CareVisions Briefing 2

Why Care about Care in a Pandemic?

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CareVisions

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Introduction

From psychological and philosophical beginnings, the feminist ethics of care has developed through interdisciplinary approaches (sociology, social policy, geography, international relations and others), applied to a range of care settings (nursing, social care, education, etc.) and has been concerned with a variety of population groups (older people, people living with HIV/AIDS, migrant workers, etc.). CareVisions' work throughout 2020-2023 proceeds within the context of COVID-19 pandemic and this paper reflects analysis of the onset and initial aftermath of the pandemic which informs our work. Caring during COVID-19 was unlike anything required in most societies for several generations, wherein rapid infections quickly overwhelmed households, sites of care, health care facilities and carers themselves (Fine and Tronto, 2020). Society's collective reliance on frontline healthcare workers and on the informal care provided in families and communities resulted in care, 'emerging from the shadows as a taken-for-granted afterthought in public life' (Fine and Tronto, 2020: 2).

The 'avalanche' of care needs exposed by COVID-19 has provided an urgent context in which to clarify concepts about care and inform research agendas (Daly, 2021). Considering COVID-19 as a long-term phenomenon changing how we live and placing new demands on social policy, Daly (2021) asserts that a conceptual review and reframing is timely. By drawing on the feminist ethics of care, CareVisions seeks to interrogate the challenges and opportunities presented by the new visibility and social value of care during this pandemic (Chatzidakis *et al.,* 2020b; Fine and Tronto, 2020). COVID-19 presents opportunities to demonstrate 'the relevance of care ethics to policy, analysis and activism' (Koggel and Orme, 2010: 111).

As we try to 'reimagine our world' (Roy, 2020) in the aftermath of COVID-19 we are redeploying care ethics perspectives and identifying ways to apply it. As Held (1993: 154), one of the key theorists of the feminist ethics of care, has asserted 'not only must moral theories be applicable to actual problems they must in some way be 'tested' in actual experience'. In this paper we explore how analysis of the impacts of COVID-19 has shaped our understanding of the feminist ethics of care. We consider why we should 'care about care' as we assess the care and carelessness that was apparent within the pandemic. Specifically, we identify three discursive and material consequences of the pandemic for thinking about care: firstly, new definitions of care ushered in by the pandemic; secondly, the damage

wrought by the privatisation of care; and thirdly, and the stubborn persistence of gendered care inequalities exposed by COVID-19.

Redefined care

The COVID-19 pandemic revealed the vulnerability and interdependence within communities and among all of us giving and receiving care. New sites of collective caring were demonstrated through friendship and community networks when state systems were in crisis and people were restricted to their homes. Solidaristic street level responses to the pandemic, such as ad-hoc mutual aid groups and multilateral solidarity response funds, inspired hope for the emergence of more egalitarian responsibilities for care. Care responses such as the provision of remote healthcare and a move to online peer support groups and online activist communities, promoted more caring possibilities for 'virtual strangers' (Barnes, 2012: 119) providing and receiving care within lockdowns, but also across national and other borders of age and ability. Living with COVID-19 generated new terminologies such that we were able to collectively understand lockdowns, cocooning, support bubbles, social distancing, close contacts, clusters, etc. as public health supports and strictures which provided a means through which we engaged in and received care.

Definitions of what constitutes care work were expanded to include supermarket workers and bin collectors that the population 'staying at home' also relied on (Chatzidakis *et al.,* 2020b), and new rituals and memorials developed to mourn those who died (Fine and Tronto, 2020). Nevertheless, many processed complex grief having been unable to breach quarantine to care for a loved one who succumbed to the virus and claims for justice have since emerged from bereaved families (Kmietowicz, 2020). The carelessness of officials in a number of countries who breached the pandemic protocols that they instituted led to the deterioration of public trust in leadership, whilst also undermining compliance with measures intended to protect public health.

There are potential dark sides to new care terminology and the mechanisms that helped keep some people safe during COVID-19 lockdowns. Seemingly benevolent tech solutions, such as apps that were widely used in lockdown and the move to online working and learning, ushered in a 'screen new deal' that could further alienate individuals, co-opt the private sphere for maximum profit and empower the state to track and trace our every move (Klein, 2020). Prior to powering the 'shut-in economy', apps had been marketed as 'life-expanding' products ostensibly allowing people to save time and

simplify their lives so that they may be able to spend more time with those they care about (Smiley, 2020). Furthermore, corporate 'caring initiatives' responding to the pandemic were deemed 'carewashing' and called out as attempts to capitalise on a care crisis that the private sector had contributed to (Chatzidakis *et al.*, 2020b).

