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IDEAS THAT LEAD

**The Costs and Benefits of
Canada's Pandemic Response**

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Why Canada Needs For-Profit
Nursing Homes

The Power of Narrative: The George Floyd
Protests Aren't Just About Policing

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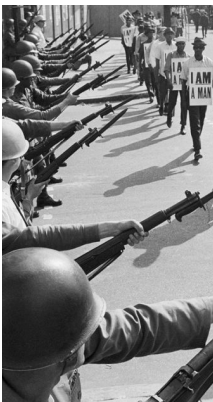
Herbert Grubel

Few experiences are as emotionally wrought as seeing a loved one succumb to a deadly infection. Yet setting emotion aside is precisely what must be done in order to rationally evaluate the efficacy of Canada's response to Covid-19. A rigorous review of our performance to date will be crucial in dealing with future crises, including a possible second wave of the coronavirus. [In this previous article](#), Gwyn Morgan made the moral case against damaging economic lockdowns. In a new and original academic analysis, economist Herbert Grubel provides the hard numbers to back up Morgan's plea for a more rational approach to saving lives.

Why Canada Needs For-Profit Nursing Homes **PAGE 6**

Peter Shawn Taylor

The infirm and chronically ill seniors who live in long-term care facilities are among Canada's most vulnerable populations. So too, it seems, are the executives and investors who own and operate many of those nursing homes. The first group is vulnerable to disease and neglect. The second is suffering from aggressive ideological attacks by unions, left-wing academics and politicians who casually accuse them of being greedy "dehumanizing" villains, and are now plotting the expropriation of their entire business. Peter Shawn Taylor seeks to clear the air in this thoroughly reported account of how Canada's long-term care sector really works.



The Power of Narrative: The George Floyd Protests Aren't Just About Policing **PAGE 14**

Roland Mascarenhas

While Canada has been spared the violence, looting and anarchy that overwhelmed sincere protests over racial issues in multiple American cities, the question of racial prejudice and the accusation of systemic racism have been pushed to the fore in our country as well. In a sensitive discussion informed by a personal and family history that led to many years of study and introspection, Roland Mascarenhas shares a vision based on his belief in individual agency, one opening an alternative path towards well-being for individuals scarred by racism.

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The Costs and Benefits of Canada's Pandemic Response

By Herbert Grubel



Canada's battle against the Covid-19 virus has reached the stage where it is now possible to consider how successful our fight has been and at what cost. Reflecting on past efforts provides a better understanding of what has been accomplished so that we can deal with future pandemics in the most efficient and effective manner. To do this in a rigorous and scientific manner, we will rely on the familiar economic framework of cost/benefit analysis. Cost/benefit is widely used across the public and private sectors as the way to select the most cost-efficient option among several possible courses of action.



Not all costs can be calculated: The emotional and psychological burdens of the government response to the coronavirus have hit both young and old.

While some might say that cost should be no object when it comes to protecting people from disease or saving lives, this is not necessarily so. If we adopt an excessively costly or wasteful approach to fighting one battle, it deprives governments and other organizations of resources required to pursue other worthy objectives. Doing things in the most cost-effective manner possible is therefore always desirable, and should be considered the mark of good public policy.

Calculating Costs

Let us begin with the costs. Many of the costs arising from the coronavirus pandemic involve a direct personal impact on individual Canadians. They are the result of government policies requiring residents to self-isolate, keep a social distance from others and limit public activities. Government orders have also closed numerous businesses, interrupted the provision of hospitality, travel, and education, postponed elective medical procedures in hospitals and prohibited visits by families and friends of loved ones in care homes for the elderly.

Obeying these requirements has caused widespread unemployment. It has also dramatically increased the incidence of

loneliness, depression, interpersonal conflicts, divorce, alcohol consumption, pain from untreated medical conditions, substance abuse (including fatal drug overdoses) and suicides. While this constitutes a very important psychological and physical burden on all individuals, it is impossible to properly put a concrete value on these issues. Under a strict cost/benefit framework, we can only offer token, if heart-felt, recognition of the hardships involved.

Government lockdown policies, however, have also led to significant economic costs which can be measured in a more precise manner. In particular, there is the loss in output, or gross domestic product (GDP), suffered by Canada's economy. This figure reflects all the restaurant meals not produced, construction not performed, educational services not delivered and so on.

The loss from this foregone production will never be recovered; it is gone forever. The magnitude of the loss can be found in forecasts of GDP. For our purposes we will use figures from the International Monetary Fund (IMF). According to its most recent estimates, Canada's GDP in 2020 will be [6.5 percent](#) below that of 2019. Since GDP in 2019 GDP was [\\$1.7 trillion](#), the value of reduced output in 2020 is thus \$113 billion.



According to the International Monetary Fund, Canada can expect an economic loss of \$113 billion in 2020 due to the global pandemic.

The cumulative economic costs arising from the coronavirus will undoubtedly be much higher than this as any recovery is likely to take much longer than one year. [The OECD](#) for example, recently issued an alert warning of a possible second wave of Covid-19. Given expectations for a multi-year global economic crisis, it seems reasonable to assume the total cost for Canada will be at least \$226 billion, or twice what the IMF calculates as the single-year hit.

It is important to note that government

the future will require interest payments made by taking money from some Canadians (taxpayers) and transferring it to other Canadians (those who hold the debt).

Calculating Benefits

Having established a cost estimate at \$226 billion, let us now turn our attention to estimates of the benefits delivered by the government's pandemic-fighting policies. This could include reductions in the number of infections as well as avoided

A recent study projects Canada will experience approximately an additional 2,100 suicides due to the coronavirus.

payments to individuals or businesses to prevent financial suffering and bankruptcies – including such things as the [CERB](#), corporate subsidies and many other new government programs – are not considered a cost in this analysis. Despite the massive deficits presently being incurred, these extra public expenditures do not necessarily lead to a loss of output over the short term. Rather, these payments add to the public debt, which in

deaths. Infections cause symptoms that range from non-noticeable to sufficiently serious to require hospitalization and, in some instances, eventually leading to death. However since it is difficult, if not impossible, to measure the value of suffering avoided by government policies in any comprehensive way, non-fatal infections will be ignored in this calculation.

It is far simpler and clearer to concentrate on deaths avoided as the true benefit of

government policy. Computer models produced by infectious disease specialists predict the number of deaths likely to occur with and without mitigating government policies, the difference representing the number of deaths prevented. Here we will rely on the widely-cited [Imperial College of London](#) (ICL) model. While controversial for some, most [criticism of this study](#) has focused on its tendency to exaggerate the potential death toll; as such we feel confident using it as a base case since it is likely over-estimating the benefits.

