Caring in Times of a Global Pandemic: Introduction

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Abstract: *»Sorgen in Zeiten einer globalen Pandemie. Einleitung«. Caring in Times of a Global Pandemic* investigates the impact of the COVID-19 pandemic and the measures to contain it in a cross-national perspective with regard to the areas of care, social reproduction, and affective security policies. The COVID-19 pandemic exacerbated an existing crisis across different unpaid and paid domains of care and social reproduction. It revealed just who exactly keeps life going by doing the jobs that no society can do without. The management of the pandemic relied on significant swathes of unpaid or underpaid care work without sufficient consideration of the conditions under which this work is carried out and without providing sufficient resources and support. Self-organised practices of care and mutual aid in the pandemic potentially pointed to the possibilities of more progressive or even radical care infrastructures, while public welfare, health, and social care systems were vital in responding adequately and inclusively to the pandemic. In the wake of the pandemic, a key question is how capitalist economies will adjust, and how the pandemic may act as a catalyst for change. This article introduces the topic and presents the individual contributions to the HSR Forum.

Keywords: Affect, care, crisis, COVID-19, governance, security, social inequality, social reproduction.

1. Introduction[1]

In the wake of the COVID-19 pandemic, concerns over the state and status of care are omnipresent (Chatzidakis et al. 2020). It has become increasingly evident that the COVID-19 pandemic has exacerbated the existing crisis of care that is characterised by deep social inequalities. A previous issue of HSR took the COVID-19 pandemic as its point of departure to explore the value conventions that inform the health sector, along with the institutional tensions and

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public disputes with regard to healthcare (Batifoulier and Diaz-Bone 2021[2]). However, the healthcare sector is only one facet of a broader care regime, which includes both affective security policies and the politics and economics of social reproduction and care. *Caring in Times of a Global Pandemic* is concerned with the ways in which the connections of care, security, and affect materialise in specific, context-dependent intersectional power relations. This can be in terms of social and economic policy and the effects of government measures in relation to care and social reproduction; with regard to the shaping and reshaping of responsibilities for care and their respective inclusions and exclusions; with respect to concerns over who carries out caring activities, under what conditions, and on whose terms; or with a view to the question of who is cared for and who is not. Despite the current concern with care, it is not immediately obvious what the term "care" means, and indeed, how it may be rendered useful as an analytical concept in scholarly work (Graham 1991; Thomas 1993). Therefore, we begin with a conceptual discussion of relevant analytical concepts and frameworks for the study of care regimes.

2. Pandemic Regimes of Care

A dominant definition of care that is often cited across the social sciences is one proposed by Berenice Fisher and Joan Tronto (1990, 40), who define caring as "everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible." Following from this, we can conceive of care as part of the fundamental infrastructure of society. Care in the sense of caring activity refers to the work of care: caring as the act of tending to the emotional and physical needs of others (and in the case of self-care, of oneself). Care has a qualitative dimension as an ethical social relationship based on feelings of affection and an orientation towards the satisfaction of need, both requiring and producing sympathetic attachments (Finch and Groves 1983, 15). Caring (and care work) takes place across the paid and unpaid spheres of society and care can be undertaken in marketised forms or carried out as part of a publicly funded social infrastructure (Dowling 2021; Winker 2015). Caring is also often bound up with societal expectations of social roles as well as "ideologies of caring" (Dowling 2021, 38) that draw on moral-affective registers to harness, direct, and make use of caring activities and assumed caring roles.

One of the difficulties of the current conversation on care is how the term is broadened out to encompass a huge swathe of relations and activities, even being posited as a guiding principle for human action (Daly 2021). In terms of

[2] See https://www.gesis.org/en/hsr/current-issues/2021/461-conventions-health-and-society.

welfare and social policy, care has a much more circumscribed meaning. Consequently, Susan Himmelweit has defined care as "the provision of personal services to meet those basic physical and mental needs that allow a person to function at a socially acceptable level of capability, comfort and safety" (Himmelweit 2007, 581). From a disability rights perspective, an orientation towards "independent living" is about ensuring that disabled people have access to the support that they need to live their lives "on as equal terms as possible with non-disabled people" (Beresford 2021, 95). This becomes especially pertinent where, due to disability, illness, or age (whether as young children or in old age), individuals are dependent on others for everyday tasks such as getting up in the morning or going to bed, washing, dressing, eating, exercising, and so forth. And while the focus in the first instance may well be on physical assistance, the affective and emotional dimensions of care are important too. So much of what constitutes caring activity needs to be carried out "with care," meaning with attention and concern. Moreover, care receivers may also require emotional and not just physical support. In such contexts, care is often posited as a service provided from a care giver to a care receiver. This, however, should not detract from the acknowledgement that those who receive care may often actively participate in and shape their care and that those who give care also require care themselves. Caring is often precisely not a one-way relationship but can be enshrined in synchronous and asynchronous relations of reciprocity. In sum, there are three key dimensions of care. First, the relations of care and social reproduction in kinship, friendship, and community networks, which all of us are embedded within in our everyday lives. These are relations of care that we rely on – sometimes more, sometimes less – to maintain our lives and livelihoods. Second, there are those care needs that are specific to a particular physical or mental condition or stage in the life cycle. These need to be met for someone to live well and can involve more formal caring relations. Third, there is the notion of care as an affective disposition or even moral imperative.

How is it possible to understand the ways that caring is inscribed in the political and economic structures of societies? This is where the term social reproduction becomes analytically important. The concept of social reproduction is used to describe the institutionalised separation between productive and reproductive activities and their arrangements within capitalist economies. The concept of reproductive labour has a functional orientation in definitional terms that pertains to the unpaid and underpaid activities that reproduce labour power and sustain life in the capitalist economy (Dalla Costa 1972; Federici 1975, 2012; Bakker 2007; Steans and Tepe 2010; Rai, Hoskyns, and Thomas 2013). Ensuring the reproduction of labour power constitutes a cost for capital. At the same time, it is a source of capital's surplus, because it is part of the work that is done in society to produce wealth. Hence, the more capital can either commodify or marketise (and thus charge for) social

reproduction, or the more social reproduction is made invisible by uncoding it as work, the more its cost can be externalised. Thus, a core analytical and political question is precisely who is bearing the cost for the reproduction of labour power and life in the capitalist economy (Dowling 2016, 455).

The conceptual relationship between care and social reproduction is often confusing, especially when the terms are used interchangeably. Therefore, it can be helpful to acknowledge the partial overlap, while also holding out the distinctive analytical contributions. The analytical lens of "care" offers qualitative understandings of the affective dispositions and ethical commitments that shape and organise relations of support and assistance across the life course. The analytical lens of social reproduction makes visible all the labour necessary for the reproduction of labour power and the production of economic value. A key structural dynamic of the capitalist economy is the imperative to keep the costs of reproducing labour power low by exploiting unpaid and underpaid labour. Without mitigation, this structural dynamic results in a moral paradox: Some of the most important activities for the maintenance of life are those that are the least valued. This structural dynamic also leads to systemic instability, if the efforts to ensure profitability foment the depletion of the resources required for care and social reproduction (Rai, Hoskyns, and Thomas 2013; Fraser 2016).

