

**„Not because we are women, but because we gained qualification”**

A report by Rita Antoni

During the past few years in all four Visegrad countries we could witness several protests in the social sector, mainly in health care. Grassroots movements of nurses organized important protests against low wages, bad working conditions, unpaid overtime, shortage of nurses, outward migration and the general state of the health care sector. How and why has this sector become so undervalued and marginalized in East-Central Europe and beyond? What are the feminist perspectives of care? In what way do mechanisms of the market shape the debate on the value of care? Among others, these questions were asked on 11 October 2016 on the roundtable discussion with the title “Nurses’ movements in the Visegrad countries and the societal value of care” organized by Friedrich-Ebert-Stiftung within the framework of the regional program entitled “Gender Equality in East-Central Europe (launched in 2012).

In her opening speech **Eszter Kováts**, organizer and project coordinator, greeted the participants: employees in the health care and social sector, representatives of trade unions and grassroots movements, researchers, activists, politicians and others interested. In order to understand nurses’ movements, which are present in all four Visegrad countries, we have to examine the way we think about care work, nursing care, caring for children, the elderly and the handicapped, she started. A wide range of specialist literature discusses the question how and why productive and reproductive work were separated, how they became gendered, and how, in relation to this gendered character, the hierarchy was created which overvalued productive work and devalued reproductive work. Neoliberal capitalism disregards the fact that reproductive work is the prerequisite for productive work in the labour market. Since it is invisible and unrecognized, economy and politics regard reproductive work as an inexhaustible and constantly available resource. That’s why the state doesn’t invest enough money in it, and market participants enter the sector: patients, if they can afford, buy private health care service on the market (which is usually faster). Due to this parallel option social solidarity will be undermined, since those who can afford private service will be reluctant to pay social security contributions. Looking for the solution it is important to consider the transnational processes into which these protests are embedded. Slovakia, Poland and Hungary are all facing the problem of nurses migrating into Western Europe in great masses. From the Ukraine and Transylvania, however, nurses and carers of the elderly are migrating into these countries, fleeing from the even worse conditions in their homeland. This way the problem is not solved, only geographically shifted. Until men are willing to participate in care and we find answers to the problems of employees providing care on a systematic level, the emancipation of Western women can only be realized to the detriment of other women – women of worse social status or migrant women. Kováts concluded her argumentation with Nancy Fraser’s claim: in her view, organizing care must be in the center of leftist politics.

**Szikra Dorotya**, social political scientist argued that the recognition of nursing is inextricably linked with the functioning of the welfare state as well as the quality of democracy. She referred to the American historian Sonya Michel, who approaches protests in the social sector from a maternalist perspective. Michel and her colleagues raised the question why the main characters of the canonized history of the welfare state are always men (like Rezső Hilscher, Bismarck or William Beveridge). They searched for female role models and

found that women have always played a significant role in the development of the welfare state. They were heroes of everyday life who cared for family members, sick neighbours, and other members of their community, or took paid caring jobs on the labour market. For a while paid and unpaid care were regarded as mutually exclusive: in the early twenties, district nurses, whose movement was primarily created in order to improve the health of people primarily in the country, wore uniforms resembling those of nuns. If they got married, they were expected to leave their jobs and care exclusively for their family members. Nowadays the situation is different: a caring woman divides her energy between public and private forms of care, without much support from either the state or the husband who is usually reluctant to do the caring jobs in the home. Why is caring unpaid or underpaid? Feminist social sciences attribute this fact to the gendered hierarchy and power relations in society, and found that the increase of the number of women in key positions also increases the chance that caring work is suitably paid. As the American social political scientist Kimberly J. Morgan points out, the increased number of women in politics has a beneficial effect on family and health care policies. A good example for that is Romania, where recently a number of positive family policy reforms took place, and all of them were initiated by women MPs (who also thwarted disadvantageous reform bills). Thus, the presence of women in democratic institutions is of crucial importance. In Szikra's view, however, the sexist attitude of the government also contributes to the fact that caring work is unpaid or underpaid, and the welfare system is on the brink of collapse.