In the absence of an effective vaccine, the ICL model predicts four deaths per thousand population if “non-pharmaceutical interventions” (social distancing, quarantining, etc.) are implemented, and eight deaths per thousand without these inventions. In other words, the ICL model predicts that mitigation will halve the number of fatalities. Given that the actual number of deaths in Canada as of the middle of June was [8,300](#), this means the estimated number of deaths prevented is also 8,300.

This figure, however, does not take account of the fact that pandemic-fighting policies have increased unemployment, which is widely acknowledged to increase the prevalence of suicides. A [recent study](#) projects Canada will experience approximately an additional 2,100 suicides due to the coronavirus. Subtracting these deaths from the 8,300 fatalities prevented by government policies yields 6,200 net deaths prevented. Not considered in this calculation is the fact more than 90 percent of the deaths in Canada attributed to the Covid-19 virus involve individuals over the age of 60, many of whom already had shortened life expectancies due to pre-existing medical conditions.

Costs Outweigh Benefits Four-to-One

Having separately estimated the costs and benefits of the government response to the coronavirus pandemic, we must now bring our two calculations together. Dividing the total estimated cost of \$226 billion in lost output by the 6,200 lives saved produces an estimated economic cost of \$36.4 million per life saved. Again,

this estimate is based on a series of assumptions enumerated above, all of which can be readily challenged. But any reasonable tweaks to costs incurred or lives saved seem unlikely to change the basic conclusion. So is an expenditure

with the use of such a dispassionate method of assessing government policies. For the bereaved, no amount of money can ever properly reflect the loss of a loved one. And yet these calculations are made in the spirit of similar estimates used by

twice the \$8 million benchmark.

It is obviously too late to use this information to influence lockdown policies already implemented and now being gradually lifted. But best practices demand that these results be incorporated into plans for fighting similar crises in future. So how can we ensure a more efficient response to the next pandemic – including the possibility of a second wave of the coronavirus – that is in line with existing federal cost/benefit procedures? One possibility is to consider the approach adopted by Sweden.

A More Efficient Approach

Sweden is widely recognized as having met the challenge of the global pandemic in ways that differ markedly from most of the rest of the world. Most importantly, it has avoided a general shutdown of its economy. Its policies have focused on reducing the number of deaths rather than of infections. This is an approach that accepts three basic premises, all of which appear to hold true in both countries.

First, deaths caused by the Covid-19



A grim toll: Alongside record unemployment, experts are also predicting a surge in suicides due to the economic lockdown.

of \$36.4 million for each life saved to date from Covid-19 a reasonable or cost-effective policy?

Economists and statisticians have long used sophisticated models to calculate the value of life for a wide range of public policy purposes. It is impossible to properly assess road safety initiatives such as lower speed limits or better lighting at intersections, for example, without applying a dollar value to the lives expected to be saved by such interventions. The underlying concept here is called the [value of statistical life](#), a calculation that attempts to put a dollar figure on the value of lives saved through government policy. In Canada, the value of a statistical life prescribed for [federal cost/benefit analysis](#) was set at \$6.11 million in 2004; after adjusting for inflation this is about \$8 million today. (Interestingly, the lifetime earnings of the average Canadian were \$2.7 million in 2017.) This means that any intervention costing more than \$8 million per life saved would fail Ottawa's standard cost/benefit requirements.

Some readers will no doubt take issue

government agencies across Canada and throughout the world on a regular basis. It is a way of estimating whether we are applying resources efficiently towards our goal of saving lives. If it turns out that we are not, it suggests that we could have saved more lives by doing things differently. Surely we can all agree that this would be a worthy goal?

Setting aside any understandable sentimentality about measuring life using purely statistical methods, the results described above reveal the cost per life saved due to the current suite of coronavirus precautions of \$36.4 million far exceeds the \$8 million benchmark set by the federal government's own regulations. Costs incurred are thus more than four times larger than would be acceptable if the fight against the coronavirus were any other government initiative. With respect to the robustness of this result, note that even if we did not double the IMF's 2020 prediction for the economic loss experience by Canada to cover multi-year implications, our calculation of the cost per life saved (\$18.2 million) would still be more than



Calculating lives saved: Imperial College of London epidemiologist Neil Ferguson projects non-pharmaceutical government interventions can cut in half the number of predicted deaths from the coronavirus.

virus are overwhelmingly concentrated among the elderly. According to the [most recent government statistics](#), 72 percent of all Canadians who have died from the coronavirus were over the age of 80; a

further 25 percent were aged 60 to 79. The vast majority – 97 percent – of Canadians who died from the virus were thus older than 60.

Second, the overwhelming majority of the infected population experiences symptoms that are mild, do not require hospitalization or lead to death. The validity of this premise follows from the fact that 97 percent of all deaths are among Canadians older than 60. Among younger patients, the hospitalization and mortality rate is remarkably similar to those experienced every year due to seasonal influenza. The fact that the death toll from seasonal flu has never been considered serious enough to warrant costly mitigating policies beyond public service messaging recommending vaccination can be considered supporting evidence in this regard.

Third, individuals who have recovered from the infection are immune, will not



A different approach: Rather than shuttering its economy, Sweden allowed businesses to remain open and people to roam freely while focusing on limiting deaths from Covid-19.

the rest of the world in the first half of 2020. This includes encouraging people to work from home and to practice good personal hygiene, keep social distance, self-isolate when ill and not attend gatherings involving more than 50 people. Strong and extensive measures to protect the elderly from contact with infected individuals are also

the estimated total of \$226 billion incurred by our nation. The same goes for any additional cost for treating younger patients in need of hospitalization due to a higher infection rate in the general population.

Sweden offers real-world evidence of the efficacy of such an approach. The full evidence on the economic savings will become available only over time, but the most recent available data indicate that the loss of output was far less severe in Sweden than Canada. In the first quarter of 2020 [Sweden's economy grew by 0.1 percent](#) while that of [Canada fell by 2.1 percent](#). Other factors may have contributed to this difference, such as the decline in Canada's energy industry, but are unlikely to be significant enough to negate the validity of the comparison. So the costs borne by Sweden are substantially lower.

On the other hand, benefits are also lower. Current figures for deaths per 100,000 due to Covid-19 stand at [49.6](#) in Sweden and [22.6](#) in Canada. While Sweden's figure is below that of the hardest-hit European countries including Britain, Italy and Spain, the large difference with Canada is puzzling because it seems likely the age-pattern of deaths is the same in both countries. If so, this implies a difference in procedures regarding protection of the elderly between Sweden and Canada. Why this may be the case raises important questions for future research. Are there differences between the two countries in how they count Covid deaths, the proportion of the elderly in the population, the design and staffing of care



Does it make sense? Good public policy must properly recognize the costs and benefits of government interventions.

infect others or become ill again for some significant length of time. This premise is valid if the Covid-19 virus has much the same effects on immunity as other viruses that have plagued humanity in the past. It is highly likely that this premise is correct, but more research is needed to verify it.

