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## Vulnerability and essential activities in the COVID-19 context: reflections on the domestic workers category

*Vulnerabilidade e atividades essenciais no contexto da COVID-19: reflexões sobre a categoria de trabalhadoras domésticas*

### Abstract

**Introduction:** in the COVID-19 pandemic, social issues merge with health issues, posing challenges to the labor market. **Objective:** to analyze the context of the domestic workers activity in the COVID-19 pandemic regarding the vulnerabilities of the category and the definition of essential activities by federal decrees. **Methods:** the analysis was based on four federal decrees published in the first half of 2020, which defined the essential activities in the pandemic, and on technical reports produced by *Rede CoVida* and *Rede de Pesquisa Solidária*, selected from themes related to occupational health, social aspects of the pandemic in Brazil and domestic work. **Results:** the analysis showed that illnesses and deaths related to COVID-19 are not evenly distributed among the population due to the country's socioeconomic, racial and gender inequalities. The positive and negative aspects of not including domestic work as an essential activity were also discussed. **Conclusion:** the discrimination of the variables occupation, skin color/race, sex/gender can help understand the social aspects of the pandemic and enable the design of public policies to minimize its harm, including the definition of essential activities and of financial aid that allows workers to comply with social distancing measures.

**Keywords:** domestic work; essential activities; pandemic; COVID-19; occupational health.

### Resumo

**Introdução:** na pandemia de COVID-19 as questões sociais fundem-se às questões sanitárias, ocasionando desafios ao mundo do trabalho. **Objetivo:** analisar o contexto da atividade das trabalhadoras domésticas na pandemia de COVID-19 em relação às vulnerabilidades da categoria e diante da definição das atividades essenciais por decretos federais. **Métodos:** a análise baseou-se em quatro decretos federais publicados no primeiro semestre de 2020, que definiram as atividades essenciais na pandemia, e em relatórios técnicos produzidos pela Rede CoVida e Rede de Pesquisa Solidária, selecionados a partir de temáticas voltadas à Saúde do Trabalhador, aos aspectos sociais da pandemia no Brasil e ao trabalho doméstico. **Resultados:** a análise evidenciou que adoecimentos e mortes por COVID-19 não se distribuem de modo uniforme pela população devido às desigualdades socioeconômicas, raciais e de gênero do país. Também foram discutidos os aspectos positivos e negativos da não inclusão do trabalho doméstico como atividade essencial. **Conclusão:** a discriminação das variáveis ocupação, cor/raça, sexo/gênero pode ajudar a compreender os aspectos sociais da pandemia e permitir que se tracem políticas públicas no intuito de minimizar seus danos, incluindo a definição de atividades essenciais e de um auxílio financeiro que permita aos trabalhadores efetuar o distanciamento social.

**Palavras-chave:** trabalho doméstico; atividade essencial; pandemia; COVID-19; saúde do trabalhador.

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## Introduction

On March 17, 2020, before the official quarantine period had begun, COVID-19 claimed the first fatality in the state of Rio de Janeiro. The victim was a domestic worker who lived in Miguel Pereira, a town in the interior of the state, and worked in Leblon, a neighborhood more than 125 km distant from her home. This worker, whose name was not disclosed, showed the first symptoms on March 16<sup>1</sup>. Her employer had returned from Italy, the epicenter of the crisis at the time. Still unaware of the result of her test, she received the employee on Sunday, and by Monday the maid was already hospitalized. While the employer was being informed that she had tested positive for COVID-19, the employee passed away. At the time, it was already known that whoever returned from abroad should self-isolate even before being tested, since the new coronavirus is characterized by its rapid spread<sup>2,3</sup>.

In May, when the cases of infected people and deaths in Brazil were on the rise, on the 5th the government of the state of Pará published Decree 729<sup>4</sup>, providing the total suspension of non-essential activities (lockdown) in some regions. The decree included domestic services among the 65 essential activities, without further specifications. This opposed federal decrees on essential services, and on May 31 the state government went back on its decision and published Decree 800<sup>5</sup>, revoking the previous one and specifying domestic services as an essential activity “rendered to an employer engaged in an essential activity/service, as provided herein, so long as it relates to caring for children, older adults, and sick and disabled persons, or when the employer is a senior, sick or disabled person.”

