The Problem with "Caring" Human Rights

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Although Daniel Engster's "caring" human rights are, on the surface, a compelling way to bring the concept of care into the international political realm, I argue they actually serve to perpetuate some of the same problems of mainstream human-rights discourses. The problem is twofold. First, Engster's particular care theory relies on an uncritical acceptance of our dependence relations. It can, therefore, not only overlook how local and global institutions, norms, and the marketplace shape our relations of (inter)dependence, but also serve to further naturalize our current dependence relations. Second, Engster's caring human rights are only minimally feminist, which means that they do not pay attention to the way in which women's full and equal political participation is a necessary component to challenging and overcoming the oppression, marginalization, and exploitation of women and their caring labor worldwide. Although I am sympathetic to Engster's goals and some of his proposed policy solutions, I argue that we should not abandon the critical, feminist lens of care ethics in favor of "caring" human rights that cannot overcome the care critique of mainstream human-rights discourses.

Care ethics is generally set in contrast to human-rights discourses. The point of the care critique of human rights is not to reject human rights entirely, rather it is to reject their assumed primacy for international political ethics and illustrate how care ethics offers a substantively different lens for examining and addressing global moral and political problems. Here I briefly touch on the care critiques of mainstream human rights using the case of the transnational care worker to demonstrate the differences between international human rights and global care ethics. I provide this overview to foreground my central claim: that Daniel Engster's caring human rights, as formulated in his 2007 book, actually serve to perpetuate the problems critical care ethics seeks to overcome, because Engster undervalues the critical and feminist force of care ethics (Engster 2007). As such, he does not provide a substantively different theory from mainstream human-rights discourses, and in so doing, he undercuts the unique and powerful perspective of care ethics as a whole. I develop my critique fully

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below, but first I unpack the global ethics of care and the care critique of human rights to provide context for my claim.

Care Ethics and Human Rights

The global ethics of care claims that the current state of global affairs can be understood as a series of relationships among states, corporations, other groups, and specific individuals, and that the ethics of care can be used as a critical tool to assess those relationships. The ethics of care is a lens through which we can see how our very relationships are structured by patterns of power, which also structure how we view, define, and solve global moral and political problems. It is not the mere fact of globalization that makes the critical ethics of care viable as a global ethic. Rather, it is the fact that the current global situation "forces us to confront the unique paradox of increasing interrelatedness in the context of profound differences" (Robinson 1999, 45). Nations, companies, and people live within a web of *global* relationships and have multiple sets of responsibilities that can conflict with one another. Resolving those conflicts requires us to be guided by the caring practice of attentiveness in order to understand how individual lives are constituted and the responsibilities each person possesses. If one accepts that relationships provide multiple points of moral concern and opportunities for moral judgment, and that the ethics of care is well suited to assessing relationships, then it follows that the ethics of care can be used in a global context because relationships exist between international entities. The ethics of care can assess the moral content of relations between international actors, and it can also go beyond simple assessment of moral content to a critical questioning about what a morally bad relationship is and how morally bad relationships arise in the first place. The point of a care analysis is to uncover the root causes of moral and political problems through sustained critical inquiry focused on what structural forces give rise to these problems in order to more holistically address said problems. Such an inquiry takes into account how patterns of unequal power can perpetuate harmful conceptions of difference and exclusion, which often culminate in violence.

Consider, for instance, a care analysis of the "global care chain," where women migrate from their home countries to a host nation in order to find better-paying employment. This situation has multiple levels of relationship for analysis: the relationships between the employer and the care worker, the care worker and the employer's children, the care worker and her own children, and the host and home nations of the migrant care worker. Further, we can consider the social, political, and economic forces at play that push women out of their home nations and pull them toward seeking work abroad, which serve to structure the interpersonal relationships at play. Many migrant women work in homes, care facilities, or as nurses to make up for a care deficit incurred when women in a host nation engage in the labor market (and the related gender norms that enable men to receive a "pass" from care work), or when there is a shortage of people willing to take on low-pay, low-status care work, or a nursing shortage. These migrant women are often mothers themselves who

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leave behind children and families, to whom they remit much of their pay. Those children in turn need looking after, so local women in the home country are often nannies themselves, leaving their own children behind in order to look after the children of a woman working overseas (Hochschild 2002, 19–21). The assessment that the care analysis gives us is that these care chains are not the product of so-called "free choice," but rather of the global "interlocking systems of oppression that *produce* domestic workers and the women who depend upon them" (Weir 2008, 170). The care analysis of this situation uncovers, through understanding and critically examining the ways in which relations are structured by larger forces, such as immigration policy and norms about care work, that domestic workers are now seen as a necessity in some parts of the world, creating a demand. This is coupled with a corresponding necessity, generated by global and local economic forces, for women to seek work abroad to materially support their families. It is the *intersection* of multiple forms of power that creates the morally and politically complicated situation of the transnational carer in the first place. Care ethics is expressly targeted at understanding root causes embedded in complex relationships, because if we are to fully correct the problems we face, and avoid repeating them, we must first understand them.

