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Paper Title: West African Immigrants Care Work and Covid-19

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I want to thank the organizers of this roundtable for this invitation. It is truly an honor to be part of this conversation.

My goal is to account for the experiences of English-speaking West African immigrant care workers in the US.

Africans are a small, but growing immigrant population. They make up 4% of the total share of the US immigrant population. Yet, they account for 12% of the immigrant health care workforce. Not only are they concentrated at the lower tiers of the health care hierarchy, as nursing assistants and home care workers, but they are also significantly represented as registered nurses. So, I argue that it is important to study this group, and that they have a lot to tell us about health care work.

I draw my insights mostly from interviews among a research sample (majority women, but also some men) who are primarily based in the Washington DC metro area. They work as elder care workers, disability support staff, and licensed practical nurses and registered nurses. Some had opened businesses, - mostly recruitment agencies for home care support, group homes, and day program support for adults with intellectual and developmental disabilities.

A point worthy of note is that they were not care workers in their home countries. In fact, many were unaware of care work, such as disability support or institutional elder care as paid employment. In their pre-migration worlds, this sort of care was the labor that family members performed for loved ones.

So, in my work generally, I have been interested in unearthing the processes that allow for everyday migrants to become transformed into care workers, or in the framing I use in my current book project, how migrants become produced, repackaged, and deployed as health care workers.

I have been interested in the factors that allow for these immigrants to come to the US in the first place. In particular, I look at the impact of US immigration policies in shaping the migration, and later, labor force trajectories of migrants. I should say that my research participants entered the US through regular immigration provisions, mostly family reunification; also, as refugees/asylum seekers; or as diversity visa lottery winners. Unlike the Canadian context, there is no temporary visa category or pathway to permanent residence for paraprofessional care workers.

I also explore the failure of the postcolonial African state. I look at the presence of wars, civil unrest, corruption, etc; and neocolonial formations, such as neoliberal economic policies, in creating the socio-economic conditions that compel many, including educated, middle class professionals to leave.

After migration, I am interested in the processes that facilitate their entry into care work. In particular, I look at the impact of credentialing and licensing regimes that prevented their entry into other areas of the labor force. Or even when they made successful transfers into the primary labor market, for example to work as high school teachers, they encountered racial discrimination and a specific form of racial animus against Africans, that I, and others have called African-origin discrimination.

Turned away from previous occupations, due to the devaluation of their qualifications, they turn to a labor niche that lacks an exorbitant credentialing process and that is cost effective to enter. Usually, work as home health aides or certified nursing assistants became their first entry point into the labor market. Those who held professional level jobs in health care at the time of my research, reported that they started at the bottom and worked their way up.

I conducted my research before the covid-19 pandemic; however, I offer a few thoughts on the implications of covid-19 for this group of workers, drawing from informal conversations with, and social media accounts of careworkers in my networks. I also draw on the work of anthropologist Cati Coe, who has collected more recent data on African home care workers and certified nursing assistants during the pandemic.

I think that we can make some generalizations about the impact of Covid on all immigrant careworkers. For instance, experiences of overwork, burnout, emotional strain, fear of contagion (especially in the early days of the pandemic), and obviously infection and mortality from Covid-19.

I do believe however, that there are distinct experiences for different groups of workers. In my research, I found that immigrants' experiences were different based on where they work, and where were located in labor hierarchies. I also draw from the arguments made by sociologist Mignon Duffy, who made conceptual distinctions in care work based on differences in perceived skill, the nature or type of care performed, as well as racial stratification among the bodies that are involved in care. Also, Nicola Yeates, working out of the UK, has argued that we should take seriously the contexts within which the work occurs. So, within the context of Covid, there will be differences among workers in hospitals, vs nursing homes and private homes.

I will close by giving brief examples of how workers in these settings could be affected differently, drawing from the perspective of Africans.

According to Cati Coe, in nursing homes, especially early on in the pandemic, workers reported lack of PPE and feeling unprotected and vulnerable. They talked about the deaths of residents.

Home care aides who typically eke together a living by working multiple jobs with a number of care recipients cut down on hours or reported being let go, by fearful family members, thereby increasing their precarious conditions of work. Live-in home care workers felt that they were under more suspicion and scrutiny as potential vectors of the virus.

Finally, in my conversations with African nurses, they were more likely to talk about the stress of being at the frontlines of combating a novel virus. They also talked about the deaths that they witnessed and the emotional toll, especially in the height of the various waves of the pandemic.

I will stop here for now.

Thank you.