Autumn 2021 Special report Workplaces in a pandemic ● Europe Survival of the nation, businesses and workers ● International The healthcare workers who can't afford health insurance ● From the unions The machine as worker, the worker as machine ● Carte blanche Vaccination: a public policy issue
In memoriam
Katherine Lippel (1954-2021)

The Quebec lawyer Katherine Lippel was a pioneer in action research supporting workers in their struggles to protect their health. She made a vital contribution to the work of the European Trade Union Institute for 25 years, making the connection between the issues of gender equality and occupational health. Her campaigning only mattered for her if it gave a voice to the most exploited and oppressed groups, whether that be Bolivian women on Chilean fruit farms or Chinese seamen in international shipping. For years, she fought against the tide, in Quebec trade unions and elsewhere, for a worldwide ban on asbestos.

She was determined, and happy to see her work fulfilling her ideals. Nothing gave her greater pleasure than to pass on tools, methods, forms of protest. A month before she died, she was talking animatedly about plans for the future, as soon as she had some respite from the cancer. She did not win that battle. She has left it to us to fight it.
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The connection between occupational safety and health and public health

Marian Schaapman
ETUI

Following the outbreak of the Covid-19 pandemic, a particular notion suddenly started popping up in EU policy documents and debates, as well as on conference and research programmes in the field of occupational safety and health (OSH); that of the important connection between OSH and public health (PH).

The concept arises particularly in relation to the goal of “increased preparedness for potential future health crises”, as outlined in the EU Strategic Framework on Health and Safety at Work 2021-2027. In this context, the European Commission advocates that “synergies between OSH and public health should be further developed”. In the mandate given to the Working Party installed by the tripartite EU Commission’s Advisory Committee on Safety and Health (ACSH) to undertake this task, reference is made to “the evident interaction between OSH and PH”. However, nowhere in the mentioned documents is this apparently “evident” link explained, nor is there any clarity offered about how such “synergies” should be promoted. And, perhaps most remarkably, the academic literature on the topic does not provide us with much content on this concept of the interlinkage between the two fields either. It is therefore not surprising that at international and EU-level conferences, the topic appears in the form of “an exploration”.

So here are a few initial thoughts to help take this exploration a little further, starting with a couple of key questions. What do we actually mean when we speak about the link between OSH and PH? And what actions and measures should be taken to increase synergy between the two fields?

The basis: a clear causal link

The term “public health” refers to the health of the population as a whole, especially as the subject of government regulation and support. The term is also used to refer to the branch of medical science dealing with public health. Occupational safety and health, meanwhile, refers to the safety and health of workers, especially as the subject of preventive and protective measures put in place by employers, and based on government regulation. These basic definitions point at the evident causal link between the two fields: occupational health is an important determinant of public health, for work can be and unfortunately often is a cause of diseases. In other words, work, exposure to occupational risks, and working conditions are essential factors for understanding population health. Citizens and workers are the same people: if they work in bad conditions that affect their health, it will show in public health statistics through increased disease rates.

However, as obvious as this may seem, work is hardly ever taken into account as a causal factor in public health data. These data consider individual behavioural elements such as smoking, alcohol abuse and unhealthy diets, but much less so environmental and work-related – what we can call “collective” – factors.

The Covid-19 pandemic has been a wake-up call, for it has become clear beyond any doubt that work is a key vector in the spreading of the virus.
It is here that the Covid-19 pandemic has been a wake-up call, for it has become clear beyond any doubt that work is a key vector in the spreading of the virus, with workers in many sectors and professions at great risk of contamination. While in normal times occupational risks and the diseases that occur as a result of them, such as respiratory diseases, cancer or depression, usually stay invisible – only a problem for the victims to deal with – this time, becoming ill at work from Covid-19 is an issue of great public interest. Workplace contamination undermined the continuation of essential services like healthcare and public transport and it created a health risk for the population at large – think, for example, of the meat-processing workers who were quarantined after large numbers of them became infected, to prevent them from infecting others. The Covid-19 pandemic has, in other words, shone a spotlight on occupational health risks and, more than this, presented a window of opportunity to act.

### The (missing) link between OSH and PH in health data and healthcare

Since, until now, the occupational causes of diseases have hardly ever been taken into account either in public health surveillance and registration systems or the data that result from them, they have remained largely invisible. Moreover – or perhaps we can say to a large extent as a result of this invisibility – healthcare practitioners also seem to have a blind spot when it comes to work. Let’s take a simple, hypothetical example to illustrate what the consequences of this situation can be.

Imagine a painter goes to see his doctor. He has been experiencing regular headaches (especially by the end of the week), incidences of fainting at work (his colleagues lie him on a mattress and then when he wakes up he continues working), and lately he has more and more difficulties with his memory. His wife complains that he has outbursts of aggression that are completely out of character for him. The doctor does not ask his patient what kind of work he does and prescribes him a few weeks of rest, and after that, the painter returns to his work, where – what would have been obvious to any OSH expert – the exposure to the solvents in the paint he works with are the very cause of his health complaints. The painter goes through several of these cycles of work and prescribed rest until, finally, his wife reads something about psycho-organic syndrome (POS), or “painters’ disease”, in their union’s magazine, and recognises the symptoms. By then, however, it is too late to reverse the disease and the painter is severely handicapped for the rest of his life.

If health surveillance and registration systems would include OSH as a possible causal factor, similarly to individual behavioural factors like smoking, alcohol abuse and unhealthy diets, they would more adequately be able to account for the causes of diseases and inequities in population health in all their complexity. A good example here are cancer registration systems. If these were to include a work history of patients, we would gain a much clearer image of the extent to which carcinogens and mutagens at work are responsible for (certain) cancers amongst the general population. This would help to strengthen the case for more cancer prevention measures at work. It would also make medical practitioners more aware of the possible occupational causes of diseases, which would in turn also contribute to prevention.

### Establishing the link within health governance

Decisions on health are largely made based on public health evidence in which, once again, OSH is a blind spot. This was clearly shown in the process of classifying the Covid-19 virus in the context of the Biological Agents Directive. A panel completely composed of public health experts looked only at the disease’s mortality rate, totally overlooking both contagiousness and working conditions as factors. For OSH experts it was clear from the outset that working conditions contained a built-in risk to multiply contagion, both because of the intrinsic characteristics of various kinds of work (e.g. client/patient contacts, closeness to co-workers, impossibility to apply basic hygienic rules, low temperatures, etc.) and because of some factors related to work (such as travel to work in packed public transport or poor housing conditions, with too many people living in close proximity). But OSH experts were not involved in the process of classification. As a consequence, Covid-19 did not end up in the highest risk category (4) but in the one below that (3), despite the fact that it has now killed far more people than, for example, Ebola, which is in the highest risk category.

This can only lead to the conclusion that OSH experts should be included in decision-making processes on public health issues. Including them as important stakeholders would be, at the very least, just good governance. An element not to forget here is the expertise of workers themselves. Work as it is implemented in practice is often very different from work as it is designed – a well-known insight of ergonomists. Often workers are not only the best but actually the only experts that can report on the OSH risks in a specific work context.

A final question, then: are there any drawbacks to integrating the knowledge of occupational safety and health into public health registries, data and practice, as well as into its governance? Well, perhaps just one note of caution: OSH should remain a separate and independent field of expertise and policymaking. Its focus needs to stay on the realm of work, and its governance under the umbrella of employment policy, where it is imperative that the institutions and advisory and negotiation bodies dedicated to OSH be maintained. ☑

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After the first wave of Covid-19 in 2020, trade unionists used legal channels to try to protect the health and safety of workers exposed to infection risks at the Renault Sandouville car plant in northern France. More than one year on, HesaMag travels to the nearby town of Rouen to meet the activists at the heart of the Renault case and analyse the survival strategies that were put in place. We discover that, beyond the health crisis and the workplace risks, the Group is trying to save the factory by drawing on public funds.

Survival of the nation, businesses and workers

Mehmet Koksal
ETUI

“We are at war. Of course, it’s a public health war: we are not fighting an army or another nation. But the enemy is there, invisible, elusive, advancing. And that calls for our general mobilisation,” solemnly declared Emmanuel Macron, President of the French Republic, on the evening of 16 March 2020, announcing the start of a generalised lockdown. In France, as just about everywhere else in the world at that time, there was general panic about Covid-19, against which no vaccines yet existed. In this context, the Head of State then and there banned everyone from leaving their homes and consequently signalled the suspension of any activity that was not essential to the survival of the nation.

The discussion quickly turned to what was “indispensable” or “essential” to managing this crisis. As early as 18 March, ministers, in consultation with French employers, were falling over themselves to hint at a “top secret”, “non-exhaustive” list of state and privately owned companies in essential sectors (agri-foodstuffs, energy, transport, telecoms, cleaning, administration, etc.), where workers needed to be requisitioned. There had to be a lockdown, that was certain, but there was no sense in going too far – there was absolutely no question of bringing economic activity in France to a halt. Exposure to infection risks had to be avoided, but you could arm yourself with mandatory certifications to justify travel, “in particular” to go to work, because everything that was not banned was authorised, including travel between home and work. How is it possible to move on so easily from the survival of the nation to that of businesses or the French economy, neglecting in passing the survival of the workers?

In September 2021, to look into this question, and armed with my health pass, I went to Rouen in Haute-Normandie to meet the CGT trade unionist Gérald Le Corre and the lawyer Karim Berbra. Together, these two friends spearheaded a rather unprecedented legal action for interim measures to protect the health and safety of the workers at the Renault factory in Sandouville – a campaign which was highly controversial but did not receive enough media coverage. They succeeded in obtaining an order against the company at first instance, suspending production until it had fully complied with health requirements (consultation, evaluation, training, making premises and equipment available, changes in prevention plans, etc.), under threat of a daily penalty payment. “The plan for the organisational arrangements for working with a view to a resumption of production during the Covid-19 epidemic is a major plan that changes working conditions, requiring the staff representative bodies to be consulted, not just informed,” wrote the
Risk assessment

I ask Gérald Le Corre, who, as a trade unionist and labour inspector, is used to going on-site to check on procedures set up by companies: how is a risk assessment carried out in a big company like Renault? “Just like all the big corporations,” he grumbles. “The employers think that, by setting out some masks, displaying a few posters and putting hand-sanitising gel at the entrance to a building, the risks have been assessed. In actual fact, Covid is an additional risk that affects a person at his or her workplace. Covid needs to be analysed alongside the preventive measures already in place for other risks.

“Let me give you a specific example: at the Renault factory, particularly in the assembly shop, some of the staff are less than two metres apart, and even less than one metre from each other, as the assembly line moves forward. First, Renault decided to provide non-surgical masks that were the easiest to get hold of on the market. Remember, at that time, there was still a shortage of FFP2 masks. They were told that this was a problem, given the workers’ close proximity. Renault then decided to bring FFP2 masks out of storage, while telling employees that President of the Tribunal Judiciaire (Court of First Instance) of Le Havre in his judgement of 7 May 2020.

After the lockdown announcement, the Renault factory in Sandouville was forced to close its doors for several weeks, and warnings about “serious, imminent danger” were issued by trade union teams and employees wanting to assert their right to stop work in light of what they regarded as insufficient measures to guarantee their occupational health and safety. When the Renault Group decided to start up its factories again, the trade union strategy on the ground was very divided: on the one hand, there were those who thought it was time to return to work so that temporary agency workers could start earning a living again and, on the other, there were trade unionists who argued that the lockdown was by no means over. “Think about the context. The virus is raging, and you are being asked to manufacture vehicles,” explains Karim Berbra, who worked on the case and took it to court. “There would be some sense in this if it was emergency vehicles that had to be built, but this was not the case here, and there was no vital interest in reopening the factory, apart from the purely economic interest of the Group.”

Judicial proceedings for an interim measure were brought by the CGT trade union on the basis of absence of consultation of staff representatives, absence of a risk assessment, and lack of information and training before the production site was reopened, leading to an order being issued at first instance. Before the court of appeal, Renault managed to have the judgement set aside, considering that only the company’s Social and Economic Committee (SEC) had the prerogative to institute legal proceedings for this kind of procedure. But beyond the questions of form, the matters of substance set out in the first instance judgment are of obvious interest and deserve to be examined in greater detail.
But it is important to look at the organisation of work as a whole, as the new preventive measures (such as social distancing during meals) can themselves give rise to other risks (for example, exposure to hazardous chemicals).

I ask Le Corre: doesn’t failing to resume business mean a risk that the company’s productivity will be compromised? “Yes, but the best preventive measure during a pandemic is still not to restart production, and, what’s more, the government had given them carte blanche to remain shut down. Reducing the number of people on the production lines necessarily reduces the risk of infection,” replies the lawyer. He goes on to say that “Employers are taking advantage of a political environment that is favourable to them. It’s clear that they’re no longer afraid of anything. The 2017 Macron orders gave them full reassurance that they could do what they liked with employees. After 2017, there was a real trend in which the fear of traditional social justice, namely the Conseil de Prud’hommes (employment tribunal with equal representation of employers and employees), was no longer an issue. As a lawyer, you have to reinvent the legal strategies. In this occupational health issue, interim measures are a very important channel.”

After the first wave of Covid-19 in 2020, French political life was marked by two major legal actions: Renault Sandouville was one; the other was Amazon France. In the latter case, the US giant was ordered by the Court of Nanterre to close all of its depots in France under threat of penalty payments of one million euros, because the Group had not carried out a risk assessment at national level. “We followed the political comments from the right and the left, from the people you hear on the radio every morning,” recalls Le Corre. “In short, everyone agreed that the order was welcome, because this was an attack against the US giant that was taking advantage of Covid to do its business. You often find the same comments, that it was a ‘simple, wise decision’ on the part of French justice, etc. Then we found ourselves in the news with our Renault Sandouville judgment. On the very day of the decision, we publicised it all over the place, explaining that it was a good decision by the Rouen court, which upheld and, in various aspects, even went further than the Amazon case. Straight afterwards, the ministers of the French Government, without taking the trouble to read the case file, said that no risk existed at Renault and came to the defence of the French company that had been convicted by the court.”

During this time, the bodywork and assembly plant in Sandouville (Haute-Normandie, France) continued to announce proudly in a video on its website that it made “safety our everyday priority” with “working conditions at the heart of the organisation”. This Renault factory claimed to have “produced most of Renault’s high-end vehicles since 1964, for 50 years. Now specialising in the manufacture of light commercial vehicles, the factory has produced nearly 800 000 Trafic vans, across the full range of versions, from flatbed to Trafic SpaceClass. It is the first factory in the Group to manufacture for the three brands of the Renault-Nissan-Mitsubishi Alliance.”

This communication gave the impression that everything was going swimmingly, but in reality that was not the case at all. The situation of the Renault Group, as for the whole of the automotive industry in France, was already alarming, and the pandemic simply aggravated the state of affairs by turning the public health crisis into an economic and social one.

On 29 April 2020, the European Commission announced that it had given special authorisation for state aid schemes to support companies affected by the Covid-19 pandemic, including the French Renault Group, which was to be granted a loan guarantee of five billion euros. One month later, on 29 May 2020, the same car manufacturer announced a plan to cut 15 000 jobs worldwide, 4 600 of them in France. This announcement had the potential to shock public opinion and, in trade union circles, there was criticism of the billions of euros offered to the company without any real conditions being imposed to safeguard employment. “The loan is not a state loan: these are bank loans guaranteed by the state. These loans, if we use them at some point, will be repaid,” responded Jean-Dominique Senard, Chairman of Renault’s Board of Directors, in an interview granted to the newspaper Le Monde, in which he confirmed the workforce reduction plan, also referring to “Renault’s survival” to justify dismantling workers’ rights. The Group’s industrial strategy was called into question. This strategy seems to favour the relocation of production of small, low-cost vehicles, popular among European consumers. The French factories, meanwhile, are left to specialise in electric vehicles, which, as digitalisation and automation of the production line are introduced, need an ever smaller workforce. All this, of course, jeopardises the survival of the French factories and places a question mark over the usefulness of a state guarantee facilitating access to bank loans.

Although Renault is still a long way from guaranteeing its economic survival, it already seems to have lost something of its shine and prestige as far as attractiveness and wage stability are concerned. “Just 10 years ago, being taken on by Renault was like working in the public service, at EDF or SNCF (two partially state-owned companies). The working conditions were very good, and you were guaranteed stable employment throughout your working life,” explains Gérard Le Corre. “These days, fellow workers say that they are seeing young people resigning. We never used to see that in the past. Why? Because the working conditions are lousy. We fight to get them a good-quality contract, but, these days, some young workers aim not to be taken on permanently. They just want an 18- or 24-month contract to make a bit of cash, and then they’d rather go and look elsewhere.”
“When are we going to be laid off?”

We head for the Renault plant in Cléon to meet a company-level trade union team. During the meeting, the trade unionist William Audoux tells us the same thing: “Our young colleagues ask us: when are we going to be laid off? In fact, there is a special agreement between the government and the Renault Group called the ‘long-term short-time work scheme’ (APLD from its initials in French), which allows Renault to have people working flat out for three days, and the rest of the days of the week they will be paid unemployment benefits, in other words out of our taxes. The fact of keeping up very high rates of work is not justified by any demand but by Renault’s desire to maximise the use of state-provided unemployment benefits. The situation is even more serious for temporary agency workers, because they are often living on two to three weeks’ wages a month, as a result of multiple breaks between contracts.”

With 3 327 employees in July 2021 (com pared with 5 000 in 2006), and 818 temporary agency workers in May 2021 to cover a “temporary increase in workload” (which has been going on for years), it is clear that the Group has established a human resources policy which aims essentially to benefit from the temporary unemployment scheme funded by the authorities and avoid hiring new employees.

Gérald Le Corre adds another level, about the general deterioration of working conditions: “We have clearly made progress on the traditional risks in the industry, in particular heavy load-handling. During these past 20 years, we have seen the arrival of suction pad systems and lifting trucks, for example. On the other hand, on the question of working hours, night work, weekend working, work collectives that have been blown apart, constant reorganisations, the increase in outsourcing with large-scale use of temporary agency workers (which complicates the issue of solidarity), exposure to chemicals, ineffective protective measures, rates of work for workers on the production line — this all becomes unmanageable! The intensification of work that used to apply only to production-line work has spread into areas that used to be better protected, like maintenance, support services, and logistics. So occupational health is very clearly deteriorating.”

More than 100 per cent commitment expected

The Renault plant in Cléon manufactures gearboxes, combustion engines and electric motors. At the end of 2021, production of two of the three combustion engines (diesel and petrol) will cease, leaving one third of the plant empty of its machinery and its workers. Many people are hoping that the sales of electric motors will make up for the loss of the internal combustion engines, but the worries emerge clearly during our conversation. “There are far fewer components in an electric motor, and the workforce ratio is one to five, so there really are concerns about employment, particularly as there is a lot of competition across the electric vehicle range. At more than 50 000 euros, I don’t know who we will be able to sell our high-end electric vehicles to,” muses William Audoux. “At the moment, it’s the increase in rates of work and the deterioration in working conditions that are giving us the greatest problems. Between us — the CGT and the CFDT — we exercised our right to issue a warning with an expert opinion, mentioning the serious risks affecting the plant in all the engine assembly shops. Specifically, we are facing job cuts, and the guy who’s left has to do the work that used to be done by two people. In some jobs, the employee is expected to be more than 100 per cent committed, so even if he is working flat out, it won’t be enough to satisfy his employer.”