On June 2, a five-year-old child who accompanied his mother, a domestic worker, to work suffered a fatal accident<sup>6</sup> when he fell from the ninth floor of a building in Recife. It happened when the boy went looking for his mother, who was walking the family’s dog in the street. He had been left in the care of his mother’s employer, who allowed him to use the elevator alone, which led to the accident<sup>6</sup>.

These episodes raise some fundamental questions to reflect on occupational health during the COVID-19 pandemic (and in other situations). The health crisis poses huge challenges in this field, since social issues blend with new health care issues, in a political context of great instability. With no pretensions to exhaust the topic, we address some of these issues, such as the possible relationship between gender inequality and occupational risks – since domestic workers are mostly women<sup>7</sup>, who, according to recent studies on Brazil, have higher

contamination rates, for various reasons<sup>8</sup> (although more men die from COVID-19). We also highlight the racial issue, since it is known that most domestic workers are black<sup>8</sup>, as well as the irresponsibility of employers in deliberately exposing employees to contamination by a virus that causes a fatal disease.

Thus, this paper seeks to analyze the context of the domestic workers activity during the COVID-19 pandemic with regards to the category’s vulnerabilities and the definition of essential activities provided in federal decrees published in the first half of 2020.

## Methods

The analysis was based on data published in technical, public and freely accessible reports produced by the solidarity networks *Rede CoVida*<sup>9</sup> and *Rede de Pesquisa Solidária*<sup>10</sup>.

*Rede CoVida – Ciência, Informação e Solidariedade* (Science, Information and Solidarity), according to its own website<sup>9</sup>, “is a scientific and multidisciplinary cooperation project focused on the COVID-19 pandemic”, created in March 2020 from a union between *Centro de Integração de Dados e Conhecimentos para Saúde* (Center for Health Data and Knowledge Integration - Cidacs / Fiocruz Bahia) and the Federal University of Bahia (Ufba).

*Rede de Pesquisa Solidária* (Solidarity Research Network), in turn, is a network of more than 50 researchers, including political scientists, doctors, psychologists and anthropologists, which has made relevant contributions to the study of how different social groups have been affected by the pandemic<sup>11</sup>. The network was created aiming at proposing measures to help improve the quality of public policies at federal, state and municipal level in the midst of the crisis caused by SARS-CoV-2, with rigorous data collection<sup>12</sup>.

Among the content available in the aforementioned networks, this study selected documents and information on subjects related to occupational health, the expression of the pandemic in Brazil (mainly concerning its social aspects) and to domestic work – especially content that addressed aspects such as vulnerable employment and the relationship between the domestic workers category and the essential activity definition.

The analysis was also based on the four presidential decrees that defined, at federal level, the essential activities in the specific context of COVID-19 and were amended over the months. Among these decrees, Decree 10282<sup>13</sup> was the first

to be published in the Federal Official Gazette, on March 20, 2020, and regulated Law 13979, dated February 6, 2020. Following this first decree came Decrees 10329<sup>14</sup>, dated April 28, 2020; 10342<sup>15</sup>, dated May 7, 2020; and, finally, 10344<sup>16</sup>, dated May 8, 2020. They all defined public services and essential activities, with gradual flexibility and expansion of essential activities.

In this study the term “domestic workers” will mainly refer to women, as they are the majority in this occupational category<sup>7</sup>.

## Results and discussion

Two main themes for discussion were defined from the analysis of the information: 1. Occupational health and the incipience of epidemiological data; 2. Essential services and domestic workers.

### Occupational health and the incipience of epidemiological data

This study is guided by the principles of occupational health, which aim at directing interventions in the health-disease process in the workplace<sup>17</sup>. The paradigm emerges in the context of political liberalization and health reform in Brazil from the late 1970s, and considers social aspects and aspects related to work organization as factors that may be linked to the health-disease process<sup>17</sup>. Consequently, the understanding of the illness phenomena includes labor and the macro-social context in which it is inserted. Thus, occupational health considers the social determination of the health-disease process<sup>18</sup> and the workers' subjectivity within a given context, expanding the understanding of illness processes beyond physical, chemical and biological risks<sup>19</sup>.

