

## Democratic Caring and Global Responsibilities for Care

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While we long ago realized that care, and caring work, go beyond the household and are deeply implicated in national policies, the next great challenge is to transcend the national framework for care and to think about global responsibilities for care. That different states cope with the contemporary challenges of caring differently is obvious; indeed, a survey of these policies finds them to be “worlds apart” (Razavi and Staab 2012). But the concerns of care also *exceed* national boundaries, and the organizing of care state-by-state presents further problems. In recent years, government policies throughout the globe have favored solutions to the “care deficit” that involves importing care labor from other countries.<sup>1</sup> In welfare states, for example, a turn to individualized support has resulted in an increase in the in-migration of care workers. In other states, special provisions make it easier for employers to bring caring laborers across national borders. Such workers often find themselves unsupported as workers and often abused. Relying upon them to solve the care problems of the advanced welfare states and other relatively richer sectors in other countries has the result of passing the “care deficit” down the line and into other states. Passing the care deficit “down the line” makes it a less visible problem, and one that therefore attracts little serious political attention.

How and why might a democratic politics give priority to such issues?<sup>2</sup> In truth, if we take care as it is organized, and democracies as they exist, there is no solution to this problem. But if we think differently about care and democracy, and how it entails global responsibility, we might find a solution.

All humans need care everyday of their lives; for some, their care needs are very well met, for others, their care needs go unmet. In general, those who receive more care are the ones who have the greatest resources, those with fewer resources receive less

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<sup>1</sup> One exception to this approach is in Japan, where policies have favored using technologies such as care robots rather than outsiders to address these problems. Even Japan has recently had to negotiate a treaty with the Philippines, however, to try to address their nursing shortage. This policy has not resulted, however, in a large number of Philippine nurses in Japan. See inter alia (Park et al. 2006; van Wynsberghe 2012; Senate of the Philippines 2012).

<sup>2</sup> I am deeply indebted to Marian Barnes, who initially posed this question to me in this way and invited me to a conference at the University of Brighton to address it. An earlier version of this paper was prepared for that conference, and I am grateful to Marian Barnes and the conference participants for their comments.

care<sup>3</sup>. This imbalance is, as many have noted, a fundamental injustice. If we raise our concerns about care to the global level, the imbalance grows even greater.<sup>4</sup> Ironically, those with the most pressing needs—hungry children in parts of the world where the risks of communicable disease are greatest—receive the least care. While it is true that the care policies of nation-states (with their diverse resources, commitments to public care, pressures for structural adjustment from international monetary and financial institutions, path dependent historical circumstances, religious heritages, and so forth) provide unevenly for care among their citizens, it is even more true when we look from a global level to see how these imbalances of care affect the lives of people around the globe (Heymann 2006).

Other theorists of care have begun to think about what it would require to address global care imbalances. Fiona Robinson has written a powerful account of the need for greater cross-national care by arguing from the perspective of human security in her recent book (Robinson 2011). But before this critical engagement can effect genuine change, it requires that citizens in democracy accept the reasonableness of the human security approach in the first place. Taking citizens as they are, this seems unlikely.

Virginia Held's most recent account of her ethics of care treats the global as a meaningful level for care in addition to the level of the intimate interactions of the household. She writes that an ethics of care "especially values caring relationships, obviously at the personal level within families and among friends and less obviously at the most general level of all human relationships....It is appropriate for the wide but shallow human relations of global interactions, as well as for the strongest and most intimate human relations of care in families." (Held 2008)(pp. 5-6) Held allows that after the ethics of care, "based on an experience that is universal—the experience of having been cared for, since no child can survive without this..." (6) "Then, it can conceptualize that within the more distant and weak relations of care, we can develop political and legal ways to interact," (6) though Held suggests that the ethics of care can also, at both the national and international level, "suggest alternative ways of interacting that may prove more satisfactory" than traditional institutions of justice:

"These understandings can be matched at the international level, as care recommends respect for international law and also recommends alternative methods of fostering interconnection. We should work to build interactions that are not primarily political and legal—the often non-governmental networks of civil society, with their cultural, economic, educational, environmental, scientific, and social welfare forms of cooperative institution—and that will connect us and address our problems. We can gradually extend their reach so that we can better express our caring." (footnote omitted; Held 2008 p 7)

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<sup>3</sup> Compare Hochschild on the "hour glass" shape of care, e.g., in (Hochschild 2005).