Particular historical periods are characterised by specific regimes of care and social reproduction that govern its provision across state, market, and society (Brown et al. 2012, 80; Fraser 2016, 104). "Regimes" are conceptualised here as historically specific and spatially bound configurations of norms, institutional forms, and decision-making procedures that govern economy and society (Steans and Pettiford 2005, 252). These are neither entirely "top-down" nor "bottom-up" but are constituted through the interplay of forms of governance on the one hand and resistance to these on the other. In other words, they are often the outcome of conflict and negotiation (Frampton, Kinsman, and Thompson 2006, 37). Therefore, it is necessary to attend to the sphere of policymaking, the activities of civil society organisations and political and social movements, and the interaction between these two spheres. Paradigmatic for the feminist analysis of social reproduction was the relatively stable post-war period of Fordism-Keynesianism with its male breadwinner model stabilised at the expense of the unpaid domestic and care work of women in the home, as well as colonial exploitation. Since the 1970s, a crisis of care has been growing. There has been a rise in female labour market participation without a fundamental transformation of the sexual division of labour, while at the same time globalisation and financialisation have undermined the reproductive deal of Fordism-Keynesianism regarding capital's reliance on any particular national labour force and hence investment in its reproduction. Concomitant with the shift from a male-breadwinner to an adult-worker/dual earner model, there has, however, also been significant wage stagnation,

meaning that households require the income of two workers to make ends meet. This of course means that more waged work must be done outside of the home, which at the same time takes away time from being able to care (or undertake other tasks such as housework). Added to this is austerity and welfare state retrenchment, especially in areas not conducive to augmenting the productivity of the workforce, and the rise of privatisation and the marketisation of care as an investment opportunity for capital. The consequence is a situation in which those who can afford to pay for commercial services do so, and those who cannot simply have to fit the work in themselves or go without. The expansion of a marketised service economy under neoliberal conditions meant that households have been pushed increasingly in the direction of commodified care services, while those who could not afford to experienced an increase in the amount of unpaid labour of social reproduction they needed to perform (Bakker 2003; Fraser 2016).

These developments have relied on low-paid (female) migrant labour in households and in the care sector to plug the gaps arising from greater female labour market participation, especially among the middle-classes, precipitating "care chains" (Hochschild 2000) within an "international division of reproductive labour" (Parreñas 2000, 2001) and contributing to care deficits in the countries where migrant workers hail from that are in turn passed on to other women (see also Lutz, 2011; Wichterich 2019). Hence, care is provided across both public and private domains within the structural discriminations of gender, class, racialisation, and migration. Any analysis requires an intersectional lens to allow for an understanding of how the social structural dimensions of care interact and overlap to produce specific inequalities. All of this is underscored by a politics of personal responsibility for care as reflected in neoliberal social security practices, such as, for example, private pensions. Moreover, the crisis is exacerbated by the need for more care due to demographic changes, in particular ageing. There has been a degree of homogenisation across different national political economies in the context of neoliberal globalisation. Nonetheless, country differences remain dependent on divergent welfare, regimes, and varieties of capitalism in Global North countries as well as the effects of structural adjustment policies in the Global South countries, or indeed in post-socialist countries in Eastern Europe. However, even if the extent to which these developments have taken place differs in different societies, all in all the tendencies are similar: societal resources for care are exhausted, while care needs are growing.

Aside from opening perspectives on the work of care and social reproduction, the lens of care also opens a perspective on the governance of social relations. The concept of care in this broader sense refers to a mode of relationality founded on the (feminist) recognition of interdependence (England and Folbre 2005; Care Collective 2020). In this context, affects and emotions have become an important part of governance under neoliberalism (Penz and

Sauer 2020). Affective atmospheres (Anderson 2009) and affective dispositions serve to bring people closer together or keep them apart (Ahmed 2014). The circulation and deployment of feelings therefore becomes an interesting focal point in the context of pandemic-related social distancing policies. Here we also see how security or solidarity become the central concern of public discourses and policies aimed at governing the conduct of individuals, encouraging or prohibiting encounters, as with the isolation of vulnerable groups. At the same time, the measures enacted also reproduce inequalities and foment feelings of insecurity and fear directed against others. The widespread use of feelings of fear and (in)security to legitimise (selective) security policies, then, confirms the increasing inclusion of affects in the political field but also points to the gendered and intersectional implications of affective regimes (Bargetz and Sauer 2015). Caring (or not caring) as modes of interrelation or even solidarity are constitutive regulatory elements of capitalist formations and historically have taken a different shape in different historical conjunctures.

3. Rendering Visible the Care Crisis

The COVID-19 pandemic revealed just who exactly keeps life going by doing the jobs that no society can do without. These jobs include the work of caring for others: whether this is unpaid care work raising children, looking after relatives, or looking out for a friend with a disability; and whether this is paid care work in hospitals, care homes, day centres, or in the home. Care workers include some of the most precarious and lowest paid workers there are – most of whom are women, many of whom are migrant workers. Here, ideologies of caring intertwine with the low value attributed to care work: caring is still largely a woman's job, while a lot of front-line care work that is low paid is done by those with little bargaining power in racialised and deregulated labour markets. In the wake of the pandemic, a spotlight has been shone on the acute difficulties that have beset the health and social care sector for a long time, raising awareness of the lack of resources and equipment available to health and other care workers while also bringing issues of understaffing, long hours, and low pay to the fore (UNI Global Union 2021). The inability to sufficiently protect not only the staff but, tragically, so many of the residents of care homes, is also symptomatic of the lack of value attributed to care recipients.

The COVID-19 pandemic merely served to make visible a care crisis that had already been mounting across contemporary societies (Fraser 2016; Dowling 2021). In the context of the pandemic, the vast amount of care work and social reproduction done in the home has also received considerable attention, especially due to widespread lockdown measures in which homes were turned

into nurseries, schools and offices, and household members found themselves having to reorganise and renegotiate the distribution of time, space, and work at home. Here, it is female household members who, for the most part, have been picking up the tab due to existing gendered expectations and divisions of labour in different countries (Collins et al. 2021; Nunn and Cowling 2020; Manzo and Minello 2020; Power 2020; Yavorsky, Qian, Sargent 2021; Zartler et al. 2021; Bowen and McMann 2021). Overall, the necessity of the life-sustaining labours of care and social reproduction on the one hand, and their persistent devaluation on the other, has been rendered visible by the events of the pandemic. This has led to calls to increase the value of care and social reproduction. Feminist academics and practitioners who were already pointing to a growing care crisis long before the outbreak of the pandemic have been especially vocal about the foundational role of paid and unpaid work for the functioning of the economy and society (Bahn, Cohen, and Meulen Rodgers 2020). The demands here include more public investment and redistribution of labour and resources when it comes to care and social reproduction (De Henau and Himmelweit 2021), closing the gender pay gap (Thomason and Macias-Alonson 2020), and fundamentally desisting from a narrow focus on economic growth and profitability at the expense of wellbeing and social justice (Heintz et al. 2021).

One of the puzzles of the pandemic has been why some of the most advanced political economies and richest countries in the world had such high mortality rates and were less successful than others in containing the virus. The United Kingdom and the USA stand out as countries in which both medical know-how and economic resources should have meant that the virus could have been better contained. And yet, in the first phases of the pandemic, this was not the case. Particularly stark in both countries are classed and racialised divides that impacted on exposure to the virus and exposure to the economic fallout from the measures to contain the virus. At the same time, both the US and UK governments were financially and logistically able to make vaccines available to their populations at a much faster pace than many other countries.[3] While these two countries have been able to vaccinate their populations relatively quickly, they have displayed less capacity to care sufficiently for their populations in the pandemic.[4] This is only a seeming paradox if we look closer at the tensions between profitability, cost, and care: The care sector is labour intensive and hence costly and not very profitable

[3] As of mid-February 2021, almost a quarter of the population of the UK and 14% of the population of the USA were partly vaccinated, compared to 1.9% across the European Union. Our World in Data, "Share of People Vaccinated Against COVID-19," January 30, 2021, https://ourworldindata.org/explorers/coronavirus-data-explorer.