Assuming these premises are valid or require only modest modification, the Swedish model appears to present an effective and less costly alternative to the policies adopted in Canada and most of

recommended.

Significantly, the Swedish model does not require that extensive areas of economic activity cease. Factories, restaurants, gyms, educational institutions, public transit, construction, and other businesses remained open throughout the crisis. This decision limited the damage to output and will reduce the overall cost. If adopted in Canada, even the most expensive procedures to protect the elderly would come to a small fraction of

homes, the resources devoted to insulating the elderly and health-care providers, and so on?

Whatever the flaws of the Swedish approach, however, we cannot ignore the fact Canada's experience explicitly fails the requirements of sound, cost-effective

Sweden offers real-world evidence of the efficacy of a different approach to fighting Covid-19. In the first quarter of 2020 Sweden's economy grew by 0.1 percent while that of Canada fell by 2.1 percent.

public policy as demonstrated by our simple cost/benefit analysis. With calls from many quarters that our approach to this and future pandemics must be guided by "science" – and given the grave implications for the economy arising from policy mistakes in this area – we should be mindful of the need to adopt an analytical approach using the most relevant and effective economic tools.

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Why Canada Needs For-Profit Nursing Homes

By Peter Shawn Taylor

Sometimes news scoops reveal more about the media outlet making the revelation than the world around it. So it was last month when the [Toronto Star](#) breathlessly disclosed to readers that certain publicly-traded firms in the province have been paying dividends to stockholders and salaries to executives for years.

“Three of the largest for-profit nursing home operators in Ontario...have together paid out more than \$1.5 billion in dividends to shareholders over the last decade, the *Star* has found,” the exposé proclaimed. Further digging by the paper’s crack investigative team – and when they say “the *Star* has found” what they really mean is they downloaded publicly-available corporate filings from each firm’s website – revealed another \$138 million in executive compensation and \$20 million in stock buybacks dispensed over the same time.

“That’s a total of more than \$1.78 billion taken out of their business,” the paper stated darkly. Readers were meant to be scandalized.

Here’s another way of saying the same thing: three firms raised otherwise-unavailable capital to contribute much-needed capacity to a habitually underfunded but absolutely essential social service. In doing so, they made the entire sector more efficient. And then they paid the investors who made it all possible a market rate of return.

After being widely ignored by most politicians and the public for many years, the nursing home (or long-term care facility) sector has suddenly found itself caught in the unforgiving spotlight of a global pandemic. As we have all come to know, Covid-19 is highly contagious and particularly lethal for older patients with underlying chronic health impairments.

These characteristics seem specifically engineered to wreak havoc on nursing homes. And that’s exactly what’s happened. [Residents and staff](#) of long-term care and retirement homes in Canada comprise approximately 30 percent of all reported Covid-19 cases and account for more than 80 percent of all deaths. According to [some international comparisons](#), Canada has the highest Covid-19 nursing home fatality rate in the developed world. Attention must be paid.

And lately, much of that attention has focused on Canada’s significant for-profit nursing home sector. In addition to the *Star*’s scandalization over the habits of corporations to pay dividends and salaries, many unions, political leaders and sympathetic academics have seized the moment to repeat a common ideological trope that it’s somehow immoral to earn a profit delivering any form of necessary care.

“It is time that the federal government stepped in to end the travesty that is private for-profit residential care in Canada,” screamed an open letter from the National Union of Public and General Employees. Hassan Yussuff, president of the [Canadian Labour Congress](#), has demanded that long-term care for the elderly be made part of the Canada Health Act, which would forbid private provision of core services and effectively nationalize the entire industry. Similarly, York University sociologist Pat Armstrong told a House of Commons committee in May that “We have to ensure that our public money goes to care, rather than to profit” in the nursing home sector. Other academics claim the mere presence of for-profit homes brings about “dehumanization.”

A recent report by the Canadian Armed Forces into appalling conditions at five nursing homes in Ontario where soldiers were deployed on an emergency basis, four of which are privately-owned, has spurred further criticism of the for-profit sector’s involvement. Even Ontario Premier Doug Ford has gotten into the act by scolding the corporate leadership of for-profit nursing homes in his province. “If they want to be greedy and make money,



Highly contagious and often deadly for elderly patients with underlying health issues, Covid-19 has wreaked havoc on many nursing homes. Here a resident is removed from CHSLD long-term care home Sainte-Dorothée in Laval, Quebec.

then get out of the business,” he said last week. “Go find something else to do. Don’t put people’s lives in jeopardy.”

The urge to discredit the for-profit sector and/or demand that all aspects of the care industry be brought under public (read: public-sector union) control is a familiar one among fans of perpetually bigger government. Current arguments about long-term care sound remarkably similar to the formulaic claims and criticisms previously made about child-care providers during earlier efforts to turn that business into an entirely publicly-funded, publicly-delivered effort as well: It’s unethical to make money looking after children...Only government employees can be trusted to provide proper care to vulnerable peopleProfits hurt kids...and so on.

But just as the pressing issues of practicality, fiscal prudence, quality, and consumer choice have repeatedly scuttled multi-billion-dollar plans to install universal public daycare across Canada, those same factors seem likely to protect and preserve private-sector provision of long-term care as well. The presence of the profit motive in the nursing home industry is not a flaw, but a necessary feature. Our seniors could scarcely survive without it.

Befitting the decentralized nature of Canadian federalism, the cross-country long-term care sector is a highly diverse affair. Medicare does not cover residential

care for seniors (only their health care in whatever setting they may be living), and so it is up to each province to set its own standards, approaches and funding models. Some provinces run their own facilities; in other provinces municipalities and non-profit agencies, including in some cases religious organizations, are either mandated or contracted to provide this

Regardless of the provincial operating model, the private, for-profit sector constitutes a major component of the long-term care system. Nationwide, privately-owned nursing homes operating on government contract are the dominant model, comprising an estimated 37 percent of all such facilities.

care. Note also that long-term care facilities are distinct from retirement homes, which cater to retirees who can mostly look after their own health-care needs and are entirely privately provided and funded.

Regardless of the particular operating model, the private, for-profit sector constitutes a major component of the long-term care system throughout Canada. Nationwide, privately-owned nursing homes operating on government contract are the dominant model, comprising an

estimated 37 percent of all such facilities – more than either the non-profit (30 percent) or public sector (32 percent), according to the [Canadian Institute for Health Information](#). Of the approximately 150,000 available beds (2014 figures), the for-profit sector in Ontario provides 58 percent; in Alberta, 43 percent; in B.C., one-third; in Quebec, about one-quarter.