Managers try to justify these conditions with an obligation to increase productivity and a desire to keep production based in France. “Except that, behind these measures, employees are suffering,” adds Audoux. “And sometimes there are even attempted suicides. The workers are monitored, timed. It is with the aim of avoiding all this that we request an expert opinion, we issue warnings, we bring legal proceedings, but in the end you don’t really see any tangible action by the management. Frankly, the only thing that could change the situation is mass mobilisation of employees in the automotive sector.”

On-site, the future for the Renault workers is looking rather fraught, with difficult discussions linked to a future competitiveness agreement, a consolidation or reorganisation of sites, increasingly compulsory flexibility, mandatory evening and Saturday working, and forced mobility of workers across the various factories. It is a question of survival for Renault and indirectly for the nation, but at what price to the workers?

Obligations on employers under the 1989 Framework Directive

- Evaluating risks
- Combating the risks at source
- Adapting the work to the individual
- Replacing dangerous agents with non-dangerous (or less dangerous) ones
- Giving collective protective measures priority over individual protective measures
- Informing and consulting workers
- Training workers

Obligations on workers

- Making correct use of the means of production and protective equipment
- Informing and cooperating with their employers

Objective: to guarantee minimum health and safety conditions across Europe, while allowing Member States to maintain or introduce more stringent measures.

Scope: all sectors of activity (both public and private) with the exception of the army, the police and domestic workers.

Source: Tony Musu, ETUI

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8. The Confédération Française Démocratique du Travail (CFDT) is a French trade union and member of the European Trade Union Confederation (ETUC).
Workplaces in a pandemic

Special report coordinated by Paula Franklin and Mehmet Koksal
In this report, our main aim has been to illustrate and document the impact of Covid-19 on workers and the experience of the pandemic as an occupational health and safety issue around Europe. As a starting point, Berta Chulvi takes us to the working-class district of El Besòs i el Maresme in Barcelona, where we find, strangely, that infection stops short at the more high-class Avenida Diagonal, as if social class was a literal barrier to it. Bethany Staunton takes a look at how undocumented migrants have experienced the pandemic and asks whether the health crisis has been an instigator for real policy change on the issue of regularisation. Meanwhile, Hugo Boursier went to meet Parisian refuse collectors, applauded in the spring of 2020 for their frontline work in the public health emergency, but who now complain of a lack of recognition and low wages. And in her piece on “long Covid” (the long-term effects of the virus) in the Netherlands, Pien Heuts affirms: “Covid-19 is a lottery: some people suffer few ill effects, while others fall seriously ill and may never recover.”

In the light of the rise of teleworking, and the associated risks of mental distress, Fabienne Scandella deconstructs for us the dark side of the word “resilience”, which is coming back into fashion in some circles. It would also be impossible to talk about the risks of Covid without mentioning the funeral business. Curiously, in Romania, the higher the mortality rate surges, the less work there is for funeral directors; Laura-Maria Ilie and Florentin Cassonnet explain the reasons behind this paradox. In Zagreb, Jelena Prtorić reviews a crisis at the Croatian National Theatre, which revealed serious shortcomings in occupational safety for the theatre’s opera cast. Lastly, Fanny Malinen offers us a glimpse into post-Covid-19 management in Finland, a country heralded as a pandemic success story, bringing to light a climate of ongoing stress among health professionals who are considering a change of career.
Social inequalities: the only frontiers the pandemic does not cross

The idea that the pandemic travels across frontiers and affects the whole of the world’s population is only a half-truth. There is one kind of boundary that the virus does seem to respect: that of social inequalities. And this is not only about a contrast between the northern and southern hemispheres; these frontiers can apply within a single city. *HesaMag* takes a trip to Barcelona to reveal one of the cases that most clearly shows the effect of social inequalities on the spread of the pandemic. While the virus swept through the working-class district of El Besòs i el Maresme, it stopped short at the Avenida Diagonal, scrupulously respecting the income level of the adjacent neighbourhood, a recently built luxury quarter.

Berta Chulvi
Journalist

In El Besòs i el Maresme, a neighbourhood in the north-west of Barcelona, we are met by María Luisa, who lives in a single-storey building with a small yard. It is a ramshackle arrangement which seems to have been superimposed on a provisional structure. She is a 66-year-old woman looking after her grandchildren while their parents are working. She has lived in this house since she was born. Her parents came here from the city of Albacete. She worked all her life as a cleaner and cook until she retired just one year ago. Of her four children, only one, her son, stopped working during the lockdown that was declared under the state of emergency. Her three daughters worked throughout the lockdown: two in the health sector and one in a supermarket, forming part of the army of key workers during the pandemic. These working-class districts provided a workforce to the sectors that were at the front line. Luisa, a cleaner at a hospital, lives with her mother in El Besòs i el Maresme and tells us that, during the lockdown, she was turning up for work every day: “I was more scared about travelling alone on the metro than catching Covid-19. At six o’clock in the morning, the city was deserted.”

The fact is that people on lower wages have been the most exposed to the pandemic. They are the ones who have continued going to work, even if they have symptoms. This was demonstrated by the survey on “working conditions and health during the pandemic” (“COTS” from its Spanish initials), carried out by the Comisiones Obreras Trade Union Institute of Labour, Environment and Health (ISTAS-CCOO) and the Autonomous University of Barcelona Research Group on Psychosocial Risks, Organisation of Work and Health (POWAH) between 29 April and 28 May 2020. This covered 20,328 people with an employment contract at the time, and the results show, among other things, that the percentage of people who went to work with Covid-19 symptoms during the first wave of the pandemic was almost twice as high among those who stated that they could not afford to meet their household needs.

Poverty multiplies the cumulative incidence of Covid-19 almost tenfold.
on their wages (18.2%) as among those who could cover their basic needs (10.5%). Between 26 April and 24 May 2021, these two research groups undertook a second edition of the COTS survey, covering 25 100 workers, and they found that the effect of low wages still applied as it had at the start of the pandemic: “Across the whole population, 7.2% stated that they had been to work with symptoms, but this percentage increased to 10.6% among those who stated that they could not cover their basic needs on their wages and dropped to 5% among those with wages that did cover their basic needs.”

Income level thus unquestionably acts as a frontier for Covid-19, and the case that perhaps best illustrates this is to be found on Barcelona’s northern shoreline. The district of El Besòs i el Maresme, with an average income per person of 10 289 euros a year, borders on a luxury quarter, Diagonal del Mar, where the average income is 20 913 euros a year. In El Besòs i el Maresme, a 50 square-metre flat might fetch 60 000 euros. In Diagonal del Mar, an apartment of the same size sells for upwards of 200 000 euros. From the swimming-pool-equipped terraces of Diagonal del Mar, you can look out onto the workers’ properties, built from facing bricks on the fields and farms alongside the Besòs River in the late 1960s. From the working-class district, in the background, you can make out the silhouettes of the new buildings, up to 14 storeys high, which look deceptively like skyscrapers: the contrast is a perfect metaphor for the distance between the social classes. On the borderline between the rich and poor neighbourhoods, the most modest flats are being revalued, and, as we know that “class status” does not correlate to “class consciousness”, some people no longer feel part of the poorer community: “This isn’t El Besòs, it’s the Fórum district,” claims one resident, hanging the washing out to dry from her window at the foot of one of the luxury blocks. Even though they are only separated by one street, they are two opposing worlds, one characterised by insecurity and the other by luxury.

The reality of Covid-19 in the two neighbourhoods is also diametrically opposed. The incidence of Covid-19 in El Besòs i el Maresme was 3 634 cases per 100 000 inhabitants in the four-and-a-half months of the second wave. On the other side of the road, in the Diagonal del Mar district, the cumulative incidence was 1 870 cases per 100 000 people. On even closer inspection, if we review the data by census tracts (a geographical entity smaller than the district), the asymmetry is

Namarata, originally from Nepal, is just one of many migrants who have seen their incomes fall during the pandemic. Photo: © Tania Castro
In areas with weaker socio-economic indicators, a lot of people have jobs that cannot be done by teleworking.

From the working-class district of El Besòs i el Maresme, the silhouettes of new buildings can be seen. Photo: © Tania Castro

In data processing was crucial when the Covid-19 pandemic broke out. On 8 April 2020, less than one month after lockdown was declared in Spain, the Barcelona Public Health Agency launched an interactive webpage under the title "#Covid-19aldiaBCN", where daily updates were given on cases of Covid in the city. The geographical location of infections was identified from the addresses of those affected and provided precious information about the behaviour of the pandemic in Spain’s second largest city, which has a population of 1 604 555 according to the last census.

The work of the ASPB is part of a strong line of research, whose best-known international reference figure is Michael Marmot, Professor of Epidemiology and Public Health at University College London. Build Back Fairer: the Covid-19 Marmot Review, published in December 2020 shows how the pandemic has affected lower-income groups more seriously and posits that socio-economic and ethnic inequalities existing before the pandemic have been exacerbated as a result of the containment measures in education and employment. What is original about the work carried out in Barcelona is that these social inequalities are shown not only in relation to the socio-economic indicators for population groups, but across the city’s actual geography. This focus means that specific measures can be taken in real time in the most deprived districts.

Besides the effect of social class, the studies carried out by teams like those led by Professor Michael Marmot have shown that ethnic minorities were also more exposed to Covid 19. In El Besòs i el Maresme, there is also quite a large immigrant population, who saw their income disappearing with the pandemic. This is the case for Namarata, originally from Nepal, who has two daughters, one four years and the other four months old. Her husband, the only worker in the household, has been furloughed since the pandemic started and has still not returned to work. "Without the ERTE furlough scheme [measures adopted by the Spanish Government to mitigate the effects of unemployment] we couldn't have afforded to eat," explains Namarata.

From the data received from the Department of Health of the Catalonian Government (Generalitat de Catalunya), the ASPB was in a position each day to know how infections were spreading in the city, placing each infected person in the relevant census tract. The income level for each of these census units is known from information provided by the National Statistical Institute (Instituto Nacional de Estadística).
which is taken directly from the income tax returns of the Spanish population, submitted in relation to tax payment. There is an average income for each census tract, and this figure is compared with the cumulative incidence rate of Covid-19 (infections per 100,000 inhabitants over the period concerned) in each of the census tracts. Figure 1 shows the results obtained over the period described as the “Covid-19 second wave”, which lasted from 16 July to 30 November 2020.1

The districts to the north and south of the city of Barcelona are those with the highest cumulative incidence and are also those where personal incomes are lowest. For example, during the four-and-a-half months of the second wave of Covid-19, the cumulative incidence for the city of Barcelona was 2,909 cases per 100,000 inhabitants, but a substantially higher figure was recorded in the lower-income districts such as Torre Baró (4,456 cases per 100,000 inhabitants), La Trinidad Nova (3,805 cases) and Les Roquetes (3,997 cases) in the north of the city.

As explained by Marc Mari Dell’Olmo, Doctor of Biomedicine and an expert in statistics and public health, who is a technical specialist at the Barcelona Public Health Agency: “When infections are seen in terms of income levels, there is a statistically significant relationship between the income level of a geographical area and the incidence of Covid-19 in the area. The risk of contracting Covid-19 in lower-income areas is almost double the risk run by people living in higher-income areas. For both sexes, the map of Covid-19 infections in the second wave mirrors very precisely the map of income levels in the city of Barcelona: if the income level of a census tract increases, the cumulative incidence of Covid-19 falls.”

Local government intervention at district level

Knowing that the postcode is a more meaningful determining factor for health than the genetic code, the Barcelona Public Health Agency draws up health reports per district and, since its creation, it has relied on deploying a network of community health workers citywide, especially in districts with more social issues. With the arrival of the pandemic, the information provided by the ASPB helped a great deal towards the development of health policies in the city of Barcelona. As Carme Borrell i Thió, the manager of the ASPB, explains: “We have always worked very closely with

Lessons for occupational health

The data revealing the differential effects of the pandemic in terms of income level have backed up a traditional trade union claim in relation to occupational health: low wages and job insecurity are in themselves a risk factor, not only for cardiovascular diseases or musculoskeletal disorders but for all health-related issues, including infectious diseases in a pandemic of such global reach as Covid-19.

Unai Sordo, the General Secretary of the Comisiones Obreras (CCOO) union, stated this clearly when he presented the results of the COTS survey in July: “When we are negotiating a pay increase or measures to put an end to the use of temporary contracts, it looks as though we are dealing with purely economic matters, but that is not the case: we’re protecting the health and the lives of the working class. There is no denying the correlation between low income and increased Covid-19 infection.”

In this kind of situation, demanding personal protective equipment at workplaces is important but not enough. Many experts point out what an important occupational health measure the Expedientes Temporales de Regulación de Empleo (ERTEs) furlough scheme has been in reducing insecurity as a risk factor: the government opted to support companies temporarily laying off their workers by bearing the cost of this additional budget to avoid massive staff dismissals. Alongside these flexibility arrangements, there were reductions in social security contributions for companies and a temporary limitation on lay-offs from companies that had benefited from them. According to official figures, in April 2020 the number of people claiming contributory welfare benefits rose to 3.4 million, an increase of 274% on the previous month – this gives a good idea of the impact that the ERTEs has had.
the officials responsible for managing the city, but we had never had an experience like this. Because of the pandemic, an information tool launched by the ASPB became a tool used for the day-to-day work of a lot of Barcelona City Council’s areas of administration.”

The team of the Mayor of Barcelona, Ada Colau, has been closely looking at everything relating to health and care, and the current Councillor for Health, Ageing and Care, Gemma Tarafa, happens to be a Doctor of Molecular Biology, whose research work has focused on the relationship between health and inequality. Recently, through a specialist health-sector channel, El diari de la Sanitat, Tarafa exposed the need to take action on inequalities in health: “The health crisis has exacerbated the inequalities that already existed. During the pandemic, we have been able to see that there are more infections in areas that have the weakest socio-economic indicators, and there are basically three reasons for this. Firstly, experiencing lockdown in a flat of 150 square metres with a terrace is not the same as in a flat of 30 or 50 square metres. A second factor is that, in areas with weaker socio-economic indicators, a lot of people have jobs that cannot be done by teleworking, and therefore they are more exposed to the virus. The third reason is that we know that people with weaker socio-economic indicators also have more chronic health conditions, precisely because of their personal circumstances, so they are at greater risk of suffering from more serious adverse effects from Covid-19.”

Davide Malmusi, Director of Health Services at Barcelona City Council, outlines how the City Council and the ASPB worked together to try to reduce the inequalities: “The availability of data on inequalities in the incidence of Covid-19 gave Barcelona City Council a political impetus, which led to a maximum push to develop policies to tackle these inequalities. Among a very wide range of local responses to deal with the pandemic and its social and economic consequences, the municipal services took action in districts with a high incidence and with the most vulnerable residents to drive home the messages and preventive measures, provide practical help at home to people suffering from Covid-19 who did not have suitable conditions for isolation, roll out mass screening campaigns and set up support points for the vaccination programme.”

The postcode is a more meaningful determining factor for health than the genetic code.
Europe’s undocumented workers in a time of pandemic

Bethany Staunton
ETUI

For undocumented migrants toiling away in the informal economy, the Covid-19 pandemic has only exacerbated the difficulties of everyday life. Lockdowns have led many to lose their meagre sources of income, while those who have continued working face increased health risks. At the same time, in a context of newfound appreciation for “essential workers”, migrants are increasingly being recognised as a key part of our labour force, with the health crisis provoking the implementation of emergency regularisation schemes in some countries. These measures, however, have been too provisional to represent real progress.

It is summer 2021 and in the Roman catholic parish church of Saint John the Baptist at the Béguinage, in the centre of Brussels, a striking scene is taking place. A man is knelt in Muslim prayer inches away from a Christian altar. He is surrounded by mattresses and blankets of all colours and patterns. At the head of many of these makeshift beds is a cardboard sign describing the profession of each occupant: baker, hairdresser, nanny. Hundreds of undocumented migrants (called sans-papiers in French) have been occupying the church since February to demand the legal right to remain in Belgium, where many of them have been living and working for years, even decades. When the Belgian government continued to ignore their action, their measures became more drastic. In May, more than 450 began a hunger strike, which lasted for two months.

Hamza was one of the participants. The 23-year-old Moroccan came to Belgium in 2016, after arriving in Europe on a tourist visa. Pre-pandemic, his main income came from working at Brussels’ flea market. On his first job, he was paid five euros for a whole day by the stall owner. “When you’re sans-papiers, you work like a slave,” he says. He’s not the only one to use the term – it comes up often in conversations with the protesters. The response of most when asked the average amount they would earn for a day’s work – on a construction site, helping out at a market stall, manual work in somebody’s house, etc. – is between 35 and 65 euros a day, and without any guarantee of regularity. However, even these subsistence incomes disappeared when Covid-19 hit, bringing many forms of work to a halt.

Assia, who laughs when asked why she came to Belgium from her native Algeria (“All the journalists ask the same question. Precarity of course!”), was let go by the French family she had been working for as a nanny. Once the pandemic hit and they had to work from home, they no longer needed her. They had been paying her five euros an hour. Instead she got involved in voluntary work, making masks when there was a shortage in the first lockdown. Gesturing to the group of women sitting around her in one corner of the church, she says they were all doing the same kind of work: cleaning, looking after children, working in small bakeries – “but always under the table” (in other words, undeclared). Many have suffered various forms of verbal or physical abuse, she says, and those who live alone particularly struggled during the lockdowns. “What is hard for the men is even harder for the women,” confirms 51-year-old Hafida with tears in her eyes.

There are estimated to be over four million “irregular” migrants in Europe, and 150,000 of them are thought to be in Belgium. In its 2020 report, the organisation for undocumented workers Fairwork Belgium describes how the difficulties faced by people without residency papers have only been exacerbated by Covid-19: “The pandemic taught us one thing: that the slightest hiccup hits the lives of workers in the shadow economy hard, and they are left without a lifeline.” Those who contacted the organisation in the past year reported having to accept jobs they wouldn’t have accepted before, with even worse pay and conditions, due to the sudden loss of work in certain sectors, and found it difficult to access information about temporary unemployment benefits or health measures. “Before, I wasn’t worried about papers,” says Hamza. “Because of corona, everything changed.”

Changing the narrative

The Belgian government have been resistant to the demands for regularisation, or even to revise the criteria for assessing applications. Sammy Mahdi, Belgium’s Secretary of State for Asylum and Migration, has been adamant that there will be no repeat of previous collective regularisations, such as what was implemented in 2009 following a similar action. The most they agreed to was to ‘consider’ each individual case; this led to a suspension of the strike on 21 July, which had been entering a critical phase for the participants’ health. Critics have accused Mahdi
of pandering to Flemish right-wing parties, where anti-immigrant sentiment is rife.