[4] Among the richest industrialised countries, the UK and the USA have had some of the highest mortality rates; see Coronavirus Resource Centre, Johns Hopkins University, Mortality Rates in Most Affected Countries, October 11, 2021, https://coronavirus.jhu.edu/data/mortality.

industry. Margins are much higher when it comes to pharmaceuticals, which includes the development and patenting of new medications and vaccines.[5]

One clear picture that emerges is that public welfare, health, and social care systems were vital in responding adequately and inclusively to the pandemic. Public healthcare systems run down by neoliberal logics of cost efficiency and geared towards maintaining profitability struggled most to meet the heightened demand. However, the issue of privatisation does not only pertain to the health and social systems. It also pertains to the political will and capacity of governments to buffer the economic fallout from the pandemic through furlough and other social security schemes. Highly unequal societies with a privatised infrastructure cannot fare well because this distributes costs profoundly unequally and because protecting societies from an infectious virus that spreads through contact and interaction requires solidarity and collective concerted action. Moreover, the contributions to this volume show that neoliberal restructuring is not just something that affects Global North countries. As Ossome states, "decades of neoliberal restructuring of African and postcolonial economies have [...] significantly weakened the capacity of state intervention in social reproduction" (2020, 74). The possibilities for containing the virus and preventing infections and mortalities have been limited for Global South countries given the frequent lack of resources and infrastructure. However, these countries also face difficulties in obtaining vaccines and the prospects of a very slow process of vaccination. This has garnered international activist campaigns for global vaccine justice and calls for the suspension of patenting as the basis for faster and more widespread vaccination to occur.[6]

The management of the pandemic has relied on significant swathes of unpaid or underpaid care work without sufficient consideration of the conditions under which this work is carried out and without providing sufficient resources and support. Both the underlying assumption of policy-making and the accompanying societal expectations are guided by a persistent familialism with its gendered responsibilities for care and social reproduction. Here the limits of another systemic dynamic were made clear: on the one hand, the neoliberal adult-worker society cannot function without a care infrastructure that extends beyond that of the individual family; on the other hand, the structural feature of capitalist economies, namely, to off-load care and social reproduction to the unpaid and underpaid realms of society, persists. The reliance of families and households on external care work was apparent, and middle-class households were made more aware of how they relied on the off-loading of care and housework to working class women, including

[5] For a similar argument in the more general context of health and social care, see Winant 2021, 2.

[6] See, for example, www.medico.de/now-or-never-18218 and www.globaljustice.org.uk/our-campaigns/pharma/ (Accessed November 17, 2021).

migrant workers (Stevano et al. 2021, 8). Additionally, distinctions were made visible between those households where mothers in particular and parents in general were able to stay at home and take advantage of flexible home office conditions to incorporate caring responsibilities, and those who could not do so and still had to work outside of the home. And while the lockdown situation has been especially difficult for women who buffered the crisis, there is literature that poses the question whether the greater involvement in social reproduction of household-bound fathers during the pandemic could act as a catalyst for change that could serve as the basis for accompanying institutional change (Cowling and Nunn 2020; Hupkau and Petrongolu 2020; İlkkaracan and Memiş 2021).

All in all, the pandemic and containment measures demonstrated the material configurations and societal expectations regarding gender in terms of who carries the responsibility for children, the elderly, friends, neighbours, or other members of one's community (Hasenöhrl 2020). What was also demonstrated was that in times of crisis where volunteers are called upon, there is only limited critical reflection on whom the imperative to care falls and under what conditions this caring occurs. Clear, too, was a reconceptualisation of the public sphere as unsafe and the home as safe, with little acknowledgement of the effects of pandemic-related policies for those people who are houseless, for whom the home is neither the chosen central locale of sociality, intimacy and care, or is not a safe place to be, for example in the case of domestic violence.

4. Inequalities of Double Exposure

The pandemic brought to the fore the moral paradox between the crucial importance of care and social reproduction and its systematic and structural devaluation and exploitation. Nowhere was this made more apparent than in the rise of the ubiquitous terms of key/essential workers. These were workers whose jobs were needed in order to maintain life during the pandemic (even if the distinction between necessary and expendable workers should be resisted politically where it risks furthering the precarity of some workers deemed non-essential; cf. Bergfeld and Farris 2020). The kinds of jobs deemed essential in the coronavirus pandemic range from refuse collectors and supermarket cashiers to childcare, eldercare, and healthcare workers. These are not exclusively, but substantially feminised, racialised, and undervalued jobs (Kabeer, Razavi, and Meulen Rodgers 2021). For example, in the UK in 2020, there were 3.2 million workers in "high risk" roles during the pandemic, 77 percent of whom were women with an average pay below the median weekly UK wage (Kikuchi and Khurana 2020). The demands on health and social care workers have been particularly high during the pandemic.

Not only have they had to care for those suffering from infection, thereby exposing themselves to the virus as well as the stresses of increased workloads, but they have had to deal with the trauma of having to make difficult triage decisions and losing patients, as well as not always having access to sufficient personal protective equipment (Lancet 2020). Moreover, containment measures have also added to stress at work. For example, in France and in the UK, workers in care homes have been required not to work in more than one setting – leading to strains of staff availability – or staff have been asked to live on site (Euronews 2020; Murray 2020), with knock-on effects in terms of time off and the ability to see family and friends and undertake familial caring duties.

At the same time, the classification of essential work is highly political and has been deployed differently in different countries, "reflecting specific socio-economic contexts and political decisions bearing relations of power between the state, capital and workers" (Stevano, Ali, and Jamieson 2021, 191). Indeed, a lot of the essential work undertaken during the pandemic was not even cast as such, for one because it was relegated to the unpaid realms of the household as discussed above, or because it is in other ways part of an informal or even subsistence economy, as in rural areas in Global South countries (Ossome 2020). Overall, the focus of policy has been on formal and national employment relations. For example, furlough schemes and other kinds of government support have not always extended cross-borders and to the precarious or self-employed. For example, in Austria and in Germany, live-in migrant care workers were required to work longer shifts or lockdown in their places of work; when they were allowed to travel, they faced greater exposure to the virus as well as arduous quarantine requirements. Here, work overload, heightened precarious, greater fears of infection, and disregard in emergency policies have been apparent (Aulenbacher et al. 2021; Diego-Cordero et al. 2021). Overall, what became clear as the pandemic unfolded was that some lives were put at the service of others (Adkins and Konings n.d.).

Already precarious populations have been especially put under immense pressure (Hammonds 2020; Löw 2020; Zarkov 2020) and there are profound inequalities in terms of who is cared for and who is not cared for (Stevano et al. 2021). Workers in jobs with poor working conditions have experienced much greater exposure to the virus, especially where the enforcement of stringent hygiene rules is difficult, a prominent example of which have been meat-processing plants (Middleton et al. 2020). Casualised and informally employed workers have faced challenges when navigating the loss of employment due to businesses having to suspend activities (International Labour Organisation 2020, 2), while the need to continue working in order not to lose much-needed income or ensuring other essential needs can end up overriding safety concerns in the face of economic insecurity.

Epidemiological and socio-economic factors are not easily disaggregated. Studies have shown that Black, Asian, and Minority Ethnic (BAME) groups in the UK and the United States in particular have been much more likely to suffer ill-health or even lose their life due to a combination of underlying health conditions, economic insecurity, and, in the US especially, a lack of access to medical insurance (Raifman and Raifman 2020; Platt and Warwick 2020). In general, social risks such as poverty, deprivation, and houselessness are determinants of greater vulnerability towards COVID-19 (Lancet 2020). To these we must add refugees and asylum seekers who may have difficulties shielding and/or accessing healthcare, as well as imprisoned and detained populations (Mesa Vieira et al. 2020).

