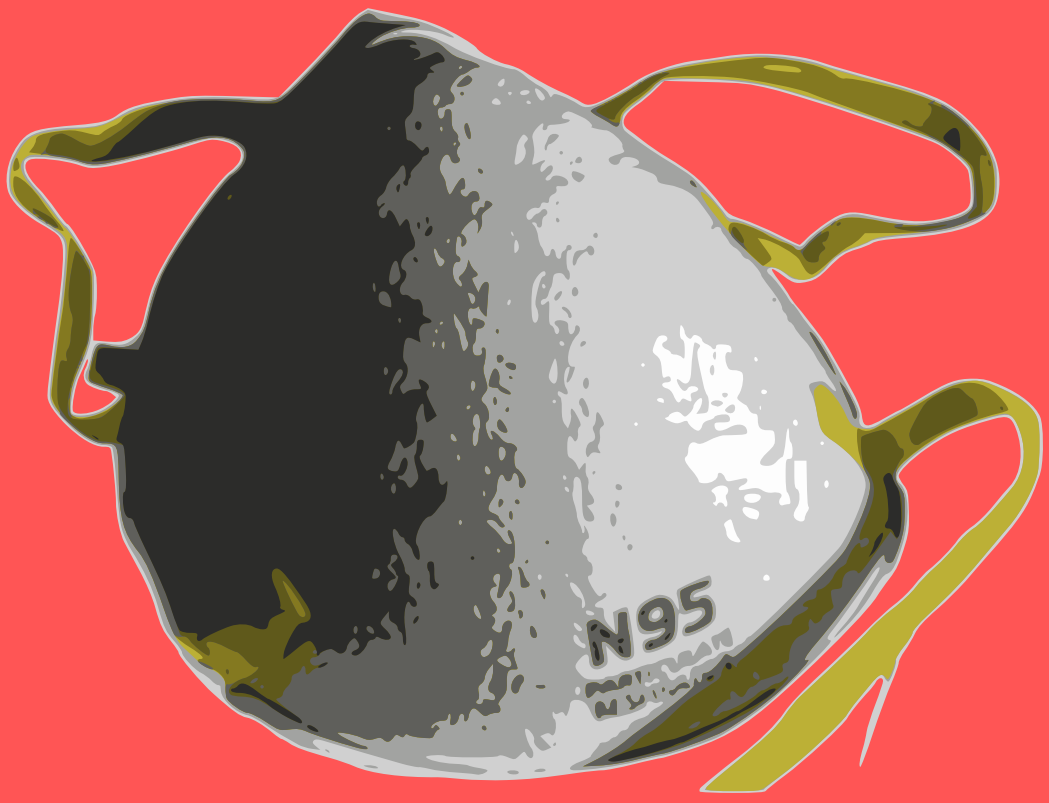
# One life over another

## Arbitrariness in the context of a pandemic: the case of four dialysis clinics of the multinational Fresenius in Chile

**Working Paper**

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*Working paper Union Training Area*

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# Arbitrariness in the context of a pandemic: the case of four dialysis clinics of the multinational Fresenius in Chile[1]

Working paper 2020

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# Contents

# 1 Presentation

The European experience with COVID-19 could have been a teaching moment for global protocols and measures needed to protect workers from being exposed to the disease, and therefore not repeat the same mistakes as the disease spread to Latin America. Unfortunately in Chile, health workers at the Talca, Departamental, O'Higgins and IIEM San Bernardo clinics of the multinational Fresenius, operating under the Nephrocare brand, have faced the global pandemic with limited personal protective equipment (PPE) at work.

To delve deeper into the issue, the experiences of a group of Fresenius employees regarding their working conditions in the context of the COVID-19 pandemic are presented below. Interviews were conducted in four dialysis clinics; three in the Metropolitan Region and one in the Maule Region, between Saturday April 25 and Wednesday April 29 2020. In the Maule region, four patients from the clinic have tested positive for COVID-19. [2]

# 2 One life over another

In the world of work, deep inequalities not only persist during the pandemic, but have been aggravated and taken new forms. In Chile, the German multinational Fresenius, operating under the Nephrocare brand in Chile, was slow to implement a number of fundamental protocols to protect workers in the context of this pandemic, according to numerous testimonies of workers from the Talca, Departamental, O´Higgins and IIEM San Bernardo clinics. One of the most disquieting aspects is that all the workers of all the clinics stated during their interviews with the SOL Foundation, that there were huge differences between the protective equipment delivered to health care management, who generally have no close contact with patients, and the personal protective equipment given to frontline health care workers who do have close contact with patients with Covid-19.

