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Radical Care and Capitalism

The COVID-19 pandemic is a recent example of how the state expanded communal care during a time of global crisis. During this time, workers and families could receive assistance in the forms of stipends that covered unemployment, childcare, and food expenses. Before and after the health emergency, government social programs that provide resources have remained inaccessible and temporary. Further, racial and class divisions were exacerbated as the pandemic revealed the exploitation of healthcare workers and family caretakers who are predominantly women and women of color. Workers and activists brought attention to this unequal contribution to care that is highly undervalued. The momentum from these movements have slowed down, but the pandemic offers an opportunity to reflect on the structures of care and how to move forward in a system that is inherently oppressive.

The Politics of Care, a framework created by historically marginalized communities, aims to directly dismantle the oppressive systems of racial exploitation, capitalism, colonialism, and the carceral system as a means to center communal governance and community resilience, (Woodly et al., 2021). This paper will first describe the rise of neoliberalism alongside care work while emphasizing the oppressive nature of caring labor in today's service economy. Then, an explanation of the ideal model of the Politics of Care will represent the tensions between radical care and a capitalist economy that prioritizes profits over people. Finally, a discussion of the implications of adapting radical care will emphasize the need to reconstruct work and reimagine where communities find their source of care.

The concept of care has shifted throughout time based on cultural and economic norms. Caring labor is typically associated with direct acts of service that support the physical or emotional needs of others, like feeding a child or assisting an elderly relative. Over the past century, caring labor has become institutionalized into the capitalist economy through formal employment positions in the fields of healthcare, education, and domestic work. Care labor is any work that meets the needs of people and communities, (Folbre, 2005). While the rise of the care economy is a contemporary development, systems of slavery and forced assimilation exploited the caring labor of Black and Indigenous women as part of colonialist efforts. The ability of enslaved women to reproduce enslaved children is the most prominent example of how Black caring labor has been abused for the sake of contributing to capital, (Davis, 1972). The commodification of care work is a result of the exploitation of racialized and gendered caring labor that places profits above the needs of people, (Nadasen, 2023).

Industrialization reinforced gendered caring labor as men were expected to work in mass production factories and women were left to participate in unpaid domestic work. During this time, members of labor unions (predominantly White male workers) advocated for higher wages that could support the nuclear family based around patriarchal values of a male breadwinner and a full-time homemaker, (Davis, 1972). The Great Depression demanded the government to provide social welfare that could assist workers and families during a time of economic crisis. Through social welfare, the state participated in caring labor by providing educational services, employment resources, and financial assistance to unemployed single mothers, (Nadasen, 2023). However, reliance on state welfare was challenged by neoliberal values that pushed for privatization of the markets and investments in jobs as a solution out of

poverty. Racist and neoliberal perspectives further blamed those on social welfare programs, who were predominantly Black families, as the source of their racial and economic inequality. With the lack of social services needed to care for a family, women were forced to enter the workforce to combat the pressures of poverty. Women typically took on low-paying jobs in the service and domestic industries because of the limited availability for women to participate in formal paid labor roles. Care labor by women and communities of color continue to be undervalued within and outside the workplace.

The relationship between care labor, capitalism, and neoliberalism still remains complex to this day. Care labor is deeply rooted in racial and gendered hierarchies that exploit women and communities of color. The current relationship between care labor and capitalism can be understood by analyzing the experiences of those who provide caring labor and those who seek care. Care labor is considered as “unproductive” because it is work that has not produced a direct profit. In today’s service economy, the primary way for care industries to produce profitable gains is to keep wages low and raise the cost of care services. Further, the legitimacy of care labor as “real work” has contributed to the lack of protections towards workers in prominent care industries like domestic work and healthcare. Without formal recognition of caring labor as valuable and real work through the labor movement or government policies in the 1930s, care workers were deprived of the ability to collectively advocate for changes within the care industry. Only recently have care workers begun to be recognized through law that their labor is deserving of some employment protections. Despite a growing trend of recognition, care workers continue to face emotional exploitation because of the expectation that caring labor is “usually intrinsically motivated,” (Folbre, 2005). This idea stems from

gendered perspectives that those in caring roles have a personal obligation and passion to care for the other person, so why would care workers want to ask for sustainable wages? (Folbre, 2005).

Traditional forms of care like social welfare have typically benefited the middle class because of the exclusionary hierarchies that determine who is deserving of care and who is not, (Woodly et al., 2021). As poor women struggle to find care for themselves or their families, there is a forced reliance on state services that not only feeds into class divisions, but criminalizes the racial and gender identities of the communities who do not have economic privileges. All of these factors shape the cycle of the existing care economy, (Nadasen, 2023). If the state has no responsibility to provide social welfare to those most vulnerable, then political and cultural norms deem those most in need as undeserving of care and create forced reliance on the market to satisfy care needs. With less public services, middle class families are pushed to invest in the only available private sector. The employees of the private sector are predominantly marginalized workers who have no choice but to accept low-wage work to support their own care needs while tax policies continue to invest in private programs, (Nadasen, 2023). Even if social welfare programs were accessible, racist and sexist attitudes surveils and punishes marginalized communities because blame is placed on individuals rather than on systemic inequalities, (Nadasen, 2023).

