

Questions for Candidates Provincial Election June 2, 2022

We have provided you with questions below for candidates who come to your door or for use in all candidates' meetings. These questions include background and extra information for your own knowledge. Often there are time limits for questions in all candidates' meetings. Please feel free to use these questions as a guide and a resource: shorten them, make them your own with local examples, or edit as you need. We have put the links in (click on the blue underlined text) with sources for each of the main points. If you need more information, please go to www.ontariohealthcoalition.ca. For the most recent fact sheets on some key issues and other election resources, you can go to this page on our website specifically and scroll down to the fact sheets and articles:

<https://www.ontariohealthcoalition.ca/index.php/campaign-fightback-against-health-care-privatization-in-ontario/>.

STOPPING PRIVATIZATION

1. Will you commit to stopping the **privatization of our vital health care services**?

This includes:

- Stopping plans to [fund the expansion of private clinics](#) (independent health facilities) and [private hospitals](#) and instead funding & staffing public hospitals to ramp up surgeries & diagnostic tests and clear the backlog created by the pandemic.
- Stopping the allotment of [new 30-year licenses to own and operate long-term care homes for profit](#). Currently the Ford government is mid-stream in allocating [more than 18,000 new & rebuilt long-term care beds to for-profit companies](#), including the very worst chains responsible for thousands of deaths among their residents in the pandemic from COVID and neglect.
- Stopping the [for-profit privatization of home care](#).
- Stopping the [for-profit privatization](#) of [COVID testing](#) and restoring public COVID testing.
- Stopping the [for-profit privatization](#) of [vaccinations](#) for COVID.

(You can pick one or two or ask for a commitment on all of them.)

IMPROVING HEALTH CARE AND HOSPITAL FUNDING

2. Ontario [funds its public hospitals at the lowest rate](#) of any province in Canada. We have the fewest hospital beds per person of any province, even in comparison to the smallest and poorest of the other provinces. Thus, our low funding is the result of political choices – to prioritize tax cuts for corporations & the wealthy over funding our public hospitals. Will you commit to improving public hospital funding to bring it to the average of the rest of Canada?
3. Ontario funds our [public health care at the lowest rate](#) of any province in Canada. As a result, we have the fewest hospital beds of any province, we have more than 38,000 people languishing on wait lists for long-term care, we have too little home care. Will you commit to improving public health care funding to bring it to the average of the rest of Canada?

IMPROVING LONG-TERM CARE

4. The **terribly low levels of care in many Ontario long-term care homes amount to systemic negligence**. There is no possible way to provide bathing, foot care, feeding, human company, medications, hydration, oral care even at the most basic level in mere minutes per day. Residents have died in the thousands, not just from COVID, but from dehydration, malnutrition, neglect, failure to provide medical care, filthy conditions, preventable infections and more. As a society we cannot conscience such treatment of our elders. Will you **commit to creating a real minimum care standard that is strictly enforced on each and every long-term care home operator**, to ensure that each resident gets **a minimum of four hours of care per day from their hands on PSWs, and nurses**? When will you have this in place for each and every home?
NOTE: This cannot be an “average” rather than a minimum, and it cannot be an average across all homes thus not enforceable on any single home.
5. [More than 4,500 long-term care residents in Ontario have now died of COVID-19](#) according to Public Health Ontario, many of those deaths were preventable. In fact, Ontario has [one of the worst](#) long-term care pandemic death rates in the world. Thousands of others died of dehydration, malnutrition and lack of care. Not one LTC home operator has been held accountable: **not a single one has been fined for failing to meet the standards and requirements for care in our long-term care legislation, not one has lost their license to operate a LTC home**. What will you do to hold those operators accountable and provide justice for the residents and their families who have suffered so egregiously?
6. The Ford government [cancelled comprehensive inspections of long-term care homes](#) after they took office in 2018. They have never been reinstated. Prior to 2018, the requirement was that each long-term care home would have a comprehensive surprise inspection each year. Please note: This is different than a critical incident inspection or a complaint inspection (limited to a specific incident or complaint). There is no accountability without inspections. Will you **reinstate comprehensive surprise inspections of each and every home annually**? When will you do this?
7. Long-term care residents have suffered more than almost any other group in our province during the pandemic. The pandemic has laid bare how the **human rights of long-term care residents** are routinely violated. Residents have been put on isolation for months at a time without recourse or appeal. Families have been locked out. Residents have been denied access to hospital care even when it resulted their deaths. Patients have been offloaded into long-term care homes, overriding their right to consent. What will you do to ensure that the human rights of residents in long-term care are respected?

