

# Left Out/Left Behind: On Care Theory's Other

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*Care theory's efforts to valorize care have depended upon the development of a minimally coherent conception of "care." Despite many disagreements, there is a shared assumption that care is the Other to concepts and activities that are male-dominated and so better paid, more powerful, and included in instead of excluded from politics. However, such an assumption ignores the other, noncaring forms of labor women do, which are likewise underpaid, exploited, and excluded from politics. This becomes a problem when care theorists propose greater inclusion for care workers, for example Joan Tronto's argument to extend citizenship on the basis of care work, because it does not consider the hierarchies it may reproduce between care and its Others, especially feminized commodity production. Using Dorothy Roberts's distinction between spiritual and menial housework, I argue that care theory is susceptible to perpetuating hierarchies among women. Extending Roberts's argument, I argue that the care/noncare division of feminized labor reproduces hierarchies among women in the Global South, and between consumers and producers. Although we do not need to abandon the category of care altogether, we do need to address care's exclusions and its relationship to other forms of feminized labor.*

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From its beginning, care theory has been oriented toward the valorization of care as both an ethical system and as a category of human activity. Care theorists have based their arguments on care's status as feminized Other to historically masculinist concepts and activities, such as justice, citizenship, and productive labor (Gilligan 1982; Noddings 1984). But in dividing care from noncare along such lines, we must inquire after those activities that remain outside care yet are nevertheless feminized and thus subject to treatment similar to that which care work receives. Such an inquiry is especially relevant given the increasing numbers of women, especially women of color and those in the Global South, employed for pay in direct commodity-producing labor.

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William care theorizing have produced ongoing conversations about what is rightly categorized as care, its relationship to other concepts like justice and virtue, and what exactly—affect or activity—makes it distinct from other human activities. Some scholars remain concerned that care theory lacks clear boundaries and is in danger of becoming “a repository for all feminist or other social justice concerns” (Engster 2007, 14), but we nevertheless see general coalescence around a core set of values, attitudes, and, of special interest here, activities. Some activities are clearly care, like child-rearing, housework, nursing, and teaching; some are in “grey areas,” like sex work (compare Engster 2007 and Robinson 2011); and others, most notably direct commodity production and military service, are usually outside care.

From these observations, care theorists have proposed to revalue care in monetary terms (Hochschild 2002) and in the ways that societies are structured, including the public provision of care (Noddings 2002; Robinson 2011; Tronto 2013); they have also sought greater institutional protection and political inclusion for care providers (Tronto 2005; Glenn 2010). These arguments position feminized caregiving as the Other to male-dominated labor that is better paid, more powerful, and included in instead of excluded from politics. “The exclusive equation of work with the male public sphere was one of the linchpins of the ideology of separate spheres and has shown remarkable persistence over the centuries” (Duffy 2011, 11). However, this focus on care’s second-class status ignores the other, noncaring forms of labor women do and that are likewise underpaid, exploited, and held outside politics. For example, Robinson states that “by ‘women’s work’ I mean care work (including child care and care for the sick and elderly); household maintenance (including cleaning and food preparation); and ‘intimate’ labor (including prostitution, other forms of sex work, and ‘mail-order brides’)” (Robinson 2011, 63). What disappears in this definition are other forms of “women’s work,” for example those Chandra Mohanty describes: “Third world women workers . . . are drawn into the international division of labor as workers in agriculture; in large-scale manufacturing industries like textiles, electronics, garments, and toys; in small-scale manufacturing of consumer goods like handicrafts and food processing (the informal sector)” (Mohanty 2003, 146). When commodity production does appear in work on care theory, it is to distinguish it from care (Engster 2007; Tronto 2013); to demonstrate the centrality of reproductive labor to the concept of productive labor from which it has historically been excluded (Sargent 1981); or to provide a model of the international transfer of care similar to global commodity chains (Salazar Parreñas 2000; Hochschild 2002; Yeates 2004).

In calling attention to care theory’s own Other,<sup>1</sup> I am echoing those who have highlighted the potential for care to reinscribe normative understandings of gender and the heterosexual family (Manalansan 2008), and the possibility that care will perpetuate the historical deployment of caring discourse to justify colonial domination (Narayan 1995). This project also begins to address a shortcoming that scholars have observed in migration studies, namely, that it provides “readings of the places of origin of migrants that tend to homogenize them” (Torres and Herrera 2014, 162)—a critique that likewise applies to many care-theoretical discussions of migrant workers. These discussions must develop an understanding of who migrates, who remains

behind, and what factors—race, class, education level, ethnicity—enable or inhibit such movements. These questions remain under-researched, and we cannot fully understand the extent of care theory's limitations and exclusions until they receive fuller scholarly attention.

