Trading Places to Care? Humanitarians and Migrants in World Politics

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Dedication

This dissertation is dedicated to my parents, Steve and Dianne McCracken, with love and gratitude.

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Chapter 1

INTRODUCTION

One of the most striking developments at the turn of the 21st century has been the
increasing prominence of caring—or meeting needs—in international relations. A wide
and ever expanding system of international governmental and nongovernmental
organizations exist to enhance the welfare of people around the world. Every year
thousands join Doctors without Borders, Islamic Relief, Partners in Health, the Red Cross
and Red Crescent Movement, Save the Children, World Vision, as well as local religious
groups and service organizations to convey aid to populations struggling to meet basic
needs.[1]

The rise of humanitarianism seems to signal a transformational moment in which
international relations reflect greater compassion and wider agreement on the value of
care. Humanitarian organizations and individuals occupy a privileged position in world
politics that allows them to negotiate with states and local leaders for access to suffering
populations, and to call on the worldwide media to back them. Due in part to the
visibility of their actions, and to the risks they are seen to take, the international
community honors humanitarians for their compassion, professionalism, and sacrifice.
Even while international peace appears out of reach, charity and justice seem close at

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[1] For a general introduction to these trends, see Peter Walker and Daniel G. Maxwell, *Shaping the Humanitarian World*, Routledge Global Institutions (Milton Park, Abingdon, Oxon; New York, NY: Routledge, 2009); Michael N. Barnett and Thomas George Weiss, *Humanitarianism Contested: Where Angels Fear to Tread*, Routledge Global Institutions (Milton Park, Abingdon, Oxon; New York: Routledge, 2011).

hand. As one International Relations scholar put it, "If there is a symbol of cosmopolitanism and the possibility of moral progress, it is humanitarianism."[2]

Sadly, there is in fact no worldwide consensus on the value of care. Every year hundreds of thousands of men and women leave their own countries to work as nurses, doctors, nannies, teachers, and domestic workers elsewhere. In contrast to humanitarian groups, migrant caregivers and the advocacy organizations that support them rarely have power to negotiate terms of entry. The care they provide in homes, retirement communities, hospitals, and other settings garner little public interest and no public appreciation. At the same time humanitarianism has won worldwide respect, the activities of migrant doctors, nurses, nannies, and domestic workers are trivialized as merely different forms of labor, recognized perhaps for the remittances they contribute to the Gross National Product of the societies that send them, but also as a problem to be managed by the states that receive them, and as irrelevant to the advancement of human rights, human security, national security, and international ethics. Consider that in the United States migrants are often called "illegal" and "undocumented" and are frequently subjected to policing, abuse, and public ambivalence, if not belittlement and outright hostility. If we imagine referring to an American nurse in Port-au-Prince as an "illegal alien" or to a Haitian nurse in Minneapolis as a "humanitarian"—and we reflect on how unnatural these descriptions would seem—we begin to appreciate how thoroughly humanitarians and migrants are separated in thought and practice.

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[2] Michael N. Barnett, "Humanitarian Governance," *Annual Review of Political Science* 16 (2013): 412. Michael Barnett goes on to develop a nuanced analysis of how humanitarianism represents both progress and politics as usual. See also: *The Empire of Humanity: A History of Humanitarianism* (Ithaca: Cornell University Press, 2011).

This separation has limited our ability to think well about care in international relations. This dissertation pursues a fuller accounting of the place and significance of care, building on the premise that any such project must attend to care in the context of *both* migration *and* humanitarianism. More than a quirky juxtaposition, this wide lens frames new lines of inquiry, and yields significant insights.

A New Approach to the Politics of Care

Why are some forms of care valued more highly than others, and with what consequences? Does the prevalence of care suggest progress in international relations? And how should a better understanding of the politics of care inform the ethics of care? These questions drive this dissertation, in each case pressing toward a new kind of working knowledge about care—and not only that the forms of care in the international system are multiple and diverse, or that the geography of care extends beyond previous estimates. The principal argument in this dissertation is that hierarchy in international relations shapes care, producing divisions among caregivers; intensifying politics among states; frustrating moral progress; and presenting, more generally, a complex political groundwork for international ethics.

This dissertation develops a two-part account of how a hierarchical order of power in international relations has produced stratification among caregivers. My explanation begins with the imperial relations that predominated in the international history of care. I argue, first, that from a position of relative privilege forerunners of North Atlantic humanitarianism dismissed and diminished the caregivers and care

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practices they encountered in other regions of the world, in a pattern important as a precedent and a determinant of things to come. Over time, distinctions between caregivers hardened and inequality between caregivers increased, suggesting the expanding presence of care in international relations has a regressive aspect.

Turning to the present, I argue contemporary international institutions preserve hierarchical social relations in a way analogous to how institutions within states maintain divisions and asymmetries between a public sphere of politics and a private sphere of labor. I use this analogy, provisionally, to try to account for why humanitarians seem to be special caregivers in world politics. I suggest privileges in the global public sphere include representation and participation in global governance, while disadvantages of the global private sphere include rule by market imperatives and the denial of a share in power in major international organizations. Humanitarians are generally able to access public sphere privileges while migrants are generally relegated to conditions akin to the private sphere. International institutions not only allocate differential privileges and disadvantages but also naturalize and normalize this order of things. The upshot is that care in humanitarianism appears to be exemplary and incomparable, not because of its intrinsic worth, but because of this past and present system of power and advantage. And care in the context of migration appears ordinary and unremarkable, not because the care provided is somehow less good, but because the same privileges are unavailable.

My analysis then assesses how the divided status of care aggravates politics among states. Relations of dominance and subordination preserved in international institutions condition the interests of states in care, and their capacity to get and give care,

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with consequences for their security. In the absence of a world state to ameliorate these conditions and ensure the equitable distribution of care across the international system, states seize on the differential valuation of care to serve their own interests. States like to give care to populations in other countries in part because it enhances their own image of independence and morality, but states do not like to be given care, because it evokes incapacity, dependence, and vulnerability. Thus, states that send humanitarians and attract migrant caregivers reap the most benefits from the high profile of humanitarian care and the low profile of migrant care. The consequences of these conditions are not trivial, because being able to get care easily can improve health and welfare while not being able to get care can mean loss of life. I call these dynamics "power politics in slow motion," since the effects appear most clearly over long periods of time.

Thus, the prevalence of care in international relations does not indicate progress from an older imperial order of power toward a more just and peaceful future. I argue the persistence of poorly paid, poorly appreciated care in migration and its exclusion from the humanitarian world suggest a hard limit on what might otherwise seem to be a revolution in international ethics, and progress in world politics more generally. It is common in segregated communities for privileged groups to define what progress means for everyone and to take their own advances to be a measure of the advancement of the whole society. In the context of stratification in the international community, humanitarian groups often fall into similar error. Yet, the success of humanitarianism is a poor guide to progress. Many people who wish to do good are hindered by conditions not of their making. And many more do good in ways humanitarians do not recognize.

A better understanding of the place of care in international relations might contribute to the ethics of care. Rethinking care as a public good has been a central aim of scholarship on the ethics of care. This has meant envisioning democratic citizenship as caring, and championing care as a public responsibility.[3] Now humanitarianism presents in an extraordinary way a form of care in the public sphere, in this case on a world scale. Yet, the history of humanitarianism gives further evidence that making care public is fraught with problems. It is all too common for care to be divided as it is translated into the procedures of bureaucracies, shaped for professional definitions, and fractured through race, gender, and class hierarchies. Making care public is a transformation that involves creating categories that introduce divisions between caregivers, and institutionalizes the exclusion of some people who would care if given the opportunity.[4] Humanitarianism demonstrates care need not always be marginal, but it also shows making care public can mean instituting or reinstituting relations of dominance and subordination.

I focus my ethical analysis on the question of whether some communities should host caregivers from other communities. In the abstract, caregivers would seem to be superlative visitors, deserving of a hospitable welcome because of their ability to do good. I argue, however, unconditional hospitality does not prove to be a good or just standard across contexts, even to caregivers, precisely because they can embody and perpetuate imperial relations of power. Global public and private spheres tend to

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[3] Joan C. Tronto, *Caring Democracy: Markets, Equality, and Justice* (New York: New York University Press, 2013).
[4] Mignon Duffy, *Making Care Count: A Century of Gender, Race, and Paid Care Work* (New Brunswick, N.J.: Rutgers University Press, 2011).

naturalize and normalize patterns of care, and in practice, contribute to granting

hospitality to humanitarians and denying that same expectation of a welcome to other

caregivers. Therefore, unsettling these conditions can expand the policy space for

making a decision on caregivers.

In short, in this dissertation, I theorize about the politics and ethics of care, and I

theorize about international relations through this focus on care. In proceeding, I seek to

make several more specific contributions.

First, I work against realist and liberal perspectives to come to a better

understanding of the politics of intransigent hierarchy in the international system. In

Chapter 4, I discuss how these perspectives take up care (or refuse to), but throughout the

dissertation I engage their understanding of international relations more generally. Most

scholars of International Relations conceive of the international system in terms of

anarchy. Anarchy refers to the absence of a world government that can guarantee the

welfare of states. Realist scholars believe that in the absence of a world government

states will fear for their security, propelling them to constantly seek to acquire military

power in order to survive.[5] Tragically, in threatening other states, these measures only

perpetuate insecurity, competition, and conflict. Because realists are concerned with the

state pursuit of hegemony—or dominance in the international system—it can sometimes

seem like realists are interested in hierarchy. But they do little if anything to investigate

dominance as a relation that transforms subordinate states, or to think through the

problematic character of these relations. Realists also fail to consider the possibility that

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[5] John J. Mearsheimer, *The Tragedy of Great Power Politics*, 1st ed. (New York: Norton, 2001).

the absence of a world government might lead states interested in their own security to undertake not only acts of war, but also efforts to give and get care.

Liberal theorists also view the world in terms of anarchy. As Thomas Friedman explains, "nobody is quite in charge."[6] But unlike realists, liberals do not view anarchy as a zero-sum game, where states and other actors are inevitably pitted against each other. To the contrary, they understand the absence of a world government to mean freedom for individual entrepreneurism, economic development, cultural expression, political innovation, interstate cooperation, and progress toward a better world. According to liberals political problems from war to climate change can be overcome through the combined force of good people, good ideas, and good institutions. Some liberals—known as neoliberal institutionalists or cooperation theorists—believe international organizations improve the possibility of interstate cooperation, even if there are no guarantees that cooperation will be long-lasting or effective. Like realists, liberals misperceive the existence and operation of a hierarchal order of power in world politics. The upshot is that they presume projects to care demonstrate moral evolution or enlightened cooperation, not the reproduction of hierarchy or the intensification of conflict.

Scholars of humanitarianism tend to sidestep direct engagement with these theoretical perspectives. However, most likewise conceive of the international system in terms of anarchy. In fact the assumption of anarchy generates a key puzzle in the scholarly literature on humanitarianism: Why would people go great distances to care for

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[6] Thomas L. Friedman, *The Lexus and the Olive Tree*, Rev. ed. (New York: Farrar, Straus, Giroux, 2000), 8.

others? In a world where there are no "ties that bind" such action is puzzling.[7] Moving

from an assumption of anarchy to an exploration of hierarchy this puzzle disappears. It is

not surprising powerful societies would undertake showy acts of benevolence, nor is it

surprising these same societies would quietly enlist people from other countries to

perform care. When, how, and to whom care is given reflect the hierarchical ordering of

world politics.