In order to build an understanding of the expression of the pandemic in different Brazilian regions and according to different social groups, one must have access to disaggregated data on a number of variables of people infected by SARS-CoV-2, since they can contribute to the development of public policies in the occupational health field. The information collected and systematized should contain data related to occupation, race/skin color, sex/gender, among others. Some studies have already shown that in Brazil, illnesses and deaths from COVID-19 are not evenly distributed throughout the population owing to the country's socioeconomic, racial and gender inequalities. Furthermore, the epidemic has reproduced inequalities in the labor market, whether public or private<sup>20</sup>. Some of the bulletins published by *Rede CoVida* have focused

on different aspects of the pandemic in Brazil, and its more specific document<sup>20</sup> underscores the deficiencies in how data related to COVID-19 have been produced and disclosed by the Ministry of Health and the Brazilian states.

It is not the goal of this article to focus on the numerous specificities of data notification by state, nor to dwell extensively on recent changes in the way such information is recorded, but it is worth pointing out that, according to the abovementioned *CoVida* document<sup>20</sup>, as of March 2020 COVID-19 cases started being entered on a new data management and visualization platform developed by the Information Systems Department of the Brazilian Unified Health System (DATASUS). At the time, the document<sup>20</sup> was published and up to now, flu-like syndrome (FS) and severe acute respiratory syndrome (SARS) cases are notified on the e-sus Epidemiological Surveillance System (e-SUS VE) and on the Influenza Epidemiological Surveillance Information System (SIVEP-Gripe). In the case of e-SUS VE, information on sex, age, race/skin color, place of birth, occupation related to health or safety, among others, are included. In the general registration sheet for hospitalized SARS cases, in addition to those data there are fields to be filled in on ethnicity, schooling, occupation, among others. The “occupation” field, introduced in the sheet in August, is not restricted to those two categories (health or safety). However, the technical bulletin<sup>20</sup> produced by *Rede CoVida* ascertains that such sheets “aim at the production of relevant information on social markers, race and social position, which potentially enable a heterogeneous analysis of the occurrence of COVID-19” (p. 8), but that such information is incompletely provided, since some fields are not mandatory, causing great variation in the quality of data from the various Brazilian states. The bulletin warns that such variation leads to difficulties in investigating differences in epidemiological patterns and their possible social determinants according to the geographical area<sup>20</sup>.

Also according to the examined document<sup>20</sup>, and to cite some examples without exhausting all data analyzed by *Rede CoVida*, the states publish in different ways information about the occupation of infected people and those who died from COVID-19. Six states (Acre, Maranhão, Ceará, Rio Grande do Norte, Bahia and Goiás), plus the Federal District, report only data on coronavirus infection among health care workers, whether overall figures or broken down by occupation subcategory. Less frequently, these states publish data compared to other occupations, especially those related to public security (p. 14). Ceará is the only state that discloses data on COVID-19 cases among health care professionals according to gender, age

group, professional category and municipality. In addition, Tocantins publishes data on workers' leave according to reason and Rondônia publishes data related to the public security workers<sup>20</sup> (p. 14). There is a striking heterogeneity in the disclosure of data across the country, as the document points out, although the cited notification systems are the same for all Brazilian states.

It can be deduced that those who are considered frontline workers, i.e., who work in hospitals in various capacities (nurses, doctors, administrators, general helpers, among others), in public security, in supermarkets and drugstores (assistants, cashiers), in cemeteries, due to the specificity of their profession are more exposed to infection, as they are subject to potentially high viral loads, circulate in places that pose higher risk, care for homeless people, etc. In addition, these are professionals that continued working normally during the more restricted lockdown phase. However, despite the specificities of the labor activities, it is of interest to health surveillance and, more specifically, to occupational health surveillance to understand what may cause some of them to be more affected than others (or the differences within the same category, such as the actual workplace). Could social relationships and work processes help explain discrepancies? Regarding the more specific question of domestic workers, what factors are involved in their exposure to COVID-19? If power relations, the aspects that characterize the macrosocial contexts of a society and distinctions of "class" are essential factors to understand the illness processes, according to occupational health, the data collected among infected populations needs to be more accurate.

