

**The Uncaring Feedback Loop of the Care-Industrial Complex,
and Why Things Go On Like This**

Patricia de Vries

Krisis 42 (1):125-129.

Review of

Emma Dowling. 2021. *The Care Crisis: What Caused It and How Can We End It*. London/New York: Verso Books.

DOI

<https://doi.org/10.21827/krisis.42.1.38789>

Keywords

Care Work, Care Crisis, Austerity, Financialisation, Marxist Feminism, Reproductive Labour, Care Fixes, Privatisation, Neoliberalism, Inequality, Social Reproduction

Licence

This work is licensed under a Creative Commons Attribution 4.0 License International License (CC BY 4.0). © 2022 The author(s).

The Uncaring Feedback Loop of the Care-Industrial Complex, and Why Things Go On Like This

Patricia de Vries

In *The Care Crisis: What Caused It and How Can We End It* (2021), Emma Dowling – Assistant Professor of Sociology and Social Change at the University of Vienna – has written a compassionate and lucid sociological account of the impact of decades of government entrenchment, austerity, financialisation, and marketisation on social and health care infrastructures.

The Care Crisis focuses on the ongoing care crisis in Britain. Dowling argues that the systematic underfunding of health and social care is long-standing and entrenched. The retrenchment of the state's material responsibility for social welfare resulted from a state-driven social, political, and economic restructuring process that has generated market relations in the care sector through social engineering. Dowling traces this “neoliberal reconfiguration of care” to the 1970s, when the British government opened the door to the outsourcing of public services to corporations (Dowling 2021, 12). This allowed the private sector to profit from social and health care services resulting in the financialisation and commodification of social and health care (10). Moreover, Dowling invokes Margaret Thatcher's infamous assertion, that “there is no such thing as society,” (9) to argue that the “neoliberal reconfiguration” also framed “care as a private or personal responsibility” — rather than a social and collectively funded responsibility (9).

The current care crisis is described by Dowling as a growing “gap” between care needs and the recourses made available to meet them (6). More and more people are unable to get the help they need, and those who provide care to others are “unable to do so satisfactorily and under dignified conditions” (6). She delineates how under-resourced, understaffed, and undervalued care infrastructures have brought about a shortage of care facilities, long waiting lists, fragmented community services, and major care deficits.

The Care Crisis delineates the underlying rationale and impact of this growing care gap. Each chapter starts with a short vignette, based on her fieldwork, that gives a glimpse into the oppressive conditions of care work provisions and the rationing of care needs. Addressing paid care work, unpaid care work, and state-provision issues that all play an interrelated part in the care gap, Dowling describes the consequences of a care-industrial complex that operates on a reductive definition of care and imposes a market-centred industry model to increase productivity and cost and time-efficiency — in short: profitability — on fundamentally social, affective, relational, and time-consuming labour. Profit is the end goal, whereas care is costly and often does not yield profit.

Adopting a Marxist feminist approach, and using demographics, statistics, and interviews with people on both the frontlines and, to a lesser extent, the receiving end of care in Britain, *The Care Crisis* argues that the underfunding of care is a by-product of the undervaluing of social reproduction. Reproductive labour is all the usually unpaid labour associated with women and the domestic sphere which makes productive labour possible — think of giving birth and raising children, but also keeping a household running or providing informal care to friends, neighbours, and relatives. For Dowling, care work is an essential aspect of the labour of reproducing society (37). Care is an

inherently “relational and affective” (45) form of work, comprising “all the supporting activities that take place to make, remake, maintain, contain and repair the world we live in and the physical, emotional, and intellectual capacities required to do so” (21). This means that care is “central to the reproduction of society and thus one of its bedrocks, part of a fundamental infrastructure that holds society together. Without care, life could not be sustained” (21). Even though the spheres of production and reproduction “are co-constitutive,” they are not considered equal (36). Reproductive work is still widely considered non-work or unskilled work “warranting that it either not be paid at all or paid very little” (36).