The care critique of human-rights discourses is, in part, meant to demonstrate how care ethics provides a substantively different perspective on global moral and political problems. The first care critique argues that most human-rights discourses are not well equipped to examine or address the *structural* harms of globalization. Consider the transnational carer. Human rights usually cannot "see" the ways in which transnational carers are emotionally isolated from their own dependents, or the ways in which their children suffer emotionally and intellectually when compared to their peers, in spite of increased material security (Hochschild 2002, 22). It is this emotional exploitation—an essential part of the structural patterns of power that serve to create and reinforce unequal relations between people locally and globally—that the lens of care is well suited to examine. We can begin to understand "love" as an exported resource, because the carer is emotionally invested in their charges, and this affection is diverted from the emotional energy that would normally have been directed toward the migrant carer's own family (22–24). When Western mothers were asked about their decision to employ nannies, they focused on the nanny's relationship with their own child, praising the other woman's mothering skills, not acknowledging what she has had to give up and leave behind (26). It is vital to consider the structural harms of globalization, including emotional exploitation, if we are to access and understand the root causes of moral and political problems, because the structural harms more often negatively impact those who are already poor, marginalized, and exploited.

The second care critique is that human rights bring with them cultural and gender bias. The root of the problem here is that human rights are predicated on the idea of equality, which is often understood as *sameness*. This kind of equality is one that many people in the Western tradition have come to expect and hold in high regard (Robinson 2003, 176). However, this assumption of sameness can obscure gendered and racialized relations of power, and the fact that our ethical lives are structured by

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and through these relations of power. Assuming all persons are the same is to ignore the differences that can affect and alter someone's life (Held 1990, 327). The need for "women's human rights" and organizations that investigate the human-rights abuses that are unique to women in some measure calls into question the ability of human-rights analyses to treat everyone "the same" and still protect against certain kinds of profound injustices. It is only through recognizing our differences and how these differences result in disparate treatment that we can come to rectify some of the systemic structural mistreatment that the vulnerable experience. Further, the human-rights assumption of sameness leaves open what the benchmark of "sameness" is. Often that benchmark is understood to be the European-descended male who typically has been the recipient of rights from the beginning (Pateman 1988, 5–6). The goal of human-rights analyses has been to bring everyone to the same level, while not necessarily taking into account the embedded cultural and gender differences that claims of sameness habitually overlook.

The third care critique is that human rights are generally unable to encompass important ethical concerns around the work of care itself and how we live in relation to other people. The language of rights cannot always adequately encompass certain issues, including "economic and social security, the fulfilment of basic human needs, and the cultural survival of groups" (Robinson 1999, 63) because such issues are predicated heavily on social responsibility and care. For the most part, human-rights discourses are aimed at protecting the rights of individuals—admittedly, not necessarily disconnected from their wider social and political framework—with the primary focus nonetheless on the individual as a singular moral agent. The ethics of care, on the other hand, brings to the fore issues of relationships and the work of care itself, which are not often seen when the focus is on the individual. Human rights are "not ends in themselves, but guarantees of freedom which allow individuals to pursue chosen ends without obstruction" (63). Rights analyses place greater value on individual people being able to make choices for themselves and act upon those choices, and as such neglect the fact that humans are interdependent beings with socially constructed selves.

In response to the care critique of human rights, and in order to develop a set of standards with more targeted practical aims, Engster has crafted a set of human rights grounded in care theory. His work on care theory has been influential and has, indeed, "effectively integrated care ethics with 'real world' social and political problems" (Robinson 2008, 168). Some have used Engster's care-based economic-justice model to underwrite their claims about how the migration of parents takes place in a skewed political and economic playing field (Gheaus 2013, 4, 12–13). However, no theory is without its critics. Some ethics of care feminists have pointed out that Engster puts forward only a "minimal" conception of care (Held 2008; Sander-Staudt 2009). A model of care ethics that gives such a minimal account of care cannot be the substantive alternative to mainstream liberal theories that Engster wants it to be (Gheaus 2010, 622).