Returning to the *CoVida*<sup>20</sup> document, only Amazonas, Acre, Ceará, Sergipe, Rio Grande do Norte, Minas Gerais and Rio Grande do Sul publish cases according to race/skin color. On the other hand, although there are indigenous populations in all states, Amazonas is the only one that discloses data related to the pandemic among these groups, broken down by gender, age group, ethnicity and municipality of residence.

As for deaths, no data related to occupation is published either, and only Maranhão, Ceará, Rio Grande do Norte and the Federal District disclose such information, while Ceará breaks it down by gender, age group, profession and municipality. With regard to deaths and race/skin color, nine states publish such data: Amazonas, Amapá, Acre, Rio Grande do Norte, Alagoas, Sergipe, Espírito Santo, Minas Gerais and Paraná, with a predominance of states in the northern and northeastern regions of the country, where

the Comitê Científico de Combate ao Coronavírus (Scientific Committee to Combat Coronavirus) known as Consórcio Nordeste was formed<sup>21</sup>.

Understanding the relationship between the pandemic and labor requires more complete and comprehensive epidemiological data, yet even problems related to information transparency have occurred. This is a relevant aspect of the political context surrounding epidemiological research in Brazil and may be directly linked to the way the pandemic is unfolding, in addition to making it impossible to carry out risk analysis among the various professional categories<sup>20</sup>.

In turn, the research disclosed by *Rede de Pesquisa Solidária*, concerning labor-related aspects, includes the notion of "vulnerable employment" (p. 2)<sup>22</sup>. According to one of its technical notes, two criteria guided the identification of this notion of vulnerability, namely: "the instability of the worker's employment relationship or position" and "the degree of fragility of the economic sectors due to the pandemic" (p. 2)<sup>22</sup>. On the other hand, people and groups that are in more unstable occupations and employment relationships are considered "extremely vulnerable"<sup>23</sup>, in sectors that are considered non-essential (p. 1).

In this sense, the vulnerability pattern converges with the inequalities inherent to Brazilian society, according to research disclosed in the bulletins of *Rede de Pesquisa Solidária*. Black men and women have the most fragile employment relationships and are the majority in the informal sector. Analyzing the differences between men and women, the research<sup>22</sup> also points out that greater inclusion of men in essential activities and of women in non-essential activities can be observed. Thus, women end up being more at risk of losing their jobs. Concerning the way in which white and black women are divided between economic sectors, a greater concentration of black women is seen in groups that have less stable employment relationships, thus increasing their vulnerability to the economic crisis generated by the pandemic<sup>22</sup>.

These data help to understand the problem of domestic workers in the pandemic. Examining occupations in terms of essential services and employment relationships in the five Brazilian regions, a previous research from the same Network<sup>23</sup> points out that domestic workers are the most affected. Thus, going back to the examples in the introduction of this article that illustrate situations of domestic workers, one may conclude that if they are not given leave by their employers, they must expose themselves to the risk of working

and being contaminated (by their own employer, in the commented first case) or suffer devastating consequences due to the complexity of working during the pandemic for many mothers (having no one to leave their child with, as in the second example, since schools and daycare centers also had to close). Therefore, if women, more than men, and blacks, more than whites, have more irregular, informal and dispensable employment, and if the state does not provide them with sufficient financial aid to allow them to adopt the social distancing measures, they will consequently be the most vulnerable from the viewpoint of economic and health conditions.

### Essential services and domestic workers

According to Rocha and Pinto<sup>24</sup>, the term domestic work refers to two kinds of work: that which is done without pay for being considered a natural “aptitude” of women, and that which relates to the occupation called “domestic worker,” with hiring (formal or informal) and payment for work done in other people’s homes, characterized by invisibility. According to data of the International Labor Organization (ILO), in 2016 there were 18 million domestic workers in Latin America and the Caribbean, 88% of whom were women; in Brazil there were 6.158 million, 92% of whom were women, with only 42% of them paying social security contribution and 32% with a formal employment relationship<sup>25</sup>.