Referring to Marxist feminists like Silvia Federici, Dowling further explains that care is fundamental to the historical organisation and development of the capitalist system. Marxist feminists showed that creating surplus value in capitalist economies happens on the backs of unpaid reproductive labour, which is predominantly carried out by women in society.

As the 1970s feminist movement *Wages for Housework* argued, the home and the community are sites of unpaid reproductive labour; hence, the home and the community are sites of wealth production and labour exploitation (33), and a key source of capital accumulation (200). There is nothing natural about these conditions. Rather they “are politically and economically — and hence historically — conditioned, with all of the gendered, radicalised and classed implications of power relations” (38). Which is to say, what constitutes acceptable care standards is a “profoundly, social, cultural and political matter” (26).

The framework and analysis Dowling presents help to explain and critique the conditions in which care work continues to be “one of the most undervalued and invisibilised activities of all, while those who perform them are some of the most neglected and unsupported people in our societies” (26). This should not surprise anyone living in a capitalist, racialised, and patriarchal culture, given that women do most care work and many of those women are migrants — this goes hand in hand with the devaluation of care work. But it also helps us to understand that the care crisis she observes is a crisis “for those in most need of care” (53).

As we all know, “in an unequal world, no crisis affects everyone equally. To speak of a crisis is thus to ask the question, a crisis for whom?” (6). Dowling refers to demographics and statistics to point to the larger systemic issues of the devaluation of care work expressed in the uneven effect it has had on “lone women pensioners,” single mothers, “Black and Minority Ethnic women,” refugees, children with disabilities, adults with disabilities or complex mental health issues, jobseekers, the homeless, and those dependent on benefit payments (52).

To speak of a crisis is also to ask: who is picking up the tab for the neoliberal restructuring of the care sector? Unsurprisingly, the disproportionate burden of care work is placed upon women and migrant workers, both paid and unpaid. “Everywhere in the world, without exception, women do significantly more unpaid care work than men” (24). “Women carry out 60 per cent more unpaid domestic and care work than men” (77). Women make up the majority of paid care workers, too: care work “makes up 19.3 per cent of global female employment, and 6.6 per cent of global male employment” (25).

Part of the neoliberal doctrine of care is what Dowling calls “care fixes,” which “resolve nothing definitively but merely displace the crisis elsewhere” (15). In different chapters, she discusses these “fixes,” such as assistive technologies, gig work, outsourcing and offloading of care, the mobilisation of and dependency on unpaid volunteer networks of community care, informal networks, and free labour of love from friends and family, Social Impact Bonds (SIB), self-quantification, and the industry around self-care.

To pick just one from this list, more and more often, white and middle-class people offload care work onto others – think of nannies, babysitters, domestic workers, and house cleaners. They are “often female, lower-class and quite probably with a migration background” (74). Their conditions leave much to be desired: often below minimum wage, informal, without social security, unemployment and sickness benefits, or pension savings. In this process of offloading care work, “chain reactions” emerge in which women (and some men) from low-wage countries take on the care work of middle-class families at the expense of *their* care work, further entrenching social inequalities (74). The resulting chain reactions change nothing in the unequal distribution of reproductive labour, but merely replace one group of women and some men from the Global North with another group of women and some men from the Global South.

The outsourcing and offloading of care are part of the so-called “management” of the crisis in adult social care (105), which relies on the work of migrant women, often employed by outsourcing companies that compensate below minimum wage. In the chapter ‘A Perfect Storm,’ Dowling describes the perverse conditions of adult social care provision, a “toxic mix” of “unequal distribution of societal responsibility; the lack of value attributed to the work of caring; austerity and underfunding; and the failures of privatisation and the consequences of marketisation and financialisation” (105). This is epitomised by care providers’ treatment of women and migrant care workers, the elderly and vulnerable, and by the consequences of the uncritical use of monitoring and assistance technology for the sake of profitability. The very populations that “bear the destructive consequences of financialised capitalism” are being “recast as a cost to society and a risk, to be managed using calculative instruments aimed at financial returns” (165).