My argument proceeds in five parts: In the first section, I will review the debates over the category of care, especially over what activities are rightly classified as care labor. In the second section, I will reconstruct the arguments for greater equality and inclusion of care workers, especially Joan Tronto's argument in favor of extending citizenship to migrant care workers and their dependents (Tronto 2005; 2011a; 2011b). In the third section, I will briefly present Dorothy Roberts's distinction between spiritual and menial housework, which shows how, despite its orientation toward equality, care theory is nevertheless susceptible to perpetuating hierarchical divisions among women (Roberts 1997). Whereas Roberts demonstrates a division *within* care work, in the fourth section I will extend her argument to the care/noncare division of feminized labor, and argue that it, too, can be hierarchical. In the context of Tronto's extension of citizenship to migrant care workers, we must then wonder what is to become of those women who, for example, engage primarily in commodity production. In the final section, I will conclude by proposing several means of addressing the care/noncare divide in a way that promotes equality of all employed women while retaining the critical and political value that care has had for feminism. My goal is not to claim that we should abandon the category of care altogether, in favor of another concept such as "women's work" or "feminized labor," but to understand the exclusions of care and briefly reflect on potential solutions.

### I. THE BOUNDARIES OF CARE

Most accounts of caring begin with a paradigmatic example of caring relationships, usually parent and child, and build their accounts from there. These forms of "natural caring" (Noddings 2002)—even when not cast in gender-essentialist terms (Duffy 2011; Mahon and Robinson 2011)—encapsulate the uniqueness of care as an affective outlook and set of practices, and so provide a model of what care can and should be. First among the characteristics of care is its relationality, which does not demean or escape interdependence, but rather treats it as central to our humanity and unique identities. These relationships of dependence must be nourished and strengthened, so that they can help people meet their needs (Engster 2007; Duffy 2011; Tronto 2013) and develop their fullest human capacities (Noddings 2002; Held 2006). Given these ends, care theories tend to privilege affective and cognitive orientations, such as attentiveness to context and specificity, receptivity, reciprocity, and responsiveness to others, over, for example, impartiality, abstraction, and fairness (Held 2006, 29–43).

On account of these traits, care theorists tend to favor more immediate relationships over those of greater distances. For example, Noddings distinguishes between *caring-for*, "the face-to-face occasions in which one person, as carer, cares directly for another, the cared-for"; and *caring-about*, "in which we care about others even though

we cannot care directly for them; that is we are somehow touched by their plight and want to do something to improve it" (Noddings 2002, 21–22; compare Yeates 2004, 371). The first arises naturally and is superior to the latter, which should act primarily to "ensure that caring[*-for*] actually occurs" (Noddings 2002, 24). Daniel Engster also favors immediate relationships when he defines caring as "*directly* helping a person meet his or her biological or developmental needs" (Engster 2007, 29; emphasis in original), and argues that our primary duty to care is to ourselves, then to our families, then to our co-nationals, and finally to all humanity (54–64). This privileging of the immediate is also evident in the structures of many works on care ethics (such as Bowden 1997; Noddings 2002; and Held 2006), which begin with the family and conclude with larger scales.

The emphasis on immediacy, as well as the affective and cognitive orientations care requires, means that certain kinds of work tend to fall more clearly within care than do others. On this basis, for example, Engster denies that commodity-producing labor is a form of caring: "Most economic pursuits are primarily concerned with producing, distributing, and selling goods but not with caring for individuals" (Engster 2007, 29). Thus, in addition to unpaid activities like parenting, Engster includes in care work "the caring professions including doctors, nurses, teachers, child-care workers, counselors, and others" (29–30), but not commodity producers. This is a common distinction, one also reflected in social-scientific studies' focus on nurses, maids, nannies, teachers, and daycare workers, and their exclusion (explicit or implicit) of factory and agricultural workers and handicraft producers (Duffy 2011; Folbre 2012). This latter category I call "direct commodity production";<sup>2</sup> globally over the last three decades it has become increasingly feminized.

These exclusions from care are often made on the basis that they have historically served to privilege men's paid work, justifying men's exploitation of women's undervalued care work and avoiding such labor themselves. "By providing for the material needs of their families, then, men earn a 'production pass' out of doing the caring that has been located in the household" (Tronto 2013, 82). On this basis, Tronto, like Engster, excludes direct commodity production, as well as military service and other forms of protection from her conception of care (Tronto 2013, 72–80). These masculinized activities also serve as the model of normative productivity, and so set the standards of successfully productive work. This "citizen-worker" model is the means to full personhood and social membership while continuing to depress the wages and social value of care work, a pattern that care theory has done important work to challenge (Sargent 1981; Duffy 2011; Fraser 2013). The male-as-sole-provider model "no longer accurately describes the way most people live, but the notion remains that citizenship attaches to those who go out to work" (Tronto 2013, 82). The result is that, to achieve social and economic equality, women in the Global North especially have pursued paid employment outside the home while continuing to perform much of the domestic care work, or passing it along to paid employees.