Ancillary and support staff areaffected the worst, for whom there is insufficient PPE such as masks and shoe covers. For non-management personnel, the masks are of a lower quality than the recommended N95, however, management does have this higher quality protective equipment. It is highly worrisome that there are arbitrary differences between heads or managers, and workers from different areas that carry out the operational tasks of the company: "And the N95, which is the ideal mask, is only given to the staff when Covid-19 positive patients are admitted to the clinic... there is severe discrimination... we have

[2] The interviews were conducted by telephone. Previously, people were informed of the purpose of the investigation and their consent was obtained. The real names of the workers interviewed have been modified to protect their identity.

fought, but in the end we are having to buy our own protective equipment", said one of the women workers. More should be expected and required of health care institutions. Given the global nature of the current pandemic, companies should be expected to take advantage of the "experience gained" from the earliest countries to report COVID-19 cases.

# 3 N95 Masks are not being provided

Instead of taking clear and resolute action, management has been erratic, said Daniela, a worker at the O'Higgins Clinic, who points out that between December and early January the company had informed them that it was preparing for the Coronavirus Pandemic by acquiring the necessary PPE for all the staff. Daniela continued to say *"when all this started, we had a meeting where they said they would give N95 masks to all of us, but this never happened. Later they told us that if there were any positive cases, they would provide us with the masks"*.

Also, according to the testimonies, supplies have been severely restricted; work has intensified since no vacant positions have been filled, working days are more intense, and the most effective cleaning supplies (quaternary ammonium compounds in water solution) are being used to clean the head of service offices, while for front line personnel and patients we are using the most common methods for disinfecting (chlorine solution) *"it's a joke, managers have dispensers with quaternary water and workers and patients have chlorinated water"*, said a cleaning worker.

# 4 Increased workload and "decisions made along the way"

The workers who were interviewed explained that their clinics employ 18 to 60 workers in different positions: nurses, nurse technicians (TENS in Spanish), support assistants, administrative staff, guards and drivers. Regarding head of services, there are quality nurses and regional administrators, two positions that supervise the work of several clinics at the same time. Despite the fact that there are two types of supervision, according to Julián of the Talca clinic, in the first weeks of the health crisis, when the workers had doubts regarding the protocols and supplies, management responded *"we will decide along the way"*. In late April that clinic reported four confirmed cases of COVID-19 *"it was extremely stressful and the company's response was always the same: 'we will decide along the way.' The workers*

*normally say: we will evaluate the cases as they come up".*

The staff therefore acknowledge that the company is doing things *"along the way"* and realizing that the accumulated experience gained from being a transnational company, is not being used to address the pandemic. Although it is relevant to follow the recommendations of the local authorities in matters of public health, in this case the rapid rate of expansion of COVID-19 was clear and enough to take action in a timely manner. The employees went to work in the midst of a pandemic and had no masks available, some workers had to buy their own supplies, in other words personal protective equipment was not adequately available. The union leader who was interviewed stated *"a worker from another dialysis clinic called me to say they had been given one mask for the whole day, because they had no more. We therefore called the company and said that if it did not change its stance, then we would apply article 184."*[3]

In March and April when the pandemic had advanced in much of Europe, and in Chile where the *"dynamic quarantine"*, strategy had started, there were still conflicts between the company and workers in clinics where the relevant protocols had not been implemented, and some started being applied due to union pressure.

The interviewed employees explained that work intensification causes damage to the bodies of the workers, and they experience discomfort and pains similar to the symptoms of Covid-19. Also, the weariness and long working hours affect the defences of workers, leaving them vulnerable to the pandemic.

These situations require a deeper look at the impacts of this crisis, and the interaction between an exceptional situation at the national level and a conflict in the workplace. Both situations end up having consequences in the homes of the workers, where there is a weakening of personal ties due to fewer hours available at home, and an overload of household chores.

Work intensification has resulted in some cases in longer working hours, causing emotional and physical exhaustion for those in close contact with immunosuppressed patients. In addition, the company did not provide protocols in a timely manner, and in some clinics, took a long time to resolve the workers' commuting problems, while in others it was the workers themselves who had to resolve these issues on their own. These situations also have an impact

[3] Article of the Chilean Labour Code that establishes employers' legal responsibilities to ensure a safe and healthy workplace, and allowing workers to leave if they feel their health or safety is in danger.

on the homes of workers due to stress, household chores and childcare, thus increasing the total daily working hours, both paid and unpaid.

