

**Mission and Discipleship Commission**  
**Horseshoe Falls Regional Council**  
**OF THE UNITED CHURCH OF CANADA**  
*Connecting, Supporting, Transforming*

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*Draft Minutes*

*May 26, 2020*

*via zoom*

**Roster:**

<b>Diane Viney DLM</b> diane@sainta.ca	<b>Colleen Cavanaugh</b> colleencavanaugh@yahoo.com	<b>Michelle Hogman OM</b> michellehogman@gmail.com
<b>Melva Snowling</b> msnowling@cogeco.ca	<b>Geof Thompson</b> geothompson@xplornet.com	
	<b>Irene Ty OM</b> irene@bellnet.ca	

**Staff Support:** Diane Matheson-Jimenez (Minister, Social Justice)

Kathy Douglas (Minister, Faith Formation)

Dave Jagger (Stewardship and Gifts Officer)

Ruthanna Mack (Admin Support)

**Present:** Diane Viney (Chair), Michelle Hogman, Kathy Douglas, Diane Matheson-Jimenez, Dave Jagger, Ruthanna Mack

**Regrets:** Colleen Cavanaugh, Irene Ty, Melva Snowling, Geof Thompson

We did not have enough members of the M&D Commission to meet quorum requirements.

The following was shared for information only.

1. The HFRC Executive has given us permission as a Commission to populate our Commission with those interested in becoming members. Diane Viney to follow up with Karen Orlandi.

2. Supplementary Mission Support Grant Application Process: all applications to be collected by Ruthanna and are to be sent out via email after the June 19<sup>th</sup> deadline.
3. Update from Diane Matheson-Jimenez:

The provincial government announced, rather quietly, that it planned to strike a commission (a commission allows testimony in private, a narrow focus, and even stacking of the commission with parties who have a vested interest) to look at its response to COVID-19 and the crisis in long term care facilities. The opposition parties, and the Ontario Health Coalition asked that this be a full public inquiry (which allows for public testimony and documentation that can set precedent for future crisis response). The request was denied and the province intends to proceed with a commission.

The Ontario Health Coalition asks 2 things of those who are as concerned as they are about the lack of scope and transparency a commission allows for:

1. They are looking for organizations (cultural, religious, social, etc) to sign on to their letter below. They ask that interested parties forward to them ([ohc@sympatico.ca](mailto:ohc@sympatico.ca)) clear approval (i.e. a motion from a governing, or similar, body), the full name of the organization, and a logo if one exists.
2. They are looking for individuals who will use the letter to send correspondence directly to Premier Ford, copying the Ontario Health Coalition. (I would also suggest copying the MPP serving the region you live in)

If you wanted to engage with this personally, or as part of your community of faith, let me know. I am happy to help get the ball rolling!

DMJ

*"We are inviting organizations to sign onto the following open letter. We are on a tight timeline and would appreciate hearing back from organizations with your approval to be added as soon as possible. Please email us at [ohc@sympatico.ca](mailto:ohc@sympatico.ca) with your clear approval and the full name of your organization. For individuals who are not organizations, please use this letter to write your own correspondence to Premier Doug Ford at [premier@ontario.ca](mailto:premier@ontario.ca) and please cc us in.*

### **Open Letter to Premier Doug Ford**

Dear Premier Ford,

While we are pleased that your government has committed to independence, non-partisanship and transparency with regards to the commission into long-term care and COVID-19, we are

seeking some assurances regarding both this commission and the immediate measures needed that cannot wait for a commission. In addition, we believe that it is imperative that Ontario hold a full public commission or inquiry into the province's overall response to COVID-19, like the SARS Commission, as there are many lessons to be learned from this experience beyond the long-term care sector.

To be clear, the Ontario Health Coalition called for the commission into long-term care to be under the Public Inquiry Act. You have voted against this in the Legislature. Failing that, Premier, we must state in the clearest possible terms that it will be unacceptable to the public if the commissioner(s) and any supporting staff are not fully independent of long-term care operators. Any long-term care commission must have unimpeachable credibility and operate in the public interest. This means it cannot be led or controlled by any partisan (political party) interests or by long-term care owners and operators. It must be transparent and open, not by invitation only. Access to the Commission must be equitable and it must allow for voices from families, residents, staff and their associations and unions, public interest groups and advocates who have worked closely on these issues. Care workers and professionals must be protected to speak on the record about conditions in the homes. Testimony and research must be on the record and fully available publicly as with formal commissions and inquiries in the past, and the commission must report as quickly as possible.

Further, this commission cannot delay immediate action being taken to stabilize and support the workforce to stop the COVID-19 outbreaks that continue to spread in long-term care homes across significant parts of Ontario. We need a coherent plan from your government to stop the spread of COVID-19 in long-term care and retirement homes, including concrete measures to improve PPE supply, workplace safety and infection control, and to stabilize the workforce. We urgently need your government to take leadership and concrete coordination measures to immediately address critical staffing shortages that mean even basic daily care like feeding, bathing, hygiene, human contact are not able to be done; that palliative care needs are not being met; that care for the gravely ill is less than what is needed, as follows:

