

“Caregiving has been just dragging on, and many are simply out of steam”

## German elderly care workers report dramatic pandemic experiences

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Since the onset of the COVID-19 pandemic, nursing and retirement homes have been the terrifying epicenter of mass mortality. Of the more than 106,000 official coronavirus deaths in Germany over the past two years, 88,769 are among those over the age of 70.

In Bavaria, nearly every second a coronavirus death occurred in a nursing home, according to press reports in May. In Hesse and Berlin, this figure was as high as 73 percent at the peak of the second wave. Currently, incidents are highest among children and adolescents, but the virus continues to run rampant among the elderly.

The Robert Koch Institute (RKI, the German government agency responsible for disease control and prevention) states that just in the past week, coronavirus outbreaks have occurred in “nursing homes and homes for the elderly” with a total of 1,164 cases. In recent weeks, there have been numerous fatal outbreaks. Just a few days ago, 28 residents of a nursing home in Rudolstadt, Thuringia, died of COVID-19.

The *World Socialist Web Site* spoke with caregivers in nursing and retirement homes as part of the Global Workers’ Inquest into the COVID-19 Pandemic. They recount their dramatic experiences during the pandemic, the decades of austerity measures and the brutal profit maximization borne by caregivers and those needing care.

**Christine** is a geriatric nurse and nursing instructor in Bavaria. In December 2020, she was assigned to the Naabtalpark Burglengenfeld retirement home, whose operator is a large nationwide nursing service provider.

“I’ve been working in nursing since 1991. Last year I was working in a retirement home when the pandemic broke out there. I’m used to a lot, but this topped everything. The health department sent all the staff home because they were all positive. Because I was negative, I

had to take care of 40 patients on my own. No emergency medical service came for days, only after many phone calls did someone finally come.

“When I turned to the health department and they refused to take on the responsibility, there was a lot of back and forth and a call on Facebook for caregivers to come and help. Then they sent in the Army (Bundeswehr, German armed forces).

“There were masks in the home, but this was not taken very seriously, and hygiene was not very good either. Especially since among those needing care, some have severe disabilities—it makes it even more difficult. They were only tested in the first week of December. This should have been done much earlier, but it was neglected because the company didn’t take it seriously. At that time, the home’s management was on sick leave due to burnout.

“The head of nursing was also sent home. The district office wanted me to be the only person responsible for 40 people. I said that if no one helped me, I would end up in a mental hospital—and I really almost did. A lot of facilities were like that, and it should be much more publicized.”

The operator’s license was initially revoked as a result of the outbreak, but it was reinstated two months later after supposed “close inspections” by the authorities.

“At some point I was no longer able to work and had to go to psychosomatic rehab. Now I work in a medical supply store and do nursing consultations and individual care for dementia patients on the side.

“I would so like to work with people again, but these circumstances wear you down and depress you. I have depression because of it. The good staff is wearing out—those who continue to work diligently are worn down

until they can't keep going.

“Compared to how it was before, everything has deteriorated 100 percent. Care is supposed to be done on a computer—but by half illiterates. I have written to the home supervisor many times, without success. Then I see that the facility gets a high grade. This just makes me angry and sad.

“From my perspective, the medical service of the health insurance companies (MDK), which gives the grades, has made the situation worse. It only checks the documentation; it doesn't care about anything else. So the MDK is satisfied if everything is documented twice and three times. The actual care for the patient suffers for it.

“It is a bottomless pit: Mindless laws by desk jockeys who have no idea how it is in practice. Nursing homes, clinics and hospitals should not and must not be privatized. Because then the elderly just become a source of income.”

**Kazu**, who has been working as a geriatric nurse in a neurological rehabilitation clinic for eight years, reported:

“Caregiving has been just dragging on, and many are simply out of steam. Many are switching to other professions or finding part-time work. No one is being replaced. And because there are no new recruits, there are fewer and fewer nursing staff in every area. Many of my colleagues have already left or don't want to continue, like myself. It has only gotten worse and is far worse now than before COVID.

“Since we are not an emergency care hospital, we only have ‘post-COVID’ patients. It's really a miserable disease. You're mostly left with respiratory problems, and patients have to deal with it for months afterwards. Our patients usually have big problems with shortness of breath and usually have a history of illness. One patient even passed away. Another, who had been a doctor professionally, said to me, ‘I wouldn't wish that on anyone!’

“Training for the job was hard when I did it. Because of understaffing, it's hard to attend to trainees. There were only 30 people in my class at the time, and exactly 15 left after the probationary period. There are a lot of demands placed on you.

“We're angry because it's always just about money. Patients no longer exist, only ‘payers.’ You can see from the sick leave how exhausted people are. There are statistics that show that most sick leave is in nursing. Because the situation has no end in sight, despair sets in. That's why so many quit. I myself would describe myself as ‘on the verge of burnout.’ The job is no longer fun.”

**Marco** is a curative education nurse and works in Bavaria in a home for people with disabilities. He said:

“As a caregiver in a residential home, I can say that conditions had been getting bad in the years before COVID. Older colleagues tell me that they were able to spend enough time with each resident almost every day: talking to people, listening to them, radiating calm. Time pressure due to staff shortages, large bureaucracy and ridiculous staffing ratios now make that almost impossible.

“The coronavirus crisis has exacerbated all of the problems in nursing in hospitals even more than in residential homes. However, mandatory vaccination would relieve both areas by lowering hospitalization rates and generally reducing the risk of infection, and this is necessary in my view. Adequate remuneration is also necessary, an adequate—that is, dignified—staffing ratio and an appropriate appreciation of the profession: not just applause.

“But I also think that mandatory vaccination by itself cannot get us out of the pandemic. I'm a big advocate of the ‘1G rule’: by that I mean that you can only go to restaurants, work, public transport, etc. if you are tested. And tested with a PCR test at an appropriate interval. The tests must be free of charge, of course. The capacity to do so exists, and the cost is acceptable in relation to the scale of the pandemic. That's the only way I see to get out of the current situation.”

Looking at official policy, “nothing seems to improve,” Marco concluded. “We caregivers must take action ourselves.”

The *World Socialist Web Site* will be publishing more reports and interviews with those affected by the catastrophic effects of the pandemic and the consequences of the official “profits before lives” policy. Register for the Global Workers' Inquest to tell us your experiences and take up the fight to eliminate SARS-CoV-2 worldwide.



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