Privatised care

Gaps in understanding and responding to care needs have never been more apparent than when contemplating how it was that globally millions of older people perished in care homes during the COVID-19 pandemic. Older people may have not been as able to assert their voices in care debates and discourse, with implications for policies not fully articulating and addressing age-related vulnerability. Lloyd (2010: 198) asserts that the ethics of care lens must take age into consideration arguing 'how people live towards the end of their lives in old age is currently poorly understood by researchers, policy makers and service providers alike'.

Privatisation was a driving factor behind these high COVID-19 mortality rates and raises a profound charge against the advance of neoliberalism into care markets. This pandemic has provided an opportunity to reassert Robinson's (2006: 178) view that care ethics poses an alternative because 'unlike neoliberalism care is not an ideology; rather, it is a set of values, practices and responsibilities which exist in societies, but which lack the attention and recognition they deserve'. Lynch, Kalaitzake and Crean (2021: 61) encourage us to use this crisis to push back against privatisation - again – arguing that 'capitalist priorities can be resisted and narratives of relational justice can be part of that resistance'.

COVID-19 made the crisis within care markets salient and the lack of compensation for care work more visible (Thomason and Macias-Alonso, 2020). Over decades, the Global North has increasingly depended on the Global South for care workers (Robinson, 2010) including highly medically skilled migrants (Manea, 2015) to ameliorate a 'care deficit' created by inadequate support for care within national borders. Importation of care labour from other countries results in 'passing the 'care deficit' down the line and into other states' (Tronto, 2015: 21) via 'Global Care Chains', defined as the 'series of personal links between people across the globe based on the paid or unpaid work of caring' (Hochschild in 2000 cited in Yeates, 2004: 369-370).

Global crises including financial crises, the escalation of environmental crises (Williams, 2018), and the COVID-19 pandemic have further impacted on care and migration. In their approach to migrant-

provided care, nation states have shown themselves to 'be a container that is both porous and impenetrable at once' (Tronto, 2015: 24), controlling borders to stop people entering welfare systems, while simultaneously ignoring the undocumented workers crossing to care for citizens (Tronto, 2015). In Ireland, the #fastTrackCitizenship campaign during the early months of 2021 for doctors on time-limited visas is a salient example of the role of immigrants to fill care deficits on the frontlines of COVID-19.

Gendered care

Feminist care ethicists have strived to decouple care from gender normativity and challenge assumptions of a 'feminine' ethic of care marked by selflessness and self-sacrifice (Gilligan, 1995). Nevertheless, pervasive gendered burdens of care were starkly apparent in the COVID-19 context as care needs in the private domain were so great that women's wellbeing was significantly compromised. Individual responsibility for self-care was pushed to the limit amidst the COVID-19 pandemic as the gendered burden of work in the home became hyper-magnified (Bahn *et al.*, 2020). Pandemic control measures that closed schools and other forms of child-care, shifted workers to telecommute from home, and limited the time people could spend outdoors made self-care nearly impossible for those desperately juggling caring with other responsibilities (National Women's Council, 2020). The pandemic demonstrated that the need to enact this revolutionary 'feminist' ethic of care remains and could be reframed and recentred within feminist activism given it is 'integral to the struggle to release democracy from the grip of patriarchy' (Gilligan, 2011: 117).

Other tactical applications of feminist care ethics in the COVID-19 era include the raising of 'care claims' to address the failures experienced within the pandemic and reorientate care policy and practice so that they are more accountable. Butler (2012) proposed the role of the 'care claimant' to serve as representative of the 'care unit' (Noddings, 1984) who asserts the material and economic needs of the unit in the political context of neoliberal democracy. Thus, the ethics of care might support claims that care was inadequate due to system failures which impacted those individuals or groups who have been most underserved by care systems. Recalling the concept of a 'caring democracy' (Tronto, 2013), Casalini maintains that democratic participation provides a forum to lodge claims and argues 'there is no caring justice, no justice open to recognising the caring needs of all, including those who are today victims of neglect, harm or violence, outside a caring democracy; indeed the two sustain each other' (Casalini, 2020: 68). Claims have been pursued through the ethic of justice and rights paradigm and social movements engaged survivors and individuals left most

vulnerable or feeling abandoned within the pandemic (Care Alliance Ireland, 2021: Michael, 2021; COVID-19 Bereaved Families for Justice UK, 2021).