- Understaffing in long-term care is critical and must be addressed. The provincial government cannot rely on long-term care homes in crisis to get themselves out of crisis. There must be a coherent plan, led by our government, to step in with a set of coordinated, concrete measures to get staff into the homes that have lost staffing levels due to sickness, having to choose one part-time job, staff leaving etc. Leaving it to the providers to forge voluntary arrangements among themselves is not sufficient. Staff need a permanent improvement to their wages and access to full-time hours. This cannot be voluntary and there is no path to stability without the provincial government undertaking these measures. In addition to the permanent improvements to wages and

access to full-time work, measures are needed while homes' operations remain under the emergency directives. Many staff have lost significant hours of work (and thus income) as a result of the requirement to choose one work site. They are risking their health and their families to go into the homes to do care work and the loss of hours is not offset by the pandemic pay increase. Yet some homes are bringing in PSW aides, nurses and others without giving their part-time staff any increase in hours. To address this, long-term care homes must be required to increase their pay for part-timers who have been required to give up part-time work in other homes to be equivalent to full-time pay and benefits, so as not to maintain the operator's economic incentive to limit the proportion of care delivered by full time staff. Further, the Minister of Long-Term Care must use her powers to revoke licences and appoint new management in long-term care homes that have uncontrolled outbreaks and evidence of negligence and poor practices.

- Infection control practices, workplace safety and access to PPE must be improved. Reusing surgical masks patient after patient, resident after resident, would have been totally unacceptable before COVID-19. Insufficient access to N95 masks continues to be a problem and there are shortages of other equipment. There needs to be a clear plan from the government to improve the supply of PPE or develop our own. Leaving it to industry to do voluntarily has so far been insufficient. Standards for infection control and workplace safety must be improved. Staff need the appropriate equipment, enough supply and training in order to comply with them. Staff who are infected must be supported to isolate at home. The directive allowing health care facilities to require staff to work who have tested positive for COVID-19 but are asymptomatic is dangerous and should be changed as should the loopholes that fail to stop agency staff from working at more than one location. Ongoing training and support for infection control regarding the use of PPE are needed. Testing of all residents and staff must be ongoing in long-term care homes, and completed in retirement homes and congregate care facilities (and shelters). Testing, tracking and isolating people who test positive is shown to have stopped the spread of COVID-19 in other countries. It must happen here. Access to PPE using the precautionary principle must be implemented in long-term care, hospitals, home care and across the health care system as soon as possible.
- Testing, contact tracing and isolation must be improved using our province's full public capacity. Public hospital laboratories that are not currently doing COVID-19 testing and have unused capacity should be ramping up testing. We need a clear honest plan from the provincial government that assesses our full capacity to test (including all the public hospitals, not just those that are currently testing) and immediately ramp up to our province's real full capacity the testing, tracking and isolating to stop the spread of COVID-19. There must be a coherent plan and immediate action to get the supply or develop it for testing kits, swabs and reagents, and transparency about what is happening with this.
- Transfers to hospitals. Where there are long-term care homes in crisis without sufficient staff to provide proper palliative and end-of-life care, as well as being unable to address the general care requirements of the residents, residents should be considered for

transfer to public hospitals, which are not in crisis, for safe and proper care, subject to their right to consent.

- Bring in family caregivers and volunteer nurses as soon as possible: As soon as testing/contract tracing capacity and PPE supply are stabilized enough to do so, and as soon as training in infection control can be properly conducted, primary family caregivers need to be able to be involved as partners in their families' care. The pool of nurses that the RNAO has recruited to help should be utilized if they have not already been.
- Institute a minimum care standard in long-term care: There has been deep consensus for decades that the rising acuity (complexity and severity of the care needs) of long-term care residents requires more care. This cannot be left to operators to do on their own, and resources -- both financial and human -- need to be provided to support this. There cannot be further delay in beginning to move to a 4-hour average minimum care level for residents in long-term care to protect their safety and the safety of staff.

Premier, we are also deeply concerned about our research finding that the death rates in for-profit homes are significantly higher than in non-profit homes. It is imperative that your government halt any expansion of for-profit long-term care.

We will follow up with your office regarding these issues and look forward to your response.

Cordially,

Ontario Health Coalition

The following organizations have signed onto this letter in support: (to be inserted)"

4. Kathy Douglas closed with the following prayer attributed to Oscar Ramero:

A FUTURE NOT OUR OWN

It helps, now and then, to step back and take a long view.

The kingdom is not only beyond our efforts,  
it is even beyond our vision.

We accomplish in our lifetime  
only a tiny fraction  
of the magnificent enterprise  
that is God's work.

Nothing we do is complete,  
which is another way of saying  
that the Kingdom always lies beyond us.

No statement says all that could be said.  
No prayer fully expresses our faith.

No confession brings perfection.  
No pastoral visit brings wholeness.  
No programme  
accomplishes the Church's mission.  
No set of goals and objectives  
includes everything.

That is what we are about.  
We plant a seed that will one day grow.  
We water seeds already planted,  
knowing that they hold future promise.  
We lay foundations  
that will need further development.  
We provide yeast that produces effects  
far beyond our capabilities.

We cannot do everything,  
and there is a sense of liberation  
in realising that.  
This enables us to do something,  
and to do it very well.

It may be incomplete,  
but it is a beginning,  
a step along the way,  
an opportunity for the Lord's grace  
to enter and do the rest.

We may never see the end results,  
but that is the difference  
between the master builder and the worker.  
We are workers, not master builders,  
ministers, not messiahs.

We are prophets of a future not our own.

**Next Meeting:** 06-23-2020 via Zoom

Worship by:

MOTION by Name / Name that the Mission and Discipleship Commission of Horseshoe Falls Regional Council ... .

MOTION

Choose an item.