The COVID-19 pandemic highlights the differentials and inequalities of care that exist within and across societies; not only is it the case that there are hierarchies of care along the intersecting axes of gender, race, and class; it is also the case that the lives of some were protected at the expense of the lives of others. In the case of what the late anthropologist David Graeber (2016) called the "caring classes," this discrepancy is stark when it comes to the work of caring: Those who do society's caring are often those for whom society cares least.

5. Cross-National Perspectives on a Global Pandemic

Despite the interconnections of a globalised economy and a large degree of supranational collaboration through multilateral organisations like the World Health Organisation, pandemic policies have been decidedly national in orientation (Cooper and Aitchison 2020, 5), with border closures becoming one central method of preventing the spread of infections. In some contexts, authoritarian nationalist ideologies have gained (further) ground in the wake of the coronavirus pandemic (Al-Ali 2020). Even though individual countries have shared research, resources, and best practice, and intergovernmental organisations such as the European Union have sought to harmonise responses and foster joint collaborations among member states, national differences regarding pandemic governance and containment are evident. For example, in the early weeks of the outbreak of coronavirus in Europe, Britain was slow to respond and at first followed the Swedish example (Nygren and Olofsson 2020), deciding against the more common strategy of shutting down public life to prevent contagion, instead promoting a strategy of so-called "herd-immunity" in which a population develops immunity through contracting and recovering from the virus (Monbiot 2020; Frey 2020). The British government then changed course in the face of high infection and mortality rates and overwhelmed hospitals and imposed a stringent lockdown. In contrast, countries such as Germany, Austria, or Greece pursued a much stricter

course from the outset. Country-level differences were also evident in the measures put in place to protect especially vulnerable populations, in particular older persons and people with prior health conditions. There were also differences in the discursive framings: for example, in Britain, this aim was expressed more impersonally with a slogan that emphasised the need to preserve the resources of the public health care system ("Stay at Home, Protect the NHS"). In Austria, this was encapsulated in the family-orientated public health slogan "Protect Grandma and Grandpa" ("Schützt Oma und Opa"). Political-economic, socio-cultural, and demographic conditions inform the respective strategies implemented by governmental authorities, non-governmental and business organisations, or by individuals. They include the speed and scope of government responses (Hale et al. 2021), the shape and the capacities of welfare state and healthcare infrastructures, the kinds of socio-cultural norms that exist with respect to individualism and collectivism, the shape of the particular social structure, and the health of the population (Arentz and Wild 2020). As the events of the pandemic have unfolded and knowledge and experience has been gained, public health strategies have developed too, as have political conflicts over the appropriate course of action.

Any systematic analysis of caring in times of a global pandemic must therefore be attentive to the ways in which the path dependencies of national political economies have mattered. The collated contributions to this HSR Forum make no claim to offering an exhaustive overview of the situations all over the world. Nonetheless, they allow for insights into the ways in which the pandemic and the measures to contain it unfold under different social, cultural, and political economic conditions within the transnational entanglements and in the context of globalisation and its ongoing crisis. Seeking to understand pandemic regimes of care requires an investigation of country-specific differences and similarities of pandemic coping strategies at the level of the state, society, and the individual. Three interrelated foci are key to this endeavour. The first focus are regimes of (in)security: how do public discourse and the circulation of feelings such as fear or anxiety affect both the social relations between people and the interactions between governments and populations? The second focus are regimes of care and social reproduction: how are the material conditions for giving and receiving care (re)shaped by measures to contain the coronavirus disease (and vice versa)? The third focus are gender relations related to regimes of care: how do pandemic containment measures impact on gender relations? How do they re-enforce existing intersectional inequalities? Do spaces for resisting or re-shaping inequal gender relations emerge during the pandemic?

Part of any methodological approach is not just methods but also the theoretical lens that renders certain issues visible and problematises them. By focusing on the issues of care and social reproduction, the contributions here not only discuss what has been made visible by the pandemic. They also

systematically analyse the devalued subjects and realms of social life devalued by dominant approaches to crisis management that deploy utilitarian logics and militaristic language, while privileging quantifiable resources and measurable outcomes. As Layla Branicki (2020, 872 ff.) asserts, these tend to disregard structural disadvantages and inequalities – especially with respect to gender, race, class, or caste. Indeed, the militaristic and securitising framings of and cost-benefit approaches to life and death observed in the management of the pandemic are critiqued in the contributions collated here.

6. Contributions to this HSR Forum

Caring in Times of a Global Pandemic is edited by Emma Dowling, Ayse Dursun, Syntia Hasenöhrl, Verena Kettner, and Birgit Sauer. The volume brings together eight theoretical and empirical articles investigating the coronavirus pandemic and the containment measures implemented from early-2020 to mid-2021 in eight different countries. These countries are Austria, Germany, Mali, UK, Greece, Serbia, India, and Turkey. The contributions probe the governmental logics of care, investigating the specific tasks assigned and resources allocated to givers and receivers of care in their respective roles as professionals, citizens, next of kin, informal workers, volunteers, and so forth, as well as assessing how these roles are appropriated and/or challenged in the context of the pandemic. These are analysed from a political economic vantage point, exploring the dimensions of resource distribution and the deployment of labour, both paid and unpaid. Here, questions of scarcity and excess are brought together to consider the interplay between, on the one hand, the much-noted scarcity of resources for care and social reproduction and, on the other hand, the excess of feelings and needs relating to care, which in turn need to be managed and controlled. Finally, the articles discuss how the meaning, scope, and conditions of care might be renegotiated in the context of the COVID-19 pandemic.

The contributions stem from social scientists with prior expertise in the areas of care, social reproduction, and affective politics who offer impressions and analyses of the events of the pandemic as they are unfolding. As with many major processes of societal upheaval and social change, there is a degree of personal affectedness that cannot be set aside. This yields a kind of participatory observation in the broadest sense of the term. The articles assess observations and experiences of the first 15 months of the pandemic. They include participant observations and remote research (not least due to travel restrictions) that span analyses of media discourse, public debates, policy papers, and government statements and insights garnered from interviews.

Başak Akkan explains how in Turkey, women are expected to increase their care burdens without any consideration for gender equality. She argues that this is not simply a cultural expectation but is in fact met with some contestation and resistance but is part of an authoritarian political project of masculinist restoration that aims to institutionalise familialism.

Ayse Dursun, *Verena Kettner*, and *Birgit Sauer* also examine masculinist governmental policy, albeit in a very different national context, namely that of Austria. Taking their cue from the tactical polyvalence of care, they assess the ways in which the Austrian government redefined care to pertain to a narrow definition of healthcare on the one hand and care for the economy on the other. The authors find that a specific mode of political masculinity that they characterise as rational-affective is constitutive of these (re-)definitions, which reinforce the division between the public and private spheres as well as between productive and reproductive labour in times of a global pandemic.

Everywhere, albeit with somewhat different configurations, the nuclear family, and the home in which it is assumed to reside, became the assumed safe spaces and units of care and social reproduction. Even if with varying emphases, this is the case across different welfare regimes. This "care familialism," as *Mike Laufenberg* and *Susanne Schultz* call it, renders invisible and disregards the lived realities and the needs of all those who do not have a home, who do not reproduce their livelihoods with nuclear family structures, or for whom the home is not a place of safety, protection, sociality, and solidarity. As Laufenberg and Schultz show in the case of Germany in the pandemic, what they term "care familialism" also goes hand in hand with "care nationalism" and the automatic assumption of the nation-state and its citizens as the object of protection. This obscures the ways in which social and economic life, and indeed care relations, transcend not only familial but also national boundaries and renders invisible, or at least secondary, the needs of those mobile residents and migrant workers, and the broader context of global social inequalities.