<sup>4</sup> As some evidence of this care imbalance, see, e.g., the life expectancy data from WHO (World Health Organization 2009) and the work of Jody Heymann and her associates (Heymann 2006; Heymann and McNeill 2012).

On the one hand, Held's solution seems compelling; if NGOs can create connections that foster care, that is nothing but good. On the other hand, though, the problem that we are discussing here is already a problem of political and legal form, and one that, as national public policies, *obscures* the nature of the caring needs it is negatively affecting. Hoping that good will and civil society institutions can address this problem is too optimistic.

Instead, I shall argue here that as long as the nation state remains the container within which care is allocated, then global unjust inequalities of care will exist. This is true, I shall argue here, not only because different nation states have different ideas about their responsibilities to help out with caring for their citizens, but also because pushing care burdens to others (i.e., non-citizens) is a way to avoid the difficult questions about reallocating care within national contexts. An account of democratic caring requires a rethinking of the nature of responsibility itself. With such a rethinking, it might be possible to provide an account of caring in a global context that is not so unjust.

## **Part One. Organizing Care-Giving in an Uncaring World Order**

### *The Nation-State as Container for Care*

Social welfare states vary tremendously in the generosity of the benefits they provide; numerous schemas to characterize social welfare systems distinguish them (Esping-Andersen 1990). But in recent years, all social welfare states have increasingly come to arrive at two ways to "contain" such costs: The first and obvious way to contain costs is to limit those who are eligible for benefits. Social welfare states have used a variety of means to achieve this end: introducing or tightening means-tests, raising retirement ages, setting lifetime caps on health care reimbursements, etc. But this language of containment is actually useful to us in seeing some other dimensions of how states control costs. First, if we think of the container as impenetrable, then the state's control over its borders is a way to prevent the "flood" of outsiders who might like to come to receive its generous provisions. In many countries in Europe, the Americas, and wherever wealthier nations abut poorer ones, there is official or unofficial (illegal or vigilante) action to keep the outsiders out. On the other hand, the state also presents itself as a porous container when it allows undocumented workers to cross its borders to enter and provide care for citizens, especially without state sanction. The cost of such care is cheaper, the workers do not become a burden, and the burden of care itself can be shifted back to private hands.<sup>5</sup>

The fact that the nation state has to appear to be a container that is both porous and impenetrable at once implies that something strange is going on. Indeed it is: the state can neither admit the seriousness of the needs for care without appearing inadequate nor admit the ways in which it has externalized the costs for caring by allowing the use of illegal workers. What it would take to fix such a problem is a more honest discussion of

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<sup>5</sup> For evidence of this shift, see, inter alia, (Tronto 2011a, 2011b; Bowman and Cole 2009; Lutz 2011; Ozyegin and Hondagneu-Sotelo 2008; Scrinzi 2008; Williams and Gavanas 2008).

the nature of the caring responsibilities of the state. Such a discussion is unlikely to happen under present circumstances.

### *The Global Market for Care Labor*

Servants have labored in the homes of those who are better off in most human societies, often doing the “dirty work.” But contemporary forms of servancy are different. First, they are more global; servants travel further from home. Second, they are more permanent. Servants in the past often only served for a part of their lives. Third, more likely to be marked by race, class, and gender (Sarti 2005, 2006).

What is the significance of these changes? From a neoliberal economic standpoint, there is no problem; neoliberals argue that the individuals who enter the global care labor market are likely to be better off than had they stayed at home (Bell 2001). Remittances are a main form of revenue in the developing world today (Lutz 2011; Vila 2004; International Bank for Reconstruction and Development 2011). But, as Michael Polanyi’s observed in his magisterial critique of the role of markets in society, markets must be curbed from destroying society (Polanyi 2001 [1944]). Which society is being destroyed? To change the perspective from that of the individual care worker, we realize some of the damages being done. It goes beyond the health and well-being of the individual global care workers, though that problem is serious enough. It goes beyond “global care chains,” though that problem is serious enough. Much has been written about the “brain drain” as a post-colonial justice problem (Asia Pulse Staff 2009; Buchan 2001; Raghuram 2009; Reporter 2009; Shachar 2006). Yet the problem is also serious when lower status care workers leave their home countries, too; this is usually described as the “care drain.” When we realize it, the “care drain” is also a kind of “brain drain;” to wit, the most ambitious, risk-taking people are leaving. When societies lose their “best and brightest,” they are harmed. To recognize this challenge, then, is to recognize how receiving nation-states affect the structures of sending societies. This change, I believe, creates responsibilities.