In spite of his critics, Engster's care theory has persisted largely intact and remains the basis for his recent analysis of policy issues (Engster 2015). This lack of response

to his critics might be due to the fact that some, like me, are sympathetic to Engster's aims and find some of his solutions to a lack of political considerations for care laudable (such as parental leave and childcare support and the focus on building human capacity as a means of international aid).[1] If the foundations of Engster's care theory are too robustly criticized, we risk undercutting the larger political project that Engster's work has helped to foster and sustain since 2007: making the concerns of care more central to political reasoning.

With Held's, Sander-Staudt's, and Gheaus's criticisms in mind, I develop this article from a critical ethics of care perspective. This perspective emphasizes how our relationships are situated within patterns of power (social, political, and economic), which in turn brings to the fore the various conditions under which differently situated persons carry out their caring obligations. Further, because this perspective uncovers the structural conditions of caring, it can help to uncover the root causes of moral and political problems that can be overlooked by mainstream moral and political theories. With this perspective as the foundation, this article will add to their views in the following ways. First, I provide a more in-depth examination of how Engster's care theory is uncritical. The lack of critical perspective is problematic because if Engster's theory fails to engage with the underlying root causes of moral and political problems, the problems can be repeated even after the problem has been "corrected for" by a set of human rights, even if such rights are based upon care. Second, because Engster's care theory is only minimally feminist (Engster 2007, 13–15), I provide a new examination of how his brand of care theory does little to investigate how women's continued marginalization, oppression, and exploitation are deeply connected to their lack of equal consideration and full, material political participation. The culmination of these two critiques is that Engster's caring human rights are vulnerable to the same criticism that care ethics levels at mainstream human-rights theories. This vulnerability of Engster's caring human rights sits oddly with the fact that care ethics is meant to provide a different perspective on ethical and political contexts than human rights. Care ethics is meant to embrace the complexity found in international theorizing, not retreat into minimalism in order to secure broad acceptability. To effectively use care ethics, we should fully embrace it for its critical capacity and its feminist goals.

Engster's "Caring" Human Rights

Engster's caring human rights are based on a particular definition of care and grounded on a theory of rational obligation that is used to stratify our caring obligations, providing justification for the care-rights claims of distant strangers. The definition of care examined here, taken from Engster's 2007 book, *The Heart of Justice*, is consistent throughout his body of work on care theory, and most recently reiterated in *Justice, Care, and the Welfare State* (Engster 2015, 19), which suggests that care theory provides a more consistent basis for the welfare state and welfare-state policies. Engster has also written extensively about the intersection of care and natural-law

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theory (2004), care as a part of "human nature" in the state of nature (2015), care theory as a justification for national distributive justice (2016), and care theory supporting animal welfare (2006), and health-care policy (2014). Although Engster's care theory has become more nuanced in the last eight years, because my focus here is on whether Engster's caring human rights reproduce the problems of mainstream human-rights discourses in *international* moral and political contexts, I more closely examine the texts in which he explicitly develops his caring human rights in the international context rather than examining his full body of work.

For Engster, caring "may be said to include everything we do directly to help others meet their vital biological needs, develop or maintain their innate capabilities, and alleviate unnecessary pain and suffering in an *attentive, responsive and respectful manner*" (Engster 2007, 31). On the basis of this conception of care, Engster creates a theory of rational obligation about our caring responsibilities to explain: 1) why we must care for other persons; and 2) how care theory enables moral judgment. He claims such a theory is necessary for three reasons. First, without such a defense of caring, it is "not self-evident why people should encourage the development of sympathy and compassion" (37). Second, because his theory of obligation extends even to distant strangers, it can be used to counter the critique that care theory might support parochial limits to caring, that is, further exclusion. Third, a rational theory of obligation can function to strengthen or develop sympathy and compassion, which also works to avoid re-entrenching the reason/emotion dichotomy that Engster claims has been used by both care and non-care philosophers to claim the supremacy of one over the other (37).

