



Risk and Resistance Strategies in the Cleaning Industry

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Abstract

The voices of migrant women in precarious and poorly paid work have been missing from recent debates on the impacts of the COVID-19. This article aims to redress this balance by exploring how a migrant woman cleaner understands and balances risks relating to COVID-19. The cleaning sector has been characterised by the lack of PPE, the impossibility of physical distancing and pressure from employers to work in the absence of adequate social distancing norms. A series of in-depth interviews with a Sri Lankan cleaner sheds light on the strategies developed to counter risks to herself and to her family. The paper uses Cindi Katz's (2004) theoretical insights on the spectrum of resistance available to powerless and marginalised people. The finding is that the cleaner deploys a reworking strategy, in which diasporic knowledge is used to protect her health. The result is that the pandemic is understood as an unexpected but manageable risk which does not interfere with her long-term life goals. This article provides an essential perspective from a low-paid worker: a presence which has been invisible in reporting and policy-making on the COVID-19 pandemic.

Keywords: COVID-19; gender, Katz, race, Sri Lanka

Introduction

Migrant women have long been considered a more exploitable form of labour than migrant men or non-migrant women (Nawyn, 2010). Migrant women are disproportionately employed in raced, gendered, and classed roles involving hotel and domestic cleaning (Adib & Guerrier, 2003; Monahan & Fisher, 2020; Mooney et al., 2017), where they experience risks of physical injury (Seifert & Messing, 2012; Sogaard et al., 2012), sexual harassment (Adikaram, 2018; Kensbock et al., 2015) and deskilling (Kofman, 2012). Their gender, race and immigration status

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places them at the intersection of multiple axes of disadvantage and discrimination (Rydzik & Anitha, 2019).

Recent migrant workers in the United Kingdom have specific vulnerabilities: a post-Brexit hostile immigration environment (Wills et al., 2010), an indifference from established trade unions (Però, 2019); social networks that exist mostly within the migrant community (Nawyn, 2010), and a limited ability to communicate in English. In conceptualising the migrant worker's limited ability to practise resistance, I draw on Cindi Katz's (2004) conceptualisation of how agency is practised under repressive circumstances. Katz' original study examines children living in cities affected by globalisation, war and environmental degradation, and her concept of agency has subsequently been applied to womens' labour struggles (Rydzik & Anitha, 2019) and deindustrialised workers (Cumbers et al., 2010). The value of Katz's concept of agency is that it recognizes the constraints on action posed by oppressive ideologies and social contexts in shaping workers' understandings of oppression, particularly in the cleaning industry (Rydzik & Anitha, 2019). This concept of agency avoids the mistake of using an undifferentiated – often celebratory – label of “resistance” in order to pay closer attention to the possibilities as well as limits of resistance by migrant women workers in response to workplace exploitation. Katz categorised agency as three distinct practices on a continuum: resilience, reworking and resistance. Firstly, the practice of resilience is characterised by individuals who are constrained by a lack of awareness of structural inequalities and whose intention is to simply survive oppressive conditions. In the example of a migrant worker, she would adopt a pragmatic mindset of being “tough” or “not bothered” by oppressive working conditions which are endured in order to provide an income. Secondly, acts of reworking are those which deploy strategies that improve conditions of the individual worker's existence but do not help others in the same exploitative situation. For example, a worker may flatter their manager in order to obtain a promotion, improved pay, or better working conditions. Both practices of reworking and resistance generate an oppositional consciousness of the hegemonic powers at work, but (re)produce systemic oppression. Finally, resistive practices not only draw on critical consciousness, but aim to materially change the structure of oppression, with outcomes that benefit all workers. Resistive practices may include informal walkouts, joining a trade union or organising strikes.

The hotel cleaning sector in a neoliberal state

Industrial concentration, global competition and falling room prices have pressured hotel chains into becoming sufficiently large to satisfy a demanding customer base, while also making efficiencies of scale. The work of cleaners is central to customer satisfaction yet represents a significant labour cost to employers. The result is that cleaners have increasingly onerous jobs with a downward pressure on wages, in order to generate the cost savings required by hotel