Second, this analysis of hierarchy is a contribution, too, to care theory, in thinking

through what it means for the project to make care public. Joan Tronto has suggested

hierarchies in care might be overcome through democratization.[8] Yet hierarchies in

international politics appear extremely resistant to democratization. The continual

reinstitution of power hierarchies through projects intended to serve the greater good—

including projects to care—exemplifies this. Making care public in the context of

hierarchy entails substantial risk and uncertainty, since it is not clear in advance if or to

what extent the goodness of care can survive conditions of domination and subordination.

In general, if care is visible primarily as a practice of domination it might be more likely

to create aversion than to attract new proponents, particularly if the promised returns on

care are constantly deferred to a more democratic future.

Third, in addition to engaging theories of international relations and care on the

significance of hierarchy, I seek to offer a structural account of gender in international

relations. While there is quite a bit of work on gender in development, there is little

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[7] For example, Peter Walker and Daniel Maxwell wonder, "Why should people on one side of the planet go out of their way to alleviate the suffering of others in places where there is no obvious gain to be made—no market for one's trade to be developed, no useful alliances to be forged, no indispensible natural resources to be tapped?" Walker and Maxwell, *Shaping the Humanitarian World*, 10.
[8] Tronto, *Caring Democracy : Markets, Equality, and Justice*.

specifically on humanitarianism.[9] What research exists does little to locate

humanitarianism in the broader context of world politics, for instance, in what V. Spike

Peterson has called a "gendered global hierarchy," a metaphor she uses to capture global

relations of domination.[10] To put this differently, it is conventional to locate

humanitarians in "humanitarian space," the "humanitarian field," the "humanitarian

sector," the "humanitarian system," the "humanitarian sphere," and the "humanitarian

international." Only by zooming out is it possible to see how humanitarianism is made

possible by distinctions with care that is paid and with care that addresses routine

problems in normal times. The demarcations that separate the humanitarian world from

the rest of the world contribute to the marginalization of care and caregivers in the field

of migration. While humanitarianism is understood as constituting a central current in

international politics, and as contributing to the global good, migration is understood as

"low politics," as occurring "below" the level of states, and thus as being peripheral or

marginal to the constitution of international life.[11] Expanding on the domestic analogy I

introduced above, I find there is differentiation in the profile and status of these groups

similar to that which in at least some countries distinguished the citizen in the public

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[9] For some important exceptions, see: R. Charli Carpenter, "Women and Children First: Gender, Norms, and Humanitarian Evacuation in the Balkans 1991-95," *International Organization* 57, no. 4 (2003); Joan C. Tronto, "Is Peacekeeping Care Work? A Feminist Reflection on the 'Responsibility to Protect'," in *Global Feminist Ethics*, ed. Peggy DesAutels and Rebecca Whisnant (Lanham, MD: Rowman & Littlefield, 2008); Jennifer Hyndman and Malathi De Alwis, "Beyond Gender: Towards a Feminist Analysis of Humanitarianism and Development in Sri Lanka," *Women's Studies Quarterly* 31, no. 3 (2003); Miriam Ticktin, "The Gendered Human of Humanitarianism: Medicalising and Politicising Sexual Violence," *Gender & History* 23, no. 2 (2011); Jonneke Koomen, "'Without These Women, the Tribunal Cannot Do Anything': The Politics of Witness Testimony on Sexual Violence at the International Criminal Tribunal for Rwanda," *Signs* 38, no. 2 (2013).
[10] V. Spike Peterson, "A 'Gendered Global Hierarchy'?," in *Contending Images of World Politics*, ed. Greg Fry and Jacinta O'Hagan (Basingstoke, Hampshire [England], New York: Macmillan; St. Martin's Press, 2000).
[11] See below for a discussion of related tendencies in the literature on care migration.

sphere from workers, servants, slaves, and wives in the home and fields, or what has been termed the private sphere. Citizens depended materially on the labor in the private sphere but also ideologically on the system of distinctions that differentiated these spheres of life. Similarly, on the world scale, a global public sphere has granted humanitarians power and privilege, which is enforced through the distinctions they claim, which differentiate them from other caregivers who are subordinated in part through those distinctions, and relegated to what I conceptualize as a global private sphere. These socially and politically constructed differences exemplify the workings of a gendered logic of domination in the international system.

In addition to contributing to these scholarly literatures, this lens also offers a critique of popular common sense about care in the United States. Americans, especially young people, often see international humanitarianism as a morally pure avenue for faith and action, what Amy Finnegan called "a noncontentious form of contemporary activism."[12] Higher education increasingly caters to this desire for noncontentious service by providing programming in global health and humanitarianism. In 2011, the *New York Times* reported, "More than 70 universities in the United States and Canada…offer formal academic programs in global health, most of them developed in just the past five years."[13] These programs will likely only reinforce the belief among many students that humanitarians are uniquely praiseworthy, laudable for their compassion and tirelessness in setting up national and international institutions, and for

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[12] Amy C Finnegan, "Beneath Kony 2012: Americans Aligning with Arms and Aiding Others," *Africa Today* 59, no. 3 (2013): 146.
[13] *New York Times*, April 2, 2011, A6. The article attributes this figure to the Consortium of Universities for Global Health.

their commitment to saving and improving human lives in communities and nations

where they are strangers. Yet, migrant nurses and doctors have crossed borders and

provided care in more places, in greater numbers, and for longer periods of time than the

nurses, doctors, and others identified as humanitarians.

Even the most rudimentary comparisons are revealing. In 2006, the combined

international field staff for humanitarian relief in all INGOs and United Nations

humanitarian organizations was just shy of 15,000. [14] While this figure underrepresents

the size of the humanitarian sector—the vast majority of workers in these organizations

are national staff—this number is telling. Around the same time, well over 370,000

migrant doctors and 600,000 international migrant nurses were working in countries

around the world to much less fanfare.[15] In light of these figures, popular preconceptions

about humanitarian care seem unfounded. Still, they have real consequences for

caregivers and for the societies who receive their care. Conventional wisdom translates

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[14] ALNAP, The State of the Humanitarian System, (London: Overseas Development Institute, 2012), http://www.alnap.org/. 30, 32. I calculated this figure based on the ALNAP study, which found in 2006 that the combined humanitarian field staff of all international NGOs was around 140,200 workers—and an estimated 5% of these workers were international humanitarians—and that the United Nations humanitarian organizations had a total field staff of 71,483 workers, of which around 11% were international staff. While these figures do not include corporate humanitarian agencies, other Red Cross institutions, or small and more informal humanitarian efforts, they give a sense of the scale of the international humanitarian sector.

[15] In the most recent count, the sum of all expatriate nurses working in OECD countries is 613, 309 nurses and 373,184 doctors. For each OECD country, this count uses figures from one year between 1995 and 2004, depending on when information was available. Organisation for Economic Co-operation and Development, "International Migration Outlook: Annual Report," (Paris: OECD, 2007). These should be taken as conservative estimates given that these figures do not include nurses and doctors in countries that are not members of the Organization of Economic Cooperation and Development, an international governmental organization composed primarily of North-Atlantic industrialized nations plus Australia, Japan, Korea, Mexico, and Chile. This means workers in South Africa, Singapore, and Middle Eastern countries are not counted, even though all of these countries are important destinations for careworkers and other migrants. These data also miss the many undocumented, temporary, and other unconventional workers, who are not counted by state agencies. The point is the numbers of migrant caregivers would be even greater if they were included in these estimates.

into citizenship, visas, pay, status, representation, and other rewards. Reassessing what we believe about care, what we value, and why are important tasks.

In sum, new possibilities for interpretation, explanation, and ethical reflection open up when we use a broad definition of who in our world counts as a "caregiver." The remainder of this introduction prepares the conceptual and analytical ground for the rest of this dissertation by introducing in more detail the concept of care, summarizing current approaches to care in world politics, sharpening my analytical lens, and outlining a methodology for the dissertation.

Care as a Moral and Political Practice

In the United States, care has traditionally been understood to occur in the home and a handful of related sites like the laundromat, the daycare center, the park, and the school. And caring has traditionally been understood to be the work of women, particularly in the role of mothers. Like other activities and actors in the private sphere, this labor has typically been unseen and it has certainly been undervalued. Care has long been associated with low skill, low status jobs, and with menial labor. And because caring has been interpreted as a private activity, political philosophers and political scientists have often treated it as irrelevant to morality and politics.[16]

Feminist scholars in the last several decades have objected to this characterization and have argued care should instead be thought of as an exemplary moral and political

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[16] Joan C. Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care* (New York: Routledge, 1993), 165-66.

practice.[17] Olena Hankivsky has called this group the "first generation" of care theorists, placing them together because of their shared interest in using maternal experience as a basis for theorizing care.[18] For instance, Nel Noddings attended to how mothers and teachers care for children and students. She found their caring involves a "commitment to act in behalf of the cared-for, a continued interest in his reality throughout the appropriate time span, and the continual renewal of commitment over this span of time."[19] Sara Ruddick similarly conceived of caring as a maternal practice. She suggested "three demands—for preservation, growth, and social acceptability—constitute maternal work; to be a mother is to be committed to meeting these demands by works of preservative love, nurturance, and training."[20] While Ruddick closely associated caring with the activity of mothers, she clarified caring might not only be done by women or by women with children, and argued it could also inform broader political activity, particularly the practice of peace-making.

Nonetheless, this largely maternal conception of caring drew criticism for essentializing women and for narrowly interpreting the scope and potential of women's political activity and men's caring activity.[21] Mary Dietz, for one, criticized "the conviction of the maternalists that feminists must choose between two worlds—the

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[17] Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, Mass.: Harvard University Press, 1982); Nel Noddings, *Caring, a Feminine Approach to Ethics and Moral Education*, 2nd ed. (Berkeley: University of California Press, 2003); Sara Ruddick, *Maternal Thinking : Toward a Politics of Peace; with a New Preface* (Boston: Beacon Press, 1995).
[18] Olena Hankivsky, *Social Policy and the Ethic of Care* (Vancouver: UBC Press, 2004).
[19] Noddings, *Caring, a Feminine Approach to Ethics and Moral Education*, 16.
[20] Ruddick, *Maternal Thinking: Toward a Politics of Peace; with a New Preface*, 17.
[21] Mary G. Dietz, "Citizenship with a Feminist Face: The Problem with Maternal Thinking," *Political Theory* 13, no. 1 (1985); "Context Is All: Feminism and Theories of Citizenship," *Daedalus* 116, no. 4 (1987); Joan Williams, *Unbending Gender: Why Family and Work Conflict and What to Do About It* (Oxford; New York: Oxford University Press, 2000).

masculinist, competitive, statist public and the maternal, loving, virtuous private."[22]

Along these lines, Hankivsky reflected, "While most of the first generation of care

theorists state that their ethic is not exclusively feminine, they nevertheless assume that

women are more likely and more suited for the maternal role than men."[23] In this view,

first generation care theorists not only gave short shrift to women, men, and to their

potentialities, but also to the political promise of care.

In the last twenty years, political theorists along with feminist and gender

theorists from other disciplines have reformulated the concept of care in order to

emphasize its wider relevance and political character. This "second generation" of care

theorists clarified that care is basic to all human life, not just to some women's capacity

for maternal experience.[24] Berenice Fisher and Joan Tronto suggested caring includes

"everything we do to continue, repair, and maintain ourselves so that we can live in the

world as well as possible."[25] They described four integral phases of care: caring about,

taking caring of, care-giving, and care-receiving. Tronto later identified these phases of

caring with four moral aspects of good caring: attentiveness, responsibility, competence,

and responsiveness, and added another phase, caring with, which she linked to the

principle of solidarity.[26] *Caring about* means attending to the specific needs of others.