In addition to injustices within caring labor, care as a resource is also threatened because of population and demographic shifts. As women are active in the workforce, they are spending less labor into producing families compared to previous generations. This leaves less workers to provide informal or formal care to the elderly or within childcare. Overall, the shifts in gender

roles throughout the past century have had real impacts on the capitalist system because any changes in gender roles will ultimately affect profits, (Bhattacharya, 2013). In this sense, care work is serving an economic purpose because people are both workers and consumers so there is an incentive in capitalism to profit off of the labor that is necessary to reproduce and sustain life, (Nadasen, 2023). In order to maintain power over caring labor, neoliberalism and capitalism attack public services and frame care as an individual burden so that the entire working class is vulnerable to exploitation within the workplace and beyond, (Bhattacharya, 2013).

As a result, capitalism has an interest in controlling the process of social reproduction and has continued to do so throughout the history of caring labor. Theories like social reproduction are incredibly critical to understanding the complexity of caring labor and capitalism in the modern age. Social Reproduction Theory is the idea that capitalism relies on caregiving done outside the paid workplace that sustains the worker so that their labor can be effectively used to produce capital, (Fraser & Vogel, 2017). During the industrial age, social reproduction occurred through the care labor in the home so that the worker could later produce capital in mass-production factories. In the modern century, social reproduction is not subsequent to capitalism but is a source of profit itself because caregiving is commodified for those who can afford it and privatized for those who cannot, (Fraser & Vogel, 2017). Poverty, inequality, and care needs expose a vulnerable population to be a source of profit within care industries because capital is accumulated through their needs, (Nadasen, 2023). If disadvantaged individuals and communities are struggling to receive care for their needs, then it is even more difficult to collectively organize if one is simply trying to survive, (Spade, 2020). In order to maintain the point of production and profit, capitalism must retain power of social

reproduction, (Bhattacharya, 2013). The concept of social reproduction then poses an intricate dilemma: “Who labors, for whom and for how long?” (Bhattacharya, 2013).

The Politics of Care offers the potential for collective liberation despite historical inequalities perpetuated by care, (Woodly et al., 2021). Prominent collectives like the Black Panther Party and Young Lords invested in forms of radical care because reliance on the state frequently led to violence, incarceration, and exploitation of their own communities, (Woodly et al., 2021). Politics of Care conceptualizes care as an interdependent survival strategy that disrupts oppressive systems and explores care through the practices of mutual aid, healing justice, and a form of political organizing, (Woodly et al., 2021). Mutual aid is a major component of radical care because it is a practice that promotes collective coordination to meet the basic needs of communities, (Spade, 2020). While mutual aid satisfies the needs of people, it also sparks an analysis of why care needs are not yet already addressed, so mutual aid encourages communities to organize and expand solidarity, (Spade, 2020). Additionally, mutual aid values collective action as the favored form of addressing systemic inequalities which promotes participatory politics and long-term commitment to community, (Spade, 2020).

Another component of the Politics of Care is the adoption of healing justice which is a holistic approach to health that encompasses spiritual practices, access to medical care, and overall protecting community care, (Doetsch-Kidder & Harris, 2023). Further, healing justice attempts to address imperialism and materialism as a whole. This is another framework that was created by Queer Black communities to prioritize care as an essential resource to disrupting systems of oppression, (Doetsch-Kidder & Harris, 2023). Healing justice and transformative justice rejects reliance on state support because of the constant violence towards oppressed

communities and instead envisions community care throughout different spaces. Communal care as a valued practice shifts ideas of work because it is a call to center caring labor around joy, resilience, and rehabilitation rather than punishment or profit, (Woodly et al., 2021).

Further, healing justice advocates for equitable distribution of resources within and beyond care resources. Overall, healing justice aims to recognize the connection between healing spaces and activism that promote generational collective healing as to radically transform ideas of work and care. Both mutual aid and healing justice explicitly operate outside of the state to not only completely restructure capitalism, but to reimagine a form of political organization that does not uphold racial exploitation, cisheteropatriarchy, incarceration, and colonialism.

