Worker at Canadian senior care home describes COVID-19's horrific impact in a system where "the profit motive is paramount"

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As new coronavirus infections surge across Canada, seniors' residences and nursing homes are once again being transformed into killing fields.

In the first wave of the COVID-19 pandemic, Canada had a confirmed-case death rate of over 7.5 percent—among the highest in the world. This was principally due to the virus' ruinous impact on long-term care facilities, home to more than 80 percent of the 8,590 Canadians who had died of COVID-19 as of July 1.

Decades of austerity and privatization left Canada's long-term care facilities utterly unprepared for COVID-19, although such a pandemic had long been anticipated. Moreover, for more than two months after the COVID-19 threat was first identified, Canada's federal and provincial governments failed to take emergency action to halt the virus' spread and mobilize state resources to protect the population, out of fear of disrupting the "economy"—or, more precisely, corporate profit-making.

Ultimately, the hastily-improvised lockdowns initiated in mid-March, and other extreme measures, such as deploying military personnel at some Quebec and Ontario nursing homes, resulted in a sharp fall in the number of COVID-19 cases nationally and in long-term care homes.

But far from following up with other preventive measures aimed at halting the pandemic's spread, the federal and provincial governments—prioritizing profit over human lives—pressed forward with a reckless back-to-work, back-to-school campaign that has led to a "second wave" of infections even larger than the first. And while this wave began in schools, factories and other workplaces, it has inevitably seeped into long-term care facilities, leading to a harrowing surge in COVID-19 deaths.

The ruling elite's contempt for the lives of the elderly is summed up by the actions of Doug Ford and his Ontario Conservative government, which recently introduced legislation aimed at shielding long-term home operators from lawsuits over their negligent response to the pandemic.

Upon coming to power in 2018, the Ford government drastically cut back on inspections of long-term care facilities. Like its Liberal predecessor, it has close ties to giant private companies who view the care sector as nothing more than a lucrative investment opportunity, charging exorbitant fees for residents and paying workers poverty wages to guarantee hefty payouts to rich investors. Mike Harris, the former Conservative Premier who gutted public spending during the 1990s and pushed for healthcare privatization, makes a whopping $300,000 per year as chairman of the board of directors of Chartwell Homes, the largest private provider in Canada's "seniors living sector."

The World Socialist Web Site *recently received the following letter from a worker in a Toronto-area long-term care facility. It documents the horrific impact of both the COVID-19 pandemic and private operators' relentless drive to squeeze out bigger profits and investor returns. To protect this correspondent from possible reprisals, his/her name has been withheld.*

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I have been working as an Executive Chef in Canadian retirement homes for almost a decade. During this time, I have made a number of observations on the nature of the industry, and of many of its key problems. The current COVID-19 pandemic has had the effect of exacerbating many of these problems, drawing into focus the reality of caring for seniors in these types of environments, and how vulnerable they truly are.

The media has reported on many horrific stories since March, with mass infections, squalid conditions and negligence at shocking levels. I am fortunate not to be working in one of the worst of these, but I do have some relevant experiences.

The home I work in was in full COVID-19 outbreak for a period of thirty-seven days, with twenty-six resident infections and two staff infections. Ultimately, there were six resident deaths. While we were fortunate not to be hit by this pandemic as badly as other homes in the area, it was a traumatic and difficult experience for all of us working there. I needed to separate from my family, and several of us on the site management team physically moved into the building at this time in order to be able to care for the residents around the clock. We suffered a severe staffing shortage, with many employees refusing to work.

Much of the reasoning behind these employees' refusal to work was the general confusion about safety protocols, PPE (personal protective equipment) usage, and so on. The staff and front-line workers did not generally feel prepared to deal with this circumstance. Conflicting information about PPE availability and use was being disseminated to staff. We were, like many other communities, struggling to find available PPE. Items would arrive and then be subject to recalls. Deliveries were inconsistent and often short of product.

During this time, especially in our nursing department, we had to rely heavily on staffing agencies to ensure that there were enough workers on site. These agency workers were often quite unprepared; some had not even been told by their agencies that our community was in active outbreak. (Just yesterday, an inspector from the Ministry of Labour was on site, and told us that several "disreputable pirate" staffing agencies have cropped up lately, charging their employees by the piece for the PPE they would wear on site, etc.).

These shortages were commonplace throughout the industry. In the interest of incentivizing workers to come to work under varying degrees

of risk, Ontario's Doug Ford-led Conservative government authorized additional money for front-line workers. Our company provided a bonus on top of this for a short time, and front-line managers received a small one-time bonus. Financial concerns had always been top of mind for most of the front-line workers, and this came as something that was appreciated by some, and too little too late for many others. With the additional bonus, these workers, especially those in my department and in the nursing department, were still making less than a true living wage, and soon the money stopped.

The employees are represented by S.E.I.U., one of the larger healthcare unions, and are currently in collective bargaining with the company. There have been no raises for three to four years at least. A member of my staff who has been working there for fifteen years makes the same wage as a new hire on their first day, and there is a great deal of resentment. Most of the front-line staff are women, mainly women of colour and new Canadians from places in Africa or the Caribbean, even from Poland and Albania. To say they are taken advantage of is an understatement.

It is well known that most PSWs (personal support workers) have to work several jobs in several locations in order to make enough to live on. This unfortunate circumstance has turned even more unfortunate during this pandemic, as, in travelling from home to home, many certainly have unwittingly become infected or transmitted the infection to those they are caring for. Most care staff of this nature have been "cohorted" to try and control this spread, meaning they can only work in one location, creating further crises for these workers.

