At the time of writing, March 2021, more than two and a half million people worldwide have died following complications associated with Covid-19. Although vaccination campaigns are gradually making progress, we have sadly not yet seen the light at the end of the tunnel of the greatest health crisis to hit the world since the "Spanish" flu pandemic of 1918. And nowhere has the situation been more dire than in care homes for elderly people — a sector which, not incidentally, has been prey to a great drive towards privatisation and deregulation.

Covid-19, the virus with an aversion to trade unions

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Analyses and communications of all kinds have monitored the periods of compulsory lockdown we have experienced over the past year, culminating in a collective effort to compile an enormous catalogue of errors and inconsistencies committed by governments, organisations and companies in the management of a predictable crisis — with as yet uncosted consequences that will last for decades to come.

And yet, the world's first 2 634 386 victims — comprised chiefly of elderly people and staff from care homes — seemed to disappear almost under the radar. It would appear that we have all played a part in sacrificing them, in cowardly fashion, amid a climate of apocalyptic panic. The death of a generation of elderly people, or even just the absence of a moment of silence to mourn them, is likely to weigh heavily on all our consciences.

In light of this "under-the-radar" loss, we should reflect on the fatal effects of an untrammelled policy of privatisation of healthcare and care homes in Europe. A recent report[1] by the Corporate Europe Observatory, for example, states that close to 60 per cent of all deaths in the first wave of Covid-19 infections in European countries are directly linked to elderly people in care homes, and argues that: "squeezing profits for shareholders out of health and care services comes with risks: deteriorating working conditions, worse pay, reduced staff levels, greater workloads, more stress, and shortcuts in training and protective equipment, all of which affect safety and quality of care."

Deaths in care homes a worldwide tragedy

As early as August 2020, a story[2] on care homes in Belgium highlighted the fatal error of excluding them from the general strategy to counter the pandemic. By denying tests, masks, isolation and access to emergency care for the elderly in hospitals with spare beds, the Belgian authorities unwittingly encouraged the virus to spread, leading to more than 5 700 deaths in the first wave

1. Tansey R. *et al.* (2021) When the market becomes deadly: how pressures towards privatisation of health and long-term care put Europe on a poor footing for a pandemic, Brussels, Corporate Europe Observatory.

2. Stevis-Gridneff M., Apuzzo M. and Pronczuk M. (2020) When Covid-19 hit, many elderly were left to die, *New York Times*, 8 August 2020.

3. *ibid.*

4. For an international study on mortality associated with Covid-19 in care homes, see Comas-Herrera A. *et al.* (2021) Mortality associated with Covid-19 in care homes: international evidence, London, International Long-Term Care Policy Network.

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and placing the country top of the world rankings in terms of number of deaths per capita. Despite having the finger pointed at it, however, Belgium was not alone in this error of judgement. Figures show that over 40 per cent of the first deaths from Covid-19 in the United States under Donald Trump were also linked to elderly people in long-term care facilities. Meanwhile, the story pointed out, "Spanish prosecutors are investigating cases in which residents were abandoned to die. In Sweden, overwhelmed emergency doctors have acknowledged turning away elderly patients. In Britain, the government ordered thousands of older hospital patients — including some with Covid-19 — sent back to nursing homes to make room for an expected crush of virus cases."[3,4]

The journalistic reflex is to point the finger at mismanagement in order to identify those responsible and bring about redress, but it is also useful to highlight a few examples where things turned out very much for

Number of deaths caused by Covid-19 worldwide as of 11 March 2021

	Deaths from Covid-19
Europe	846 636
North America	784 156
South America	488 498
Asia	407 099
Africa	106 893
Oceania	1 099
Total	**2 634 386**

Source: Worldometer's Covid-19 coronavirus pandemic, page consulted on 11 March 2021

5. Dean A., Venkataramani A. and Kimmel S. (2020) Mortality rates from Covid-19 are lower in unionized nursing homes, *Health Affairs*, November 2020.

6. Troya M. (2021) El Gobierno certifica que 29.408 personas han muerto por coronavirus en residencias desde el inicio de la pandemia, *El País*, 2 March 2021.

7. Camargo R. (2020) Residencias de mayores: la zona cero del Covid-19, *Vientosur*, 17 May 2020.

the better in similar circumstances. One such example is the Mariemont care home (Belgium), which was founded in 1985 by the socialist and Christian mutual health insurance funds and trade unions, initially to save jobs that were threatened following the closure, by ministerial decision, of a small public hospital specialised in caring for mineworkers with silicosis. "The key thing that differentiates us from multinational companies answerable to shareholders is that we are a non-profit partnership comprising volunteer directors," explains Martine Ranica, the Chair of Maison de Mariemont. "Whereas elsewhere profits are used to pay dividends to investors, in our care home the profits are fully invested to improve residents' lives and staff working conditions. Unlike authorities that are subject to strict rules authorising calls for tenders, we were able to react very quickly to purchase protective equipment for all residents and staff. As a result, we didn't have a single case in the first wave. In the second wave, we had to isolate families and staff to contain the spread. We invested in tablet computers and training for carers to encourage virtual meetings between residents and their nearest and dearest. As I speak, over 90 per cent of our residents have been vaccinated. Our chief aim is to ensure everyone's wellbeing."

