Gender, Care and Labour, Seminar

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Iceland Liechtenstein Norway grants

ProGender
A Digital Hub on Gender, the COVID-19 Crisis and its Aftermath

The project is implemented by:
Panteion University Dept. of Social Policy – Centre for Gender Studies
NTNU Norwegian University of Science and Technology
RIKK
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Day one:
Thursday, 30/9/2021
18.00-20.00 (Greece)
/ 17.00-19.00 (Norway)
/15.00-17.00 (Iceland)
.

BEYOND CLAPPING AND CHEERING: GENDER AND PRECARITY IN “ESSENTIAL WORK” DURING COVID-19

Today's Seminar Program

18.00-18.15: Welcome and issues raised during the previous session

18.15-19.00: Presentation

19.00-19.15: Break

19.15-19.30:Questions, ideas, experiences

19.30-20.00: Discussion and Padlet feedback

Reconsidering care during COVID-19 in different contexts and for different groups

NUCLEAR FAMILY CARE

-There are gender-neutral biases behind family based responses to COVID-19, like the lock downs.

-No consideration for gender inequalities within families. Who cares?

-Sarah Jones (2021) "While left-wing defenders of the family can limit themselves to arguing for policies that help parents, I'd prefer to argue for more free time for everyone. These details matter. We won't end precarity with nostalgia for an era when men were the primary breadwinners."

COMMUNITY CARE

-Families may not have the material means to provide care: Many people across the world resort to community based responses to COVID-19. Context is important.

-For many women families are about the double burden of care: find care in feminist communities that built alternative grassroots care structures

-For many LGBTQ+ families are not good care providers: find care in LGBTQ+ communities.

Main points from yesterday's discussion

- Instead of a crisis of feminism in Greece we've witnessed **Me too** and the rise of feminist movements during the pandemic.

-**Online networks** and connections were strengthened. The internet played an important role in the rise of feminist movements.

-There was **hostility against LGBTQ+ persons from local communities** not only from families and the medical establishment, as the case of Dimitra in Lesvos shows.

-Thing changed in **LGBTQ+ families**: often heteronormative norms were reproduced in LGBTQ+ families because of the positioning of different members in the labour market: those who stayed at home carried out reproductive tasks, while those who went to work did not. Reproduction of the male breadwinner model?

Issues to address during today's session

- Special maternity paternity leaves (άδειες ειδικού σκοπού)

-Migrant women care and domestic workers: invisible in government policies.

-The politicization of the pandemic: Was the pandemic a pretext to actually enforce anti-gender and anti-social measures. Is this process of withering away of welfare connected to the policies that preceded the pandemic?

1. Gendering “essential” work

- COVID-19 transformed what we consider as “essential”. Care work that was previously devalued and unappreciated as it is feminised and racialised was suddenly labelled as “essential work” and people who carry it out as “essential workers”.
- The unprecedented strain that workers in hospitals faced undoubtedly needs to be praised and respected.

The war metaphor: Health workers portrayed as heroes replacing soldiers

HTTPS://WWW.THENATIONSHEALTH.ORG/CONTENT/50/4/2.2

HTTPS://WWW.FT.COM/CONTENT/03B82E0C-6E37-11EA-9BCA-BF503995CD6F

New York salutes health workers as heros

https://www.columbian.com/news/2021/jul/07/as-new-york-salutes-health-workers-missouri-fights-a-surge/