Despite the universal need for care, both the distribution of care work and the access to care for the satisfaction of care needs in all current societies are gendered, classed, and racialised. *Syntia Hasenöhrl* examines these intersections with regard to care and social reproduction in the context of Mali, which experienced a military coup in August 2020. In her analysis of government and elite discourse, Hasenöhrl shows how political elites instrumentalised notions of care to stabilise socio-political hierarchies while excluding women and other marginalised groups from the public concern – groups that already suffered from postcolonial, gendered, and classed path dependencies in social reproduction.

Beverley Skeggs provides an analysis of the situation in post-Brexit Britain, focussing on England in particular. Skeggs charts the historical legacies that

have informed British government's pandemic management in the interplay of colonialism and neoliberalism. Skeggs summarises that in Global North countries, COVID-19 deaths are correlated with age, disability, racialisation, occupation, and responsibility for care and social reproduction. Skeggs shows how, in the face of an already depleted health and social care infrastructure, it is the most vulnerable and disadvantaged in British society who have not only suffered the consequences of government failure, but also the profiteering from the privatisation and financialisation both of Britain's health and social care services.

In her analysis of pandemic politics in Greece, *Maria Markantonatou* shows how a decade of austerity and privatisation has put the public healthcare system under severe strain, which, she argues, made very restrictive lockdowns a necessity and further facilitated the securitised and authoritarian approach of the Greek government in its crisis management. Given the fact that the Greek economy has been overshadowed by recession, austerity, and privatisation over the last decade, it has been especially incapable of withstanding the shock of the economic shutdown, with dire consequences for many households who have already been struggling in the face of unemployment, precarity, and welfare state retrenchment. The familial welfare model and emphasis on individual responsibility for safety and wellbeing in the pandemic as espoused by the Greek government plunged households into even deeper crisis, overburdening women with respect to care and social reproduction.

Nonetheless, the family has not been the only locale of unpaid care and social reproduction in the pandemic. The mushrooming of mutual aid and self-organised support has been much celebrated in the context of the pandemic as a sign of solidarity and compassion in times of need (Springer 2020; Argawal 2021). Yet, volunteering can also be instrumentalised and exploited. *Christa Wichterich* describes the challenges faced by voluntary community healthcare workers in India, who were thrust into the role of front-line workers against COVID-19 in rural areas and tasked with raising awareness, identifying infections, and ensuring quarantine regulations were adhered to, as well as organising vaccinations. Wichterich unpacks the toxic mix of myths and mystifications that serve to devalue this work. Wichterich argues that this kind of crisis management is a form of care extractivism that exploits unpaid care in order not to burden the state or the health industries, thereby demonstrating that neoliberalisation and informalisation go hand in hand, while pointing to the self-organised protests and labour struggles of the volunteers unwilling to accept the situation.

Ana Vilenica, *Vladimir Mentus*, and *Irena Ristić* also focus their attention on the struggles of social movements in the realms of care, broadly conceived. Writing from the frontlines of housing struggles in post-socialist Serbia, Vilenica, Mentus, and Ristić make the link between material and immaterial

infrastructures when it comes to care and social reproduction. With the ubiquitous imperative to "stay at home" in order to prevent the spread of infections, the authors shift our attention away from the realms that are usually considered to be part of a society's care system and discuss housing as a key social infrastructure in the context of the current pandemic and in a country where neoliberal transition from socialism has not only left the public health and social care system insufficiently resourced, but where access to secure housing is also becoming more precarious. The authors describe how evictions have been taking place despite the economic difficulties people are facing due to the pandemic and show how anti-eviction movements not only focused on resistance, but also on spaces for the "self-reproducing" (Federici 2012, 44-5) activities of mutual aid and collective care.

7. Whither Care and Care Research?

Dramatic images of health and social care workers under immense pressure to respond to the outbreak of the virus have precipitated initiatives to afford more symbolic appreciation and economic remuneration to care workers. Debates over the unequal and gendered distribution of care work, as well as the unsustainable exploitation of underpaid and precarious migrant workers, have also ensued. In Germany in 2021, a former live-in care worker from Bulgaria won a court case to secure the minimum wage for on-call periods of live-in care.[7] This precipitated expressions of fear in the media that people would no longer be able to afford homecare, in turn highlighting the ways in which the needs of care givers and care receivers are pitted against one another in a context of rising care needs and the shrinking availability of resources. In Britain, there have been moves towards ensuring occupational sick pay for all care workers (Hayes 2020). Yet, new funding to be made available for health and social care through a new levy announced in 2021 will not provide resources to remedy staff shortages, low-pay, and inadequate working conditions in the care sector (Ogden et al. 2021, 334). Countries such as Germany and Austria have issued one-off payments to health and care workers due to the heightened demands of the coronavirus pandemic or have sought to support for informal carers (Verbraucherzentrale 2021; Nationalrat 2021). These one-off payments have been criticised because they do not address root causes of the problems, are too low, and because not all staff across the sector are entitled to them (Ver.di 2021; MedMedia 2021). In Germany, health and social care workers employed in the public sector have negotiated a new collective bargain that guarantees improved pay and conditions, yet this pay rise

[7] See Tonja Pölitz, „Urteil zur 24-Stunde-Pflege-Wie eine Bulgarin gegen die Ausbeutung kämpft", ZDF Heute, June 24, 2021, https://www.zdf.de/nachrichten/politik/bundesarbeitsgericht-pflegekraefte-mindestlohn-100.html.

does not apply to many of the care workers who work for the large non-profit charities or for-profit companies, meaning large numbers of workers are excluded (Tagesschau 2020). In the United States, President Joe Biden has promised major investments in the country's care infrastructure (Biden 2020).

The pandemic has highlighted the regulatory and governmental role of the state in providing a sound health and social care infrastructure as well as buffering the effects on individuals of economic crisis. The voices of care workers are being heard, and there is a discursive opening that things need to be different. However, it remains to be seen whether the COVID-19 crisis will be a catalyst for transformation. On the one hand, the role of the state and the need for collective solidarity and public infrastructures has been thrust on to the political agenda, as have the limits of a just-in-time economy in which not only global inequalities have been laid bare, but also the limited capacities for crisis response within a capitalist economy geared towards economic growth and profitability. Given the propensity to rely on unpaid and underpaid care in times of crisis, it may well be wishful thinking to posit that there has been a realisation that care does not come for free, it needs to be properly resourced, and it needs a different societal distribution (Stevano et al. 2021, 12). Yet, while many laud the advent of public financing, the propensity for states to prop up private profiteering remains, whether this is in the expansion of public private partnerships or in the use of public funds to bail out private businesses (Dimakou, Romero, and Van Waeyenberge 2021).

The ways in which states also pushed pandemic containment in particular directions (supporting some parts of the population and not others, reinscribing the family and the nation as the forms of commonality and solidarity) are exclusionary and reinforce existing inadequacies and inequalities. Self-organised practices of care and mutual aid in the pandemic potentially pointed to the possibilities of more progressive or even radical care infrastructures, yet the reliance on volunteers is also double-edged where such infrastructures are unsustainable considering the lack of resources, time, or even expertise (Gonsalves and Kapczynski 2020, 14).