Taking care of involves allocating and accepting responsibility for meeting needs. *Care-*

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[22] Dietz, "Context Is All: Feminism and Theories of Citizenship," 13.
[23] Hankivsky, *Social Policy and the Ethic of Care*, 12.
[24] Ibid., 11, 27.
[25] Berenice Fisher and Joan Tronto, "Toward a Feminist Theory of Caring," in *Circles of Care: Work and Identity in Women's Lives*, ed. Emily K. Abel and Margaret K. Nelson, Suny Series on Women and Work (Albany, N.Y.: State University of New York Press, 1990), 41.
[26] For the original statement on attentiveness, responsibility, competence, and responsiveness, see Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 127-36. Tronto later added solidarity and trust. See *Caring Democracy: Markets, Equality, and Justice*.

giving requires competence using skills and resources to meet needs. C*are-receiving* corresponds to understanding how caring is received and making appropriate adjustments. Finally, *caring with* entails nurturing trust and communication with others in caring. Tronto introduced this last phase of caring in her most recent account of caring democracy. [27]

I find this political conception of care to be useful. It is a political perspective in several respects. First, care is not imagined to exist only in dyadic and domestic relationships; it also figures into wider relations and concerns. Although it is common to represent care as a dyad between a caregiver and a care recipient, and I sometimes cast it in this way, care is not a practice always performed between just two individuals. Second, care is conceived broadly enough to inform and evaluate public policy. Tronto shows how care ethics can bear on domestic policy decisions—and not only on issues of clear relevance like healthcare, but also over less obvious issues like immigration policy. Third, this view is political in that it suggests care is inseparable from power. Studying caring at any level—local, federal, international, or global—means looking at who meets needs, whose needs are met, and how this expresses power.[28] Finally, Tronto emphasizes caring should be organized collectively, ideally reflecting and contributing to democratic life.[29] Thus, with this political understanding of care, feminists no longer need to choose between "two worlds."

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[27] Tronto, *Caring Democracy: Markets, Equality, and Justice*, 35-37.
[28] *Moral Boundaries: A Political Argument for an Ethic of Care*; Olena Hankivsky, "Rethinking Care Ethics: On the Promise and Potential of an Intersectional Analysis," *American Political Science Review* 108, no. 2 (2014).
[29] Tronto, *Caring Democracy: Markets, Equality, and Justice*.

This conception of care is also useful in that it is underpinned by an assumption of mutuality between caregivers and carereceivers, that normally both parties to care are in some sense beneficiaries. Not all perpsectives on care share this assumption. Daniel Engster proposed a narrower definition of care than Fisher and Tronto. He emphasizes the role of care in the survival and development of individuals. He considers care to be "everything we do directly to help individuals to meet their vital biological needs, develop or maintain their basic capabilities, and avoid or alleviate unnecessary or unwanted pain and suffering, so that they can survive, develop, and function in society."[30] Notice Engster further limits the meaning of care by focusing on basic needs and capacities, a point I will return to in a moment. Kari Wærness conceptualizes care in a way still narrower than either Fisher and Tronto or Engster. Wærness describes one type of caring devoted to people who are capable of meeting their needs but do not, in the way wives have long cared for husbands, though husbands could share in caring responsibilities. When the capacity to care is symmetrical but performance of care is asymmetrical, it is less like care-giving and more like "personal service."[31] Wærness distinguishes this type of service from care, which she argues involves meeting needs that could not otherwise be met. Specifically, she restricts "care-giving work to services, help and support, given on a consistent and reliable basis to persons who according to

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[30] Daniel Engster, *The Heart of Justice: Care Ethics and Political Theory* (New York: Oxford University Press, 2007), 29. Original emphasis removed.
[31] Kari Wærness, "Caring as Women's Work in the Welfare State," in *Patriarchy in a Welfare Society*, ed. Harriet Holter (Oslo: Universitetsforlaget, 1984), 70.

generally accepted social norms, are dependent, i.e. persons who cannot take care of themselves."[32]

Thus, Engster and Wærness argue caring is best understood to be for others—whether others are "developing individuals" or "dependents"—while Fisher and Tronto insist caring is also "for ourselves." Theirs is a more inclusive formulation, because it covers "others" and "us" and refuses to identify recipients of care with the former and providers of care with the latter. They in effect reject a narrow specification of care that would enforce a strong distinction between the self and the other. Tronto has recently underscored receiving care as a fundamental human commonality, inviting us to acknowledge, "*We are care receivers, all.*"[33] The point is we all care and we all benefit from care. There is no group of "developed individuals" or "independents" that does not need it. And when we care, we are contributing to our own individual wellbeing as well as to our common welfare.

The primary advantage of recognizing care as being at once for the self and for the other is that it decenters the difficult question of whether care is egoistic and self-interested, or altruistic and selfless. That line of inquiry relies on a number of unwarranted assumptions as well as some giant logical leaps—for instance, that altruistic care can distinguish the self in contrast with the other; that only selfless, unrewarded

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[32] Ibid., 71. Abel and Nelson make a similar point, though they do not develop it. They write, "When higher-status workers provide care to working-class and minority clients, caregiving shades easily into social control. When marginal workers deliver care to white, middle-class clients, caregiving tends to embody significant elements of personal service." Emily K. Abel and Margaret K. Nelson, "Circles of Care: an Introductory Essay," in *Circles of Care: Work and Identity in Women's Lives*, ed. Emily K. Abel and Margaret K. Nelson, Suny Series on Women and Work (Albany, N.Y.: State University of New York Press, 1990), 15-16.
[33] Tronto, *Caring Democracy: Markets, Equality, and Justice*, 146.

caregiving is really virtuous; and, finally, that virtuous caregiving is rare, strange, and puzzling, and therefore must be identified and explained.

This conceptual turn is friendly to mounting evidence of both interestedness *and* disinterestedness in care.[34] For example, in working as care professionals, migrant nurses earn a living. But many if not most nurses are motivated at least partly by compassion and the personal rewards in pursuing a calling to care. In their own activity, humanitarians provide aid and relief for others. But many if not most humanitarians are motivated by an opportunity to pursue a respected vocation, embody dearly held principles, and to receive a stipend, however minimal.[35] As one volunteer for Doctors without Borders explained, "there are a lot of people who do this because they can't get a job at home, or at least they can't get an interesting job at home."[36]

By clarifying care need not be for the self *or* the other, the exhaustive dissection of individual motives becomes a less pressing task. To set aside the quest for a subtler portrayal of human motivation is not, however, to underrate the pervasiveness of ideologies surrounding care that advertise it as being only for the other, to the exclusion of the self. Claims about compassionate service figure into the self-understanding and self-presentation of humanitarian organizations. For example, one key principle of the International Federation of the Red Cross and Red Crescent Societies is voluntary service

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[34] Barnett, *The Empire of Humanity: A History of Humanitarianism.*
[35] Ibid., 224-28; Anthony Vaux, *The Selfish Altruist: Relief Work in Famine and War* (Sterling, VA: Earthscan, 2001) ; Anne-Meike Fechter, "'Living Well' while 'Doing Good'? (Missing) Debates on Altruism and Professionalism in Aid Work," *Third World Quarterly* 33, no. 8 (2012).
[36] Quoted in: D. Robert DeChaine, *Global Humanitarianism: NGOs and the Crafting of Community* (Lanham, MD: Lexington Books, 2005), 75.

defined as "not prompted in any manner by desire for gain."[37] This precept is an

organizational mandate, not an essential motivation in every individual aid worker.

Societies and politics—rather than pre-social and pre-political motivations—organize

relations and practices of care.

Indeed, this definition can thoroughly trouble many taken for granted beliefs

about care in world politics. Most definitions of care register distinctions between "us"

and "them" that care creates or perpetuates. This is crucial, for it makes it possible to

recognize how popular common sense represents caregivers in relation to care recipients,

for instance, construing the former as responsible and the latter as infantile. Some

theorists of care problematize and overturn these received categories, as Wærness does in

the contribution discussed earlier. But in presuming receiving care is ubiquitous, Fisher

and Tronto encourage us to take the further step of critically scrutinizing powerful

individuals and states that identify exclusively as care providers. We might inquire into

why and *how* these actors conceal their dependence on care. What do they have to hide?

How do they manage this concealment? And is this process of image-making even in

their control?

Think how humanitarian care is represented as by the West for the non-West. In

addition to obscuring humanitarianisms from other parts of this world, this portrayal sets

up a rigid dichotomy and obscures the way the same Western countries that send

humanitarians are more often than not dependent on the care provided by migrants from

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[37] http://www.ifrc.org/en/who-we-are/vision-and-mission/the-seven-fundamental-principles. Accessed
November 24, 2012.

around the world.[38] As one illustration, consider that at the same time the U.S.

government and U.S.-based nongovernmental organizations send food aid abroad,

Americans depend utterly on migrant labor to harvest agricultural crops and process meat

products.[39] Or consider that U.K.-based Oxfam sells used clothes to fund its aid projects

overseas—and, in fact, still sometimes sends clothes overseas—at the same time the

United Kingdom receives new clothes manufactured at factories around the world. An

alarm should sound when the "we" who receive care is hidden from view, and this

understanding of care is a good tripwire.

Still, there is one respect in which I do not follow Fisher and Tronto's

understanding of care. For pragmatic reasons, this dissertation focuses on a relatively

narrow set of practices closer to the range of activities identified by Engster and

Wærness. I am concerned most with the tending to survival needs, primarily needs for

nursing and medical care, and less with the broader range of practices Fisher and Tronto

have in mind. Their view of care as maintining and improving the world encompasses all

manner of activities, including building roads and bridges, undertaking reforestation

projects, sewing clothes, and producing food. So while according to Fisher and Tronto

many labors and laborers fall under the rubric of care—labor in the agricultural sector, as

an important example—for the purpose of limiting the scope of this dissertation, I do not

take into account that wider range of activities.

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[38] For a related point about care and regimes of visibility, see: Susan Craddock, "Aid for Whom? Distance Caring and Corporate Practices," *International Political Sociology* 7, no. 1 (2013). Also see: Fiona Robinson, "After Liberalism in World Politics? Towards an International Political Theory of Care," *Ethics and Social Welfare* 4, no. 2 (2010).

[39] I thank Eli Meyerhoff for suggesting this example.

Two Stories about Care in World Politics

In comparison to work in other fields, political scientists have done relatively little to address care as an issue or dimension of world politics.[40] This inattention may reflect the fact that scholars primarily view care as a matter for normative theory, and therefore as related to the articulation of values, rather than to a wider range of scholarly pursuits. Another possibility is that scholars continue to think care is an intimate or, at most, a local matter. To the extent care figures into international relations scholars usually consider only one side of the world politics of care, *either* care in migration *or* care in humanitarianism.[41] I call this the dual stories approach to care. Scholars study one form of care in isolation from the other.

Here is one story about care. Those who write about migrant care workers see a wave of women moving from the Third World to work in other countries as nannies, housecleaners, and nurses.[42] Concepts like gender, race, care, family, domesticity,

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[40] There are important exceptions. See Fiona Robinson, *Globalizing Care: Ethics, Feminist Theory, and International Relations*, Feminist Theory and Politics (Boulder, Colo.: Westview Press, 1999); *The Ethics of Care: A Feminist Approach to Human Security*, Global Ethics and Politics (Philadelphia: Temple University Press, 2011); Virginia Held, *The Ethics of Care: Personal, Political, and Global* (Oxford; New York: Oxford University Press, 2006); Barnett, *The Empire of Humanity: A History of Humanitarianism*; Michael N. Barnett, *The International Humanitarian Order* (London; New York: Routledge, 2010); Tronto, "Is Peacekeeping Care Work? A Feminist Reflection on the 'Responsibility to Protect'."; Himadeep Muppidi with Bud Duvall, "Humanitarianism and Its Violences," in *The Colonial Signs of International Relations*, by Himadeep Muppidi (London: Hurst & Company, 2012); Ruddick, *Maternal Thinking: Toward a Politics of Peace; with a New Preface*.