**Lubica Kobová**, philosopher at the Faculty of Gender Studies, Charles University, Prague, delivered a lecture entitled "The Market Model of Care and Transnational Practices: Care as a Feminist Issue". First she presented the crisis of care in several countries. In Slovakia nurses organized powerful protests in 2015 and '16 against low wages and bad working conditions. Teachers also joined these demonstrations demanding the appreciation of their pedagogic (thus, caring) work. In Austria, 640 000 old people need round-the-clock home care. This market has been dominated by Slovak women until recently, but now Romanian, Hungarian and Bulgarian women are also entering. Furthermore, those who can afford prefer young women from the Philippines, because they also teach the children English. In Prague, hiring a domestic worker, thus getting another woman to do the household chores is not unusual – in fact, it is a widely accepted way to solve the work-life conflict.

Feminist theories of care are originated in the second wave, within that, in difference or cultural feminism, which aims at confronting androcentric norms and raise the value of women's caring work. Carol Gilligan differentiates two kinds of moral voices: justice-based morality (characteristic of men) and care-based morality (characteristic of women). The former one is abstract and overvalued, and the latter is centered on relationships and is undervalued. Gilligan's interviews also reveal the reluctance of women to express their own needs and the fact that they tend to regard other people's needs as a priority. This should not be celebrated: women should be encouraged to pay attention to their own needs and listen to their own voices as well. Furthermore, care should be 'deessentialized': men should also acquire caring skills and learn the ethics of care. Another important point Gilligan makes is that care should not be restricted to the private sphere: instead, it should be understood as a communal value. As for the potential reasons of the crisis of care, the cultural explanation attributes it to the fact that, until recently, women were largely ignored. The materialist explanation, on the other hand, is not looking for historical reasons, but attributes the crisis of care to the recent state of the economic system. The above mentioned Nancy Fraser, for

example, holds monetary capitalism responsible, in which the accumulation of capital requires the unacknowledged social reproduction. At present we are experiencing the commodification of care, which means that care can or must be bought. Thus a global chain of care is created, which does not solve, only shifts the crisis: nurses or carers of the elderly migrate to another country where care is commodified, but leave their children at home – thus the lack remains.

As far as potential solutions are concerned, Kobová suggested a different approach to care: first of all, it should be understood as a value. She referred to the American philosopher Judith Butler who says that we are precarious beings and our life is always in some sense in the hands of the other (whom we might not even know). Secondly, it is important to recognize that I am, as a precarious being in need of care, also responsible for my fellow human beings. It must not be forgotten that people in caring jobs also need care. As the motto of protesting health service employees in Trentschin said: “care for us as the nurses care for you!”

**Julia Kubisa**, sociologist from Warsaw University delivered a lecture entitled “Nurses’ Movements in Europe”. She began with the idea that care in the home also requires special knowledge, and if it becomes a public profession, it does not get rid of the characteristics attributed to it in the private sphere (e. g. being undervalued). Nurses are organizing protests not only all over Europe, but also all over the world, for example in Canada, Australia and Israel. Problems and diagnoses: underpayment, pressure of the market, shortage and ageing of nurses, seem to be globally similar. After regime changes and reforms many nurses are usually given the sack on the ground that there are too many of them, although in fact, regarding the number of patients there is a shortage. As for low wages, they should always be estimated in the national context. For example, Austria is a popular target country for Slovak, Hungarian, etc. nurses, but Austrian nurses themselves are also dissatisfied with their income. It is inaccurate to assume that care is duly paid in the West (for example, British doctors have also protested recently). As a consequence of ageing population and the development of medicine nurses need more and more specific knowledge.

In the second part of her lecture Kubisa discussed the general characteristics of the protests. They usually arise from grassroots organizations (e. g. in Slovakia, Poland, Switzerland, Finland and Portugal), which means that not only leaders determine the actions. The central mottos of the movements are usually centered around the professionalism of nurses – they emphasize that it is a profession which needs specific qualification. It is an important political argument that nurses do not work in caring professions because they are women ‘born’ or ‘predestined’ to it, but because they are qualified for it.