Out of this dynamic a "care crisis" has emerged: previously unpaid care providers, housewives, in the Global North have moved into the paid workforce, creating a need for care workers to perform the care they no longer have time for. Northern

women of color and migrant women from the Global South often fill these needs, receiving low wages and occupying a low social status. This replacement of unpaid care work with paid, however, displaces the unmet care needs, creating a “racial division of reproductive labor” and a “global care chain” (Hochschild 2002; Yeates 2004) or “international transfer of caretaking” (Salazar Parreñas 2000, 561); it also privileges the needs of wealthy, often white, children over the paid caretakers’ own, often racialized, children (Roberts 1997; Hochschild 2002). Filling the now-displaced gap requires paid caretakers to secure replacement care of their own; for these and other low-income families, paid care work is unaffordable, so they often must rely on female family members and stretch thin their own families’ and communities’ caring capacities. The result is a transnational care crisis, in which care’s undervaluation and privatization result in insufficient and inadequate provision of care, while care workers remain exploited and marginalized.

## II. CREATING CARING POLITIES

Although there are many specific policy proposals that have arisen out of care ethics to address the care crisis and valorize care, two common, overarching, and linked proposals emerge from the literature: the public provision of care, and securing greater equality and inclusion for care workers (Tronto 2005; Held 2006; Tronto 2013). Given the persistence of the citizen-worker ideal, and because people must secure much of the care for themselves and their dependents privately, rather than through the state, care remains on the margins. The limited resources of individuals and families to pay for care leads to their reliance on those whose labor is cheaper and more readily exploited, that is, those not subject to the same legal protections and expectations of social status: those in subordinate gender, race, and national-membership positions. The two main proposals of care theory serve to resolve the dual problems of care’s and care workers’ marginality. Publicly providing care can alleviate the need for cheap labor to meet private caring needs; greater equality and inclusion of care workers in political and social processes can help make care a topic of public concern, rather than remaining a private one.

I want to focus on one proposal for care-worker equality and inclusion that Tronto makes: “that we should think of care as a ground for conferring citizenship” on care workers *and* their dependents (Tronto 2005, 131). Using care as the basis for citizenship addresses the problem of care as “an *imported* commodity” (134; emphasis in original) that not only exploits migrant women, but also allows the overwork of Global North workers by shifting the burden of care onto other, more vulnerable persons, freeing the former to give as much of their time as possible to their employers. The commodification of care and the importation of care workers from South to North—without giving them access to citizenship—prevent public conversations about care work, its place in our society, or the value of the work and the lives of people who provide it. In contrast, making care a qualification for citizenship could ensure that “care is organized with a proper balance among the interests of those who need care,

those who give care, and those whose lives are made easier if others receive care” (Tronto 2005, 141). It would do so by making care *a part of politics* rather than, as in the citizen-worker model, that which exists beneath or prior to politics. “As we come to recognize the centrality of care for living a decent human life, the task of democratic politics needs to be much more focused upon care responsibilities: their nature, their allocation, and their fulfillment” (Tronto 2011a, 167).

The continued feminization and privatization of care work, combined with the history of racism and xenophobia in many receiving countries, have resulted in the exploitation of care workers and their perceived unfitness for participation in public life. But, “by asking Americans to think about care needs and the noncitizens who currently do a great deal of care work, the rethinking of citizenship and care will open new possibilities for thinking about immigrants’ lives, the nature and value of care, and the costs and advantages of globalizing care work” (Tronto 2005, 140). In addition to the migrant care workers themselves, Tronto proposes citizenship for “the care receivers that happen to receive care from these new care-worker citizens” (Tronto 2011b, 177) and who often remain in the sending countries. Her goal is not simply to remedy the injustice and exploitation immigrant care workers experience, but rather, to integrate their interests and the work they perform more centrally into democratic decision-making processes, and to change their perceived fitness for public life so they can represent those interests. Migrant workers, even those not employed in caring jobs, “are also engaged in care practices. They send money back home, remain engaged in families, and interweave their own lives and those of their ‘receiving’ countries. As a result, they bring with them new attitudes about family, about raising children, about basic human needs” (Tronto 2011b, 180). These new attitudes are essential for democratic decision-making to be egalitarian and well-informed in meeting citizens’ needs and expressing their interests.