chains. Kumari works for a luxury hotel chain based in an international airport in Northern England. GlassDoor, an employer review website, contains hundreds of reviews of this employer by former cleaners. They described their employment as “hard work and long hours”, with tight targets for cleaning rooms and a customer satisfaction guarantee which requires very high standards of cleaning. At the same time, UK workers are reluctant to consider cleaning jobs a long-term employment option. Cleaning has therefore become one of the UK’s top ten migration-intensive industries. In 2008, 18% of cleaning jobs and 17% of housekeeping jobs were done by migrants (UK Commission for Employment and Skills, 2010). From 2016 to 2018, the percentage of migrant workers in the hotel sector, which includes cleaners, was 24%, of which 4% were non-EU nationals. The hotel sector employed the highest percentage of non-EU national of any sector in the tourism industry (Office for National Statistics, 2019). Following the implementation of lockdown in the United Kingdom, hotels were closed. Employees in the hotel sector were the least likely to continue working, at home or at their workplace. The number of workers who were temporarily away from the workplace had the largest effect on average actual hours worked in the hotel and food services industry in the three months to April 2020, with a fall of 24% in hours worked, compared to the same period in 2019 (Office for National Statistics, 2020).

Domestic Cleaning

Domestic cleaners working (but not living) in households are paid 21% less than those in the formal cleaning sector (The British Cleaning Council, 2020). Despite the relatively low pay, the flexibility of hours, undeclared tax arrangements and prevalence of cash payments make it attractive to migrant workers who have more than one job and who may have informal banking arrangements (Pereira, 2013; Taylor, 2017). As with hotel cleaning, domestic cleaners in the United Kingdom are likely to be women and to be migrants (The British Cleaning Council, 2020). Health risks are generally greater than in the hotel cleaning industry (Obadia et al., 2009), with asthma and respiratory problems being particularly associated with female domestic cleaners (Zock et al., 2001).

Race, gender and COVID-19

The health impact of COVID-19 on those who continued working was differentiated by race and gender. Of the 17 occupations among men in England and Wales found to have higher death rates, 11 of these occupations have significantly higher proportions of workers from BAME backgrounds. Cleaning is one of these 11 occupations (The Office for National Statistics, 2020). Of the four occupations among women in England and Wales found to have higher death rates, cleaning was not one of these occupations. Therefore, BAME male cleaners were, as of May 2020, more likely to have died of COVID-19 than BAME women cleaners. The reasons why



BAME people of either gender were more likely to die from COVID-19 remain unclear, although structural factors (such as race, housing, poverty, health discrimination) are considered to be an essential explanation. The hastily commissioned Public Health England report on the reasons for the disproportionate number of deaths from COVID-19 in BAME groups controversially removed their findings on structural factors (Public Health England, 2020). Responses from over 1000 organisations on how racism, housing, Islamophobia, insecure and low-paid jobs were also excluded from the report, resulting in the exclusion of race and gender from official explanations of the racially differentiated impacts of the pandemic.

Until the COVID-19 pandemic, the after-effects of neoliberalism promoted individualism, self-sufficiency and a small state. Official government rhetoric in the UK was that the state was not required to provide a safety blanket for the poor or vulnerable. Migrants were considered fair game for additional taxation and the removal of benefits. The pandemic highlighted the importance of keyworkers, including cleaners. That these workers were more likely to be migrants and were also more likely to die from COVID-19, led to an initial outpouring of public support. A Conservative-dominated, formerly anti-immigrant government was pressured into some surprising U-turns. Fees for migrant NHS workers, the introduction of free school meals over summer and the furlough scheme will disproportionately benefit low-paid workers, who are also more likely to be from a BAME background. The rest of this chapter will look at how a BAME woman migrant cleaner developed a risk management strategy which took advantage of certain government initiatives while rejecting the atomisation promoted by the neoliberal turn.

Methodology

Examining an individual's story allows us to reintegrate the politics of lived experience back into the COVID-19 narrative. The name and details of the migrant woman cleaner have been anonymised due to her precarious immigration and financial status. My research methodology has been informed by Sedgwick's (1990) three axioms which have been further developed by scholars of decolonization (Tuck & Wang, 2014): (I) The subaltern can speak but is only invited to speak her pain; (II) there are some forms of knowledge which the academy does not deserve and (III) research may not be the intervention that is needed. In asserting these axioms, we reject the commodification of pain that is endemic to the academy (hooks, 1990) and aim to generate knowledge which expands the territory of feminist and anti-racist representation. Our conversations took place over a number of days, in the safe surroundings of our family homes.

The Sri Lankan Catholic Diaspora

Kumari is in her late thirties, slim and well-dressed. She is keen to speak in English, a language she only learned 5 years ago. She bounces on the edge of her seat as she talks, a bundle of



energy. She flicks her eyes beyond me as she talks, towards the window. Her new car is parked outside: “The old one was no good. I walked into the garage and came out with this one.” She laughs.