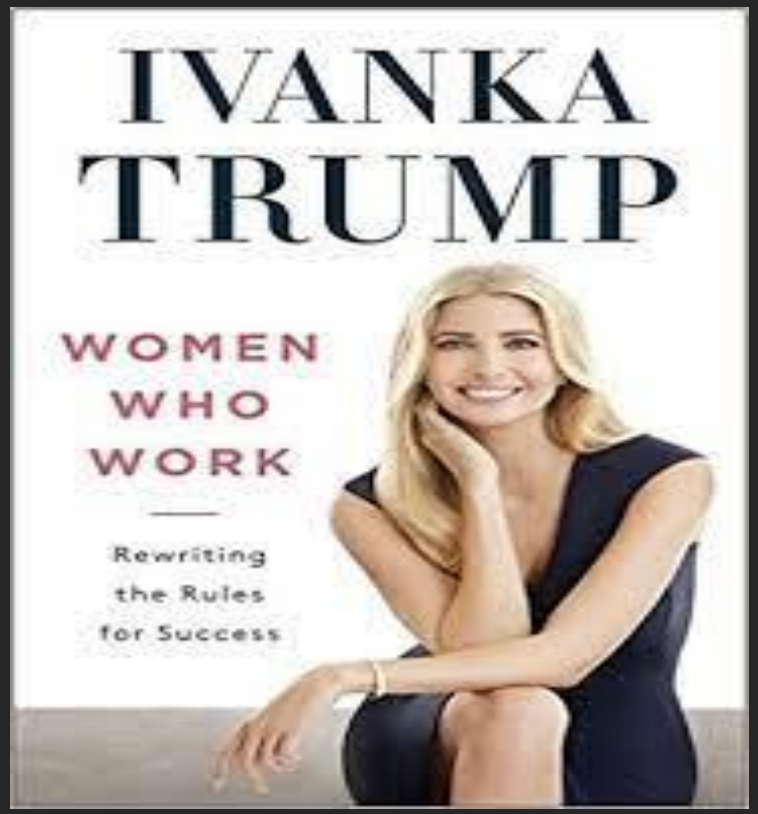
Ways of showing gratitude

SHOW APPRECIATION

CHANGE WORKING CONDITIONS

But there are feminists who argue that it is **crucial to go beyond clapping for nurses and think how these otherwise "essential" workers were treated before the pandemic?**

Neoliberal Thinking before COVID-19



In Europe, neoliberal thinking has **austerity policies based on the principle that cutting public spending**, including for healthcare, and the care of children, the elderly and those with disabilities was the only viable solution to the financial crisis of 2008 .

Feminisms did not always have an uneasy relationship with liberalism. In fact the first wave of feminisms were to a great extent liberal in their aims and objectives, asking for political rights for women (vote, education). Moreover, Keynesian liberalism brought about welfare states that addressed many feminist issues, including child care, elderly care, work-life balance, parental leaves and benefits. Moreover there are new forms of **neoliberal feminism** that silence socioeconomic inequalities and focus on individual empowerment against sexual harassment and wage gaps.

The results of neoliberal austerity on healthcare

However, contemporary neoliberalism aims mostly at the dismantling of welfare states and the privatisation of care, which goes against feminisms that take into account socioeconomic and racial inequalities

COVID-19 arrived at a time when reduced spending on public healthcare has already led to:

-staff shortages, especially in poorer countries in which migration of health professionals is common.

-casualisation of healthcare work (precarious temporary contracts, and even increasing reliance on voluntary work, such as nurse aids). Although health care staff is are scarce, working conditions have deteriorated making them more precarious and vulnerable.

-low wages. long working hours, lack of appropriate health inspections , limited access to social protection (especially for auxiliary staff, ie cleaners, private nurses)

Health workers during COVID-19

It is well documented by now that health workers faced immense difficulties during the pandemic

1. Higher exposure to the virus, higher physical vulnerability and long-term health risks. Increased workload, which posed a risk to their physical and mental health
2. In some cases, especially at the beginning of the pandemic, lack of access to personal protective equipment (PPE)
3. Lack of social protection for the precarious ones
4. Hostility and Violence
5. As the majority are women, they also face heightened pressures related to work-life balance and unpaid work.

Amnesty International, 2021; EIGE, 2020, Llop-Gironés et al, 2021:

Auxiliary health workers (βοηθητικοί υγειονομικοί εργαζόμενοι)

- In several countries auxiliary health workers cover the needs of the underfunded healthcare systems without payment or as precarious workers.
- Their work is considered typically “feminine” and thus unpaid or badly paid and precarious. It is considered as part of women’s natural duties to care for those in need.
- There is an extended discussion in South Africa and India because they were not recognised officially although they played a very important role during the pandemic. They received no protective equipment during COVID 19.
- Even in Western countries, for example in the UK, auxiliary health workers did not have priority in vaccinations and were denied access to free protective equipment.
- Consider the case of Greece: mostly migrant nurses (αποκλειστικές) and carers of the elderly, who have to stay in hospitals to support them for non COVID hospitalizations.

The Panamerican Health Organization trains community health workers in Haiti

PAHO has trained in Haiti in 2020 more than 2,800 community health workers including 2,700 community health agents (ASCP) and 162 community health nurses and auxiliary nurses. In addition, PAHO conducted meetings with Community leaders including voodoo priests, catholic priests, pastors, and traditional birth attendants to provide them with accurate information and communication messages about COVID-19. https://www.paho.org

2. Is the crisis of healthcare a feminist crisis?

The vast majority of healthcare workers are women. Moreover, a significant percentage of those who work in the healthcare sectors, especially in auxiliary services are migrants.

As a feminised and racialised sector, it is characterised by low wages, precarity and invisibility in public debates and policies. The COVID 19 pandemic is the exception.

However, it is not a question of women only. The death toll in the sector has affected primarily migrant women and men because they are numerous in nursing, cleaning and care in the health sector. Race, ethnicity, age, migrant status and class play an important role in how vulnerable people are to infection. The virus is not a great equalizer as some have argued at the beginning (Llop-Gironés et al, 2021). Intersectionality plays a role.

3. Care extractivism

"Care extractivism is a process that expands inequalities and "marks the intensified commodification and exploitation of the resource labour in social reproduction for the purpose of managing crisis situations without burdening the state or the health industry with additional costs and responsibilities" (p.122).