However, a handful of collectives have made efforts to implement the Politics of Care within the current neoliberalist society. Feminist economists and members of the nonprofit sector slightly push the boundaries of the neoliberalist values of individualism and the free-market by reviving a robust welfare state, (Nadasen, 2023). An investment in care by the state is the solution valued by feminist economists to support families and the remaking of social policy. It is a belief that the state could solve the care crisis by funding programs that would meet basic needs, but this perspective fails to recognize how the character of the state has shifted to inflict violence and surveillance over the most vulnerable, (Nadasen, 2023). Further, the state has an incentive to maintain that power over profits rather than being pulled to fund social welfare programs. Yet, another similar solution to alleviate the exploitation of care is found within the non-profit sector. Like the welfare state, critics argue that non-profit organizations operate in the same manner by upholding the perspective of the upper class who decide which people are deserving of aid over others, (Spade, 2020). Non-profit organizations

also create a culture of hierarchy between the poor and wealthy because the wealthy are able to “give and provide” for low-class communities rather than creating a relationship based in mutual respect, (Spade, 2020). The welfare state and non-profits are limited solutions to addressing the oppressive nature of caring labor because both rely on a government that is inherently oppressive and does not allow those efforts to actually challenge the status quo or systems in place. Other resolutions, like *The Care Manifesto* by The Care Collective, also fall short in fully addressing the harmful relationship between capitalism and care work because care labor is still placed within state interventions rather than dismantling care from capitalism altogether, (Nadasen, 2023).

In order to alleviate the exploitation within caring labor, the care economy must be dismantled in order to prioritize the well-being of all communities over profit-driven services. The disruption of the care economy further calls for a abolishment of capitalism to truly liberate the most marginalized communities. Only through a recognition of the relationship between poverty, racial inequality, immigration, and labor exploitation can radical care be implemented to replace capitalist systems, (Nadasen, 2023). Movements and practices like mutual aid, healing justice, disability justice, and abolitionism are the core proponents behind radical care, (Nadasen, 2023). These efforts reject care as a commodity and prioritize the sustainability of all communities outside of the realm of profits.

While the Politics of Care call for a complete shift in all connected systems of oppression, grassroot collectives have modeled radical care along their respective social movements. As mentioned, the Black Panther Party and the Young Lords are but a few collectives that exhibited community care while challenging the capitalist system. Premilla Nadasen’s book, *Care: The*

Highest Stage of Capitalism, identifies about five ways that organizations within the 1960s implemented forms of radical care: community support, medical relief, abolitionist philosophies, food access, and intersectional politics. Access to education, immigration protections, and educational resources are just a few examples of how Damayan Migrant Workers provided collective care and support to sustain the survival of Filipino workers in New York, (Nadasen, 2023). During a time of political unrest of the Civil Rights movement, medics would often voluntarily provide aid and protection to protesters who were injured in rallies, (Nadasen, 2023). This care was given outside of the motives of earning a profit and given to support larger social causes. Additionally, abolitionist perspectives was a core value amongst various collectives because it recognized that incarceration only led to greater harm in already disadvantaged communities by enforced criminalization of Black and Brown bodies that lead to the separation of families and exploitation of labor within prisons. Therefore, these organizations valued community care over prisons to combat systemic inequalities, (Nadasen, 2023). Another example of this community care came through the form of food justice. The Black Panther Party's Free Breakfast Program is perhaps the most infamous example of food justice that cared for the needs of the community. On a larger scale, Black farmers promoted sustainable agricultural practices and food sovereignty as a form of collective care, (Nadasen, 2023). Lastly, intersectional politics coined by Black feminist highlighted the overarching forms of oppression placed upon different communities, (Nadasen, 2023). Intersectional politics can serve as a core principle that motivates oppressed communities to invest in collective and radical care. These grassroot movements produced care in multiple ways, but all forms of care took place outside of state spaces.

Radical care has been most effective in third spaces. These spaces are not reliant on the state but on the caring labor within communities. As explored in this paper, the exploitative nature of the racialized and gendered caring labor must be addressed by implementing radical care in the form of mutual aid, healing justice, and a withdrawal from state social programs. The Politics of Care advocates for the abolition, rather than the reform, of capitalist and colonial systems that structure our ways of family, work, and care. The current care economy profits off the suffering of marginalized communities through the commodification of care. Radical care is in direct opposition with current frameworks and offers alternative care practices that are actively confronting racial and gendered violence, (Nadasen, 2023). Grassroots organizations have fostered community care that does not see care as exploitative labor, but as acts of resistance against extractive systems.

Moving forward, it is imperative to continue centering the experiences of those that have deep history in caring labor like undocumented workers, the LGTBQ community, and BIPOC families. The aftermath of COVID-19 pandemic provides an opportunity to reflect on the question, “who labors for whom, and for how long?” (Bhattacharya, 2013). Radical care is a potential way to restructure caring labor as a mutual, healing, collective act that is done to sustain even the most oppressed people. The realities of care labor and theories like social reproduction obscure the ability to reimagine care labor but marginalized communities have continuously fought for this radical care throughout history. It's time to universally adopt the Politics of Care.

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