A similar message from the Netherlands on the importance of social dialogue and the absence of a profit motive is provided by LOC Waardevolle zorg ("valuable care"), a non-profit network set up in 1978 and maintained by a thousand "users' councils" (*cliëntenraden*) representing, in total, more than 600 000 people involved in the care sector. When questioned on the network's acute emergency management of Covid-19, coordinator Thom van Woerkom has clear memories of the telephone call received by his colleague on 17 March 2020. "It was around 10 in the morning; we were having a leisurely bite to eat when we had an urgent call from an official in the Health Minister's office. He explained that there would be a meeting in 30 minutes with the Minister. The only point on the agenda was the closure of the centres to visitors. We were in shock. No one could visit their nearest and dearest, and no one could leave the care homes; it was like a prison for the residents and those to whom they were closest on the outside. Two weeks later, we held a consultation with the members of the Management Board, the works council, and the users' council, and made an initial tripartite recommendation to the authorities for regional re-evaluation of infections coupled with a gradual re-opening. On 25 May, some establishments had already secured controlled relaxations, whereas in other countries care homes still had to be in full lockdown."

PPE and stable jobs

A recent scientific study[5] goes even further, stating that death rates from Covid-19 are lower in care homes where staff are unionised than in others where there is no employee representation. Using cross-sectional regression analysis to examine the association between the presence of healthcare worker unions and Covid-19 mortality rates in 355 care homes in New York State, researchers showed that the mortality rate was 1.29 percentage points lower in care homes where unions were present, representing, according to the study, a relative reduction in the mortality rate among residents of 30 per cent compared to similar facilities without unions. Unions are known to facilitate access to personal protective equipment (PPE), one mechanism that may explain the link between the presence of unionised staff and lower Covid-19 mortality rates. Another explanation relates to the fact that unions generally demand high staff-to-patient ratios, paid sick leave, and higher wage and benefit levels. They educate workers about their health and safety rights, demand that employers reduce risk of exposure to known hazards, and give workers a collective voice that can improve communication with employers. In a care home, these elements result in lower staff turnover and therefore restrict virus transmission. In Sweden, for example, the high proportion of temporary workers (on hourly contracts) working in multiple care facilities is cited as contributing to the virus' rapid spread. PPE and a low infection rate would appear to be the two main positive effects that proper workplace representation in care homes can have; apparently Covid-19 is a virus with a particular aversion to trade unions.

These are positive examples illustrating the flexibility and pragmatism necessary for effectively responding to health emergencies in care homes in a way that ensures the physical and mental wellbeing of the elderly. As a point of contrast, perhaps we should also touch upon an example of the management of for-profit facilities.

We should reflect on the fatal effects of an untrammelled policy of privatisation of healthcare and care homes in Europe.

Trade unions educate workers about their health and safety rights.

⌐ **A recent scientific study shows that death rates from Covid-19 are lower in care homes where staff are unionised than in others where there is no employee representation.**
Photo: © Belga

Almost one year after entering lockdown, the Spanish government broke one of the great information taboos associated with the pandemic by officially announcing that "since the beginning of the pandemic, 29 408 people have died in care homes after contracting the coronavirus",[6] accounting for more than 40 percent of the 72 085 deaths in the country to date. But for some, this explosion in the mortality rate was not the biggest concern. In an article for magazine *Viento Sur*[7], Raúl Camargo, former left-wing member of the Spanish parliament, deplored the words of one Spanish employer organisation which had voiced its regrets that an economically "unproductive" group (i.e. the elderly) may have delayed economic recovery and damaged businesses. Camargo linked this brutal economic logic to the presence of "vulture funds" in the Spanish elderly care homes market (*residencias de mayores*), explaining how

French companies were taking advantage of deregulation and privatisation of the sector to cream off profits for their shareholders. And with more than 8.7 million Spaniards over the age of 65 and only 12 263 available beds, Spain is naturally regarded as a highly lucrative market. However, moving beyond the case of Spain alone, the continuing pressure for deregulation, to the private sector's benefit, is also present at European level, even at the height of the epidemic.

As soon as the pandemic is behind us, some people will undoubtedly, and quite justifiably, rush out to bars and restaurants to celebrate. Others will also spend time visiting the graveyard to say a proper goodbye to their loved ones who died in care homes: the people most forgotten in this crisis the world over. It's always easy to turn the page. But it's difficult to hide the dead... especially when all of us bear some of the guilt. ●