

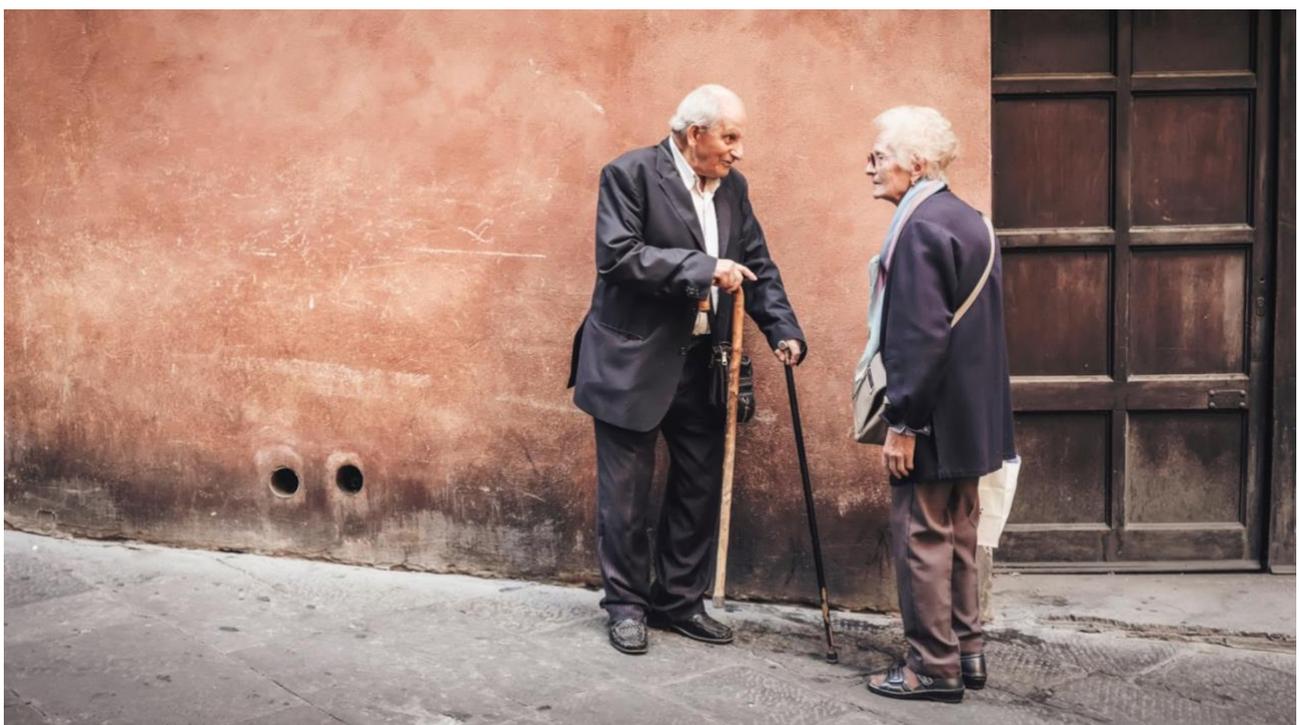
Care Labour and Isolation in Italy: New Ethical Challenges

Part One

FRANCESCO DIODATI

Since the beginning of the COVID-19 crisis, I've decided to make a report on the effects of isolation politics on care labour in Italy, starting from the way the new scenario was reshaping my ethnographic research on elder care in Emilia-Romagna. Emilia-Romagna is one of the northern regions most affected by contagion and diseases from coronavirus. From the end of February, the regional authorities had imposed a limit on family visits in residential and semi-residential structures, and then closed the 'Alzheimer's Café' and the mutual help groups for the carers whom I've been frequenting since last year. The restrictions were part of a larger regional decree that shut down kindergartens, schools, universities, museums, and cinemas. At that time, there was little hope among social workers and psychologists that the situation would have changed soon, and citizens normally go out in the evening to attend bars and restaurants. In the previous weeks, it seemed that the virus was affecting only a few locked towns in Lombardy and Veneto. Politicians from all parties and some scientists had been repeating that everyone should avoid panic and alarmism because the virus was only dangerous for the elderly and people who were already sick. The only advice was to wash hands often and carefully, keep a safe distance of one meter from other people and avoid large gatherings of people.

