

## **The Global Heart Transplant and Caring across National Boundaries**

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When the girl I take care of calls her mother Mama, my heart jumps all the time because my children also call me “Mama.” When I pack her lunch ... that’s what I used to do for my children ... I think I should be taking care of them instead of another child.... If I had wings, I would fly home to my children,... Just for a moment, to see my children and take care of their needs, help them, then fly back over here to continue my work.<sup>1</sup>

In this paper, I consider some political and moral issues that arise from the increasingly common phenomenon of migrant careworkers who are part of transnational families, often mothers of children who are left behind, but also daughters who leave behind elderly relatives who may need care. This is a phenomenon that Arlie Hochschild calls the “global care chain.”<sup>2</sup> In the first part of this paper, I will consider that this phenomenon poses a challenge, if not an outright dilemma, first for those of us who want to envision a state that takes on a feminist ethics of care as a public ethic and, second, for feminist aspirations for the full range of work/career opportunities. Each of these hopes and expectations are meant to benefit *all* women but are, in fact, being realized only by some women and in some nations. The achievements often rest on the labor of other women who serve as paid caregivers for dependents, women whose home of origin is often another poorer nation. In the second half, I want to consider the moral resources that can help us diagnose the nature of the injustice and the moral harm such practices entail and determine what, if any, moral resources are available to help us resolve the dilemma(s) I flag in the first half of the paper.

### **1. The Problem: Transnational Caring and a Public Ethic of Care**

The two problems for feminist theorists mentioned above—envisioning a state in which an ethic of care is basic to the institutions of the state and the fact that feminist aspirations have often depended on the availability of other women to whom

they pass on the work of care—are interrelated. If, as many feminists have argued, women cannot exercise the freedom to pursue their various aspirations as long as they retain the primary responsibility of caring for dependents, structures must be in place to ease the responsibilities that have traditionally fallen on the shoulders of women, or women will be hindered in their quest to share this world equally with men. Even if women refused all the demands to care for other capable adults in their lives, they generally will not (and arguably should not) abandon the responsibility to care for those who are “inevitably dependent,” that is, those who are too young, too ill or disabled, or too old and frail to care for themselves.<sup>3</sup> Setting in place such structures requires public resources devoted to caring: good public and affordable daycare provisions, stipends for family members who choose to take time out to care for family members or friends, good facilities and services for the ill, the disabled, and the frail elderly, along with efforts to promote policies to bring men into familial and paid dependency work.

Today, women in most wealthier nations make do in some form. They rely on often inadequate daycare, on nannies, on often depressing underfunded nursing homes for the frail elderly, on often equally unappealing residential facilities for a severely and multiply disabled child or incapacitated spouse, and on the occasional spouse who shares in the labor of care. Even sharing this labor with a caring spouse will not suffice when each one’s work hours are long and the work is demanding. Furthermore, when women resort to paid carework, they depend on other women (mostly) who are poorly remunerated, and are awarded few of the protections and benefits commonly given to other workers. They in turn need to depend on relatives or still poorer women. The paid caregiver is often unable to properly care for herself or her own dependents.<sup>4</sup>

Along with others,<sup>5</sup> I have argued that a fully adequate conception of justice, one that truly serves the needs of women as well as men, requires better, more reliable structures that offer more options to people with “dependency responsibilities”<sup>6</sup> And women who do this labor for wages should be entitled to far better treatment than they currently receive. I have argued for the importance of “a public ethic of care,” one in which the obligation to care for dependents and to properly support those women who engage in the work of care is recognized as a shared social responsibility.<sup>7</sup>

A public ethic of care is an ethic of care as it extends beyond the boundaries of intimate connections. A public ethic of care recognizes and values the importance of the relationships we form through our own dependencies and through the work of caring for dependents. A public ethic of care evinces concern for the well-being of all those within its sphere of influence, establishing institutions and policies that allow all who require care

to receive it and to receive it from those with whom meaningful relationships have been or will be formed. It is a public order in which neither one's own dependency, dependency responsibilities, or dependency work need result in a deterioration of one's life prospects, where a person's life prospects include a life that is fulfilling and has dignity. It is a public order in which the virtues of care, attention, and responsiveness to the needs of others are seen as virtues of public institutions, where citizens believe that "we should be able to take care of one another"<sup>8</sup> and are not indifferent to the plight of other citizens, regardless of the source of one's distress.<sup>9</sup>

The robust welfare state, which is most clearly realized by the Scandinavian countries, comes closest to realizing a public ethic of care. This ethic is actualized in a more attenuated fashion in other European countries and is sadly absent in our own. In the United States, notions of welfare provisions are restricted cash transfers or in kind services reserved for those who are in the most pecuniary circumstances—a putative "safety net." But even that meager safety net is tattered and torn because the citizenry evinces little interest in repairing it, much less expanding it.

Given women's aspirations for a full equality with men, feminists, in particular, have sought a solution to the needs of inevitable dependency, one that does not pit the interests of some women against those of others. We need a solution that addresses the interests of some women for safe, affordable, and sufficiently flexible dependency care for their children or ailing adult relatives but does not satisfy these interests at the expense of those women doing the paid hands-on care. Paid caregivers may also have these needs but, in addition, they have an interest in securing good wages, health and retirement benefits, and stable hours that meet their own and their family's needs. To this end, feminist scholars have looked to the state as the entity capable of establishing institutions needed to realize a public ethic of care.

In the model of a state as I had formerly envisioned it, state support would enable the provision of quality care for dependents and provide those who want to care for intimates the possibility to do so without being exploited or having to sacrifice their own capacity to flourish. Such demands are ones that some feminists have seen as an extension of the concept of social citizenship as T. H. Marshall conceived it.<sup>10</sup> But such a public ethic of care is confined within state borders, and as a form of social citizenship, it would extend only to those within a state, more precisely to those a state would ideally recognize as members of that state, that is, citizens (and, at best, resident aliens).<sup>11</sup>

But as we examine *who* engages in carework, we are struck by the fact that paid carework is frequently supplied by non-citizens.<sup>12</sup> It is these workers who put up with work that is

poorly remunerated, lacks either benefits or status, and involves long hours and extended time away from one's own family. Yet the political entity that is capable of establishing the institutions necessary to realize a public ethic of care is obligated first and foremost to its citizens. Immigrant women residing (legally) in a nation may arguably fall within the obligations of the state in which they reside, but this is much more dubious when we consider those who work without legal papers and those who are temporary migrant workers.

While the movement of women with young children in the workforce has been an impetus for feminists' thinking about the need for resources devoted to caregiving,<sup>13</sup> the actual conditions within the twenty-first century will exacerbate the problem because of the increasing demands for long-term care for the elderly as well as the chronically ill or disabled. At the same time that the elderly population grows, the number of young is diminishing.<sup>14</sup> These population shifts, together with women's move into the waged workforce, put heavy pressure on wealthy societies to find the careworkers needed. But at the same time, the demographic shifts are exerting these and other pressures in poorer, developing nations. They too have a crisis in care; they are also suffering from increased levels of poverty that reach into the middle-class. Frequently, the women affected by the adverse global economic developments are the ones who are heading out to respond to the care crisis in the wealthier nations.

When we recognize that there exists a class of workers (in the unfortunate contemporary parlance "aliens") who possess neither the privileges nor the protections of citizenship, who would not likely benefit from institutions intended to address care needs, and but who, nonetheless, constitute a crucial part of the labor force that do the hands-on carework, it is clear that a feminist ethic of care has to look beyond what John Rawls calls "domestic justice." A feminist ethic of care that intends to improve the lives of *all* women can no more be a "domestic" ethic of care in this sense of "domestic" than it can be a "domestic" ethic of care where "domestic" signifies the intimate, private sphere of familial life.

