Mounting coronavirus death toll in Canada's elderly care homes

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Across Canada, care facilities for seniors are being devastated by the deadly spread of COVID-19. More than 600 nursing and retirement homes nationwide have reported a rapidly growing number of infections and fatalities, with Quebec and Ontario in Central Canada, and the west coast province of British Columbia hardest hit.

The abject failure of all levels of government to prepare for this foreseeable and foreseen viral pandemic, their criminal incompetence in combating the virus, and the decades-long ravaging of the public healthcare system have left care-home facilities especially vulnerable to COVID-19, and enabled the virus to spread like wildfire. To this must be added the fact that wide swathes of elderly care have been privatized, resulting in a race to the bottom in working conditions, and the running of facilities on tight budgets so as to boost corporate profits.

In Ontario, at least 40 seniors' home residents have died from COVID-19, and nearly 80 seniors' homes across the province have reported infections. At Seven Oaks nursing home in Toronto, eight residents have died, and 69 residents and staff have been listed as presumed coronavirus cases. At the Pinecrest Nursing Home in Bobcaygeon, fourteen residents have perished. "It's a war zone. I've never seen anything like it in all my years of nursing," Sarah Gardiner, a nurse at Pinecrest, told the local media. "They're so frightened ... and I don't have anything to relieve that fear for them."

The Lynn Valley Care Centre in North Vancouver, British Columbia—the site of the initial outbreak in the province—has recorded 51 infected residents, 26 infected staff, and 15 deaths. To date, at least 21 B.C. senior-care homes located mainly in the metro Vancouver area have reported cases. In total, the province has recorded 39 deaths linked to COVID-19, the vast majority of which have occurred at care homes for seniors.

The situation is even worse in Quebec, where, as of last week, almost a quarter of the province's roughly 2,200 seniors' homes and long-term care facilities had reported at least one infection.

The fatality rate among the elderly from COVID-19 is estimated at around 15 percent, much higher than the general population. Vulnerability to sickness and existing health issues, in addition to communal living arrangements and exposure to a transient workforce, has rendered them particularly vulnerable to the spread of the deadly virus.

Care workers are also extremely vulnerable, even if they are considered part of the young and healthy age group. Due to low wages and precarious working arrangements, they are often forced to work at several care homes, increasing the likelihood that the disease will be spread. In addition, the lack of personal protective equipment (PPE), including masks and gloves, is even more pronounced in the care sector than in hospitals, where personal protective equipment is already being severely rationed. Care workers are thus more likely to become infected and have just as hard a time getting tested and treated as other sections of working people.

Under horrifying, prison-like conditions where a deadly outbreak has placed many seniors under strict quarantine orders, confused and afraid residents are forced into self-isolation indefinitely without contact with friends and family. Draconian restrictions on testing prevent them from knowing who is or is not infected, including themselves. In many cases, facility managers have failed to inform family members and the residents that an outbreak has occurred.

The terrifying viral outbreaks are made worse by the lack of care providers to assist with the daily basic needs of seniors in nursing homes—such as feeding and bathing—the tragic outcome of decades of wage and service cuts, and the corporatization within the public healthcare system. Worker absences from sickness and

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fear of infection from unsafe working conditions have only exacerbated the shortages.

The announcement by Ontario's right-wing Premier Doug Ford that his government is creating an "iron ring" of protection around seniors is a hideous fraud. His government's pathetic commitment of $243 million to protect workers and residents of long-term care facilities doesn't even begin to address the corporate-friendly "efficiency" policies that have gutted the province's healthcare system, sharply reduced the weekly hours of personal support workers and therapists in care homes, and in a disgraceful move, even reduced the minimum number of allowable baths for residents.

After announcing that the health and safety of seniors in residences "is a matter of life and death," Quebec's hard-right premier François Legault promised the lowly sum of $133 million in emergency assistance, while his big-business CAQ (Coalition Avenir Québec) government deviously demanded still further concessions from the province's 550,000 nurses and other public-sector workers currently on the front lines of the COVID-19 crisis.

Only last week, and after numerous deaths in care homes in British Columbia, did the Green-backed New Democratic Party provincial government bother to include daily testing for care home workers in its COVID-19 "action plan." Care workers who test negative for the virus will now be assigned to one care facility only, a measure that should have been taken years ago in the aftermath of the 2002-03 SARS crisis when the link between the transience in care home support workers and the spread of disease first became known.

The response of the federal government has been no less shambolic. While offering a paltry $3 billion in funding to the healthcare system, the majority of which will be directed through for-profit companies, Justin Trudeau's Liberal government, with unanimous support from the "opposition" Conservatives, NDP, Bloc Quebecois, and Greens, is funnelling over $650 billion at lightning speed into the pockets of the banks and big business.

The carnage from COVID-19 that has exploded in care homes underscores the immediate need for meticulous testing, systematic contact tracing and the urgent procurement of ventilators and personal protective equipment for all medical personnel. Yet, as is the case across North America and Europe, these critical resources are not being made available.

The ruling elite's criminal indifference to the fate of elderly care home residents and low-paid workers is underscored further by their despicable efforts to shift responsibility for mass fatalities onto the shoulders of the general population. Some relatives of elderly residents in care homes are receiving letters from care providers claiming that there would be "no benefit" for their loved one to be hospitalized with COVID-19. At Pinecrest Nursing Home, the medical director sent out email correspondence preparing family members for the devastating choice of whether or not to permit their elderly loved ones to use a ventilator. "A frail nursing-home patient who is put on a ventilator," the letter read, "is quite likely to suffer a great deal, and may not survive … I am asking all of you to think hard about what would be in the best interest of your loved ones."

This campaign to effectively leave the elderly to die is being supported by the ruling class, and, it must unfortunately be noted, by much of the medical establishment across the country. In the *Globe and Mail*, Canada's "newspaper of record," a comment entitled "The coronavirus is the chance to have the end-of-life conversations we need," one Gordon Rubenfeld, a medical professor at the University of Toronto, opined, "(T)he coronavirus is an opportunity to speak to your parents, grandparents, aunts, uncles and loved ones with chronic illnesses about life support. Because if you do not talk with them about this now, you may have to have a much more difficult conversation with me later."

Almost every province has established so-called "medical ethics" committees to determine who should be denied care and effectively left to die, when totally inadequate supplies of ventilators, ICU beds, and other equipment run out.

The corporate media is promoting these "medical ethics" committees as a rational way of allotting scant resources and alleviating the psychological distress of frontline health workers. When it comes to the actions of the banks and big business, now lining up to gorge themselves on state largesse while the health and care sectors are starved of resources, the media, on the other hand, has no room for any discussion of ethics—underscoring that its "morality" is wholly determined by its mercenary class interests.

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