Without having received any official ban, I alone decided to interrupt my visits to my fieldsite and suspend the scheduled interviews as a precaution because I was afraid for the many elderly people that I had come to know during the research. The 'Alzheimer's Café' psychologist expressed to me all her frustration for not being always able to keep a safe distance from her colleagues. Later on the same day, she wrote a post on Facebook where she manifested all her anger with some people who used to sneeze in their immunocompromised relatives' faces after having washed and sanitized their hands with care. In that period, many of the home care-workers I know still worked in the house of elderly people and received



their salary, even if they tried to adopt more rigorous hygienic parties and impose a limit on their social life. One of these care workers, Laura, limited herself to buying groceries and medicines for her clients and leave it on the landing of their house without entering.

But on 9th March 2020, Prime Minister Giuseppe Conte imposed the national lockdown, which shut down adult day-care centres and forbade family visits to residential structures for elderly people. Later, the decree caused many home care-workers to interrupt their jobs, and the government financial aid relief for the COVID-19 emergence have excluded those workers so far, excluding the possibility for them to receive unemployment benefits.

The national association of domestic workers (Acli-Colf) has recently condemned the situation and expressed serious concerns over the consequences that the crisis would have on this sector of the labour market. Despite the ambiguous national and regional attempts for regularization, many domestic workers still work without a regular employment contract and now are afraid of being charged by the police officers responsible for the lockdown period. The situation is worse for those who have not a regular stay permit. Even the people who are regularly employed can benefit from a few social protection schemes, and now they don't know if they will receive a salary for this month nor the next one. Worried about the risk of contagion and with more free time, a lot of people have tried to assist their relatives without the help of home care-workers. In a Country where home care-workers have been the main providers of care for older people in need for the last thirty years, their absence, together with the closure of adult day-care centres, could have dramatic consequences. It is necessary to mention that it seems that even the Italian national health service (NHS) is reducing the home-based care services, and activists all over Italy have been condemning the way the State has handled the situation of family carers who look after a disabled person.

In Italy, home care-workers have recently been seeking social recognition, presenting themselves as 'skilled health professionals' with rigorous professional ethics, and many workers have decided to interrupt their jobs for the safety of the people they cared for. An experienced worker, Maria, explained to me that it is impossible to keep the appropriate distance when you need to wash, feed, and dress someone, but, like many others, sometimes she buys groceries and medicines for elderly people who can't go outside. She does not receive her salary for this work. Maria has said that she spends a great deal of time answering the telephone to reassuring and give advice to the older people she knows.

Last week I received a call from Margherita, a family carer who had been frequently visiting the 'Alzheimer's Café' with her mum:

"Do you know that the adult daily living center is closed now? Alessandro has told me that he can't rely on the domestic workers anymore, and he is stuck with his wife at home, and it is the same for all the others. And the problem is also that he is not able to cook and all the restaurants are closed now, so maybe it is a good opportunity to learn! [laughing.] I miss him and Raimondo so much, our jokes and jibes at the Café".

Margherita told me the story of Adriano whose wife had been affected by dementia, he used to visit his wife every day in the nursing home where she has been living since her condition dramatically worsened one year ago. "But since they stopped the visits", Margherita told me, "he is worried that his wife won't be able to recognize him in the future. He confessed to me that sometimes he is not able to get out of bed in the morning".

Since the beginning of the COVID-19 crisis, it seems that new ethical challenges have emerged surrounding elderly care in Italy. The main issue is now how to balance the risk of contagion with the rights of care workers and the demands of care and assistance that concern not only sick elderly people but also their 'family carers'. The hope is that these actors will not share the same fate, that is, to be among the main subjects of health, social, and political-economic vulnerability again.

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Francesco Diodati is a PhD student in Cultural and Social Anthropology at the University of Milano-Bicocca. His research project is entitled “The recognition of the fatigue of caring. Aging, Caregiver, and *prendersi cura* in Emilia-Romagna, Northern Italy”.

(Photo by Cristina Gottardi on Upsplash)

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Part Two

FRANCESCO DIODATI

In the last post, I wrote about the effects of the COVID-19 emergency on elderly care in Italy and the new ethical challenges that emerged in one of the most aged countries in the world under the current crisis. I discussed how the main issue has become how to balance the risk of contagion with the rights of care workers and the demands of care and assistance, which concern not only sick elderly people but also their 'family carers'.