While a feminist public ethic of care needs to be committed to care and concern for the caregiver as well the cared for, the immigrant and migrant women frequently leave behind their own families to work where the pay is more lucrative than at home. They do this in order to care for their own families by providing for them. But they are deprived of the capacity to give the hands-on succor that children often require from a parent or that an elderly parent desires from her adult children—care that these workers often feel obligated to give their family members. The migrants are a vulnerable population, made so by the need that brought them to foreign soil, their isolation from family and friends, their inadequate language skills, and their "alien"

status, more so still when they have entered or remain in the country without legal status. They send home remittances but receive few benefits for themselves, depriving themselves and their families of the care they provide to strangers.

Given the condition of “full compliance,” that is, where all institutions in a society live up to its ideals, all who reside within the borders of the state would be considered fully equal citizens. Even within a condition of “partial compliance,” we can argue that those residing legally within the state *should* be granted the benefits due citizens as long as they reside within its borders.

That is, if the careworker is an immigrant who is resettling in the place where she is employed and has her family in tow, there is only one step (admittedly a big one, two if we also consider the reality of racial prejudice) from the idealization of the closed structure—the closed circle of reciprocity I spoke of when I spoke of a public ethic of care as I envisioned it in *Love’s Labor*<sup>15</sup>—to the reality of immigration. If we align citizenship rights with worker status<sup>16</sup>—where worker status is a sufficient condition for (at least some) citizenship rights—then the closed structure of reciprocity among citizens in a single society need not be an obstacle to conceiving of a public ethic of care as one that is confined to a single society.

The difficulty that is faced theoretically appears insurmountable in the case of migrant careworkers, who can even be found in nations with robust welfare systems. It is no longer simply a question of applying a full compliance idealization of the reality faced by the situation of partial compliance. That is, if the woman in question is a transnational migrant, whose family remains in the home country and whose (apparently) sole intention for being abroad is to earn remittances to send home, then the neatly enclosed circle of reciprocity presumed in our idealization is *inherently* misconceived.

Furthermore, if the care needs of a nation can *only* be fulfilled by drawing on a migrant population—as may be the case today given the aging population—then a public ethic of care that is articulated as holding among all those who reside *within* the boundaries of a given society will still fall short, for it will be unrealizable since caring for the migrant caregiver means removing obstacles or otherwise enabling her to provide care to those she most desires to give care to—individuals who are *outside* the bounds of the state. It is the very relationality of care and of the caring self that an ethic of care underscores that tells us that the self of the migrant caregiver cannot be cared for or fully recognized<sup>17</sup> if the protections and benefits granted to caregivers are thought to be applicable only to the citizens (or the permanent residents) of a given society. That is, a public ethic of care that is state-bound will not be capable of extending that ethic to those whose lives spill over national boundaries. It cannot even extend the principle universally

*within* the boundaries of the state. When facing the circumstance of transnational caregiving, the ideal of caring for the caregiver stands in tension with a state-bound conception.

This suggests that a public ethic of care has to “go global.” That is, it has to confront apparent contradictions between the demands of a welfare state that incorporates the need for care for its citizens and the reality that careworkers are frequently migrant women whose ability to care for their own families has been compromised by their employment in distant lands.

A “public ethic of care,” I have said, puts the idea that we must take care of one another at the center of a society’s self-understanding. But as theorists who want to think about just caring arrangements globally, we need to acknowledge ways in which global forces have shaped how caring is enacted—who gives it and who receives it. Looking at caregiving as a matter of global moral concern will allow us to “reveal systemic global oppression, [by asking] who is and who is not being cared for in the global sphere.”<sup>18</sup>

In the end, we should ask what it means to draw upon migrants to do the work of caring for those who are dependents in our own society, and whether there can be a cohesion among women when their interests around the work of caring are divergent, even though they are united in the need for support to care for dependents.

### ***1.1 Dilemmas at the Heart of the Feminist Welfare State***

The difficulty presented by the migrant careworker is homologous to a dilemma Seyla Ben-Habib speaks of in *The Rights of Others*.<sup>19</sup> She writes that transnational migrations “bring to the fore the constitutive dilemma at the heart of liberal democracies: [one] between sovereign self-determination claims on the one hand and adherence to universal human rights principles on the other.” A homologous dilemma arises when providing citizens access to a full array of social citizenship rights—rights that are grounded in a universal conception of what constitutes human welfare<sup>20</sup>—means drawing upon the labor of migrants who are themselves excluded from these rights.

The constitutive dilemma of which Ben-Habib writes has another homologous corollary dilemma. This takes form in the lived contradiction of feminists who believe that women should not have to choose between, on the one hand, caring for those who are dependent on them when this means depending on other women who have to choose against caring for their own dependents and, on the other hand, engaging in the public sphere as men’s equals, where they find themselves dependent on the caring labor of migrant women who themselves have had to choose against intimate caring<sup>21</sup> for their own dependents. Just

as those who are committed to liberal democracy and to global justice need to reconstitute citizenship and membership, so feminists need to inquire about care as a right of citizenship and the meaning of commodified care. Can we reconcile a citizen's right to care and be cared for (a right that, as feminists, we should claim from a fully adequate state) with just and caring policies toward those who come from outside the boundaries of that state to do carework as migrants?

## 2. "The Global Heart Transplant" Care as a Scarce Resource

The migrants I am talking about here are mothers or daughters—the women on whom structures of care in the home countries have traditionally depended for the care of children, the ill or disabled, and the elderly. They leave their families for extended periods for wages that, while considered low by the standards of the "receiving" wealthier nations, are lucrative compared to what they can garner at home in the "sending" nations. Their wages are mostly sent back to improve the conditions of the families they leave behind, while they themselves live frugal, sparse lives—often preferring a live-in situation so that they need spend little money on themselves. Yet these are women who defy the traditional gender roles of the caring mother or dutiful daughter insofar as they leave behind children and relatives who need care. Still they understand themselves to be acting as good mothers and daughters, caring not through intimate daily contact but by providing material benefits only they can procure. The job opportunities for men abroad are fewer and are intermittent, while the opportunities for women are many and steady. At the same time, they enact the traditional gender role of caregiver by "pouring,"<sup>22</sup> as they say, love into their charges.

Arlie Hochschild, in the essay she provocatively entitled "Love and Gold," speaks of an interview conducted by Rhacel Parrenās.<sup>23</sup> Hochschild writes: "Vicky Diaz, a college-educated schoolteacher who left behind five children in the Philippines, said, 'the only thing you can do is to give all your love to the child [in your care]. In my absence from my children the best I could do in my situation is to give all my love to the child.' Without intending it, she has taken part in a global heart transplant."<sup>24</sup> This "global heart transplant" (GHT, for short), that is, the transfer of love and care from one's own child to a child one is paid to care for in a foreign land, is the moral focus of the present article.

One can think of the migration of women care laborers as a global movement of the scarce resource of caring labor from those parts of the world where there is a supply and a need for cash to those parts of the world where there is both a demand

for caregivers and a willingness to pay for their services. To think of care as a commodity has an oxymoronic ring. Care, when it is worthy of the name, generally involves an emotional bond between the caregiver and the particular person for whom one cares. In certain circumstances, the affective component of care may be an instilled virtue that can be extended to others more or less impartially (e.g., the good nurse), but more often it is the sort of care that flows from an affective bond, one we tend to call “love,” that appears to be at stake in the phenomenon of the global *heart* transplant. The suggestion is that not only is carework, that is, the *labor*, a scarce resource but also that the affect of care, especially *love*, comes to be viewed as the resource making the transnational journey. As Hochschild’s essay title suggests, what we are witnessing is a shift in the value and meaning of care from “love” to “gold.” But care is a most peculiar sort of resource, for although the alchemy that changes love to gold is more successful a transmutation than those attempted with base metals, in this case the nobler appears to have been transmuted into that which is more base. Yet even as the phenomenon has a morally unsavory cast, the moral problematic is not easily captured in our standard moral categories.