[41] Exceptions are Robinson, *The Ethics of Care: A Feminist Approach to Human Security*; Nicola Yeates, *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains* (Basingstoke [England]: New York: Palgrave Macmillan, 2009).

[42] For some examples, see: Barbara Ehrenreich and Arlie Russell Hochschild, eds., *Global Woman: Nannies, Maids, and Sex Workers in the New Economy* (New York: Metropolitan Books, 2002); Rhacel Salazar Parreñas, *Servants of Globalization: Women, Migration and Domestic Work* (Stanford, Calif.: Stanford University Press, 2001); Bridget Anderson, *Doing the Dirty Work?: The Global Politics of Domestic Labour* (London; New York: Zed Books, 2000); Pierrette Hondagneu-Sotelo, *Doméstica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence* (Berkeley: University of California Press, 2001); Sondra Cuban, *Deskilling Migrant Women in the Global Care Industry* (London: Palgrave Macmillan, 2013).

migration, globalization, and capital orient this literature. Researchers typically

concentrate on the experience of migrants from a particular country and use material

from in-depth interviews and ethnographies to tell their stories. Scholarly commentary

tends to focus on the hardships created through separation from family, rather than on

professional challenges. These scholars have had relatively little to say about the efficacy

of care or about the principled rationale that motivates caregivers. And the effectiveness

of care is seldom quantified. Instead of counting children raised, homes cleaned, lives

saved, and dollars spent on care, feminist and gender theorists are more likely to call

attention to how the global expansion of capital has extended and deepened the

subordination of women, subjugating them by means of material deprivation and

ideologies of femininity, domesticity, and maternalism, which in combination draft large

numbers of women around the world into nursing, childcare, and domestic work, among

other labors.

   If the literature on migration presents one story about care in world politics,

scholarship on international humanitarianism offers a quite different account.[43] Those

who write on this subject tend to see an ensemble of international institutions, ideas, and

actors that arrange aid and relief for populations confronting severe hardships and often

emergency conditions. The humanitarian field is diverse, containing international

organizations, nongovernmental organizations, religious groups and even corporations.

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[43] For some examples, see: Michael N. Barnett and Thomas George Weiss, *Humanitarianism in Question: Politics, Power, Ethics*, Cornell Paperbacks (Ithaca: Cornell University Press, 2008); DeChaine, *Global Humanitarianism: NGOs and the Crafting of Community*; Barnett, *The International Humanitarian Order*; Fiona Terry, *Condemned to Repeat?: The Paradox of Humanitarian Action* (Ithaca; London: Cornell University Press, 2002); Peter Redfield, *Life in Crisis: The Ethical Journey of Doctors without Borders* (Berkeley: University of California Press, 2013); Barnett, *The Empire of Humanity: A History of Humanitarianism*. David Rieff, *A Bed for the Night: Humanitarianism in Crisis*, 1st Simon & Schuster trade pbk. ed. (New York: Simon & Schuster, 2003).

What unites this group of humanitarians is an ambition to save lives.[44] Ordinary health

professionals save lives, too, and the lives of strangers no less, but what seems to

distinguish humanitarians is the effort to save lives *en masse*, voluntarily, at great risk,

and to cross the world to that end.

Scholars describe humanitarian involvement in meeting basic needs for medical

care, shelter, food, and in many cases, protection. If travel is mentioned at all, it is as

"intervention" while the language of "migration" is almost completely absent. In

addition, scholars speak of humanitarians as professionals motivated by deep ethical

commitments, as "global citizens," and as "cosmopolitans." Humanitarians are identified

at least as much by their principles as by their practices. They serve humanity, and they

do so impartially—that is, with an orientation to the most pressing needs, without regard

to race, ethnicity, or religion. To gain access to populations in distress, they also often

seek independence from states and other donors, and neutrality with respect to warring

parties. Scholars and practitioners see humanitarians bringing their capacity for moral

reasoning to bear on these complex political situations where the proper course of action

is not obvious and standard operating procedures are of little use.[45] Complex

emergencies call on them to exercise their faculty to reason even while they wrestle with

unusual problems that are "emotionally wrenching" yet nonetheless "intellectually

doable."[46] While I do not emphasize it here, there is a large body of scholarship that

deals with military interventions to halt internal conflict, maintain peace, or provide

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[44] Barnett, "Humanitarian Governance."
[45] Thomas G. Weiss, "Principles, Politics, and Humanitarian Action," *Ethics & International Affairs* 13, no. 1 (1999): 9.
[46] Ibid.: 9-10.

shelter, food, and medical care for bystanders and refugees, particularly under the rubric of "the Responsibility to Protect."[47] Concepts like sovereignty, power, politics, law, compassion, and morality—and almost never gender and migration—orient this work. Scholars and practitioners employ narrative methods less often, instead preferring techniques like process-tracing, comparative case studies, single case studies, and legal interpretation. Similarly, humanitarian organizations research and report measurable, quantifiable outcomes, including persons vaccinated and medicines distributed. The preference for such different terms, concepts, theories, and methods may help to explain why so little scholarship has addressed the full range of care in international relations.[48]

The clarity and persuasiveness of this scholarly division of labor is undermined by the fact that migrant caregivers and humanitarians engage in such similar activities. Both groups are involved in meeting fundamental needs for food, shelter, protection, healthcare, and nurturance. Both groups assist individuals, communities, and societies at significant personal risk and sacrifice. Both groups express professional identities as doctors and nurses, for example, and possess professional knowledge, responsibilities, ethical codes, and practical experience. What seems on the surface to distinguish these groups is the voluntary nature of humanitarian care. But as I noted above motivations are difficult to pin down in practice. And migrants who care for children by sending remittances home do so in a voluntary capacity. Furthermore, the practices of these

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[47] Gareth J. Evans, *The Responsibility to Protect: Ending Mass Atrocity Crimes Once and for All* (Washington, D.C.: Brookings Institution Press, 2008).
[48] For exceptions, see Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History*, American Encounters/Global Interactions (Durham: Duke University Press, 2003); Parvati Raghuram, "Caring About 'Brain Drain' Migration in a Postocolnial World," *Geoforum* 40 (2009); Yeates, *Globalizing Care Economies and Migrant Workers: Explorations in Global Care Chains*.

groups are identical with regard to discrete healthcare procedures. Inoculation campaigns carried out by nurses in both regular public health services and in humanitarian projects are indistinguishable. It is revealing that the same person can be a migrant and a humanitarian, but not necessarily at the same time. When a Haitian nurse takes employment in the United States, she is identified as a migrant, but when she joins the relief effort in Haiti she is counted as a humanitarian.[49]

More than an academic division of labor, the dual stories approach carries with it a series of unexamined assumptions. First, the dual stories approach implies separate accounts of care can adequately establish the meaning of care in world politics. The assumption is that discrete research areas correspond to discrete domains of international relations. By examining just one form of care different scholars, journals, books, and chapters can uncover the total meaning of care. I have already made it clear I think dual stories misconstrue the place and significance of care in international relations. Take the claim that humanitarianism is a politically unparalleled and morally progressive movement in world politics. Such arguments can only be sustained by examining humanitarianism in isolation. I will suggest throughout the dissertation that care in the context of migration presents a parallel to humanitarianism, and the continued separation of these fields suggests a hard limit to progress in international relations.

Second, the dual stories approach implies different histories can explain the emergence of different forms of care. I show in Chapter 3, however, that this is not the

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[49] Hundreds of Haitian doctors and nurses who were working in the United States volunteered in the relief effort. See *New York Times*, April 5, 2010, A13. A recent overview of the humanitarian system listed "diaspora groups" as part of a group of "non-core humanitarian actors." See: ALNAP, The State of the Humanitarian System.

case. The emergence of humanitarianism has involved constant differentiation from others deemed unsuitable or unqualified to be caregivers. Among those excluded were many people from societies that now send migrants. A complete history of care would trace these exclusions and investigate their ramifications.

Third, the dual stories approach is premised on the assumption that a viable ethical account of care is attainable by studying either sector of care. However, crafting one ethics for one group and another ethics for another group produces inconsistencies and contradictions. It is hazardous to issue categorical prescriptions that do not attend to caregivers and care-receivers in both sectors. Moreover, the ethical achievements of a single group are inevitably projected onto a world map, thereby misrepresenting not only the latitude and longitude of care but also the geography of moral possibility. Again, when humanitarianism is represented as the exclusive fount of international care and humanitarianism is constantly identified with the West, the West comes to seem like the exclusive source of international ethics. Recognizing humanitarian movements from other parts of the world begins to trouble this view. Recognizing care in migration presents perhaps an even more powerful challenge.

Look at the Democratic Republic of the Congo, a nation that is continually identified with crisis, humanitarian need, and humanitarian action. It is undeniable that the humanitarian mobilization in the DRC over the last fifteen years has been massive, including the largest UN peacekeeping force in history and a phalanx of other nongovernmental and intergovernmental actors. Humanitarian aid agencies including the United Nations, Médecins Sans Frontières, the International Rescue Committee, and the

International Committee of the Red Cross have sent hundreds of humanitarian workers.

For instance, in 2002, Médecins Sans Frontières deployed an international field staff of

84 to the DRC. [50] At the same time hundreds of people from the DRC were providing

care in other countries. Around the year 2000, 552 men and women from the Democratic

Republic of the Congo were working as doctors in other countries, and 2,288 men and

women from the DRC were working as nurses in other countries. [51] While not all

Congolese doctors and nurses were educated in medicine and nursing in that country,

these numbers nonetheless disrupt the conventional wisdom. It is not a necessary fact of

world politics that a country *either* sends care to other countries *or* receives care from

other countries. More to the point, it is not necessarily the case that countries like the

DRC that receive humanitarians are incapable of providing care, whether to their own

nationals or to foreigners in other countries. Such oversights can be avoided with a wider

view on care.

A Wide Lens on Care

To review, I seek to answer three questions: First, why are some forms of care

valued more highly than others, and with what consequences? Second, what does care

reveal about the possibility of progress in international relations? Third, how should the

world politics of care inform the ethics of care?

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[50] Médecins Sans Frontière, Activity Report 2002,
http://www.doctorswithoutborders.org/publications/ar/report.cfm?id=1142&cat=activity-report.
[51] Michael A Clemens and Gunilla Pettersson, "New Data on African Health Professionals Abroad,"
Human Resources for Health 6, no. 1 (2008). These figures are based on census information from nine
major receiving countries—the United Kingdom, the United States, France, Canada, Australia, Portugal,
Spain, Belgium, and South Africa—rather than a more comprehensive worldwide survey, and therefore
represent a conservative estimate.

A view on these issues is not easy to obtain. Rendering care internationally with exclusive reference to humanitarianism is much like mapping the security arena exclusively in relation to states: it can be done, but the omission comes at a cost. In the security issue area, we miss not only a range of actors that seek to acquire and manipulate the means of violence, but also, ultimately, an important set of state preoccupations. With respect to care, there are many actors that engage in activities oriented to meeting needs. Without attention to a wider range, we misconstrue what care is and underestimate how much care matters in world politics.

Even as I seek a broader understanding of care in international relations, however, I do not aim to gather or summarize the infinitely various meanings of care across cultures and contexts. Care obviously carries different meanings in different societies, referring to self-care, parenting, and welfare programs, among many other possibilities. The duty to care might be asserted in religious doctrine, political ideology, moral philosophy, and economic theory. Instead, in my analysis of the meaning of care I look to international governmental and nongovernmental organizations, which idealize and institutionalize care and restrict its meaning. I also give special attention to the United States, a country that has exercised substantial influence in shaping international organizations and ideologies around care. As I discuss below, I take care in nursing to exemplify broader trends in care work.

