Neglect and Isolation of Seniors

Analysis from the NCI Final Report

7.2. Social Impacts

7.2.1. Neglect and Isolation of Seniors

Introduction
The interventions put in place by the various levels of government and by various "independent" service providers in Canada during the COVID-19 pandemic have destroyed and ended lives across every segment of Canadian society, profoundly impacting every age group. However, one of the most vulnerable populations affected by the mandates in Canada has been seniors.

As Canada implemented both pharmaceutical and non-pharmaceutical based measures such as "vaccines," social distancing, and lockdowns, significant consequences as a result of these interventions quickly emerged. Among these consequences, the neglect and isolation of seniors have become prominent issues. This section explores the devastating effects of COVID-19 measures on Canadian seniors.

Testimony of Witnesses Detailing Neglect and Isolation of Seniors
Based on the testimony of witnesses, it was obvious that the various government agencies, private corporations, and citizens in general knew very early on in 2020 exactly who was most at risk from the virus and what focused steps should have been taken to reduce these risks. Based on decades of experience in the treatment of and care for seniors, these caregivers and regulators must have known what devastating impacts would result from the implementation of the interventions; however, many of these agencies, institutions, and individuals continued to devastate our seniors in an inhuman, profound, and intentional way. Many stories of unconscionable neglect and cruelty were brought to the Commission hearings. Testimonies were received from the following witnesses:

Dr. Patrick Phillips (Truro, NS)
Dr. Phillips testified that the hospitals were empty during COVID-19 and that many persons were neglecting their health or were afraid to go to the hospitals for care.

Shelly Hipson (Truro, NS)
Ms. Hipson testified that, based on her freedom-of-information requests she was able to confirm that the hospitals and specifically ICU facilities, were not overwhelmed due to COVID-19.

Dr. Peter McCullough (Truro, NS; Virtual Testimony)
Dr. McCullough testified that there were a number of alternative treatments available, as opposed to a COVID-19 experimental vaccine, very early in the pandemic. He further indicated that alternative methods were less risky in seniors than an untested vaccine. Dr. McCullough stated that there was no evidence that a person who had no symptoms of COVID-19 could transmit the illness to anyone else; therefore, the lockdown of healthy people was unnecessary.

Paula Doiron (Truro, NS)
Ms. Doiron worked in a nursing home and testified that they were short-staffed and that the situation was chaotic. She further testified that she was not aware of any on-site monitoring carried out by government regulators.

Janessa Blauvelt (Truro, NS)
Ms. Blauvelt was a licensed practical nurse (LPN) at the hospital. She left her position because she refused to get the injection. She reported much dissension in the workplace due to injection status.

Marc Auger (Toronto, ON)
Mr. Auger's father was in a long-term-care facility and was locked down in his room for long periods of time. As a result, his father's dementia got substantially worse.

Oliver Kennedy (Toronto, ON)
Mr. Kennedy, a recreational therapist for seniors, was terminated for his refusal to take an injection.

Richard Lizotte (Toronto, ON)
Mr. Lizotte's elderly brother, who was in care, reacted to the injection and was taken to the hospital, where he was isolated and not allowed any visitors. His brother was sent to palliative care and died alone.

Victoria McGuire (Toronto, ON)
Ms. McGuire was a registered nurse who stated that during 2020 and 2021, there were very few people in the hospital and that there was a toxic environment in the hospitals due to animosity against the uninjected.

Leanne Duke (Toronto, ON)
Ms. Duke's father had Parkinson's and dementia, and at the time of the pandemic, her father was in a primary-care home. Prior to the pandemic, she was spending two to three hours a day caring for her father in the facility, as the staff refused to provide the proper care required for his stoma. After the lockdowns, she was barred from entering the facility to care for her father. During the lockdowns, her father could not go to medical appointments. She said that most days during the lockdowns, her father was left in his own waste.

Lynn Kofler (Toronto, ON)
Ms. Kofler was a registered nurse in a long-term-care facility. She witnessed serious injuries in her unit and stated that there were 34 deaths out of a total of 55 residents. She said the facility was in COVID-19 lockdown, despite there being no cases of COVID-19.

