

PROTECTING HUMAN RIGHTS DURING  
AND AFTER COVID -19: CHALLENGES TO  
THE HUMAN RIGHTS OF OLDER PEOPLE  
IN CANADA

INTERNATIONAL LONGEVITY CENTRE  
CANADA

A Report to the UNHRC - June 2020

## Introduction

The International Longevity Centre (ILC) Canada is a human rights based organization dedicated to the needs of older persons. We are housed and partnered with the LIFE Research Institute of the University of Ottawa who have co-authored this report. ILC Canada is part of the ILC Global Alliance of 16 countries across the globe.

The most severe impact of COVID-19 in Canada is clearly seen in the diminishing recognition of the human rights of older people. The challenges Canada is facing, as illustrated by the rise in elder abuse, the patronizing ageist attitudes towards older people in the media and in our society, and the systemic problems in Long Term Care (LTC), have become more visible and urgent in the pandemic.

It is important during this unprecedented period that efforts to promote, protect and ensure full human rights boldly move forward through the creation of legal instruments. ILC Canada has been shining a light on the need for a United Nations Convention on the Rights of Older People in Canada for the last six years and has ramped up efforts as it has become clear that human rights legislation in Canada has not protected older people during the pandemic.

## Statistical Information

There is clear evidence that the COVID-19 pandemic is having a deadly impact on older people, especially those who reside at care homes around the world. The total number of COVID-19 cases in Canada as of June 9, 2020, 8 pm. EDT is 90,341 by date of illness onset, with approximately half (57%) being female.

As of June 9, 2020, 9,252 cases have been hospitalized, including 1,864 in intensive care, 361 required mechanical ventilation, and 7,835 have died of COVID-19 to date<sup>1</sup>, with Canada having the "dubious distinction" of having the 11<sup>th</sup> highest COVID-19 death toll in the world<sup>2</sup>

The majority (84%) of COVID-19 cases are related to domestic acquisition. Domestic acquisition is defined as any exposure that occurred within Canada. Of the COVID-19 cases reported in Canada to date, approximately one-third (36%) of cases are 60 years old and over, 18% being between ages 60 to 80 years, and 18% over age 80 years<sup>3</sup>.

As noted above, a shocking 82% of all COVID-19 related deaths in Canada have occurred in long term care (LTC). As of writing, Canada had the worst record of deaths in LTC out of 14 developed countries.<sup>4</sup>

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<sup>1</sup> <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

<sup>2</sup> <https://www.statista.com/statistics/1093256/novel-coronavirus-2019ncov-deaths-worldwide-by-country/>

<sup>3</sup> <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

<sup>4</sup> <https://ottawacitizen.com/news/local-news/study-paints-grim-picture-of-canadas-care-home-mortality-rates>

## Canadian Government Programs for Older People During COVID-19

The Canadian Government has been active during the pandemic in providing support to Canadians. For older Canadians the Government provided up to \$500 in one time tax free payments to those who qualify for Old-Age Security and the Guaranteed Income Supplement to help offset any increased cost of living due to COVID-19. The direct supports amount to \$2.5 billion and are expected to help 6.7 million Canadians. The Government also provided an additional \$20 million for the “New Horizons Program” to help mitigate social isolation and contributed \$9 million to United Way Canada for practical support for seniors including delivery of groceries and medicines.<sup>5</sup> Provincial governments also have initiated programs to help their older citizens including enhanced financial and social assistance. Nevertheless, more support is required from all levels of government.<sup>6</sup>

Most surprisingly, governments did not provide the sort of up-front support for LTC that it provided to hospitals during the pandemic notwithstanding that the problems in LTC were well documented and known for decades. Prime Minister Trudeau has promised help for LTC homes saying “we have seen heartbreaking tragedies in LTC facilities...Overworked staff. Understaffed residences. Grieving families. There are serious, underlying challenges facing these facilities. And in the coming months the federal government will be there to help the provinces find lasting solutions.”<sup>7</sup> At time of writing no firm action has been taken.