Sanches<sup>26</sup> points out that paid domestic work encompasses what is called reproductive labor, given that the tasks that characterize it are essential to the maintenance and reproduction of life. Therefore, even if such work does not directly generate products or services for the market, it maintains the workforce, or, according to the author, “there will be no male and female workers to report to work and return to it if domestic work is not carried out” (p. 884).

In discussing how, since the end of the Middle Ages, work assigned to women gradually became what is now called “household chores”, Federici<sup>27</sup> argues that this process enabled the primitive accumulation of capital as a condition for leveraging the capitalist mode of production. Such “chores” related to the reproduction of labor power and everything that was not considered work and paid less compared to what men did, despite being crucial for them to generate wealth. In a report published by Oxfam Brasil<sup>28</sup> in early 2020, the “global monetary value of unpaid care work provided by women over the age of 15 is US\$ 10.8 trillion per year,” a figure nonetheless supposedly underestimated (p. 4). The transformation of labor into non-labor based

on the notion of “domestic chores” enables the invisibility of a type of work that, as stressed in the Oxfam Brasil report, has significant monetary value but is not accounted for.

The relation between the visibility/invisibility of domestic work and its lower social and economic value compared to what is considered essential activity by legislation has spawned some controversy in Brazil, as seen in Pará. Unsurprisingly, on March 21 a manifesto letter written by children of domestic workers – “For Our Mothers’ Life”<sup>29</sup> – was published addressed to the government, employers of domestic workers and all civil society. The letter calls for “paid leave” for the category, stresses that it includes gardeners, caretakers, caregivers of older adults and daily domestic workers, features data on their vulnerability (especially daily domestic workers) and demands protection for live-in domestic workers so as not to expose them to tasks such as doing the shopping.

As for federal regulations regarding the issue of essential activities, four decrees were published establishing which services are considered essential in the context of the pandemic. It is important to stress that priority was given in this study to examining presidential decrees, despite the mention of the case in Pará. At federal level, the first was Decree 10282, dated March 20, 2020, which covered not only legal entities but also individuals, of both the public and private sector. Its Article 3 defines essential activities as “those indispensable to meeting the urgent needs of the community, considered those that, if not met, endanger the survival, health or safety of the population.”

This decree was amended by Decree 10329, dated April 28. The joining of both decrees provides a wide-ranging list of activities considered essential, among them “health care, including medical and hospital services,” “social services and care to vulnerable people,” “funeral services” and “environmental inspection,” for example. Some activities are easily understood as being essential based on the definition of Article 3, but others not so much, such as “religious activities of any nature, complying with Ministry of Health guidance,” “vehicle rental” or “financial and insurance services.”

As the pandemic spread all over Brazil, other decrees were published amending previous ones with the insertion of new essential activities. This is the case of Decree 10342, dated May 7, 2020<sup>2</sup> and Decree 10344, dated May 8, 2020, which include “beauty salons and barber shops” and “sports gyms of all kinds,” always complying with “Ministry of Health guidance.”

It is obvious that, with the progress of the pandemic, the roster of essential activities had to be reformulated with the inclusion or exclusion of activities. This list is necessarily dynamic, and data related to deaths, infections and bed occupancy should help guide its readjustment, relaxing the restrictions on economic activities when possible. However, what is surprising regarding the chronology of the decrees is that the evident expansion of essential activities does not match the context of the pandemic in Brazil. On April 28, when Decree 10329 was published, expanding the list of essential activities provided in the previous decree, a new peak of deaths by COVID-19 in 24 hours was recorded, with Brazil exceeding China in total number of deaths: 474 deaths in 24 hours was a new record at the time.

On May 7, when the third decree was published, 610 deaths were recorded in 24 hours, a significant increase in less than 10 days from the publication of the previous decree; and the city of Niterói, close to Rio de Janeiro, decreed a five-day lockdown with the possibility of being extended<sup>30</sup>. On the following day, when the fourth decree was published, the death toll in Brazil in 24 hours rose to 751, another record at the time<sup>31</sup>. By then the increasing number of new cases and deaths in Brazil was drawing global attention. On that same date, according to the same news story, a report was published by the Imperial College in London focusing on Brazil, recommending tougher measures to fight the pandemic<sup>32</sup>. It was observed that the number of new cases and deaths had neither fallen nor stabilized over April, May and June. On the contrary, there was an upward trend of cases of contagion over time in Brazil. On June 19, Brazil exceeded the mark of one million confirmed cases of COVID-19<sup>33</sup>.