Cindy Campbell (Toronto, ON)
Ms. Campbell had worked 28 years as a nurse. She testified that due to departmental closures at hospitals, there was an excess of staff. She said that prior to the pandemic, the emergency room resembled a war zone and that during the pandemic, the emergency room was very slow.

Scarlett Martyn (Toronto, ON)
Ms. Martyn was an advanced-care paramedic who lost her job for refusing to get injected. She reported a toxic atmosphere in the hospitals. She said that at the beginning of 2020, hospitals were empty. Once injections rolled out, there was a wave of "sudden death" calls.

Maureen Somers (Toronto, ON)
Ms. Somer's husband was taken to the emergency with abdominal pains. The doctor was only interested in his injection status and would not provide treatment, because he wasn't vaccinated. A second doctor came in on the next shift and did an emergency appendectomy.

Martha Voth (Winnipeg, MB)
Ms. Voth's elderly husband was admitted to hospital with difficulty breathing and shortness of breath. The hospital refused to provide him with O2 therapy and put him on respirator. He died shortly thereafter.

Sara Martens (Winnipeg, MB)
Ms. Martens' elderly husband was in a traffic accident, taken to the hospital, tested for COVID-19, and tested positive. Her husband was in emergency on O2 but was coherent. Once he tested positive for COVID-19, a nurse said they would not be providing him with treatment. The hospital would not let her speak to the doctor. The hospital intubated him and then placed him on a ventilator. He died shortly thereafter.

Michelle Kucher (Winnipeg, MB)
At the beginning of 2020, Ms. Kucher was working in Selkirk, Manitoba, in the healthcare field. In 2020, Michelle moved in with her mother to take care of her, following a surgery that her mother had in January 2020. Due to lockdowns and loneliness, she died in 2021.

Angela Taylor (Saskatoon, SK)
Ms. Taylor was an LPN in a seniors home. She talked about the isolation and loneliness of the residents and how so many of the seniors had simply given up on life and died due to the treatment they received during the lockdowns.

Marjaleena Repo (Saskatoon, SK)
Ms. Repo was an elderly lady who was diagnosed with stage-4 cancer and could not wear a mask. She obtained an exemption but was targeted and victimized by many in the community due to her inability to wear a mask. She was allegedly terribly abused and doxxed by the local radio station.

Jody McPhee (Saskatoon, SK)
In May 2021, Ms. McPhee's elderly father got an injection. Within 45 minutes, they knew he was dying. He drove himself to the hospital; she was not allowed to see him because she was not on a "list." Staff said her father died of a reaction to injection.

Dr. Christopher Flowers (Saskatoon, SK)
The takeaway from Dr. Flowers' testimony was: "Pfizer clinical trials did not include any seniors or people with comorbidities."

Heather Burgess (Saskatoon, SK)
Heather was a retired nurse with a mother in long-term care due to Alzheimer's disease. Her mother was locked down for very long periods of time with no activities, and even meals were taken in her room, alone. Her mother was not allowed any visitors and thought that she had been abducted. Her mother was in a constant state of terror and tried to run away three times. Eventually, Ms. Burgess' mother was injured and died.

Judy Soroka (Red Deer, AB)
Ms. Soroka was a retired nurse with a back injury. Due to lockdowns, she could not get therapy treatment, and her condition deteriorated.

Caroline Hennig (Vancouver, BC)
Ms. Hennig was living in Costa Rica at the time of the pandemic and came to Canada to care for her father, who was in poor condition in a long-term-care facility. Over several months, she nursed him back to health and then returned home. Several months after her departure, he stopped communi-

cating and began to fail; he requested to die under the MAID (medical assistance in dying) program. She believed his decision was due to the neglect and lack of care in the facility.

Zoran Boskovich (Vancouver, BC)
Mr. Boskovich and his wife were forced to take early retirement due to injection mandates. As a result, they will have serious financial shortfalls for the rest of their lives due to reduced pension payouts.

