

Plea made for more seniors care as second lodge meeting echoes first

Cowichan News Leader Pictorial

By [Peter Rusland - Cowichan News Leader Pictorial](#)

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Feedback and figures from last week's two public meetings about Cowichan Lodge's future show locals favour the vacant facility being used for seniors care and some form of mental-health care.

Computer voting at Tuesday at the lodge showed 47 per cent of folks favoured a combination of mental health and seniors care.

And 76 per cent wanted seniors care elsewhere in the lodge if the lodge is used for mental-health and addictions treatment of seniors and adults.

But parent Daniel Varga remained leery of Vancouver Island Health Authority's plan to revamp the former seniors lodge into that 51-bed, fenced, patrolled facility.

"You could have individuals here who are unstable," he said of the lodge sitting across from Queen of Angels School. "We know mistakes happen. What assurances will you make that won't happen?"

VIHA's Alan Campbell admitted "stuff happens" but cited patrols during school hours and more. Those actions would be part of \$8.5 million in approved lodge upgrades, plus \$7 million in assured annual operating dough.

VIHA brass must decide about the lodge's use in order to tap provincial mental-health care dollars up for grabs by March 2012 in the wake of Riverview Hospital's closure, Campbell explained.

VIHA made no guarantees Cowichan's mental-health patients would gain beds at the lodge. Still, others insisted on reopening the 96-bed lodge for seniors residential care, as it was before VIHA closed it in August.

"If there's money to fix the lodge for other clients, why not bring it to code for seniors?" demanded Duncan's Beverley McKeen.

"I'm nervous about getting old in this province because of what's happened here."

Rob Hutchins of the Cowichan Communities Health Network said no meetings would likely be held to discuss McKeen's idea because there's no VIHA funding for that use of the lodge.

Chris Martens of Canadian Mental Health stressed critical demand for mental health treatment locally. Joanna Neilson was concerned about the risk of relocation stress trauma on frail seniors who'd move to the lodge. RN Brenda Hill suggested shifting 20 transitional-care and two respite-care beds from Cairnsmore Place into unused parts of Cowichan Lodge.

That would unplug scarce acute-care beds at a packed Cowichan District Hospital, she said.

Comments and voting tallies will appear in a consultant's report for the health network by late May.

'Not consulted' becoming code for 'not what I want'

http://www.bclocalnews.com/vancouver_island_central/cowichannewsleader/opinion/87287807.html

By [Patrick Hrushowy - Cowichan News Leader Pictorial](#)

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Based on reports from last week's first public meeting of the Cowichan Communities Health Network, the Vancouver Island Health Authority has some catching up to do on the public trust ledger, and deservedly so. The botched closing of Cowichan Lodge will take years to get over, I suspect.

But, presuming people can set their distrust of VIHA aside for the moment, just what do we all expect out of this, or any other, public consultation process?

How will we know if we have been successfully consulted, or even adequately consulted?

The Halalt First Nation is currently blockading a road because they claim that they were not adequately consulted regarding North Cowichan's Chemainus River well project. Before that, Cowichan Tribes made a similar claim about the Paldi development project and they launched a legal challenge of the CVRD zoning.

Somewhere along the line a question begs to be asked: When a stakeholder group says they haven't been adequately consulted, is that code for "we didn't get what we wanted?"

Future plans for health care in the Cowichan Valley are far more complex than anything involved in First Nations concerns over aquifers and therefore will likely be fraught with multiple stakeholder groups ending up feeling left out in the end.

Cowichan Lodge is relatively easy; it's an emotional issue but not complicated. But how about Cowichan District Hospital?

Should it be replaced with a new facility on the same site as the old one? Should the existing hospital undergo an extensive renovation and modernization?

Either way, what services do we want a Cowichan Valley hospital to provide? What level of acute care should be provided? How many beds? What kind of surgery do we require?

Should it simply be a high tech diagnostic and referral facility, a kind of triage facility that would send patients either to Nanaimo or Victoria where centres of excellence in various medical disciplines operate?

