

Canadian neurocognitive disorder expert speaks to Global Workers Inquest into the Pandemic: “To say ‘they are old, they can die’—it’s criminal”

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Catherine is a neurocognitive disorder expert who has worked with Alzheimer patients for 15 years in both government-run and private long-term care facilities in Quebec, Canada. She is actively following the science of the pandemic, including the growing number of studies showing Alzheimer’s-like changes in the brain of COVID-infected individuals. As a mother of a preschool-aged child, Catherine is also concerned about the high risk of contagion in schools.

Residents of Canada’s long-term care facilities have suffered particularly badly during the pandemic. Thousands died in the early months of 2020 as governments of all political stripes refused to take adequate measures to protect residents and staff. Decades of savage austerity policies pursued by all levels of government and the single-minded pursuit of profit by for-profit companies, left long-term care facilities totally unprepared to cope with COVID-19. In Ontario and Quebec, provincial governments were forced to call in the military to avert a complete collapse of long-term care.

Catherine recently spoke to the Global Workers Inquest into the COVID-19 Pandemic about her experiences and hostility to the ruling elite’s “let it rip” policy. To share your own experiences with the inquest, contact us.

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Laurent Lafrance (LL): Can you start by describing what you do for a living and your expertise?

Catherine (C): I am currently working as a trainer and support group counsellor. I also work directly with patients suffering from neurocognitive disorders. In my training groups, I train professionals in the medical and non-medical field on how to work and better understand Alzheimer’s disease. I have recently started working privately with several clients who have been diagnosed with early onset Alzheimer’s and who are post-COVID infection. Before this, I worked 15 years in government-run and private residences.

LL: How has the pandemic impacted you, both personally and professionally?

C: In terms of my personal experience, I am home full time with my child who is too young to be vaccinated. My priority is and will always be to keep my child home and safe with me. I have always worked with the senior population, so seeing the devastation and the suffering the pandemic has caused has been devastating to watch.

LL: Can you speak on COVID-19’s impacts on your patients and the growing scientific evidence showing parallels between COVID brain changes and Alzheimer’s disease?

C: The impact I am seeing on my clients post-COVID is something I

hadn’t seen previously in the years I have worked in this field. The cognitive decline post-COVID infection is immense, thus confirming the impact this virus has on the brain.

On the scientific side, there are studies showing that the brain of some COVID-infected individuals, even young people, develop the same abnormalities as someone suffering from Alzheimer’s—specifically, the protein-beta amyloid that accumulates into amyloid plaques.

For those suffering from Alzheimer’s, it has a devastating impact because these plaques were already there before the COVID infection. They suffer from memory loss, severe aphasia, agnosia and/or apraxia. Some may have multiple strokes. I have personally seen many cases of this recently. We see it not as a coincidence, but rather a consequence of COVID infection.

LL: Have your patients had their lives cut short due to COVID-19?

C: For my clients, their lives have been robbed because of their cognitive diagnosis, so the fact that their infection has worsened their condition is devastating. It is the infection that accelerates the disease. It’s vascular and neurological. It’s horrible for the family of the person with Alzheimer’s who is diagnosed with COVID. Yes, people will degenerate faster and die faster. There are forms of dementia that will progress much faster, but not at the rate I have seen in some of my post-COVID clients.

Most had somewhat normal lives before getting infected with COVID-19. Some even worked part-time and unfortunately had to stop. For instance, one client I had was working part-time and four months later he was permanently stuck in a wheelchair. Family members are now faced with incredibly hard decisions: trying to find a home that is catered to a “younger” generation, caring for their loved one who now has paralysis, and the list goes on.

To answer the question directly, yes, their lives have been cut short, and the few good and happy years that they could have had with their loved ones have been taken away from them due to being infected with this virus.

LL: Can you comment specifically on the policies of the federal Liberal government of Prime Minister Justin Trudeau and the fact that he has been infected multiple times? As you are from Montreal, can you also tell us what you think of the provincial Coalition Avenir Quebec (CAQ) government’s handling of the pandemic?