### Rise in Elder Abuse:

Along with being the group most likely to die of COVID-19 in Canada, older people are experiencing a greater risk of elder abuse. While there is no “hard data” on documented examples of elder abuse at this point in the pandemic, physical abuse, child abuse and domestic abuse are known to increase during and after disasters, and it is reasonable to assume that elder abuse has also increased. One advocate estimated the increase to be ten-fold and expressed disappointment that the federal government has not put further funding into battling abuse through awareness and support programs.<sup>8</sup> At time of writing there has been no dedicated additional funding for shelters or mitigation programs for elder abuse during the pandemic. We know that older people face significant challenges due to age-related vulnerabilities, often the result of pre-existing health issues, that impair their ability to access help.<sup>9</sup>

With respect to financial abuse, the Canadian Anti-Fraud Centre states that between March 6 and May 1, 2020, there were reports of an estimated loss of \$1.2 million due to scams. Given

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<sup>5</sup> <https://www.canada.ca/en/department-finance/economic-response-plan.html>

<sup>6</sup> <https://www.carp.ca/2020/03/26/covid-19-financial-supports-announced/>

<sup>7</sup> <https://www.cbc.ca/news/politics/seniors-supports-covid19-1.5565743>

<sup>8</sup> <https://bc.ctvnews.ca/tenfold-increase-in-elder-abuse-during-covid-19-pandemic-advocates-say-1.4896176>

<sup>9</sup> [conditionshttps://www.thestar.com/opinion/2020/04/28/covid-19-pandemic-proves-fertile-territory-for-burgeoning-elder-abuse.html.\)](https://www.thestar.com/opinion/2020/04/28/covid-19-pandemic-proves-fertile-territory-for-burgeoning-elder-abuse.html)

that isolated older people and those with decreased cognitive capacity are often targeted, they are likely to be included in these statistics.<sup>10</sup>

In addition, during the pandemic, social media has played a role in propagating abusive and denigrating language about older adults. Indeed, on Twitter alone, there have been more than 8.5 million COVID-linked posts relating to the theme of older people since the pandemic's outbreak. Of this, over 254.3 thousand messages were authored by 58.2 thousand unique Canadian authors. Presently, researchers access social media discourse in digital archives in order to gain insights on a number of topics including the failures of long-term care, the consequences of isolation, and the rise of the ageist nickname "boomer remover". This new ageist term has caught the attention of organizations who promote/advocate for the human rights of older persons. Care must be paid to the dangers of stigmatizing terms, and attention given to using social media to counter ageism and promote intergenerational solidarity.

### **Ageism and COVID-19**

The COVID-19 pandemic has been a magnifying glass on ageism. Let us recall that ageism is a process by which older people are negatively stereotyped and portrayed as a homogeneous group, one that poses demographic, social and financial challenges. Ageism is also expressed through individual and systemic discriminatory behaviour towards older adults, such as indifference, patronizing attitudes and - in its worst form - abandonment. The COVID-19 crisis has highlighted ageist stereotypes and behaviours, whether in the way seniors were framed in the public discourse or in the response to the desperate situation of LTC homes.

During the first weeks of the crisis, COVID-19 was portrayed as an effective and radical way to do away with Baby-Boomers (via the expression *Boomer-Remover*). Would such hostile language have been tolerated towards other social groups? The answer is in the question. The public discourse framing of older adults aged 70 years old or more as a homogeneous and vulnerable group and therefore, constrained to extreme confinement measures, is another example of patronizing social representations of older adults.

The dramatic situation in LTC homes, particularly in the country's largest populated provinces Ontario and Quebec, have revealed the most egregious examples of ageism. Older persons left to die in their beds without medical assistance, dealing with a virus that results in tremendous suffering, or dying of dehydration and malnutrition.<sup>11</sup> How could this be happening in Canada, one of the world's wealthiest countries? Why are the human rights of these people not protected?

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<sup>10</sup> [https://bccrns.ca/wp-content/uploads/2020/05/BC-CRN-article-on-Elder-abuse-and-COVID-19\\_Reformat\\_200524.pdf](https://bccrns.ca/wp-content/uploads/2020/05/BC-CRN-article-on-Elder-abuse-and-COVID-19_Reformat_200524.pdf)

<sup>11</sup> <https://nyti.ms/3euhn7p>

## Long Term Care and the Death of Human Rights

The first Canadian COVID -19 deaths happened in LTC in the province of BC on March 9, 2020, and it became the beginning of a terrible trend. By early April, the situation in LTC had deteriorated into a national crisis as stories exposed the problems created by decades of neglect and lack of funding to these institutions.