### III. HIERARCHIES WITHIN CARE

I agree with much of Tronto’s reasoning behind changing our definitions of citizenship to include those on whom we depend, such as immigrant care workers, but I find that her arguments compel us to challenge the very limitations that *care* places on such changes. Despite this focus on citizenship, I believe the criticisms raised below apply to other political proposals on the basis of care provision, including the redistribution of time, labor, status, and welfare provision to enable greater autonomy and rights (Mahon and Robinson 2011; Nedelsky 2012; Fraser 2013); or the extension of legal protections (Glenn 2010) or security (Robinson 2011). Why should we include only *care* workers and not all those on whose labor we depend—many of whom are also women of color, often those who are marginalized *within* their own countries so that they cannot migrate to become care workers?

This criticism echoes and extends Roberts’s division between “spiritual” and “menial” housework, which complicates the feminist critique of care’s devaluation by noting a hierarchy within care, and so among the women who provide it

(Roberts 1997). Spiritual housework “is valued highly because it is thought to be essential to the proper functioning of the household and the moral upbringing of children”; menial housework “is devalued because it is strenuous and unpleasant and is thought to require little moral or intellectual skill” (51). Such a distinction “fosters inequality among women,” because “spiritual housework is associated with privileged white women; menial housework is associated with minority, immigrant, and working class women” (51). This division often occurs because wealthier white women have employed (for pay or through enslavement) women of color to perform those “nasty, tedious physical tasks—standing over a hot stove, cleaning toilets, scrubbing stains off of floors and out of shirts, changing diapers and bedpans” (55). The Victorian ideology of (white) women’s moral superiority that justified their confinement to home relied on just such a domestic division of labor: “The notion of a purely spiritual domesticity could only be maintained by cleansing housework of its menial parts. The ideological separation of home from market, then, dictated the separation of spiritual and menial housework” (55). In contrast, the suitability of women of color for menial housework is premised on their spiritual *inferiority* demonstrated by their very performance of menial labor. Thus, while Tronto observes the “stigma of care work” (Tronto 2011a, 173), Roberts shows that women of color are defined by the stigma of meniality. The reservation of the spiritual aspects of domesticity to white women employers are at once enabled by the white working mother’s freedom from menial housework and through the low economic and racial status of the nanny and maid who perform that work in her stead (Roberts 1997, 57).

Roberts argues that the spiritual/menial divide creates challenges for feminism. “Even contemporary relationships between domestic servants and their female employers are characterized by rituals of deference and maternalism that symbolically reinforce the domestic’s inferiority and enhance the employer’s ego” (76). This arises partly from the potential threat menial care workers pose to the privileged position of spiritual care providers. “The modern household worker’s job is defined in a way that prevents its interference with the female employer’s spiritual prerogatives” (57), so that “even contemporary relationships between domestic servants and their female employers are characterized by rituals of deference and maternalism that symbolically reinforce the domestic’s inferiority and enhance the employer’s ego” (76; see also Hochschild 2002). The spiritual/menial hierarchy, with its need for constant reinforcement through demonstrations of deference and superiority, undermines feminist solidarity and complicates many feminist efforts to revalue women’s work to attain equality with men’s. Roberts worries, for example, that “the possibility of replicating this hierarchy in relationships between day care center workers and clients raises questions about the promotion of universal day care as a panacea for women’s economic problems” (76). Such projects are often premised on revaluing only the spiritual work performed by white women—including their work of supervising the menial labor of women of color (77). By focusing on the kinds of work performed by privileged white women, Roberts argues, such projects ignore racial and economic hierarchies that simultaneously make women’s entry into the male-dominated paid



workforce possible, and that continue to demean housework and those who perform it, regardless of their race and economic position. Instead, “strategies to achieve gender equality in the workplace must incorporate the goals of racial and economic justice in order to succeed for all women” (78–79).

#### IV. CARE’S OTHERS

Roberts demonstrates the hierarchical differentiation within care labor; so, too, should we inquire about whether there are salient hierarchies between care and feminized noncare work, as well as hierarchies among women that determine who is more likely to perform those different kinds of labor. This in turn requires that we interrogate the assumption that migrant care workers are “the most marginalized and least empowered” workers (Weir 2005, 311) in our society. Are certain women more likely to be nurses or nannies, or to work in clothing factories, all of which have different levels of social status and compensation? Are there women who are more likely to engage in noncare work, whether in the Global South or by migrating to the North? Answering these questions is necessary if care theory is to more fully account for the system by which care work is allocated, and especially if care theorists are going to propose redistributing political goods and power, such as citizenship, based on that system. Roberts shows why care theory needs to continue disaggregating the category of care work to understand the differences in social status, legal protection, pay, and make-up of the workers in each sub-category; extending her argument demonstrates the need to attend likewise to care’s Other.