The activities that make and maintain life itself, along with the cultural norms that shape how these activities are carried out, cannot be reduced to their function for the capitalist economy. Even if the way they are organised often tailors them to this end, they are at the same time in excess of the ways in which they are subordinated to the demands of capital accumulation, especially if organised differently or at odds with such demands. Thus, the contributions to this HSR Forum investigate the pandemic in terms of care and social reproduction, with a view to the changes that would be necessary, not simply in terms of better pandemic management, but in terms of better care for all. This is not only an ethical question, but also a question of how capitalist economies will adjust. A central concern for interdisciplinary and transnational research will be to investigate how the pandemic acts as a catalyst

for change: First, in terms of the effects of the politicisation of essential work; second, with regard to the persistence of home-office arrangements that arose in the pandemic; third, in terms of the tension between the demands on governments for more public investment and the persistent pressures on governments to keep taxes and expenditure low; fourth, the extent to which areas of care and social reproduction are used as avenues for market expansion and financial investment needs to be understood, whereby with the intersection with technological developments has to be taken into account; and finally, new initiatives and alternatives for the future that are emerging on the terrain of social movements and civil society on national and transnational levels should be examined.

Special References

Contributions within this HSR Forum
"Caring in Times of a Global Pandemic"

Akkan, Başak. 2021. Global Pandemic and the Veiled Crisis of Care in Turkey: Politics of Social Reproduction and Masculinist Restoration. *Historical Social Research* 46 (4): 31-49. doi: 10.12759/hsr.46.2021.4.31-49.

Dursun, Ayse, Verena Kettner, and Birgit Sauer. 2021. Corona, Care, and Political Masculinity. Gender-Critical Perspectives on Governing the COVID-19 Pandemic in Austria. *Historical Social Research* 46 (4): 50-71. doi: 10.12759/hsr.46.2021.4.50-71.

Hasenöhrl, Syntia. 2021. Affective Politics of Care during COVID-19: Feminist Views of Political Discourses and Intersectional Inequalities in Mali. *Historical Social Research* 46 (4): 100-122. doi: 10.12759/hsr.46.2021.4.100-122.

Laufenberg, Mike, and Susanne Schultz. 2021. The Pandemic State of Care: Care Familialism and Care Nationalism in the COVID-19-Crisis. The Case of Germany. *Historical Social Research* 46 (4): 72-99. doi: 10.12759/hsr.46.2021.4.72-99.

Markantonatou, Maria. 2021. From Austerity to the Pandemic and Back Again? Lockdown Politics in Greece. *Historical Social Research* 46 (4): 143-162. doi: 10.12759/hsr.46.2021.4.143-162.

Skeggs, Beverley. 2021. Necroeconomics: How Necro Legacies Help Us Understand the Value of Death and the Protection of Life During the COVID-19 Pandemic. *Historical Social Research* 46 (4): 123-142. doi: 10.12759/hsr.46.2021.4.123-142.

Vilencia, Ana, Vladimir Mentus, and Irena Ristić. 2021. Struggles for Care Infrastructures in Serbia: The Pandemic, Dispossessed Care, and Housing. *Historical Social Research* 46 (4): 189-208. doi: 10.12759/hsr.46.2021.4.189-208.

Wichterich, Christa. 2021. Protection and Protest by "Voluntary" Community Health Workers: COVID-19 Authoritarianism in India. *Historical Social Research* 46 (4): 163-188. doi: 10.12759/hsr.46.2021.4.163-188.

References

Adkins, Lisa, and Martijn Konings. 2020. "COVID Life and the Asset Economy." Goldsmiths Press. https://www.gold.ac.uk/goldsmiths-press/features/covid-life-and-the-asset-economy/ (Accessed August 8, 2020).

Ahmed, Sara. 2014. *The Cultural Politics of Emotion* (2nd edition). Edinburgh: Edinburgh University Press.

Al-Ali, Nadje. 202. Covid-19 and Feminism in the Global South: Challenges, Initiatives, Dilemmas. *European Journal of Women's Studies* 27 (4)*:* 333-347.

Anderson, Ben. 2009. Affective Atmospheres. *Emotion, Space and Society* 2: 77-81.

Arentz, Christine, and Frank Wild. 2020. *Vergleich europäischer Gesundheitssysteme in der COVID-19 Pandemie*, Cologne: Wissenschaftliches Institut des Verbands der privaten Krankenversicherungen (PKV).

Argawal, Bina. 2021. Reflections on the Less Visible and Less Measured: Gender and COVID-19 in India. *Gender and Society* 35 (2): 244-255.

Aulenbacher, Brigitte, Helma Lutz, and Karin Schwiter, eds. 2021. *Gute Sorge ohne gute Arbeit? Live in Care in Deutschland, Österreich und der Schweiz*. Weinheim: Beltz Juventa.

Bahn, Kate, Jennifer Cohen, and Yana van der Meulen Rodgers. 2020. A Feminist Perspective on COVID-19 and the Value of Care Work Globally. *Gender Work and Organisation* 27 (5): 695-699.

Bakker, Isabella. 2003. Neoliberal Governance and the Reprivatisation of Social Reproduction In *Power, Production and Social Reproduction*, ed. Isabella Bakker and Stephen Gill, 66-82. New York: Palgrave Macmillan.

Bargetz, Brigitte, and Birgit Sauer. 2015. Der Affective Turn. Das Gefühlsdispositiv und die Trennung von öffentlich und privat. *Femina Politica* 2015 (1): 93-102.

Batifoulier, Philippe, and Rainer Diaz-Bone, eds. 2021. Conventions, Health and Society – Convention Theory as an Institutionalist Approach to the Political Economy of Health. *Historical Social Research* 46 (1), https://www.gesis.org/en/hsr/current-issues/2021/461-conventions-health-and-society.

Beresford, Peter. 2021. What Are We Clapping For? Sending People To Die in Social Care: Why the NHS Did This and What Needs to Happen Next? In *COVID-19 and Co-Production in Health and Social Care Research, Policy, and Practice (Volume 1) - The Challenges and Necessity of Co-Production*, ed. Peter Beresford, Michelle Farr, Gary Hickey, Meerat Kaur, Josephine Ocloo, Doreen Tembo, and Oli Williams. Bristol: Bristol University Press.

Bergfeld, Mark, and Sara Farris. 2020. The COVID-19 Crisis and the End of the "Low-skilled" Worker, *Spectre Journal*, May 2020. https://spectrejournal.com/the-covid-19-crisis-and-the-end-of-the-low-skilled-worker/ (Accessed August 8, 2021).

Biden, Joe. 2020. The Biden Plan for Mobilizing American Talent and Heart to Create a 21st Century Caregiving and Education Workforce, *Medium*, July 21, 2020. https://medium.com/@JoeBiden/the-biden-plan-for-mobilizing-american-talent-and-heart-to-create-a-21st-century-caregiving-and-af5ba2a2dfeb (Accessed August 9, 2021).

