TRANSCRIPT

EPISODE 9: Covid 19, Carers & Vulnerability. Vulnerability Part 3

Hosted by: Rebecca Richards

Guest: Professor Susan Dodds

Transcripts may have been edited for clarity.

Rebecca: Hello and welcome to another episode of Just Emergencies. I'm Rebecca Richards and today I'm joined by Professor Susan Dodds. She's the Deputy Vice-Chancellor and Vice-President of Research and Industry Engagement, as well as a Professor of Philosophy at La Trobe University in Australia. And today, Professor Dodds talks about the vulnerabilities that different carers might experience during the on-going Covid-19 pandemic.

[Intro Music]

This is "Just Emergencies", the podcast where we show that global health emergencies are anything but just. In each episode we explore an issue, question, or event that makes us think about global health emergencies, humanitarian crises, and how to best respond to them.

Without further ado, let's get into the episode!

Rebecca: Hi Susan. Thank you so much for joining me today and welcome to the Just Emergenices podcast.

Professor Dodds: Thank you very much, Rebecca. Lovely to be here.

Rebecca: As the Covid crisis is developing, we're seeing that it's laid bare several challenges for those with caring responsibilities. Could you tell us a little bit about what those caring responsibilities might look like and what, in your opinion, the key issues are around those challenges?

Professor Dodds: Sure.

Well there's a lot of different kinds of caring responsibilities. One of the first and foremost ones is the caring responsibilities of health care workers and the way in which this rapidly emerging crisis has put them at the frontline of a new crisis. So questions arise about how they protect themselves, but also how the risk of infections affects the way they care for patients and the way it affects their personal lives. So very many stories are coming out about couples, one of whom may be a health care worker, and they find themselves having to live in separate places or separate out parts of the house, and this may impact especially on their links with their children at that point. So there's that set of issues.

That also turns up some of our interest in questions about care workers who are *not* health care workers; the range of care that's provided in disability services, in age care settings, in settings where people are dependent on others for care. Whether some of the restrictions that have been put in place by governments create difficulties in providing that care because the exclusions that might allow health care workers to have direct contact with others may not have been negotiated for people who provide other care.

And the third bit is that in many countries, the way in which managing and trying to reduce risk of infection is to ask people to work from home and often to close schools as well. So very often, we're expecting people to adapt to working from home, working remotely, using Zoom to keep people in contact with their work, as well as caring for children, and being concerned about family they might not be able to have contact with.

So those are the three key kinds of care. But it also reflects the questions about the expectations about the responsibilities of health care workers, the kind of amorphous relationship of other kinds of care provision in the Covid crisis, and the responsibilities of parents. And often, all three of these can come together in the same person.

Rebecca: Together with Professors Mackenzie and Rogers, you have written a fantastic book on vulnerability that has been one of the cornerstones of our project. So considering that, how does using a vulnerability lens help us understand those concerns that you just mentioned?

Professor Dodds: Thank you and thank you for the nice words about the project. It was a fantastic project to be involved with.

In that view, we used vulnerability to capture both the inherent vulnerability that all of us share, but also to recognise that often when we talk about 'the vulnerable', we're talking about groups of people who are thought to be particularly vulnerable in a context. If you apply the vulnerability lens to Covid, you see the vulnerability that we all have to infection, that we all have at the same time, globally, with a new virus. But it turns out that a lot of the social structures we had which were shaped to try to protect us against certain kinds of vulnerability, start breaking down. So the capacity for our health care systems, our economic systems, for our social welfare system to provide the kind of support we normally expect to make it possible for us as vulnerable beings to negotiate the world without constantly being aware of our vulnerability, are broken down.

But we also find what we talk about in the book as 'pathogenic vulnerability' - vulnerabilities which might have been created as a result of an attempt to try to mitigate against vulnerability - certainly turns up in things like age-care settings and disability care settings. There we've got people who are dependent to have a reasonable quality of life on the care of specific other people to look after them. But in some cases, that care is not available because of changes

to the work force, or because of policy restrictions. That absence of care also sometimes has the inflection of there being an absence of oversight. So I think some people have been concerned in Australia, for example, following a Royal Commission into abuses of people within age care settings, that if nobody's going and visiting, then we don't know whether or not certain abuses are occurring. So we have, on the one hand, the structures that allow for us to have decent quality of care settings, but we've got the carers that are vulnerable, the people who are cared for are dependent on someone else to provide that care, and the policies that make everyone more vulnerable. So we've got that idea of pathogenic vulnerability arising from that.

And some of that's about failing to recognise the value of that care, which is reflected in the poor pay rates those people have and the conditions of those who are providing that care often have. But also our lack of valuing of people who are dependent on care - we don't see them as full citizens. So I think our inability to recognise that quickly enough has been partly a function of our failure to socially value those areas.

So I think the vulnerability lens assists us in identifying how it can be the case that new vulnerabilities arise beyond those associated with being vulnerable to infection if there's a new virus going around. And the way in which our vulnerabilities are shaped by everybody else around us.

