

“We’re told there’s no money, but it’s raining money for the banks”

Quebec nurses expose shortages that enabled COVID-19 to ravage long-term care facilities

Our reporters
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In Quebec, as across Canada, COVID-19 is ravaging long-term care facilities and seniors’ homes.

Hundreds of facilities have reported outbreaks of the highly contagious and potentially lethal virus, leading to a death toll that will soon be numbered in four figures.

People across Canada, and indeed the world, have been shocked by the more than 30 deaths recorded at the Montreal-area, for-profit seniors’ residence and care facility CHSLD Herron. When Quebec authorities took over the facility at the end of March, they found, according to an official report, residents “who weren’t wearing clothes, others who hadn’t been fed, were dehydrated, without their medications, and been left lying in urine and excrement.”

But CHSLD Herron is far from the only horror story. Like Canada’s health system as a whole, seniors and other long-term care has been devastated by decades of austerity, implemented by all levels of government and all the establishment parties from the Liberals and Conservatives to the NDP and the Parti Québécois. This has gone hand-in-hand with the ever-expanding privatization of health care.

WSWS reporters recently spoke with two nurses in Quebec who are on the front lines in fighting the COVID-19 pandemic in long-term care facilities. In addition to exposing the onerous and unsafe conditions in which they are being forced to work, they explained how budget cuts and privatization had caused a crisis in long-term care long before the outbreak of the COVID-19 pandemic.

Names and workplaces have been changed for reasons of confidentiality.

Mireille is a clinical nurse in an intermediate residence (IR) in Montreal. Intermediate residences are private residences for people with a partial loss of autonomy (including seniors) that offer nursing services covered by the public health care system.

Mireille explains: “I am no longer supposed to do my duties as a clinical nurse, but I have no choice but to do both because many nurses are in isolation because of COVID-19. I’m getting

tired. The days are tough. Sometimes I work 12-hour days. In the evening before I finish my day, I do the work of the orderlies, because there is no orderly available. I go around the residents and give care and medication, otherwise they would be left to their own devices.

“There’s a lot of talk these days about CHSLDs (long-term care facilities for those with little to no autonomy), but not at all about IRs. Yet the situation is as bad, if not worse, than in the CHSLDs. There are a lot of confirmed cases in some IRs, a lot of nurses are in isolation because they are infected, and there is a great lack of orderlies.”

She adds: “Since the crisis, as an assistant to the immediate superior, I’ve been receiving all kinds of directives from different levels, one contradicting the other. ... There’s no clear direction, it’s really a mess. At the beginning of the crisis the government told us that there would be designated places of confinement to place our residents who were symptomatic or had tested positive, but nothing was done.”

According to her, the directive for contaminated residents in CHSLDs and IRs is not to transfer them to hospital, but to give them palliative care. “We therefore keep symptomatic residents. We have a very vulnerable clientele, often with significant mental health problems. Many residents suffer from dementia and do not follow the isolation guidelines. Of course we ask them to stay in their rooms, but they’ll go right out and walk around, touch everything.”

Mireille then highlighted the flagrant lack of personal protective equipment (PPE). “The orderlies and other workers come to me, worried. I don’t know what to tell them to reassure them. Many of them don’t want to work anymore and I understand them. They have no protective equipment and are paid minimum wage. Most of them are immigrants with families. They don’t want to be infected and infect their relatives.” Mireille added that “we were chronically understaffed long before the pandemic.”

In a desperate move, the Quebec government of François Legault promised meagre wage increases to health care workers

only for the time of the pandemic. And this under conditions where some workers, such as orderlies, are earning salaries of barely \$20/hour when working in the public sector. In private residences, managed solely for profit, salaries are even lower.

Denouncing this situation, Mireille explained that “private owners have received money to raise orderlies’ wages by \$4 per hour, but in some residences, caregivers have only received a \$2 increase! I guess the owners are keeping some of it.”

The nurse concludes: “The government is deceiving us and those who work are risking their lives!”