This professionalism, however, also creates a challenge: it is difficult to fight for being regarded as a qualified employee as well as for being acknowledged. The responsibility of their jobs, as well as traditional gendered expectations are not in favour of making a scene: According to social stereotypes, loud protest is unfeminine. Furthermore, in spite of the bad working conditions and the shortage, nurses are often banished into the precariat, e. g. by fixed term contracts or the insistence on self-employment. As a result they must engage into secondary employment to the detriment of quality of care. This also makes organization difficult.

It is also typical, however, that once the nurses overcome all these difficulties and transcend gender expectations, they tend to organize spectacular and often successful actions. Among

the various forms of protest there is the resignation en masse (especially where strike is prohibited in health care, e.g. in Slovak, Sweden, Denmark or in Finland where 16 000 nurses resigned at the same time), which usually achieves the increase in wages. Going on sick-leave en masse also occurs. Protesters, grieving the miserable state of health care, wore black uniforms in Poland as well as in Hungary. Placing flags or blockading buildings also occurred. These protests are always supported by the majority of the public: based on data of 2008, 80 percent of the Danish, 61 percent of the Finnish and 75 percent of the Polish people agreed with the nurses' demands.

Movements regularly emphasize that there is no appropriate care without due payment. Protests all over Europe are centered around the ethical principle that patients must not be harmed. It is important to emphasize, however, that by now nurses are not asking whether it's ethical to protest, but they ask whether it's ethical not to protest when the malfunctioning of health care system itself harms the patient.

In the second part of the event a roundtable discussion took place, moderated by Dorottya Szikra, with activists from Visegrad countries. Szikra asked the five participants to tell when they decided to exceed the limits of 'femininity' and who proved to be their allies.

**Iveta Lazorová**, leader of the Slovak Chamber of Nurses and Midwives said that in her homeland the institution of illegal or 'black bed' is widespread. This, in practice means that instead of the officially allowed number the same number of nurses have to take care of twice as many patients. Another severe problem is that medical appliances and medicines are stolen and sold from the hospitals. The organization was finally motivated by a bill on the increase of wages in a disadvantageous way, which would have divided the employees in the health care sector. First they tried nonviolent lobbying, but they were ignored and, as 'weak women', undervalued by politicians. Then they chose radicalism, inspired by the above-mentioned Finnish mass protest. By 2015 they built a network ranging all over the country, and, with the support of 60 percent of the public, 1400 nurses resigned en masse. Lazarova's activism was supported by her family. "I showed my children what it looks like when you stand up for your rights, I have become a maternal role model during the two months of the protest", she said.

**Zuzana Netolická** is an oncological chief nurse from the Czech Republic, and she is the leader of the Trade Union of Employees in Health Care and Social Sector. She told that in 2004 their hospital, along with many others, was turned into a share company, and in spite of her reluctance she was appointed into the trade union board. No radical action has taken place so far, because their trade union functions well. At present they are negotiating with the government on the increase of wages and they are trying to improve regulations. Last year they achieved a wage increase of 5 percent, this year another 10 percent, and another 10-10 percent for the next two years. Netolicka's family is not supportive of her trade union activism, her husband is of right wing orientation, but she does not give it up. It seemed that among the participants they are in the relatively best situation – she said that listening to the others she began to see their circumstances as fabulous. In the time of a right wing government, however, they had to fight more vehemently. They, for example, flooded MPs who were not willing to listen to them with a flurry of e-mails and text messages.

**Lucyna Dargiewicz** is the leader of the Trade Union of Polish Nurses and Midwives in Poland. Political activism is a tradition in her family. She began activism in the Trade Union of Polish Health Care Workers, but the organization was ineffective, so they created the Trade Union of Polish Nurses and Midwives – she has been the leader since 2013. Their “White Town” action of 2007 is highly memorable – health care workers arrived from all over the country, they put up several white tents and created a small ‘town’ in Warsaw as a form of protest. They called the attention to the fact that the underpayment of nurses is connected to the number of deceased patients, since being overburdened decreases the quality of care. After the Minister of Health came up with a disadvantageous offer, the trade union, in close cooperation with the Chamber, took 30000 nurses to the street. As a result, a wage increase of 400 zloties was codified for the next four years. The protest also contributed to the fact that the governing party lost the votes of teachers and health care workers, thus it had to build a coalition. The success also inspired other trade unions. Dargiewicz expressed her pleasure over the tendency that young people claim “trade union is sexy” and join in great numbers.