# 5 Confirmed cases of COVID-19

Workers also note their fear of infecting family members, mainly in cases where they live with the elderly, newborn babies, or children under the age of one, given that they are considered at-risk groups. Many workers find themselves in a situation where being dependent on wages for their material survival becomes more important than self-care. *"yes, the workers are concerned. They fear getting infected because most of them are young and have small children. Others take care of their elderly parents, or have comorbidities of hypertension and diabetes, people who are overweight ... all of this worries us"*, said one of the workers..

According to the staff, the company explicitly stated that in this context, no worker is entitled to be absent from work because the business must go on. One of the workers pointed out that they were initially told that confirmed cases of COVID-19 could not be classified as an occupational disease. At the beginning, *"the quality nurse was holding meetings and saying that COVID-19 was not an occupational disease, and that if a person was admitted to the clinic for testing positive, the staff should continue to work until they had symptoms."*. Later, the company changed its position, but stated very clearly that the workers should continue to fulfill their functions, and even seek ways to increase the frequency of care. *"They don't want to give paid leave for employees who fall ill, otherwise they cannot provide dialysis to the patients"*, said the same worker.

It is perceived that the company's main concern is to control the costs of the pandemic and to keep everything running. With this we understand its restrictions on quality and availability of PPE, as well as not providing guarantees to workers at risk of infection and with family responsibilities who would need to spend more time at home. *"Even if they are 65 years old or have illnesses, they won't send them home, it's not going to happen"* dsaid one interviewee, and concluded *"What they are interested in is dialysis"*. This also affects the time spent on cleaning, as observed in Talca. The person interviewed in that clinic pointed out *"I believe that they are doing everything for the money. They will lose money if they don't dialyse all the patients, but the risks they are taking are too high"*

Health care workers are at greater risk of contracting the virus. According to the report of the Confederation of Municipal Health Officials (CONFUSAM in Spanish), as of May 5th

there were more than 330 primary care workers who were infected with COVID-19, of which seven are hospitalized, but these figures could become worse, since there are at least 754 primary care workers in preventive quarantine.

The COVID-19 pandemic has affected countries all over the world and has put to test the social security and protection systems. The speed of the virus expansion only gave the countries of the global south a brief chance to prepare strategies to tackle the crisis. For this reason, the way in which national health services are structured becomes relevant.

# 6 Lack of protection and long working hours

In the context of a pandemic, and according to the workers, in one of the aforementioned clinics they are obliged to work long and exhausting hours, sometimes from 7:00am to 10:00pm because of shortage of staff, a situation that could be solved if the company hired additional people. Many workers have no choice but to abide by the decisions of management, and adopt a position of resignation with the view that *"the only way out is to wait for the body to get used to it,"*, says an O'Higgins clinic worker.

As if this were not enough, the workers stated that despite changes in shifts and work intensification, many had to request management to provide them with transportation to and from work. In some cases, such as in Talca, some people are experiencing even more difficult situations because they live in a different district from the one where their clinic is located. Given that public transportation has been affected due to the pandemic, they requested to work in company facilities closer to their homes. This idea was totally dismissed by management, as well as the idea of providing the workers with transportation. This affects the living conditions of the workers, since they must adapt to interurban transport schedules in a context in which it operates with difficulties.

In light of new measures being taken to stop the spread of the pandemic, the work of the support assistants has increased. They are told to *"clean more exhaustively"*, and they are burdened with the responsibility of not spreading the virus. They are the lowest-paid workers in the company, receiving minimum wages, but at the same time they know how important their role is, especially since they are working in healthcare. *"Now, with COVID-19 we have to perform the most essential function, that of cleaning, disinfecting, it's all up to us"* said a worker support assistant, *"Only now with this pandemic, society is giving value and appreciating what it is like to work in the health sector"*.

This segment of women workers also highlights the difficulties of accessing the necessary supplies to perform their tasks, which are provided to them at *"drip pace"*They also point out that the increased workload leads to more sweat, which shortens the lifespan of the masks that the company insufficiently provides them. This puts the lives of the workers and other people in the clinics at risk.

At least two of the workers who were interviewed said they had been in close contact with infected people without knowing it, such as Maria from the O´Higgins Clinic who explains that it did not happen at work. When she heard that it was a confirmed case of COVID-19 she requested to be tested but was told she had to pay for it herself, as well as asking for leave to self-quarantine. The other case occurred in the workplace. A worker who after three days found out that he had been in close contact with a positive COVID-19 patient. In this case the company paid for the test, but it had to be done after the worker finished his shift. *"We have to get by with what we have,"*, said one of the workers, and this makes them feel vulnerable.