However, the Europe-wide picture reveals that hard-line stances around regularisation can become a little more flexible in an emergency health crisis, partly due to a recognition of the “essential” work that migrants perform in our societies and economies. In 2020, the Overseas Development Institute (ODI) developed a dataset entitled “Migrants’ contribution to the Covid-19 response” whose aim was to “change the narrative” around migration. Claire Kumar, senior research fellow at the ODI, explains how the team behind the project saw “the special rhetoric around the ‘key worker’ which we’d never really seen” as “the opportunity to highlight migrants as essential contributors in that essential workforce. [...] Suddenly nobody was saying ‘that refugee doesn’t have a qualification recognised by our system’ – it was ‘that refugee is a doctor, so we’re going to change our systems and that access issue will be resolved’. That’s such a powerful story. When we have an emergency situation, suddenly we can do away with all these bureaucratic and restrictive systems.”

OECD research from 2020 shows that, on average, migrant workers account for 14% of key workers across Europe and that, in most regions, migrants are as likely to work in key professions as native-born citizens. Brussels in fact has the highest figure of all European regions, at 56%. This research applies to both EU and extra-EU migrants, but another policy paper from the same year found that workers from non-EU countries in particular are over-represented in key occupations, relative to their share of the general workforce. While such data may not be novel, it has taken on a new meaning in light of Covid-19 and the spotlight thrown upon the world’s “essential workers” who have put themselves at risk in order to serve (and service) the rest of society.

Yet while the original idea behind the ODI’s “data tracker” was simply to highlight the positive contribution that migrants were making to the pandemic effort, the team were surprised by how many reports there were of government measures being implemented to make immigration regulations more flexible. “What was not anticipated were the policy actions and responses,” Kumar explains. “A lot of it became about what governments were doing to shore up their access to that workforce. They were changing visa terms and conditions, giving extensions [on permits], putting in place special channels to bring migrants into their countries because they knew that their supply chains would not function properly.”

This applies to intra-EU migration, such as when the UK infamously flew in eastern European farm workers on a special charter flight in April 2020, just as it was telling everybody else to stay at home. But there were also measures targeting undocumented workers. In Italy, for example, a temporary regularisation programme was established for workers in the agriculture and domestic care sectors. In Portugal, over the course of 2020, the government granted temporary legal status to more than 356,000 migrants with pending regularisation applications. Other countries, such as Greece and France, also extended residence permits in light of the shifting context. “There has been movement in the past 18 months,” says Lilana Keith, senior advocacy officer at the Platform for International Cooperation on Undocumented Migrants (PICUM). “From our perspective, regularisation has always been one of the most pressing demands. That hasn’t changed, but we’ve seen much larger campaigns that have attracted broader support.”

Not quite cause for celebration

Despite the window of opportunity that such developments may represent for migrants labouring in the shadow economy, it is perhaps too early to call this true progress. The measures that were rolled out in Italy, for example, have faced strong criticism for various aspects, such as the short time frame for application and the duration of permits. “We saw them repeating mistakes that we know are problematic,” says
“When you’re sans-papiers, you work like a slave.”

Keith, citing a key one as being too great a dependence on the employer. In the two-track programme, the first pathway is for the employer to apply for a work contract with a foreign national. However, employers arguably had little financial incentive to do so, considering the increased pay and social security contributions it would entail. Human Rights Watch accused the scheme of actually heightening undocumented migrants’ vulnerability to exploitation, as workers interviewed by the organisation claimed that they had to pay the 500 euro application fee themselves, while a few said they had been asked by employers for large sums of money in exchange.5

But one of the most fundamentally problematic aspects of the scheme was its restriction to only those working in the agriculture and domestic care sectors. Kurosh Danesh, in charge of migration policies at the Italian General Confederation of Labour (CGIL), is frustrated with these limitations: “The response of the government was not very satisfying to us because we wanted a complete and thorough regularisation, while they only admitted the regularisation for two categories of workers.” And according to PI-CUM’s Lilana Keith, domestic care was only included following a strong advocacy effort to expand the regularisation scheme to all sectors — agriculture was the main focus at first. She points out that “the Italian agricultural model is financially dependent on migrant, and particularly undocumented, labour”. When Covid-19 hit Italy in spring 2020 and necessitated the implementation of hard and fast lockdown measures which would hinder the movement of farmworkers and block the arrival of summer seasonal workers, the very real fear of a labour shortage in this essential industry loomed. It is an industry that has become infamous for its exploitation of undocumented workers, which makes it less surprising to hear of some employers’ abuse of the scheme. While the government did proclaim one of the objectives of the programme to be the prevention of the spread of the virus in informal settlements, and sanctions were doubled for employers continuing to hire undocumented labour, critics have nevertheless accused it of primarily serving economic interests rather than humanitarian concerns in a time of pandemic, questioning why other sectors were not also covered, such as construction and hospitality.

It is interesting to compare the case of Italy to that of Belgium, where no kind of collective regularisation seems to be forthcoming. The presence of the right-wing, anti-immigration Lega Nord party in the coalition government meant that Italy wasn’t the obvious place to see a mass regularisation scheme. However, economic imperatives seem to have won out to a certain extent. “The economy needed agricultural workers and care workers,” explains CGIL’s Danesh. “At that moment, these were the two categories of workers who were really needed in the country. And so objections couldn’t be made. It was a choice driven by the needs of the economy that overrode the political positions.”

In Belgium, however, concerns about labour shortages and the post-pandemic economic recovery so far seem not to have overridden political resistance to regularisation. “It’s a political choice to not respond to economic needs,” says Jan Knockaert, coordinator of Fairwork Belgium. “I see no possibility that this current government will push through a regularisation.” Of course, as the pandemic has taught us, there are always minor exceptions in emergency situations. Belgium did introduce a temporary measure in spring 2020 allowing asylum seekers to carry out seasonal agricultural work even if they had not yet received a response to their request for international protection. Employers were obliged to provide accommodation for the duration of the work contract. However, Knockaert says that only 50 applications were made due to a lack of information and the fact that it was not made clear if the asylum seekers would still have accommodation to return to following completion of the contract.

Who “deserves” a life in Europe?

What is clear is that migrants’ lives are caught in the balance between these political and economic tensions. The economic rationale for more progressive immigration policies in Europe, particularly in light of its long-term problem of aging populations, as well as the shorter-term emergency situations created by crises like Covid-19, is one that can be used effectively by campaigners for the rights of the undocumented. However, the experience of this pandemic has shown how too great an emphasis on the economic can lead to arbitrary measures that do not do enough to protect migrant workers and offer them long-term security. Italy is a case in point. “The regularisation was a temporary measure,” says Kunosh Danesh. “At present, the government has no other provisions, nor ideas or promises.” CGIL is currently exploring possible legal pathways to establishing a more regular and universal regularisation process.

If the Covid-19 crisis has presented an opportunity to “change the narrative” about migrants in Europe, particularly those considered “low-skilled”, thus blurring the classic problematic divisions between the “deserving” of residence rights (for example, political refugees) and the “non-deserving” (economic migrants), it has also perhaps created the danger of a new division: between the “essential” and the “non-essential”. This is reflected in the focus of a regularisation programme like Italy’s, which is structured around the needs of the labour market, rather than those of the migrants themselves. Portugal offers a contrasting example, where the scheme was not restricted to certain sectors and where there was an emphasis placed on protection of the most vulnerable, providing access to healthcare, social security, and collective health and safety.

When carrying out the ODI “migrant story” project, Claire Kumar was concerned by how little she saw about the Covid-19 immigration measures being accompanied by a real assessment of the working conditions in certain key sectors and occupations. “One of the things that I think is surprising and really concerning is that this aspect was not much more front and centre.” Citing Portugal as one of the few exceptions, she says: “You could count on one hand what we found in terms of serious improvements [...] On the whole, it is a dramatic disappointment that we did not do better on working conditions, alongside these measures. If we can’t do it now, when we have the wider public health interest, I’m really not sure what is the trigger to make the difference.”

Meanwhile, the occupiers of Brussels’ St John the Baptist church are awaiting their fate. In a moment of levity, a group of women begin dancing to music. One amongst them is clutching something close to her chest like a child, not letting anyone near it. The other women, laughing, ask her what it is. “It’s my case file!” she replies, smiling.
Refuse collectors: essential but invisible

Praised in spring 2020 as “frontline” workers against Covid-19, Parisian refuse collectors are now speaking out against a shameful lack of recognition.

Hugo Boursier
Journalist
Sadak Souici
Photographer
The thanks were short-lived. Very short-lived, according to the men and women who get up at four o’clock in the morning to empty our dustbins, dispose of our bin bags that have been ripped open by rats, cats or crows, or clear up the surgical masks that litter the pavement. During the early months of the health crisis, when many French people were teleworking, refuse collectors were among the workers that society relied upon and whose activity could not be stopped. In the street, in response to the intrigued expressions of passers-by, they finally appeared to be anonymous no longer.

“At first, they greeted us, and some of them clapped for us. It was as if they were finally seeing us,” recalls 43-year-old Romain, a refuse collector for the past 10 years in the 14th arrondissement in Paris. “But that’s all over now,” he concludes quickly as he notices the time.

The ripeur, to use the name given to these refuse collectors who stand on the back of the lorry and pick up bins full of household waste, finishes putting on his uniform. It is 6.05 a.m., and his round will begin in a few minutes in the mild morning air. It’s time to get the day’s route from Marc, the foreman who coordinates the roster. He will then give this to the driver of the truck, Cyrille, 47 years old, whom Romain knows well. They put their masks on in the changing room – the staff have been cut, in theory, to 11 people because of Covid-19.

The people who do this work are in constant fear of contamination, although they have gradually got used to it. The refuse collectors try to keep a distance between each other – as far as possible, but there are 37 of them and their offices are not very spacious. Despite the instructions on the wall (a sign forbidding staff to fist-bump each other, and a poster saying “Stay alert during your break”), at least seven staff have tested positive for the virus in a year, one of whom has been suffering from “long Covid” (persistent symptoms) since last winter. “That’s Éric, poor bloke. He’s 55 years old, his respiratory capacity wasn’t good enough for him to come back to work,” explains Romain, who is ready to set off.

The public-private divide

In Paris, the Direction de la Propreté et des Eaux (Department for Sanitation and Water, DPE) has 5 000 employees, a fifth of whom have been infected by Covid-19. Contact cases are not recorded, much to the regret of the CGT (General Confederation of Labour) trade union. “From the first lockdown, we’ve been calling for mandatory tests,” says Cyrille before getting into his lorry, but the DPE has never provided them. This demand is often repeated by the refuse collectors, although they acknowledge that they have been provided with masks and sanitising gel since March 2020.

In the private sector, the protection of refuse collectors has been worse. While half of the waste management in Ile-de-France is the responsibility of four undertakings (Pizzorno, Urbaser, Veolia and Derichebourg), refuse collectors had to wait several weeks to be provided with equipment. “It was very difficult at first,” says Ali Chaligui, a CGT delegate at Veolia. “Measures were only taken on a broader scale from the beginning of May. Prior to that, in order to get protected, some refuse collectors were even forced to exercise their right to withdraw from work in order to bring pressure to bear on management. That was when staff representatives sounded the alarm on the hazards of daily life, particularly the survival time of the virus on refuse.” Because of a lack of accurate scientific data, this concern continues to worry many refuse collectors, whether in the private or public sectors, whose bodies have to come into contact with bins.

Apart from this difference in treatment, the private sector differs from the public sector because of its flexibility in relation to working time. More precisely, private-sector refuse collectors receive wages that are a little higher than those of their public-sector colleagues (around 1 450 euros net per month), and have rosters according to the tonnage of waste: if bins are empty, they can go home earlier. The reverse applies if they are full. On the other hand, they do not enjoy the job security of the public sector.
The refuse collectors get changed in the locker room at 6 a.m. The team has been reduced to 11 people due to Covid-19. As well as emptying household bin bags, the refuse collectors change the bags of the street bins.

Photos: © Sadak Souici
Private-sector refuse collectors receive wages that are a little higher than those of their public-sector colleagues, around 1,450 euros net per month.
Refuse collectors earned a bonus of 35 euros per working day, or 700 euros per month, as “personnel who have been subject to exceptional constraints”.

no doubt about it, at the beginning, people give you a funny look. And then you become indifferent to it,” he notes, adding that the job is less looked down upon than it used to be. In 2007, however, Cyrille decided he wanted to progress professionally. He took an internal competitive exam (concours interne) and obtained his heavy goods and public vehicle licences. With his seniority and his driver’s status, higher up the hierarchy than a bin man, he’ll retire at around 2 800 euros a month. “I should retire at the age of 62. And to think it used to be 55,” he bemoans, in light of the arduous nature of the job.

Hazards of the job

For drivers, bad posture on a daily basis is enough to cause serious pain to the lumbar vertebrae. “It’s the knees as well,” adds Cyrille. “Lorries used to have manual gearboxes. They were often Renault Punchers, which were not very ergonomic and didn’t have air conditioning or heating. But, in particular, they did have dual clutch transmission. That meant that your knee was working all the time in built-up areas, so, at the end of the working day, some drivers couldn’t even walk properly,” he recalls, relieved that that period had only lasted a few years.

The job is even harder for ordinary refuse collectors. Facing the vagaries of the weather on a daily basis, the bodies of these operatives are always under stress: they have to lift plastic bins — sometimes made even more cumbersome by glass bottles — up over their shoulder and twist their wrists as they manoeuvre the green wheelie bins into place for emptying, often two at a time. This has to be done while ensuring that they avoid speeding scooters, or cyclists concentrating on where they are going. After 10 years as a bin man, Ali Chaligui can confirm: “I suffer from both ankle pain and back pain. That’s caused by the lorry jolting as it stops and starts.” Thirty years or so ago, the bins didn’t even have wheels: two bin men would carry bins weighing tens of kilos, while a third would guide them. “The older guys struggled on. Their shoulders went after a few years,” explains Romain, who pulls his green bin up before pressing a blue button to empty it.

Refuse collectors are increasingly keen to highlight this drudgery on social networks. An example is the @eboueursdeparis Twitter account, which has close to 10 000 followers, and the TikTok channel of Ludovic, a 45-year-old refuse collector who has a substantial following of 143 000 subscribers. Through these two channels, the sector seeks to raise awareness of the difficulties they face on a daily basis and some of the anti-social behaviour they encounter: full bags stacked beside small rubbish bins, cigarette butts, plastics of all kinds littering the pavements, and so on. “We’re often told that we’re paid to pick things up, so people don’t think twice about chucking their rubbish down in front of us,” complains Cyrille, looking at a drinks can on the ground that he can see in his rear-view mirror. Walking along the pavement, Jimmy confirms: “The neighbourhood’s fairly residential here. In the 1st arrondissement where I normally work, there’s much more rubbish on the ground.”

In spring 2020, the gap between the way society perceives refuse collectors, submitting them to such daily humiliations, and the actual importance of their role, became particularly evident. “You really feel that you’re an essential cog in the wheels, particularly when you’re working in the thick of the crisis,” says Romain, a rubbish bag in his hand. He will soon be leaving his job to become a steward at a waste facility.

Fighting back against a lack of appreciation

This demand for recognition helped refuse collectors to earn a bonus of 35 euros per working day, or 700 euros per month, as “personnel who have been subject to exceptional constraints while combating the Covid-19 epidemic to ensure public service continuity”. But this only lasted during the first lockdown. It was dependent, in particular, on the goodwill of the municipalities and of private undertakings. In Bordeaux, for example, the CGT and FO trade unions called for a strike to increase the bonus that the City Council had initially set at 500 euros. In that already precarious context, refuse collectors were shocked to see that the law on civil service transformation was indeed upheld. Put to the vote in August 2019 by the National Assembly and scheduled to be applied in January 2022, this law establishes the loss of eight days’ holiday per year and calls the system for reducing working time into question. The aim is to extend the working time of public officials, including refuse collectors, even though they actually suffer greater hardship. A refuse collector would nevertheless live, on average, 17 years less than the average French worker, according to figures regularly quoted by the media, although challenged elsewhere.

“They always come to check on us,” complains Cyrille, referring to DPE members, after finishing his first round at about 7:50 a.m., starting in “the countryside” (the areas outside Paris, such as Gentilly to the south). At the entrance to the depot, there are two buckets on a bench: the red one contains detergent for cleaning gloves, while the other, a blue one, contains soap for washing hands. A third bucket on the ground is used to clean footwear. Once the workers are in the break room, spirits are high. Very few mention the social movement that has been under way since 17 November 2020, when they took a series of drastic measures: the first protest on the roof of the DPE, the second on 25 May 2021 at the City Hall, and another in the City Council in the 13th arrondissement at the beginning of June.

The protest at the City Hall, which was by far the most symbolic, was brought about because of a pirated recording of a meeting attended by nine executives, including the heads of the DPE, the Service Technique de la Propreté de Paris (City of Paris Sanitation Department, STPP) and the Service Technique de l'Eau et de l'Assainissement (Water Treatment and Purification Department, STEA). Made without their knowledge and now available on
You Tube, elements of the strategy of the various departments can be heard, together with a certain unease about introducing the law on civil service transformation: “Even so, the risk is that it’ll sail through in the next two months... nobody’s understood a thing... [...] and then we’ll apply the thing, and afterwards we’ll find ourselves in a sticky situation,” the Director of the DPE is heard saying. “That recording didn’t surprise me,” says Cyrille. “We’re not appreciated, and that proves it.” The recording really galvanised refuse collectors and led to a 70% adherence to the strike on the day they went into the City Hall. When Philippe\’ comes into the break room, his colleagues ask him to tell them about what he’d experienced that day. “There must’ve been around 200 people. There was a tremendous atmosphere! Then, at one point, I was going to go out to grab myself something to eat, and I saw that the cops had tightened the security in front of the entrance. They beat me all over with their truncheons,” he says, before putting his yellow vest back on: it’s time for the second round.

This police violence was disappointing for others too, since it is a form of repression against people who are defending a particular idea of public service. Every day, just as they do here on the roads of the university campus where Cyrille’s dustbin lorry ambles along, thousands of refuse collectors demonstrate that they are needed – but, as the driver complains, “[T]hey’re asking us to do more with less”. Doctoral student Hugo Bret explains: “A number of staff, particularly those who have a career path in which public employment provides them with greater social mobility, have a sense of pride, a feeling of usefulness to society.” This sentiment must be acknowledged; we cannot allow refuse collectors to once again be rendered invisible.

At Porte d’Ivry, where Cyrille empties his lorry, the huge waste incineration centre is hidden just behind architect Jean Nouvel’s new, flamboyant twin towers – making it, rather symbolically, hardly noticeable.