## ***2.1 Setting the Stage for the GHT***

What is morally problematic with the “global heart transplant” begins with the context in which it occurs. This “trafficking” in care has been made possible because of global economic forces that impel those finding inadequate opportunities to provide for their families domestically to make the transnational journey.

It is worthwhile to keep in mind that the care that is provided is not merely a luxury for the very rich. Nor are the women who migrate among the poorest of the poor. Paid carework can be found in the intimate setting of the home, in nursing home facilities, or in daycare programs and is contracted for by women or families when all adults are otherwise engaged in the labor force; or it is contracted for by the state when there is no familial caregiver or when a family member is unable to carry out the demands of carework. The women who migrate are often those who are in a declining middle class. They themselves employ other women, poorer than themselves, to provide care for the families they leave behind. We are dealing with a worldwide phenomenon that impacts not just the very rich and the very poor, but the middle class as well.

### ***2.1.1 Migrating Labor in Search of Remittances***

Of course, migration due to economic need is nothing new. But migration patterns have accelerated in the past thirty years, along with the accelerated pace of the globalization of the

economy. According to the 2006 World Bank report, 3 percent of the world's population or 180 million people live in countries where they were not born.<sup>25</sup> That is more than a sixfold increase over the estimated 33 million in 1910. According to Ben-Habib, the world population increased threefold during the same period.<sup>26</sup>

The practice of family members migrating to send money back to their families is also not new. The extended parental absences, especially on the part of mothers, bear a resemblance to the migration of young African American adults, induced by rabid racism and poverty in the American South, to leave their children to the care of kin as they set off North to earn money to send back home. Yet such long-term migration of mothers as a widespread global phenomenon is new, and it is a phenomenon that has accelerated in the past fifteen years.<sup>27</sup>

### ***2.1.2 The Global "Crisis of Care"***

Due to demographic shifts, increased longevity, changes in social structures, transnational immigration, and migration from rural to urban areas, the need for such care has dramatically increased throughout the globe. This growing need for care is often spoken of as a "crisis in care." Population dislocations, diseases that affect adults who would otherwise be engaged in caregiving, and the worldwide movement of women into the waged workforce have meant the evisceration of structures in which care has traditionally been provided. These alternations have affected not only the amount of caregiving available, they also have had an important impact on questions of who is responsible for caregiving and the appropriate assignment of ethical obligations and responsibilities imposed on individuals charged with the care of another individual, be they relative, friend, or professional.<sup>28</sup> The care crisis of wealthy nations is being met by employing migrant women<sup>29</sup>—effectively solving its problems through a global heart transplant but leaving a deeper crisis of care in the sending nations.

### ***2.2 Finding the Moral Vocabulary for the GHT***

The GHT brings some of the previously discussed dilemmas into stark relief. Compounding the care crisis in the sending nation strikes us as deeply unjust, but the movement of labor and care is not *overtly coerced*, and there are real benefits to the sending nations as well.

As a recent World Bank report maintains: "Movement of such large numbers of people creates significant economic benefits to the migrants, their families back home, and their adopted countries."<sup>30</sup> The authors of the report cite studies indicating that these migrations lower the poverty levels of sending nations and

migrants' families. The children of migrants' families stay in school longer and are healthier. The girls especially are differentially uniquely impacted in a positive way: the "marginal utility" accrues to them.

Nonetheless, it is intuitively clear that there is something morally and politically amiss—something is wrong with this picture. How exactly should we articulate exactly what the injustice is and who the moral culprits are? We intuit that there is an embedded contradiction in the ideal of caring when the person caring for our parent with Alzheimer's must limit her concern about her own parents' senility to sending remittances and worrying about their helplessness. But we don't know how to understand obligations and responsibilities in such situations. It is simply not clear what moral paradigms to use; what moral language can articulate the intuited wrong?

Below I raise some questions that might be useful in an inquiry exploring the moral harm and the political injustice.

- (1) Should the transference of a mother's love from her own children to another's children for the sake of providing for her own children be viewed as an injustice? And is the framework of justice sufficient to diagnose this sort of harm? Is this primarily a distributive injustice—an inequitable distribution of care labor and loving care? Is a utilitarian calculus, weighing the losses and gains of utility, appropriate?
- (2) Does it make a difference that these migrations are global rather than domestic? Are we speaking of membership justice—just principles that determine the basis, as well as the consequent rights and protections, of membership. Are there questions of justice between nations that come into play? Is it a matter of global justice? As the migrations are from developing countries to developed ones, are there issues of development that shape the moral landscape?
- (3) The same separation of a father from his children is not viewed by the society at large nor by the children themselves as an equal harm; is viewing the migration of the mother as an injustice or a greater injustice dependent on a patriarchal understanding of motherhood and of women's labor?
- (4) Should we think in terms of human rights? Ought we articulate an internationally recognized right to care? Is transnational mothering a violation of the mother's right to care? The children's right to be cared for? Would a conception of a universal right to care help to establish grounds for redress?

- (5) Would thinking in terms of capabilities be useful? Does it undermine a critical capability to function when a mother feels compelled to leave her child for extended periods of time to provide for them? Whose capability is undermined: the mother's? the child's? or both? What capabilities are these? Does being able to transfer aspects of that capability to another child, the child of another woman make the loss morally more problematic or does it mitigate the loss in capability?
- (6) Finally, what can an ethic of care contribute, both to our understanding of the harms involved and to conceiving of a more caring response to everyone's needs for care and for relationship?

Ultimately, each of these questions will require a sustained discussion. Here, I will only offer what I hope are some elucidating remarks. As I take each question in turn, I will not attempt to divide my time with them evenly.

### ***2.2.1 Women's Migration and the Question of Injustice***

To test the intuition that there is a moral problem under consideration, we can apply the Kantian rule. Universalizing a rule that says that it is permissible for a mother to leave her children for extended periods of time to provide them with basic necessities leads to a clearly undesirable state of affairs, at least as long as we have no other good, reliable way for children to be raised. However, it is surely imperative that parents provide adequately for their children, and this may come as close to a universally valid precept as we have. But if the first course of action is the only way in which parents can fulfill the second, then parents who face this decision are dealing with a version of "Sophie's choice" in which either disjunct is morally unsavory.

What could lead to such a choice? It would appear that an injustice of some sort is at issue if parents are called upon to make such choices. It is a case, I suggest, of what Rawls calls "background justice"—the injustice of certain basic institutions. Thomas Pogge asks us to consider: "Why is global economic inequality increasing so rapidly that despite an impressive rise in human affluence overall, hundreds of millions still barely survive from one day to the next?"<sup>31</sup> Migration for remittances may be "the largest anti-poverty" program in the world,<sup>32</sup> but it is also an outgrowth of global economic forces and policies that include significant inequities in global trade agreements, monetary policies, neocolonial practices, and structural adjustment policies. The latter in particular have eviscerated public services in developing countries, disproportionately effecting women's wages and employment opportunities, impoverishing the middle

class and deepening the poverty of the poor. The impact of structural readjustment policies is felt twice over. Not only do the public schools suffer the loss of pupils, but the wages of teachers are consequently reduced causing many of these teachers to make the choice to go abroad to do care and domestic work.<sup>33</sup>

The women who migrate lack the incomes to sustain a way of life commensurate with their middle-class status. In the Philippine context, which has a 70 percent poverty rate and has been extensively studied, the women who choose to go abroad face not a choice to keep starvation at bay. Instead, they face a choice between providing the family with cheap sugared refried bread or more costly nourishing fare. They need to decide to provide private education in the face of a deteriorating public education system.