As noted, the concerns about neglect and serious violations of health care regulations in Canadian LTC homes during the COVID-19 crisis appears to have been particularly acute in Quebec and Ontario. In both provinces, the situation in LTC homes became so severe that, one month into the crisis, more than a thousand armed forces personnel had to be deployed to assist overwhelmed workers, unable to keep up with residents' needs or off work because of illness or fear.<sup>12</sup>

At the end of May 2020, the Canadian Armed Forces (CAF) Joint Task Force Central rendered public a 15-page report based on the observations of its military personnel in the five Ontario LTC residences deemed by the province to have required the most support.<sup>13</sup> The report revealed severe instances of regulatory violations and neglect, spanning from non-adherence or non-existence of policies (ex: lack and/or improper use of personal protective equipment (PPE) by staff, use of expired medication, absence or improper charting), inadequate resources including trained staff and medical supplies, poor or little training, deficiencies in infrastructure (ex: insects, inadequate disinfection), concerns about standards of care (ex: poor catheter hygiene, poor or inexistent treatment of pressure ulcers), neglect (ex: no bathing for several weeks, underfeeding, unchartered palliative care orders) and finally violence (ex. aggressiveness, forceful feeding and degrading comments about residents).

In Quebec, the situation in some homes has been dire, with a large number of deaths, severe worker shortages and insufficient PPE. In one particular home, the care was reported as substandard, with residents not adequately fed, and staff deserting the home in the middle of the outbreak.

While one must recognize that not all LTC homes in Canada are deficient to the extent described in the Joint Task Force report, the COVID-19 pandemic has lifted the veil on systemic problems in many Canadian institutions caring for older adults. Despite clear indications that many of the problems were well-known for decades, the proper steps to address the risks in caring facilities were not taken early enough, with devastating results.

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<sup>12</sup> <https://montreal.ctvnews.ca/more-than-1-000-canadian-soldiers-to-help-out-in-quebec-s-covid-19-ravaged-seniors-homes-by-thursday-1.4928959>; <https://toronto.ctvnews.ca/ontario-calls-in-military-to-stop-spread-of-covid-19-in-long-term-care-homes-1.4906654>

<sup>13</sup> <https://s3.amazonaws.com/zweb-s3.uploads/carp/2020/05/OP-LASER-JTFC-Observations-in-LTCF-in-ON.pdf>

## Accountability and Justice

So far, not quite three months after the start of the COVID-19 crisis in Canada, there have been few concrete measures taken by public authorities to address the allegations of regulatory violations and neglect in LTC for older Canadians. In Ontario, despite the May 2020 CAF Joint Task Force Central report outlining serious deficiencies in five long-term care homes, the Premier has rejected the option of calling a public inquiry. Instead, he has promised an independent non-partisan commission into the LTC system to begin in September 2020.<sup>14</sup> Critics have continued to call for formal public inquiries, both at the provincial and federal levels, arguing that the process provides a more comprehensive overview of the decisions taken in advance of the pandemic and is less vulnerable to lobbying by entities subject to review.<sup>15</sup>

Amongst other possible measures, at least one union representing thousands of Ontario health-care workers has asked for criminal negligence investigations at some LTC homes as well as an investigation into the deaths of older adults by the province's Chief Coroner.

In Quebec, the other province accounting for a large number of COVID-19 cases in Canada, the Premier has stated that he would be open to a public inquiry once the pandemic is under control. However, the province's ombudsperson has announced an investigation into the province's LTC homes, and three professional orders (doctors, nurses and licensed practical nurses) will hold a joint investigation of their own into the situation in some residences. For their part, the province's coroner's office and the Montreal police have launched an investigation into the actions of one particular LTC home where there was a large number of deaths and, apparently, deplorable living conditions.<sup>16</sup>

Apart from the measures taken by public bodies, some Canadians have turned to the courts for answers. In some provinces, family members have filed lawsuits against LTC facilities arguing negligence and breach of contract.<sup>17</sup> There has been as well a number of class actions, including against the operator of more than 35 nursing homes where claimants are asking for 120 million dollars in compensation.<sup>18</sup> One Ontario class proceeding is against the provincial government alleging that it failed to adequately oversee caring facilities with the result that there was widespread, avoidable illness and death during the pandemic.