Engster's rational theory of obligation rests on the idea that our very dependence combined with the "value we place on our lives thus commits us to caring for others in need" (Engster 2005, 65). Importantly, he does not claim that a rational theory of obligation will compel moral transformation. Rather, the theory of rational obligation can serve as a logical and consistent guide to mark out moral or immoral actions on the basis of care theory, and thus it can provide a logical and consistent guide for moral judgments (Engster 2007, 39). In short, Engster's theory of rational obligation is as follows:

> Since all human beings depend upon the care of others for our survival, development, and basic functioning and at least implicitly claim that capable individuals should care for individuals in need when they can do so, we should consistently recognize as morally valid the claims that others make upon us for care when they need it, and should endeavor to provide care to them when we are capable of doing so without significant danger to ourselves, seriously compromising our long-term functioning, or undermining our ability to care for others. (49)

Resting on the principle of noncontradiction, Engster claims that this theory of rational obligation serves as a moral claim for the right to care, and that those who do not uphold their moral duty to care not only behave hypocritically but also

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"renounce the web of caring upon which their own lives, society, and human life generally depend" (49).

The rational theory of obligation then allows for a stratification of our caring obligations in order to ensure a more targeted, logical, and practical division of our caring responsibilities. The argument, in brief, is that while we have general moral duties to all others, we have special "distributed moral duties" that are more effective when particular persons are assigned particular tasks. This argument grounds the justification that we can and should prioritize the care of particular others, although this does not preclude the fact that we have residual responsibilities to distant others (55). The goal for Engster here is twofold. First, this distribution of caring duties underpins the justification for a set of international caring human rights. Second, it is meant to provide a well-structured framework to guide our action and avoid the ambiguities that Engster designates as problematic for other accounts of care ethics (2). To be brief, our caring obligations are stratified as follows: 1) obligation to care for oneself; 2) obligation to care for intimate relations, those in special relationships (doctors and patients, for example), and strangers in emergency situations; 3) obligation to care for those in the wider social system (compatriots, neighbors, or club members); and 4) obligation to care for distant strangers (Engster 2005, 66–68). Placing distant strangers last is acceptable because we are often unable to fully understand their needs, and have little to no control over the institutions that govern the distribution of their resources. Rather, our residual responsibility to care for distant others is best carried out by enabling them to care for themselves and their intimate relations and compatriots (Engster 2007, 55–58).

With regard to distant strangers, Engster claims that although national governments have the primary responsibility to secure the human rights of their citizens, if any government cannot or will not do so, it falls to the international community to assume their collective residual responsibilities to ensure human-rights standards are met. Engster argues this is possible because the moral principle of caring does not itself differentiate between compatriots and noncompatriots, and thus "we should care for all other human beings in need when we are capable of doing so wherever they may live" (166). Engster concedes that there are limits to such aid, insofar as such a responsibility toward distant others holds only when one's closer responsibilities have been fulfilled (171). Such aid would, he claims, actually be simple because a small percentage of the above-poverty income of persons in most industrialized nations would be able to underwrite the cost of such efforts (172). Further, these rights are less contentious because they apply "to all human beings regardless of their culture, religion, or morality, and can provide substantive guidance for cross-cultural dialogue among diverse peoples about the moral treatment of all human beings" (162). Engster makes the claim that because care is necessary for all human life, and all cultures place some positive value on care in general, his caring human rights will enable less contentious cross-cultural judgments in the first place. His rights, being focused on a minimal conception of care, are shaped to avoid larger claims about the good life, and instead focus on what most human beings can agree on: basic survival and growth. When there is conflict, Engster relies on the caring virtues of attentiveness,

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responsibility, and responsiveness as a way to guide a dialogue, although he acknowledges that sometimes no resolution will be reached. It is being able to have a dialogue from a shared starting point that is most important (181).

Engster uses female circumcision as an example to demonstrate the practical usefulness of his theory. He understands that, for any given culture, there will be some practices that seem strange to other cultures, but are nevertheless important and understood to enable social functioning (178). Engster's caring human rights could counter such an argument, particularly about female circumcision, by claiming that however much it might be understood by individuals in a culture as enabling social functioning, it nevertheless is wrong because it "deprive[s] girls of sensation and feeling, cause[s] them suffering, and threaten[s] their survival and long-term health" (179). In other words, care trumps culture, because care is the necessary precondition for any culture and subsequent cultural practices in the first place (178). The dialogue that we engage in to make this cross-cultural judgment, however, must be guided by the virtues of care: we must be attentive, responsive, and respectful, and pursue a dialogue even though it is difficult. Engster relies on his definition of care as a standard to meet for any given cultural practice, notes that his care theory would ask if any particular practice impedes any part of his definition of care, and states: "If the answer to this question is yes, then the practice should be disallowed for moral reasons" (179). However, as I argue in the following section, Engster's caring human rights are flawed in much the same way as mainstream human-rights discourses.