This large footprint is nothing new, despite claims to the contrary from [poorly-informed critics](#). Long before governments became involved in a big way, the for-profit delivery of residential seniors’ care in Canada was [once dominated](#) by many small independent operators – often stereotyped as “widowed nurses”. Since the 1970s these business have been increasingly consolidated by larger, publicly-traded corporations. According to a 2007 summary of the industry by [Statistics Canada](#), “Private facilities for some of Canada’s more vulnerable citizens, such as the elderly...have existed for a very long time, and can be viewed as an integral part of the supply chain for this industry.”

For-profit long-term care is equally significant in [other countries as well](#). In the

United States, the private sector delivers nearly 70 percent of all beds, and in Great Britain over 85 percent. Most Scandinavian countries also embrace a significant share of private delivery in order to ensure competition with government-run facilities. According to a recent [OECD survey](#) on Sweden, where private operators comprise 20 percent of the sector, “Municipalities purchas[e] care from both public and private providers, and many long-term care recipients have the possibility of choosing

across competing providers.”

As with much of the rest of the world, the private sector is thus a vital, legitimate and longstanding component of Canada's long-term care system. And according to voices more thoughtful than the *Toronto Star's* editorial board, there's no reason to be alarmed by this. Michael Nicin, executive director of the National Institute on Ageing at Ryerson University in Toronto, disputes the notion that non-profit care is provably superior to for-profit delivery. “There isn't enough information to support that position in Canada,” he says. He calls the current hysteria over ownership status “a red herring” that's distracting from more pressing problems. “Some of the private homes are doing exceptionally well because they have deeper pockets and much better planning procedures” than non-profits, Nicin says. “It is not clear to me that one class of ownership structure is doing noticeably better than any others.”

Vlad Volodarski is CEO of Chartwell Retirement Residences, one of the three publicly-traded nursing home companies singled out by the *Toronto Star's* “investigative team” for paying dividends to their shareholders and salaries to their executives. A real estate investment trust, Chartwell operates nearly 200 seniors' homes with over 30,000 residents across the country; as of last week, there'd been 96 confirmed Covid-19 deaths at Chartwell nursing homes. “Each one of those deaths is one too many,” says Volodarski somberly in an interview. But he strongly disputes

the notion he's making a profit by short-changing seniors. Or that Chartwell's services are inferior to those provided by other ownership models.

“There is no profit to be made off government funding for residents, period,” Volodarski explains. He notes that Ontario's nursing home budget is

booked as profit if the firm is able to find efficiencies. This fact makes the *Toronto Star's* claims of money being “taken” from needy seniors to be disingenuous, if not worse. Firms can also make money selling extra services to residents, such as haircuts or excursions. Volodarski points out that Chartwell's retirement

home business, which isn't government-funded or so tightly regulated, is far more lucrative than the long-term care branch. Retirement homes constitute 90 percent of his firm's total business and the vast bulk of those profits the *Star* finds so discreditable. “We actually accept a lower rate of return on our long-term care business,” Volodarski says.

According to [Statistics Canada](#), the entire nursing home industry delivers a rather paltry 1.4 percent annual return, and with a 97 percent occupancy rate. Rather than “taking money out of their businesses”, Chartwell and other for-profit providers are in fact providing greater efficiency and much-needed capacity to the industry. The waiting list for nursing home beds in [Ontario](#) alone is estimated at 35,000, and 40,000 nationwide.

Central to most union and academic arguments against for-profit operations is evidence wages tend to be lower in the private sector than among unionized government staff. This was the key theme of a report this year from the [British Columbia Seniors Advocate](#) critical of the for-profit sector. It is an argument frequently heard in debates over child care provision as well. Lower wages paid by the private sector are considered *prima facie*



The for-profit nursing home sector has found itself under fire from numerous sources; Ontario Premier Doug Ford (top) recently warned “greedy” operators to find another line of work, while York University sociology professor Pat Armstrong (bottom) told a House of Commons Health Committee that “public money should go to care, not profits.”

delivered via four distinct envelopes allocated to personal care, programming, food and administration. The same funding is provided to all homes regardless of ownership status. The first three envelopes must be spent entirely on patients and are fully audited. Any surplus funding is automatically returned to the government.

Only the fourth envelope, covering managerial expenses, is available to be

evidence of a problem. While Volodarski doesn't dispute that wages are lower in the for-profit sector, he must still compete for staff in a competitive labour market. And he rejects the assertion this makes a difference. "Any business person would say it's not inputs, but outputs that matter," he argues. "And if you look at the clinical outcomes in the nursing home industry, you will see that ownership doesn't matter."

Volodarski points to numerous quality assurance studies across the industry that contradict the notion high union wages necessarily deliver higher-quality care. Across six indicators tracked by the Ontario government, including such things as residents with pain, patient falls and use of antipsychotic drugs, he notes Chartwell currently scores better than average on all six, beating many competitors across the ownership spectrum. Similarly, the most recent survey by the [Ontario Long Term](#)



The situation in some Ontario and Quebec nursing homes was so dire Canadian Armed Forces personnel were deployed to supplement staff and carry out routine care. A subsequent military report on Ontario was critical of both for-profit and non-profit homes.

measures of resident experience," says one recent report. In some categories, including choice and services, private operators in Alberta actually score higher than government-operated facilities, although this difference is not considered statistically significant.

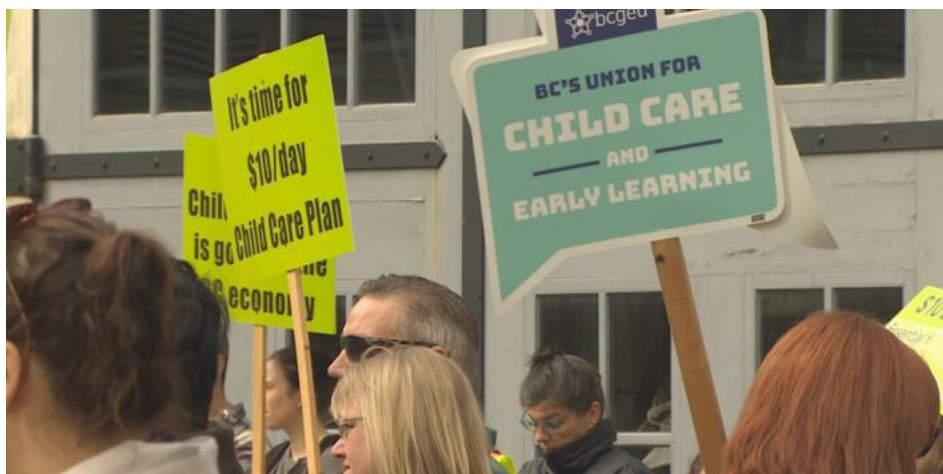
Curiously enough, while for-profit

of funding but consistently deliver the same level of care. They are, in other words, more efficient than their competitors. "Why as a society would we want to have our homes run in a less efficient manner?" Volodarski wonders.

