will the private sector be in this new scenario? Even if all 3,500 federally funded new housing units planned for BC go to these nursing home transfers, the private sector will be vying for some 10,000 others who'll be dumped from nursing homes.

Nursing home chains like CPL actually see themselves as being in the real estate business, which fits perfectly with this model. What also fits is the right-wing line that health care is only what doctors and nurses do, and other services are so-called "hotel services" that should be delivered by the private sector.

And exactly how well does the private sector handle the business of nursing homes? Unfortunately, we have many years of experience with profit-making facilities in Canada, and we have even more evidence from the United States. What we know is that investors sacrifice seniors' health in pursuit of profit.

Let me share with you some of the research findings. In Manitoba, researchers examined medical records of more than 15,000 nursing home residents. They were looking for factors that increased a resident's chance of being sent to hospital, focusing on 8 common medical conditions. Some of the factors were predictable – age, sex, and health condition affected hospitalization rates. What was most disturbing is that residents in for-profit nursing homes had significantly higher hospitalization rates than non-profits for four major conditions: dehydration, pneumonia, falls and fractures. In other words, living in a for-profit facility is a serious health hazard.

This same conclusion has been reached in the United States, where two-thirds of nursing homes are for-profit. Severe neglect in many homes has forced some high-profile government inquiries and the introduction of quality standards over the years. A series of Senate hearings in the late 90s heard about nursing home residents being held in restraints unnecessarily, being overmedicated and undernourished, having untreated pressure sores, among other problems. One inquiry of residents who had died revealed that half had receiving unsafe care.

Americans in fact can track these things easier than we can because they have a national system of annual inspections (even though follow-up on problems is weak). Recently, some academics studied the records of 14,000 nursing homes across the U.S., and what they found was that for-profit facilities had 30% more violations of care standards than non-profits.

I don't know about you, but I find these statistics chilling, and I don't want us to be putting our elders in the hands of companies like that.

And believe me, the companies here in B.C. are no less brutal. In fact, many of them, own some of those U.S. homes. When HEU reviewed the inspection reports for CPL's 20 U.S. nursing homes,

we found that 16 were cited for deficiencies last year, with problems ranging from inadequate infection control to resident dehydration to medication errors above 5 percent.

Not only is residents' health sacrificed to profits, but the residents end up paying out-of-pocket for a lot of supplies and services - everything from a toothbrush to wheelchairs to bowel care. A recent HEU study documented the extra fees charged in a number of for-profit Lower Mainland facilities, and the bill sounds similar to what residents in my facility are charged. Consider some of these fees:

- Approximately \$10 for a barrier cream (which you put on residents who need incontinent pads)
- \$80 for a box of diapers (which might last 3 weeks)
- \$7 for each enema and suppository (in one facility, residents went an entire week without receiving bowel care)
- Up to \$30 for a monthly recreation fee (even if two-thirds of the residents are bed ridden or have dementia and don't receive any recreation therapy)
- \$4 for a special lunch

Residents are even charged for essential medical supplies like needles, wound dressings, and oxygen therapy.

By the way, our researchers also interviewed staff at non-profits to compare fees, and those non-profits rarely charge for these medical and recreation services.

What I want to know is: How can seniors afford these fees when their median income is less than \$16,000 a year? First they have to pay at least the minimum \$750 monthly fee for staying in the nursing home (whether it's non-profit or for-profit). Out of the remaining \$550, they have to pay for personal items like toothpaste

and shampoo, clothing, haircuts, phone charges and other regular necessities. Add to that taxi charges for medical appointments, rental fees for a walker or wheelchair, and all of these medical supplies and procedures that have price tags in for-profit facilities. If they're able to scrape together the cash to cover these medical costs, they often can't afford the fees for rehab therapy, recreation activities like bingo or baking, social outings, or any of these other things that make life worth living.

How many of your parents would be able to pay these fees out of their own pockets?

So far I've presented the big picture of long term care – what it currently looks like in BC, where the government is headed, and what the research tells us about quality problems and costs for residents. Now I would like to tell you something of my personal experience as a frontline caregiver in a for-profit nursing home – what the profit motive means to seniors and to workers day-in and day-out.

As I mentioned at the beginning, I work for one of those multi-nation chains. This company owns and manages 60 long term care facilities, including 8 here in BC. In total, their Canadian operations earned them \$15 million in profit in 1999, and their goal for last year was a 25% profit rate.

What does the Toronto head-office target of 25% profit mean for seniors and for workers in my facility?

Over the years, I have seen residents denied a haircut, or unable to go on a lunch outing with their friends because they do not have money in their comfort fund. Not be able to buy clothes – no money.

As for the staff in LTC – the staff is wonderful and they love our residents as if they were their own parents or grandparents.

Staff are pressured to work harder, faster and are always with our supplies to do their job properly. We have had to use towels, pillowcases as liners for incontinent pads as we have been short and the supplies have not arrived yet.

We have a high ratio of WCB claims as we do not have enough mechanical lifts to do the job properly.

The residents in LTC have wonderful staff who are trained and skilled in their jobs. The staff have cared for some of our residents from many years and we become an extended family. We laugh with them, we hug and hold them when they are sad and lonely.

The owner doesn't always respect the dignity of residents and staff. When a resident passes on, the staff are not allowed to attend their funerals on company time, even if their service is in our community. Over the years I have attended several funerals for our residents where I have been the only one in attendance other than the minister.

All staff in LTC have seen residents pass on and a few hours later the bed is filled with someone else. It's like the person who filled the bed previously is last and forgotten. It's a very sad state when a life does not matter and the bed must be filled immediately or the company will lose revenue.

From all the staff in LTC, I encourage you to work with us to stop the privatization of our homes.

For our many residents who have passed on, I want you to know your extended family members like myself and many others have

loved you for all your stories you shared with us, your birthdays, anniversaries, your wisdom and knowledge.

You will not be forgotten. I want you to know that we love you and you will always be in our hearts.

We will fight for what is right and make sure that seniors that come to live in our facilities are always treated with dignity and respect and we thank you for allowing us to be part of your life.

In conclusion:

This saying is inspired by a Mexican (NA hautl) Indian song  
(thank you)

...some things we will own forever  
the memory of the just,  
the remembrance of some one fair...  
this will never be taken from us...  
this we will never give away.

Thank you.