Kumari moved from Sri Lanka to Italy as a teenager, with her mother and brothers. She met and married her Sri Lankan husband in Italy. Her two children were born and attended primary school and the family was well integrated into a Sri Lankan Catholic community in Italy. Remittances from migrant workers are the largest source of foreign exchange for Sri Lanka. Italy has been a destination since the 1970s for Catholic, working-class Sri Lankans who emigrate for better-paid work and whose ultimate focus is on a comfortable retirement in Sri Lanka (Näre, 2010). The Italian diaspora is known in Sri Lanka for a focus on material improvement and the willingness to work abroad to fund their lifestyle, together their aim to eventually return to Sri Lanka (Brown, 2012; Gamburd, 2015). These are all ambitions which Kumari displayed with pride.

Kumari moved her family to the UK in 2015, along with other members of the Sri Lankan Italian community. They had heard from Sri Lankans in the UK about the possible withdrawal of the UK from Europe and feared that resulting clampdowns in immigration law would make it hard for them to move. The UK is considered preferable to Italy amongst the Sri Lankan first generation diaspora for its English language education and higher rates of pay. She considers her children to have done well in UK schools: her son is completing a computing degree and is planning to join the armed forces on graduating. Her daughter attends a state secondary school. Her husband has asthma and works as a caretaker in another local school. As cleaners, both Kumari and her husband realised early that they were particularly exposed to COVID-19.

Resilience and Reworking

Kumari was keen to share her approach to risk management within the context of the pandemic. Her first strategy can be categorised as resilience. Her work ethic in both Italy and the UK was to tolerate physically demanding jobs, ignore racial or gendered discrimination and treat her job as instrumental: “I work hard. I have always worked hard. I need the money to send home, to build my house.” She took advantage of the hotel chain’s training opportunities, using these as a way to improve her English language and to learn about cultural expectations in the UK. “The English are polite. They don’t say what they mean. It is all smiles. I make sure my rooms are perfect. Then, no complaints afterwards.” These behaviours have been described as tactics rather than strategy, given the vulnerabilities of migrant workers. Such tactics help workers endure the short-term effects of difficult employment, and mitigate the effects of intersecting race and gender exploitation (Rydzik & Anitha, 2019). Her employer put Kumari on furlough at the end of March. Her employer offered those who were willing to return to work reduced hours in July



2020. She is sanguine about her return to work: “They [the employer] will provide everything: gloves, masks, extra cleaning. I am not worried.” As she goes on to explain, she has developed a more sophisticated understanding of risk reduction through her diasporic networks.

Reworking

Reworking is a strategy which explicitly recognises high-risk working environments and develops targeted, pragmatic ways to improve an individual’s situation, without seeking to dismantle barriers, or to offer solidarity to others in the workplace. Kumari’s risk reduction strategies are aimed at herself and her immediate family. She described her co-workers as “coming from all over. Polish, Africa, Spanish, Philippines, everyone.” She has not attempted to befriend her colleagues at work, choosing to spend her spare time in cultivating the Sri Lankan diaspora already in the UK. This includes me and my family. She thinks we have more to offer than her work colleagues, and we are more trustworthy. “We understand. You. Your Mummy and Daddy. We are from the same country.” Kumari initially learned of COVID-19 through the Sri Lankan diaspora. Sri Lanka had its first case of COVID-19 in January 2020 and instituted mandatory face masks, gloves and additional cleaning in hotels. At this point, Kumari bought her own face masks and gloves, and started wearing them when cleaning hotels and domestic homes. She instituted hygiene protocols recommended by Sri Lankans living in Sri Lanka, well before similar protocols were suggested in the UK: “When we come home, take off clothes, go upstairs and shower. Then wash clothes. Me, my husband, the children. I learn this from my country.” Her country, which she refers to often, is unambiguously Sri Lanka. She is proud of Sri Lanka’s low death rate and compares it unfavourably to that in the UK. “More of us [Sri Lankan people] have died in the UK than in our country.” She never considered prioritising the UK’s government advice over that of Sri Lanka’s.

Cooking is a large part of Sri Lanka’s diasporic tradition. Families eat together and food is shared between households as a sign of friendship and support. Kumari regularly brings food for my elderly parents, as a sign of love and respect. She uses traditional Sri Lankan ingredients when cooking to protect her family from infection: “We know how to use good food in my country: ginger, garlic, turmeric, gotu kola . This is why we no get sick. We are healthy. This stops the COVID-19.”