1. Dozens of trucks unload the waste collected over the day.
Photo: © Sadak Souici

\*His first name has been changed for the purposes of this article.
For those employees unable to return to their former jobs, for the self-employed forced out of their homes because they cannot pay their bills, for all those in debt, the impact of ‘long Covid’ is not merely physical. As Diana ter Mull, aftercare adviser at C-Support, explains, “We are seeing some really distressing cases.” In her role, she is confronted on a daily basis with patients overwhelmed by devastating fatigue as well as cognitive disorders such as poor concentration and memory problems, or patients who barely respond to stimuli. She goes on to explain that, “In addition to feeling ill, these people have to deal with the disease’s often serious impact on their work and income. What can you do if you are at risk of losing your job because of a long-term illness? Or if you can no longer make the repayments on your mortgage because your sickness benefit does not cover them? Or if you are self-employed and have no sickness insurance cover? People suffering from long Covid, like any other long-term illness, have to deal with a myriad of different rules and regulations, and all the while the disease’s effects often prevent them from seeing the wood for the trees. It’s our job to help them see things more clearly. If patients have a better grasp of the overall situation, they will feel less stressed and will be able to invest more energy in their recovery.”

A tailored approach is essential

Since October 2020, people who have been suffering from Covid-related complaints for three months or more can turn to C-Support for help. This foundation operates on behalf of the Dutch Ministry of Health, Welfare and Sport and provides guidance and support for long Covid sufferers. Together with the patient, aftercare advisers take stock of the symptoms and their consequences in all aspects of life. These may encompass physical and mental health issues, social life, work and income. Medical advisers assess a suitable way forward for improving the situation and assist patients in their search for the appropriate care.
providers. In this context, a tailored approach is essential. In the Netherlands, patients suffering from long Covid are entitled to claim a refund, for a one-year period, of costs incurred as a result of physiotherapy, occupational therapy or psychological support. C-Support also facilitates intervention by lawyers, employment specialists or financial advisers in order to help resolve work- and income-related issues. So far in 2021, C-Support has already advised and supported some 8 000 long Covid sufferers.

“We are acting as a kind of relay in the care and support system offered to the victims of long Covid,” explains C-Support Director Annemieke de Groot. “We form the bridge between the patients, on the one hand, and the health professionals, occupational doctors, local authorities and provider organisations on the other. Problems do, after all, crop up regularly in all these areas. Our aftercare advisers, who operate across the entire Netherlands, accompany patients, as required, to meetings with occupational doctors, employers or the local authorities, or with the bank to agree a payment arrangement. And, as we still know very little about long Covid, we’ve been involved in drawing up new guidelines for occupational health. The health problems suffered by sick employees are often downplayed. The sick frequently come up against a lack of understanding. How they are feeling on the inside cannot always be seen from the outside.” (See boxed texts.)

Long-term illness

In 2007, between 50 000 and 100 000 people in the Netherlands became infected with Q fever. The disease, caused by the transmission of bacteria by goats, had also taken hold in Germany, France and Switzerland. Those infected presented with a high temperature, pneumonia and sometimes meningitis. For a long time, patients were not taken seriously, and considerable time passed before a link was established between Q fever and the pathologies in question. A political discussion on the government’s inability to caution against the dangers of what are known as “zoonoses” led to the creation of Q-Support (C-Support is a sister organisation of Q-Support) in 2013. Annemieke de Groot explains: “As is the case with Covid-19, a large number of patients recovered, but others continued to be ill for a long time: they could barely function physically, let alone do work of any kind. Q fever had an enormous impact on society.”

Marjolein van den Diepstraten (age 41)

• Dietician in a care organisation
• Has suffered from Covid-19 since December 2020

“I feel guilty for being ill for so long.”

Before Marjolein van den Diepstraten contracted coronavirus, she could do everything. She was not fazed by a mere 120-kilometre roller-skating challenge. She went to the gym almost every day and enjoyed a busy social life. She thought she could manage when she developed flu-like symptoms in December 2020. Almost one year on, her extreme tiredness persists. If she exerts herself too much, she gets a headache and falls ill. Some days, simply getting out of bed requires too much effort.

“I have my ups and downs, and that is hard to deal with,” she comments. “Instead of making steady progress, it fluctuates. So, in occupational therapy, I learn how best to divide up my energy so that I can avoid suffering a massive setback each time. With the physiotherapist, I try to work on my physical condition. Now I can walk for just short of an hour. Hitting your limits like that is really hard going. I was still in good shape of course, but I had this massive problem.”

Before falling ill, Marjolein worked 32 hours a week as a dietician. Now, she works 20 hours a week. During lockdown, she tried to keep in touch with her clients by means of video calls. “I feel guilty for being ill for so long. Especially when colleagues have to take over my consultations when I’m too ill to do them myself. My employer has shown understanding with regard to my situation. I’m putting a lot of pressure on myself to work more efficiently. My whole life revolves around work now. I’m taking so much time to recover that my social life has pretty much disappeared. I’m also worried about what will happen if I continue to suffer from long Covid. One aftercare adviser at C-support is helping me at the moment to look into what I can do if my salary drops after one year’s sick leave. You’re effectively punished for something that you caught at work. This is really hard for me to handle mentally.”

“The health problems suffered by sick employees are often downplayed.”
Workers have borne the brunt of the often woeful working conditions prevailing during the coronavirus pandemic.”

Bianca van der Heijden (age 50)

• Administrative assistant in a care organisation
• Has suffered from Covid-19 since April 2020

“Losing my job is a serious blow for me.”

Bianca van der Heijden was critically ill. After two weeks in hospital, she had to spend nine months in home isolation. Her body was making virtually no white blood cells, meaning that an infection could have proven fatal for her. Her blood test results are still not as they could have proven fatal for her. Her blood cells, meaning that an infection

on these people’s lives, that is to say, physically, socially and financially. At that time, and still now for that matter, we were in a position to offer patients help and advice, to train professionals and to drive research over a number of years. The patient must remain the focus of our concerns, and we have to turn our attention not only to the disease itself but also to the environment in which it develops.”

When the Covid-19 pandemic broke out, Q-Support therefore already had a model it could use to support and guide patients with long-term conditions. “We saw and still see the irreparable damage and suffering experienced,” adds de Groot, “with patients dragging themselves from one healthcarer practitioner to another without actually making any headway because the disease is poorly understood. Since gaining extensive experience from dealing with Q fever, which also presents a very varied clinical picture, we were able to identify long Covid more rapidly. We’ve learnt the lessons of the past. We’ve realised that effective monitoring is vital. With Q fever, we could see how it was difficult sometimes for sufferers to return to work.”

Recognised occupational disease

No one knows this better than the FNV union federation. In the healthcare and welfare assistance sector in particular (hospitals, care homes, home care and care for the disabled), approximately 190 000 staff have been infected to date (in other words, roughly one carer in six), often because of a shortage of personal protective equipment. It is not without reason that, in April 2020, Covid-19 was recognised in the Netherlands as an occupational disease, i.e. a disease probably contracted in the workplace. Trade union members suffering from ill health caused by Covid-19 contracted at work can have recourse to the FNV’s Occupational Diseases Office (BBZ). “We examine each case to see whether a liability claim could be made,” explains Marike Schooneveldt from the Occupational Diseases Office. To date, over 100 people have come forward seeking redress against their employer. They include healthcare workers as well as cleaners, security officers and public transport or nursery staff. Liability actions often take years to play out. The causal link between occupational exposure and damage to health must be proven.” To support workers who have fallen ill because of their work and whose illness persists, the FNV also advocates the setting up of a government-financed coronavirus fund. “Workers have borne the brunt of the often woeful working conditions prevailing during the coronavirus pandemic,” explains

The FNV also advocates the setting up of a government-financed coronavirus fund.
Patrick X (age 37)
- Teacher in special needs education
- Has suffered from Covid-19 since September 2020

“Fingers crossed, I'll end up feeling fit and well again.”

Teacher Patrick X was struck down twice with Covid, first in September and then in December 2020. He was very poorly. Furthermore, his raging fever presented a risk on account of his heart problems. Since his vaccination, he feels his problems have been alleviated slightly. “I've kept working as much as possible, but I'm just as tired as ever. On occasions, I was too tired to drive home, or my students would tell me that I was explaining something to them for the third time. There's always this blanket of fatigue weighing down on me. Once her maternity leave had ended, my wife didn't go back to work straight away so that she could take care of everything at home. She didn't go back to work full time until this summer.”

Patrick began his rehabilitation four months after his first bout of Covid-19. He does not know whether the physiotherapy is helping him. Sometimes he is able to do the exercises, other times not. The important thing is that his body’s oxygen level, which was too low, is now increasing because of his movement, which in turn gives him more energy. “I think the fact that I kept working enabled me to keep going through it all. During the summer holidays, I noticed that resting made me feel worse. You have to keep busy. I had to miss days and meetings at work, and my colleagues took over the extracurricular activities. The occupational doctor’s advice that I should only work half days wasn’t very helpful. Having to rearrange everything makes that arrangement very stressful and extremely time-consuming. Fingers crossed that, one day, I'll be feeling fit and well again. For now, that's all we can hope for.”

Jolanda Visscher (age 52)
- Taxi driver
- Has suffered from Covid-19 since February 2020

“I feel that I have to defend myself all the time.”

“I stared death in the face,” Jolanda says as she recalls her stay in hospital in February 2020. When she returned home two weeks later, there was not much left of the person she was. The home care workers and district nurses came and went. Her children, who are teenagers, struggled to do what they could for their mother who was confined for months on end to the hospital bed set up in their living room. She feels frustrated that she can do very little herself. She has to ask for help with everything, when once upon a time she would have painted or decorated the whole house herself. “I don't go anywhere without my wheelchair. In spite of the rehabilitation process, I always have trouble concentrating, my muscles are like mush, I have permanent pain in my diaphragm and chest … as if a concrete block were laid across my chest. The worst of it all is that people think it's all in my head, or that I'm play-acting. I feel that I have to defend myself all the time.”

From the financial perspective too, Covid-19 has caused considerable damage. Jolanda’s one-year contract working as a taxi driver has not been renewed. She claims a temporary sickness allowance from the government and, further down the line, might receive a very small disability allowance. “We are currently around 400 euros out of pocket every month. I sometimes borrow money from my daughter. Nobody is willing to acknowledge such a situation. I sent an email to Prime Minister Rutte urging him to get his hand in his pocket for businesses generally as well as for me. Through no fault of my own, I've found myself in a nightmare. My son, who is autistic, said to me: If you had died, I would have killed myself. We often forget the impact that long Covid has on families. My children have made a huge personal sacrifice to help me.”

Rian van Nispen, FNV spokesperson for care and well-being. “We have, on a number of occasions, referred the minister to his responsibilities. One group of workers with long-term problems is significantly worse off financially. After one year of illness, these people receive only 70% of their salary, and they also lose the payments made in respect of irregular work. A survey that we conducted in spring 2021 indicated that a quarter of the carers who fell ill in the first wave had suffered, or expected to suffer, a financial loss.”

But, according to the FNV, those falling ill in other key-worker occupations should also be able to access this fund. And Rian van Nispen points out that “This is clearly about obtaining a benefit, not damages. If people think the benefit is insufficient in relation to the loss or harm suffered, the option must remain for bringing an action for damages against the employer.”

The intervention fund that the FNV has been backing for quite some time now could be based on the model for the Asbestos Fund or the Fund for diseases caused by exposure to solvents (psycho-organic syndrome). In the Netherlands, victims who contracted these diseases at work receive a benefit that may amount to as much as 21 847 euros. Furthermore, the employer is held liable. As Rian van Nispen goes on to explain, “For a large group of patients with long Covid, receiving 20 000 or 30 000 euros would be a relief. This is also apparent from the survey we are conducting among healthcare workers. We also have a moral obligation in this regard: we cannot just stand by and do nothing, first applauding the healthcare workers and then abandoning them to deal with their problems alone.” ●
A new era of the resilient teleworker?

The way work is organised has been shaken to the core by the Covid-19 pandemic. During the lockdown, the extent to which companies and their employees managed to adapt to the experience of enforced teleworking was cause for celebration. But now that teleworking has been extended, it is becoming obvious how far, in terms of exhaustion, not to say mental distress, working from home is from being synonymous with wellbeing. As a cure, many companies are now offering training in “resilience”. But what does this all-pervading yet undefined concept actually mean? What powers would a resilient worker be given, and should we welcome this new development?

Since March 2020, remote working has become the norm for a sizable percentage of European workers. The pandemic not only confers an aura of virtue on this concept of resilience, it has set it up as an end-goal. We now look forward to resilient nations, economies and health systems, and talk of both climatic resilience and cyber resilience. The centrepiece of the European Union’s recovery plan, NextGenerationEU, actually goes by the title of the Recovery and Resilience Facility.

The origins of a multi-layered buzzword

The word “resilience” derives etymologically from the Latin resilire, which harnesses the verb salire, to jump, to the prefix re, indicating a backward movement. While medieval French spawned the concept of “résiliation”, denoting the act of retracting – of withdrawing from a contract by stepping back from it – the English language latched onto the present participle of the Latin word resilire, which is resiliens, and associated it with the idea of rebound, or, to put it another way, a movement of returning to a state of equilibrium. As early as the 17th century, the concept gained popularity in English, notably in the writing of Sir Francis Bacon (1627). In the first half of the 19th century, “resilience” began to appear in scientific parlance, in relation to the physics of materials, where it was used to describe the elasticity and resistance of wood and metals when subjected to shocks. Materials described as “resilient” were those capable of absorbing the shock and returning to their original state.

From the second half of the 20th century onwards, the concept of resilience spread to many other disciplines, including psychology, ecology and the management sciences. In psychology, for example, there was an urge to understand how some children, when exposed to trauma (such as war, bereavement or abuse), managed to “triumph over their misfortune” and become fully developed adults, while others went on being afflicted by their ordeal for the rest of their lives. The capacity for resilience in the former cases was advanced as an explanation...
of outcomes that defy the workings of fate by managing “to develop positively, in a socially acceptable way, despite stress or misfortune which would normally entail a serious risk of a negative outcome”.\textsuperscript{6} In ecology, Holling (1973) carried the concept of resilience over into the study of systems subjected to disruption and, breaking in this respect with accepted usage deriving from the physics of materials, suggested that resilient systems do not return to equilibrium in the strict sense but, to be more precise, adapt their structure to change so that they can continue to function in the new circumstances. Later on, from the 1980s onwards, the management sciences, somewhat along the same lines, defined the resilience of organisations as the ability to react and adapt to an unexpected situation or a crisis.\textsuperscript{7}

This brief digression into the roots and some of the scientific usages of the concept gives us an opportunity to draw out three special features of it. Firstly, the concept of resilience is, by definition, inseparable from the existence of a disruption, since it is following the occurrence of the latter that the former is likely to emerge. The keen interest taken in the idea of resilience in the current context of a public-health-related economic crisis is therefore no great surprise. Secondly, the concept of resilience remains vague, with a nebulous, almost magical aura surrounding it. It is a rebound, of course, but on what timescale and in what conditions? In what direction, how far and at what cost? And finally, the concept of resilience still leaves unanswered the mystery of what determines its appearance (i.e. whether it is innate as opposed to learned). Is it possible or even desirable to identify, from the outset, those individuals and systems most likely to save themselves by rebonding, when it looks as if, by definition, resilience can only reveal itself after the event, in other words after exposure to a crisis or a disruption?

More recently, the proponents of “personal development” have liberated resilience from the realm of the innate to establish it in the field of things learned. For these champions of working on the self and positive thinking, even though there is no denying that some people seem by nature to be better at it than others, resilience can still be learned through effort. This means it would no longer be the prerogative of a select few but, provided they put in the effort, would be a saving skill which ordinary mortals and therefore, of course, workers could access.

\textbf{Workers, be resilient! \ The call to adaptability}

In the management sciences and management speak, people tend to describe the world in which businesses currently evolve by applying the acronym VUCA\textsuperscript{8}, which pinpoints its principal features: volatility, uncertainty, complexity and ambiguity. In this view, the crisis caused by Covid-19 is a major VUCA event. In management schools, it is very likely to be used for a long time as a way of preaching the mantra of agility, adaptability and reactivity as the organisational and individual virtues businesses must possess if they are to survive in an ever-changing world – a world which is, at one and the same time, unstable, unpredictable and even sometimes threatening.

Against this background, at a time when fatigue and demotivation have been lying in wait for many teleworkers run down by successive lockdowns, businesses have been irresistibly attracted by the burgeoning supply of training courses in resilience, a “soft skill” tailor-made for periods of crisis. Personal development consultants in businesses have therefore taken it upon themselves to help workers “learn”, “improve” or indeed “cultivate” resilience at work as a way of better adjusting to an environment that is constantly changing or proclaimed to be likely to do so.

At first sight, this approach might seem to involve a form of genuinely worthwhile pragmatism. What could be wrong with bolstering workers’ resilience, helping them bounce back after a setback, a failure, a shock, a pandemic? In reality, now it has been put through the personal development mill and adopted into managerial new speak, resilience in its “corporate” version has lost its benign sheen and needs to be looked at with a greater degree of caution. A dip into the content of these kinds of training courses will be enough to prove the point.

\textbf{Bending without breaking: \ the ethos of the reed}

By way of introduction to workplace resilience training courses, the fable of The Oak and the Reed by Jean de la Fontaine is often cited. An oak tree which prides itself on standing up to a storm pities the fate of a reed, which is forced to bow down at the least breath of wind. Irritated by the oak’s compassion, the reed tells the tree it would rather “bend without breaking” than “resist without bowing its head”. A north wind suddenly starts to blow and decides the outcome of this duel by uprooting the oak. The moral of the tale sets the tone for the training course: to bow in the face of adversity, to accept your fate without complaint, to adapt...
Now it has been put through the personal development mill and adopted into managerial newspeak, resilience in its “corporate” version has lost its benign sheen.

in the face of all opposition, is represented as the only stance that is sustainable in the long run. In the end, it is claimed, resilience is just a matter of survival.

Such courses then generally sound out the experience of teleworkers, in the form of a short poll in which they are asked to say how they felt during the health emergency. The results as regards being locked down are mixed, suggesting that some actually managed to reach a favourable accommodation with the situation in the short term. When it comes to the long ensuing period, on the other hand, the feelings most often mentioned are of frustration, anxiety, anger, lassitude, sadness and stress – proof, in fact, if any were needed, that the training is not superfluous and that the people who take it deserve help in “finding the strength to bounce back, to be resilient, to grow as a result of this crisis”. It is also an opportunity for hammering home the never-ending message, written by Nietzsche of course, that “What does not kill me, strengthens me.”