No evaluation of nursing home outcomes in the midst of the coronavirus pandemic can ignore the ultimate measure of success or failure – the rate at which residents are dying from Covid-19. And on this standard many critics claim for-profit homes are failing their clientele. The *Toronto Star* investigation claims "for-profit nursing homes have had far worse Covid-19 outcomes than public facilities." Recall that four of the five nursing homes at the centre of the Canadian Armed Forces report are for-profit, including three from the same company, Rykka Care Centre. Political heat over these facts likely spurred Ford to make his contentious claims about "greedy" for-profit long-term care owners.

Volodarski argues, however, that it is the homes themselves, rather than their ownership status, that explains the worst outbreaks. A crucial factor in the rapid spread of the coronavirus in nursing homes has been the presence of multi-bed wards with shared bathrooms, which make it nearly impossible to practice proper isolation techniques. This layout, called "Class C" in Ontario, was set by provincial regulations established in 1972 and was not updated by the government for more than 25 years.

Nearly half the province's 79,000 long-term care beds are still Class C, and a preponderance of these are owned by



Many of the complaints made about the for-profit long-term care sector have been heard before during previous battles over a national, publicly-delivered, publicly-funded child-care system.

[Care Association](#) found that "on average, there is no difference in quality of care between homes that are not-for-profit or privately owned."

The same report notes, however, that municipally-run homes tend to score somewhat lower than private-sector homes. The same observation holds in other provinces. Surveys by the [Health Quality Council of Alberta](#) also reveal no difference between non-profit and for-profit nursing homes. "No one ownership type is better or worse than others across key

operations consistently deliver the same quality of care as non-profit and government-run operations, they often do so with less overall funding. Non-profits often fundraise for extra revenue and Ontario municipalities frequently subsidize their own nursing home budgets with additional taxpayer funds. Volodarski notes that in 2018 that category alone amounted to \$300 million province-wide, or an extra \$1,500 per municipally-delivered long-term care bed per month. For-profit operations benefit from neither of these extra sources

the for-profit sector, a legacy of their long presence in the industry and a building boom in the 1980s and 1990s as demographic pressures intensified. Non-profits or municipalities operating similar older buildings have been equally hard-hit by the coronavirus, including Seven Oaks, a municipally-run facility in Scarborough, Ontario that has suffered 41 deaths. [Haphazard provincial attempts](#) to upgrade these buildings to newer 1999 standards have been mostly unsuccessful due to insufficient funding.

the effect of these hasty discharges has since become grimly apparent.

Similar policies have been identified as the cause of numerous outbreaks and thousands of deaths in [New York](#) and [Minnesota](#), in particular, and have touched off major political scandals. There, too, nursing home operators have been accused of greed, incompetence, negligence and worse by the very politicians who instituted and maintained (qv: New York's Democrat Governor, Andrew Cuomo) the practice of forcing

by Covid-19," Quebec Premier Francois Legault has said, by way of defending his own government's load-shedding policies. Canadian military personnel have also been called to nearly two-dozen nursing homes in Quebec where staff were equally incapable of dealing with the influx of ill residents.

According to the *Globe and Mail*, Ontario's disastrous load-shedding requirement was only relaxed in mid-April when it became apparent there would be no massive wave of coronavirus cases

Covid-19 Impact on Long-Term Care (LTC) Homes by Province and Percentage For-Profit Delivery.

Province	Total Covid-19 cases	Total Covid-19 deaths	Total LTC resident cases	Total LTC resident deaths	% of LTC homes for-profit
AB	6,955	143	543	108	43%
BC	2,558	164	281	91	34%
MAN	294	7	4	2	17%
NB	126	0	0	0	17%
NFLD	261	3	1	0	31%
NS	1,055	59	265	56	28%
ONT	28,246	2,274	6,236	1,820	58%
PEI	27	0	0	0	46%
QUE	50,232	4,363	9,698	3,552	24%
SASK	639	10	3	2	7%

For source material, see end of story.

It also bears mention that at least one of the four privately-owned homes singled out for criticism in the Canadian Armed Forces report – [Orchard Villa in Pickering](#), Ontario – was the unfortunate recipient of a discharged patient from a nearby hospital who had Covid-19 and who may have been responsible for the subsequent outbreak. During the early days of the pandemic panic, many hospitals in Canada used emergency "load-shedding" rules to discharge elderly patients to nursing homes with excess capacity in an effort to clear rooms for the massive surge of Covid-19 patients that was expected to fill, if not overwhelm, Canada's hospitals. And while those patients never materialized,

elderly hospital patients upon unwilling nursing homes without even testing them for Covid-19.

Orchard Villa's 78 deaths represent the worst outbreak to date in Ontario. The facility suffered a nearly 100 percent infection rate among its 235 residents; 111 staff members at the facility were also infected. Such a massive wave of infections appears to be the underlying reason why Orchard Villa was so overwhelmed by the disease and forced to accept military assistance. The same thing happened in Quebec. "It had to be done, taking people who could be transferred to LTC (long-term care) homes to free beds in hospital and eventually handle the incoming wave cause

heading for provincial hospitals. We now know that the death toll from the pandemic is mainly a nursing home phenomenon – aided and abetted by unfortunate, if not incompetent, government policy. Alberta has also suffered the large majority of its Covid-19 fatalities in its long-term care facilities. True, much media attention in that province has focused on the massive outbreak at the [Cargill meat-packing](#) plant in High River. It afflicted over 950 employees but, thankfully, resulted in only three fatalities (one of which was an elderly relative of a worker). In a [toughly worded speech](#) to the Alberta Legislature last Wednesday, Premier Kenney pointed out that the average age of those who have



Provincial load-shedding policies have been implicated in several major nursing home outbreaks in Ontario and Quebec, including hard-hit Orchard Villa in Pickering, Ontario (top). Despite the grim consequences, Quebec Premier François Legault (bottom) claims “It had to be done.”

succumbed to the disease in the [province is 83](#).