Wichterich, C, 2020, "Who Cares about Healthcare Workers? Care Extractivism and Care Struggles in Germany and India". Social Change 50(1) 121–140, 2020 SAGE DOI: 10.1177/0049085719901087

The concept of care extractivism

Wichterich, C (2020) “Who Cares about Healthcare Workers? Care Extractivism and Care Struggles in Germany and India”, Social Change 50(1), pp 121–140, SAGE DOI: 10.1177/0049085719901087, available at: https://journals.sagepub.com/doi/pdf/10.1177/0049085719901087

Extractivism (εξορυκτισμός) is a term used mostly in the Marxist literature to describe process where by valuable resources are exploited for the profit of capitalists to a point where they are being exhausted. It is linked to colonialism and the ways in which colonial powers have been extracting valuable resources for their own profit to a point where they were very few left.

This notion is used here in a double sense: to recognise that care is a valuable resource and also that it is labour. In the same ways as natural resources have been drained in postcolonial settings, care resources are being drained across the world. This has been done to manage the crisis of COVID-19 without burdening the state or the private healthcare industry

4. New systems of healthcare management are pushing care back to the family and the private sector

-Encouragement of privatisation: when the health system collapsed, non-COVID patients had to go to private hospitals, clinics, doctors.

-Reducing costs by sending patients back home quicker, for example after surgery or by taking care of the elderly at home (an ongoing approach of the new medical management).

-Unpaid family members were forced to take the burden. Neighbours, volunteers are also encouraged to help.

-Making it easier for women to stay home to carry out care tasks has enormous consequences on their personal lives and career prospects.

-Or delegate care to the privately paid carers, in most cases migrant low paid carers.

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Strike and Care extractivism

The article looks at the **strikes of healthcare workers in India and Germany** and argues that the healthcare model is increasingly based on voluntarism, workfarism and charity.

"Stereotypes of nursing as natural female, caste norms and various stigmata reinforce the low valuation of care work. In both countries, neoliberal policies merge with patriarchal structures of social reproduction, intensify care extraction and create a cheap care work force which however is no longer docile" (p. 121).

In India women nurses are treated as promiscuous.

But, healthcare workers on strike are everywhere demanding better working conditions but also respect and dignity.

What happened to migrant care workers during lock downs

How essential are they?

Global Chains of Migrant Carers (women mostly but men too) who leave their home countries to work in more affluent countries for low wages, without social protection, informally, without contracts. Insecurity and precarity are the norm

-Live-ins lost their access to the outside world. They had to stay inside the homes that they worked for, worked more hours without breaks and without being paid overtime. For those taking care of people with severe disabilities or elderly unable to move, it became a 24hour work because relatives were not allowed to replace them.

-Live outs who were precarious lost their income as they were prohibited because of movement restrictions to travel to their clients homes, work and get paid. The uncertainty of their sector, but also the fact that they are treated as disposable became apparent. While they lost their income, those who were precarious had no access to government support and benefits. And all this while they support transnational families. They are imported when needed and pushed away when they are no longer needed

Care as a long-term challenge

Feminisation and Racialisation of Work

- It is **not a new crisis** but a long crisis that has reached its limits with COVID-19. (Conaghan, 2020). ILO argues that gender equalities have reached unprecedented levels with COVID-19 (ILO, 2020) because of the **global gendered division of labour**
- Feminised and racialised jobs are **undervalued, although they are essential**. In turn, they are undervalued because they are done be women, people of colour, migrants.
- Essential workers are not only nurses, but also teachers, delivery riders, transport drivers, cleaners etc. Although in most of these sectors, women are the majority, there are also sectors in which men are. **These sectors are however feminised and racialised** in the sense that working conditions resemble the ones in female and migrant dominated sectors. Take for example PLATFORM WORKERS.
- **Precarity** is spreading across sectors for younger generations especially. Two tiers of labour rights.

A feminist positionality?

Going beyond neoliberal feminisms

International Organisation stress that we must protect women and girls from the long-lasting economic impacts of COVID-19. (OECD, 2020; McLaughlin, M., 2020)

However women are at the frontline and they are struggling to get socioeconomic rights not only for other women but for all those who are working in feminised and racialised sectors. They do not need protection. They need support for their struggles and recognition of their work.

Watch

ProGender (2021) “Gender, Care and Labour: Online Policy Discussion”, https://www.facebook.com/ProGenderproject/videos/269312638048624

ProGender (2021) “Η διασφάλιση της υγείας των εργαζομένων: Υγεία, γυναίκες, εργασία στην πανδημία”, available at: https://www.facebook.com/ProGenderproject/videos/284256945262835 3

Questions for discussion

- Is frontline work a gender, race and migration issue? Why?
- Can we understand the impact of COVID-19 on frontline workers from the perspective of precarity and gender?
- What are the main gendered challenges that essential workers face during the pandemic?
- Is the pandemic a period of heightened “care extractivism”?