Bowen, Xu, and Anne McMann. 2021. Gender Differences in Unpaid Care Work and Psychological Distress in the UK Covid-19 Lockdown. *PLoS ONE* 16 (3): e0247959.
Branicki, Layla J. 2020. COVID-19, Ethics of Care and Feminist Crisis Management. *Gender, Work & Organization* 27 (5): 872-883.
Brown, Gareth, Emma Dowling, David Harvie, and Keir Milburn. 2012. Careless Talk: Social Reproduction and the Fault-lines of Crisis in the UK. *Social Justice* 29 (1): 78-98.
Care Collective. 2020. *The Care Manifesto*. London/New York: Verso.
Chatzidakis, Andreas, Jamie Hakim, Jo Littler, Catherine Rottenberg, and Lynne Segal. 2020. From Carewashing to Radical Care: The Discursive Explosions of Care During Covid-19. *Feminist Media Studies* 20 (6): 889-895.
Collins, Caitlyn, Liana C. Landivar, Leah Ruppaner, and William Scarborough. 2021. COVID-19 and the Gender Gap in Work Hours. *Gender, Work and Organization* 28 (S1): 101-112.
Cooper, Luke, and Guy and Aitchison. 2020. *The Dangers Ahead: Covid-19, Authoritarianism and Democracy.* London: LSE Conflict and Civil Society Research Unit.
Dalla Costa, Mariarosa. 1972. Women and the Subversion of Community. In *The Power of Women and the Subversion of Community*, ed. Mariarosa Dalla Costa and Selma James, 21-56. Bristol: Falling Wall Press.
Daly, Mary. 2021. The Concept of Care: Insights, Challenges and Research Avenues in COVID-19 Times. *Journal of European Social Policy* 31 (1): 108-118.
De Henau, Jerome, and Susan Himmelweit. 2021. A Care-Led Recovery from COVID-19: Investing in High-Quality Care to Stimulate and Rebalance the Economy. *Feminist Economics* 27 (1-2): 453-469.
Diego-Cordero, Rocío, Lorena Tarriño-Concejero, María Ángeles Lato-Molina, and Maria Ángeles García-Carpintero Muñoz. 2021. COVID-19 and Female Immigrant Caregivers in Spain: Cohabiting during Lockdown. *European Journal of Women's Studies*. doi: 10.1177/13505068211017577.
Dimakou, Ourania, Maria Jose Romero, and Elisa Van Waeyenberge. 2021. Never Let a Pandemic Go to Waste: Turbocharging the Private Sector for Development at the World Bank. *Canadian Journal of Development Studies/Revue canadienne d"études du développement* 42 (1-2): 221-237.
Dowling, Emma. 2016. Valorised But Not Valued? Affective Remuneration, Social Reproduction and Feminist Politics Beyond the Recovery. *British Politics* 11, 452-468.
Dowling, Emma. 2021. *The Care Crisis*: *What Caused It and How Can We End It?* London/New York: Verso.
England, Paula, and Nancy Folbre. 2005. Emerging Theories of Care Work, *Annual Review of Sociology* 31 (2005): 381-399.
Euronews (with Associated Press). 2020. 'Not in My Nursing Home': French Care Home Staff Lock Down with Residents to See Out COVID-19. *Euronews*, May 4, 2020. https://www.euronews.com/2020/05/04/not-in-my-nursing-home-french-care-home-staff-lock-down-with-residents-to-see-out-covid-1 (Accessed Aug ust 8, 2021).
Federici, Silvia. 1975. *Wages Against Housework*. London: Power of Women Collective & Bristol: Falling Wall Press.

Federici, Silvia. 2012. *Revolution at Point Zero – Housework, Reproduction and Feminist Struggle* (1st edition). Brooklyn, NY: Common Notions/Oakland, CA: PM Press.
Finch, Janet, and Dulcie Groves. 1983. *A Labour of Love: Women, Work and Caring*. London: Routledge and Kegan Paul Books.
Fisher, Berenice, and Joan Tronto. 1990. Toward a Feminist Theory of Caring. In *Circles of Care: Work and Identity in Women's Lives,* ed. Emily Abel and Margaret Nelson. Albany NY: State University of New York Press.
Frampton, Caelie, Gary Kinsman, and A.K. Thompson, eds. 2006. *Sociology for Changing the World.* Halifax: Fernwood Publishing.
Fraser, Nancy. 2016. Contradictions of Capital and Care. *New Left Review* 100: 99-117.
Frey, Isabell. 2020. Herd Immunity is Epidemiological Neoliberalism. *The Quarantimes*, March 19, 2020. https://thequarantimes.wordpress.com/2020/03/19/herd-immunity-is-epidemiological- neoliberalism/ (Accessed August 8, 2021).
Gonsalvez, Gregg, and Amy Kapczynski. 2020. The New Politics of Care. In *The Politics of Care*, ed. Deborah Chasman and Joshua Cohen, 11-43. *Boston Review*, Summer 2020.
Graeber, David. Caring Too Much: That's the Curse of the Working Classes. *The Guardian*, March 26, 2014. https://www.theguardian.com/commentisfree/2014/mar/26/caring-curse-working-class-austerity-solidarity-scourge.
Graham, Hilary. 1991. The Concept of Caring in Feminist Research: The Case of Domestic Service. *Sociology* 25 (1): 61-78.
Hale, Thomas, Naomi Angrist, Rafael Goldszmidt, Beatriz Kira, Anna Petherick, Toby Philips, Samuel Webster, et al. 2021. A Global Database of Pandemic Policies (Oxford COVID-19 Government Response Tracker). *Nature Human Behaviour* 5: 529-538.
Hammonds, Evelynne M. 2020. A Moment or a Movement? The Pandemic, Political Upheaval, and Racial Reckoning [Feminists Theorize COVID-19 (Symposium)]. *Signs: Journal of Women in Culture and Society*. http://signsjournal.org/covid/hammonds/ (Accessed November 12, 2021).
Hasenöhrl, Syntia. 2020. Afrikanische Im/Mobilisierungen im Umgang mit COVID-19: intersektionale Politiken der Sorge an der Schnittstelle von Geschlecht, Klasse und Postkolonialität. *Femina Politica – Zeitschrift für feministische Politikwissenschaft* 2-2020: 119-120.
Hayes, Lydia. 2020. Victory on Government Funding of Sick Pay For Care Workers: Some Background and Implications. Institute of Employment Rights. May 20, 2020. https://www.ier.org.uk/comments/victory-on-government-funding-of-sick-pay-for-care-workers-some-background-and-implications/.
Heintz, James, Silke Staab, and Laura Turquet. 2021. Don't Let Another Crisis Go To Waste: The COVID-19 Pandemic and the Imperative for a Paradigm Shift. *Feminist Economics* 27(1-2): 470-485.
Himmelweit, Susan. 2007. The Prospects for Caring: Economic Theory and Policy Analysis. *Cambridge Journal of Economics* 31 (4): 581-599.
Hochschild, Arlie. 2000. Global Care Chains and Emotional Surplus Value. In *On the Edge: Living with Global Capitalism,* ed. Anthony Giddens and Will Hutton, London: Jonathan Cape.
Hupkau, Claudia, and Barbara Petrongolu. 2020. Work, Care and Gender during the COVID-19 Crisis. *Fiscal Studies* 41 (3): 623-651.