I am intrigued by how little she is worried by COVID-19. I ask her what she considers to be the greatest risk in her life. She frowns and tells me it is the motorbike bought by her son. “It is dangerous. He has come off three times already. He comes from Portsmouth to here on the motorbike. I don’t know why he does this.” The motorbike poses, statistically, a far greater threat to her son’s life than COVID-19. Her assessment of risk is realistic. She has tried to keep her family safe, but her worry is that her son defies her attempts at risk management. She does not



frame the risk from COVID-19 as being due to ethnicity, but down to poor hygiene practice and an unhealthy diet. She describes the English diet as being “Bad food. Fatty. Meat, sugar. Where is the vegetables? We know how to cook.”

In the UK, risk management of COVID-19 is taking place with limited knowledge, where the aetiology of the disease is unknown and BAME vulnerability remains, officially, a mystery. Kumari is part of a confident, kinetic diaspora in the UK, who are familiar with change. Her flexible approach to risk management contrasts to most British-born people who are struggling to operate without definitive answers. By adopting health management tactics communicated through the Sri Lankan diaspora, she is able to develop a reworking strategy which is suitable for her own context.

Privileging of diasporic knowledge

Kumari knew that, statistically, BAME people have been disproportionately killed by COVID-19, but she preferred to talk about the people whom she knew. “I know a [Sri Lankan] man. He worked in hospital. He got COVID-19 and he stayed in hospital, but his family was fine. They did not catch COVID-19. That is because we take care of ourselves, of our families. We know how to be safe.” The privileging of diasporic knowledge, whereby the people she knew took precautions and were spared, was one aspect of her reworking strategy.

It is impossible to know how much Kumari is genuinely afraid of COVID-19. It is possible that her willingness to expose herself to the risks of COVID-19 arises out of a lack of choice: she has to work to keep her family safe. Furthermore, her older husband was expected to continue his caretaker role at a school, despite having severe asthma: furlough was not an option he was given by his employer. Given his gender, age, occupation, and health status, her husband has a higher mortality risk than Kumari, a fact that she was well aware of. “I work in the evening because he cannot. He has asthma. He has to work already during the day.”

Yet even while Kumari was on furlough, she chose to continue working in informal domestic settings. As the bulk of her income comes from her permanent hotel work, she did not, financially, need to work additional hours. She assessed the risk from COVID-19 as being less significant than the financial disadvantage and risk to her long-term plan of moving to Sri Lanka.

She is confident that diasporic knowledge has served her and her family well: her work in Italy and the UK has funded the building of her retirement property in Sri Lanka. Her children are multi-lingual, speaking Sinhala, Italian and English, and will find good jobs in a country that suits them: “My son says, you should die where you are born. For him, Italy is where he was born and that is his country. When he finishes in the UK [with the RAF], he will go to Italy to



find an easier job. My daughter, she likes it here [in the UK]. We will go to Sri Lanka. It is good there: cheap to live, people look after each other.”

Diasporic Communities – a unique form of resistance

The subaltern has spoken – but did not speak of pain. Kumari spoke of COVID-19 as a manageable risk within the context of a working life that is building a comfortable retirement for herself and her husband. She has made strategic, long-term decisions about her choice of country of residence and profession: a cleaning job in the UK enables her to provide high quality schooling for her children, and a job that combines the benefits of permanent employment with informal additional hours. The COVID-19 pandemic, in her narrative, was an unforeseen diversion, yet one that will not derail her life plan. When asked about the future, she is clear that she and her husband will return to Sri Lanka.

By examining her tactics of resilience, and her strategy of reworking, we can illuminate the reasoning behind the choices Kumari made to continue working in cleaning: a profession which was considered high-risk during the COVID-19 crises. Her risk management strategies are made within a limited choice of job opportunities for non-English speaking migrants. Our analysis allows us to see beyond simplistic explanations: the binary opposition of silent victimhood or unfettered resistance. Given the precarious and physically dangerous nature of the cleaning sector and structural disadvantages facing migrants, Kumari may feel that her work was already risky. She did not continue her job without any changes, simply accepting whatever conditions were provided by her employer. Nor did she organise other cleaners to lobby for additional protections from employers. Instead, she chose a more nuanced path, by continuing to work but putting additional protections in place for her and her family. She has accepted, to the extent that there is choice, the added risk from COVID-19 in order to strategically to help her achieve her goal of building the house in Sri Lanka.

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