In the first days of May, four confirmed cases of COVID-19 were reported at the IIEM San Bernardo clinic. This occurred at the same time that the lack of adequate PPE was being reported by the workers. When we sent this document to the workers for their revision, we were informed that a few days before a clinic worker had died due to COVID-19, after being absent from work for 12 days.

During the various interviews, the workers raised the issue of the lack of protection on the part of the employer, a feeling they share of having to look after themselves. In the first weeks of the pandemic, the union played a key role in speeding up the implementation of adequate protocols. This may be the reason why the interviewed employees agree that the union is helping to defend the workers.

Marcela from Clínica Departamental explained that during the first weeks of March management briefly commented on the virus and did not know what protocols to implement. Marcela asked management again that month and was told that they would maintain the same guidelines, meaning that they would continue in the same manner as before without making any changes. For Marcela, the intransigence of management before the crisis has worsened in the midst of a pandemic.

The workers consider the company's attitude to be disrespectful, and mention occasions

when the managers say things about the union without them being present, distorting their considerations. Several times in the past they have had to denounce anti-union practices. Although management recognizes the union, it is not respected in all its rights. *"I would like the union to be respected, not to be seen as something negative, but positive to defend the rights of all workers, to be an ally, to have the respect it deserves for defending the rights of people, I would like the company to show that respect, like it does with FONASA or MINSAL."* said a worker referring to the company's relationship with the union.

The workers expressed the need for employee recognition, for those who are giving their personal best everyday to perform their tasks in times of uncertainty. This is especially felt by the support workers who have seen a considerable increase in their workload since now everything must be cleaned and disinfected after every patient. They are aware that their work is now more essential than ever, but they also expect the company to materially recognize their job.

According to the testimonies, Fresenius has not only prioritized profit over health, by cutting back on the necessary protective equipment for workers who are exposed to the virus daily, but has implemented a protocol that states that there are category *"a"* and *"b"* workers, and that the latter do not have the right to be protected in the midst of a health crisis.

# 7 Fresenius and the Chilean system

In Chile, about 80% of people are affiliated with the public health insurance corresponding to the National Health Fund (FONASA acronym in Spanish), less than 20% of the population has private insurance which is provided mainly by Health Insurance Institutions (ISAPRE acronym in Spanish) corresponding to private health companies. In 2019 the ISAPRE System had profits for a total of $ 9,465,265,000, which is equivalent to daily earnings of $25,932,233.[4]

Chilean law allow people to choose between health care modalities. One is the Institutional Care Modality (MAI acronym in Spanish) and the other is the Free Choice Modality (MLE acronym in Spanish). For the latter, where applicable, public funds are transferred to private health service providers.

This model began during the military dictatorship, and is essentially based on the weakening

[4] Superintendency of health for total figure, calculation made by Fundación SOL

of public health facilities while strengthening transfers to the private sector[5]. In this context, Fresenius clinics ensure access to finance, since people can benefit from the clinic's services through state subsidies. Essentially through payments made by public health insurance, this contribution is relevant, and can be further understood by reading what one of the workers said: : *"The pressure to continue dialysing is never ending, because without it FONASA will not pay for the services."*

The total expenditure on benefits of the MLE for 2017 (last available data) amounted to $783,003,565,000 of which 32.5% corresponds to the expenditure of benefits for men, and 67.5% for women. If we look at the detailed information, we see that for women, the largest expenditure is for conducting diagnostic tests and clinical support, with a total amount of $70,021,666,000 followed by medical care expenses, mainly doctor appointments. In the case of men, the highest expenditure is that of medical care, amounting to $77,476,458,000 in 2017.[6].

Chile is one of the OECD countries that reports the highest levels of out-of-pocket spending on health services, representing 33.5% of total spending[7] far from the OECD average of 20,5%.[8] This situation is also related to the fact that private healthcare providers are subsidized by the State. Furthermore, Chile ranks 33rd out of 36 OECD countries regarding health and social workers as a percentage of total employment at 5.4%, while the OECD average is 10,1%.[9]

Fresenius has been operating in Chile for 14 years and recognizes itself as *"world leader in products and services for people with chronic kidney failure"*.In Chile, this company also serves people who are beneficiaries of public health insurance, thereby expanding its market to those people who cannot fully pay for the services and care provided by the company.

[5]Article "Best Health for Capital", available at https://www.theclinic.cl/2019/06/24/columna-mejor-salud-para-el-capital/
[6]Superintendency of Health, statistical yearbook 2018
[7]OECD (2019), Health at a Glance 2019: OECD Indicators, OECD Publishing, Paris. https://doi.org/10.1787/4dd50c09-en.
[8]Ibid.
[9]Ibid.


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