With a wide lens on care I not only seek to describe how different kinds of care are produced and organized. I also seek to explain patterns and reveal problems in the organization of care. To do so, I place care in critical, comparative, and historical

perspective. In the first subsection below, I provide a brief introduction to critical

international relations.

CARE IN CRITICAL PERSPECTIVE

"Theory," to cite Robert Cox, "is always *for* someone and *for* some purpose."[52]

In contrast to other theoretical perspectives that claim to analyze politics at a distance,

critical theory is explicitly political and draws out the implicitly political claims and aims

of conventional international relations theory.

Substantively, critical investigation of international relations is geared to

"questioning the conditions of existence of world order(s)."[53] In his seminal overview of

critical theory, Robert Cox refers to world order as the "configurations of forces which

successively define the problematic of war or peace for the ensemble of states."[54] Cox

identifies ideas, institutions, and material forces that shape conditions for states.

Questioning the existence of world orders is important for several reasons. First,

this questioning points up errors and limitations in realist and liberal analyses of

international relations, and contributes to better knowledge and understanding of world

politics. For instance, realists believe world order is static, assuming anarchy is a

perpetual condition on state behavior, and therefore they mistakenly presume, "with

respect to essentials, the future will always be like the past."[55] Liberals think the agency

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[52] Robert W. Cox, "Social Forces, States, and World Orders: Beyond International Relations Theory," in *Neorealism and Its Critics*, ed. Kenneth N. Waltz and Robert O. Keohane (New York: Columbia University Press, 1986), 207.
[53] Raymond Duvall and Latha Varadarajan, "Traveling in Paradox: Edward Said and Critical International Relations," *Millennium-Journal of International Studies* 36, no. 1 (2007): 84.
[54] Cox, "Social Forces, States, and World Orders: Beyond International Relations Theory," 220.
[55] Ibid., 212.

of individual political entrepreneurs is powerful enough to override or harness other social forces and change the shape of world order. Critical theorists find realists inadvertently make the world order they study seem normal, natural, timeless, and inevitable. And critical theorists show that liberals miss a lot about power when they start from and focus narrowly on resourceful individuals. It is necessary to give greater attention to a wider constellation of social forces to understand whether and how world order is subject to change, and it is important to be alert to preservative forces, too—that, again, naturalize and normalize the existing order of things.

Part of the work of critical theory, then, is to engage in grappling with the nature and place of power in the constitution of world orders. As Raymond Duvall and Latha Varadarajan explain, critical theorists tend to share "a suspicion—a disdain—for relations of dominance in power."[56] More generally, critical theorists attend to the accumulation of power, "in that any inordinate concentration of power is seen as not desirable."[57] The aim, then, is "to 'see' the operation of various modes of power—the ways in which they are intrinsically involved in the production of world order."[58] In critical international relations definitions of power vary, but most definitions construe power not simply as a possession, but also or instead as a relation.[59]

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[56] Raymond Duvall and Latha Varadarajan, "On the Practical Significance of Critical International Relations Theory," *Asian Journal of Political Science* 11, no. 2 (2003): 84.
[57] Ibid.
[58] Ibid.: 84.
[59] Barnett and Duvall observe that while "realists tend to focus on…compulsory power, and critical theorists on structural or productive power" it is also true that "scholars can and frequently do draw from various conceptualizations." Michael N. Barnett and Raymond Duvall, *Power in Global Governance*, Cambridge Studies in International Relations (Cambridge, UK; New York: Cambridge University Press, 2005), 4.

At any rate, because politics changes, critical international relations changes, too. It is difficult to sustain an elaborate political vision or substantive program across time, a seeming lack of commitment that some can find frustrating. At one point, for instance, international human rights were a political novelty and a subversive force, cutting the edges of a movement to check state sovereignty, end state violence, and foil the inhuman logic of neoliberalism. Now, the human rights idea governs an immense system of norms and institutions, with the capacity to leverage extraordinary power. That transition from movement to power called for critical analysis and critical distance. Such a turnabout can seem to treat politics and political alliances lightly. Yet a critical perspective is compatible with respect for both political mobilization—see above—and also more mundane human connection, as exemplified in the writing of Judith Butler and Edward Said.[60]

Relationality is also important to critical theory in a more general sense.[61] Critical theorists seek to grasp the whole of a social domain—the totality—which cannot be understood with reference only to its parts in isolation. This means critical analysis involves revealing relations, for instance, studying actors in relation to each other; interactions with reference to relationships; events with reference to processes; and processes as they reflect and constitute world orders. Take for instance, the analysis of the democratic peace. According to the international relations mainstream the absence of war between democracies is due to factors internal to democracies, or, at most, features

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[60] On Said, see, again: Duvall and Varadarajan, "Traveling in Paradox: Edward Said and Critical International Relations."

[61] Still, I recognize most critical theorists would object to the strong, normative claims about relationality that appear in some care theories.

of the relationship between pairs of democratic countries. Against this view, Tarak

Barkawi and Mark Laffey contend wider processes of global social change account for

peace between democracies; indeed, imperial expansion and the attendant

internationalization of capital explain both "zones of war and peace."[62] To give another

example, most scholars account for "failed states" with reference to internal factors like

corruption and animosity between religious groups. Arjun Chowdhury argued instead

that the world system produces weak states.[63]

A critical lens can contribute significantly to the study of care in international

politics, first of all in pressing the analysis of power.[64] It is not that the topic of power

and care has been entirely neglected. Scholars of care frequently (and rightly) worry care

has been, is, or will be a technology of power. This is an old concern. For Emily Abel

and Margaret Nelson, by 1990 it was already "almost a truism to note that human

services advance the goal of social control."[65] Two decades later, the subordination of

care to coercion remains an issue, and Evelyn Nakano Glenn among others has reminded

us that in the United States caregiving has often been secured by means of the forceful

recruitment of women, especially women of color, into service with gender and race

ideologies.[66] Without doubt, this line of critique was and is an important rejoinder to too

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[62] Tarak Barkawi and Mark Laffey, "The Imperial Peace: Democracy, Force and Globalization," *European Journal of International Relations* 5, no. 4 (1999): 404.

[63] Arjun Chowdhury, "Expectations of Order: State Failure in Historical Context" (University of Minnesota, 2011).

[64] I am not the first to present a critical perspective on these issues. See, also: Robinson, *The Ethics of Care: A Feminist Approach to Human Security*; Barnett, "Humanitarian Governance."; Parreñas, *Servants of Globalization: Women, Migration and Domestic Work*.

[65] Abel and Nelson, "Circles of Care: an Introductory Essay," 13.

[66] Evelyn Nakano Glenn, *Forced to Care: Coercion and Caregiving in America* (Cambridge: Harvard University Press, 2010); Abigail B. Bakan and Daiva K. Stasiulis, "Making the Match: Domestic Placement Agencies and the Racialization of Women's Household Work," *Signs* 20, no. 21 (1995).

naïve portrayals of social and political life and the care purveyed by means of formal organizations and informal institutions.

One hindrance to the analysis of care and power may be lazy presumptions about gender. While scholars constantly reiterate that gender is a social construct, Olena Hankivsky rightly observes that "a type of residual naturalized essentialism exists."[67] Hankivsky detects pervasive presumptions that gender is more serious than all other factors of domination, and is somehow separable from the rest. Against this view, Hankivsky advances an intersectional approach to incorporate contingency and complexity, for instance in rejecting "a simplified binary of power versus powerlessness" and "dichotomizing care givers and care receivers as either privileged or oppressed."[68] But Hankivsky goes too far, I think, in implying contemporary accounts of care treat gender as ontological—in her words, "ontologically separate"—when, at least in my reading of the scholarship, current approaches to care and domination are mostly social and historical.[69] And it is possible to have a too contingent view of hierarchy. If scholars give up the serious pursuit of generalizations to concentrate on singularities, contrary to her purposes, introducing more contingency could lead to a poorer analysis of power.[70] Still, the important lesson to be drawn from this work is that we should try to understand the subtle relationships between power and care, and how institutionalized care is likely to privilege some and disadvantage others.

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[67] Hankivsky, "Rethinking Care Ethics: On the Promise and Potential of an Intersectional Analysis," 259.
[68] Ibid.: 261.
[69] Ibid.: 257.
[70] Ibid.

With critical scholars, I also emphasize the relationship between power and meaning in world politics. Meaning shapes how we relate to each other and become who we are. Care is a meaningful practice. While who is a caregiver is subject to change and what it means to be a caregiver is subject to change, categories that identify caregivers acquire stability over time through incorporation into social and political institutions. Because dominant discourses naturalize meanings, a key task for interpretation is to call into question what has come to seem natural and who gains and who loses as a consequence. What does it signify, for example, that scholars from the European-American academy observe domestic workers from the Philippines associate with "coethnics" in their free time in London, while scholars from the same milieu never refer to associations among humanitarian "coethnics"?[71] What does it mean when scholars refer to humanitarians helping "strangers," forgetting humanitarians are themselves "strangers"?[72]

It is worth noting critical scholars view meaning in social relations differently than liberals, including liberal constructivists. Liberals focus on individual actors as creators of the world they inhabit; individuals generate meaning, institutions, and politics. This assumption leads them to particular research methods; they favor individual interviews over discourse analysis, for example. In my view, the explanation for why hundreds of thousands of individuals cross borders to deliver care is unlikely to be found in variations at the individual level. Hence, the analysis in this dissertation does not rest on the investigation of individual characteristics, motivations, or actions. The upshot is

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[71] Cuban, *Deskilling Migrant Women in the Global Care Industry*, 173-78.
[72] Barnett, *The Empire of Humanity: A History of Humanitarianism*, passim.

that I have not undertaken extensive interviews to ascertain the motives of people who became international caregivers. Proceeding in that way might have interfered with addressing my core research questions since meaning-making patterns continually escape the consciousness of individuals.

CARE IN COMPARATIVE PERSPECTIVE

Again, my claim is that the politics and ethics of care are best understood with reference to care in migration *and* care in humanitarianism. This lens has a comparative angle involving a critical comparison of two forms of care that share similarities and differences.

To render this type of comparison is obviously not like using the comparative method to draw nomothetic inferences. According to that methodology, comparison and explanation are made possible by the independence of the terms under study. All else being equal, a variation in circumstances can explain variation in outcomes. In contrast, I seek something closer to what Himadeep Muppidi describes as the "possibility of an ethically charged comparison, a knowledge of international relations that bridges the relationship between the here and the there in a responsible and responsive way."[73] I aim at a type of comparison that has this quality of bridging and exposing relationships, rather than comparisons that reproduce what might appear at first to be a separation, a system of binaries, or a catalog of values privileging some terms over others. The critical

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[73] Himadeep Muppidi, *The Colonial Signs of International Relations* (London: Hurst & Company, 2012), 65; for an interesting discussion of the relevance of comparisons for ethics, see: Kathryn Sikkink, "The Role of Consequences, Comparison and Counterfactuals in Constructivist Ethical Thought," in *Moral Limit and Possibility in World Politics*, ed. Richard M. Price (Cambridge; New York: Cambridge University Press, 2008).

comparison between two groups of caregivers—and the neglected asymmetries these comparisons display—help cast the political edge of this dissertation. While sometimes implicit, this "edge" gives shape to the entire project.

CARE IN HISTORICAL PERSPECTIVE

My lens is wide, as well, in the chronological sense. While change is in evidence in the short-term and in narrow parameters, a long-view and a wide lens reveal conservative forces and enduring tendencies. However, rather than trying to encompass the whole history of medicine and nursing, going back centuries, I focus in depth on the late modern period, beginning in the middle of the nineteenth century. As Andrew Bennett and Colin Elman advise, "an account that runs from a suitably chosen beginning to the end of the story is likely to be more persuasive than one that starts or ends at an odd or unconvincing moment."[74] I choose as my starting point the middle of the 19th century, a time when the care professions were being standardized, and translated into the curricula taught at new medical and nursing schools in the United States and elsewhere. This was also an important moment in the history of emergency humanitarianism. The International Red Cross and Red Crescent Movement, perhaps the most important international humanitarian organization, traces its roots to this period.