Neoliberalism is a great challenge for the provision of care. The mentality of the market is to suggest that the buying and selling of goods and services on the market will meet all needs. Thus, if a need is a real one, people will figure out how to use market forces to achieve their objective. If this means that those who are less well resourced end up with less good care, then so be it. As market talk spreads, the end result is to force each individual (or each family) back on its own devices to provide for its needed care.

Insecurity in the marketplace makes provision of care for oneself and loved ones equally precarious. In the face of such precarious circumstances, citizens demand that non-citizens not “take” resources that could be made available to them. This demand thus increases the incentive for the receiving states to appear as impermeable. At the same time, the economic dislocation and difficulties make it desirable for the sending states to perceive of the receiving states as permeable, and to some extent, they are, often through illegal migration.

We often think about these problems in terms of the effects they have on the provision of care itself. These are surely disastrous, especially for the needy. But they are also disastrous for citizens in a democratic society, who are encouraged to think about public life as only an extension of their own needs, and as not concerning the public weal (Wolin 2008). When citizens have two different sets of standards to apply to the same phenomena depending upon whether they are the beneficiaries of the results, the problem is not only the violation of a formal rule of consistency. It also makes it more difficult for citizens to think in ethical terms at all, since they have already become hypocritical in some parts of their thinking.<sup>6</sup>

## **Part Two: Are Caring Democracies the Solution?**

It is possible, however, to imagine and to articulate an alternative framework within which these questions might appear differently. This is as radical an idea as those proposed earlier from Robinson and Held. Nonetheless, I believe that the only way to proceed is first to “uncontain” care within the nation-state, and then to move beyond it.

### *Caring Democracy*

While accounts of care differ in the breadth and depth, and while to concept is put to different uses in different contexts, I think it is fair to say that “on the most general level,” as Berenice Fisher and I put it in 1990, care is “a species activity that includes everything that we do to maintain, continue and repair the world so that we may live in it as well as possible.” Almost all theorists who begin to speak about care in the context of the state immediately restrict care to an activity in which are better-situated care giver helps those who are in need (e.g., (Engster 2007).

Concepts are tools. It only makes sense, then, that as we move away from care “on the most general level,” to more specific forms of caring practices, that the meaning of care will also shift with the more specific context. Yet concepts are not only tools, they also are always embedded in a context that is rich and full. Although we often do not articulate this context, once we note its presence we can also observe that care’s meaning will vary as well with the theoretical world view within which it is placed. Caring has a different conceptual framework and justification in a society in which people’s relationships are primarily feudal, or Confucian, or market-oriented. And caring has a different framework in a democratic society as well. What would a caring democracy, then, entail?

There are at least three basic changes that we have to make to transform a state in a so-called democracy into a caring democracy. They are:

1. Redefining democracy. In the first instance, our understanding of democracy must change. Democracy is not simply giving people a voice. It is giving people a voice in

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<sup>6</sup> I take this important point that one should never overlook the importance of making citizens act hypocritically from Claudia Card’s objection to ROTC on campus during the era of “don’t ask/don’t tell” policies for gays and lesbians in the military. See (Card 1995).

the allocation of caring responsibilities. It also entails that all of those engaged in democratic political life must have the ability to voice their views on the proper allocation of caring responsibilities.

2. Other basic concepts also need to be reconceived once caring democracy is defined this way. Most importantly, equality needs to substantively involve the reality that citizens are both agents and recipients of care. As a result, equality cannot be assumed to apply because everyone is an autonomous agent. Rather, the achievement of autonomy occurs out of a context within which one has been well-cared for. Thus, vulnerability, rather than autonomy, is a better way to understand our basic equality.

Freedom, in such a framework, also has a different meaning. From this point of view, freedom cannot simply mean the ability to choose. Feminist scholars such as Nancy Hirschmann (Hirschmann 1996) have already shown that accounts of freedom that rest upon the absence of domination are preferable to those that do not. We need to add that freedom might best be described here, then, as the absence of domination in making decisions about care.