First Critique: Uncritical Dependence

Part of a critical ethic of care is an understanding that caring practices exist within patterns of power "both material and discursive" (Robinson 2013, 132) and are constituted by ideas about gender, race, age, ability, and location. Because caring practices are often the subject of such patterns of power, an ethic of care must be critical of the very practices that shape how people care for others and how they are cared for, and understand the circumstances under which caring practices often occur (135). This critical aspect goes beyond marking out instances of injustice. It also helps to reveal the causes of such an injustice in the first place (133). My first critique, then, is that Engster bases his rational theory of obligation upon the fact of our dependence without bringing any critical analysis to how our very relations of dependence are structured by different patterns of power. Thus, Engster's caring human rights could overlook how problems occurred in the first place and risk perpetuating such problems even after they have been "corrected for."[2]

To counter my critique, Engster could point out that he does acknowledge, in general, the importance of a critical analysis of international moral issues (Engster 2007, 161, 187, 190) and notes that caring for distant others "entails critically assessing national policies and international law to determine whether they hinder the ability of distant peoples" to care for themselves (190). However, there are reasons to seriously doubt that Engster could offer the same kind of analysis that the critical

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ethics of care can provide, and as such cannot "see" the same problems and information, or suggest substantively different solutions than mainstream human-rights theories could. The broad point is that although Engster does an excellent job of outlining what *ought* to be the case, and even provides suggestions for how to inculcate a more caring attitude among people, these standards are incapable of encompassing the ways relations of power (gendered, racial, sexual, national, economic, and international) shape our very lives, or how difference and exclusion are made manifest.

The tension between Engster's theory of rational obligation and a critical care analysis (the acceptance of our dependence relations as opposed to challenging them, respectively) is not one that can be resolved. If Engster were to claim that his rational theory of obligation *could* challenge our current relations of dependence, he could not do so without undercutting the purchase of his rational theory of obligation to care and his stratification of caring obligations. Once we critically assess our dependence relations, it becomes difficult to ground a theory of rational obligation upon those very relations in the first place. That is, because the shape of our dependence relations are structured by norms about gender, race, and class, it is problematic to use dependence as a grounds for a rational theory of obligation, as though it were a concept without normative content. For example, once we are critical of gender roles and the normative implications inherent in heterosexual marriage, we can question whether a wife is *rationally obligated* to provide certain kinds of care and maintenance for her husband. Certainly, one hopes that the couple cares for each other, emotionally and materially, but it is unclear, if Engster were to incorporate a critical view of dependence, why a wife is obligated to care for her husband (or vice versa) if their dependence itself is structured by norms and relations of power, and further reinforced by public policy that continues to privilege the husband working outside the home and the wife caring for the home and children.

We can see this lack of critical force, and its resultant problems, in two examples. First, returning to Engster's example of female circumcision, he demonstrates how his caring human rights might work in practice. His care theory would disallow female circumcision on moral grounds because, among other things, it threatens the long-term survival and health of girls (Engster 2007, 179). Additionally, Engster acknowledges that female circumcision is viewed as part of a woman's social functioning in some cultures (178), enabling her to be seen as marriageable and safe from specific kinds of harm. Engster writes an imaginary dialogue with a proponent of female circumcision to showcase how his care theory would negotiate this fraught issue. He pictures himself starting off by saying that female circumcision deprives girls of things like basic physical function and survival. The imaginary respondent says that they too, care about those factors, but that the practice actually ensures their safety by protecting women and girls against "abuse, sexual assault, and other dangers" (180). Engster responds to this by noting that women are vulnerable to other forms of abuse and have trouble obtaining enough resources to survive, asks if women might be protected from such dangers by other means, and concludes by noting that this dialogue will be ongoing rather than neatly resolved (180–81).

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The question Engster's care theory does not ask is: "What norms, political and social, underwrite female circumcision as a part of social functioning in the first place?" It is not simply norms about women's social functioning or safety that are at play, but deeper normative assumptions about a woman's place in the world relative to men, and how male violence against women often requires women to make excessive sacrifices for their own good. Engster has missed the point that female circumcision is a culmination of the intersection of many different norms about women's virtue, male dominance over women, patterns of economic reliance, and national and local political power. Engster argues for a rational theory of obligation based upon the fact that all persons have been or will be dependent upon others and as such must logically accept the care claims of others as valid (Engster 2007, 49), but he does not seriously investigate the patterns of power that create some oppressive forms of dependence. Female circumcision is not a practice that is supported by one single drive to protect and preserve women's social functioning in a community, but rather by multiple patterns of power that serve to structure the lives and health of young women around the world.

