From June to September, Council of Canadians Montreal Chapter activist Pierre Madden worked in a centre d'hébergement et de soins de longue durée (CHSLD – Quebec’s version of a long-term care home). The following are translated excerpts from the journal he kept over that period. More than 2,000 people have died from COVID-19 in CHSLDs in Quebec since the start of the pandemic.

**DAY ONE AT CHSLD: ORIENTATION AND TRAINING**

I find out that the food service is due to close soon. Staff will be reduced from eight to two and all meals will be prepared in the big hospital where a new kitchen is being built. If Mrs. Gagnon wants an extra yogurt on her tray, we won’t be able to accommodate her request. “Sorry, ma’am, this is a home environment, not a convenience store.”

On an In Memoriam board there are 43 photos, most of the people died because of COVID-19. This is out of 128 residents, since March 16, 12 weeks ago.

**DAY 5: REPLACING THE MISSING**

Today the newcomers are starting to arrive. One wonders who would want to go to a CHSLD with all the bad publicity they have received. I guess there are even worse experiences in life.

The staff is worried about this wave of new arrivals. Each admission requires a lot of work. Fifty at once is a heavy load. Service assistants like me can offer little help.

**DAY 7: THE CORONER GETS INVOLVED**

The coroner’s inquest will focus on deaths of a “violent, obscure nature or because they may have been caused by negligence.” The coroner’s office says: “We don’t have to rule on civil or criminal liability. We don’t assign blame or charge anyone with negligence.” You have to identify negligence without assigning blame.

Neglect has innumerable relatives. It’s a real team effort, where everyone remains humble and denies any claim to responsibility or contribution, however small.

I can tell you right away what the investigation will show: the causes of neglect are many. Responsibility (but not blame) will be attributed to the current government, the previous governments, the opposition parties, civil servants, regional and local administrators, unions, frontline workers, insufficient budgets, sufficient budgets that are poorly managed, and let us not forget the residents themselves, who neglected to sound the alarm loud enough or, in some cases, simply died without saying a word.

All these nice people were busy elsewhere when the crisis struck. The truth is that we are always doing something else when tragedy strikes.

**DAY 9: DISINFECT THE HINGES**

My task today is to disinfect the ironworks that fix the handrails to the wall. Who thought of that? How could you suspect that it wasn’t already being done?

Disinfecting is repetitive and boring work. Yet you have to concentrate to remember where you are and what surfaces of your rag have been used. When your rag gets stuck and loses its neat, rectangular geometry and gets tangled up in a heap, how can you tell which surfaces are clean and which aren’t?

There is a lot of time to think and little incentive to be interested.

**DAY 34: PUBLIC OR PRIVATE?**

“The Ombudsman is aware that a private CHSLD must generate profits. However, this objective cannot be achieved at the expense of the CHSLD’s true mission, which is to meet and adapt to the needs of elderly people losing their autonomy,” states a 2017 government report.

Think about it: will a CHSLD that does not make a profit continues to operate because their real mission is the well-being of the residents? Will another owner who makes considerable profits and neglects the care and health of the residents shut down because they fail to achieve their true mission?

To accept that the private CHSLD must generate profits is to recognize that profits take precedence over the quality of life of our elderly parents. They are subject to the laws of the market. A portion of the funds that we devote to them is used to enrich shareholders who contribute nothing to the operation of the residence.

Does that make sense to you?

For more information about how to join a chapter in your area, visit our website at canadians.org/chapters or call us toll-free at 1-800-387-7177.