Furthermore, the circumstances in the various Brazilian states are dynamic. If at the outset of the pandemic São Paulo was one of the most affected states, alongside Rio de Janeiro, Pernambuco, Maranhão and Amazonas, later on other states started showing an increase in cases and deaths, such as in the Center-West region. On June 29, the governor of the Federal District declared a state of public calamity<sup>34</sup> and the governor of Goiás decreed a 14-day lockdown in the state<sup>35</sup>. Despite the fluctuating numbers of both new cases of contagion and deaths due to complications from COVID-19, the country as a whole showed no decrease. The decrees went against the grain of the data, as if the pandemic were showing signs of a favorable context for the resumption of economic activities.

It is important to note, however, that at no moment was domestic work included in the list of essential services. A technical note<sup>36</sup> of the Labor Prosecution Office recommends equal treatment and opportunity for domestic workers regarding flexible working hours to meet social distancing measures, seeking to ensure that such workers were granted paid leave. Indeed, Brazil is a country where employers have to be reminded that domestic workers are workers indeed. However, not all have a formal employment relationship. According to Complementary Law 150/2015<sup>37</sup>, “domestic employee” is described as someone who “provides services on a continuous, subordinate, costly, personal and non-profit basis to a person or family, in their household, for more than 2 (two) days a week.” It is well-known, however, that there is a subcategory of daily domestic workers, who provide services in several houses once or twice a week. They are informal workers with no ensured right to paid leave. If on the one hand constitutional changes have expanded the rights of domestic workers, many still lack legal protection and the increase in the number of daily domestic workers is worrying, as they remain without legal definition and subject to greater legal fragility<sup>38</sup>.

There are, therefore, at least two ways to approach the problem of whether or not domestic workers are included as an essential activity and their relationship with formal employment. First, in the context of a pandemic, not being considered an essential activity is positive, and such workers should not be forced to commute to work. This was also the purpose of the approval of the so-called emergency aid through Decree 10316, dated of July 7, 2020<sup>39</sup>. The impending end of this aid and the several logistic problems related to its payment all over the country sparked discussions on its renewal and future duration. The fact is that only the guarantee of a monthly income to support the basic needs of any worker can allow these people to comply with social distancing measures. From this perspective, the fact that they are not on the list of essential activities in the successive presidential decrees made it possible for domestic workers to be protected and remain in this category, reinforcing the demand of the “For Our Mothers’ Life” manifesto<sup>29</sup>, while the pandemic is out of control. However, if they do not receive any kind of income, if the income they receive cannot meet their ends, or even if the emergency aid delays to reach them, they may have to take risks and, in this sense, their exposure will be twofold: in health terms, since they will not be able to self-isolate, and in economic terms, for the reasons already considered. Effective economic measures are essential to ensure compliance with

these decrees. However, the reduction by half of the emergency aid, as happened after three installments of R\$ 600.00<sup>40</sup>, and the end of the aid in 2021<sup>41</sup> are measures that certainly do not help complying with social distancing, although the pandemic continues to run amok in Brazil.

## Conclusions

Much progress must be made in collecting epidemiological data on COVID-19 in Brazil. The discrimination of variables such as occupation, skin color/race, sex/gender, among others, helps understand the social aspects of the pandemic and enables the design of public policies to minimize its harm. These variables are key to occupational

health and, if collected and widely published, contribute to understanding work processes in illnesses related to infection.

Despite the fact that the available data are still incomplete and incipient in Brazil, they reveal that it is essential for the government to reduce workers' vulnerability levels in at least two aspects: first, defining essential activities in a way that its own criterion is respected; second, guaranteeing a decent income so that workers in non-essential activities do not have to take risks to complement their income or to have any. These points are closely interconnected and, if not observed, will certainly make the traditionally vulnerable population groups in Brazil – blacks, women – even more vulnerable, as may be the case with domestic workers.

## Author's contribution

Pizzinga VG conceived and developed the study, analyzed the results and prepared the manuscript, taking full responsibility for the work conducted and for this article.

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