Lynette Tremblay (Québec City, QC)
In 2020, Ms. Tremblay's father was in a long-term-care home. There were no cases of COVID-19 in the home, but the residents were locked down and isolated anyway. No one could visit, and the residents were locked in isolation. In a phone call with her father, he told her that he had tested positive for COVID-19 but had no symptoms. Police were in attendance at the home to prevent anyone from coming in or out of the facility. According to the testimony, when a patient tested positive for COVID-19, all medications and treatments of the patient were withheld. Her father allegedly died due to neglect and isolation.

Shawn Buckley (Québec City, QC)
Mr. Buckley testified that under the interim order which authorized the use of the COVID-19 injections in Canada, the COVID-19 injections were exempted from providing the safety and efficacy proof that is normally required of any other new drug approved in Canada.

Dr. Denis Rancourt (Québec City, QC; Ottawa, ON; Virtual Testimony)
Dr. Rancourt and his team reviewed the all-cause mortality statistics for Canada, and he stated that there was no increase in all-cause morbidity due to a virus. The increase in deaths coincided with the lockdowns and the rollout of the injections.

Stephanie Foster (Saskatoon, SK)
Ms. Foster's elderly mother died immediately after being administered the injection at a local pharmacy. Her mother did not want to get the injection but was convinced she had to do it to keep everyone else safe. She said that her mother died immediately after getting the injection, while still in the pharmacy. She further described how no one who was in line for the injection reacted or even left the lineup, they remained in the line, despite what they had seen. No autopsy was performed.

Neglect and Reduced Access to Healthcare
One of the primary concerns for seniors during the pandemic was the neglect they experienced due to a healthcare system which no longer addressed their needs.

The focus on "protecting the healthcare system," rather than "protecting the public from the disease," resulted in limited resources for other healthcare needs.

Steps were taken to dismiss healthcare staff who had refused to undertake an experimental medical procedure. Many healthcare professionals simply quit or took early retirement; many were terminated from their positions. No one was spared these actions—from senior first responders to emergency room doctors to nurses and all level of support staff.

Patients in the healthcare system were sent home.

Both patients and healthcare professionals were terrorized by the government and media reports concerning the morbidity and infectious nature of the virus which causes COVID-19. As a result, a cruel and toxic environment developed throughout the healthcare system.

Many members of the public were so terrified that they would not visit the hospital, even in dire situations, and when they did go to the hospital, they were often given very little care. The situation was even worse if these people had not been injected.

The situation was even worse for our seniors.
Routine check-ups, elective surgeries, and non-urgent appointments were postponed or cancelled, leaving seniors grappling with delayed medical care. Consequently, many seniors have had to endure prolonged pain, worsening conditions, and deteriorating mental health, leading to an overall decline in their quality of life.

Moreover, the fear of contracting the virus has deterred seniors from seeking necessary medical attention, resulting in undiagnosed conditions and unaddressed health issues. This fear-induced hesitation had severe consequences, as conditions that could have been easily managed if detected early, progressed to advanced stages. As a result, the neglect of seniors' healthcare needs exacerbated their overall vulnerability during the pandemic.

When the injections were developed in late 2020, there was no evidence that they were safe to use in the seniors population, given the fragility and multitude of pre-existing conditions in that population. None of the vaccine testing carried out prior to the interim order included specific tests on populations of seniors.

The testing carried out prior to releasing these experimental injections was only on "healthy" persons.

Testing injections on seniors is of paramount importance for several reasons:

- Older adults have a higher risk of severe illness and death due to COVID-19, making them a priority population for injection. Understanding the safety and efficacy of injections in seniors, is essential to protect this vulnerable group from the adverse effects of the virus and adverse effects of any new type of injection.
- Aging is associated with changes in the immune system, which can affect the response to injections. Older adults may have a reduced immune response, making it crucial to determine the effectiveness of injections in this population. Additionally, seniors often have underlying health conditions and may take multiple medications, necessitating thorough testing to ensure injection compatibility and safety.

Despite the lack of testing and the lack of any safety or effectiveness data related to seniors, this population was threatened, coerced, and terrified into taking the injections. Many witnesses indicated that their loved ones died immediately following the injections.