Rebecca: You mentioned there that carers' important functions aren't always recognised, especially ahead of time. But then obviously we see during times like this just *how* important these people and their roles are. And then the care sector, especially the informal, unpaid care sector, acts as a shock-absorber and it props up the health system during these times. It's so unfortunate that that isn't recognised in advance and that systems aren't built to support people who are serving those - as we see now - really important functions.

Professor Dodds: And often we also seem to think that those people are robust themselves; that they don't have physical limitations. You know, you think about the mental health challenges that people are facing as a result of the restrictions associated with Covid; that they can't travel, that they can't go out. Very often, there'll be people in inadequate housing, multiple people sharing the same space, expected to work, expected to help their kids to learn, and expected to care for people. It's not surprising that people find that they have mental health challenges, whether they're embedded in their family and trying to manage, or if they're isolated and not able to reach out to the people who often provide them with the emotional support that allows them to be appropriate carers.

Imagine you're a single person who's travelled. We now have a global care workforce, often with people travelling to other countries to provide care, sending remittances home, but not able to travel at the moment. And often, they're very, very isolated. They'll be living in a single environment but caring for somebody else during the day and feeling extremely emotionally vulnerable as a result.

We take a lot of that for granted.

Rebecca: How can we improve pandemic responses? How can we improve pandemic responses in ways that could help reduce those vulnerabilities?

Professor Dodds: Well I think by thinking of pandemics holistically. I think public health measures seek to try to achieve a holistic approach. But I don't think that often governments and policy makers, when thinking about the shape of their social service provision and their health care systems, think of them as being part of a richer web of social relations; they tend to compartmentalise.

So building our health care systems so that they have enough spare capacity for flex. That's been one of the biggest challenges: if you've been running your

healthcare system incredibly efficiently, you don't have spare capacity. And so it doesn't take much to knock it over.

Secondly, to look at the features of how we make that buffer - as you were saying before, of the formal, unpaid sector. Or in places like the US, where people will often be reliant on private, home-based care but very poorly paid-for workers - those people working from their home often have no protection, no regulation. So if we were to think about how we ensure that the support for the health care system that comes from that informal or poorly-paid areas of health care … that whole spectrum - if we improve the quality there, then we probably would have more capacity.

Clearly we've seen the resurgence of attention on what it means to be a woman in work, given that primary care responsibilities for children still lie with women over all. And similarly, care responsibilities for ageing parents often sit with women more often than with men. So there's a double or triple responsibility that women are often playing.

In the Australian context, we've had the first foray into free early child-care services, rather than expecting people to pay. That's made it possible for some people to stay on the front line who otherwise wouldn't. But clearly the economic benefits of having a workforce that isn't dependent on their own means to be able to pay for child-care, is important. But understanding what that child care's doing is also important. What's the quality of that care? How do we make sure that it's a good place for kids to be? How do we allay parents' concerns in the case of a highly infectious disease that we're not just putting children in situations where they're *more* likely to come home with an infection, than less.

So I think that thinking about health care, thinking about housing, thinking about other forms of care much more holistically would be really important for states to be able to prepare for and respond to pandemics much better. But also thinking about the international dimensions of those. Most countries

have gone very insular through this process, but in fact, the health care workforce is a global workforce. It's a global workforce that has very, very complex relations. And if we don't attend to that, we're likely to find ourselves with huge gaps into the future.

Rebecca: I am of the opinion that we should print millions of copies of your taxonomy of vulnerability and just send it to all policy makers with a little check-list saying 'Have you considered this, this, and this? If not, go back to the drawing board'.

Professor Dodds: That's very generous of you.

I think, very clearly to me, that the capacity to draw on that approach to vulnerability makes it much easier to see how it's the case these vulnerabilities pop up, or that things we thought we had sorted out, re-appear. Also, if you think about the vulnerabilities associated with being at home in abusive relationships and the children affected by being in those relationships when everyone's locked up at home. All the things that help to mitigate against people having the damaging consequences of vulnerability are under threat through a pandemic such as this one. So being able to draw on an understanding of how it is the case that a person's more vulnerable in this context, that it's not just a matter of choice, it's not just a matter of some kind of biological property of the individual, but in fact it's about the complex relationships that we allow to happen within society. And some of those are very damaging.

Rebecca: Well thank you very much for giving us a better understanding of vulnerability in this context. Thank you very much for taking the time to talk to us.

Professor Dodds: Thank you very much, too. Thank you, Rebecca.

[Outro music]

That's it for today – we hope you enjoyed the today's episode.

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If you have any questions, comments, or ideas for topics you'd like to hear about in future episodes, please emails us at ghe@ed.ac.uk. We're also on twitter as @GanguliMitra and @reb_richards.

Be sure to check out and explore our website "Justice in Global Health Emergencies and Humanitarian Crises" for more great content, just go to https://www.ghe.law.ed.ac.uk/.

Thanks for listening and see you again for the next episode.

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