As already observed, the focus on care’s difference from masculinist activities tends to be the context in which care and noncare labor are brought together, so that the former is cast as the “Other” to the latter. But although this work has rightly criticized the inadequacy of male conceptions of autonomous personhood, citizenship, and productive labor, it has not itself fully accounted for the changes to women’s roles in capitalism beyond their caring or reproductive functions. “Women now account for one-third of the manufacturing labor force in developing countries, and females hold more than one-half of the industrial jobs in Asia. In much of the Global South, females account for a majority of the waged labor force in export agriculture, and they are more heavily concentrated than men in service jobs that provision the supply chains of global production” (Dunaway 2014, 1). As many care theorists have noted that the rise of paid care provision, especially by women of color and migrant women, has changed gender and familial structures, so too does this occur for women working noncare jobs: “Men’s economic activity rate has declined everywhere except the Caribbean,” with the result that, “because there are fewer opportunities for males, women are less likely to withdraw from the labor force in their childbearing years” (Dunaway 2014, 1; see also Enloe 2014). Saskia Sassen concludes that, although there is excellent scholarship on women’s employment in offshore production and on the employment of immigrant women in developed countries, “these two trends have rarely been seen as related” (Sassen 1998, 112). Little research has



related these phenomena, especially within care theory, despite the continued feminization of productive labor in the Global South.

In enquiring whether dynamics like those Roberts describes are at work in the allocation of care and noncare work among migrant women, we must face the dearth of research into the issue. As Alicia Torres and Giaconda Herrera discuss, there has been little research on the communities that serve as “sources” or “contexts of departure” for international (and internal) migrants (Torres and Herrera 2014). Although empirical social-scientific research has extended Roberts’s analysis of the allocation of different caring tasks according to race, class, and migrant-status (Glenn 2010; Duffy 2011; Folbre 2012), and has demonstrated the affective dimensions of menial care work (Gutiérrez Rodríguez 2010), it has not examined the distribution of caring versus noncaring jobs among women. Yet fuller understanding of women’s exclusion, including race, citizenship, and class hierarchies, also requires knowledge of which women are able to migrate for work and to secure care work—or are unable to do so—and the factors that determine these outcomes.

Despite the paucity of research, there is some evidence that, like the racial division between spiritual and menial housework, the allocation of care and noncare work occurs along social hierarchies such as class, rural or urban location, nationality, ethnicity, and indigeneity. For example, Mohanty draws on research that shows how the US electronics industry tends to employ migrant women from East Asia based on “stereotypes that infantilize Third World women and initiate a nativist discourse of ‘tedium’ and ‘tolerance’ as characteristics of non-Western, primarily agricultural, pre-modern (Asian) societies” (Mohanty 2003, 153). This contrasts with the maternal traits stereotypically assigned to Filipina and Latin American women, reflected in this statement from a daycare director: “The teacher’s aides we hire from Mexico and Guatemala know how to love a child better than the middle-class white parents. . . . I tell the parents that they can learn how to love from the Latinas and Filipinas” (quoted in Hochschild 2002, 23). These racial and ethnic stereotypes echo those that assign spiritual or menial care work, with their stigmas, to different women in Roberts’s analysis, but these examples are used *across* the boundary of care rather than within it. These stereotypes are gendered as well as racialized; the feminization of commodity production assumes that women are more controllable and less likely to organize resistance to workplace abuse and exploitation (despite their history of doing so), including through sexism in male-dominated labor organizations (Sassen 1998; Mohanty 2003; Dunaway 2014; Enloe 2014). This makes care’s focus on gendered exploitation, stigma, and exclusion all the more necessary in the context of the global gender shift in commodity production.

In many cases, the relevant differences among women are hierarchical social structures that enable only locally elite women to migrate for care work. In his research on transnational marriages between Vietnamese women and migrant Vietnamese men in the US, Hung Cam Thai observes the existence of “an emerging group of highly educated women in Vietnam” (Thai 2002, 232); they are able to postpone marriage to local men, and instead marry “up” internationally to Vietnamese men living in the United States. And Rhacel Salazar Parreñas notes that it tends to be more

elite women who are able to migrate to the US as care workers: “migrant Filipina domestic workers, as shown by their high level of educational attainment, tend to have more resources and belong in a more comfortable class strata [sic] than do domestic workers in the Philippines. Such resources often enable . . . migrant Filipina women to afford the option of working outside of the country” (Salazar Parreñas 2000, 571), opportunities poorer women lack. In contrast, Teresa Brennan comments that women in the Dominican Republic turn to sex work because of the low pay of industrial wage-labor. Their earnings “exceed what they could achieve working in export processing zones or domestic service, two common occupations among Dominican women. These jobs, on average, yield fewer than 1,000 pesos (\$100) a month, whereas sex workers . . . charge approximately 5000 pesos for each encounter with a foreign client” (Brennan 2002, 156). These examples all contrast with many care theorists’ assumptions that care work is subaltern to and worse paying than direct commodity production.