I also restrict the range of this historical research by grounding it in the study of migrants and humanitarians who have moved between North America and Asia, especially between the United States and the Philippines. By all accounts, more nurses

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[74] Andrew Bennett and Colin Elman, "Qualitative Research: Recent Developments in Case Study Methods," *Annual Review of Political Science* 9 (2006): 459.

have left the Philippines than any other country. The Philippines has also received humanitarians across the twentieth century, beginning with the American colonial state and nongovernmental actors, and continuing with the humanitarian activities of the World Health Organization and the World Bank and with the action of nongovernmental organizations. Paying attention to the entirety of this history is important in probing the relationship between care migration and humanitarianism, and also in showing how relationships and practices of care are at once embedded in, constituted by, and constitutive of wider political contexts.

In prioritizing historical methods over ethnographic and interview methods, I am seeking to capture broader historical dynamics rather than personal stories. This may seem strange, since care tends to be imagined in relation to caregivers themselves in a way that is powerful and unique. Again, a contrast with the security research area is instructive. Notice how war has become disassociated with the soldiers who fight it. Scholars of war generally do not study the motivations of individual soldiers to understand the causes of conflict, because it is clear that broader processes and institutions enlist soldiers into fighting. A similar logic holds here. Still, I recognize and appreciate the variety of ways interview methods might inform research of all kinds— liberal, constructivist, critical, and beyond. I conducted a small set of informational interviews that greatly increased my knowledge of the nature of nursing, the consequences of large out-migrations of nurses, and of the continuity between nursing in different fields of practice, and I am grateful to the nursing leaders who gave their time and agreed to be interviewed.

VARIETIES OF CARE

A few more specific methodological notes are in order. While I seek a wide lens,
this project does not encompass all humanitarianisms nor all migrations. That would be
too large a task for several dissertations. As a dissertation about world politics, I attend
primarily to those forms of care that cross national borders—that is, to *international*
humanitarianism and *international* migration.[75] I focus further on humanitarian efforts
related to health, including organizations and projects dedicated to routine healthcare
services as well as emergency relief.

I concentrate on migration in the caring professions, with a special focus on
nursing. I focus on nurses partly because nursing is easily identifiable in
humanitarianism as well as in migration. That is, many practices associated with nursing
are roughly similar, whoever performs them, wherever they are performed.[76] Studying
nurses in migration and in humanitarianism provides a clear common reference, and in
both fields nurses exemplify wider trends. In the context of migration, this makes sense
because in many countries the social and economic status of nurses falls between
domestic workers, on the one hand, and doctors, on the other hand, so the experiences
and conditions of nurses are representative of at least some of the experiences and

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[75] I recognize variation within these groups. Most humanitarian organizations include some international
workers and often far larger national staffs. And Parreñas found in many cases caregivers who migrate can
do so because they themselves can hire caregivers for their children. See Parreñas, *Servants of
Globalization: Women, Migration and Domestic Work*, 77.
[76] I do not wish to underrate large and small differences within the profession of nursing. I also do not want
to lose sight of the fact that oftentimes those who migrate for employment as nurses have a wide range of
educational and professional backgrounds.

conditions of other care workers. In humanitarianism, nurses play a central role in emergency activities as well as in more ordinary assistance projects.

While many other types of labor commonly performed by migrant workers and humanitarians might be understood as caring, it would be impossible to give adequate coverage here to that multiplicity. This means, for example, that I will not devote much space to military actors engaged in humanitarian interventions or peacekeeping in the humanitarian sector. I will not focus as much on doctors, teachers, or domestic workers in the migrant sector. I also recognize there is movement between occupations as women and men are put in a position where there is pressure to take whatever work is available. For example, many men and women who are educated as nurses are "deskilled" through the process of migration and accept work as health assistants, homecare assistants, or nannies.[77] It is also increasingly common for doctors from countries like the Philippines to retrain as nurses or "nurse-medics" to take advantage of greater opportunities for employment as nurses abroad.[78]

Finally, while I focus on caregivers, I recognize there are significant cross-border movements of patients. Some countries now do an active business in health services. For example, "medical tourism" has become an increasingly common reason for Americans to visit Mexico.[79] Americans, especially senior citizens living close to the southern border, travel to Mexico to purchase less expensive medical care and medicines.

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[77] Cuban, *Deskilling Migrant Women in the Global Care Industry*, 149-152.
[78] Churnrurtai Kanchanachitra et al., "Human Resources for Health in Southeast Asia: Shortages, Distributional Challenges, and International Trade in Health Services," *The Lancet* 377, no. 9767 (2011): 776.
[79] Gabriel Judkins, "Persistence of the US-Mexico Border: Expansion of Medical-Tourism Amid Trade Liberalization," *Journal of Latin American Geography* 6, no. 2 (2007).

The Mayo Clinic in Rochester, Minnesota receives foreign heads-of-state who seek premium care and are willing to pay for it. It is not only the most privileged who cross borders and receive medical services. Even if not "touring" the world for the purpose of medical treatment, regular migrants also often seek medical care in host countries. Staff in major North American hospitals know to be prepared to receive patients who do not speak English and who bring a range of expectations about what care is and how it should be provided.

Chapter Outline

The remainder of this dissertation proceeds in four chapters and a conclusion. Chapter 2 begins by bringing to the fore the private sphere and the public sphere, two concepts used to describe, idealize, analyze, and criticize a social order that historically kept women in the home to provide service while compelling men into the common world for work, wages, and citizenship. Feminists argue these categories are now defunct, if they ever described social reality. Against this position, I argue both the concepts of public and private spheres remain applicable to world politics in clarifying the meaning and significance of the privatization of caring labor performed by migrants in contrast to the public caring performed by humanitarians. I find this turn useful as an analytical and evaluative move that makes it possible to argue, further, that the conditions of humanitarianism, as much as the principles and practices internal to the movement make it seem like an unparalleled movement in world politics. More generally, this

framework facilitates identifying and reflecting on the unequal conditions faced by humanitarians and migrants, and the ethical stakes in that differentiation of care.

Chapter 3 steps back and offers a historical survey that traces the roots of humanitarianism and care migration. I develop the argument that if humanitarianism appears to be a special movement in world politics, it is in large part because of a history of excluding other groups from the humanitarian world. I revisit the origins of the profession of nursing in the late nineteenth century, and discuss how, often under the aegis of colonial rule, early humanitarian actors propagated a particular vision of nursing through the establishment of hospitals and nursing schools around the world and, at the same time, delegitimized existing models of care. This led to significant worldwide standardization in the nursing profession, which in subsequent decades, contributed to the ease with which nurses could obtain employment in foreign countries. These early humanitarian projects also established authority relations that would endure in the twentieth century.

Chapter 4 investigates the international politics of care after World War II. This chapter argues the security of states is at stake not only in conflict but also in care-receiving and caregiving. Global public and private spheres condition the capacity of states to fulfill security imperatives with respect to care. The public sphere highlights humanitarian action, staging it in a kind of moral show and presenting states that send humanitarians as capable and developed. The global private sphere regularizes care in the context of migration which means great power states are able to quietly secure care for themselves at the same time they conspicuously project care to other states. I term

this brand of politics "power politics in slow motion" to signal that the effects are no less serious than those forms of power politics that are more widely known and well understood, with the difference that political effects become visible most clearly over generations.

Chapter 5 takes up the international travel of caregivers in relation to the politics and ethics of the societies receiving them. This chapter engages the ethics of hospitality, or openness to guests. Scholars of humanitarianism usually argue that access must be provided for the sake of care recipients, while scholars of migration argue that hospitality is imperative for the sake of caregivers themselves, to provide them with opportunities for living well, practicing their vocation, and supporting their families. I argue hospitality is not universally a good or just standard, even when visitors are caregivers. Because caring is generally assumed to be good, few justifications on moral or ethical grounds are available to societies that would prefer to refuse it. To think more fully about the ethics of receiving visitors in the care sector requires scrutiny of the power relations between visitor and visited and how they are reinforced by wider dynamics in world politics. Global public and private spheres condition power relations between visitors and hosts and thus the kinds of reception humanitarians and migrants receive. Norms supporting humanitarianism facilitate their cross-border travel. Yet, these norms have not been generalized to migrant caregivers whose care is trivialized as labor rather than celebrated as compassionate foreign aid. I therefore adjust the ethics of hospitality accordingly.

The conclusion summarizes my arguments and draws out final implications of the politics of care for the study of international politics. I engage with the major theoretical perspectives in the discipline of International Relations to highlight the unique contribution of a care perspective. I close with a discussion of possible future lines of inquiry.

Chapter 2

SPHERES OF CARE IN WORLD POLITICS

In 2004, the United Nations designated August 19th World Humanitarian Day to remember "those who have lost their lives in humanitarian service and those who continue to bring assistance and relief to millions."[80] Eight years later, in August 2012, the United Nations organized a special performance to mark the occasion. Standing in a white floor-length dress on stage at the UN General Assembly hall, Beyoncé Knowles belted out this lyric: "The hearts I have touched will be the proof that I leave that I made a difference, and this world will see I was here."[81] The screen behind Beyoncé displayed images of the globe interspersed with video of humanitarians coming to the aid of men, women, and children. An elaborate production complete with costume, script, spotlight, and screaming audience, Beyoncé's performance was a particularly literal expression of what James Scott has called the "dramaturgy of power" in his description of the staged and presentational aspects of domination.[82] The ritual of the day, the display of vast resources, the suggestion of unanimous universal consent for humanitarian action, and the use of the song title "I Was Here" to brand the event are all indications of the privileged status of the actors and ideas that populate this sphere of world politics.

Feminist theorists should take note. For contrary to all expectations that care has been and is likely to remain marginal, care in world politics is now socially recognized –

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[80] See http://www.un.org/en/events/humanitarianday/background.shtml, accessed September 4, 2012. Some punctuation has been removed.
[81] See http://whd-iwashere.org/, accessed September 4, 2012.
[82] James C. Scott, *Domination and the Arts of Resistance: Hidden Transcripts* (New Haven: Yale University Press, 1990), 50.

and the audience and stakes are vast.[83] Care as humanitarianism is acclaimed, with an A-list celebrity as its spokesperson and representation, at least temporarily, in two important international venues: the United Nations General Assembly and YouTube. The video of Beyoncé's performance was viewed widely, receiving millions of hits. For feminist theorists and activists who believed caring needed to be remunerated to be valorized, this recognition should be all the more surprising given humanitarian action is voluntary, at least in principle. And it is worthy of note that in contrast to feminists who wanted caregiving in the home to be understood as a political practice in a political site, international humanitarian organizations have shunned politics, striving instead to be perceived as neutral and independent. It is surprising and ironic, then, that this international celebration of care followed from the move toward voluntarism, the retreat from politics, and the promotion of terms and activities once stigmatized as "women's work."