### **2.2.2 What kind of (in)justice? Is the discourse of justice sufficient?**

What we can conclude from the discussion above is that these practices are the outcome of global economic injustices derived from deep disparities in political and economic power between wealthy and poor nations.

But there is another injustice operating on a more personal level that we should consider—what Hochschild calls “the chain of care” and what Parreñas has called the “three-tiered transfer of reproductive labor” in which each transfer leads to a degradation of the worth of care. The economically privileged woman hires the migrant woman at low wages, who in turn hires a domestic woman whom she pays still less to take care of *her* children. Parreñas makes no mention of the fate of the children of the women at the lowest rung.

Parreñas writes: “The globalization of the market economy has extended the politics of reproductive labor into an international level.”<sup>34</sup> I do not here want to argue that care should not be something we pay for—or rather I do not want to argue that carework is not something for which one should get paid—indeed I have argued that *all* carework should be recompensed. But when care is a commodity like *any* tradable commodity, some serious moral difficulties arise. For one thing, tradable commodities are tradable largely because they are *fungible*. But in the case of care, it matters *who* cares for *whom*. And not only does it matter—it matters a lot. Relations of caring help us constitute who we are. Who cares for us, and how well that person (or persons) cares for us helps define our sense of self-worth.<sup>35</sup> Being able to care for those we love is, as Allison Weir points out in her paper in this volume, a most precious form of freedom, as slave narratives have most poignantly told us. Toni Morrison says it in her inimitable voice: “to get to a place where you could love anything you chose—... well now, *that* was freedom.”<sup>36</sup>

Nonetheless, care can sometimes be fungible. The nurse or hospital orderly that comes in one day may be different than the one who comes in the next. If the proper mechanisms for the transmission of important information are in place and if the standard of care expected of the personnel is of a reasonably high quality, the caregiving need not be compromised. If the pay is commensurate with the effort and in line with market forces what then exactly is wrong with the commodification of care? Is it wrong only in certain contexts or in all? Is there a special problem when care is commodified in the global context in which we are speaking? While theories of justice may be able to flag the commodification of care that we find in care chains and in the GHT as morally problematic, they lack adequate moral or conceptual resources to tell us *precisely* what moral harm is. An ethic of care, I argue below, will serve us better.

***2.2.3 What is the moral significance of the transnational displacement from poor developing nations to wealthy developed ones?***

One can argue that the same deterioration in the worth and level of care that we see happening transnationally can also take place across socioeconomic lines within a nation. Domestic policies that do not guarantee any paid leave time or paid vacations and actively discourage unionization for better working conditions affect both immigrant and migrant caregivers. The migrant status of the women, however, makes them still more vulnerable than legal residents and citizens to exploitative conditions. It seems clear that the ability to give care to your own family declines when there is a long and expensive airplane ride separating you from your children. Harsh immigration policies contribute to the pain as they both create barriers for migrants to easily move back and forth and neither facilitate nor encourage the move of entire families. This is certainly the case when workers have either entered the country illegally or have overstayed their original visas. It is also the case when domestic workers enter the country legally. These workers have very minimal rights.<sup>37</sup> While worker contributions, many have argued, ought to be linked to citizenship rights,<sup>38</sup> the globalization of the economy has severed citizenship rights from worker contributions. These difficulties raise important questions about membership justice.<sup>39</sup>

While immigration policies are a significant reason why these women do not bring their families, in fact much of their income gained would be lost if the children came along and needed to be looked after, fed, clothed, and schooled in the destination country. Housing, daycare, schooling, etc., are more expensive in the nations in which work is available and so the low-waged work would be less lucrative than if the women were

on their own. Without their children, they can both earn more and spend less. The same money spent on comparable expenses in the home country goes much further. Not bringing the family along is thus a “choice” of sorts. It is, however, a choice made in the face of a great wealth disparity between nations. Whatever advantages accrue to the sending nation is more than matched by those gained by receiving nation, which gains twice over: it receives cheap labor *and* it need not pay for the reproductive costs of that labor.<sup>40</sup> While the residents of the sending nation get valuable income, there is a net cost sustained in the reproduction of labor and in the loss of care for the families of the worker.

It would, nonetheless, be a mistake to think that this form of migrant labor is of negligible benefit to sending nations. Not only is there a significant flow of income, but if Amartya Sen is correct in claiming that the increased agency of women is a powerful and positive force in development, one could argue that, to the extent the decision by the women to migrate is an act of agency (one defying gender constraints), such an increase in women’s freedom contributes to a nation’s development.<sup>41</sup>

But if agency is gained through defying gender roles by leaving the intimate sphere and by becoming (in many cases) the primary breadwinner, this increased agency in fact does little to loosen the hold of gender roles in the sending nation. Indeed, studies appear to indicate that gender roles in at least one sending nation, the Philippines, are reinforced, not subverted, by the migration of mothers.<sup>42</sup>

One needs to ask, in addition, if such a decision either derives from or contributes to a woman’s freedom, if her own understanding of freedom also includes being able to care for those about whom one cares most. It is to these questions of gender that we turn next.

#### ***2.2.4 The Gender Question***

The Philippine government hails workers who go abroad as “national heroes,” yet there is widespread opprobrium directed at women who make this choice.<sup>43</sup> Parreñas and other researchers consistently report that children express strong preferences for the father to go abroad should a parent need to leave home to send back remittances and that it is far more difficult for them when mothers leave than when fathers leave. Parreñas cites one study that found when children were asked if they would advise their friends to allow their parents to work abroad, of the 82.8 percent who responded affirmatively “59 percent would advise friends to allow their fathers to go abroad ... and only 3.6 percent would advise friends to allow their mothers to work abroad.”<sup>44</sup> Children prefer the nurturing presence of their mothers, and mothers, when they leave, get to spend far less time with their children than do migrant fathers.<sup>45</sup>

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Here are the remarks of one child:

I'll advise my friend not to allow her mother to go abroad. It's better that her father go because mothers can't do what fathers do. Mothers are closer to their children than the father. She's always present in times of difficulties and problems.<sup>46</sup>

Given the prevalence of patriarchal views of motherhood, it is unclear to what extent the children's reported greater suffering is due to factors related to sexism and rigid gender roles. In the receiving nations, gendered workplace rules are the reason that women, when they migrate, return at less frequent intervals than men. The women are frequently doing work in a domestic setting that is not constrained by the same expectations of vacation time, paid overtime, etc., that are found in the public sphere.<sup>47</sup> Fathers who migrate are able to spend threefold the amount of time with their children as the women who migrate. Such gendered considerations include fewer employment opportunities for women, along with the lesser pay, fewer vacations, etc., that come with jobs designated as "woman's work."

In addition, patriarchal attitudes continue to prevail in sending nations where the children feel more abandoned by their migrant mothers than by their migrant fathers. As the comments of the child cited above indicate, fathers often do not fill the role of primary caregiver that the mother leaves vacant. Men often feel inadequate when their wives become the primary income earner. These gendered considerations shape the way children experience the separation.

Yet migration can have benefits for the women themselves. Some escape bad marriages. Some who find "good" employers can negotiate a lighter workload than the double shift back home. Some prefer to make a new home abroad. It is not necessarily an unalloyed evil for all the women involved, although all suffer from the lost intimacy with their children.

### ***2.2.5 Human Rights and the Right to Care***

Given the importance of the caregiving experience in the lives of all individuals, both as givers of care and receivers of care, it is interesting that the right to benefit from and participate in caregiving, especially familial caregiving, has not been stressed in the context of those other capacities, freedoms, and opportunities that make up the moral vision at the center of the human rights paradigm. Should we not develop a language of rights that incorporates both a right to be cared for and a right to care for those to whom we have special attachments, commitments, and obligations?