C: At the beginning I had hopes in Trudeau, but as the months passed I changed my mind. Trudeau never declared any kind of emergency, he has never been proactive, never said, “This is what we will do across Canada.” Trudeau was himself infected twice, but he and the media swept it under the rug. He never used the occasion to warn the population of the dangers of COVID, such as Long COVID, let alone remind people of the

importance of health protections such as masks. It's terrible. Trudeau should have intervened, he's the prime minister of Canada, he has the platform. But he refused to do so.

In Quebec it was a total catastrophe! Being someone who has worked in nursing homes, I've struggled to come to terms with the disaster that took place in long-term care homes. We now see interviews and press conferences with government and health authorities saying the CAQ did well, while Quebec officially registered more than 15,500 deaths out of a population of 8 million.

There was never a genuine lockdown. And there was never any "gradual reopening." Premier François Legault decided to lift the mask mandate when cases were going up. He greenlighted Montreal's Formula 1 Grand Prix—where tens, even hundreds, of thousands of people, from all over the world converged—and lifted mask mandates on public transport that same weekend. It's almost a joke. It's dystopian and I'm wondering what planet we're living on? This plan of mass infecting the population including the vulnerable population is criminal.

I think every single leader that has decided to give in and not strive for Zero-COVID is responsible for the unfolding catastrophe, as is the media for amplifying their criminal messaging of the virus being "mild" and not a big deal. Journalists who have not asked the hard questions and failed to hold political and health leaders accountable for their lies and false messaging, and anyone out there with any sort of platform spewing misinformation—they are all responsible.

LL: What crucial information do you think is being swept under the rug by the authorities?

C: We have done and continue to sweep all crucial information under the rug regarding airborne transmission, Long COVID, and the impact this has on the entire population—including the most vulnerable and our children. We have yet to properly inform the public of the consequences this virus has. The primary issue is how the virus is transmitted. We spent our time gaslighting, making people believe that they could only get sick by droplets, by close contact, that they were protected behind these "magical plexiglass" dividers.

If people knew from the beginning that it was spread like smoke, they could visually understand what that meant and modify their behaviors (better masks, ventilation, spending less time indoors etc). We have also failed to mention the long term effects of being infected. We don't need to look far to know that this virus affects virtually every organ in our bodies regardless of a "mild" infection.

Long COVID is a major public health crisis and one we will be faced with for decades to come. We may think we have recovered, but months later suffer from cardiac diseases, blood clots, strokes, brain fog, kidney damage, and the list goes on and on. Long COVID affects anyone of any age, from the smallest to the oldest. If this information was shared more publicly, I'm sure people wouldn't be so cavalier about this virus.

There is no herd immunity with COVID. We have known this from the beginning, and it has been shown in numerous scientific studies. We are already seeing the short-term effect with people suffering from two or even three infections. Our government has thrown in the towel and has merely focused on vaccination, which we all know is only one tool in our toolbox.

LL: Why do you think governments across Canada, whatever their political stripe, have adopted the same homicidal policies of letting the virus rip and normalizing death?

C: It's the "economy first." Schools must be opened so that parents can go to work. The economy must function at full capacity and we have to "live with the virus." We only speak about the economy. We are being told, "We can't stop production, we can't do this or that measure." Currently it's "the economy before lives."

LL: Yes, profits before lives. For the ruling class, the death of elderly and vulnerable people is a positive good. It will reduce health care and

long-term care costs as part of the elite's drive to slash social expenditure and save profits through corporate tax cuts. There's an element of eugenics, right?

C: Yes, absolutely. To say "They are old, they can die," yes—it's criminal. And when we look at statistics, it's not only old people who die, but young people too.

LL: The example of China shows that it is possible to eliminate the virus. As the WSWS and the various rank-and-file workers' committees—including the Cross-Canada Educators' Rank-and-File Safety Committee (CERSC), of which I am the convenor—argue, tried and tested public health measures could be implemented internationally to contain and ultimately eliminate the virus. These include closing schools and non-essential production with financial compensation for workers, accompanied by robust health measures such as testing, contact tracing and quarantining.