As grim as the situation in some provinces may be, however, the nursing home industry’s experience with the coronavirus has varied widely from coast to coast. And with no apparent pattern in terms of ownership. Quebec has less than half the share of for-profit nursing homes as Ontario, but has experienced twice as many Covid-19 deaths (3,552 vs. 1,820 at last count) among residents and staff. On a per capita basis, Quebec’s results look even worse. And while B.C.’s share of for-profit operators lies somewhere between that of Ontario and Quebec, it has experienced only a tiny fraction of the infections and deaths as the other big provinces. The share of nursing home deaths in B.C. among all coronavirus

victims stands at 56 percent, with a total resident death toll of just 91.

“The magnitude of the crisis has been very different in B.C.,” says Daniel Fontaine, CEO of the B.C. Care Providers Association, an industry group representing both non-profit and for-profit nursing homes. Fontaine dutifully notes that, of course, “While the death rate has been lower here, many families have still been devastated by the disease.” (Since the interview, Fontaine has left his position to become CEO of Métis Nation British Columbia.) The relatively light impact in B.C. appears to be linked to the early adoption of policies that isolated nursing homes from the rest of the population and limited staff to working at only one site.

These were, importantly, suggestions that originated with the private sector.

“We were the ones to call for a closure of facilities to visitors and we were the first advocate for a single-site directive,” Fontaine says. This fact was acknowledged by [B.C. Health Minister Adrian Dix](#) when he made the announcement in April. Cross-infection by workers who work at more than one nursing home has been identified as a serious issue in several provinces.

As in Ontario, B.C.’s private nursing home sector receives significantly less funding than government operations. Fontaine points out this funding gap can be as much as half an hour per patient per day. Despite the inequity in funding, however, quality outcome reports show no difference between different ownership modes. The reason, he says, is the inherent urge to innovate that comes from the private sector, pointing to numerous best practices guides created by his organization covering drug use, recreational therapy and assisted living supports. “These are innovations and ideas that have come about because our operators are committed to improving their sector,” says Fontaine. “This is a result of private investment that you would not get if everything was government-owned.” The existence of a for-profit sector thus provides vital competition both between firms and with government and non-profit operators.

As for calls that his industry should be entirely government-run, Fontaine snaps that “Covid does not care whether homes are for-profit or publicly-owned. There is no delineation with this disease, it just comes in. But these arguments are what happen when you let ideology trump practical and pragmatic issues.” He also notes that more than half the new bed capacity added in B.C.’s long-term care facilities over the past two decades has come from the for-profit sector. With a demographic wave of retired Boomers placing ever-greater strain on government resources, it is private investors who are providing a place for seniors to live in their final years.

[Canada currently spends](#) \$22 billion per year on long-term and home care for seniors. The sheer weight of those aging Boomers is projected to push this bill to \$71 billion by 2050. Yet such estimates

don't include the cost of any changes likely to arise from the current political attention being paid to the long-term care crisis, including higher staff wages and new regulations. Or eliminating existing waiting lists. Or the extra capacity that will have to

percent of an entire system's capacity?" asks the National Institute on Ageing's executive director Nicin about Ontario. The same holds true for the rest of the country. "If the B.C. government had an extra billion dollars lying around for long-

previous experience in the analogous child care industry. In provinces where private provision of daycare has been eliminated to further union objectives, service has been made demonstrably worse. [Saskatchewan](#), for example, has almost no for-profit

As for calls that his industry should be entirely government-run, Fontaine snaps that "Covid does not care whether homes are for-profit or publicly-owned...But these arguments are what happen when you let ideology trump practical and pragmatic issues." He also notes that more than half the new bed capacity added in B.C.'s long-term care facilities over the past two decades has come from the for-profit sector.

be added when older four-bed wards are converted to single rooms. The annual bill will likely hit \$71 billion long before 2050.

With an estimated \$252 billion federal deficit plus at least another \$64 billion in combined provincial deficits expected this year, and future budgets entirely uncertain,

it seems naïve to the point of delusional to imagine that Canadian governments will have the fiscal capacity or political will to eliminate the entire for-profit long-term care sector simply to satisfy a union itch. Keep in mind that a complete nationalization as demanded

by union leaders would require paying compensation to private owners for the loss of invested capital as well as their ongoing businesses – a figure that would presumably run to tens or even hundreds of billions of dollars.

"How are you going to replace nearly 60

term care, do you think they would use it to purchase existing sites, without adding to current capacity?" asks Fontaine pointedly.

"Or would they want to put it towards expanding the system and providing more care for our aging population? If there is money for long-term care, it should be

child care due to policies of past NDP governments. Saskatchewan also has the lowest level of child care coverage in the country, with a full-time space available for just 13 percent of all children aged 0-5, less than half the national average. Deliberately scaring off entrepreneurs, who are better

able to react to market demand than most bureaucrats, not only reduces overall capacity but also drives up costs. Saskatchewan actually spends more per regulated child care space (\$4,433, 2016 figures) than does Quebec (\$4,142), which operates an expensive universal daycare system but still allows limited private sector

involvement to keep costs down. We can expect a complete government take-over of the long-term care industry to have a similarly devastating effect on innovation, efficiency, budgets and supply.

The coronavirus pandemic has clearly revealed some major weaknesses in the



"A very different experience"; Daniel Fontaine, former-CEO of the B.C. Care Providers Association, credits early action by the private sector as a key factor in the province's remarkably low nursing home death rate.

spent on patients, not buying out private sector operators to meet the ideological needs of the Canadian Labour Congress."

For a glimpse into what the long-term care world might look like if financial issues were not an insurmountable barrier and mere political concerns held sway, consider

preparedness and design of nursing homes in several provinces. Canada's shockingly high death toll, particularly by international standards, will demand plenty of political effort and probably greater funding in the future. But despite the best efforts



Expropriation isn't free; With federal Finance Minister Bill Morneau planning a \$252 billion deficit, and the provinces adding another \$64 billion in red ink, it seems impossible to imagine governments will have the fiscal capacity or political will to nationalize the entire long-term care sector.

of its many detractors, this crisis has not exposed any fatal flaws in the underlying concept or necessity of for-profit provision.

Without these businesses, Canada's nursing home industry would be dramatically smaller, less efficient and less innovative. The presence of the profit motive and the willingness of investors to place their faith and funds into the industry have not put seniors at risk. Instead, they have delivered much-needed capacity, choice and competition. Would the country be better-served with a longer waiting list and more stultifying government control of the entire sector? It is hard to see how.

Finally, Canadians need to reconcile themselves to the notion that it is not only legitimate, but entirely honourable, to make a profit providing a useful service to needy clients. "Some of our critics take exception to the fact we pay distributions to our unit holders," says CEO Volodarski, responding to the *Toronto Star* smear. "But Chartwell is a very widely-held company and in many cases those investors are our own residents, who actually depend on that income to live. These people have

put their money in our company with an expectation that they will get a return on their investment. And we use that money to add to the capacity of our province to care for its seniors. We're fulfilling an important societal need. And we're good at it."