Why does care continue to be undervalued in this way? Dowling argues that legitimacy and justification are partly achieved “through a denial of the structural reasons people need welfare in the first place” (70), and partly a result of what she calls a “displacement effect” (162). Dowling borrows this concept from Stuart Hall, who coined it in the 1970s in the context of the criminalisation of young black men. The displacement effect recasts symptoms of the structural crisis as causes, leaving the systemic problems of the crisis unaddressed (162).

According to Dowling, the causes of the care crisis are “growing poverty and inequality” (92), underfunding and the “privatising of gains and socialising of risks” (163). Yet social care recipients suffer from the social stigma that blames and shames them for their care needs, while political, economic, and social inequalities disappear from view. Depleted public funding, privatisation, and the logic of business models ensnare social and health care infrastructures at their roots (139). Care becomes commodified, and access to it is more and more dependent on what people can afford, leaving the most vulnerable to their own (limited) devices, and deepening care deficits and inequalities.

This creates an *uncaring feedback loop*.

How can we break out of this self-reinforcing loop? Chief among the possible remedies for the care crisis Dowling explores in the final chapters of her book is the need for “transforming the social, economic and political structures that create social disadvantage” (156). This necessary “transformation of the structural conditions for care” will only happen if care has “a different status” and is organised “as a social and material practice — at the level of institutions and the everyday” (193). This requires “allocating more time, money and social capacities” and “elevating its undervalued political and ethical status” (195). More concretely, she proposes to “definancialise care,” to democratise it, and liberate it from free trade agreements (196). Care work, she argues, should be “better paid, with better working conditions, better training, more resources and improved technological support that enables better caring” (197). It also needs to “be met with public investment in infrastructures such as childcare, education, healthcare, eldercare, and community service” (199) and by the redistribution of care delivery through creating collectively owned forms of care provision. The care crisis, Dowling contends, demands a “struggle for a better future” (8). This struggle requires reclaiming “the means to care from the prerogatives of profitability” (206).

Dowling’s call is urgent in an ongoing global pandemic and a mammoth task for capitalist systems that care about profit above anything else. I don’t think many people on the left would disagree with Dowling’s astute analysis. But can her suggestions for repair and reform succeed in getting a foot in the door?

Under capitalism, valuation is expressed in money and profit, but does this mean that money is part of the solution for reversing the underlying political decisions, measures, and infrastructures that have led to this worrying care crisis? Dowling’s proposals raise the question: *can one reform* an infrastructure that was parasitic from the get-go and never worked to begin with? Phrased differently: what are the implications if indeed care and capitalism are fundamentally at odds with each other? How can we extricate care from the credo that time is money?

More pragmatically: How could we incentivise – or reverse engineer – states, corporate investors, and care providers to take the material and social responsibility to help reduce poverty and social and health inequality, without exploiting (migrant) women? The World Health Organisation estimates a projected shortfall of 18 million health workers by 2030, mostly in low- and lower-middle-income countries, but every country will be affected. In The Netherlands, new projections predict a shortage of 135,000 care workers by 2030, particularly in hospitals and nursing homes. It is easy to predict who will be affected the most. What changes are needed to make women and migrant workers less vulnerable to parasites — what factors affect the host-parasite relationship? How do we elevate its status and the conditions of care work? To throw the cat among the pigeons: what about a men’s quota regulation in paid care work: enforced, inalienable quotas to mitigate gender, class, and ethnic disparities and accelerate the achievement of balanced participation in paid care work? We need to start somewhere.

Biography

Patricia de Vries works as research professor at the Gerrit Rietveld Academy. She has published in *Big Data & Society*, *Rhizomes*, *nY*, *De Reactor*, *Press & Fold*, *Amsterdam Book Review*, and has written on art and philosophy for the art gallery MU in Eindhoven, Centraal Museum in Utrecht, Maxxi Museum in Rome, and the digital art center Chronus in Shanghai.