Nevertheless, skepticism is warranted. Although Beyoncé stood on stage at the United Nations extolling the value of care and caregivers to a world audience, it is clear she did not stand for *all* care providers.[84] It is noteworthy that text accompanying the video of her performance explained its purpose was to honor humanitarians killed in the previous year as well as ordinary caregivers everywhere. And the web site for the campaign asked people to do something good for someone else, to report their acts of

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[83] This conventional wisdom has circulated widely. See citations below in my discussion of the private sphere.
[84] See http://whd-iwashere.org/, accessed September 4, 2012.

care, and to follow links to the sites of humanitarian organizations for suggestions.[85] Yet, the succession of images projected on screen behind Beyoncé did not portray many of the most routine forms of care, like childcare or elder care, or, with the exception of one school scene, any care performed indoors, whether in homes, day care centers, hospitals, or retirement communities. These are the workplaces of another field of caregivers, including some 39 million doctors, nurses, and other health service providers, and around 53 million domestic workers.[86] What assumptions informed the selection and reception of these images? Why can't care in homes be humanitarian? If the answer to these questions is in part that being humanitarian requires "going the distance," literally and metaphorically, then why exclude international migrants who have crossed borders and traveled hundreds if not thousands of miles for employment as doctors, domestic workers, nannies, and nurses, often to work long days under difficult conditions? Why not honor these caregivers, who, far from being shielded from difficulties and risks indoors, face a range of hazards, including needlesticks and bloodborne pathogens, cholera, tuberculosis, influenza, toxic chemicals, assault, and murder?

In addition to a class of caregivers that is celebrated, another class of caregivers is excluded from the prevailing understanding of care in world politics and marginalized by it. Scholars have yet to notice this or to interpret it as a problem, due largely to their own tendency to concentrate on only one field of care, either international humanitarianism *or*

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[85] The World Food Programme, for example, invited site visitors to "Take the Hunger Quiz," "Add a Banner to Your Site," "Play Freerice," "Meet Molly," and "Donate." See https://www.wfp.org/get-involved, accessed May 25, 2013.
[86] International Labour Organization, "Domestic Workers across the World: Global and Regional Statistics and the Extent of Legal Protection," (Geneva: International Labour Office, 2013), 2; World Health Organization, "The World Health Report 2010," (http://www.who.int/whr/2006/06_chap1_en.pdf).

international care migration. This is what Chapter 1 referred to as the dual stories approach to care. In precluding a wide view of care in world politics, this scholarly division of labor has foreclosed an investigation into why and with what consequences humanitarianism has come to define the meaning of care in the international arena. In conceiving of humanitarianism as a domain encompassing all comers willing to abide common principles and practices, scholars cannot see to what extent humanitarianism is divided and differentiated from other systems of ideas and institutions for care. In focusing exclusively on migrant caregivers, feminist researchers cannot comprehend how these and other caregivers are subject to and marginalized by the institutions and ideas about care that organize the humanitarian sector. In giving short shrift to care in all forms, mainstream scholars in International Relations cannot appreciate to what extent and how significantly struggles to define, provide, and obtain care enter into foreign policy, institutionalized interstate cooperation, and international power politics. As a consequence, scholars have been unable to see crucial dynamics in world politics.

A rethinking is needed. The primary goals of this chapter are to propose concepts for a fuller analysis of care in world politics, to provide an account of why humanitarianism appears to be a special moral practice in international relations, and to outline several problems with this order of things.

I will make the case there is a partial analogy—as well as a measure of continuity—between public and private spheres within nations and across nations. These contexts are similar in that a sphere of public activity is defined, distinguished, and privileged in relation to a sphere of productive and reproductive activity that is excluded

from the purview of the public. The explicit terms marking one domain of activity as public refer to its universal accessibility (everyone can participate in public life), its universal applicability (everyone is implicated in public issues), and its authoritative system of governance (everyone is subject to public power).[87] While purportedly existing for all people, actual public institutions categorize and exclude groups— historically on the basis of class, race, ethnicity, gender, and sexuality—in many cases, ensuring a pool of laborers in the private sphere. In contrast, sites and activities associated with the private sphere appear inaccessible to the public at large and inapplicable to the public. Some version of this institutional matrix has been documented in the United States, the United Kingdom, China, Brazil, and numerous other country contexts.[88] I argue it also exists in the international system. A global public sphere includes authoritative organizations like the United Nations Security Council that exercise governance, that are premised on a claim to serve an international community, and that are animated by global issues like peace and climate change. Families, corporations, workers, and consumers comprise, in contrast, a global private sphere, where actors seem to provide for only their own particular needs rather than common interests.[89]

With this conceptual work in place, then, it is possible to see how different forms of care in international relations are produced. I argue if humanitarianism seems to be the

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[87] I borrow this understanding of the meaning of public from Pitkin, as I discuss below. Hanna Fenichel Pitkin, "Justice: On Relating Private and Public," *Political Theory* 9, no. 3 (1981).

[88] On the global scope of a sexual divisions of labor, see: Alice Kessler-Harris, "Gender and Work: Possibilities for a Global, Historical Overview," in *Women's History in Global Perspective*, ed. Bonnie G. Smith (Urbana: University of Illinois Press, 2004). On imperialism and its effects on family restructuring see: Ann B. Waltner and Mary Jo Maynes, "Family History as World History," in *Women's History in Global Perspective*, ed. Bonnie G. Smith (Urbana: University of Illinois Press, 2004).

[89] As will become clear later I include individual and state actors in the category of consumers.

acme of moral progress in international history, and care in the context of migration seems to be no more than a sidebar, it is not because of the intrinsic worthiness or worthlessness of these practices but because of the different conditions that produce them. The capacity to access the international community through publicity and governance privileges humanitarians, while limited access contributes to disadvantaging other international caregivers. International institutions naturalize and normalize these forms of care, as well as the distinctions between them.

Below, I elaborate and problematize two aspects of this configuration of care. One issue is the hierarchical ordering of care in a paradigmatic gender hierarchy. In national settings, actors in the public sphere tend to narrowly specify public principles (like democracy) and practices (like citizenship) in a way that maintains others in a subordinate position. At the global level there is a similar system of relations. When humanitarians produce knowledge for worldwide consumption and represent their care in exclusive terms, their bid for status negatively affects caregivers in regular healthcare institutions, including migrants, by making it more difficult for them to make parallel claims. The injustice of exclusion from and subordination to the public sphere is exacerbated by the way the global private sphere and the practice of care continue to be gendered and racialized. This system of international dominance and subordination is difficult to see and understand precisely because of the way that publicity—including visible displays of humanitarian service—contributes to the indirection of international hierarchy.

A related but more specific concern is the problem of partial publicity. International humanitarianism presents the most spectacular case yet of care reconstituted as a public good (in this case a *global* public good), and is therefore of prime importance in grasping the promise as well as the complications in the transformation of care from a private to a public thing. This is a political problem calling for ethical reflection and critique, because a form of care and a class of caregivers remain marginal. One central political vision to emanate from feminist theory represented a similar transformation. Care in public would be respected, valued, and practiced competently and democratically.[90] The case of humanitarianism suggests that vision might need to be tempered: it appears at least difficult and at worse near impossible to recognize all care in public all at once. Moreover, the history of humanitarianism suggests interpolating care in the public sphere might mean disarming it as an expressly political force, diminishing its transformative potential.

While useful, the concepts of public and private spheres are contested. Given contentions the public-private sphere framework is essentialist, Eurocentric, and anachronistic, it will be particularly crucial to specify these concepts and to articulate descriptive and analytical payoffs. In the next few sections this chapter canvasses understandings of public and private spheres in ideology and political theory; outlines the analogy to international relations; puts that analogy to use to account for the bifurcation of care; and frames the problems of hierarchy and partial publicity.

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[90] Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*; *Caring Democracy: Markets, Equality, and Justice.*

Public and Private Spheres

The concepts of public and private spheres emerged in Western politics and political theory, and while similar modes of organization have been identified in many parts of the world, I adopt these terms deliberately to assess a mode of order largely extended or reinforced from Europe and North America.

References in Western political thought to *private* and *public spheres* portray a specific ordering of politics and society, idealizing and normalizing a gendered and racialized social and political order. The opposition of these terms evoked a contrast between places, namely, the household in contrast to some form of political assembly. Beyond categorizing distinct spaces, these concepts identified and differently valorized contrasting activities. The conception of the private sphere was identified with care and reproductive labor, while the public sphere symbolized citizenship. In political thought the public sphere was normally where men participated in politics and earned a wage to support their families; the private sphere was normally where women raised children, prepared meals, and maintained the home. Ideas about gender propriety propped up this order of things, and obscured its economic determinants.

Thus, these concepts relate to distinctive sex and gender roles, specifying what people belong in these different places to perform these different activities. Separate sphere ideologies idealized white women as deferential, dependent, docile, nurturing, and self-sacrificing, and naturally suited to the space of the home and family, and idealized white men as strong, autonomous, rational, decisive, and, most of all, naturally oriented

to the concerns of the common and well suited to politics.[91] In this way separate sphere

ideologies specified the organization of society not only according to gender, but also

according to class and race. Men and women in poverty were marginalized. Men and

women of color were excluded, pushed out of even the norms of the private sphere.[92]

Thus, although only a small part of the populations of European and North American

societies embodied these ideals, what was considered "normal" created expectations for

everyone, and could be particularly painful for those to whom norms were unattainable.

Separate sphere ideologies assigned values to the contrasting roles they defined.

The public sphere was highly valued as a realm of collective endeavor and government,

while the private sphere was cast as a realm of individual and familial concerns; the

public sphere represented the existence of all things common, while the private sphere

represented their absence. This sense of lack is captured in the very language of the

private sphere, invoking "privation" from the public sphere.[93] A partial explanation for

this differential valuation is the monopoly on the creation of knowledge. Public actors

have counted among their advantages the capacity to represent others, and to shirk

responsibilities to engage in care themselves. So how caregivers perceived their own

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[91] Even this simple representation of separate sphere ideologies has been disputed as a fiction existing nowhere at no time. Of note is Don Herzog's challenge to what he calls the "big sleep thesis"—the view that people in early modern England really believed gender was "natural" and "essential," and that they consented zombielike to that order. Don Herzog, *Household Politics: Conflict in Early Modern England* (New Haven: Yale University Press, 2013), 1. Historians including Nancy Cott locate the origins of public-private sphere ideology with industrialization at the end of the early modern period, so I am not convinced Herzog has engaged the right historical period, or definitively demonstrated the irrelevance of a public-private sphere interpretation. Perhaps what was in that epoch "blather," to borrow his term, gained weight in a later period and in other contexts. Nancy F. Cott, *The Bonds of Womanhood: "Woman's Sphere" In New England, 1780-1835*, 2nd ed. (New Haven: Yale University Press, 1997).
[92] Duffy, *Making Care Count: A Century of Gender, Race, and Paid Care Work*.
[93] Hannah Arendt, *The Human Condition*, 2nd ed. (Chicago: University of Chicago Press, 1958); Pitkin, "Justice: On Relating Private and Public."

situation has been buried.[94] In many contexts women caregivers were unable to greatly

shape cultural ideals and political thought.

In the twentieth century, political actors and theorists turned these concepts to

different uses. Barbara Bair found an affirmation of "separatism" was integral to Marcus

Garvey's Pan-African movement, precisely because men and women of color had been

violently excluded from the norms of public and private spheres. Bair explained, "The

self-definition of separate spheres for black women and men can be seen as a direct

reaction against attribution of stereotypical 'feminine' qualities (passivity, subordination,

exclusion from skilled and professional employment) to black males and of stereotypical

'masculine' qualities (strength, authority, and physicality) to black females."[95] In the

second half of the twentieth century some feminists critiqued public and private spheres,

even while they moved to retain these categories and domains of life with reassigned

values. Jean Elshtain figured in this group, alarmed institutionalized childcare would

follow the abolition of the private sphere and would produce "obedient, oversocialized

rule-followers who unquestioningly do their 'duty' and do not challenge authority as

adults."[96] As an alternative to such arrangements and as a bulwark against the reign of

markets, Elshtain defended the private-familial sphere as an ideal. Still other feminists

pushed to deconstruct these rigid divisions, for example, to contest their racist and sexist

assumptions, to extend the range of the values of the private sphere, and to expand

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[94] Jean Bethke Elshtain, *Public Man, Private Woman: Women in Social and Political Thought* (Princeton, N.J.: Princeton University Press, 1981), 12.