Migration to perform paid care work may exacerbate pre-existing hierarchies and create similar problems for feminist politics that Roberts identified in the spiritual/mental hierarchy of care work. These hierarchies and diverging interests threaten the kinds of transnational solidarity that is necessary to address gender inequality, and that care theory seeks to promote. For example, when Global South elite women migrate to the Global North, doing so often induces a “conflicting class mobility” of being a menial worker in the receiving country despite being relatively privileged in one’s country of origin (Salazar Parreñas 2000; Gutiérrez Rodríguez 2010). These workers “cope with their marginal status in the receiving country by basing their identities on the increase in their class status in the country of origin. In the same vein, migrant Filipina domestic workers resolve their conflicting class mobility by stressing their higher social and class status in the Philippines” (Salazar Parreñas 2000, 574). At the same time, from the standpoint of gender hierarchy, “the process of migration for women involves escaping their gender roles in the Philippines, easing the gender constraints of the women who employ them in industrialized countries, and finally relegating their gender roles to women left in the Philippines” (570). Just as the hierarchy between spiritual and menial housework creates difficulties for a feminist politics between white women and women of color, so too should we worry about the dangers of hierarchies between women along the care/noncare divide. Migrant care workers’ reliance on class-elite status, their changed gender roles, and their employment of women to fill care needs at home generate conflicting interests that could present challenges to migrant workers’ identification with women workers who are unable to pursue better-paying care work abroad.

We must be alert to the ways that care theory positions care hierarchically over non-caring labor, for example by perpetuating the “international division of labor” that divides the world into “citizen-consumers” and “worker-producers.” According to Mohanty, the “definition of the citizen-consumer depends to a large degree on the definition and disciplining of producers/workers on whose backs the citizen-consumer gains legitimacy” (Mohanty 2003, 141). Engster, for example, explicitly excludes commodity production but includes consumption in his understanding of care: “one may produce a

house, shirt, or hamburger for sale but it is usually the person who purchases these goods who uses them for caring” (Engster 2007, 29). Tronto’s understanding of care, also exclusive of commodity production, includes “the ‘reproductive labor’ of the ‘other side of the paycheck’” (Tronto 2005, 139), a sizable component of which is consumption. Within care theory and in popular practice, this privileging of consumption—including shopping for, purchasing, and using industrially produced commodities—as a form of ethical and political behavior is another manifestation of the spiritual/menial hierarchy that falls along the care/noncare division. It is primarily women of color who produce the food, clothes, and toys that wealthy, often white, women (or their employees) will then carefully select for their families. And yet, as with Roberts’s description of menial and spiritual housework, it is the less onerous commodity consumption, and *not* menial production, that is valorized through inclusion in the category of care. This categorization, especially in the context of Tronto’s proposal to grant care worker/consumers citizenship, keeps the production on which care depends literally foreign and thus invisible. Care becomes the proper object of public and moral concern and the means by which individuals come to relate to one another. More distant and mediated relationships, such as those of the commodity, remain in the background, where the exploitation that characterizes them persists unseen.

The feminization of commodity production and the inequalities that enable only some women to migrate and pursue employment in care work necessitate political proposals that address the problems of both forms of labor and their relatedness. Tronto’s proposal does nothing to remedy this hierarchy and its concomitant gender-, class-, and location-based exploitation and marginalization. If it is, for example, primarily wealthier and better educated women who are able to come to the Global North, then granting them and their dependents citizenship can be a useful and necessary means of addressing their inequality within and exclusion from the societies to which they have immigrated. But this alone takes account of only one set of their relationships, and ignores the divisions among women in the Global South. Those who migrate, although less privileged than their employers, are also more privileged and better paid than those left behind; they may even have attained their privilege through membership in the local capitalist class that employs local women in productive labor (Thai 2002, 234–35; Enloe 2014, 286). If anything, incorporating only migrant care workers and their dependents into Global North politics realigns their interests qua Global North consumers with those of their employers, and empowers them to secure their elite status relative to the commodity-producing women left behind. Granting citizenship to the former while denying it to the latter could exacerbate the inequalities and the conflicting interests that would only further imperil efforts to improve the status, pay, and protections for all women’s work.

#### V. BRINGING CARE AND COMMODITY LABOR TOGETHER

Care theorists’ proposals to distinguish between care and noncare work, and to empower the former, tends to treat care work and care workers as the Others to the

masculinist subject of commodity-producing—and citizenship-granting—labor. But this belies the empirical situation that I outlined above, and it remains unclear whether it is care work or feminized labor more generally that is the proper object of concern. A way of treating both forms of feminized labor—caring and direct commodity-producing—together is necessary to avoid reproducing hierarchies captured in the care/noncare distinction, and to better understand their interrelation. Once uncoupled from the limits of care, there is value in Tronto's proposal to grant citizenship to workers on whom societies depend. Namely, it provides a means to make the satisfaction of caring *and* material needs a topic of public political concern, and to permit care workers *and* commodity producers alike to advance their interests in the same political sphere where they work and live (Tronto 2011b). In the context of feminized, transnationalized commodity production, citizenship must also give commodity-producing workers a means of representing their own interests in those forums where decisions about their lives are made. This includes their countries of residence and work, as well as those countries in which their goods are sold, and in which their employers are located.