We can also see this lack of critical engagement in the very question Engster uses to assess different practices. Engster asserts that care theory asks us to consider one vital question, if we are to make judgments on the basis of caring human rights: "Does the practice hinder the ability of individuals to satisfy their basic biological needs, impede their ability to develop and maintain their basic capabilities, expose them to unnecessary and unwarranted suffering and pain, or most generally hinder or blight their lives and functioning?" (179). For Engster, if the answer is yes, care theory judges the practice morally unacceptable. If the answer is no, care theory is "morally neutral toward it" (179). With this question, which lacks critical force, there might be practices that, while not harmful enough to be unacceptable on the moral grounds of Engster's care theory, are not practices that we want to remain morally neutral toward. Engster lists ritual tattooing and scarification, initiation rites, and polygamy as some practices that care theory might have to remain morally neutral toward. The problem here is that the simple "yes/no" dichotomy that Engster sets up is one that could very well serve to sideline practices that, while not obviously harmful, still perpetuate some kinds of harms or problematic relations of power that unnecessarily restrict the ways in which people live their lives, such as that of the transnational carer.

Unlike Engster's above question, a critical care ethic can be used to examine how national and international policies that generate the possibility of importing care workers actually serve to perpetuate and leave intact many different layers of norms and normative structures of power, and also allow for some people to continue in their "privileged irresponsibility" (that is, men who are allowed a "pass" from performing caring labor because of their traditional association with the "more important" work outside the home) (Tronto 1993, 146). Conversely, Engster's question, because it is uncritical, would have to remain morally neutral toward transnational care migration as a practice because it does not pose a serious danger to someone's survival or functioning in spite of the deep moral questions that transnational migration

poses in and of itself. The policies around transnational care migration can be understood as "cost-effective ways of securing family norms and meeting care needs (even though these norms and needs have now changed)" and can illuminate how "these women's [like the transnational care worker's] social relations and citizenship rights were inscribed with gendered and racialized inequalities" (Williams 2011, 29). Because migrant carers most often are nonwhite women, this can allow hegemonic norms about family structure to remain relatively intact. In addition, because the burden of care is shifted to another woman, whose racial or ethnic difference might underwrite assumptions about her as a "good carer," her differences are reinforced by her occupying that role of carer. Further, the relations of power between nations can remain intact as well. As important as it is to investigate norms around race and gender, we cannot ignore the international relations of power shaped by historical patterns of colonialization and historical migration patterns (Erel 2012, 9).

Another example to showcase the problem with Engster's uncritical care theory lies within his suggestion of ways in which wealthy governments could provide direct aid to nations in need while also using that aid as a way to compel compliance with caring human-rights standards. Although Engster is sensitive to the problems inherent in direct aid, such as corrupt leaders co-opting funds and resources, he suggests that wealthy governments offer loans "only to those governments that are likely to use them to benefit their people" (Engster 2007, 185). This would enable donor governments to "hold the recipient governments more accountable" (186). However, instead of following up this suggestion with a discussion of the historical patterns of colonialization and exploitation that gave rise to the disparity between wealthy and poor nations (setting aside the issue of emergency aid), Engster moves on to talk about the partnering relationships necessary to distribute said aid. Although this is also an important consideration, Engster is silent about how we can use care ethics to understand the root causes of wealth inequality internationally. A critical care ethic, however, is well suited to addressing this situation because it expressly examines and works to challenge the relationships and patterns of power between institutions that serve to perpetuate inequality and continue to render some nations dependent upon foreign aid. Solutions to problems, for care ethics, are first examined and understood before action is taken, and care theorists must be sensitive to the historical background conditions that gave rise to the problem if we are to avoid retrenching the problems of colonialism. Engster's corrective solution cannot challenge the dubious legitimacy of wealthy nations using borrowing privileges as a means for securing compliance to a set of standards, because his policy suggestion relies on the current unequal distribution of power to function in the first place.