There is much to be said for making the best use of health expenditures through focussing specialized services in the larger urban centres.

This may be inconvenient for the patients and their families but it represents a far more efficient use of limited health care dollars.

Do we really need a full range of services here when most of us live less than an hour away from major hospitals to the north and south of us?

One way or another we will have to come to terms with the idea that there is no unlimited supply of health care dollars to be spread wherever the local populace desires. Hard but smart choices will have to be made.

Therein is the rub when one thinks of public consultation, particularly in the health field. Local desires rapidly become urgent needs not to be denied. Inevitably, multiple stakeholder groups will vie for limited resources and many will feel they have been given the shaft.

As sure as night follows day, someone will claim that they were not adequately consulted.

Which will mean they didn't get what they wanted.

Got a tip or a comment? Email me at phrushowy@shaw.ca

VIHA still has fence-mending to do

http://www.bclocalnews.com/vancouver_island_central/cowichannewsleader/news/87114897.html

Cowichan News Leader Pictorial

By [Peter Rusland - Cowichan News Leader Pictorial](#)

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Leaders of the fledgling Cowichan Communities Health Network faced local mistrust during last week's introductory public meeting.

Some 75 folks attended the CCHN's March 2 working session at New Life Baptist Church. Small groups identified top local health issues using flip-chart notes decorated by dots of importance.

Top concerns included future use of Cowichan Lodge, renewal of Cowichan District Hospital, plus proactive wellness. But citizens bluntly expressed doubts the Vancouver Island Health Authority will listen, as promised, to valley health-care ideas and complaints through the network.

"You're coming from a place where people don't trust you," Pat Sullivan told leaders of the network struck by VIHA. That trust was broken, many locals have stated, after VIHA closed Cowichan Lodge seniors' home without local consultation last August.

VIHA followed that decision by signing a lease in January — before talking to locals — to rent flats for mental-health and addictions clients at Duncan's Caulfield Apartments.

"Many of you are here because you're angry about the Cowichan Lodge issue," said CCHN chair Rob Hutchins. Hutchins said many issues need resolving, signaling his sincerity about community dialogue.

But Dee Shoolingin said he basically views the network as a way for VIHA to say they've heard local opinions before following its own agenda.

"Our information will be used to disarm us."

He wants democracy to trump agendas.

So does Maria Pite.

She wants to trust the network's consultation but she's dubious.

"My concern is decisions are being made by VIHA without proper consultation."

VIHA CEO Howard Waldner has promised that consultation.

He wants feedback from the network to help VIHA's board make choices about the lodge, CDH, mental-health funding and other care issues.

VIHA's Neil Sweeney noted VIHA's apology about its lodge decision.

"If we were to go back, we'd do things differently. We want to set a different tone."

He reiterated Waldner's statements that the lodge's future has not been decided and will follow frank community talks.

Hutchins said the network is not a decision-making body.

"You'll tell us the priorities of health care."

One is a new CDH.

North Cowichan Councillor George Seymour explained the regional services committee is mulling a new property tax per to build a \$1-million annual reserve toward Cowichan's 40 per cent share of a multi-million-dollar hospital.

But Sullivan wanted assurances the province wouldn't grab that purse.

"Its our own account," answered Hutchins.

"This is our opportunity to talk to you," Sullivan said, noting locals are open-minded.

"You're all insiders within the system. "We'll give the network a chance but we'll be watching."

That includes Casey Larochelle of Chemainus First Nation.

He noted few numbers about Native demographics were presented at the meeting's start by regional staffer Tom Anderson.

"It would have been nice to see information about First Nations in those demographics.

"That was noticeably missing," Larochelle said.

The facts did span Cowichan's aging population and health facilities to high rates of teen pregnancies, vulnerable kids, infant mortality and high rates of respiratory illnesses.

The network's next meeting is slated for April 20 before a meeting about the lodge June 15.

Call the CCNA's Mike Pennock at 250-519-7092 for more.