

# Care, Work and the Creation of Value in the Pandemic

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Within a few days, a virus revealed what feminist sociologists and economists have argued for over a hundred years. Care is the very foundation of society and is the basis on which all other activities rest, including what is understood as "the economy". From one day to the next it became apparent to everyone that the real values are not the monetary values, but rather life-saving and life-sustaining activities such as care, treatment and cleaning, and necessary utensils and useful things such as test equipment, personal protective equipment, medicine, cleaning products, toilet paper and food.

## *Care rationality*

The Norwegian sociologist Kari Wærness has made an important contribution to theorizing care as work through the concept rationality of caring (Wærness, 1984). The fact that care is a concrete activity that should be defined as work is an important argument for Wærness, who defines care work as "care for those members of society who, by generally accepted norms, are not self-sufficient, and where one cannot therefore rely on equal give and take when it comes to help and support in the many situations of daily life". Caring requires both thinking and emotions. Arlie R. Hochschild (1983) coined the concept emotional work to capture how care entails more than carrying out specific tasks. It also requires empathy and thoughtfulness and a specific attitude.

### *Everything needs care*

Joan Tronto and her longtime collaborator Berenice Fischer define care as «a species activity that includes everything we do to maintain, contain, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment». Seeing care as a practice, Tronto identifies four elements as care, which should also be seen as stages, attitudes and goals: «(1) attentiveness, a proclivity to become aware of need; (2) responsibility, a willingness to respond and take care of need; (3) competence, the skill of providing good and successful care; and (4) responsiveness, consideration of the position of others as they see it and recognition of the potential for abuse in care» (1994, 126-136).

While Wærness’ sees care as directed towards others, Tronto’s definition also includes self-care and care for one’s life-world in her definition of care. In her most recent book, *Caring democracy* (2013) Tronto develops this argument further, arguing that democracy is both dependent on care and that caring for democracy would need care to be placed at the core of society.

In dealing with the pandemic, it has become clear that a concept of care that encompasses more than direct care for individuals can be meaningful. It quickly became apparent that other often underestimated and underpaid professions, such as cleaning and transport, are also important critical social functions, while employees in these professions also represent the front line in dealing with the virus as well as in terms of personal risk of being infected.

### *Care is the basis for all other activities*

The fact that care is an important and largely invisible factor in the economy and a prerequisite for all other activities is one of the main themes in feminist economics. Nancy Folbre writes in the book *The Invisible Heart* (2001) that it is the invisible and often unpaid care, and not the "invisible hand of the market" that economic theory presupposes, which keeps both society and the economy running. The unpaid, life-sustaining work in the household is ignored and has been deliberately omitted in the common international standard for calculating the gross domestic product, as Marilyn Waring showed in her groundbreaking book *If women counted* (1988).

### *Care crisis*

Nancy Fraser (2016) builds on this thinking, and she has argued that in contemporary capitalism care is being exploited so hard that the care crisis also threatens the foundations of capitalism. Since the formal economy is dependent on and based on (the exploitation of) the reproduction of the labour force and also of society that takes place in the family and in the formal care sector, the care crisis also threatens the system as a whole. Although Fraser writes from the perspective

of the United States, which lacks a public care sector as we know it in Europe, the organization and the content of care have also been the subject of concern and criticism in Europe, including the Nordic countries.

Hanne Marlene Dahl (2017) has long warned that elderly care in Denmark is failing and that the idea of the good Scandinavian welfare states and state feminism has blurred the vision and hampered insights into how care has been scaled down and diluted. In Norway, Hallvard Vike and others (2016) have also shown how governance and control have come to dominate public care while there is an increasing gap to the care on the ground level and increasing distance and asymmetry between both the care workers and the management and between those who provide the care and those who receive it

### *Essential and underpaid*

While hairdressers, gyms, tattoo artists and nail sculptors were able to shut down without any major consequences, care is still needed. In the families, closing schools and kindergartens meant that both care and schooling for one's own children had to be taken care of in the family, often in combination with working from home. As children showed up at video-transmitted job meetings, the extent and importance of the care that is normally carried out in our communities in institutions also became visible.

But not everyone can move the job to the home. Health professionals and caregivers are not just the front line in combatting the epidemic. Their work is also still necessary for other reasons. The fact that those who receive the care are directly dependent on the care is also one of the explanations that paid care work is poorly paid. The care workers can to a lesser extent threaten to withhold the care because it will negatively impact the recipients.

Martha Albertson Fineman (2004) uses the concept of derived dependence to describe caregivers' situation. This is of course true especially in the family, but also in the paid care work there is a strong moral and ethical obligation to put the recipient's needs ahead of one's own needs.

But there are also other reasons why the caregiver's position of negotiating is poor. Both paid and unpaid care work is performed to a greater extent by women. And the paid care work is increasingly being done by women with minority backgrounds or migrants. Globalized care is part of global class relations and exploitative exchanges, which Arlie Hochschild has called global care chains that solve the care needs in the rich part of the world but create a care deficit in the sending countries.

The receiving countries, including the Nordic welfare states receive a substantial surplus of care from other countries' export of care (Isaksen, 2010). On the other hand, care migrants also contribute to increased living standards for the family and social mobility for their own children. In the Covid19 crisis many of the care migrants and thus their families have ended up in a very difficult situation, as we have seen in [Italy](#).

### *Breakdown or intensification*

Worldwide, [nursing homes](#) for the elderly have proven to be the most important sites for Covid19 infection. Lack of protective equipment and understaffing in a pre-pressed sector make both residents and carers especially vulnerable. This puts care under pressure.

During the first few weeks of Covid measures, we have seen examples of care breaking down completely. From [Spain](#) and [Canada](#), we have seen that elderly people in need of care during the first weeks of the Covid crisis were abandoned by the nurses in the nursing homes and died from illness, hunger and lack of basic care.

That this could happen is only understandable in light of the fact that the care work has already been scaled down, deprofessionalized and pushed beyond its boundaries. The Covid19 crisis thus makes visible the crisis of care that care researchers have long documented. If the cost of providing care becomes too high, care may break down completely.

Conversely, at a nursing home in the [United Kingdom](#), caregivers moved in with residents to avoid the risk of bringing in the infection, and also to protect their own families. This is also a choice that clearly comes with great costs for caregivers.

### *Caring democracy*

After decades where economic thinking has dominated the thinking and organization of virtually all activity in society, in response to the Covid19 crisis many countries in a moment reversed their priorities to make life, health - and care - their central concern – to the detriment of the economy. This will hardly last, and the life-saving pandemic response was soon replaced by discussions about the cost and whether it was worthwhile. This is nevertheless a historic moment as it is possible to ask the question of what kind of society we should have, and how we can organize the community, institutions, including the economic activities of the community so that it serves a common goal of creating a good life for all. As part of this, we have to recognize that good care is very expensive. At the same time, we, as individuals and communities, are completely dependent on care. There is thus no more economical alternative.

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