When asked to pinpoint the sources of these negative responses and the stress they feel, teleworkers mainly put it down to the workload, the lack of control, the spirit of “everything for the business”, the sense of isolation, the future organisation of work and the effect on the health of their business. It is hardly an encouraging picture, let us take leave to doubt it and to wonder whether, when it comes down to it, the main point of them might not be found elsewhere. At all events, the incursion of the notion of resilience into the business world is part and parcel of a “psychologising of labour relations” which individualises and depoliticises the issues associated with working conditions by reducing them to individual strategies of adaptation. Resilience also establishes a loosened, not to say more relaxed, relationship with the principles of prevention, as what it does is adapt the individual to the work, including in his or her emotional experience, rather than the reverse, even though that is what the 1989 Framework Directive on health and safety at work requires. Lastly, the call to be resilient means discrediting any form of resistance, any questioning of how work is organised. So we can feel only concern, as did Thierry Ribault, author of a critical essay on resilience, at the growing influence of this concept, which is helping to establish a “technology of consent” both in the world of work and elsewhere.
More deaths but less work for the funeral sector in Romania

Laura-Maria Ilie and Florentin Cassonnet
Journalists

As soon as a person dies, an entire series of activities is set in motion, with funeral workers taking care of the body and bringing it to its final resting place. These jobs, which go unnoticed yet are physically and psychologically demanding and call for technical and interpersonal skills, are essential to the proper performance of one of humankind’s most significant rituals. What have been these workers’ experiences of the rise in fatalities due to the pandemic? How have they adapted to this new reality? The mortality rate has gone through the roof because of Covid-19, but not all workers in the sector have been affected in the same way. This article looks at the funeral director business and hospital morgues in Romania.
“I would have bought a Porsche if it had been a real epidemic,” Mihai Bojescu, age 66, comments. Yet he is no Covid sceptic. In fact, he, along with his wife, daughter-in-law and grandson, indeed the whole family, contracted Covid-19. But, for him, the term “epidemic” has a different meaning to how it is understood by ordinary people. And he of all people can express a legitimate opinion in this area, given that he has been operating since 1999 as a funeral director in Bucharest. So when a significant loss of life is looming, he is one of the first to feel its effects.

“I admit I was a little scared right at the start. For me, the word “epidemic” conjures up images of corpses piling up in the streets, like during the bubonic plague. But I didn’t see anything like that.” How-ever, the figures for the fatalities in Romania (population: 19 million) speak for themselves. There were 260 886 deaths in 2017, 263 500 in 2018, 259 721 in 2019 and in 2020 – the year the pandemic began – 297 000 deaths,¹ that is to say, practically 40 000 deaths in excess of the average for the previous years. In other words, a 14% rise in the mortality rate. Was his business affected by the pandemic? “Not really. In fact, there were fewer customers than before – more deaths but not as much business for undertakers.” Asked how such a turn of events is possible, he explains, “You need to bear in mind that there has been a phenomenal increase in the number of funeral businesses in recent years.” Whilst you could count some 50 undertakers operating in Bucharest back in 2010, today’s figures soar above 300.

The other funeral directors we interviewed in Bucharest all tell a similar tale: far from boosting their activity, the pandemic actually coincided with a drop in business. They wonder whether Bucharest is becoming isolated in Romania due to its flooded funeral market. Alternatively, since most of the deaths were happening in hospital, perhaps that was the reason funeral directors were being overlooked.

Funeral director, a secure occupation

We leave Bucharest and head off to the north-east of the country. Focșani, a city with a population of 70 000 and capital of Vrancea County, is where we meet Gabriel Bratu, a name as renowned around these parts as the legendary white wolf. “When somebody dies, Bratu is the first word on the relatives’ lips,” we are told by a man selling coffins in a neighbouring village. “Bratu’s the best on the market, he’s a multi-billionaire,” claims a retired manufacturer of funeral monuments. He means “billionaire” in old lei (Romanian currency), but, even so, you get the idea: he runs a successful business.

Bratu’s funeral services business was the first of its kind to open in Focșani after the revolution in 1989. A trained joiner, Gabriel Bratu also used his shop to sell the type of funeral candles which Romanians buy to adorn the graves of their dead. However, by the early 1990s, the Romanian Orthodox Church had decreed that only those candles bearing the holy seal were now permitted in the country’s churches. Far from being defeated by this development, Bratu the joiner set about making coffins. These days, he has two shops in Focșani, one of which is located in the city’s hospital, and another five smaller shops in some of the county’s villages.

Between two phone calls, he gushes about his profession, painting a vivid picture of his work over the past 30 years and the many different characters that have come through his door. “The customers always want to negotiate. They want the most expensive products for the lowest possible price. They ask for their bills to reflect the real price tag but then try to beat you down on the price so that they can make money on the grant.” The grant is a benefit paid by the Romanian state to each family on the death of their loved one. It is a payment of exactly 5 380 lei, which is almost 1 000 euros. In Bucharest and other cities, grants are disbursed prior to the funeral; in such cases, Mihai Bojescu will collect them in person from the city hall and pass on to the families any remaining sums after the funeral expenses have been paid. In Focșani and other municipalities, these grants are disbursed after the funeral: Gabriel Bratu sometimes has to wait months to receive payment from the poorer families, as they are unable to pay the bill up front. Bearing in mind that a grant of 5 380 lei is almost three times the minimum wage in Romania, this indicates that the funeral sector is subsidised to a certain extent by the

¹. https://www.zf.ro/eveniment/anul-2020-a-marcat-un-numar-record-de-decese-de-aproape-300-000-in-20249373
². In this context, a viewing ceremony before the funeral.
state. This allows the poorest families in particular to arrange “proper” funerals for their loved ones. Even so, some of them try to claw back on the costs so that they have some money left over after the funeral.

This also explains why the number of businesses has gone through the roof in the past few years. “When you don’t want to work in the building trade or in the fields, you do this line of work because it’s a secure business that will never die out,” we are told the following day by Alin Cosma, who is preparing to take over from his father at the helm of a small business in Focșani that manufactures funeral monuments.

Black market in funerals

The economic reality of the sector is far from easy, and there appears to be stiff competition in a funeral market that has been widely deregulated. You only have to look across the street at the shop sign announcing Bratu’s immediate business rival, Popa Funeral Services. The two businessmen spy on each other to find out each other’s prices before narrowly undercutting each other. Let us not forget that not everyone who calls Bratu or visits his shop will necessarily buy from him. They will compare and shop around. “They have a budget, so they will seek out the lowest prices,” he explains.

Popa is not his only competitor; there are other, smaller “black market” competitors, those out in the rural areas who “operate without permission”. He adds, “Every village has one of these shops. These people only sell coffins – it isn’t the complete funeral package, it’s just about selling. Our work, by contrast, involves going into people’s homes, even if they’re on the eighth floor, taking care of the deceased, washing and dressing the body, placing it in the coffin before carrying it out of the building. These people in the villages don’t do any of that because the deceased’s family steps in.”

Hence the need to be reachable at all hours of the day and night to keep one step ahead of the competitors who spend their nights sleeping. Bratu is a very light sleeper. When someone calls him and he is in bed, he wakes up, gets up and goes to work. “You don’t know when you’ll get a full night’s sleep. It’s normal for me to be tired,” he comments. When he started out and was still doing “front-line” work, he would often get up in the night to take care of a body, wash it, dress it and prepare it for the wake – all of which would take him two to three hours – before going back home to his wife for a few more hours’ sleep.

When asked whether there has there been more work since the pandemic, he replies, “No, there have been fewer deaths than usual. What with lockdown and all the restrictions, people weren’t free to go about their daily lives, so there were fewer accidents.” That meant less work and less money coming his way. He comments, “We’re pleased when we get more work, but sometimes it’s nice to have less work.” Then at least he is guaranteed to get some sleep.

Bearing in mind that a grant of 5380 lei is almost three times the minimum wage in Romania, this indicates that the funeral sector is subsidised to a certain extent by the state.

The peace of the cemetery

Like Bratu’s funeral services, the Cosma family home is located at their place of work. Their house looks out over the Focșani bypass from among the warehouses on the industrial estate. It stands at the back of a yard used for storing the raw materials needed for making and erecting funeral monuments and memorials. In the shadow of the house, two workers toil over their handiwork at trestle tables. When asked whether they are bothered by the noise of machinery and cars, one of them, Stefan Cosma, soon to retire at the age of 71, replies, “No, you know, the house is very well insulated.” He decided to have his house built here in 2000 because materials had previously been stolen from the yard.

He has watched this sector take off: when he started out in 2000, there were three or four businesses that made funeral monuments in Focșani; now, there were over 20 of them. “You need luck if someone is going to come and place an order. That means having to accept that there will be some negotiation on price, you need to secure custom, you have to make an effort to be nice to the customers, and so on.”

This philosophy belongs to Alin, Stefan’s 32-year-old son, who is preparing to take over the business. Up until 2020, Alin used
to work in Bucharest digitising documents for the government. Then his daughter came into the world, and he wanted a quieter life, so he and his little family came back and settled in Focșani. If he had not opted to take over the business, his father would have closed it down. He is already clear about what he wants to change: there will be no more cemetery work (making burial vaults) because there are no people to do this work any more.

The following day, we make our way to the cemetery south of Focșani to meet the gropari (gravediggers) there. These people dig the graves, carry the coffins from the small chapel at the entrance to the cemetery, where the wake is held, and then lower the coffins into the graves at the end of the funeral ceremonies. It is 2 p.m. and Vasile, a gravedigger for the past four years, Fanel, the past twenty years, and Ionel, only two years, have just finished digging a grave with shovels and digging bars. Their work is completely manual and particularly hard, especially when you are only paid the minimum wage (approximately 450 euros per month). Of course, they receive small tips from the families at the funeral, but that is just a token amount.

“But it is rewarding working in the cemetery,” Vasile enthuses. “It’s quiet and peaceful – you don’t hear the noise from the town. You can take in the air, you’re surrounded by flowers and nature, and there’s no boss on your case.” When one of them injures himself or becomes too old to continue this hard graft, he will move over to tending the cemetery, keeping the graves clean and tidy, cutting down the weeds and similar activities.

They maintain that the pandemic has not really had an impact on their work, apart from during the three Covid surges when more graves needed digging, but they were able to carry their leave over to a later date. “Thankfully, the spikes dropped again, so we were able to catch up,” Ionel comments.

“A sense of camaraderie among colleagues is vital, because they are the only ones who can understand what the work demands of them.”
In the hospital morgues

We leave Focșani behind us and venture further north to Suceava and its county hospital, which also has funeral workers on its payroll. In actual fact, apart from in Bucharest and the larger towns and cities, morgues are not really used by funeral directors: in most cases, the body of the deceased is tended to either in the hospital morgue or in the deceased’s home. Given that most of the pandemic’s victims have died in hospital, staff working in hospital morgues have encountered a completely different set of circumstances to that of the funeral director.

Georgiana Ionașcu, in her 40s, works as an anatomical pathologist at Suceava County Hospital. Her work is split into two parts: one part involves laboratory analysis (histopathology), and the other part takes place in the morgue (attestation of death, embalming, grooming and cosmetics, dressing and release of the body). She does not mind telling us that “The time we have spent working in the morgue over the past two years has put a huge pressure on us.”

In the event of a Covid-related death, there is no embalming of the deceased (replacing blood with formaldehyde); only a superficial preservation procedure is applied to the skin. “This kind of work is more straightforward because it involves a non-invasive procedure, but the volume of work it entails is greater. As a result of this, you have to work more quickly so that groups of people don’t have time to congregate and you can minimise social contact. In effect, by working like this, you are helping to maintain some kind of social distancing. But, once your shift is over, that’s when the reality of it all kicks in.”

Their relationship with the families has also changed since the mandatory rollout of the new rules. Everyone agrees that this has been the toughest challenge. “It’s been a constant battle with the families because of the new rules we’ve been obliged to implement at work that we, in turn, have imposed on the families,” she explains. “The families find it hard to accept the fact that, unlike other deceased patients, Covid victims leave the hospital in sealed coffins.” The families therefore no longer have the customary two days prior to the funeral to view their dearly departed and say their goodbyes; only a few relatives can be there, and only for a few minutes, for the mandatory identification of the deceased before the sealing of the coffin.

The other problem is that the staff are not permitted to dress the deceased; this precaution was taken in order to limit contact with the dead and to protect the hospital staff from any post-mortem transmission of the virus. Georgiana Ionașcu recounts how “Some families rallied against this measure. They would approach us and tell us that there were traditions that had to be respected.” Since April 2021, this rule has been changed, and those who have died of Covid-19 can now be dressed. However, for a whole year, doctors found themselves adopting a kind of “law enforcement” role, caught in the middle between enforcing the new rules and tackling the family’s resistance to those rules. “A social burden fell upon us,” she explains. “When a patient dies, we are the first point of contact for the relatives. When a person is still alive, the family is still hopeful, but after death, all their feelings of frustration, unhappiness and dissatisfaction are released, and they release them directly at us, even though we haven’t been involved medically up to that point.”

“Like a horror film”

Mihaela Ciobânașu, age 28, is an autopsy nurse. She started working in the morgue at Suceava County Hospital two years ago, just before the pandemic broke out. And when it did, it was “horrible”. Suceava suffered terribly in the first wave, and many care staff were infected. The daily tally of deaths kept going up. According to official figures, the death toll reached 32 in just one day at the hospital, whereas, before the pandemic, the daily figures would have reached only two, three or four. “We had black body bags everywhere, like in a horror film,” she recalls. “There was no more space, we found ways to deal with this, but it was difficult.” She takes a few moments before continuing. “You stop being human. When the families come to identify the deceased, they want to stay for as long as possible because it’s the last time they will see their loved one, and it was a tough time because, when there are lots of deaths, after five or ten minutes you had to ask them to leave.” She would make clear to them that this was her place of work and she had to get on and work.

In those particular moments, coping mechanisms are essential. Nobody wants to admit it openly, but humour is a highly effective mechanism for relieving tension. More generally, a sense of camaraderie among colleagues is vital, because they are the only ones who can understand what the work demands of them. “Families can’t possibly comprehend,” Georgiana Ionașcu explains. “Nobody outside the workplace can appreciate what it is that we do.”

The other coping mechanism they have at their disposal is family life. However, this was put in jeopardy at the start of the pandemic because some of the staff at Suceava County Hospital had to live separately from their relatives for fear of infecting them. This is what happened to Mihaela, who had to send her husband to live at his mother’s. She lived on her own for two months. “I preferred it that way. If he’d been there, I would have worried more. But, on the other hand, it was really hard to come home every night to an empty house,” she recalls.

Once again, we feel obliged to ask the obvious question: what is it like, working with the dead, day in, day out? “It’s wonderful!” Mihaela exclaims, laughing at her own response. “It’s true! You don’t know these people, but you’re the one who gets to see them for the last time. It’s kind of an honour. I really enjoy hearing these people’s stories; you see, when the families come, they tell you everything. And then, when you’re dealing with the non-Covid deaths, you can tend to the deceased, groom them and apply cosmetics, dress them, make them look nice for the funeral ceremony and generally recreate their good looks from when they were alive.”
Tragedy strikes on and offstage for Croatian theatre workers

In December 2020, an opera singer of the Croatian National Theatre, Ante Topić, died from the effects of coronavirus. Although it is impossible to establish for certain whether the singer became infected whilst at work in the theatre, his death brought to public attention the dissatisfaction of the employees of Croatia’s largest theatre house with safety measures at work during the pandemic and their relations with the management. These tensions reflect a wider dissatisfaction with the problems of precarious work and unsafe working conditions faced by many Croatian cultural workers.

On a cold Saturday afternoon, colleagues and friends of the opera singer Ante Topić gathered in front of the building of the Croatian National Theatre in the centre of the Croatian capital, Zagreb. With lighted candles and lanterns, they wanted to pay their last respects to the 62-year-old, who had died the day before after a long battle with coronavirus and whose erudition, kindness and optimism were praised by the media, who called him “the benevolent spirit of the Croatian National Theatre”.

However, the death of this opera performer placed the alleged failures of the management of the Croatian National Theatre in protecting workers under close public and media scrutiny. Dissatisfied employees spoke out about the inadequate implementation of measures to protect workers during the pandemic, often precarious working conditions, and troubled relations between some employees and the management of Croatia’s largest theatre house.

In Croatia, the first wave of the coronavirus pandemic began to spread in 2020. The government rapidly introduced restrictive measures: schools, nurseries and colleges were closed in March, together with cafes, restaurants and all non-essential shops and cultural establishments; people were urged not to gather and to maintain social distancing. Theatres and other cultural establishments gradually started to open only in mid-May, when employees of the Croatian National Theatre returned to work in complete confusion as to how to organise their rehearsals and performances.

“At the time, it was known that choral singing is very risky because loud singing spreads more aerosols through the air,” recalls Mario Bokun, an opera singer and trade union representative of the Croatian National Theatre choir. Bokun is a lifelong lover of singing, who has worked in the theatre for 21 years and has been a trade union representative since 2018.

“The Civil Protection Authority, which adopts epidemiological measures in the country, adopted no measures for ensembles at that time. We repeatedly asked for an epidemiologist to be brought in who could look at the premises where we work and establish how we can hold rehearsals, how many people can stay where, and for how long and in what way. But, so far, we’ve been unable to do so,” he adds.

The only open theatre

In spite of a lack of information and “some friction” in relations with the management, the operas performed in spring were mainly staged as concerts (without excessive acting and movement on stage) in reduced composition, and Bokun considers that, on the whole, it was “done correctly”. However, problems began in the autumn when the number of new infections in the country began to rise rapidly as the theatre prepared for the new season as if there were no pandemic. The media reported how the Croatian National Theatre was successfully putting on performances while the world’s major theatre houses were closed or operating at reduced capacity.

“At the time, we were still performing Lucia di Lammermoor, and preparing the Barber of Seville, the Magic Flute and Carmen. The Barber of Seville was performed under direction [with acting on stage] and, although some minor modifications were made, there were no major special adjustments to the new pandemic conditions,” explains Bokun. “It is a performance in which the composition of the choir is reduced, and we also spread out on stage on our own initiative. But the Magic Flute has around 20 soloists, plus a choir and extras. Why put on such a performance at this time?!?”

In the week of 23 October, when the premiere of Carmen was held at the Croatian National Theatre, in a country of about four million inhabitants there were over 10 000 active cases of infection (264 cases per 100 000 inhabitants). In addition, the number of hospital admissions and patients on a respirator was increasing daily. Measures to limit the number of people at weddings, funerals and other private gatherings
Vomiting during the performance.”

But no, we staged orgies, coughing and at the same time complying with the measures allowing us to act out all this lasciviousness whilst putting on a performance which would enable us to keep a distance. But why did we include a lascivious performance, and I have no idea why.

Lebarić Rašković, an opera singer in the drive, then started another.”

The Croatian National Theatre was putting on performances while the world’s major theatre houses were closed.

were in force, and there was a ban on organising large demonstrations and visits to hospitals and nursing homes, as well as a ban on the public attending sporting competitions.

But the Croatian National Theatre was open. And while the audience in the auditorium sat socially distanced wearing masks, on the stage, where the story of the love triangle between the fiery Carmen, the soldier Don José and the bullfighter Escamillo in Spain was being played out, the performers were running up and down the stage, singing in close contact.