C: I agree. We have to close things down and retake control of the situation. And it's totally feasible, as we saw in China. Shanghai and Beijing have had no COVID cases after three months of measures. Was everyone happy to be locked down? Of course not, but we see that it works. First, masks have always been mandated, just like CO2 monitors, that's basic. In every country, authorities should maintain these mandates, and close when cases are going up.

Let's recall that we had the opportunity to eliminate the virus back in 2020 and even in 2021, but governments in Canada have scrapped all the public health measures we had. At a certain point, there were only dozens of cases, but governments refused to eradicate it. And we are in the seventh wave now.

Look at the example of BA.5. We had a chance here in Canada to have this crystal ball that is Europe to warn us two weeks in advance of what was coming. But with each wave we have been told, "We didn't know it was that contagious and virulent." Now we have a variant that is 40 percent more transmissible and which evades vaccine protection. Yet, governments don't try to prevent transmission before it explodes.

We have more than a month before schools reopen. Governments will again say that there is no danger, that we will let children get infected and infect their parents, who will have to go to work. It will never end in this way.

LL: There's also now a pandemic of Monkeypox. I know you've been following this. Can you talk to us about it?

C: Once again, governments refuse to talk about it, including the fact that this virus can be fatal to children. We are being told it's mainly gay men who get infected. They always hide the truth so that people falsely feel safe.

It seems like all the problems start in the UK, where Boris Johnson eliminated all health measures during a wave of infection. Like for COVID, people in Canada were told Monkeypox circulated mainly in Europe, but maybe they don't know that hundreds of flights take off from Europe and travel across the globe every day. It starts like COVID. One case quickly spreads internationally. Women and children are now getting infected. Monkeypox is highly contagious, even through fomites, that is when one touches an infected surface.

What concerns me the most is schools reopening with two pandemics. There is still no vaccine against COVID for under-fives and no vaccine against Monkeypox for under-18s. There will be a catastrophe this fall.

LL: I also know that you express great sympathy for public sector workers, including health care and school workers. What do you think about the inaction of the union apparatuses during the pandemic in regards to the protection of their members?

C: I find that horrible. My mom had worked in schools for 30 years until the pandemic arrived. We told her to take early retirement and it was a good decision because her school had a lot of COVID outbreaks. But the fact that nobody is there to protect workers is shocking. The media didn't

talk about the school workers who died from COVID. I personally knew two workers in their 50s who died. One of them was mentioned in the news, but they downplayed it, saying it was because she had comorbidities.

Educators and health care workers have been real heroes. They have held the fort, trying to protect themselves and their families as well as our children. We have seen some union leaders make limited criticisms here and there, but there has never been any follow-up. It's horrible, I lack words. We hear talk about labour shortages in schools, but I'm sure many left because they felt unsafe or because they have Long COVID.

I have teacher friends who are already stressed out with the idea of returning in September; a stress that is ignored. If you want to wear a mask you wear it; if not, you don't have to wear it. Those in charge, the government and school boards don't provide you anything, management doesn't help you. If you're sick you take your sick days and that's it. They are treated horribly and it's shameful. It's the same for all public sector workers.

LL: Thanks for this very informative discussion and for your courageous stance in fighting for Zero-COVID and against the current homicidal policies of the ruling class. Do you have anything to say in conclusion?

C: All around the world, there are labour shortages and people unable to work or continue a normal life because of Long COVID. Children are also affected, and this virus could be robbing them of a healthy future. In the long-term, we will face waves and waves of cognitive decline and massive disabilities.

By focusing on reducing transmission, we could have a more feasible plan, but it would need to include other measures such as masking and ventilation. We now know how to eliminate this virus. Why not give ourselves the best chance so that our children can live a normal life, so that we can go to work without stress, go shopping without the fear of catching a deadly disease?

I would like to conclude by thanking the WSWS for all its efforts to raise awareness of the dangers posed by COVID-19 and fighting for global elimination.



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