İlkkaracan, Ipike, and Emel Memiş. 2021. Transformations in the Gender Gaps in Paid and Unpaid Work During the COVID-19 Pandemic: Findings from Turkey. *Feminist Economics* 27 (1-2): 288-309.
International Labour Organisation. 2020. ILO Monitor: COVID-19 and the World of Work. 3rd Edition; update estimates and analaysis. April 29, 2020. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf.
Kabeer, Naila, Shahra Razavi, and Yana van der Meulen Rodgers. 2021. Feminist Economic Perspectives on the Covid Pandemic. *Feminist Economics* 27 (1-2): 21-29.
Kikuchi, Lukas, and Ishan Khurana. 2020. *Jobs At Risk Index*, Key Findings, March 24, 2020, Autonomy Data Unit, https://autonomy.work/portfolio/jari/.
Lancet. 2020. Covid-19: Protecting Healthcare Workers, *The Lancet* 21-27; 395 (10228): 922.
Löw, Christine. 2020. Pandemie // Corona, postkolonialer Feminismus und Necropolitics in Indien. *blog interdisziplinäre geschlechterforschung*, October 8, 2020. https://www.gender-blog.de/beitrag/corona-und-necropolitics (Accessed August 8, 2021).
Lutz, Helma. 2011. *The New Maids: Transnational Women and the Care Economy*. London: Zed Books.
Manzo, Lidia Katia C., and Alessandra Minello. 2020. Mothers, Childcare Duties, and Remote Working under COVID-19 Lockdown in Italy: Cultivating Communities of Care. *Dialogues in Human Geography* 10 (2): 120-123.
Medmedia. 2021. Corona-Bonus ist Gesundheitsberufen zu niedrig. March 24, 2021. *Medmedia*. https://www.medmedia.at/relatus-med/corona-bonus-der-regierung-ist-gesundheitsberufen-zu-wenig/ (Accessed August 9, 2021).
Mesa Vieira, Cristina, Oscar H. Franco, Carlos Gómez Restrepo, and Thomas Abela. 2020. COVID-19: The Forgotten Priorities of the Pandemic. *Maturitas* 136: 38-41.
Middleton, John, Ralf Reintjes, and Henrique Lopes. 2020. Meat Plants - A New Front Line in the COVID-29 Pandemic. *British Medical Journal* 9; 370:m2716.
Monbiot, George. 2020. Our Politics isn't Designed to Protect the Public from COVID-19. *The Guardian*, March 18, 2020.
Murray, Jessica. 2020. Care workers move into Sheffield Dementia Home to Shield Residents. *The Guardian*, March 25, 2020.
Nationalrat. 2021. Corona-Bonus für Gesundheitspersonal wird ausgeweitet. https://www.parlament.gv.at/PAKT/AKT/SCHLTHEM/SCHLAG/J2021/155Nationalrat.shtml# (Accessed August 17, 2021).
Nunn, Alexander and Marc Cowling. 2020. Depletion and Subjective Well-Being: Lessons from the UK Coronavirus Lockdown. *Global Policy Journal blog*, https://www.globalpolicyjournal.com/blog/22/06/2020/depletion-and-subjective-well-being-lessons-uk-coronavirus-lockdown (Accessed August 8, 2021).
Nygren, Katarina Giritli, and Anna Olofsson. 2020. Managing the COVID-19 Pandemic through Individual Responsibility: The Consequences of a World Risk Society and Enhanced Ethopolitics. *Journal of Risk Research* 23 (7-8): 1031-1035.
Ogden, Kate David Philipps and Cian Siôn. 2021. What's Happened and What's Next for Councils? In *IFS Green Budget 2021*, ed. Stuart Adam, Jonathan Cribb,

Isaac Delestre, Carl EmmersonPaul Johnson, Peter Levell, Helen Miller, et al., London: Institute for Fiscal Studies: 295-344.
Ossome, Lynne. 2020. The Care Economy and the State in Africa's Covid-19 Responses. *Canadian Journal of Development Studies* 42 (1-2): 68-78.
Parreñas, Rhacel S. 2000. Migrant Filipina Domestic Workers and the International Division of Reproductive Labour. *Gender & Society* 14 (4): 560-580.
Parreñas, Rhacel S. 2001. *Servants of Globalization. Women, Migration and Domestic work*. Stanford: Stanford University Press.
Penz, Otto, and Birgit Sauer. 2020. *Governing Affects. Neoliberalism, Neo-Bureaucracies, and Service Work.* New York/London: Routledge.
Platt, Lucinda, and Ross Warwick. 2020. Are Some Ethnic Groups More Vulnerable to COVID-19 Than Others? Institute for Fiscal Studies. May 1, 2020. https://ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/.
Power, Kate. 2020. The COVID-19 Pandemic Has Increased the Care Burden of Women and Families. *Sustainability - Science, Practice and Policy* 16 (1): 67-73.
Rai, Shirin, Catherine Hoskyns, and Dania Thomas. 2013. Depletion – the Cost of Social Reproduction. *International Feminist Journal of Politics* 16 (1): 86-105.
Raifman, Matthew, and Julia Raifman.2020. Disparities in the Population at Risk of Severe Illness from COVID-19 by Race/Ethnicity and Income. *American Journal of Preventive Medicine* 59(1): 137-139.
Springer, Simon. 2020. Caring Geographies: The COVID-19 Interregnum and a Return to Mutual Aid. *Dialogues in Human Geography* 10 (2): 112-115.
Steans, Jill, and Lloyd Pettiford. 2005. *Introduction to International Relations* (2nd edition). London: Pearson.
Steans, Jill, and Daniela Tepe. 2010. Social Reproduction in International Political Economy: Theoretical Insights and International, Transnational and Local Sitings. *Review of International Political Economy* 17 (5): 807-815.
Stevano, Sara, Rosimina Ali, and Merle Jamieson. 2021. Essential for What? A Global Social Reproduction View on the Re-organisation of Work During the COVID-19 Pandemic. *Canadian Journal of Development Studies/Revue canadienne d"études du développement* 42 (1-2): 178-199.
Stevano, Sara, Tobias Franz, Yannis Dafermos, and Elisa Van Waeyenberge. 2021. COVID-19 and Crises of Capitalism: Intensifying Inequalities and Global Responses. *Canadian Journal of Development Studies/Revue canadienne d"études du développement* 42(1-2): 1-17.
Tagesschau. 2020. Hohe Dosis, wenig Wirkung? October 26, 2020. https://www.tagesschau.de/wirtschaft/tarifeinigung-oeffentlicher-dienst-pflege-101.html (Accessed August 9, 2021).
Thomas, Carol. 1993. Deconstructing Concepts of Care. *Sociology* 27 (4): 649-669.
Thomason, Bobbi, and Immaculada Macias Alonso. 2020. COVID-19 and Raising the Value of Care. *Gender, Work and Organization* 27(5): 705-708.
UNI Global Union. 2021. *Risking Their Lives to Help Others Survive: A Survey of Nursing Home and In-Home Care Workers in 37 Countries*. Nyon: UNI Global Union.
Verbraucherzentrale. 2021. Corona: Was, wenn die Pflege zu Hause neu organisiert werden muss. https://www.verbraucherzentrale.de/wissen/gesundheit-pflege/pflege-zu-hause/corona-was-wenn-die-pflege-zu-hause-neu-organisiert-werden-muss-45753 (Accessed August 9, 2021).

Ver.di. 2021. Corona-Prämie spaltet. *Ver.di Bundesverwaltung Fachbereich Gesundheit, Soziale Dienste, Wohlfahrt und Kirchen.* https://gesundheit-soziales.verdi.de/coronavirus/++co++ce88af28-0def-11eb-be95-001a4a160100 (Accessed August 9, 2021).
Wichterich, Christa. 2019. *Care Extractivism and the Reconfiguration of Social Reproduction in Post-Fordist Economies*. ICDD Working Papers. Kassel: International Center for Development and Decent Work.
Winant, Gabriel. 2021. *The Next Shift - The Fall of Industry and the Rise of Healthcare.* Cambridge MA: Harvard University Press.
Winker, Gabriele. 2015. *Care Revolution - Schritte in eine solidarische Gesellschaft*. Bielefeld: transcript Verlag.
Yavorsky, Jill, Yue Qian, and Amanda Sargent. 2021. The Gendered Pandemic: The Implications of COVID-19 for Work and Family. *Sociology Compass* 15 (5): e12881.
Zarkov, Dubravka. 2020. On Economy, Health and Politics of the Covid19 Pandemic. *European Journal of Women's Studies* 27 (3): 213-217.
Zartler, Ulrike, Vera Dafert, Sabine Harter, and Petra Dirnberger. 2021. *Frauen in Wien und Covid-19*. Studie im Auftrag des Frauenservice Wien. Stadt Wien. March 2021.

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