3. Adding a fifth phase to caring. Democratic caring also requires a specifically democratic fifth phase of caring, “caring with.”

This fifth phase was presaged by the analysis offered by Selma Sevenhuijsen in her “Judging with Care,” *Citizenship and the Ethics of Care* (Sevenhuijsen 1998). For Sevenhuijsen, public caring required importing two additional elements into the discussion of care: Habermasian-like discourse ethics, and a concept of trust. This starting point helps to make clear what I want to convey by this fifth phase.

To understand the meaning of the fifth phase, ‘caring with,’ we need first to think about how the other phases of care fit together. While in an integrated care process they would all fit together, the fifth phase builds expectations around the “feed-back loop” that works among the four phases. When care is responded to, through care-receiving, and new needs are identified, we return to the first phase and begin again. When over time, people come to expect that there will be such ongoing engagement in care processes with others, then we have arrived at “caring with.” The virtues of such caring with are trust and solidarity. Trust builds as people realize that they can rely upon others to participate in their care and care activities. Solidarity forms when citizens come to understand that they are better off engaged in such processes of care together rather than alone.

How would caring democracies approach the problems of care deficits? Surely it would not be acceptable to pass them along to the most vulnerable. Nor would allowing the importation of care labor to solve care deficits work. From this perspective the hypocrisy of allowing care workers to enter the state in order to provide care work takes on a different meaning.

### **Part Three: Caring Democracies and Nation-States as Containers of Care**

Making care democratic on a global level is a tall order. But if the approach that I have suggested here is correct, then it is even more serious than we might have thought at the outset. This is because not only do we need to change the relationships among the “containers,” but within them as well.<sup>7</sup>

There are some clear directions that a genuinely caring democracy might want to take. The first is to follow a modest proposal I made a number of years ago and to expand citizenship to anyone who is involved in a relationship of care with a citizen to be a citizen (Tronto 2005). If we start from the premise of caring democracy as an allocation of caring responsibilities, then it obviously follows that the caring responsibilities of those who are doing care work within any society have to be included within this discussion. This proposal is more radical than other current proposals about providing amnesties, etc. This requires a longer explication of the nature of responsibility: but it cannot be backward looking.

But none of us actually live yet in caring democracies. Since this is the case, we can be pretty sure that this modest proposal will do little more, immediately, than incite discussion. In the meantime, is there anything else we can do?

The answer to this question is: of course. Here are several steps that we can take:

1. We can begin by trying to create solidarity with global care workers. In recent years, the ILO has begun to act to protect the rights of care workers on a global level. Within nation states, some labor laws now protect workers; New York State has extended worker protection, overtime hours, etc., to those who work in domestic settings.
2. And more broadly, we can articulate an alternative vision to the neoliberal order. The insight of Ghassan Hage here is key:

The global/transcendental corporation needs the state, but does not need the nation. National and sub-national (such as state or provincial) governments all over the world are transformed from being primarily the managers of a national society to being the managers of the aesthetics of investment space. Among the many questions that guide government policy, one becomes increasingly paramount: how are we to make ourselves *attractive* enough to entice this transcendental capital hovering above us to land in our nation? (Hage 2003), p. 19.

Caring does not need the nation, either. It needs the state, and a kind of political order, that does not surrender to the market. But it does not require, and indeed actually is in tension with, conceptions of “nation” that are not diverse and pluralistic; drawing upon people’s everyday experiences of the diverse forms of care that are acceptable to themselves will help to establish that point.

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<sup>7</sup> The inspiration for this point comes from the work of Christine Koggel, who insists always that any discussion of global inequality must begin “at home” by noting inequality within economically-privileged states. See, e.g., (Koggel 1998, 2006a, 2006b, 2009).

## Conclusion

A very different kind of democratic politics will be necessary to notice the moral harm currently done in a system of caring that at best protects care givers and receivers who happen to be national citizens. Calling current states on their hypocritical willingness both to contain care tightly and loosely may begin to move our ways of thinking about these matters. To do so, though, requires us to change profoundly how we think about democracy by putting care and its complex responsibilities at democracy's core.

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