**Viktória Szűcs** is the leader of the Democratic Trade Union of Hungarian Infants’ Nursery Employees and is the spokesperson for the Cooperation Forum of Hungarian Trade Unions. She revolted against traditional gendered division of labour even as a child. She is qualified as an infant nurse and health care trainer, and quit her job as a nurse in 1999. Between 2004 and 2008 she was the consultant, later institution leader of the united infants’ nurseries of the 22<sup>nd</sup> district council in Budapest. In the latter position she fought hard until the district council paid for the shift bonuses of the employees for three years back. After this success she was invited to the Democratic Trade Union of Hungarian Infants’ Nursery Employees, of which she has been the leader since 2008. According to her, representation of the interest of infants’ nursery employees is a huge problem on the European level as well, because it belongs neither to the social nor to the health care sector. Colleagues from abroad are usually envious of the 46 free days per year, but they tend to mistake Hungarian monthly wages for weekly wages. In 2011 they created a program of “MP exchange”, when three politicians went to work for a day in an infants’ nurse. The action was widely publicized in the national press, but did not achieve pay increase. In 2015 they organized a so-called “Social Consultation” (to mock the National Consultation introduced by the current right wing government): they collected letters of complaint from sector employees into a basket and, with a football (the recent government spends a lot on football and stadiums) gave it to a representative of the Ministry of Human Resources. The reformed strike law made the organization of such a protest more difficult, but (and Szűcs regards it as one of their greatest achievements) finally the Supreme Court approved of it. The government, with last-minute promises, discouraged many, but the action took place anyway. They can count on the social sector and women’s organizations (primarily on the Women’s Branch of the former Association of Hungarian Trade Unions) – Szűcs is convinced of the power of cooperation. Parents also support them, because they understand that an infant nursery employee who is worried of the electricity bill cannot provide high-quality care for their children.

**Mária Sándor** is an infant nurse (became widely known as ‘the nurse in black’) and the leader of the Hungary for Hungarian Health Care Civil Society. In her view, the interests of Hungarian nurses are not represented on the trade union level, because the Chamber and the biggest trade union of health care employees serve governmental interests in the first place. Another problem is the dividing strategy of increase in wages (the ‘salami policy’ in her words), which favours only a small group in the sector. For example, the wages of nurses who



work by the patients' beds was increased by about 70 Euros a month, but other health care workers like technicians, administrative and laundry workers, and in many cases orderlies were ignored. Even this partial result was achieved by Mária Sándor's group, after one and a half year of street protests. She thinks that keeping the wages of health care workers low is a conscious governmental strategy, a form of exertion of psychological influence – they feel minor in the hierarchy of the hospital, and with an even lower self-esteem they will not have the courage to stand up for their interests. Due to the bad working conditions nurses leave the country even one or two years before retirement. Many of their allies dropped out because they thought they were too radical, or because they were afraid of losing their positions.

Most comments and questions from the audience were centered on the experience in trade unions. Difficulties of activism usually arise from the fact that trade unions often fail to fulfill their function, compete with each other, the leaders serve governmental interests and are reluctant to protest. Governments often make last-minute promises one or two days before actions, or try to turn employees against each other by favouring only one group of them. Activists who try to organize protests often face several forms of humiliation, supervision or harassment, but this does not deter them from their fight, which is encumbered by the double pressure of political power and gender stereotypes. They gain power and courage from their results so far, and from the significant public support. For the time being, however, the cooperation of trade unions either within the sector or between the Visegrad countries is insufficient, but the participants regarded this event as an ideal starting point.