REFORMING HOME CARE

8. **Ontario's home care system is in the process of being dismantled** by the Ford government. [Bill 175 eradicates the Local Health Integration Networks and with them, dismantles the regional public governance of home care and set the system up to be privatized from top to bottom.](#) For many years, a major problem in home care has been clients complaining routinely about missed visits, meaning that no nurse, health professional or PSW shows up for their scheduled home care leaving the person without any care at all. The severe staffing shortages in home care are a result of inadequate wages and poor working conditions. At the same time, the majority of home care is controlled by for-profit corporations, and, according to Ontario's Auditor General, [the mark up that these for-profit companies are charging the public purse to provide home care is almost double what they are actually paying the front line staff who actually provide the care.](#) **During the pandemic, home care staffing shortages have worsened, and it is not an exaggeration to describe them as in collapse.** **Care just doesn't arrive for thousands of home care clients in need.** Will you **commit to reforming home care to create a public non-profit home care system** that gets our public money directly to care, without thousands of contracts with for-profit companies taking precious human and financial resources away from care?

URGENTLY ADDRESSING THE HEALTH CARE STAFFING CRISIS

9. Ontario has a severe and worsening **shortage of nurses; health professionals such as respiratory therapists, laboratory technologists, pharmacists and diagnostic imaging techs; and personal support workers.** These shortages are risking patient and staff safety. Will you commit to launching an **urgent intensive recruitment and training initiative, following Quebec's model from the summer of 2020,** to ease crushing workloads for PSWs, RNs, RPNs, and health professionals for whom there are severe shortages? (NOTE: This must be undertaken **in addition to urgently required measures to improve working conditions and wages to retain and attract back existing staff.**)
- The Quebec model was successful in [recruiting and training more than 7,000 PSW equivalents in three months— out of a goal of 10,000—](#) and deploying them in time to mitigate the second wave in Quebec's long-term care homes in part because it was **intensive fast-track training without tuition fees (it was paid), with the promise of full-time work and decent wages.**
 - Ontario's initiative needs to be similarly ambitious and scaled to the size of our province. This would mean approximately 18,000 PSWs in fast-track intensive training as soon as possible, and a similar number of nurses (RPNs and RNs). In long-term care alone, Ontario needs 21,500 full time equivalent PSWs and 15,500 RN/RPNs by 2025 to get care levels up to safety and open the scheduled new/redeveloped beds. There are currently 22,000 vacant RN positions in Ontario.
 - This cannot be ad hoc, using private colleges, of variable quality, and at numbers far below projected need, as has been the case to date.

10. There is a pandemic of COVID-19 that is a real and imminent threat to the health of Ontarians but there is also an ongoing health crisis of staffing shortages that is resulting in irreparable harm to patients. It is vital that there be transparency about the extent of the shortages. Will you commit to **clear and urgent public reporting of actual staffing levels in hospitals and long-term care homes**?
 - e.g., under the [Medicare and Medicaid Programs: Reform Requirements for Long Term Care Facilities, Final Rule, \(2016\)](#) homes are required to post daily staffing data on the number and type of staff and the actual hours worked per shift.
11. Ontario's health care workforce had already experienced a decade of wage suppression prior to the pandemic. Under Bill 124, wages are capped well below the rate of inflation, meaning real-dollar cuts in pay for workers that have held our health care system together through the most challenging and traumatic of circumstances. Will you **commit to repealing Bill 124 and if so, when?**
12. Will you commit to implementing **a minimum of 10 paid sick days and an additional 14 paid sick days in health emergencies?**
13. Will you commit to **requiring a ratio of 70 percent full-time staff** in hospitals and long-term care?
14. Staffing agencies have a corrosive effect on health care worker retention. Public and non-profit hospitals and long-term care homes are subject to wage suppression in Bill 124 whereas staff who leave and join agencies are paid sometimes double or more than the staff who stay. To add insult to injury, agency staff do not have the same requirements to work nights and weekends as regular staff. There are widespread reports of staffing agencies charging exorbitant mark ups and engaging in price gouging of our publicly funded health care facilities. The Ontario government must **ban the use of private health care staffing agencies** by hospitals and LTC homes.

BETTER COVID-19 RESPONSE

15. Will you commit to following the recommendations of the [SARS Commission](#) and immediately require hospitals, LTC homes and home care providers to provide and implement the use of proper PPE for airborne protection against COVID-19 and its variants, including **fit-tested N95 respirators for all staff**? Will you improve training on the appropriate use of such PPE?
16. Will you commit to creating a plan and an urgent timeline to institute improved air quality including HEPA filtration and ventilation to prevent the spread of infectious respiratory viruses such as COVID-19 in all public services, including health care services & congregate settings?
17. Will you commit to [reinstating masking protections in indoor public places](#) to stem the transmission of the very infectious Omicron variants of COVID-19?
18. In the 2021 Ontario Budget, the government claimed that [Ontario has the capacity to do 105,000 COVID tests per day](#) (page 32). Will you commit the resources, including funding and staffing recruitment/retention to make this **increase in our public and hospital laboratory capacity** real, and will you cover the full cost of testing in our public hospital laboratories? Will you cease the practice of **redefining outbreaks, limiting access to public testing, and otherwise manipulating the data to suppress case numbers? Will you reinstate test-trace-isolate?**