“In some scenes, a colleague literally lay on top of me and sang 10 centimetres or so from my face, without a mask,” recalls Tina Lebarić Rašković, an opera singer in the Croatian National Theatre choir. “Carmen is a lascivious performance, and I have nothing against that … but why did we include Carmen in the programme during a pandemic? Perhaps we could have found a director creative enough to meet the challenge of putting on a performance which would enable us to act out all this lasciviousness whilst at the same time complying with the measures. But no, we staged orgies, coughing and vomiting during the performance.”

A predictable outbreak and management failure

Both Bokun and Lebarić Rašković tried, they say, to warn the management and the competent institutions that the performances were not adapted to epidemiological conditions. “Horrified by the stage rehearsals, I posted a comment on the website of the Ministry of Culture of the Republic of Croatia and invited the Minister to come to a performance of Carmen and see how the distancing measures were not being carried out,” says Lebarić Rašković. “If I can’t enter a chemist’s without a mask, how can I work like this in a theatre?” However, instead of a response from the competent ministry, she was called to a meeting with the Managing Director of the Croatian National Theatre, Dubravka Vrgoč, at which she was received by the Directors of Opera and Ballet. “They showed me a screenshot of my post on Facebook (…), and Ms Vrgoč held my employment contract in front of her and turned it over in her hands. I was told that I was not allowed to go public with anything without consulting them first.”

Bokun says that, as the choir’s trade union representative, he reminded the Director of Opera, on 30 September, of the measures requiring that a distance of two metres be maintained between singers on the stage. “But our Director said that they are just recommendations, and we don’t necessarily have to stick to them,” he says. During this time, employees’ temperature was being measured at the entrance to the theatre, and they could not enter the building without a mask. However, for the most part, masks were not worn on stage. The choir was divided into three parts, but those three groups did not work on three different performances with no contact at all, but rather mixed together. “Only part of the choir sang in the Barber of Seville, but some of them were also in Carmen, Lucia di Lammermoor and the Magic Flute,” says Bokun. “We all mixed together instead of organising work so that, for example, we put on one opera for two weeks and then started another.”

Before long, there was an outbreak of the virus at the theatre. A performance of the Barber of Seville was held on 29 October. One of the extras in the performance got coronavirus symptoms two days later, on 31 October, and, after receiving a positive test result, informed the management about it. However, the management only informed two employees, says Bokun, and no one was placed in self-isolation. “We heard about it from a soloist colleague,” he recalls. “The Director and the Managing Director knew about it, but remained silent and did not inform the employees. Why? They are probably not allowed to remove performances from the programme. The show must go on!” A few days later, rehearsals were held for the Magic Flute, in which several infected people from the Barber of Seville took part.

Tina Lebarić Rašković became infected with coronavirus at that time. When she was tested on 8 November and received a positive result, she immediately informed the choir about it. “That email couldn’t be ignored because I sent it to the choir email list, and it was received by 60 people.” Ante Topić, the now deceased member of the Croatian National Theatre choir, did not take part in the Barber of Seville, but was at the rehearsals at which several ensembles had mixed, including those which had been in contact with the infected extra.

No one can determine with confidence whether Lebarić Rašković, Ante Topić or the other Croatian National Theatre employees who got coronavirus at the same time became infected precisely at the Croatian National Theatre. However, as Lebarić Rašković points out, “It is not a matter of whether the virus ‘started’ at the National Theatre. But, if it came to the Croatian National Theatre through the extra or someone else, then others became infected as well. And those who became infected should have been placed in self-isolation.”

As a result of the suspicion that the management of the Croatian National Theatre had failed to follow the epidemiological instructions, which could have led to the virus spreading in the theatre, the Croatian Union of Cultural Workers (HSDK) filed, on 16 November, a criminal complaint against the Managing Director, Dubravka Vrgoč. “No one is happy that the situation escalated, but we called for dialogue, and none was forthcoming,” says Domagoj Rebić, Secretary General of the HSDK. “The advice and suggestions of people who have been working in the theatre for 20 or 25 years and know every nook and cranny of it, and who have proposed various measures, have not been heeded.” The criminal complaint was still in the defence process at the time of writing this article. The theatre’s management rejected all the accusations of non-compliance with the epidemiological measures and the Minister for Culture and Media, Nina Obuljen Koržinek, sided with the Managing Director and claimed that the allegations of negligence were “malicious”.

In June 2021, a further criminal complaint was raised against the Managing Director. The Ministry of Internal Affairs lodged a complaint of bullying with the Municipal Public Prosecutor’s Office, following statements made by 30 employees of the Croatian National Theatre, the alleged victims of that bullying. This is not the first time that the Managing Director’s name has been mentioned in the context of workplace harassment. Vrgoč, however, strenuously denies all such accusations. In 2019, the Managing Director sued a psychiatrist who had alerted a number of institutions to the fact that certain employees of the Croatian National Theatre had complained of...
being subjected to bullying. The Managing Director also sued Damir Kovač, a commissioner of the Croatian Union of Cultural Workers, of the performing arts branch of the Croatian National Theatre, for “damage to honour and reputation” because he had drawn public attention to poor working conditions and disorganisation. “This sets a precedent. To my knowledge, and I’m able to speak about the cultural institutions in which we operate, from theatres and museums to state archives, I do not know of the head of any institution suing a trade union representative in a private law suit in this way,” says HSDK’s Domagoj Rebić, adding that this case has not yet been concluded.

Coronavirus has exacerbated existing problems

In addition to the problems in interpersonal relations, many employees of the theatre and experts of the theatre scene point to the structural problems of the Croatian National Theatre. “The Croatian National Theatre is a theatre with three ensembles [opera, ballet and drama] with one stage. They are de facto three theatres in one,” explains Snježana Banović, director, writer and professor at the Academy of Dramatic Art at the University of Zagreb. “Every managing director says we need a new stage, but how are you going to build a new theatre after the earthquake [which hit Zagreb in March 2020 and caused significant material damage] and the pandemic? This theatre needs re-organisation first.”

For years, Banović has sharply criticised the situation on the Croatian theatre scene, which she says has been “in free fall” since the 1990s, the war period and the post-war years. “I thought that the 1990s were terrible because national themes were pushed to the centre of everything. It wasn’t that that ruined us (...) but what came afterwards when the party favouritism and the placing of people close to parties in top positions started,” she explains. “Opera [at the Croatian National Theatre], for example, has never been at such a low point. The orchestra is neglected, there is a complete lack of knowledge of modern repertoire and events on the scene, and there is no investment in new singers,” believes Banović.

The dissatisfaction is also reflected in the issue of salaries and material working conditions. In 2019, salaries at the Croatian National Theatre were 20 per cent lower than at other city theatres. Moreover, under the current Law on Theatres, artistic ensembles in opera have contracts for two or four years, which are extended until they reach 20 years of service, after which they receive an indefinite contract. For most, this means not being able to take out a loan for a house, car or other needs until they have completed 20 years of service.

Nonetheless, professional singers in Croatia still see the Croatian National Theatre as an institution which provides some kind of security. Those who graduate in singing today can join one of four national theatres in the country (Zagreb, Split, Rijeka and Osijek), the Comedy Theatre in Zagreb, or the Croatian Radio and Television Choir, or opt for a career as a freelance artist. However, the precarious status of freelance artists has deteriorated further during the pandemic.

“The Ministry of Culture did put in place a number of aid measures for independent artists, but they were not sufficient,” explains Dunja Kučinac, a member of the curatorial collective BLOK (Local Base for Cultural Refreshment), which in July launched the campaign “For fair pay”. “Moreover, [artists] had to prove that their programmes had been cancelled, which meant a lot of paperwork, and one criterion for obtaining financial support was that the artist had to have a certain level of income earned the previous year, and the support was fixed on the basis of that. The problem is that these measures were temporary, namely for several months, although they were repeated for another cycle this year.”

At the Croatian National Theatre the employees are waiting for the results of the selection of a new managing director. The person selected will lead the Croatian National Theatre for the next four years.

“In some scenes, a colleague literally lay on top of me and sang 10 centimetres or so from my face, without a mask.”
Covid-19 has put a strain on Finland’s already under-resourced health service, even though the country has coped with the pandemic better than many others. The fear and uncertainty of spring 2020 has given way to a climate of constant stress and frequent overtime for healthcare professionals, and more and more are considering a career change. For a true improvement in working conditions, some changes need to be made, starting with higher pay, an end to overtime, and mental health support.

Fanny Malinen
Journalist

Looking beyond Finland’s pandemic success story

“Of course, it scared everyone,” says nurse Kati Pajari, remembering the start of the Covid-19 pandemic 18 months ago. “At home, I have a seven-year-old boy with asthma. I didn’t want to bring it [Covid-19] home with me.”

Pajari works in the accident and emergency (A&E) department of a medium-sized hospital in the Hospital District of Helsinki and Uusimaa (HUS). In the spring of 2020, an isolation area was allocated within the A&E department to which Covid-19 patients and suspected coronavirus cases were transferred. Within a few days, the ambulance hall was converted into a drive-in testing point. Pajari praises HUS’s readiness and says that the hospital district’s pandemic team held regular meetings with her superiors. Although the guidelines were constantly changing, they were clearly communicated. Elsewhere in Finland, or in the health and social care units maintained by the city, action was sometimes taken more slowly: Pajari also passed on the latest instructions to colleagues who worked for other employers.

At no point did the protective equipment run out at Pajari’s workplace, but it was sometimes in short supply. When the disposable aprons used to protect work clothes ran out, washable ones were brought in from the operating wards. There were also problems with the delivery of masks. “All kinds of masks ended up being used. They caused allergic reactions in some people, but miraculously a suitable mask was found for every user.”

When equipment ran out, the A&E department was ordered to start saving FFP2 and FFP3 masks that staff had initially used when dealing with Covid-19 patients. “We were suddenly informed that they had practically run out, and what was left had to be saved for procedures that release a lot of aerosols into the air, such as intubations and mucus suctioning. We were given surgical masks and told to use them when treating coronavirus-positive patients as well. We would have felt safer if we could have worn masks that offer better protection,” says Pajari.

Uncertainty about at-risk groups

Pajari is not alone in her experiences. According to Kaija Ojanperä, a work environment specialist at Tehy, the Union of Health and Social Care and Early Childhood Education and Care Professionals in Finland, there were huge deficiencies in protective equipment at the beginning of the pandemic. Moreover, official instructions were often too limited or inconsistent, causing confusion about what was safe and what was not.

Ojanperä also highlights the experience of at-risk groups working in the social care sector: “There were a lot of shortcomings where the employer failed to do a risk assessment for them, and the occupational health service likewise failed to do a health assessment that ought to have been done. In other words, an occupational health physician would assess the risk to a person of working in a place where there are confirmed or suspected Covid-19 patients.” She believes that the reasons for these shortcomings are not only a lack of resources in occupational health care, but also a poor understanding of the significance of employees’ health assessments. She explains that, in some instances, people at risk have been forced to take time off work at their own expense.

At Pajari’s workplace, supervisors had the opportunity to plan shifts in such a way that older and pregnant employees conducted symptom assessments over the phone, although they were not officially transferred to other duties. Pregnancy was originally on the list of risk factors maintained by the Finnish Institute for Health and Welfare (THL). It was later removed from the list when it became clear that pregnant women were at no greater risk of contracting Covid-19 than other healthy adults. THL’s list subsequently consisted mainly of serious illnesses.

Staff were also transferred to other posts after only the briefest of induction periods. Ojanperä herself has decades of working in intensive care under her belt. “If I think about my own induction to the job, it seemed like it was months before I was even allowed near a patient surrounded by all that high-tech medical equipment. During the Covid-19 crisis, [ICU nurses] were given only a few days’ training before having to step up to the plate.”
Covid-19 as an occupational disease

Health and social care professionals also became infected by Covid-19 themselves. Marianna Korolkoff, a nurse working at a care home for the elderly in East Helsinki, fell ill at Easter 2020 during the first wave of the pandemic, shortly after a resident at the care home was diagnosed with the disease.

Korolkoff praises the City of Helsinki’s Epidemiological Department for keeping in regular contact with her over the phone. A nurse friend also frequently enquired about her wellbeing and provided her with instructions for breathing exercises. Her grown-up children who live nearby as well as a large number of her friends came and left food parcels outside her door.

However, Korolkoff would have expected more follow-up from her employer. She says that, in the summer of 2020, she was gasping for air after even the smallest amount of effort, and still today her lungs don’t appear to have recovered fully. “The occupational health services have washed their hands of me completely, even though this is work-related. There have been no follow-up checks or contact of any kind. I would have liked some form of further investigation.”

Korolkoff doesn’t even know if her Covid-19 illness has been reported as an occupational disease. An occupational disease is a condition that probably results mainly from exposure to harmful factors in the workplace. It must therefore be possible to show that the infection came specifically from the workplace and not elsewhere.

The investigation of a suspected occupational disease is the responsibility of the occupational health services. The employer issues a notification to the insurance company, which then deals with the matter – usually upon TAKO’s recommendation. The final decision is made by the insurance company, according to TVK, by the end of May 2021 insurance institutions had processed 1 050 reports according to which an illness caused by Covid-19 was suspected to be an occupational disease. In 697 of these cases, the illness was confirmed to be an occupational disease. Approximately 90% of the cases involve healthcare workers.

Korolkoff wishes that she had an occupational disease diagnosis, in the event that health problems emerge later; after all, very little is known about long Covid.

Finland fares well in international comparison

In an international comparison, Finland has survived the coronavirus pandemic well. At the beginning of September, a total of 1 031 people had died of Covid-19 in Finland, which has a population of 5.5 million. Neighbouring Sweden, with a population almost double that of Finland, had recorded 14 692 deaths. Swedish employees in the health and social care sector have also had it hard. In October 2020, a total of 6 663 cases of Covid-19 were reported as an occupational disease, most of them involving care professionals. The number of cases involving nurses numbered 1 800 alone.

The World Health Organization (WHO) estimates that at least 115 000 healthcare workers have died from Covid-19 worldwide. Kati Pajari has previously worked in London and keeps in touch with colleagues around the world. She says she understands that things are better in Finland than in many other places. “But nowhere should anyone have died because they chose to work in the health and social care sector.”

When I ask what are the reasons behind Finland’s relative success at managing the pandemic, all the interviewees highlight one aspect: the high level of education of the medical staff. Nurses have at least a three-and-a-half-year university degree, and community nurses have a three-year vocational degree. No untrained staff are employed, even in auxiliary roles.

“We have extremely skilled, well-trained and dedicated staff. In addition, our staffing structure is different [from Sweden’s]. Community nurses also have expertise in pharmacotherapy. Healthcare assistants have a year of training, but community nurses undergo a longer period of training, which is why they have a better understanding of and know how to respond to the changed circumstances brought about by Covid-19,” explains Korolkoff.

Covid-19 is also taking a toll on mental health

The WHO and the UN have called for special attention to be paid to the mental health of healthcare professionals both during and after the Covid-19 crisis.

Docent of Nursing Science Lauri Kuosmanen from the University of Eastern Finland states that the full impacts of Covid-19 will take time to emerge, so it is still difficult to assess them accurately. “But yes, this has been a heavy burden,” he says. “Covid-19 has posed a risk to the mental health of all of us, but one particular group affected by Covid-19 are the healthcare workers. Their workload has increased significantly, and Covid-19 has also made people uncertain about their own safety and the safety of their loved ones.”

In addition to uncertainty, the increased workload poses a danger to employees’ mental wellbeing, Kuosmanen says. There is a risk of burnout, which commonly leads to other serious mental health problems such as depression, anxiety, sleep disorders and substance abuse problems. Mental

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“The occupational health services have washed their hands of me completely, even though this is work-related. There have been no follow-up checks or contact of any kind.”
health problems are already the biggest cause of disability in Finland and the reason why one in three people retire on a disability pension.\(^5\)

Kuosmanen calls for accessible support for healthcare professionals, such as consultations with mental health professionals: “They need to be supported so that problems such as insomnia, sleep disorders, anxiety or low mood can be identified, and then they need to be provided with timely psychological support.”

The pandemic has exacerbated existing problems

When interviewing the nurses, it is obvious that they talk about their work with pride. Korolkoff speaks with warmth of the “team spirit” that prevailed among the staff as the epidemic raged through the care home where she works. When Covid-19 later struck a unit run by a private service provider, she set out to help – she already had expertise in managing the spread of the epidemic, as well as natural immunity, having already contracted the illness herself.

Despite succumbing to the disease, Korolkoff is satisfied with her employer’s actions during the epidemic: protective equipment and extra staff were provided. The epidemic was also controlled in such a way that not all residents and employees became ill. The care home where Korolkoff works is small and homely.

However, both Pajari and Korolkoff say they often have to work overtime. Pajari states that on a day off all she can bring herself to do is lie on the sofa watching TV – she even answers the phone interview call from the comfort of her sofa. She explains that the pandemic is currently causing general fatigue: “When you work for 13 hours straight at a fast pace and wear a mask all the time except when you’re eating, your head aches when you leave work. You also don’t tend to drink during the day because of wearing a mask.”

Pajari says that, until the end of last year, staff at her workplace managed to cope. However, staffing levels dropped drastically when, in addition to the existing staff shortage, nurses became ill and were required to quarantine after being exposed to Covid-19. “The A&E department operated largely on overtime,” she says and continues: “I have to be blunt and say that we are beginning to have a pretty tired workforce here. We’ve even lost a few highly qualified nurses. We’re expected to cope, but a person can only take so much.”

According to a survey conducted last autumn by Tehy, in which 2750 employees took part, as many as 88% of nurses had considered leaving the industry, and almost half are actively planning to do so. Under the emergency law introduced in response to the pandemic, holidays were postponed, people were reassigned to other duties and notice periods were extended.\(^6\)

“The reports about those leaving the industry are really scary from the point of view of a person who is still working. It can’t be done by just one or two people by themselves; it takes a whole team of professionals,” Pajari notes.

Higher pay would attract more employees

Under the Occupational Safety and Health Act, the employer has an obligation to monitor the workload, but employees also have an obligation to inform their employer if they are overworked. Upon receipt of such information, the employer must take action to reduce the burden on their workers’ health.

In an industry where everyone is overworked, it is hard to leave a colleague in the lurch when flexibility in shift work schedules is what is required. However, the trade union Tehy encourages employees to report to their supervisors if they feel overworked. “It’s no longer acceptable to say that this is simply the way it is in the health and social care sector,” Ojanperä says. She adds that superiors often know that there are not enough staff, while they themselves are also overworked. “If the decision-makers don’t provide us with more resources or allow us to take on more staff, then they’re going to have a tricky situation on their hands.”

Yes, employers do try to help employees cope with the demands of work in a number of different ways, she says. “But when a person works in a demanding role, then of course she feels that she should be remunerated appropriately. Our salaries are basically so poor that people need to work overtime to make ends meet. It’s really not conducive to coping at work.”