Ensuring the safety and efficacy of COVID-19 genetic vaccines in seniors is crucial for protecting this vulnerable population from severe illness and mortality. Rigorous testing protocols, including clinical trials that specifically included seniors, were never implemented to assess injection safety and effectiveness in this highly vulnerable age group.

Isolation and Loneliness
Another critical consequence of COVID-19 non-pharmaceutical measures has been the enforced isolation of seniors.

The unnecessary restrictions on social gatherings, visitation policies in long-term-care homes, and physical distancing guidelines have significantly limited seniors' interactions with their families, friends, and support systems.

Many seniors who resided alone or in care facilities experienced an overwhelming sense of loneliness and isolation, which had devastating effects on their mental and emotional wellbeing.

Isolation not only leads to increased feelings of loneliness and depression but also contributes to cognitive decline and a higher risk of developing dementia. The absence of regular social interactions and engagement can accelerate the decline of seniors' cognitive abilities.

Additionally, the total lack of emotional support and companionship left many seniors feeling disconnected from their loved ones and the community, which further exacerbated their sense of isolation.

The detrimental effects of isolation and loneliness on seniors had devastating impacts on the physical, mental, and emotional health including the following:

Physical Health

- Isolation and loneliness can have a profound impact on the physical wellbeing of seniors. The Commissioners heard testimony that social isolation increases the risk of various health problems. Seniors who lack social connections are more likely to develop chronic conditions such as cardiovascular diseases, hypertension, and weakened immune systems. Additionally, the lack of social engagement may lead to sedentary lifestyles, contributing to a decline in physical fitness and mobility.

Mental and Cognitive Decline

- Loneliness and isolation can have detrimental effects on seniors' mental and cognitive health. The absence of regular social interaction can increase the risk of depression, anxiety, and cognitive decline. Studies have linked prolonged loneliness to an increased likelihood of developing conditions such as Alzheimer's disease and other forms of dementia. The absence of stimulating conversations and mental challenges may contribute to a decline in cognitive abilities over time.

Emotional Wellbeing

- Seniors who experience isolation and loneliness often grapple with significant emotional distress. Feelings of sadness, worthlessness, and a lack of purpose can become pervasive. The absence of social connections and meaningful relationships can lead to a diminished sense of self-worth and overall life satisfaction. Emotional wellbeing is closely tied to social interactions, and the lack thereof can have severe consequences for seniors' mental health.

Quality of Life

- Isolation and loneliness directly impact the overall quality of life for seniors. The absence of social support networks can result in decreased life satisfaction and reduced enjoyment of daily activities. Seniors may feel disconnected from society and deprived of opportunities for engagement and personal growth. As a result, their sense of purpose and fulfilment may diminish, leading to an overall diminished quality of life.

The detrimental effects of isolation and loneliness on seniors cannot be underestimated. Witnesses testified that these effects were recognized and were well known throughout the healthcare community. However, despite this knowledge, healthcare providers wilfully followed the COVID-19 propaganda and engaged in the very activities that they knew would seriously harm or even cause the painful and lonely deaths of the very people they were supposed to be caring for. They knew what they were doing was wrong, but they followed their orders anyway.

How these caregivers were able to so easily dehumanize this vulnerable population is outside of the scope of this report. The Commissioners recommend that investigations be undertaken into the treatment of residents of long-term-care homes and about whether owners, staff, or employees should face liability or consequences where residents were mistreated.

Testimony was received concerning many seniors who simply gave up living as a result of being isolated, not only from their loved ones but by "healthcare" staff and caregivers.

One witness testified that upon returning home from overseas, she found her father, who was in a care facility, near death due to the isolation and neglect. The witness was able to intervene and nurse her father back to life. Once her father was well and once again in good health (due to her care), she had to return to her home overseas. Shortly after, she was informed that her father had requested and been granted a supervised death under the government MAID program.

In her opinion, her father chose to die rather than to face the isolation and neglect that he had previous experienced without the intervention of his daughter.

Testimony was received that many seniors with dementia were simply left alone, locked in their rooms for days and weeks or even months at a time. These patients were simply left to rot and eventually die.