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IDEAS THAT LEAD

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The Power of Narrative: The George Floyd Protests Aren't Just About Policing

By Roland Mascarenhas

Just over a decade ago I was an undergraduate student at York University, taking a class on the “Sociology of Race and Racism.” We learnt terms like *structural racism* and *oppression*, but when I asked about the individual’s psychology and the belief that we can control our destiny, I was jeered by fellow students and named a “neocon” by my professor.

In the wake of George Floyd’s tragic killing by a Minneapolis police officer in late May, protesters’ calls for police reform have spread across North America and broadened to tearing down monuments, re-naming military bases, [shunning newspaper editors](#) who ran opinion pieces disputing the current woke consensus, shaming corporate America into releasing public statements, pushing for diversity hiring, requesting support for Black-owned businesses and even re-organizing [Facebook groups for moms](#). These reveal a larger anguish over the place of black Americans and Canadians in society.

The United States has certainly been the scene of historical tragedies perpetrated upon its black citizens, including slavery, discriminatory housing policies and racial disparities in the criminal justice

system. But in following the protesters’ cancel culture, we’ve prioritized the deterministic sociological perspective – that our environment dictates our past, present and future – and that group identity triumphs over individual agency. We have disregarded the same questions around psychology about which I inquired a decade earlier, particularly in how we perceive racism, and how negative narratives can shape us.

As the son of immigrants, I’ve long contemplated this, [reflecting](#) on my parents’ anguish in their journey across countries, propelling my father to become an immigrant medical examiner. Caught between two worlds – one a middle-class ethnic community, the other a succession of elite, homogeneous schools in which I was one of the few visible minorities – I wrestled with ethnic identity for a decade, later studying and presenting on it at [several conferences](#). But my own evolution began when I inquired – *When do we escape our past?*

Perception of Racism

“Consider the following situation,”

[begin](#) Evelyn R. Carter, Ph.D and Mary C. Murphy, Professor of Psychological and Brain Sciences at Indiana University – Bloomington, in *Social and Personality Psychology Compass*. “A White person boards a bus where a Black person is sitting next to the only remaining empty seat. Instead of sitting, the White person opts to stand. The reason for this behavior is ambiguous. Perhaps the White person was having a bad day and did not feel like sitting near anyone; perhaps they were only riding for a few stops and preferred to stand, or perhaps they were uncomfortable sitting next to a Black person. When, and for whom, does this person’s behavior count as evidence of racism?”

While many black and white individuals alike agree that racism has been reduced over time, there is sharp disagreement on the prevalence and form remaining today, culminating in questions about *perception*. “53% of Blacks report that discrimination against minority groups is a critical issue in America today, yet only 17% of Whites agree,” Carter and Murphy wrote in their 2015 review of available academic literature on group differences in perceptions of racism.

Part of this disconnect, they believe, is that while whites look for “blatant racism” – such as, for example, explicit negative comments or refusals to provide a qualified black person with an available job – blacks look for “subtle racism”, in which whites evince a belief in equality yet continue to hold lingering feelings (at least in the perception of black people) rooted in negative stereotypes and history. As a result, blacks who are aware of these negative beliefs in turn lower their threshold to detect signs. This response is far more prevalent than with other ethnic groups, especially Asian-Americans, and

as a new student in high school on the first day, anxious and alert. Now magnify that by 10.”

But this alertness can also result in false alarms on racism, with Glen Adams, who previously taught at the University of Toronto, Laurie T. O'Brien at Tulane University, and Jessica C. Nelson at the University of Kansas, all professors of Psychology, stating in a jointly authored paper that “scientists have suggested that members of oppressed groups will be motivated to be vigilant for prejudice to the extent that the cost associated with a false alarm is less than the cost of a miss.”

Perhaps Professor Hasford has pointed the way forward – that resisting these narratives by formulating and offering counter narratives can be helpful for the well-being of affected individuals and, over time, relations between members of different races.



it includes absorbing “secondhand stress” from a white person they are interacting with.

Ambiguous situations – like the bus seat example above – lead to many blacks being hyper-vigilant. This is something I’ve empathized with for years and expressed in a letter to the [Globe & Mail](#) in 2013: “When people ask me, as a second-generation immigrant, why ethnics often congregate together, I tell them to imagine themselves

This obviously raises profound questions about benchmarks for discrimination in public policy and discrimination lawsuits, along with misunderstandings in individual interactions. “Taken together,” Professors Carter and Murphy write, “Detecting racism is largely in the eye of the beholder.”

Negative Narratives

I was recently speaking with a friend, a black woman born into South Africa

apartheid and trained as a human rights lawyer. She thoughtfully remarked that African-Americans, unlike Africans, have been burdened by a “narrative of slavery.” “Social identity is ever rooted in history,” wrote the late Ira Berlin, a historian who specialized in slavery and freedom. He elaborated on this difference in the [Smithsonian Magazine](#), noting that when meeting with black individuals from Haiti, Jamaica, Great Britain, and Ghana, “It was not their history...But for African-Americans, their history has always been especially important because they were long denied a past.”

In trying to understand a complex world, humans typically think in stories, and often blacks carry these narratives of pain and negative cultural stereotypes. “I am confronted by stories of Black despair and catastrophe,” says Dena Simmons, an Assistant Director at Yale University, in *Psychology Today*. “For a long time, all I knew were these single narratives of Black hopelessness because they were everywhere I looked.”

Julian Hasford, a professor at the School of Child and Youth Care at Ryerson University in Toronto, has written about the power of these stories, [observing](#) the “relationship between internalized oppression and dominant cultural narratives.” But if we acknowledge that there is a variety of individual perceptions and group definitions in racism, leading to insufficient action on public policy or in corporate guidelines, then years of suppressed pain and anguish will erupt when a violent act is performed across racial lines, such as the death of a black citizen from the actions of a white police officer.

But perhaps Professor Hasford has pointed the way forward – that resisting these narratives by formulating and offering counter-narratives can be helpful for the well-being of affected individuals and, over time, relations between members of different races. Examples already abound in our culture. Box-office king *Black Panther* unveils history about African tribes, and *Southside with You* is a beautiful and tender portrayal of the Obamas’ courtship, expanding the perception of visible minority experience. This is something I too [have advocated](#), while recognizing the short-term cyclical reaction of social media, which are usually without deep insights or



Differing realities: The seemingly simple act of riding the bus.

sustainable changes.