On the one hand it appears obvious that we ought to formulate a "right" of some sort. All children, it would seem, have a

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right to adequate care. But is that a right to be cared for by one's parent? By one's mother? Similarly it would seem that all frail elderly have a right to decent care and treatment. But is it a right to be cared for by a specific individual? Must the care be delivered in one's own home? Will any passable level of care discharge the right to receive care? Does the obligation that is the correlate to the right fall only on family members or does the state owe anything either to the one with the right to be cared for or the one who has a right to give care. Still another difficulty comes from defining what activities count as care. A case in point is seen in the phenomenon of "the global heart transplant." In speaking of a right to care, we mean a right to care for, and a right to be cared by, those who matter to us.<sup>48</sup> This sort of caring is generally defined as a face-to-face activity.<sup>49</sup> Bubeck adopts a definition of "caring for" that encapsulates these ideas: "Caring for is the meeting of the needs of one person by another where face-to-face interaction between carer and cared for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself."<sup>50</sup>

The demand for "face-to-face interaction" may however be too stringent—at least when we are speaking of care in the family.<sup>51</sup> Many of the migrant mothers interviewed speak tearfully of their children's unwillingness to understand that migrating was a sacrifice the women performed in order to give their children what they believed their children required for a good life. True to the gendered stereotype of the self-sacrificing mother who foregoes her own good so that her children can thrive, these mothers saw their departure as an act meant solely to make their families lives better. The face-to-face care could be provided to their children through others, kin, hired domestics, and sometimes (but not reliably) the father. They regret not being with their children, watching them grow up, being involved with the intimate details of their lives, helping them with their daily activities, and so forth. But it is the absence of adequate resources, not distance as such, that they see as the obstacle to properly caring for their families. Only through their work abroad can they send home sufficient money to enable their children to have, both objectively and in their view, better lives—lives in which they are receive the care their mothers want for them.

These considerations may allow us to formulate a more relevant conception of care. Steven Darwall writes that caring for someone means desiring what is good for the person *for his own sake*.<sup>52</sup> A right to care pertains to those who are dependent on another for care, that is, to those who cannot reasonably be expected to satisfy their own interests. We might then say that such care involves *attending to those interests of another that the person in need of care cannot reasonably be expected to satisfy*

*on his or her own, and to attend to these interests for the sake of the one in need of care.* In this formulation, the phrase “for the sake of the one in need of care” effectively stands in lieu of the “face-to-face” requirement in Bubeck’s definition. We can do face-to-face activities for those who cannot perform them for themselves. But this may be done less for the sake of the one needing care and more for the sake of fulfilling the duties one is required to perform to receive a paycheck. Such work may involve activities of care, but we might well question if this is *caring* for the person in need. On the other hand, mothers who try to ensure that their children are well cared for by working abroad to send home remittances, all the while sacrificing their own desire to be with their children, may be said to be *caring for* their children. If we understand this work as a form of these mothers’ caregiving, we pay respect to their self-understanding of what they are doing. But if this is what we would mean when we would speak of a right of a mother to care for her dependent children, then whatever moral harm is in play when the migrant mother feels she can only “pour” her love into the charge for whom she is paid to care and cannot directly give her loving attention to her own children, it would not be a violation of her right to care or even her children’s right to receive her care. But this falls afoul, given how the absence is felt by both the child and the mother.

What the above discussion indicates is that besides the indeterminacy of the question “what is a right to care,” we also have to ask who is authorized to define care for the purposes of fashioning “a right to care.” If we formulate a right to care that recognizes the labor of these migrant mothers as caring for their families, then we respect the interpretation they themselves give to their choice. But such a right does little to grant them the wherewithal by which they can avoid the pain to themselves and to their children of these extended absences and the problematic of the commodification of the loving care that is implicit in the diverted mothering in which they participate. Speaking of the phenomenon in question in terms of rights may get us somewhere, but it raises more questions than it answers.

### **2.2.6 Capabilities**

It may be worthwhile to see whether a capabilities approach would help here. A capabilities approach might differ from a rights approach in that the focus would be on the agentive side of caregiving. That is, while a “right to care” suggests both “a right to *give* care” and a “right to *receive* care,” it seems odd to talk about a capability to *receive* care, though it is natural to speak of the capability to *give* care. We might want to say that all are entitled to the *capability* to care: that is, the freedom to

exercise the function of a caregiver for those who are important in one's life, and we might add "to do so in a manner satisfactory to that individual and those who depend on her care." We then add that all those who are in need of care but are unable to provide for themselves have a *right* to receive such care from those who are entitled to the *capability* to give care. Because capabilities are a *freedom* to function,<sup>53</sup> we could think of the act of *defining* that function as a part of this very freedom. Think, for example, of being free to garden. While gardening generally involves a particular set of activities, just which activities and just how you carry out those activities depends on your skill level, your goals as a gardener, and your preferences in gardening. If these activities were dictated in a fixed and rigid manner by someone other than yourself, you would balk at the idea that you have the freedom to garden. In a similar fashion, if having the capability to give care is the freedom to engage in the function of giving care, to whom you give that care, and the subset of activities of caring you engage in, will depend on your own goals as a caregiver, your individual skills, and the resources available to you. To be free to give care is, in part, to give care as you understand both yourself as a caregiver and the needs of those who depend upon you for care. This sort of formulation sidesteps some of the difficulties presented when we tried to ascertain what a right to caregiving might look like. How satisfactory such a capabilities approach would ultimately be will require more time and reflection than we can afford in this preliminary discussion.

### ***2.2.7 A Utilitarian Approach***

It seems as if a utilitarian approach would weigh the utility of a mother's migration for all the parties involved. To apply a utilitarian calculus would be straightforward enough if we know which utilities we are measuring. If the utility is economic gain, there appears to be a net gain for the children involved. But how do we compare the utility of love and economic gain: between the intimate dependency care lost and the money one can make by selling one's labor? How does one measure the utilities for nations using the same scale as utilities for individuals? Any such utilitarian calculus will, I think, do an injustice to one of the parties and lose the poignancy of the particular situation of the mothers and the children we have cited above.

### ***2.2.8 The Contributions of a Care Ethics***

Among the values and practices associated with an ethics of care are attentiveness to others; attention to context; the concrete specificity of individuals; responsiveness to another's need; an emphasis on human vulnerability and dependence; and perhaps above all, a relational understanding of the self. I will deal here

with three of these: (a) context, (b) the relational self, and (c) the acknowledgment of human dependency.

**Context:** Care ethics' emphasis on context and the concrete specificity of the situation and the individuals should be useful in identifying the harm in the GHT. The extent and nature of the harm may vary with the specificity of the nations involved, the conditions of migration, the economic conditions, and even with the particular resources of the family and the woman. Attention to context also means consideration of the factors that could mitigate the pain felt by migrant mothers and their children, as well as by migrant women who leave behind adult relatives in need of care.

**Relationality:** It is care ethics' emphasis on relationality that really gets to the heart of the moral problem with the global heart transplant. The harm is the special harm that care ethics highlights: the threat to relationships. What is lost in the migration of the mother for extended periods of time? The daily care can be and usually is executed more or less satisfactorily by kin or domestics. The mothers normally do continue to love their children—in fact their work is in the service of their love for their children. While the mothers speak of “pouring” their love into the charges in their care, they do not speak of pouring their love into their own children. The term apparently is a way of making a distinction between how one loves one's own child and how one loves a charge. Perhaps the idea of “pouring love into” another is an image that captures the less-than-fully-relational nature of that love.<sup>54</sup> Such love is a temporal action performed on another rather than an affect that binds caregiver and charge in a lasting arrangement. The love of a parent to a child ordinarily binds a parent to a child (or, say, a daughter to an elderly parent) in such a way as to bond their interests and well-being, making the boundaries of self porous. When the contact between the people who stand in such a relationship is blocked, then the relationship's cathetic potential goes unrealized. That energy is instead released by “pouring” the love into another child—her ward. The relationship with the ward does not have the commitment that binds one for life. It is a relationship formed only to be broken. And so it is not a relationship that one can genuinely invest in fully. It is “relationship like”—but only that. At the same time, the relationship in which one is fully invested comes to be frayed. The mothers speak of not recognizing their children, of the children not recognizing them.