The average earnings of nurses in Finland (3,207 euros per month in 2020, if working for a municipal employer) are below the average wage (3,606 euros per month in 2020), although night, evening and weekend allowances push it above the monthly average for a task-based salary (2,546 euros). A nurse’s salary is the lowest in the Nordic countries.\(^8\)

In Finland, the payment of Covid-19 bonuses has been left to employers’ discretion, and no funds have been allocated by the state. Some municipal employers and hospital districts have paid their employees extra wages, others have not. For example, at Christmas, HUS paid employees to cancel their holidays, but seeing as this has been done in previous years as well, employees have refused to see it as a Covid-19 bonus.

Pajari, who works for HUS, says that the pandemic made no difference to her pay: “We haven’t received a single euro more. I don’t know whether being given a Covid-19 bonus would have increased my ability to cope at work, but it certainly didn’t help to read in the papers that nurses were paid bonuses in other countries.”

Korolkoff says that she has received a Covid-19 bonus of 750 euros from the City of Helsinki and smaller bonuses from the existing reward system. However, she criticised the fact that the government maintained the emergency conditions and the emergency law even when the epidemic situation was less acute so that nursing staff could be made to work.

“Society considers us important enough for new laws to be drafted concerning us, but not so important that extra funds are earmarked for our pay,” she concludes.●

5. https://yle.fi/uutiset/3-11297402

“Nowhere should anyone have died because they chose to work in the health and social care sector.”

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The healthcare workers who can't afford health insurance

Home healthcare is a fast-growing sector in the United States, with a large percentage of women, minority and immigrant workers. However, the appreciation for such essential labour during the Covid-19 pandemic has not translated into acceptable pay and conditions, with many workers unable to even afford health insurance for themselves. In North Carolina, one of the least unionised states in the country, workers are finally organising, bringing the Fight for $15 campaign to the sector and raising support for President Biden’s proposed investment of 400 billion dollars into home healthcare.

Sarah Jaffe
Journalist

Sandra J.W. Brown has been a home healthcare worker in Asheville, North Carolina for a little over a year, but she’s worked in healthcare since 1993. In that time, she’s worked as a certified nursing assistant in nursing homes, in hospitals, in a doctor’s office, and in behavioural health. Yet with all her experience, she is still paid just 10 dollars an hour.

“This is the first healthcare job I’ve had that offered no benefits at all,” Brown says. “The pay is what I was making 15 years ago, 20 years ago.” And like many workers in the United States, she isn’t offered health insurance. “So you’re out there providing healthcare and you get no healthcare or no safety net in return. Does that make sense?”

Brown is just one of millions of low-paid care workers across America, watching policy debates and organising with workers like her to change the circumstances under which they labour: mostly alone in their clients’ homes, providing medication and physical and emotional support, and all at rock-bottom pay rates. With the shift to a new administration in Washington and the outbreak of the Covid-19 pandemic, care work is newly in the spotlight, but it’s unclear whether the workers will actually see an improvement in their working conditions anytime soon.

Brown began working in home care after her husband was diagnosed with terminal cancer. A friend of hers had been approved for home health services – paid through Medicaid, the public care system for low-income people and those with disabilities – and that friend asked Brown if she would be his carer. The job allowed her to be flexible to take care of her husband, and to care for her two daughters after her husband passed away. She’s since begun to pick up other care work to supplement her income, but none of the work provides benefits.

Cummie Davis has also been working in care for decades, beginning in a nursing care facility and then moving to home care when her mother became ill. She’s now been doing in-home care in Chapel Hill, North Carolina for over 13 years, but her wages remain stagnant. “They’re not giving any incentive for you to want to stay on the job. Looking back at it, the reason why I’m still there is basically because I still have bills rolling around every month that I need to pay.”

For her home care job, which she does on top of another position at an assisted living home, she stays overnight with her client, yet is not paid for the time between 10 p.m. to 6 a.m. “I feel like they should pay us for sleeping there and not being in our own bed that night,” she said, even if it’s not the same as her regular hourly rate – which is just 11 dollars an hour.

There are many ways, both Davis and Brown point out, that the short-changing of home care workers also affects the clients. The lack of personal protective equipment during the pandemic – something both Davis and Brown experienced, in different parts of the state and with different employers.
would create jobs) and to raising wages for caregivers, but the details are still being hammered out between conservative Democrats – no Republicans are willing to support the measure, though some pay lip service to the need for home care – and the president and more progressive members of the House and Senate.

In the American Jobs Plan, Biden had 400 billion dollars earmarked for home care services, but that was cut back after complaints from conservative Democrats like Joe Manchin of West Virginia and Kyrsten Sinema of Arizona. So far, the new proposal includes 190 billion dollars for home care, but advocates (and the Congressional Budget Office) have said that’s not nearly enough.

The home care money had originally been in Biden’s infrastructure bill, which passed the Senate with bipartisan support, but Republicans argued that home care wasn’t infrastructure. However, economist Kate Bahn of the Center for Equitable Growth in Washington, D.C. points out that care work, like much work associated with women’s historic role in the home, is paid less because of bias. “It does not reflect the economic value of these jobs.”

The home care workforce, she notes, is a very large, fast-growing one. It doubled in size between 2008 and 2018, and was estimated as the fastest-growing occupation in the US before the Covid-19 pandemic heightened the need for workers like Davis and Brown. 87% of home health workers are women, and most of them are women of colour like Davis. Immigrants make up 31% of the home care force. “It is a sector that was specifically hard hit in the pandemic, so supporting that sector is a really good targeted way of addressing the fact that Black and Latina women lost the greatest amount of jobs in the pandemic,” Bahn said.

She also noted that job quality and health and safety goals are directly linked in work such as this. “Job tenure and job quality has a direct link with safety. People are better at these jobs when they can do them longer and particularly within the exact same position, and people are much more likely to stay in jobs when they are higher paid and better-quality jobs.”

But with care work, Bahn said, the market simply doesn’t provide: “The folks that need it the most are the folks who are least able to pay for it.” In the US, home care is not uniformly public or private, but a mashup of both; a combination of private hire and reimbursement through Medicare (for the elderly) and Medicaid (for those below a certain income threshold). Both of those programmes are state-based, meaning that quality varies widely. A recent study ranked North Carolina, where Davis and Brown work, the worst state for workers in the whole country. To fix this problem, Bahn argued, public provision is necessary – and better quality public provision – that improves wages and benefits for workers around the country.

87% of home healthcare workers are women

Workers like Davis and Brown are at the centre of a massive public policy debate this autumn in the halls of Congress. US President Joe Biden has proposed a massive investment into home care, which would go to both increasing access to care (which put both workers and clients at risk. When Brown had to take time off to have surgery, she asked the agency if they had someone to cover her client’s needs. The response? “We have clients that go without care all the time in that area.” The client’s friends wound up stepping in, and then Brown herself returned to work early, before she was medically cleared, to make sure he had the care he needed.

Both women are frustrated with the contrast between the essential nature of their work – something stressed over and over again during the pandemic, where nursing homes became hotspots for the virus and in-home care even more necessary – and their low pay and ill treatment. “If we’re not seeing it on our paycheck, show me that I’m an essential worker,” Davis said. “Looking at why we have been underpaid, I think that it’s because of racism. And I think that that causes people to undervalue caregivers.”

“It was powerful, to see us protest together. It was the best thing I could have done.”

**Cummie Davis denounces the low pay and ill treatment of healthcare staff. Photo: © Courtesy of NC Raise Up**
Many North Carolina workers are unaware that unionising is even a possibility in their state.

Such an investment, she said, would be “one of the most important economic development things we can do because it would increase jobs and wages for a really low-paid workforce that has been hit hardest in the pandemic, which then frees up the space for other families to engage in the economy how they want to.”

“Talk is cheap”

Cummie Davis isn’t waiting around for Congress to make up its mind, though. “Talk is cheap. What we need is to see action on it,” she said. “It’s just really hard to get off this poverty line. We are not being valued for the work that we do.”

Davis and Sandra Brown are both part of NC Raise Up, an organisation backed by the Service Employees International Union as part of its Fight for $15 campaign, which began with fast food workers in 2012 and has since spread to many low-wage sectors. Davis recalled the first rally she joined: “It was just so vibrant. It was powerful, to see us protest together. It was the best thing I could have done. Whenever you’re able to speak to someone that’s going through the same thing you’re going through, it makes you feel better to know that you’re not going through the struggle alone.”

Brown has worked in the healthcare sector since 1993 but she isn’t even offered health insurance.

Davis has had a union job before, and the benefits there, compared to her home care work now, were much better. But many North Carolina workers are unaware that unionising is even a possibility in their state. When Brown heard about a union drive at a local hospital, it surprised her, and inspired her to get involved with organising herself. Since then, she’s joined Raise Up’s Western North Carolina Care Worker Team and been part of town hall meetings and days of action. She’s also helped to gather signatures on a petition and statement authored by North Carolina healthcare workers, calling for safer working conditions, wage and benefit increases, and the passage of Biden’s proposed 400 billion dollar plan for care workers.

Brown and Davis hope that their organising, alongside other workers who have kept the state running during the pandemic, will change the way their work is perceived – and how it’s paid. “We encompass food services, industry, hospitality – all low-wage work, basically – and grocery stores,” Brown says. “All the jobs that people have been calling essential workers and heroes, yet here we are with nothing and no protections at all.”

Davis concludes: “Society has gotten away from looking at the services that caregivers provide to help someone sustain their daily living. They feel like it’s okay to just pay us 10 dollars when we should be getting paid well over 15 dollars an hour. But 15 an hour is a great start.”
The machine as worker, the worker as machine

With his book *The last mile: Journey into the world of logistics and ecommerce*, the journalist Angelo Mastrandrea has penned a consummate piece of reportage, published in the weekly *Internazionale* magazine under the title “*Le regole di Amazon*” (“The Amazon rules”). He reveals the mystique, akin to a police regime, of this big American multinational, which he describes as “aseptic and military-style, inhuman in its scientific approach”. This is a company that “is efficient, effective and imposes submission without any opportunity to answer back”.

A worker in Passo Corese (a small town in the Italian region of Lazio), employed in the racks of the Robotic Storage Platform, after an operation on her arm, still swollen with a 10-centimetre scar, tells the author: “My arm was locked because of the muscle strain from the repetitive movements involved in picking the goods off the shelves.” She was making the same movement 500 or even 600 times an hour.

Here we are at the new frontier of global capitalism, which for Mastrandrea calls to mind the Fordist factory and the way it organised the work of its operatives. This is how it is, for example, in “Book City” in Stradella (Lombardy), with its 80 000-square-metre building and its 100 million books ready for distribution. To demand that their rights be respected, the workers there recently went on strike, which was put down when the police charged brutally against the strikers. “Alienation and exploitation are coming to the fore again – it’s like a coal mine in the 1950s or like a basement workshop, when production is relocated from the Far East to Italy itself, maybe in a Tuscan Chinatown or a Bangladeshi shanty town at the foot of Mount Vesuvius.” Mastrandrea describes these processes as “authoritarian capitalism”: “the technological revolution is increasingly realising the unspoken dream of every capitalist: to do without workers”.

In the fourth industrial revolution, digital rationality, embodied by the algorithm, has replaced the physical forms of control exercised by foremen, and community-based society has given way to individualism. What was called the working class in the 20th century, now fragmented, insecure and delocalised, is experiencing the “social insecurity” referred to by the sociologist Robert Castel. The conflict between “workers’ wisdom” and “corporate wisdom” revolves around the notion of time. Digitalisation, in industry in particular, has led to a new rationalisation of time, a stepping-up of productivity and an intensification of work, an increase in workloads and the elimination of downtime: all of which the Toyota engineer Taiichi Ohno, the inventor of the Lean Production method,
cynically described as a system that could “squeeze water out of a dry towel”. This system results in the automation of workers: in fact, “workers are often represented as cogs in the production process”, as Dario Fontana, sociologist at the University of Turin, explains in his field study entitled “Digitalizzazione industriale” (“Industrial digitalisation”). There are plenty of examples of mechanisms for monitoring workers in the logistics field, starting with the electronic bracelet used by Amazon and the tracking algorithm installed on couriers’ smartphones, and, by increasingly invading private life, they are advancing the “neo-authoritarian distortion” brought into play by Facebook, Google and Alibaba, which, in an essay, Shoshana Zuboff, a professor at the Harvard Business School, called “surveillance capitalism”. The research, started in September 2018 and completed in March 2020, focused on people who work every day in an Industry 4.0 context (where the virtual world meets financial transactions and marketing).

40,000 redundancies

Workers’ interactions with algorithms evolved in the factory with the digitalised industrial machine, and in office environments with the computer. These interactions became truly overwhelming. Things sped up dramatically, as had happened in the past when the weaving loom arrived in the textile industry and when Fordism was introduced, and this radically altered the relationship between humans and machines. Now we have workers “with almost no scope for self-determination”.

In industry, surveillance is carried out through analytical monitoring of the production process, while in the banking sector, for example, it takes the form of remote tracking of work operations, or chats which suddenly pop up on screen when productivity slows down. The financial sector has already clocked up 40,000 redundancies in 10 years, specifically resulting from the use of technology in work processes, which is set to be one of the problems of the future. In an article published in the Internazionale, entitled “Il capitalismo dei robot” (The robots are coming), the British essayist, John Lanchester, imagines the future scenarios of the world of work, and it is a rather worrying picture: “In the next two decades, 47% of employment is ‘in the high-risk category’, meaning it is ‘potentially automatable’.” Interestingly, though not especially cheeringly, it is mainly less well-paid workers who are most at risk. Recent decades have seen a polarisation in the job market, with increased employment at the top and bottom of the pay distribution, and a squeeze on middle incomes. Rather than reducing the demand for middle-income occupations, which has been the pattern over the past decades, our model predicts that computerisation will mainly substitute for low-skill and low-wage jobs in the near future. By contrast, high-skill and high-wage occupations are the least susceptible to computer capital.”

Musculoskeletal disorders

In the digital world, now that distance is no longer an issue, we can talk as though we are really face to face. Even though, when I interview him, Dario Fontana is on holiday in Sicily and I am snug among books in my ill-lit office in Fermo, in Italy’s Le Marche region, there is immediately a kind of empathy between us. Sometimes the connection fails, I miss fragments of speech, words are swallowed up by the network, but then, serious and scholarly, he patiently persists, starts speaking again, and the conversation recommences. His work is seeking to update the old “workers’ inquiry”3 and this has involved visits to workplaces and preliminary interviews with shop stewards. “I had the opportunity to see how they work,” he explains, “talk to the workers, attend a presentation of production processes and so monitor the work as it was going on. There is a trend towards a relationship of low self-determination, where the machine controls the worker, particularly for manual workers. There’s greater freedom for the technicians, the employees who are in charge of production, but their autonomy is still only very relative. Once there were timesheets; now there is remote control.”

“Working with machines leads to more intense work rates, more solitary activity and less cooperation among workers. The will and the capacity to manage are entirely in the hands of the company,” he concludes. I can see him clearly on the PC screen in front of me, with his thick, curly hair, his black-framed spectacles and an alert look in his eyes. This is all very dangerous, he says: “This intensification of work leads to musculoskeletal issues plus stress-related disorders, which are on the increase.”

His book tackles this question as well as gender-based discrimination. Women are still more disadvantaged than their male colleagues. In a passage from his essay, he explains that “the neoliberal discourse has made purposeful workers’ action a relic of the past; it unceremoniously condemns conflict as an obstacle to progress and restricts the role of unions to formal, functionalist participation.”

“There has been a change in the political perspective,” he now points out. “As long as universities are not independent, those who fund them influence research and the value system. The workers’ inquiry was effective because of the political and social impetus that existed for some years, but this cycle has come to an end because the concept of work has lost its centrality.”

According to Fontana, the background to this is more political than industrial. “The more time spent working, the more profit you make. Making time pay is a matter of the dialectic between the worker and the manufacturer.” I can see him on the screen, a concerned look on his face. Then, with a hint of a smile, he starts speaking again, fluently and intensely: “One of the canons of the capitalist world’s ideology is about delegating everything to business, the common good that should be preserved, with the claim that the emancipation of the worker can only be through the emancipation of business.”

3. “A workers’ inquiry” refers to a questionnaire inquiring about everything from meal times to wages to lodging, drafted by Karl Marx and published in 1880 by La Revue socialiste, which was circulated among the French working class.
Unemployment worries

This is the historical context, what is called the balance of power. “In a mixed system combining human work and the work of the electronic instruments that feed into the plant, the more work I get out of a machine, the better the return for me, and the worker will not always be able to keep up with the rate of the machine. This is the algorithm that makes production flows hard to estimate, which makes the use of time a political issue.” On the other hand, in his view, unions are still very closely tied to wages and welfare, while production – all the technical and technological issues relating to time, workloads, work rates, psychological conditions and work constraints – is a more complex question that is only partially taken into consideration in negotiations. “If you are not completely in control of the organisation of work as a whole, you are also not entirely in control of wage bargaining,” he points out. IG Metall, the national metalworkers’ union in Germany, tried to tackle this. Negotiations began from the grassroots, based on the inquiry, with technical experts who could interpret the production processes and understand workers’ needs. “There is a need to return to a scientific approach. The role of the health and safety representatives is also seriously underestimated: they could be properly trained to do more important work on internal research and surveys, not least about illnesses – there is always a very strong link between intensification of production flows and illness.”

In any event, insecurity in the world of work is on the increase, as the study also shows: between 55% and 70% of people questioned worry about finding themselves unemployed, being replaced by technology, not finding a new job, or being relocated or replaced by workers abroad or temporary workers. This fear, which first arose in the post-Fordist era, when flexibility and insecurity were growing, has now reached explosive levels.

But, I ask Fontana, what is the relationship between workers and machines? I am interested to find out about certain typical conditions, to understand what things are really like. “I’ve been struck by certain situations that I thought existed only in works of science fiction,” he says, somewhere between concerned and amused. Working by “voice control” in logistics is an example of this. He tells me about a warehouse in Modena that serves supermarkets, particularly one large supermarket chain, where “the workers have a headset and a microphone, they’re separated from each other, they can’t speak among themselves. Every 30 seconds, they receive an order from a soft female voice, saying: ‘Pick box five from rack two, box five from rack two,’ and for eight hours running they keep on replying: ‘Picked, confirmed’, and all this comes back in their dreams. During the night they’re tormented by the voice.” The workers become machines or mechanisms. Control is both omnipresent and intangible: “You used to see the boss and shout at him, but you can’t do that with a machine. Some of this company’s workers told me that, when they’re worn down by this exhausting work rate, they sometimes shout at the machine or hurl insults at the voice, but you might as well talk to a brick wall: it just goes on repeating the same orders.” These work dynamics lead to illnesses, as illustrated by a food product assembly company that Dario Fontana visited: “It’s all done by robots; there are workers alongside who pick up the finished product, at an output of 120 items a minute. Many of these workers suffer from pain in their shoulders and hands, the turnover is very high,” he explains. “Where there’s no collective bargaining, where there’s no trade union monitoring, the company always increases workloads and work rates.” We are still looking at each other, face to face. He continues: “It’s a trend, a process that is becoming established. Technology is a tool and you have to understand how it is used, its purposes and its functions. Digitalisation has intensified production processes, there’s something new to understand. The machine is new, but the approach is the same as ever: to reduce workers’ ability to control production systems.”