My own team is wonderful. They work very hard, and truly care about the wellbeing of the residents, giving them the human contact and personal connection that they need to stay not only physically, but mentally as healthy as they can be. The job these individuals do is crucial to the residents, yet they are kept desperate and unappreciated in low-wage jobs. Some of the money given to my dining room staff by the government was even "clawed back" or cut from paycheques with no clear explanation as to why, even after weeks of asking.

The profit motive with the retirement living field is paramount. All that matters are occupancy and revenue. Salespersons on site are under unrelenting pressure to fill the vacant suites, even now. The sales associate at my site has told me that their sales targets for filling vacancies have remained the same as they were pre-pandemic, with no adjustment. Residents are paying $4,000 and up per month to live in our community, some much more. There are extra charges as well, for small services, and constant pressure to "capture revenue" by not doing things for the residents that could be done for free, but rather find ways to charge them.

Even as this crisis continues to grow, and the daily caseload in the community increases rapidly each day, we are being pressured to cut staff. We have been pressured to cut our "screener" position. The screener stays by the entrance, monitoring temperatures, asking the required questions, monitoring PPE and hand hygiene for all persons entering or exiting the building. This is a key position for the safety of both residents and staff. The suggestion was to eliminate this position and move the duties to the reception team, already overloaded with work, paid a few cents over minimum wage, and responsible for all communications and countless other small but important tasks in the building.

Our food budget was cut last week, giving us a "PRD" or "Per-Resident Day" of $7.21. This means that I, in charge of ordering all food supplies for the building, have $7.21 for each resident, **for the entire day**, to spend on food. This means breakfast, lunch, dinner, beverages, snacks, etc. Many are shocked by this figure, considering what a resident pays in rent per day, but many of my counterparts in this industry would consider this luxurious in comparison to what they are forced to work with.

Occupancy is low now, and is across the industry in Canada. This is understandable, as few who have the choice would move into such a facility, having likely heard the worst stories from the pandemic thus far. They do not want to risk being locked down for potentially weeks and months at a time, with little contact from anyone and at great personal risk.

There is a saying about what becomes most important in this industry at times like this; "Heads in Beds." This is what communities turn to when they start to become desperate for revenue, predatory strategies to take "anyone and everyone" who will move in. I have seen this too many times over the years. As leads in the surrounding community dry up, sales and marketing teams reach out further and further, often bringing residents into communities who are not suited to the environment at all, or who, more typically, require care at levels beyond what the community could reasonably provide. Time after time, I have witnessed conflicts between Sales departments and Nursing departments, with nurses resisting taking in residents with too many complex issues to manage, and sales pushing to hit targets and quotas. Too many times I have seen Sales win.

I have heard of examples through co-workers of facilities taking on not seniors at these times, but people released recently from hospital, often with addiction and mental health issues as well. While these people certainly deserve care, facilities such as ours are not prepared to help them as they should be helped, and this situation puts both them, as well as the staff and seniors around them, at unnecessary risk. What matters in the end though is only the numbers; only the occupancy and revenue. People are viewed simply as money-making units, to be moved in while profitable and quickly shipped out and replaced when not.

One example: a few years ago I sat in a weekly management meeting, and was informed of the death of a well-loved resident the night before. Several of us expressed our sadness and surprise, as this death was very unfortunate, early, and unexpected. Our head sales consultant's exact words were "… but that's ok! We've already sold the suite!"

Currently in our area, the COVID-19 pandemic is raging. Ontario was well under control during our lockdown phase, but since we have "re-opened," children have returned to schools, thousands have returned to work, and the predictable rise of infections is taking a devastating toll. In Peel Region, where I live, there are currently 11 retirement communities and long-term care facilities in active outbreak. In Toronto, where I work, there are 43 homes in outbreak. Ontario today reported a record high of 1,132 new cases, with 11 new deaths.

Pandemic pay has stopped. Is the pandemic over? Our once daily updates from our Support Office have dropped to once weekly; often with little new or relevant information. Managers at the site level understand they are not to challenge directives from above.

During the height of the first wave, I was spoken to about "causing panic" when I alerted a Regional manager to supply shortages I was seeing from our food supplier, Sysco. Sysco is a large distributor, and I spoke up because I was surprised and worried to see unusual shortages. I had never seen Sysco out of all types of lettuce for example. I had never seen them completely out of stock on commodities such as rice. It was alarming. I learned an important thing from making inquiries with insiders I happen to know there; they were been shorted by their vendors in favour of the retail market. Large chains such as Loblaws, etc., were buying up supply to stock their stores, leaving distributors who cater to the healthcare facilities short and unsupplied. I have tried to get assurances that this will not happen again, that something has been put in place to prevent this, with no luck. No alternatives have been proposed.

I have had confirmation from workers I know at other communities that our employer was later than most in "locking down" and implementing defensive infection control protocols at the beginning of the pandemic. Visiting stopped, dining rooms closed, etc., happened one to two weeks later in their homes in our region than it did at comparable facilities. Right now, all of us wish that we would take more proactive measures, rather than waiting and acting reactively based on Public Health direction, which is often confusing and inconsistent. None of us who went through our

outbreak feel we have the energy to go through it again. We know there will be no “return to normal” for us. This industry will never be the same.

There is pressure on the Federal government now for communities such as ours to be put into the Public Sector. Whatever change comes, and it certainly is coming, I hope that those in charge will listen to us at the site level, invest in proper care for our elders, and put people before profit.