A care ethics focuses both on the nature of the connection and the specificity of who relates to whom. As close relationships of dependency care are not (easily, at least) fungible, children receiving physical daily care from kin, domestics, and fathers are receiving these intimacies from someone other than the individual with whom they formed these caring relationships and, not insignificantly, the one with whom they expected to form

this relationship. (Similar remarks can be made about the care an adult child may wish to give to an ailing elderly parent or other close relation.)

Relationships formed through dependency needs generally will, especially when backed up with societal expectations and social norms, be the source of deep attachments to a singular other. And treating these relations as fungible is deeply anti-theoretical to all but the most professional care (for example, of a nurse's relation to a patient).

If care ethicists are correct in their understanding of the self as relational—that is, an understanding of a self-identity that incorporates one's relationships into the construction of identity rather than standing apart from identity—then such a relational self will incorporate those close dependency relations into its very identity. After all, the very preservation and development of self, as well as our self-understanding, depends on this other. Clearly then, whomsoever you relate to in these crucial ways—*that* individual—is incorporated into your own self-identity. If you are the vulnerable dependent, it is *this* individual and her relationship to you that forms the very ground of your being—at least that is how a young dependent would experience it.

Again, it is not that another cannot perform the tasks that make up the repertoire of caring activities—they can and, under good circumstances, can do it effectively and with kindness and affection. But when the relationship forged through dependency is disrupted and different actors are substituted, a relational conception of the self would predict a disturbance in one's self understanding as well as a rupture in relationship that cannot always be mended.

Broken connections, broken relationships are the harms that Carol Gilligan found her subjects most wanted to avoid. Migrant mothers make the attempt to sustain these relationships with their own children but relationships forged in intimacy are difficult to maintain across distance, especially for a dependent child whose ways of knowing and relating to her mother reside in the intimacies of daily care and daily emotional sustenance. Some mothers find it too difficult emotionally to be employed in childcare; others assume such work and transplant their hearts.<sup>55</sup>

One might object that this way of presenting the situation encourages a way of thinking that helps to reproduce the gendered division of labor. Why should fathers not be able to take over? Why are fathers permitted to leave with greater impunity than mothers. Within essentially patriarchal societies, fathers rarely do, in fact, take over and fathers rarely establish relations based on such dependency care. In the role of breadwinner, the father's relationship is at a remove from face-to-face dependency care. But as it is at a remove, it is (more) fungible and less intimately intertwined with either the father's or child's identity.

Societal expectations, of course, contribute both to the mothers' and the children's pain, and these expectations are forged in patriarchy. If relationships are to be maintained, these societal expectations must be renegotiated. Many of us have had to do just this in our own lives. But extended absences are a set-up for frayed relationships and without the solidity of firm relationships it is unlikely that such societal expectations and patriarchal norms can be renegotiated.

***Dependency and Vulnerability:*** The final point I wish to make about care ethics' contribution concerns its recognition of inevitable human dependency (as well as interdependency) and our need to receive and to give care as a central feature of our ethical life.

An ethics of care then would stress the importance of valuing caring relations in a multitude of ways: one of which is financial. In addition, such an emphasis on dependence asks that we recognize the vulnerability caring relations impose on the caregiver. This acknowledgment can be a moral resource in arguing for some of the better working conditions for the paid careworker mentioned earlier.

### 3. Conclusion

Let us step back and ask again about the dilemmas posed in the first part of the paper. These were based on a (not-so-hypothetical) hypothetical antecedent clause: that the welfare state needed the labor of migrants to provide care services to its members. That same condition, we suggested, may pertain even in the more utopian feminist welfare state. That is, even a state that tried to honor the requirements of an ethics of care might nonetheless be dependent on the labor of migrants to provide that care. One could speculate that were labor conditions of careworkers substantially to improve, more citizens—hopefully men as well as women—would be drawn to carework. With fewer work opportunities in these societies, the attraction of (relatively) well-paid carework in a foreign land would not exert the same pull—a pull that now works in tandem with the push of poverty in the native land. Were such a day to come, mothers in poor nations might still seek employment in these wealthier nations, seeking out the least desirable and low paying work. Under the relative utopian conditions of a caring and just society, the generous welfare provisions would make even these poor paying jobs attractive.

Insofar as remittances from abroad do have a positive impact on poverty in the sending nations, would it actually be “caring” to deny migrants (even those who leave behind depends to whom they would, in better circumstances give hands-on care) the opportunity to come to the affluent nations to work? As long as there remains a large differential in income and opportunity

between nations, and as long as these conditions conjoin with hierarchical gender roles, the moral quandry of the migrant mother may still be with us.

Perhaps societies guided by a care ethics and by an understanding of the harm (and benefit) of transnational families would look to helpful policies that minimize ruptures to important relationships. Good immigration policies, with family reunification a priority, might encourage permanent emigration among some workers. For those who choose a transnational family life, it would be a choice made in the context of working conditions that permitted frequent and lengthy “vacations,” widely available services for the children whom they could bring along while they were working abroad, benefits that would travel back with them to their home lands, and so forth. Such gains need not await the ideal state, but they can be achieved only when we are willing to acknowledge inevitable dependency and give full weight to the value and attachments it entails.

### A Brief Coda

As such transnational migration, at least on a broad scale, is caused by structural injustice, an ethics of care must join with an ethics of justice. The way, ultimately, to enable robust relationships of care is to alter the economic and political inequalities that drive this migration. This is not to close the doors to migrants but to alter the conditions that drive women (as well as men) to split apart their families in order to secure a brighter future for their children.

In the end then, it seems as if the *most caring* thing those of us who reside in these receiving nations ought to do may be to fight for more just global distributive policies that would reduce the great disparities in wealth, rights, and capabilities between the populations of wealthy and poor nations. Short of such a scheme of justice, we can only mitigate—not remove—the harm (best elucidated by a care ethics) that is “the global heart transplant.”

### Notes

<sup>1</sup> Rhacel Salazar Parreñas, *Servants of Globalization: Women, Migration, and Domestic Work* (Stanford, CA: Stanford University Press, 2001), 119.

<sup>2</sup> Arlie Hochschild, “Global Care Chains and Emotional Surplus Value,” in *On the Edge: Living with Global Capitalism*, ed. Anthony Giddens and Will Hutton (London: Vintage Press, 2001), 130–46.

<sup>3</sup> When I speak of “dependency” in the subsequent text, I am referring to what I here speak of as “inevitable dependency.”