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<sup>14</sup> <https://www.cbc.ca/news/canada/toronto/ontario-long-term-care-commission-1.5575035>

<sup>15</sup> Bruce Campbell, Mark Winfield and Pat Armstrong, "We need inquiries into why coronavirus is ravaging long-term care homes" (24 May 2020) *The Conversation*, online: <https://theconversation.com/we-need-inquiries-into-why-coronavirus-is-ravaging-long-term-care-homes-138688>

<sup>16</sup> <https://www.thestar.com/news/canada/2020/04/12/quebec-coroners-office-launches-investigation-into-montreal-long-term-care-home-where-31-seniors-have-died-since-march-13.html>

<sup>17</sup> <https://toronto.ctvnews.ca/family-files-1-5m-lawsuit-against-ontario-s-worst-hit-long-term-care-home-for-alleged-neglect-1.4934931>

<sup>18</sup> <https://www.thelawyersdaily.ca/articles/19020/largest-covid-19-class-action-in-canada-launched-against-long-term-care-chains>

An important point to note is that, so far, none of these cases has been certified as class actions by the courts and the plaintiffs' claims have not been proven. Based on the results of legal actions taken after the 2004 SARS epidemic, litigants face multiple hurdles, both procedurally and substantively. This is especially true of lawsuits against governments where previous decisions have shown that Canadian courts are unlikely to hold public bodies accountable to specific individuals for decisions taken for the benefit of the population at large. However, individual litigants may fare better against LTC homes as evidence of negligence, and substandard care is mounting, at least in some cases.

Finally, in mid-April 2020, the Ontario Nurses Association was successful in obtaining an injunction ordering four residences to comply with provincial infection control and health Directives issued by the Chief Medical Officer of Health for the province, pertaining to practices and procedures in LTC facilities.<sup>19</sup> In its decision to grant the injunction, the Superior Court of Justice relied on the affidavits of individual nurses describing how they were deprived of N95 facial respirators and other appropriate PPE by their employers, thus providing yet another example of the risks to staff but, especially to the residents in need of care during the COVID-19 pandemic.

The atrocities in those LTC Homes was carefully documented by the CAF reports is undoubtedly linked to ageist beliefs and attitudes, in its most hostile form. Many of the issues noted in the CAF reports had been documented for years and hence, were known by the authorities and to a certain extent, by the public. However, they were simply ignored as LTC for the most vulnerable older adults was simply not a priority. COVID-19 has changed the lens from indifference to abuse and abandonment. From implicit to explicit and hostile ageism. Once this pandemic is over, no one can say "I didn't know".

Canada is still in the midst of the pandemic, and we could find no tracking per se of numbers of older adults making complaints about human rights violation or anything resembling these types of complaints as a consequence of the pandemic (a list of the available complaint mechanisms in Canada is in Annex 1). The following examples were found in media reports.

Most, if not all Canadian provinces have an ombudsman to receive complaints from citizens; some have specific patient ombudsmen, and a few have offices advocating specifically for older adults. During the pandemic, a number of official complaints about LTC have been recorded and communicated publicly. For example, in Ontario, as of the writing of this report, 150 complaints were filed since the beginning of the pandemic in March 2020 and numbers are rising.

In the province of Quebec, some older citizens have resorted to human rights complaints. Indeed, during phase one of deconfinement, the Premier asked that adults more than 70 year old stay at home in order to protect themselves from contracting the coronavirus. Four over 70 year old citizens reportedly filed a complaint with the Quebec Human Rights Commission for

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<sup>19</sup> *Ontario Nurses Association v. Eatonville/Henley Place*, 2020 ONSC 2467 (CanLII).

perceived violations of human rights, arguing they were refused entry into a business, were refused service or felt they had been discriminated against at work because of their age.

However, many older adults in Canada are unaware of the possibility of resorting to institutions such as an ombudsman office or human rights tribunals. While community organizations received almost daily communications regarding the struggle of older adults during the COVID-19 pandemic, few official complaints have been made so far. Older adults living in LTC will often rely on families to voice their concerns. But, it must be recognized that, in many cases, complaints are not made for fear of retaliation.

### **Social Isolation and COVID-19**

The COVID-19 pandemic has led to the implementation of unprecedented “social distancing” strategies crucial to limiting the spread of the virus. However, there is a high cost associated with the essential quarantine and social distancing especially in older adults who have experienced an acute, severe sense of social isolation and loneliness which are associated with serious mental and physical health consequences<sup>20</sup>. The impact has been devastating as many had experienced severe social isolation and loneliness prior to the pandemic, with mental, physical, and cognitive frailty.

