

The catastrophic fate of Belgium's elderly in the coronavirus pandemic

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An article published last month in the *New York Times* paints a chilling picture of the abandonment of medical care for residents in retirement homes in Belgium throughout the coronavirus epidemic. It led to a national mortality rate of 853 deaths per million inhabitants, which remained the highest level in the world until it was recently overtaken by Peru (871).

As the European ruling class advocated the criminal policy of allowing the virus to spread and arrive at “herd immunity,” the same policy has been seen in country after country. The deaths of care home residents represent often half or more of the virus’ victims. While the elderly are the most vulnerable to the virus, many deaths would have been avoided if appropriate health measures were put in place.

One of the most shocking elements of the *Times*’s inquiry was that “the paramedical ambulance crews and hospitals categorically refused on several occasions to administer treatment to the elderly, even though hospital beds were available.”

A typical example was a retirement home in Brussels, where the newspaper reconstructed the evolution of the epidemic. A resident was refused hospitalisation by medical personnel who were responding to repeated requests from her family. The medical team blatantly announced to the patient’s son that his mother was going to die and that was all. She was sedated with morphine, and the nursing staff left. She died eight hours later, while the nation’s intensive care beds were at 55 percent capacity.

These cruel refusals of care have been repeated and continue to be the case everywhere in Belgium. The number of elderly deaths in retirement homes without hospitalisation is enormous in Europe, as in the United States. In many cases, the decision not to hospitalise them could not be justified as the outcome of saturated

intensive care units.

The *Times* writes: “Belgian officials say denying care for the elderly was never their policy. But in the absence of a national strategy, and with regional officials bickering about who was in charge, officials now acknowledge that some hospitals and emergency responders relied on vague advice and guidelines to do just that.” In fact, diverse forms of incompetence and criminal negligence have been observed in all countries affected by the pandemic.

The lack of preparation was felt right at the start of the pandemic, as seen by the absence of personal protective equipment. This encouraged the infection of staff and care home residents. Because sick residents and staff were not frequently tested, conforming with irresponsible official directives that were also in place in France, it was impossible to break the chain of contamination.

In Belgium, as in France, this criminal policy was maintained during the epidemic, even though there were sufficient tests available to cover a wider public.

Retirement homes were not prepared for the epidemic shock. Although they accommodate a particularly vulnerable section of the population, the threat to retirement homes had not been evaluated by the health authorities in risk simulations. As elsewhere, official reports had long referenced their vulnerability to infectious diseases, without any corresponding measures taken to stockpile personal protective equipment (PPE) or establish emergency procedures in collaboration with hospitals.

The *Times* wrote that “only about a third of European nursing homes had infectious disease teams before the Covid-19 pandemic. Most lacked in-house doctors and many had no arrangements with outside physicians to coordinate care.”

Doctors without Borders (MSF), which typically intervenes in historically oppressed countries during health emergencies, and which normally only intervenes in western Europe to aid the most vulnerable segments of the population such as refugees, was obliged to refocus its Belgian interventions to support retirement homes during the pandemic.

Its intervention in the third week of March lasted three months, covering 135 retirement homes. It presented a report to the authorities: “The observations made are catastrophic. ... First of all a damning figure: 64 percent of deaths due to Covid-19 in Belgium are from care homes. That is 6,200 people.” In 2015, there were 130,000 people in Belgian retirement homes.

MSF noted in its report that 4,900 people “died in these establishments, sometimes in atrocious conditions.” The attitude of the authorities forced care homes “to assume the functions of hospitals without any means to do so.” The results were terrible, transforming retirement homes into hospices.

In the absence of reliable medical staff working in partnership with retirement homes, the line of contact that connected retirement homes to family doctors was often broken. Even in the structural composition, “The number of nursing and technical staff, already precarious before the crisis due to general underfunding of the sector” was insufficient. “These factors took their toll on the capacity of retirement homes to handle the epidemic wave in their communities.”

According to MSF, hospital admission refusals occurred at 30 percent of retirement homes where it had assisted.

According to the *Times*, “During the first weeks of the crisis, nearly two thirds of deaths among retirement home residents occurred in hospital. But as the crisis worsened and the directives of geriatric services started to circulate, this number fell. ... Hospitals still had available space. Even at the height of the pandemic, 1,100 out of 2,400 intensive care beds in the country were available, according to Niel Hens, government advisor and professor at Anvers University.”

In the interviews conducted by the *Times*, hospital directors denied any error or fault, responding with insulting arguments, declaring that nursing-home staff were seeking treatment for terminal patients who only needed to be comforted in the face of death.

Belgium’s National Health Minister, Maggie De

Block, refused to be interviewed and did not reply to the *Times*’s written questions.

The MSF staff were struck by the frequent signs of psychological trauma among personnel; they often gave priority to psychological help at the start of interventions in retirement homes. They report that the conditions were similar to those of war and disaster zones.

The lack of preparation and means of handling the crisis in retirement homes reveals the openly criminal character of official policy towards workers and retirees in Belgium and across Europe. The ruling class has submitted the health care system to decades of permanent financial austerity, particularly targeting the elderly, those whose labour power can no longer be exploited by the capitalist class. The ruling class proceeds with an open contempt for human life.



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