<sup>4</sup> In a letter to the editor, a researcher at Hunter College, Professor Rebecca Donovan, wrote that the results of a 1985 study in New York by the Hunter College School of Social Work, in cooperation with Local

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1199 of the Hospital and Health Care Employees Union, found that of homecare workers: “99 percent of the workers are women 22 to 85 years old (median age is 47); 70 percent are black, and 26 percent are Hispanic; nearly half (46 percent) are immigrants, primarily from Jamaica, Puerto Rico, the Dominican Republic and Haiti. The typical worker is the primary head of her household with three to four children. The most common salary is less than \$5,000 a year... Not surprisingly, severe economic hardship was also found: 80 percent of the workers are unable to afford adequate housing, 35 percent are frequently unable to afford enough food for their families, while an additional 50 percent reported they sometimes lack money for food. Many workers struggle with the persistent threat of homelessness and hunger.” Rebecca Donovan, “Poorly Paid Home Health Care Workers Subsidize an Industry,” *New York Times*, May 16, 1987. Consider also that the Supreme Court just recently ruled against Evelyn Coke, a domestic worker who cared for the aged in their homes and who demanded overtime pay for her services. Justice Breyer, who wrote the decision, stated:

A provision of the Fair Labor Standards Act exempts from the statute’s minimum wage and maximum hours rules

any employee employed in domestic service employment to provide companionship services for individuals who (because of age or infirmity) are unable to care for themselves (as such terms are defined and delimited by regulations of the Secretary [of Labor]). 29 U. S. C. §213(a)(15)

A Department of Labor regulation ... says that this statutory exemption includes those “companionship” workers who “are employed by an employer or agency other than the family or household using their services.” 29 CFR §552.109(a) (2006). The question before us is whether, in light of the statute’s text and history, and a different (apparently conflicting) regulation, the Department’s regulation is valid and binding. See *Chevron U. S. A. Inc. v. Natural Resources Defense Council, Inc.*, 467 U. S. 837, 843–844 (1984). We conclude that it is.

*Long Island Care at Home, Ltd., et al. Petitioners v. Evelyn Coke*, 551 U. S. 06-593 (2007)

More generally, those who work as paid home caregivers lack legal protection and benefits. Peggie Smith, a legal expert in employment law, writes: “For the most part, those government agencies responsible for enforcing labor laws, like the Occupational Safety and Health Administration, have turned a blind eye to home health care workers.” Donovan, “Poorly Paid Home Health Care Workers Subsidize an Industry,” A26.

<sup>5</sup> See, for example: Diemut Bubeck, *Care, Gender, and Justice* (Oxford: Clarendon Press, 1995); Martha Albertson Fineman, *The Illusion of Equality* (Chicago: University of Chicago Press, 1991); Martha Albertson Fineman, *The Neutered Mother, the Sexual Family and Other Twentieth Century Tragedies* (New York: Routledge, 1995); Nancy Fraser, “After the Family Wage: A Postindustrial Thought Experiment,” in *Justice Interruptus: Critical Reflections on the “Postsocialist” Condition*, ed. Nancy Fraser (New York: Routledge, 1997); Virginia

Held, *The Ethics of Care: Personal, Political, and Global* (Oxford and New York: Oxford University Press, 2006); and Kittay, *Love's Labor*.

<sup>6</sup> This is the first time I have introduced a distinction between dependency work and dependency responsibilities. I introduced the term "dependency work" in my *Love's Labor: Essays in Women, Equality and Dependency* (New York: Routledge, 1999). There I speak of that subsegment of caring activities that address the needs of one who cannot fulfill fundamental needs oneself. I am now distinguishing "dependency responsibilities," which includes the major responsibility to ensure that a dependent's needs are met. One might have such responsibilities without actually doing dependency work oneself. Often, however, those who have dependency responsibilities will do some of the dependency work since they are the ultimate back-up when other dependency workers are not available or do not show up.

<sup>7</sup> Eva Feder Kittay, "Dependency, Equality, and Welfare," *Feminist Studies* 24, no. 1 (1998): 32–43; Kittay, *Love's Labor*; Eva Feder Kittay, "Taking Dependency Seriously: The Family and Medical Leave Act Considered in Light of the Social Organization of Dependency Work and Gender Equality," *Hypatia* 10, no. 1 (1995): 8–29.

<sup>8</sup> This was a phrase used by two elderly Swedish women in a park in Stockholm in the late 1980s, a period when even Scandinavian welfare states were cutting back on welfare provisions. I was in Sweden attending a conference on the welfare state, and we got to talking about the cutbacks. They thought to cut back on welfare was a shameful thing to do, and one remarked that "we should be able to take care of one another." The phrase always seemed to me to capture the public spirit needed to sustain a state with a robust commitment to the welfare of each person in its citizenry.

<sup>9</sup> In other words, it is not a conception in which those who are in distress are divided into two groups: those deserving of our aid because they were in no way responsible for their condition of dependency and those who, through reckless behavior of some sort, suffered injuries or disabilities that rendered them dependent on the care of another.

<sup>10</sup> T. H. Marshall, *Class, Citizenship, and Social Development: Essays* (Westport, CT: Greenwood Press, 1973).

<sup>11</sup> Linda Bosniak provides an analysis of the dilemma that I am presenting here as due, in part, to the normative construal of citizenship that one finds in much feminist and some philosophical literature and that is found in my own work. But this conception of what should be owed to the citizen often stands in tension with the understanding of citizenship as

formal national membership status. This is the citizenship that entitles one to a passport, to diplomatic protection abroad, and, above all, to enter and to remain in a nation's territory without constraint. This is the citizenship that is premised on a commitment to boundaries and closure rather than universalism. It is the citizenship which aliens, by definition, do not enjoy.

Linda Bosniak, "Citizenship, Noncitizenship, and the Transnationalization of Domestic Work," in *Citizenship, Borders, and Gender: Mobility and Immobility*, ed. Seyla Ben-Habib and Judith Resnick (New York City: New York University Press, forthcoming), manuscript, 14.

In the same spirit as my own critique of my past position as well as those of the feminists who have argued similarly, Bosniak writes of the normative feminist discussions of citizenship: "Is a nationally-framed work-based economic citizenship even achievable in the absence of various protectionist measures such as trade tariffs, investment restrictions and plant-closing laws?" (Ibid.)

<sup>12</sup> See the 1985 study cited in note 4.

<sup>13</sup> S. Jody Heymann found that the percentage of women with children under the age of six years in the labor force increased more than threefold, from 20 percent to 64 percent. For those with children between six and seventeen, the increase went from 42 percent in 1960 to 79 percent in 1999. S. Jody Heymann, *The Widening Gap: Why America's Working Families Are in Jeopardy and What Can Be Done About It* (New York: Basic Books, 2000), 214.

<sup>14</sup> See Eva Kittay, Bruce Jennings, and Angela Wasunna, "Dependency, Difference, and Global Ethic of Long-term Care," *Journal of Political Philosophy* 13 (2005): 443–69. Legal theorist Peggie Smith reports that "Estimates indicate that 22.5 million people in the United States currently care for an elderly person and 64 percent of them work for wages outside the home" (note 7). "By 2020, 40 percent of the workforce expects to care for an elderly relative" (352–53). Peggie R. Smith, "Elder Care, Work, and Gender: The Work-Family Issue of the 21st Century," *Berkeley Journal of Employment and Labor Law* 25 (2004): 351–98.

The U.S. Department of Health and Human Services's Agency for Healthcare Research and Quality reports that

The need for long-term care services is expected to increase dramatically in this country as the population ages. Changing demographics, along with other factors may reduce the ability of family members to take care of elderly relatives placing additional demands on public and private programs.

- \* In 2011, 77 million people will turn 65, and by 2025, the number of Medicare beneficiaries is expected to reach 69.3 million, representing 20.6 percent of the U.S. population.
- \* Over the same period, those over age 80 will comprise the fastest growing segment of the population.
- \* Four out of every 10 people turning age 65 will use a nursing home at some point in their lives, and many will need home care and other related services as well.

Irene Fraser, *Long-Term Care: AHRQ Focus on Research* (Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, 2002); accessed 2008 from <http://www.ahrq.gov/news/focus/focltcare.htm>

<sup>15</sup> Kittay, *Love's Labor*.

<sup>16</sup> See Michael Walzer, "Citizenship," in *Political Innovation and Conceptual Change*, ed. Terrence Ball, James Farr, and Russell Hanson (Cambridge: Cambridge University Press, 1989).

<sup>17</sup> See Part 2 for a discussion of how an ethics of care can help us diagnose the moral harm in the form of the transnational commodifi-

cation of care signaled by what Hochschild calls “the global heart transplant.”