Social isolation and loneliness are a known cause of heightened physiological stress often associated with poor lifestyle (e.g. poor diet, lack of physical activity, increased smoking, alcohol and other substance use) and poor sleep patterns. There is a much greater association with serious medical conditions including hypertension, cardiac disease, depression, dementia, higher rate of responsive behaviours e.g. agitation and aggression, higher suicide rate, and greater mortality. COVID-19 has made the situation critical for older people, both at home and in LTC because of restricted visits from loved ones, decreased interaction with peers, lack of physical and recreational activities. At this point, mid-pandemic, we are only able to speculate on the nature and degree of the impact of social isolation and loneliness on older persons.

Researchers are currently gathering information on the influence of COVID-19 quarantine on older persons and we expect that there will be similar outcomes to that learned from other pandemics (SARS in 2003, H5N1 in 2006 and H1N1, in 2019). These outbreaks went far beyond physical harm and had long-term psychological health repercussions such as depression and post-traumatic stress disorder. (Unpublished Annie Robitaille/Tracey O’Sullivan).

Currently in Canada there is ongoing debate about the best response to the social isolation experienced by older people in LTC. Advocacy groups are warning that the older adults in LTC are on a steady decline as family members and caregivers are unable to visit. The debate

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<sup>20</sup> Hwang, T., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and Social Isolation during the COVID-19 Pandemic. *International Psychogeriatrics*, 1-15. doi:10.1017/S1041610220000988



between the need for infection control versus the impact of months long isolation remains unresolved in provinces with ongoing outbreaks. Some provinces are now allowing visits from select family members wearing full personal protection equipment (Quebec, Alberta and some parts of BC). Once again, the full impact of this social isolation is yet to be determined by researchers and policy analysts.

### **Unexpected Outcomes, Renewed Activism:**

The systemic human rights violations in Canada, a country with strong human rights legislation, has reinvigorated activism and revealed the need for a binding Human Rights instrument focused on the particular situation of older adults. We are encouraged by the words of Prime Minister Trudeau when he said “we need to do better, because we are failing our parents, our grandparents, our elders – the greatest generation that built this country. We need to care for them properly.” Indeed, we do need to do better and we must find a way forward that reinstates and reinforces Canadian values.

A grassroots organization in Canada has begun an online petition demanding a response to the situation in LTC. At the time of writing, some 68,000 Canadians have signed the petition.<sup>21</sup> At the same time, ILC Canada has begun a write-in campaign requesting that major health, human rights and ageing organizations and individuals write to the Ministers of Foreign Affairs and of Seniors demanding that Canada show leadership by supporting a UN Convention on the Rights of Older Persons (UN CROP). There has been a significant public response, including support from high profile Canadians.

ILC Canada has also been before the Canadian Parliamentary Committee on COVID-19 with the message that Canada must learn and grow from the treatment of seniors in the pandemic. We told the Parliamentary Committee that Canada needs to bring about profound and substantive change to such treatment, as there is no best before date for human rights. Moreover, Canada needs to show leadership by supporting the development of UN CROP as we cannot afford to wait to do the right thing for the human rights of older people.

ILC Canada has also made numerous media appearances, webinars and participated in numerous discussions.<sup>22</sup> We have been vocal in demanding that the voices of older people be included in any government response to the issues that have arisen from COVID-19. We have worked with other Canadian and international organizations focused on aging through activities such as press releases and common media messaging.

ILC Canada continues to be active on social media, particularly Twitter, keeping followers apprised of events in Canada that have led to ageism and human rights abuses. We have repeatedly argued that a UN CROP is a necessary additional legal tool that will lead to renewed

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<sup>21</sup> <http://chng.it/TvMjMMWdfw>

<sup>22</sup> <https://parlvu.parl.gc.ca/Harmony/en/PowerBrowser/PowerBrowserV2/20200504/-/1/33150?Language=English&Stream=Video>

support for human rights for all our citizens. Such an instrument will promote and protect the voices of older Canadians who are not being heard and prevent the egregious loss of lives that would otherwise not have occurred without our ageist attitudes.

