

**Martha's Monthly**  
**May 2007**

**Spy quarters and living quarters: the Continuous Care Crisis**

This just in...those quarters with poppies on them that are in your pocket are “rare” and a “man made nano technology” (see [Poppy quarter story](#)). That was the conclusion of a 29 page report by a group of US Department of Defense “contractors” (we would call them spies if they came from any other country) who were in Canada in early 2006 and found some suspicious poppy quarters in their rental car. (It pains Martha to point this out to US Intelligence, but all coins are man made technology and the quarters are hardly rare. The Canadian Mint released 30 million of them to commemorate the 117,000 Canadians killed in wars.) The “contractors” complained that the quarters were used to track their activities through nano technology. The spy coins caused quite the worry; until someone pointed out that they were just Canadian 25c pieces. Sometimes “Spy Intelligence”, like “jumbo shrimp”, is just an oxymoron.

Another oxymoron is “continuing care” as it pertains to long term care facilities in Alberta. See, when we read that, we think of “continuing” and “care”, both words that conjure up ideas of, well, care and continuity. The problem in Alberta is that “continuing care” doesn't mean that facilities continue the care you have been providing your loved one at home and it doesn't mean your loved one is anywhere **near** home. One Martha offered this story:

“I would like to give you an account of my present personal experience. My mother was moved to (location removed to protect privacy), where I cannot complain about the staff or facility. But my mother has lived for 62 years in (another town). Her friends, family, doctor, church, everything that was her life is in (that town). Now **she is an hour and half away from home**, two hours away from me. Her support group was me and my two sisters--Jackie and Rita. Rita is now four hours away.

Whereas, in December when she was down or we were in town we could take her out, visit her, etc. Now it is an all day event which because we work full time is getting harder and harder to do as spring work approaches. Since my mother has moved, her health has deteriorated. She blames me for putting her in a place so far from home. **My mother does not appear to be surviving her move.** I don't think she will live to see home again. She told me last week that she is not going to open her eyes anymore because there is nothing left to see.

Somewhere along the line my mother, as well as other seniors, have become file numbers to shuffle around a desk with a lottery draw as to who gets to stay home. No one from this government or the last government cares that my mother is dying far away from anyone who loves her. All those years my mother worked and supported a community and a Conservative party that now does not give a damn. So she dies alone surrounded by strangers. That's the Alberta advantage.”

Martha has heard tales, like this one, of people being moved **hours from home** (its called first available bed policy, meaning that you must take the first bed available in your region as long as it is 80 miles or less away from home), of **couples being split up**

(because most regions have no facilities for couples to stay together), and of **young disabled people** (many of them with MS) having no age appropriate activities.

Bridget Pastoor, MLA for Lethbridge East, and a geriatric nurse, explains the problem: “While the province classifies long term care facilities as institutions, for the people who live there, **it is their home.**” (see [Blueprint for Action](#)) Bridget was the only non-Conservative appointed to the MLA Task Force on Continuing Care Health Service and Accommodation Standards that spent the summer of 2005 traveling the province to hear concerns. Their report led to some interesting recommendations that, surprisingly, have not been implemented, including to ensure a sufficient supply of spaces so needs and preferences can be met, to develop alternatives to “first available bed” placements, to encourage the development of specialized services for young adults, and to facilitate couples being together even if only one requires care, or they require different levels of care (see: [Report](#)).

The MLA Task Force also led to Continuing Care Standards first implemented in May 2006 and updated last month. None of those standards are focused on making continuing care facilities more available. Because the frank news is that the reason why none of the above recommendations have been implemented is that **there are so few beds available.** When beds are tight, choices are limited and continuing care becomes an oxymoron.

Martha looked to another Conservative-led province, Nova Scotia, for a little perspective. Here was one of their statements: “To give Nova Scotians the peace of mind they want and deserve, the province is building 1,320 new long term care beds on top of a number of projects already taking place.” (see [NS Strategy](#)). That would be in a province of 936,025 people. Our province, by comparison, has 3,242,824 people and is planning, hold your breath now, 400 new beds (see [AB news release](#)). Now Martha is sure that there are wonderful explanations available for such a discrepancy. No doubt there is a 29 page report somewhere by a “contractor” to explain how these “rare” requests for beds close to home, age appropriate activities, and the ability for couples to stay together is all part of a “man made” plot to threaten the world as we know it. Martha thinks it is time to provide care for the “rare” person who wants to be near their family, friends, and church.

If you think that people should have care close to home, be able to live with their spouses (if they so desire!), have age appropriate activities, and be able to call it HOME, then please join Martha in writing to Minister of Seniors and Community Supports Greg Melchin and his Opposition critics, as well as Premier Stelmach, and ask the government to significantly increase the supply of continuing care beds in Alberta so that people have choice in their care.

Use the letter below, add your own story and thoughts, and [Send it by email](#) (Clicking “send it by email” will open your email program for you.) to [premier@gov.ab.ca](mailto:premier@gov.ab.ca), [Calgary.northwest@assembly.ab.ca](mailto:Calgary.northwest@assembly.ab.ca), [lethbridge.east@assembly.ab.ca](mailto:lethbridge.east@assembly.ab.ca), [edmonton.beverlyclareview@assembly.ab.ca](mailto:edmonton.beverlyclareview@assembly.ab.ca) and [marthasmonthly@yahoo.ca](mailto:marthasmonthly@yahoo.ca)

Hon. Greg Melchin  
Minister of Seniors and Community Supports  
#29, 735 Ranchlands Blvd. NW  
Calgary, AB T3G 3A9

May 8, 2007

Dear Minister Melchin:

As one of the Marthas of Martha's Monthly, I am writing to you today to express my concern about continuing care in Alberta.

The MLA Task Force of 2005 recommended that the supply of beds be increased to accommodate needs and preferences of residents. I think this is an extremely important thing to do and I am not satisfied with the addition of 400 beds that the government has announced. I do not want to see people have to be moved 80 miles from their homes in order to get care. I do not believe couples should have to be separated just because facilities do not currently have appropriate space for them. I do not believe that young adults with disabilities should be housed with elderly residents who have very different needs.

Continuing Care should be caring and I believe that until there is an adequate supply of beds there will be little choice available to people, which leads to the uncaring situations as I have described above.

Please see that long term beds are made a priority and that the supply of them is substantially increased.

Sincerely,

(Your name and full address)

CC. Premier Stelmach  
MLA Bridget Pastoor  
MLA Ray Martin  
Martha's Monthly