One possible solution to care's exclusions is simply to do away with the category of care altogether, and instead rely on another category, such as "women's work" or "feminized labor." This has the appeal of foregrounding the fact that women are *workers*, and that they share similar problems and interests on account of this status, regardless of what kind of work they do. However, this category change would also require us to ignore care theory's contributions to understanding care's distinctiveness beyond a system of distributing certain kinds of labor. There are other important concerns that care theory uniquely addresses, such as the centrality of caring relationships for educating citizens and the agency of care recipients, especially persons with disabilities. We also need care theory to understand the unique situation of many women workers, particularly those involved in unpaid domestic work and those who work for pay from home. "Analyzing the homemaker [only] as wage laborer ... dependent on the employer for work that is carried out usually in the 'home' or domestic premises, makes it impossible to understand the systematic invisibility of this form of work" (Mohanty 2003, 159).

The elimination of care as an analytic category would also adversely affect proposals to remedy gendered exploitation and marginalization based on work, because it undercuts the differentiation between kinds of labor beyond their relative social statuses and remuneration. For its providers, care work is "both work and love ... both duty and desire ... an intrinsic good, a source of identity and meaning, which should be recognized as a human right" (Weir 2005, 313). Because of care's uniqueness, care theorists have argued for the redistribution of care work itself (Weir 2005; Nedelsky 2012; Fraser 2013, 133–35); the point is not simply to redistribute labor abstractly, but to address the maldistribution of different *kinds* of labor, because they have differing locations in social hierarchies *and* differing degrees of physical and psychic burdensomeness and reward. Taken alone, however, the redistribution of care work is inadequate; combined with a redistribution of direct commodity production, it offers a better solution to the problems of maldistribution of both kinds of work. In light of

Roberts's and Weir's arguments, as well as those I made above, retaining a care/non-care distinction is necessary to ensure that the burdens *and* rewards of caring and noncaring labor are equitably distributed.

We need a way to retain the category of care without ignoring feminized commodity-producing labor. One possibility is to care more about commodity producers in our role as consumers. We can see much of this work already underway: "If we go out and buy a pair of Nike shoes, we want to know how low the wage and how long the hours were for the Third World worker who made them" (Hochschild 2002, 28). Such an approach, evident in ethical-consumption practices like the fair-trade and anti-sweatshop movements, already has many supporters. But it is also susceptible to Noddings's criticism of "caring-about," which she observes is often "'too easy.' Even when conscientiously practiced it can become self-righteous and politically correct. It can encourage dependence on abstractions and schemes that are consistent at the theoretical level but unworkable in practice" (Noddings 2002, 24–25). These problems are evident in much of the fair-trade movement, in which consumers mistakenly believe that "as consumers they can also transform the condition of society," ignorant that their "means of accomplishing social justice are constrained by the structure of existing markets and the entities that dominate them, leading in many cases to fair trade's cooptation by the very corporations that the movement formerly opposed" (Moberg and Lyon 2010, 8, 7). This in turn exacerbates hierarchies, including those based on gender, among producers. Caring about commodity producers also does nothing to address the distribution of consumption and production discussed at the end of the last section; this includes the power that consumers have over producers. Rather it perpetuates consumption as spiritual care work. In maintaining commodity producers as objects of care and not subjects of politics, simply pointing to care as the solution to the hierarchies of care fails to address the deeper questions around why care workers and their dependents deserve the equality and inclusion of citizenship, whereas the commodity producers on whom we likewise depend do not.

Another way of retaining the distinction in *kinds* of work while incorporating commodity producers into care theory is to see productive workers as carers, too. Tronto gestures at this in her notion of caring, migrant citizen-workers, who "are also engaged in care practices. They send money back home, [and] remain engaged in families" (Tronto 2011b, 18), thus justifying these dependents' citizenship. This has the advantages of recognizing that many commodity producers "still have to deal with the gender inequity of the double day" (Weir 2005, 312), while also addressing the argument that care is an intrinsic good to which people have a human right. But though Tronto's and Weir's descriptions are true of many who work in commodity production, they are also risky. Attempting to address the inequality of commodity producers by treating them as carers can undermine their status as workers, particularly when gender is at issue. "Celebrating each other as daughters, wives, and mothers is one form of generating solidarity on the shop floor, but it is also a powerful refeminization strategy" (Mohanty 2003, 157) used to depress women's wages and undermine women's claims as workers. This problem is especially true of women paid to produce commodities at home. Home commodity

