

# COVID-19 fatalities in Europe's care homes far higher than official counts

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Across Europe and internationally, the deaths and suffering wrought by government and corporate criminality in the face of the coronavirus pandemic has fallen most heavily on the elderly, sick and disabled.

Just as the belated and partial lockdown measures have begun to stem the tide of fatalities in care homes, the ruling elite in Europe is forging ahead with a recklessly premature easing of lockdown restrictions in line with the demands of big business. This takes place under conditions where none of the major causes of transmission in care homes—inadequate personal protective equipment for health and social care workers, no systematic testing regime, and profoundly under-resourced care services—have been resolved, leaving millions of residents and workers dangerously exposed to an ongoing wave of the pandemic and making a much larger second wave inevitable.

The World Health Organisation (WHO) estimates that up to 50 percent of all COVID-19 deaths to date have occurred among care home residents in Europe. As of June 30, cases in Europe rose above 2 million (2,004,226) and 173,280 deaths have been reported by authorities across the European Union (EU) and the European Economic Area, according to the European Centre for Disease Prevention and Control (ECDC). This means that at least 80,000 care home residents have now died of the virus. Hundreds of care workers have also died and tens of thousands have been infected.

Care home deaths are highest in countries where the virus has been allowed to run rampant through the population, with capitalist governments mirroring the fascist, pseudo-scientific strategy of “herd immunity,” first espoused by the British Conservative government. Across Europe and internationally, corporate profits have been prioritised over the lives and health of the working class. Broad swathes of industry have been allowed to operate with only cosmetic safety measures in place, and

mass public events, including sports fixtures and conferences, continued well into March.

The proportion of overall COVID-19 deaths involving care home residents ranges between 24 percent in Hungary to 82 percent in Canada, according to figures compiled by the International Long Term Care Policy Network (ILTCP) at the London School of Economics. In absolute terms, however, the worst care home fatalities have occurred in some of the wealthiest countries in Europe as well as the United States, the world's deadliest pandemic hotspot, where care residents comprise 42 percent of nearly 100,000 COVID-19 fatalities.

Spain currently has the highest number of care deaths in Europe, at 16,678, approximately one-third of probable COVID-19 deaths across the country, according to the ILTCP. France's count is close behind with 14,363 deaths as of May 18, 51 percent of the pandemic death toll. In the UK, the Office for National Statistics recorded 12,526 death among care home residents in England and Wales as of May 1, amounting to 38 percent of all coronavirus fatalities. The overall UK figure is much higher, with 1,623 COVID-19 deaths in Scottish care homes as of May 17, 46 percent of the total.

Several other states have recorded thousands of deaths among care home residents, including Belgium, where 4,646 residents have died (51 percent of the official COVID-19 death toll), Sweden, where 1,661 residents have died (48.9 percent), and Germany, where 3,029 deaths (37 percent) have occurred in residential care, homeless centres, refugee detention facilities and prisons. Residential care also accounts for a high proportion of COVID-19 fatalities in Ireland, comprising 62 percent of more than 1,500 COVID-19 fatalities; Norway (58 percent of 233 deaths); Portugal (40 percent of 1,125 deaths); and Austria (41 percent of 510 deaths).

The true scale of the COVID-19 deaths and infections in social care is yet to emerge, as many countries do not

have systems in place either to track or control the contagion. A recent report by the ECDPC explained:

“Under-ascertainment and under-reporting of COVID-19 cases in LTCFs (Long Term Care Facilities) has been a common feature of the COVID-19 surveillance in Europe... The majority of European countries did not have surveillance systems for LTCFs in place before the current pandemic—i.e. systems able to systematically and consistently monitor respiratory diseases and provide timely reporting at local or national level to inform interventions.”

The true death toll will perhaps never be counted as thousands of care residents have been buried or cremated without first being tested for the disease. Post-mortem testing is virtually non-existent and unsystematic in the countries where it is practiced. In Germany, where the federal government has been lauded by the corporate media for its handling of the pandemic, comprehensive testing is still not provided for care home residents or staff. The Robert Koch Institute, the country’s leading authority on infectious diseases, has stated that official figures are incomplete and “should be considered minimum values.” In Italy, which has had some of the worst single cases of mass care home deaths—190 of 1,000 residents at one large care home near Milan died of the virus—there are no official statistics for infections or deaths in residential care.

Up-to-date figures on excess mortality, which are currently only available in the UK, demonstrate that the impact of the pandemic in social care is far more acute than indicated by official statistics. In England and Wales, there were 25,591 excess deaths in care homes between April 10 and May 15—more than double the official figure—compared to a five-year average, amounting to 52 percent of all excess deaths during the pandemic.

Excess deaths beyond those already linked to coronavirus are thought to comprise undiagnosed COVID-19 fatalities and secondary victims, who have died due to neglect as already woefully underfunded services were overwhelmed and those in need of care were told to stay away. Horrific reports have emerged from the worst affected states of elderly people dying horrendously, isolated from their families, without adequate palliative treatment or even basic daily care. The virus was transmitted rapidly in care partly due to the widespread, genocidal policy of discharging patients from hospitals into care homes without first testing them for the virus, while criminally rationing hospital treatment for coronavirus at the expense of the elderly and disabled.

Last week it emerged that the Johnson government refused to sanction a plan by Public Health England to lock down care homes, which would have prevented many deaths. The 11-point plan which PHE considered would be “high impact” in tackling the spread of the virus was sent to Downing Street on April 28 but rejected. PHE called for a “a further lockdown of care homes” and included proposals that staff move in to care homes for four weeks. It requested the government “use NHS facilities and other temporary accommodation to quarantine and isolate residents.” At the time the government was opening temporary large-scale Nightingale hospitals at which many care home residents could have received urgent treatment.

The ILCPT has calculated that the proportion of care home residents to die of COVID-19 ranges from “0 in Hong Kong, 0.3% in Austria, 0.4% in Germany and 0.9% in Canada, to 2% in Sweden, 2.4% in France and 3.7% in Belgium.” “In the UK,” the report continues, “if only deaths in care homes registered as linked to COVID-19, the figure would be 2.8, whereas if excess deaths of care home residents is used, it would be 6.7%.”

The fact that these deaths were entirely preventable through the basic public health measures insisted upon by the WHO since January, including regular testing, proactive contact tracing and quarantine protocols, is proven by the handful of countries where they were instituted. Hong Kong has had no COVID-19 deaths among care home residents, despite being one of the most densely populated and internationally connected areas of the planet, situated in close proximity to the first epicentre of the pandemic in mainland China.



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