This uncritical acceptance of dependence as a basis for a rational theory of obligation poses problems for Engster's caring human rights. Once the rational theory of obligation loses its secure foundation, Engster's stratification of caring responsibilities does not necessarily make sense, particularly with regard to the idea that we have *residual responsibilities* for the caring human rights of distant strangers. If we do not have a firm foundation for our obligations to care, it becomes unclear what our residual responsibilities are. Because a critical picture of dependence makes it possible to

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question our rational obligations to care, the stratification of our caring obligations breaks down. There is, then, no clear distinction between our multiple levels of obligation, and though we might be able to acknowledge that the care claims of distant strangers are valid, that does not mean their claims can find direct purchase with us. Although being able to make a rights claim to care is a laudable goal, it is not necessarily one we want to make at the expense of care ethics' ability to analyze the root causes of international moral and political contexts and provide a substantively different perspective from that of mainstream human-rights discourses.

Second Critique: Minimally Feminist

Engster claims that his brand of care theory is minimally feminist, and that this is acceptable because, though it does something less than pursue a full commitment to women's equality and rights, it goes "a long way toward supporting more social equality for women, since women's inequality is closely tied to their traditional role as caregivers and the low valuation that caring practices have been accorded by most theories of justice and most societies" (Engster 2007, 14). I argue, on the contrary, that it is for precisely this reason that the ethics of care should be strongly feminist, and that it should not back away from larger claims about women's equality. Engster does not necessarily tout minimal feminism as a prime feature of his brand of care theory, but I argue that we should at least be skeptical of, and perhaps even oppose, any kind of care theory that does not have strong feminist commitments.[3] Although Engster claims that there is nothing preventing us from using a liberal rights theory to support a more robust notion of women's equality (14), relying on liberal human rights to aim for goals already contained within the feminist ethic of care indicates that Engster has missed a vital point. Engster's minimally feminist care theory is not well suited to investigating women's subjugation on a global scale, and instead can serve to obscure the ethical issues about the work of care itself and export a gender bias, much like that in mainstream human-rights discourses.

Care ethics is feminist in that it "concentrates on the ways in which decisions about care are constituted particularly by relations of gender, but also of global and local relations of ethnicity, race and class" (Robinson 2008, 171). That means a feminist ethic of care expressly examines the ways in which our caring relations are shaped by local and global norms about gender, race, class, and ethnicity. Engster's minimal commitment to gender equality reduces to a set of standards that women *should not* be expected to shoulder the majority of the care work, or that women *should not* experience unique harms due to their gender. That mere standard does not require engagement with the *why* and *how* of women's subjugation, and the especially precarious position of transnational care workers. It is necessary to engage with the root causes of women's subjugation and vulnerability worldwide, if we are to challenge and transform the very processes that perpetuate that vulnerability.

Engster acknowledges that care has been historically devalued, and writes that unless government action is taken to address the gendered division of labor, "gender

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stereotypes are likely to remain largely intact" (Engster 2007, 223). His primary suggestion is to target parenting arrangements, arguing that if fathers were more involved in parenting, gendered assumptions about care would be eroded over time (224). To achieve this aim, Engster focuses later on children's justice, and writes that the policies "that support children's justice are for the most part the same policies that support gender equality" (Engster 2015, 36). Although his policy suggestions of child cash benefits, protected parental leave for both genders, publicly subsidized childcare, parenting classes, and educational reform (76) are all steps in the right direction, because Engster does not address the underlying power structures affecting families, particularly the gendered structures of power, his theory of caring human rights cannot investigate "the patriarchal conditions under which values and practices associated with caring have developed in societies" (Robinson 2008, 171–72). If care is to be a public, political issue, and if we are to really challenge the entrenched public/private divide that underwrites the feminization and devaluation of care, then those who care, those who historically have been most associated with caring practices, *must* have a full and equal part in the political process in a substantive and not merely formal sense. The assumption that focusing on justice for children, or policies designed to encourage men to engage more in caring labor, would be able to fully investigate and challenge the historical legacy and continued fact of women's exclusion, marginalization, and oppression is a rather large leap.

I acknowledge that Engster's suggestions are targeted at places like the United States, where women have achieved a substantive measure of formal and even material political equality (Engster 2015, 6), but, taken together with his international caring human-rights theory, this raises the question: if his policy suggestions are viable only in places like the United States, where women have already achieved at least the vote, how will the caring human rights of women in nations where they are still marginalized, oppressed, and barred from political action be fulfilled? As it stands, even in the United States most political power is still held by men, and women are often still legislated *upon* instead of *with*, as evidenced by laws that seek to bar women from access to reproductive health services. Engster's caring human rights and the policies they inspire, therefore, cannot be used as a way to ensure that women's concerns about themselves, not just their children, are given equal political weight or treated with the level of respect and consideration they deserve.