Before we end our conversation, disappearing from the computer screen to return to our own affairs, Dario Fontana has one last thing that he wants to tell me: “The problem is not the machine. I hope that, one day, people will be able to free themselves from factory work, which is not a pleasant thing. Technology could foster greater emancipation, machines could make work less stressful, but this comes into conflict with the manufacturers’ historic mission. There is a political will not to do this. Business has no obligation to protect the human dimension,” he concludes, before signing off.
Belgium’s Turkish miners, the last of the line

Turkey provided the last great wave of immigrant labour for Belgium’s coal mines, at a time when the industry had already reached the stage of terminal decline. The proportion of underground workers who were Turks rose from 10% to 20% between 1964 and 1974, peaking at a quarter during the 1980s. But what were their working conditions, and how did these impact on their health?

Recruitment of Turkish labour

During the early 1960s, the coalmining industry was faced with a paradox. It had been obliged to close 40% of its collieries since 1958, cutting the workforce from 140,000 to 85,000, but once again it was experiencing a shortage of manpower. The reason for this was essentially that employment in the mines had long ceased to have any appeal for most Belgian families, and mine owners had adopted a strategy during the interwar period of systematically bringing in foreign labour to offset this social disaffection. The tactic was especially favoured by the coal industry because it produced an additional low-cost workforce that could be offloaded at any time; the residence status of these foreigners was precarious, and they were subject to police surveillance which made them keep their heads down and avoid trouble.

The coal industry thus recruited nearly 17,000 Turkish workers between 1963 and 1965. Most of them were peasants, and barely 5% of them had previously worked as miners in Turkey. But the problems facing the industry were only partly resolved by this wave of recruitment. The turnover of labour in mining continued to be huge, and it intensified further during the “Golden Sixties”, thanks to competition from neighbouring countries which were keen to lure away foreign workers recently arrived in Belgium. Peaking at 9,082 by the end of 1964, the number of Turkish mineworkers had fallen sharply to a mere 5,985 by August 1965. In December 1967, there were just 4,322 Turkish miners left, a quarter of the numbers recruited at the start. Up until the last pit closed in 1992, the recruitment of sons and grandsons of miners hired in the 1960s, and new employment permits granted by the Belgian authorities for specific locations, broadly made up for the numbers lost to other areas of employment or other countries (including Turks returning home to Turkey), and for workers invalided out of the industry.

Fewer deaths thanks to mechanisation, but more injuries

The mechanisation of some dangerous jobs, for example work at the coalface and in roadway drivage, together with technical improvements in roof support, led to a virtual halving of fatalities, which fell from 91 to 54 per 1,000 workers between 1960 and 1970 compared to 130 during the 1950s. Even so, the death toll was high: between 1963 and 1966, 218 underground workers died as a result of an accident at work, 33 of them Turks.

Between 1963 and 1966, 218 underground workers died as a result of an accident at work, 33 of them Turks.
little doubt that trainee miners were not equipped to perform the tasks they were given. Despite the intrinsic hazards of work underground, considerations of cost and profit tended to outweigh safety rules. A wage policy that rewarded productivity induced miners to prioritise output over safety, with the result that half to two thirds of all underground miners fell victim to an accident at work each year; 3% of these led to varying degrees of permanent invalidity. Roof falls (40% of all cases) were an almost irreducible cause of accidents. The noise from mining machinery and the fact that wooden pit props had been replaced by metal supports meant that miners could no longer hear the cracking sounds that warned of an imminent collapse. Colliery modernisation may have reduced the fatality rates, but it increased the number of serious accidents.

All accidents that could not be put down to sheer bad luck were routinely blamed by the bosses and their subordinates (engineer, supervisor, overman/deputy/shotfirer) on carelessness by the workers, in an effort to absolve themselves of all responsibility and the need to review their methods and structures. Whilst the proportion of accidents resulting in one to three days off work was reduced up to the 1960s thanks to shorter working hours, improved safety and health and more rigorous medical criteria, it began to climb again during the 1970s. The bosses argued that the social benefits that miners could claim for minor injuries encouraged them to provoke such injuries deliberately.

Underground workers blamed the rise on frequent changes in shifts and teams and on pressure from their superiors, who were more interested in production targets (and the bonuses that went with them) than in observing safety regulations.

What about occupational safety and health?

Occupational physicians, who were supposed to prevent illness by carrying out medical checks on workers’ health and monitoring the health of the workplace, primarily played a role of legitimising the work conditions already in place. It is no coincidence that they answered solely to the employer. Their lack of consideration for miners’ health and their habit of sending convalescent workers back to work too soon, with the result that miners who had received poor treatment sometimes died, led to a series of strikes. The Belgian Administration des Mines, which was responsible for ensuring compliance with the safety rules, was similarly uncaring – productivity was paramount, and a blind eye was often turned to irregularities. And it could be uncompromising towards workers who protested too loudly. It dragged 10 Turkish workers before the courts for insubordination and endangering the safety of the mine.

Miners’ health: from denial to recognition

Over time, technical measures of dust control helped to reduce the incidence of silicosis in the workforce, but more than 450 Turkish miners suffered from it and received compensation for it during the 1990s. Well before then, the rate of absenteeism on health grounds rose from 10% to 15% of all miners between 1967 and 1973. Because Turkish workers had difficulties explaining their health problems, they waited for their annual holidays and then sought treatment in Turkey. The matching rise in the number of sick notes issued suggested that these were bogus certificates, unwarranted and issued as a favour to the individuals concerned. By the late 1970s, checks were more rigorous, and the number of sick notes declined accordingly, lending weight to this theory, but the simultaneous rise in the number of Turkish miners granted a disability pension (from 1 190 in 1978 to 3 536 in 1988) provides a more accurate picture of the price paid by these last workers in Belgium’s mines.

What about occupational safety and health?

Occupational physicians, who were supposed to prevent illness by carrying out medical checks on workers’ health and monitoring the health of the workplace, primarily played a role of legitimising the work conditions already in place. It is no coincidence that they answered solely to the employer. Their lack of consideration for miners’ health and their habit of sending convalescent workers back to work too soon, with the result that miners who had received poor treatment sometimes died, led to a series of strikes. The Belgian Administration des Mines, which was responsible for ensuring compliance with the safety rules, was similarly uncaring – productivity was paramount, and a blind eye was often turned to irregularities. And it could be uncompromising towards workers who protested too loudly. It dragged 10 Turkish workers before the courts for insubordination and endangering the safety of the mine.

Miners’ health: from denial to recognition

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Telework becomes a legal right in Portugal

Telework experienced a sudden upswing because of the measures implemented to protect people from the Covid-19 virus. Within a year, the percentage of employees working at least occasionally from home rose from 11% to 48% in Europe. There is a growing consensus that telework is unlikely to return to pre-pandemic levels, but is expected to become established. Now, questions are being raised about the laws employers should abide by to accommodate flexible working in a post-Covid world. Portugal has led the way on this matter, by outlining measures for remote and hybrid working to be offered as an automatic provision by employers. But it is not the first country to consider framing telework as a right. In the UK, reports suggest ministers are considering proposals to allow millions of workers to choose whether they want to carry on working from home after Covid restrictions come to an end. Similarly, Ireland has also become a hub for remote workers, with the country’s government revealing plans to make hybrid working available across relevant industries. Portugal’s deputy secretary of state for labour, Miguel Cabrita, urged EU countries to move fast with plans to regulate remote working, stressing that quick action will maximise opportunities and minimise risks.

Pandemic worsens work-related psychosocial risks

An OECD and Eurofound study on mental health during the pandemic stated that it had deteriorated in all OECD countries in 2020, with the majority of the population experiencing episodes of anxiety and depression. Workers from the healthcare and social care sectors were among the professional groups that were exposed the most to PSR during the pandemic. The sources of PSR are a combination of organisational, managerial, social and economic factors. A lack of personal protective equipment, job content, irregular shifts, new roles, heavy workload and long working hours all contribute to increased risks. According to Paula Franklin, a senior researcher at the ETUI who carried out a review on the topic, the observed physical and psychological phenomena encompass burnout, anxiety, depression, insomnia, fatigue, and post-traumatic stress symptoms. These factors explain why precarious workers are in a particularly fragile situation. Susan Flocken, European Director at the European Trade Union Committee for Education (ETUCE), stated that up to half of teachers surveyed experience stress and anxiety, while up to one third show signs of depression.

48% of employees work at least occasionally from home.

199 billion euros of cumulative loss for the cultural sector in 2020.

A call for common minimum standards for artists and cultural workers

In a resolution adopted on 27 September 2021, the European Parliament’s Culture and Education Committee called for the establishment of common minimum standards on working conditions for artists and cultural workers. Workers of the arts sector are especially vulnerable to economic shocks, such as those created by the Covid-19 pandemic. Restrictions on gatherings, changes in consumer behaviour, and severe unemployment have taken a devastating toll on the sector. In 2020, the cultural and creative sector in the EU experienced a turnover rate of over 30%, amounting to a cumulative loss of 199 billion euros, with the music and performing arts sectors experiencing losses of 75% and 90% respectively. Although the decentralised and largely unregulated nature of the cultural sector is a driving force behind its diversity, it is also one reason for its vulnerability. Artists are in their vast majority freelancers who face precarious working conditions, low and unstable income, and a very weak bargaining position vis-à-vis their negotiating counterparts.
Teachers in Finland considering a change of sector

Over half (57%) of Finnish teachers have considered changing sectors during the Covid-19 pandemic, says a report published by the Trade Union of Education (OAJ) in September 2021. The most common reasons cited are increased workload and low wages. The highest numbers of workers contemplating a switch are among those working with very young children. Sector change has been considered by 63% of early childhood teachers and 59% of primary school teachers. The last time the OAJ surveyed teachers with this question was in June 2021. At that time, about a third said they had considered a change of field. “It seems that in a few months there has been a really dramatic change. This is an outright emergency,” said Olli Luukkainen, President of the OAJ. “Every decision-maker and employer must now stop and consider how drastic the consequences will be for society as a whole if teachers, principals and nursery leaders leave the sector in large numbers.” The union is calling for legislation that would define the maximum number of pupils per teacher, and for all newly graduated teachers to have the right to two years of mentoring at work.

Evidence is strong on negative health effects of PSR

Findings from a meta-analysis on the associations between certain psychosocial risk (PSR) factors at work and various health outcomes show that particular attention should be paid to these factors to improve the health of working populations. The meta-analysis is part of an ongoing ETUI project, “The costs of work-related psychosocial risks in the EU”, and examined a total of 72 published literature reviews containing a meta-analysis that have been published within the past 20 years. Based on the high-quality evidence, a combination of high psychological demands, job strain, and long working hours were found to be significantly associated with cardiovascular diseases (especially coronary heart diseases and ischemic stroke) and mental disorders (especially depression). Particular associations included job strain with diabetes and physical inactivity, long working hours with obesity, and job insecurity with diabetes, depression, anxiety, and psychotropic medication use. Finally, imbalance between a worker’s efforts and the rewards received in return is associated with coronary heart diseases.

Meat industry: substandard working conditions of migrant workers

An investigation by The Guardian newspaper shows that meat companies across Europe have been hiring thousands of migrant workers through subcontractors, agencies and bogus co-operatives on inferior pay and conditions. Migrant workers often have undefined working hours, zero-hours contracts, bogus self-employed status and no sick pay, and live in an extremely precarious state. Moreover, they struggle to understand their agreements and legal rights due to language barriers. “You have workers elbow to elbow doing the same work, but under different conditions,” said Enrico Somaglia, Deputy Secretary General of the European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT).

The 2004 EU enlargement and ensuing free movement of people attracted the migration of a vast pool of people from Romania, Lithuania, Latvia, Poland and Hungary, seeking work opportunities. As the economies of some of these countries have improved, the search for cheap labour has extended across the world to countries such as Ukraine, Belarus, Kazakhstan, Vietnam, the Philippines, East Timor, Georgia, India, China and Armenia. The meat sector currently employs around one million workers in Europe.

1 million people work for the meat sector in Europe.

6 out of 10 teachers have considered quitting due to workload and low wages.

72 literature reviews were examined in a meta-analysis on PSR.
Vaccination: a public policy issue

Laurent Vogel

On Saturday 9 October 2021, at a demonstration against the health pass in Rome, far right demonstrators attacked the offices of the main Italian trade union federation, the CGIL. Soon afterwards, they tried to occupy the Italian Parliament building, before being pushed back by the police.

This event seems to me a sign of the potential character of the Covid-sceptic movement. It is a miscellaneous camp representing a range of political views and social groups. In some European countries, many members are from the extreme right, but that does not fully explain how the movement manages to attract such a large following.

In the absence of a better term, I am calling them “Covid-sceptics” to emphasise the continuity between a series of protests throughout the pandemic. They have changed their targets over this period. At first, they disputed that the situation was serious, claiming that the disease was no worse than flu. They can no longer do that.

Governments have directly encouraged the emergence of this protest movement through their actions. They have lost credibility by denying the seriousness of the pandemic and wavering in their position on mask wearing. They have paid no heed to social inequalities and failed to make use of the grassroots knowledge that proved so vital in the AIDS crisis. That has undermined even the most worthwhile and sensible aspects of prevention policies.

Militant Covid-sceptics challenge the authoritarianism of public policies, while seeking out scientists and politicians who back their position. They often hold what are known in the United States as libertarian views. For them, individual freedom has an absolute value; they feel there is no onus on them to show solidarity. That creates an incoherent and false view of the world in which life is reduced to competing individualistic points of view with no arbitration.

Such a fragmented society, where individuals claim absolute control over their own territory, encourages the emergence of angry crowds in search of leaders building up prejudices and frustrations. Although the Covid-sceptic and climate-sceptic movements only partially overlap, they show the same systematically defiant attitude to science and the media. They make use of the same cynical disinformation. On social networks, rumours can become global in the space of a few hours.

In Bolsonaro’s Brazil and, to a large extent, in Trump’s United States, Covid-scepticism merged with government policy. That has not happened in Europe. It is a situation creating ambiguity and doubt among some members of the Left and the trade union movement.

I personally believe that health passes are helpful while vaccination is still not all that widespread. At the moment, they are used in every European Union country (apart from Sweden), albeit with very different rules. They confirm that the person has been vaccinated, has tested negative very recently or has had Covid-19 and recovered within the past six months. They are required when taking part in certain activities with a higher risk of exposure to Covid. The passes have a dual purpose: to limit infection and to help promote vaccination.

However, the use of health passes in the workplace does pose a problem. It expands the areas in which employers exercise control, yet in the meantime effective public prevention measures are rarely put in place. One possible alternative is compulsory vaccination as an occupational health measure. However, this could be difficult to implement, since infection is not only a potential risk for employees in the workplace but also, for example, freelance staff, as well as customers or service users. To prevent discrimination, I support the call by the leading Italian trade union confederations for compulsory vaccination of the general public as a public health measure. Decisions on vaccination should not place more value on the individual’s view of its advantages and disadvantages for them personally than on the vital need to protect the public and especially more vulnerable sectors of society.

However, this call only makes sense if vaccination is planned globally, and so it needs to be linked to a waiver on vaccine patents. The huge profits made in this industry are all the more shocking in that most of the research was publicly funded. We have enough production capacity now to make the vaccines available worldwide.
The explosion of inequalities: Class, gender and generations in the health crisis
Edited by Anne Lambert and Joanie Cayouette-Rembière

Éditions de l’Aube, 2021, 446 pages

The deeply inegalitarian ramifications of this pandemic

Tony Musu
ETUI

How has the health crisis affected living and working conditions in France? Have the wealthiest, the middle classes, those on modest incomes, and the poorest members of society felt its impact in different ways? How have the pandemic and lockdown measures impacted the existing inequalities between social classes, between men and women, and between the young and the elderly?

Sociologists Anne Lambert and Joanie Cayouette-Rembière have addressed these questions in their new publication L’explosion des inégalités: Classes, genre et générations face à la crise sanitaire (The explosion of inequalities: Class, gender and generations in the health crisis).

Including contributions from 20 or so sociologists, social science researchers and geographers, this book, which is based on statistical data and interviews conducted over a lengthy period, immerses us in the diverse reality prevailing in homes throughout France. It takes the pulse of French society in the wake of the state of emergency declared on health grounds and widespread lockdown imposed in spring 2020.

The publication paints a picture of certain individuals and their lockdown experiences: readers are introduced to airline pilot Laurent and teacher/researcher Sophie, along with their three children; artisan confectioners and chocolate-makers Paul and Magdalena, and their two children; Christophe, who works in horticulture, his wife Marie-Claire and their four children; Nicole, who is now retired but used to work as a housekeeper assisting people in need; student midwife Louise; and, finally, Cléomène and Mona, both of whom are undocumented migrants originally from Senegal, and their four children. All of these people tell of the paths their lives had taken before the health crisis struck and what, if anything, lockdown changed in their lives.

As expected, the more well off among them withstood the stresses of lockdown well and were able to carry on their professional activities mostly through teleworking, and because they enjoyed more stable employment conditions. But many labourers, employees or retailers had to cease their activity and consequently fell into debt during that period. Lockdown therefore heightened the disparities in the standards of living between the most affluent and the poorest groups of society.

The pandemic itself and the ensuing lockdown have also entrenched the existing inequalities between men and women, both in the workplace and in the home. The health crisis triggered a huge swell in the number of female workers returning to the home, leading to an increase in their domestic and parental duties and further weakening their income levels in comparison to those achieved by men. In the long run, this crisis will probably affect women’s careers and might further undermine their promotion opportunities and eligibility conditions for retirement.

Young people have also suffered the pandemic’s socioeconomic consequences. Bearing in mind that they are poorly housed and dependent on parental assistance in more cases than their elders, the health crisis has added further to their woes in finding secure employment and accommodation of their own, and ultimately in achieving their independence.

This book is an important reference because it documents the deeply inegalitarian ramifications of the health crisis and highlights how the Covid-19 pandemic has exacerbated pre-existing social inequalities. The people most deeply affected are those on the lowest incomes, the poorest, those in casual or undeclared employment, and people with few qualifications or who do not qualify for social assistance and cannot fall back on any savings, property assets or family support to weather the storm of this crisis.

Looking at the literature devoted to the health crisis and published by researchers across the entire continent, including at the European Trade Union Institute, it can be concluded that the findings set out in this publication in relation to France are broadly reflected in other European countries.

This publication serves as a reminder that the European Union and its Member States need to change the direction of their economic and social policies as a matter of urgency by introducing multidimensional redistributive policies on a large scale with a view to offsetting the excesses of economic liberalism and curbing social decline.

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