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## ANNEX 1: Available Complaint Mechanisms in Canada

### Federally:

- Canadian Human Rights Commission
- Canadian Patient Safety Institute

### Provincially (specific to seniors):

- **BC: Office of the Seniors Advocate British Columbia:** monitors and analyzes senior services and issues in B.C., and makes recommendations to government and service providers to address systemic issues. <https://www.seniorsadvocatebc.ca/>
- **BC: Seniors First BC:** Non-profit charitable organization committed to protecting the legal rights of older adults, increasing access to justice for older adults, informing the public about elder abuse, and providing supportive programs for older adults who have been abused. <http://seniorsfirstbc.ca/getting-help/complaints/>
- **ALBERTA: Alberta Health Advocates (Includes Seniors Advocates which used to be a separate group):** The Health Advocate assists people to find their way to the appropriate place to address their concerns. In some cases, the Health Advocate may conduct a review or investigation, with or without a complaint, into situations where it is believed that someone has failed to act in a manner consistent with the Health Charter. <https://www.albertahealthadvocates.ca/complaints/Pages/default.aspx>
- **ALBERTA: Continuing Care Alberta:** contact us about accommodation standards not being followed, non-compliances to the *Resident and Family Councils Act* (RFCA), unlicensed supportive living settings providing accommodation and support services for 4 or more adults. <https://www.alberta.ca/contact-continuing-care.aspx>
- **ONTARIO Advocacy centre for the Elderly:** The Advocacy Centre for the Elderly is a community based legal clinic for low-income senior citizens. ACE is managed by a volunteer board of directors at least half of whom are seniors. ACE is funded through Legal Aid Ontario and is the first legal clinic in Canada to specialize in the legal problems of seniors. <http://www.advocacycentreelderly.org/>
- **ONTARIO Long-term Home Care Action Line:** The Long-Term Care Action Line is a service to hear concerns and complaints from persons receiving service from Long-Term Care Homes and Local Health Integration Networks (LHINs). [http://www.health.gov.on.ca/en/common/system/services/lhin/ltc\\_actionline.aspx](http://www.health.gov.on.ca/en/common/system/services/lhin/ltc_actionline.aspx)
- **ONTARIO Elder Abuse Prevention (Senior Safety Line):** <http://www.eapon.ca/what-is-elder-abuse/legislation-reporting/#:~:text=There%20are%20helplines%20to%20call,concern%2C%20you%20should%20reach%20out.>
- **QUEBEC : Ligne Aide Abus Aînés:** <https://www.quebec.ca/famille-et-soutien-aux-personnes/aide-et-soutien/maltraitance-aines/>

- **New Brunswick Seniors' Advocate:** The office of the Seniors' Advocate is independent of any departments of the New Brunswick government. We strive to ensure that Seniors' rights are respected regarding services offered by different departments and agencies of the Government. <https://www.nbseniorsadvocate.ca/>

Provincially (patient reps and ombudsman)

- **BC: Patient Care Quality Office:** Ensure that BC residents have access to a coordinated provincial network of high-quality, specialized health-care services. <http://www.phsa.ca/about/accountability/patient-experience/compliments-complaints#Complaints>
- **Alberta Ombudsman:** <https://www.ombudsman.ab.ca/>
- **Saskatchewan Ombudsman:** <https://ombudsman.sk.ca/>
- **Ombudsman Manitoba:** <https://www.ombudsman.mb.ca/>
- **ONTARIO: Patient Ombudsman:** Patient Ombudsman is a champion for fairness in Ontario's health sector organizations defined as public hospitals, long-term care homes and home and community care services coordinated by the Local Health Integration Networks (LHINs, formerly CCACs). <https://patientombudsman.ca/>
- **QUEBEC: Conseil pour la protection des malades (CPM):** <https://cpm.qc.ca/en/home/>
- **Nova Scotia Ombudsman:** In addition to handling complaints, Ombudsman Representatives provide outreach visits to long-term care facilities across the province to promote our services to residents, their families, and staff. <https://ombudsman.novascotia.ca/>
- **Office of the Ombudsman:** <https://ombudnb.ca/site/how-do-i-make-a-complaint>
- **Health PEI Complaints and Compliments (Government):** <https://www.princeedwardisland.ca/en/service/send-health-pei-compliments-and-complaints-online>
- **Newfoundland and Labrador Citizen's Representative:** The Office of the Citizens' Representative (OCR) provides a province-wide ombudsman service. The main work of the Citizens' Representative is to accept complaints from citizens who feel they have been treated unfairly with respect to their contact with government offices and agencies. <https://www.citizensrep.nl.ca/complaints.htm>

Locally

Local public health offices during the pandemic. For example, Ottawa has a specific site for seniors. [https://www.ottawapublichealth.ca/en/public-health-topics/Older\\_Adults\\_and\\_COVID-19.aspx](https://www.ottawapublichealth.ca/en/public-health-topics/Older_Adults_and_COVID-19.aspx)