Engster's minimal feminism is also problematic because, much like mainstream human-rights discourses, it overlooks ethical concerns around care work itself, especially the case of the transnational care worker. The critical feminist lens of care ethics, however, can examine how "cultures of hegemonic masculinity are integral to both the discursive and material constitution of globalization" (Robinson 2011, 137). The current global power structure is predicated on particular values traditionally coded as masculine, such as self-sufficiency and a kind of privileged irresponsibility with regard to care. This means that we cannot allow an investigation of gender and care work to stop at the home or even the national level to address particular problematic constructions of maleness that are embedded within social structures and institutions, but must bring such analysis to the international sphere as well. Engster

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investigates gender roles insofar as they are sustained through parenting arrangements based on the work of Nancy Chodorow (Engster 2007, 223–25), and a lack of incentive for men to be carers (224–26). However, a more strongly feminist version of care ethics can see these masculinities as part of the current harmful patterns of globalization, and to combat them we need to address these constructions of maleness through the institutions of global economic and security governance (Robinson 2011, 138–39). The emphasis on these "male" values in global political and economic discourses contributes to the harmful processes of globalization that enable care to continue to be devalued and commoditized for consumption rather than to be a human practice necessary for the continuance of life. It is not just normative ideas about politics or gender at play here, but rather an intersection of these norms that links masculine discourses to a political power structure that continues to devalue women and the work of care, and that is part of what renders women insecure across the world.

The Need for Feminist, Critical Care Ethics

Were Engster to reply to the above critique by claiming that his theory could incorporate stronger feminist claims, I doubt it could do so without undercutting his prudential aims. His assertion is that the minimal feminism of his theory will ensure that care is taken seriously in the political sphere, because not requiring full, equal political participation of history's traditional carers (that is, women) increases the theory's cross-cultural acceptability (Engster 2007, 164). His practical goal is laudable, but it can produce deeply problematic outcomes, such as women's continued exile from political decisions, especially about themselves. Were Engster to argue for a more feminist kind of care theory, it would mean he would have to push for a more substantive understanding of the way global and local gendered relations of power play out in people's lives, which would invariably alter his care theory and his caring human rights. We must be critical of care relations from a feminist point of view if we are to substantively transform our global moral and political landscape, to correct current injustices and prevent their recurrence. By eschewing the feminist lens, Engster is unable to do more than hold to a set of standards, which is simply not enough to combat the harms experienced in the world today. My critique has demonstrated the importance of retaining the feminist lens of care ethics and the necessity of investigating the root causes of transnational moral and political problems if we are to better understand the structural barriers that women face and ultimately dismantle the system that continues to oppress, marginalize, and exploit women and their caring labor, both physical and emotional.

The unique and powerful perspective of critical feminist care ethics cannot be easily set aside, since "a critical feminist ethics does not understand ethics as a set of principles waiting to be 'applied' to a particular issue in world politics; rather, it views the task of normative or moral theory as one of *critical moral ethnography*" (Robinson 2011, 135). In other words, it explores how morality is embedded and reproduced in society. It is not enough to produce a set of standards. It is imperative to use the

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critical feminist ethic of care as a guide to investigate and understand how social, economic, and political arrangements structure our lives, and the ethical implications of that structuring. Rather than be tempted by Engster's "minimal" care theory and its path of lesser resistance, we must continue to investigate and, if necessary, stridently challenge the pervasive forms of power that shape our lives, our relations with others, and the conditions under which caring practices occur. Only when we challenge our most deeply held normative assumptions can we address—and avoid a recurrence of—the complex moral and political problems we face today.

Notes

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1. For Engster's suggestions about how to foster a care movement, and its features, see Engster 2007, the chapter titled "Care Theory and Culture."

2. An ancillary problem is that Engster also incorporates a hierarchy into care theory, which is antithetical to care ethics, as care ethics typically challenges and eschews hierarchical thought and imagery. If care ethics is meant to challenge forms of political, economic, and social hierarchy, this raises the question of why it is acceptable to rely on a hierarchy of caring obligations in order to stratify our caring responsibilities.

3. In fact, Virginia Held argues that accepting the idea of a nonfeminist care ethic would be disingenuous with regard to the history of care ethics and its growth into a substantial moral and political theory. See Held 2006 for the full argument.

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