Lisa is a nursing assistant in a private CHSLD in Montérégie. She began by explaining the extent to which health security measures have been neglected by the government and facility managers.

“They have started to increase our protective measures in the cold zone (judged to be free of coronavirus). We are wearing masks and visors, but this is very recent. It started yesterday in fact (April 10). I have personally been in contact with a resident who is waiting for her test result and I had no protection when I was treating her. It’s a stress because I have children at home, I have a spouse.

“We’re at the mercy of the system and our managers. I’ve asked several times for new admissions to be sent directly to ‘SAS’ (neutral zone) for 14 days of isolation, but the managers don’t want it because of the cost. It’s a lot of staff for a few residents.

“The other day, a person was admitted to the residence from the hospital, but she wasn’t even placed in isolation, just ‘confinement.’ She couldn’t leave her room, but we had to treat her, without protective equipment. We were told that she was coming from a green zone (no risk). But as there is sustained community transmission, I don’t know if such a zone really exists.”

Lisa went on to explain that time-management is totally “chaotic” and that workers have crazy workloads. “I am called in to work every day, even on weekends and even when I am off. It’s really understaffed. Sometimes I’ve worked 16 hours when I was supposed to be off. Other times we were so understaffed that we had to leave residents lying in their beds for dinner because we just didn’t have time to get them up from their naps and back to bed later. In addition to passing my medication and doing my treatments, I help the attendants change panties and put the residents to bed.”

As Lisa pointed out, the crisis in the health care system predates the pandemic. “For the past year at least, our working conditions have been dramatic. Several attendants have resigned because of work overload. I can have 48 residents in my care, so when instead of three attendants there’s only one, it’s hell.”

Lisa went on to denounce the hypocrisy of Quebec Premier Legault calling health care workers his “guardian angels,” when for decades PQ, Liberal and now CAQ governments have been bleeding public services and working people dry. “I get

the feeling that he thinks we should be content to be ‘loved.’ We need better wages and better conditions. We’ve been asking for smaller (patient-staff) ratios for so long, both for our safety and that of the residents,” she said.

Lisa also spoke out about recent government-dictated ministerial decrees that give it the power to suspend contract stipulations and violate the rights of health and education workers. Specifically, “part-time workers could be forced to work full-time. As the ‘hot’ zone (with sick residents) can hold up to 11 residents, management could force staff to work 12-hour shifts in reverse seniority order and could cancel our holidays.” In addition, according to her, “some managers may want to abuse the new powers in the future,” even if the government eventually rescinds the decrees.

Contradicting the propaganda campaign by the ruling elite and the media portraying Quebec Premier Legault as some sort of “national hero” for his handling of the crisis, Lisa said, “I don’t think governments were ready. When you look at Europe and then the United States, there are a lot of governments that were not ready or were taking it too lightly. The Legault government should have acted sooner. And I don’t think we should start all the work places and schools again until we know what percentage of the population has actually been infected. If, for example, the contamination rate is 20 percent, and everything starts up again when 80 percent is not immune, there will be another spike for sure.”

As a solution, Lisa said: “We need mass screening in order to have at least a significant sample, as many people may be asymptomatic. Protective measures must be in place for all workers. Finally, we need a vaccine and not social (herd) immunity, which would involve thousands and thousands of deaths, especially the elderly and those suffering from chronic diseases.”

For Lisa, it is clear that workers are the ones who are bearing the brunt of the current crisis. Speaking of the billions offered to the banks by Justin Trudeau’s federal government and the various provincial governments, Lisa said, “It is still the banks and big business that will come out of this crisis unscathed.” But workers with a small government check of \$2,000 a month (under Ottawa’s four-month, makeshift Canada Emergency Response Benefit) are not going to come out unscathed. “It’s like when we fall into collective bargaining. We’re told there’s no money, that we’re in a recession, so we never get good conditions and good wages. But now it is raining money for the banks.”



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