This is not to disregard or discount actual racial disparities, common to American and Canadian black statistics, despite different histories. But it asks what stories and voices are going to be widely shared and form the dominant voice as a lingering issue becomes a bi-national crisis. “No one appointed Black Lives Matter (BLM) to act as spokesperson for the entire black community. Much of the public, however, has taken them as representative of an entire race,” wrote one [CBC contributor](#), who noted the movement’s scorched-earth tactics, something Barack Obama himself [acknowledged](#) during his presidency. “Contrary to the image created by news coverage of the Black Lives Matter protests,” [noted](#) a *New York Times* contributor, “43 percent of black voters are moderates. A quarter identify as conservatives. These are the black people in church on Sunday.”

Where are these stories in the media?

Rewriting Your Story

Benjamin Hardy grew up in a broken home, shattered by his parents’ divorce at 11, leading his father into a deep depression and then drug addiction. Benjamin found his own addiction – playing video games for 15 hours a day – while barely passing high school. He spent many years telling himself that his father failed him and was a bad person. And yet, over time, compassion replaced judgement. “I’ve since changed my life,” he writes in [How to Rewrite Your Past Narrative](#). “I

went to school, earned a Ph.D., started a successful company and created a healthy and happy marriage. My past doesn’t define nor limit me.”

Hardy, who lives in Orlando, Florida, has studied narrative identity theory for a decade. In this process, he writes, we “form our identity by integrating our life experiences into an internalized, evolving story of ourselves, which gives a sense of unity and purpose to our lives.” Though we cannot change the facts, we can change the narrative, including re-framing negative past experiences into positive ones, and measuring ourselves against the progress we have made, not against the ideals or outcomes.

The George Floyd protesters are perhaps not just protesting policing. Perhaps they’re also struggling with



Rewriting narratives: Professor Hasford (l) and (r) still from the blockbuster movie Black Panther.

psychohistory, the psychological impact of historical events like slavery. Joscelyn Duffy, a British Columbia-based communications strategist, [writes](#) in *Psychology Today* that “unbearable pain can be transformed into points of deep relatability and valuable insight.” She cites Viktor Frankl, an [Austria-born](#)

[psychotherapist](#) who, incredibly, survived four successive Nazi concentration and death camps in the Holocaust and went on to write nearly 40 books.

Duffy admires Frankl’s ability to speak “from an empowered perspective, speaking authentically about his own strength and struggles, while empowering others to look within to see their true potential.” She encourages others to adopt a similar habit of perspective-taking, which she believes lessens emotional intensity, and enables re-crafting a narrative with a sense of control and a feeling of redemption, allowing a person to have greater life satisfaction. She sums it up thus: “Is your backstory your springboard or your anchor?”

Alternate Histories

Around the time I was a university student, the creation of an Afrocentric school in Toronto [stirred debate](#). Its mission was supporting an alternative education to solve, as OISE, University of Toronto – St. George Professor George Dei put

Duffy encourages a similar habit of perspective-taking, which she believes lessens emotional intensity, and enables re-crafting a narrative with a sense of control and a feeling of redemption. She sums it up thus: “Is your backstory your springboard or your anchor?”

it, the “High dropout rates, low motivation, teachers’ low expectations of some students, stereotyping of black, religious minority and working-class students, a lack of respect for authority and a lack of student commitment to community.”

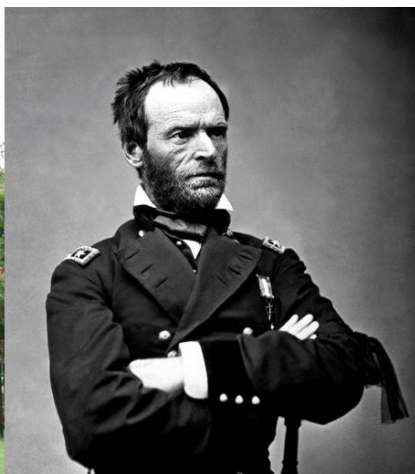
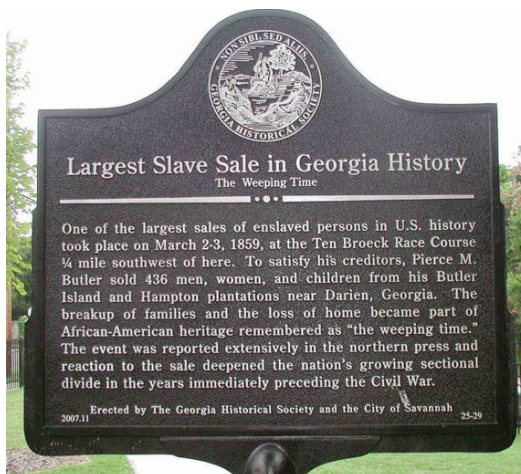
My vociferous opposition based on dividing students by race softened over time when I saw myself in then-Toronto District School Board Director of Education Chris Spence. We attended the same two universities, held the same position as football players, advocated for compassion to address misunderstanding of minority boys in schools, and supported transformational change in the education system.

In addressing this performance gap in black students, I concluded, perhaps we need to broaden our understanding of the human experience with alternative solutions. Others were thinking along the same lines. “I believe [in]...teaching blacks about feeling good about themselves...

without roots.” It made me remember how, when teaching Grade 7 history a decade ago, a black student innocently challenged me, asking “Whose history?”

A few years after graduating, I visited Savannah, Georgia, where I took in the towering southern live oaks and the cobblestone paths leading to quaint antebellum mansions, just miles from the Atlantic. Savannah seemed to be of two minds; it was footsteps away from where the [Great Slave Auction](#) of 1859 took place, the largest single sale of enslaved African-Americans. Yet it was also where Union General William T. Sherman completed his celebrated [March to the Sea](#), a landmark campaign in the Civil War that all-but crushed the Confederacy and freed many slaves.

As I visited the First African Baptist Church, descended from the first black congregation formed in the country, I thought of another famous Southern writer, William Faulkner, who had visited



Two worlds unfolded in Savannah, Georgia. The U.S.’s largest-ever slave auction (at left) and (at right) the freeing of slaves by Gen. Sherman.

about their background and their history. A Black-focus school will most likely have educators who can understand black children,” one letter-writer [wrote](#) at the time to *The Globe and Mail*.

I share this perspective, recollecting on how our history books largely covered just Canada, the U.S. and Europe, overlooking most of the world. They failed to cover East Africa, considered the very birthplace of humans as a species, and the region I am writing this essay from now. “People without knowledge of his or her culture, history or heritage,” one parent of a child in the Afrocentric school said, “Is like a tree

Savannah and famously stated, “The past is never dead. It’s not even past.”

But the question is, what do we do with it?

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