Conclusion

Experiences within the COVID-19 pandemic presented a myriad of care conundrums yet a clear means to generating a more caring society remains to be identified and could be further articulated through participatory research which foregrounds the lived reality of groups in society who have been neglected and harmed due to those failures. Daly (2021) and Fine and Tronto (2020) have posed profound questions for care and care research in a post pandemic world, from how we define and account for care and care needs, to how to recognise new modes of care provision, how the pandemic will impact the resourcing of care structures and services, the impact of immobility on global care provision, and how care is situated in future politics. What the pandemic has revealed about carelessness reigning incites concerns that the legacy of the last two years could be an intensification of neoliberalism and autocracy (Chatzidakis *et al*. 2020a). Resisting such a fate will require us to embrace 'caring democracy' (Tronto, 2013), and enact a politics which recognises interdependence and puts care at the centre of society.

The aftermath of COVID-19 provides an opportunity to re-invigorate care ethics which has previously been credited with 'turning care work into a crucial political issue...it has challenged the boundaries between private and public, thereby changing our perceptions of what participation as equals in the political community requires' (Casalini, 2020:70). Held (2018) has suggested that the growth in the resonance of care ethics in the last two decades is analogous to the increasing salience, structure and political power of the human rights frameworks in the post-war period. It seems more conceivable that living with COVID-19 might enable care ethics to re-emerge from 'being seen as the mere dismissible aims of those engaged in wishful thinking, to being taken very seriously' (Held, 2018: 406) and be given form in caring societies. Recovery from the impacts of COVID-19 will require new thinking and a reframing of care ethics could be utilised to recommend solutions and reform structures and institutions. CareVisions cares about care in the context of COVID-19 as we aspire to explore post-pandemic care futures, reimagine care policy, practice and politics and contribute novel understandings that allow us to demonstrate how caring can reign.

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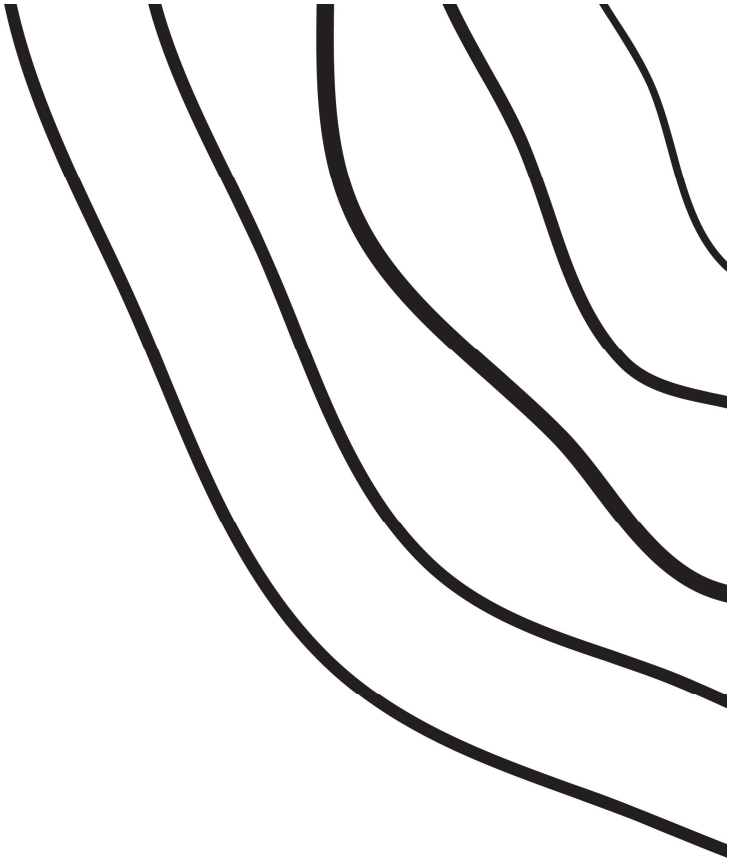

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