The COVID-19 virus has met a National Healthcare System in Italy that has already suffered from the neoliberal programs of cost-containment, as well as from the fragmentation of regions and municipalities in the central government.

In the last thirty years, Italy has developed a welfare mix-model that has relied mainly on home care-workers, mostly recruited from amongst the migrant population, to attend directly to the needs of aged people. And more recently, renewed public attention has been given to the economic difficulties, emotional exhaustion, and fatigue experienced in providing intensive assistance to those affected by neurological diseases, thanks also to the advocacy actions undertaken by the newly created 'Italian carers associations'. In their attempts to favour recognition of the problems experienced by family carers, associations and institutions have insisted on the social and communitarian value of the spirit of self-sacrifice in caring for family members.



After this short premise, here I will continue my efforts in focusing on how aged people with neurological diseases and their family carers are experiencing the current phenomena in one of the most affected regions, Emilia-Romagna.

People widely recognized the COVID-19 as affecting only aged people or those who already have a serious illness, even if there is evidence that the virus can potentially be deadly for young and healthy people also.

Initially, the media campaign to 'stay home and stay safe' was directed mainly to elderly people, inviting them to wash their hands often, reduce long walks and limit their social life at senior centre. To me, this campaign seemed weird, because for a long time doctors and institutions have insisted that sociality and physical activity are *the* way to have a happy old age. This is especially true for Emilia-Romagna, where there is plenty of activities such as tango therapy and music therapy for Parkinson's patients, widely promoted by local neurologists. All these activities and many other rehabilitation therapies are now interrupted.

Sandro used to go out for a walk every morning with his wife, Gianfranca, who is affected by Parkinson's disease. I met them together at a 'Parkinson Café' where they enjoyed going to meet other people and to sing and dance together. In the past weeks, they still used to go out walking, as Sandro told me:

"We go walking because Gianfranca is always 'stuck' when she gets up in the morning, and then she gets unstuck little by little. We had to stop doing it because there were too many people and it became too dangerous, and now we go only around our house. We need to avoid contagion because if Gianfranca is hospitalised she will have problems following her therapy - she takes about twenty to thirty pills a day - and I will not be able to visit her. I've seen incredible things: five people taking the dog out, teenagers sitting and chatting with their smartphones. We have got a good reason to go out, but there is too much irresponsibility. I think that the most irresponsible people are teenagers and the *old-old*... I'm old, but I'm only seventy-four years old... For example, a friend of mine is ninety-two years old and still goes to buy groceries two times a day because he says that he has always done it this way. What does it mean "I've always done it this way?" *He is crazy*".

Public and media discourses have often insisted on "irresponsible" elderly people going around without caring about themselves and others, reproducing in part the representation of aged persons as a burden for the economy, the community, and the healthcare system. However, the focus has been less on how to balance the risk of contagion with the demand for essential care needs.

Sara is an Italian care worker who has recently phoned me and told me the story of her uncle, a very active person who had a stroke almost one year ago, and who is getting worse and worse due to the limitation of physical and social activity and the interruption of rehabilitation therapy:

"Maybe you should write this in your notes because the situation is worst for these people who can't understand the new laws and have to adapt to all these sudden changes. His partner has tried to convince him to use an exercise bike, but he refuses to do it. He had to interrupt his speech therapy, and I see his decline has accelerated rapidly. I used to visit him three to four times a week because she [his wife] hasn't got the patience and this is my job, so she relied heavily on me. I can perceive that he is sorry for the fact that I don't visit him often and we don't have lunch together. His wife says that it is not clear if it is allowed to go out for a walk. They go walking around the house for thirty minutes bringing the 'certificate of hospital demission' because she can't go to her doctor - who is far from where they live - to obtain a medical certificate to go for a walk. She says she hopes to meet an understating police officer, and she doesn't wish to pay the fine".

Before the COVID-19 pandemic, in Italy, as everywhere in the so-called Euro-American Area, the public conviction has been that medical advances have succeeded in defeating the infectious diseases of the past, assuring the people the possibility to live a longer life. The issue has thus become finding ways to face the ironic consequences of having reached

longevity, namely chronic disorders, and disabilities. Maybe COVID-19 will help to put in crisis all of these assumptions, consequently visibilising all the labour that is needed to make "long life" possible.

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