production, still a common labor arrangement throughout the world, “is an important instance of the privatization of work and of the redefinition of the identity of women workers in family firms as doing work that is a ‘natural extension’ of their familial duties”; such “characterizations of ‘housewives,’ ‘mothers,’ and ‘homemakers’ make it impossible to see homeworkers as workers earning regular wages and entitled to the rights of workers” (Mohanty 2003, 158, 159). Although recognizing that many women bear the dual burdens of paid commodity production and familial care work is important to understanding the burdens they face, attempting to address the problems of feminized commodity production through care threatens to exacerbate women’s exclusion from the already male-dominated labor movement (Mohanty 2003, 163; Enloe 2014, 240–47) by subsuming their commodity production into care work. Even if this provided a means by which feminized direct-commodity-producers could also acquire citizenship, it nevertheless segments their lives into marketized work and politicized care, constrains the kinds of interests that provided the grounds for their inclusion, and still fails to make material production a topic of political concern.

The above criticisms are not to say that arguing for commodity producers as carers is not a viable project, but mitigating its dangers points us to what may be the best way to incorporate commodity production into care theory, which is simply to attend to commodity producers’ existence and, when necessary, make explicit their commonalities with and differences from care workers. Just as commodity production is dependent upon often-woman-performed care work, so too is care work dependent upon increasingly offshored and feminized commodity production. This interdependence is in part reflective of a shared history. Alongside the history of changing boundaries between spiritual and menial housework, we can trace the shifting boundaries between care and noncare work. Like the menial/spiritual division, that between care and noncare followed the movement of the most menial tasks from domestic production to the market that Roberts traces:

Just as industrialization almost completely shifted goods production from the home to the market, so the conditions of urban America increasingly commodify domestic tasks. Daycare centers, fast food restaurants, maid services, nursing homes, and recreation facilities offer a reprieve from housework to women who can afford them. (Roberts 1997, 60)

The historical trajectory of the care/noncare distinction is part of this movement, and can be usefully described as the movement of the most menial of care tasks—material production—outside the category of care altogether. For example, clothing and food production were formerly performed by women within the home, but of course now they take place largely outside the home—and even outside the country of consumption. They are so far removed from their ultimate purpose that their manufacture is not only menial, but has been severed from the very caring relationships that they will, upon consumption, be used for.

These histories are often institutionally driven, providing sites for political interventions to address the situations of care workers and commodity producers. For

example, Evelyn Nakano Glenn details the exclusion of domestic work from legal labor protections in the US that were central to its racialization (Glenn 2010). Similarly, feminized, foreign commodity production also depends upon lesser protections for those in the Global South who make goods consumed in the North (Enloe 2014, 253–58). These two histories *together* have freed elite women from menial tasks, caring and not, that enabled them to pursue paid employment outside the home in a less costly way, which in turn permitted greater exploitation of elite men and women working in the Global North (Tronto 2011b). Addressing these systems of inequality and exploitation requires acknowledgment that proposals to address the situation of care workers could either extend to the commodity producers, or could adversely affect them (and vice versa). For example, it may be that, following Tronto's lead, extending citizenship to commodity producers and their dependents is the only way to fully address these inequalities; but that may also be an even more unfeasible option, given that it pushes us closer to a kind of cosmopolitanism than Tronto's more limited proposal to extend citizenship on the basis of national boundaries. Perhaps a more feasible starting point is to extend labor protections to productive laborers in the Global South. This would echo Glenn's solution to the exclusion of domestic workers from US labor protections, and would recognize the ways that commodity production has transnationalized in pursuit of cheap labor *and* weak regulatory regimes. This would extend Tronto's project of empowering care workers to represent their interests politically to all workers, even as it does not seek to elide the differences between kinds of work. These are just examples of possible proposals, and they reflect the need for care theory to both continue developing its understanding of the systems that exploit and marginalize care and care workers, especially those further marginalized by race and migration status in addition to gender, even as it attends to its own exclusions and potential to reproduce hierarchies across its boundaries with feminized noncare labor.

## NOTES

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1. It is possible to consider certain care recipients, such as children, the elderly, and people with disabilities, as Others of certain articulations of care theory, especially those that focus on caregivers.

2. Tronto and Engster use "productive labor" to denote direct material production. I avoid this distinction because, as socialist feminists (Sargent 1981) and other feminist social scientists (Duffy 2011; Folbre 2012) have argued, it assumes reproductive labor is not itself productive, in the senses of being a necessary component of commodity production or generating value more directly.



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