<sup>18</sup> Sarah Clark Miller, “The Global Duty to Care and the Politics of Peace,” *International Studies in Philosophy* 38, no. 2 (2006): 116.

<sup>19</sup> Seyla Ben-Habib, *The Rights of Others* (Cambridge, UK: Cambridge University Press, 2003), 2.

<sup>20</sup> For an account of human rights grounded in the conception of human welfare, see Alan Gewirth, *The Community of Rights* (Chicago: University of Chicago Press, 1996).

<sup>21</sup> Later in the essay I ask whether earning money in a foreign land and sending back remittances isn’t itself a form of caring, although it is not being involved in the intimate details of day to day care. Here I speak of intimate care.

<sup>22</sup> Parreñas, *Servants of Globalization*. Parreñas relates that the Filipina speak of “pouring love” into their charges, something they do not mistake for the love they have for their own children.

<sup>23</sup> See Parreñas, *Servants of Globalization*.

<sup>24</sup> Arlie Hochschild, “Love and Gold,” in *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, ed. Barbara Ehrenreich and Arlie Hochschild (New York: Henry Holt and Company, 2002), 22.

<sup>25</sup> World Bank, *Global Economics Prospect 2006: International Remittances and Migration* (Washington, DC: World Bank, 2006), 1.

<sup>26</sup> Ben-Habib, *The Rights of Others*, 5. Ben-Habib cites Hania Zlotnik, “Past Trends in International Migration and Their Implications for Future Prospects,” in *International Migration into the 21st Century: Essays in Honor of Reginald Appleyard*, ed. M. A. B. Siddique (Boston, MA: Edward Elgar, 2001).

<sup>27</sup> Pei-Chia Lan, “Maid or Madam? Filipina Migrant Workers and the Continuity of Domestic Labor,” *Gender and Society: Global Perspectives on Gender and Carework* (special issue) 17, no. 2 (2003): 192. Lan writes: “This transition happened due to the decline of male-oriented construction and manufacturing jobs in the Middle East during and after the Gulf War, in contrast to the growing demands for domestic workers in other host countries.” The author cites Cecilla Tarcoll, “Migrating ‘For the Sake of the Family?’ Gender, Life Course and Intra-Household Relations among Filipino Migrants in Rome,” *Philippine Sociological Review* 44, no. 1–4 (1996): 12–32.

<sup>28</sup> In the United States alone, demographic statistics indicate a steadily growing demand for long-term care services that will peak around mid-century. Roy Amara et al., *Looking Ahead at American Health Care* (McGraw Hill Health Professions, 1988).

<sup>29</sup> Parreñas writes that “the majority of migrant workers from the Philippines are women and the labor they provide to the citizenry of other nations is mostly carework.” Approximately two thirds are engaged as domestics. Those professional women who migrate are largely nurses. Rhacel Salazar Parreñas, *Children of Global Migration: Transnational Families and Gendered Woes* (Stanford, CA: Stanford University Press, 2005), 22–23.

<sup>30</sup> World Bank, *Global Economics Prospect 2006*.

<sup>31</sup> Thomas Pogge, *World Poverty and Human Rights* (Cambridge, UK: Polity Press, 2004), 13.

<sup>32</sup> Marketplace, <http://marketplace.publicradio.org/>, Wednesday evening, October 16, 2007.

<sup>33</sup> Parreñas, *Servants of Globalization*, 63.

<sup>34</sup> Ibid., 62.

<sup>35</sup> Allison Weir similarly notes: “for careworkers, caregiving is not only labor: it is also something they desire, a source of identity and meaning” and thus that “caregiving must be recognized as an intrinsic good, a source of identity and meaning, which should be recognized as a human right.” Allison Weir, “The Global Universal Caregiver: Imagining Women’s Liberation in the New Millennium,” *Constellations* 12, no. 3 (2005): 313.

<sup>36</sup> Toni Morrison, *Beloved* (New York: Knopf, 1987), 162.

<sup>37</sup> For a discussion of U. S. immigration policy as it affects families in which both parents work as migrants, see Parreñas, *Children of Global Migration*, 144. See also Human Rights Watch, *Hidden in the Home: Abuse of Domestic Workers with Special Visas in the United States* (Vol. 13, No. 2 (G)) (2001); available from <http://www.hrw.org/reports/2001/usadom/>.

<sup>38</sup> See for example, Linda Bosniak, “Citizenship,” in *Oxford Handbook of Legal Studies*, ed. Peter Cane and Mark Tushnet (New York, Oxford: Oxford University Press, 2003); Nancy Fraser and Linda Gordon, “Civil Citizenship against Social Citizenship? On the Ideology of Contract vs. Charity,” in *The Condition of Citizenship*, ed. Bart van Steenberg (1994); Alice Kessler-Harris, *In Pursuit of Equity: Women, Men, and the Question for Economic Citizenship in 20th Century America* (Oxford: Oxford University Press, 2001); and Walzer, “Citizenship.”

<sup>39</sup> See for example Ben-Habib, *The Rights of Others*.

<sup>40</sup> Parreñas, *Children of Global Migration*, 93.

<sup>41</sup> For a discussion arguing that women’s freedom means, on the contrary, *not* having to make such a choice, see Weir, “The Global Universal Caregiver.”

<sup>42</sup> Parreñas, *Servants of Globalization*.

<sup>43</sup> Furthermore, they are sexually suspect and feel the need to prove their sexual virtuousness. See Lan, “Maid or Madam?” 196.

<sup>44</sup> Parreñas, *Servants of Globalization*, 144.

<sup>45</sup> Parreñas found that mothers in her sample who migrated in the last eleven or so years spent on average a total of 23.9 weeks with their children. Fathers in a comparable period spent 74 weeks with their children. Parreñas, *Children of Global Migration*, 32.

<sup>46</sup> Parreñas, *Servants of Globalization*, 146.

<sup>47</sup> A recent Supreme Court case legitimized this relaxation of the rules that govern the public workplace. See *Long Island Care at Home, Ltd., et al. Petitioners v. Evelyn Coke*.

<sup>48</sup> Fisher and Tronto have given a particularly inclusive conception of caring as “a species of activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible.” We might insist that we seek a definition not for “caring” but rather “caring *for*.” Bernice Fisher and Joan Tronto, “Toward a Feminist Theory of Caring,” *Circles of Care*, ed. Emily K. Abel and Margaret K. Nelson (Albany: SUNY Press, 1990), 40.

<sup>49</sup> We would also refuse to grant that an individual who can readily do these activities on her own behalf has any *right* to have these performed on her behalf. The work of caring for those who are dependent on us by virtue of conditions that are to some extent inevitable is what I have called “dependency work.” A boss who depends on her secretary to prepare her coffee has no such *prima facie* right. A boss who

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is paraplegic, however, might be able to claim such a right.

<sup>50</sup> Bubeck, *Care, Gender, and Justice*.

<sup>51</sup> If it involves needs that the other could not possibly meet herself, then it would appear that we do not provide care for our children beyond the very early years of childhood. Parreñas distinguishes three forms of care involved in parenting, each having a component that is, I believe, “caring for”: moral care, the discipline and socialization required for children to be members of their communities; emotional care, the provision of emotional warmth, concern, and affection; and material care, the provision of the material needs for food, clothing, housing and education.

<sup>52</sup> Stephen Darwall, *Welfare and Rational Care* (Princeton, NJ: Princeton University Press, 2002), 7.

<sup>53</sup> Amartya Sen, *Inequality Reexamined* (Oxford: Oxford University Press, 1995), 39–40.

<sup>54</sup> Parreñas, *Servants of Globalization*, 183, 122.

<sup>55</sup> *Ibid.*, 122.