Many of the witnesses, including staff and family were asked if they ever saw any government inspectors on the premises of these facilities, to ensure that the residents were receiving care. All witnesses stated that they were aware of no such in-person inspections by independent outside agencies. The regulators simply turned their backs on what was going on.

It must be noted that a significant part of the problem was the systematic dismissal of any existing care staff who refused to submit to the injections that were mandated by their employers. Some staff were terminated and others simply resigned or retired.

These actions left already understaffed facilities with a critical shortage of trained and experienced care staff. The result further eroded the quality and quantity of care that was being provided.

Oftentimes family and friends were not aware of the dire situation that had developed within the care facilities, because they were also locked out and were not allowed to visit their loved ones.

Phone calls or digital calls were no substitute to seeing what exactly was going on in these facilities, especially considering many seniors were unable to communicate their predicaments.

Financial Struggles and Digital Divide

Outside of care facilities, independent seniors also faced significant financial challenges during the pandemic. Many seniors rely on part-time work or small businesses to supplement their income, and the economic downturn caused by COVID-19 mandates severely impacted their financial stability. Job losses, reduced hours, and closures of businesses left many seniors struggling to make ends meet, leading to heightened stress and anxiety.

Furthermore, the rapid shift to digital communication and online services has highlighted the digital divide among seniors. With limited access to technology and digital literacy, many seniors have struggled to connect with their loved ones, access essential services, and participate in virtual social activities. This exclusion from the digital realm has further deepened their sense of isolation and made it more challenging for them to adapt to the changing landscape brought about by the pandemic mandates.

Conclusion
The neglect and isolation of seniors in Canada due to COVID-19 measures had significant adverse effects on their physical health, mental wellbeing, and overall quality of life.

Addressing the needs of seniors during these challenging times is not only a matter of compassion but also a responsibility society must uphold.

By prioritizing seniors‘ healthcare, promoting social connections, addressing financial struggles, and bridging the digital divide, we can ensure that seniors are not forgotten, neglected, or isolated but rather, supported, cared for, and included in the collective response to the pandemic.

Given the profound and inhuman treatment that many seniors in care facilities received, it is imperative that a nonpolitical investigation be carried out to determine if criminal charges should be laid and, if so, against whom.

Speed is of the essence in undertaking this investigation, since, given the fragile nature of the victims, there may not be many of them left to give evidence.

Recommendations

A. **To alleviate the neglect and isolation** faced by seniors, it is crucial for the federal, provincial and territorial governments, communities, and individuals to take proactive steps. First and foremost, healthcare systems should prioritize healthcare needs of seniors, ensuring that seniors have access to essential medical care and support services.

B. **Moreover, efforts should be made to enhance** the social connections of seniors. This can include facilitating safe visitation policies in long-term-care homes, promoting intergenerational programs, and encouraging community organizations to provide support and companionship to isolated seniors. Volunteering initiatives, teleconferencing platforms, and community outreach programs can help bridge the gap between seniors and their support networks.

C. **Financial assistance programs should be expanded** to specifically address the needs of seniors who have been adversely affected by the pandemic mandates. Providing targeted financial support, job training, and re-employment opportunities can help seniors regain their financial stability and alleviate some of the stress they face.

D. **Bridging the digital divide among seniors** should be a priority. Initiatives aimed at enhancing digital literacy and providing seniors with the necessary tools and resources to access online services can empower them to connect with their loved ones, access information, and engage in virtual social activities.

E. **It is imperative that a judicial investigation** be carried out immediately to determine if any criminal wrongdoing was perpetrated on our senior populations during the pandemic. Witness statements from staff, seniors, and family must be immediately obtained and archived, to be used as evidence in any future prosecutions.

F. **An investigation should be conducted** into how the various regulatory agencies abandoned their roles of protectors of seniors and never appeared to visit facilities to check on the operation and level of care being given out.

G. **Those caregivers who simply followed** the orders given to them to isolate and dehumanize our seniors in their care must be re-educated or removed from the system and not allowed to continue to provide “care” to seniors.

H. **Like other professions**, caregivers and administrators working with seniors should be mandated to participate in annual professional development and training programs.