[95] Barbara Bair, "True Women, Real Men: Gender, Ideology, and Social Roles in the Garvey Movement," in *Gendered Domains: Rethinking Public and Private in Women's History*, ed. Dorothy O. Helly and Susan Reverby (Ithaca: Cornell University Press, 1992).

[96] Elshtain, *Public Man, Private Woman: Women in Social and Political Thought*, 330.

understandings of what places and activities count as political. Contrary to received knowledge, these feminists argued, homes, daycares, schools, nursing homes, rest homes, retirement communities, and hospitals *are* already political, and, furthermore, the range of sites associated with politics, including community centers, town halls, town squares, central parks, coffee shops, universities, statehouses, legislatures, as well as other gathering places, sites of communication, and centers of government and publicity *should be* sites of care.

These concepts have clearly been overworked. No conceptualization can or should incorporate the abundance of meaning these concepts have carried for diverse purposes. I in no way wish to endorse the hierarchical order these concepts enforced in dominant political ideologies. Nor do I take lightly the numerous critiques of the use of these terms for analysis. But there are now countless examples of how deploying public and private sphere concepts as tools of analysis and critique can be productive in challenging ideologies and existing political conditions. In International Relations, in particular, frequent references to a global public sphere suggest there is an opening to think about how it is situated in relation to a global private sphere.

For the analysis of current conditions, I find useful a contribution from Hanna Pitkin, which delineates the meaning of these spheres along three dimensions. First, according to Pitkin, public means "accessible," "open to scrutiny by anyone," and "visible as a focus of attention."[97] To identify the public sphere with accessibility, openness, and visibility is to think of it as a domain of life that can not only be seen, but rather as one at the center of a shared horizon. Activities or processes that appear in view

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[97] Pitkin, "Justice: On Relating Private and Public," 329, 30.

on occasion are not necessarily part of the public sphere. This sense of public

corresponds to an interpretation of the private sphere as a domain of life that is less

accessible, out of view, and closed to scrutiny to people at large. Significantly, this

closure has often corresponded to a lack of positive valuation for work associated with

the home and family.

A second connotation of public is that, as Pitkin explains, it "affects all or most of

us."[98] This second dimension is closely related to the first, conjuring a system of policies

or issues purportedly of concern to everyone in a society rather than to a particular sector.

Private issues, and the sphere that addresses them, pertain to the smallest social

constituencies, involving people in their most immediate affective and familial

connections. This dimension of meaning formulates the contrast between, for example,

the traditionally public concern for providing security for a whole nation, and what

appears to be a private concern for providing care to kin.[99] This is basically a matter of

scope. The scope of the public is as wide as society, while the scope of the key

organizational unit of the private sphere is the couple or family.

A third meaning of public relates to "governance or control."[100] This sense of

public should be familiar. The public sphere involves the organization of governance:

defining insiders and outsiders, deliberating, promulgating law and policy, and enforcing

laws, among other operations. Existence in the private sphere might mean being unable

to take part in action, participation, sharing power, and public care. It might also mean

being subject to governance rather than being a participant in governance. Note the

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[98] Ibid.
[99] Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*.
[100] Pitkin, "Justice: On Relating Private and Public," 329, 30.

public sphere extends the concept of governance, first, by including the system of visibility and recognition that surrounds it, and, second, by more clearly specifying governance as a relation between privileged and marginalized groups and, in doing so, moving attention from governors to relations of governance. Politics does not exist beyond the edge of the private sphere, but rather constitutes this divide, creating favorable and unfavorable positions in political relations.

A final conceptual note is in order. Gender has little to do with Pitkin's conceptualization of public and private spheres. Others have interpreted the relationship between these spheres as a gendered relationship where ideologically, the public sphere depends on distinguishing itself from the private sphere, and, materially, the public sphere requires the essential reproductive labor performed in the private sphere. Despite the importance of the activities performed in the private sphere, its contributions to the public sphere are regularly obscured. This dependence and concealment is best considered a gender power relation. Otherwise, there is good reason to loosen the connection between public and private spheres and specific gender roles. There is too much variation to retain a narrow understanding of women and feminine identities versus men and masculine identities to define public and private spheres, respectively. Both femininity and masculinity figure into the definition and constitution of the private sphere in the international system, a point I return to below.

Before turning to world politics it warrants acknowledging references to public and private spheres in current academic work are almost always critiques. Three lines of criticism are particularly salient. One common criticism is these terms present a false

binary, which is a problem in that binaries are a mechanism of control that operate by reducing the world to overly simplistic terms, such as either/or propositions, that manage the potential range of our individual and collective existence.[101] Binaries tend to elide and wreak violence on human diversity. Obviously many mentalities, subjectivities, practices, and behaviors are not described by the public-private sphere framework. The reality of women political actors and men caregivers is obscured, as is the wider complexity of sex and gender. While sometimes directed at the concepts of public and private spheres, this critique is often better aimed at society and its norms that enforce regularity and obscure diversity, propagating identities on a small set of models. No system of norms can provide a detailed map of the factual terrain. As far as the categories of public and private spheres—it is possible to deploy these as critical concepts while avoiding simply recapitulating norms. Using minimalist versions of these concepts and loosening them from presumptions about gender and sex, as I do, are two steps in this direction.

Another common criticism is: where are work and capitalism? Locating work has proved to be a conundrum for feminist analysts.[102] On the one hand, political theorists have tried to respect a tradition of meaning inherited from the ancient Greeks. A single word, *oikos*, referred to the market as well as to the home. On the other hand, the private sphere connoted "woman's place" in the home, so it seemed inconsistent to use this concept to cover activities outside the home, too. It might be impossible to address

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[101] For a volume of essays deconstructing overly simply renderings of the private sphere, sex, and gender, see: Joan Wallach Scott and Debra Keates, *Going Public: Feminism and the Shifting Boundaries of the Private Sphere* (Urbana: University of Illinois Press, 2004).
[102] For a nice discussion of this question, see: Drucilla K Barker, "Querying the Paradox of Caring Labor," *Rethinking Marxism* 24, no. 4 (2012).

this problem to the satisfaction of all critics. But we can at least keep in mind that in practice the private sphere has been a place for waged work, too, though it was underpaid work. In the global context it continues to be the case that care work is performed by a class of underpaid men and women.

A third challenge is that these concepts are Eurocentric, inapt outside the West, and worse, indicative of a colonizing intellectual project. Hibba Abugideiri advanced a version of this argument, suggesting, first, that a dichotomous spatial order never described Egyptian society, and, second, that reading power in terms of public participation obscures Egyptian women's historical experiences. Women midwives, she found, worked inside and outside of the home in the early twentieth century, and experienced a measure of subordination in relation to doctors, yet also experienced power in relation to untrained assistants. Their work was furthermore politically significant for in reducing infant mortality they contributed to the survival of the Egyptian state. On this basis, Abugideiri called the public-private conceptualization a "Eurocentric analytical tool whose effect is to obscure the very gender power it ostensibly seeks to measure." [103]

There should be no presumption these concepts apply everywhere. But these concepts can also be vehicles for critique, particularly when they track Western colonialism in reorganizing societies around the world. Moreover, these concepts can be turned around to criticize the societal formations they emerged to represent. Thus, I do not disregard concerns related to the potential essentialism, narrowness, and Eurocentrism of these concepts. But I do think it is worth probing the extent to which

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[103] Hibba Abugideiri, "Off to Work at Home: Egyptian Midwives Blur Public-Private Boundaries," *Hawwa* 6, no. 3 (2008): 256.

these terms can be useful in beginning to come to terms with the organization and politics of care in international relations.

The Global Public Sphere

Today, as the roles assigned to men and women in many countries have become less rigid, some thinkers have argued public and private categories are no longer very useful. Conceptions of public and private spheres seem anachronistic, a pair of epistemic remnants of a time mercifully passed. I take issue with the notion the social order these concepts represent is obsolete. Far from having been abolished, public and private spheres have been deepened and vastly extended—in fact, they have been globalized— and the consequences are now more serious than ever.

Scholars already know the public sphere is global.[104] Citizenship is no longer practiced strictly within national borders, and humanitarians have often numbered among the cosmopolitan actors who enjoy the privileges of global citizenship. Global citizens travel relatively easily across borders, manage the levers of power in organizations of global governance, make decisions on issues of world political import, and receive a modest degree of international recognition and sometimes acclaim. Like citizens of old, when global citizens rally into action, they appear to shed domestic and parochial identifications and concerns in order to serve the common good as well as transcendent

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[104] On global civil society, see Margaret E. Keck and Kathryn Sikkink, *Activists Beyond Borders: Advocacy Networks in International Politics* (Ithaca, N.Y.: Cornell University Press, 1998); Mary Kaldor, "The Idea of Global Civil Society," *International Affairs* 79, no. 3 (2003). On global or international public spheres, see: Jennifer Mitzen, "Reading Habermas in Anarchy: Multilateral Diplomacy and Global Public Spheres," *American Political Science Review* 99, no. 3 (2005); Thomas Risse, ""Let's Argue!": Communicative Action in World Politics," *International Organization* 54, no. 1 (2000); Marc Lynch, *State Interests and Public Spheres: The International Politics of Jordan's Identity* (New York: Columbia University Press, 1999).

ideals.[105] Global citizens appear to be bold, independent, and entrepreneurial—they seem

to be free agents acting on their own initiative, by means of their own resources, with

care for humanity and the world as their prerogatives. They travel between nations to

design, create, and take part in nongovernmental organizations, engage in dialogue,

agitate for democracy and justice, and design global futures. Scholars call this group of

individuals and organizations "global civil society." [106] What Hannah Arendt said of

political action seems true of global citizenship—that it "needs for its full appearance the

shining brightness we once called glory, and which is only possible in the public

realm."[107] The public sphere, what Arendt termed the space of appearances, is where

individuals receive recognition as political actors.

While it may not be possible to speak of a world government, there is global

governance. The commonplace view of global governance focuses on how international

organizations like the World Trade Organization and the International Criminal Court

facilitate coordination among states and impose regulations on state behavior. There are

also formal and informal forums for communication. Along these lines, Mark Lynch

conceives of a public sphere, whether national or global, as "the site in which members of

a society exchange justifications and arguments oriented toward establishing a political

consensus."[108] Michael Barnett and Raymond Duvall deepen this view, looking to "the

rules, structures, and institutions that guide, regulate, and control social life, features that

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[105] On how humanitarians serve the transcendental, see: Barnett, *The Empire of Humanity: A History of Humanitarianism*.
[106] On global civil society, see: Keck and Sikkink, *Activists Beyond Borders: Advocacy Networks in International Politics*; Kaldor, "The Idea of Global Civil Society."; Ann Florini, *The Third Force: The Rise of Transnational Civil Society* (Tokyo; Washington, D.C.: Carnegie Endowment for International Peace: Brookings Institution Press [distributor], 2000).
[107] Arendt, *The Human Condition*, 180.
[108] Lynch, *State Interests and Public Spheres: The International Politics of Jordan's Identity*, 52.

are fundamental elements of power."[109] Governance is more than the technical practices

of deliberating, promulgating law and policy, and enforcing laws; it also involves the

organization and operation of power. The presence of power has been hard to see due to

the ideological bearings of global governance. As Barnett and Duvall put it, "Liberalism

is the spirit in the machine."[110] This is to say contemporary institutions of governance

reflect liberal premises and aims, such as the expectation of progress, the advancement of

globalization, and the promotion of democracy, human rights, and peace.[111] Increasingly

care also figures into this liberal order.

Visibility is produced by a global grid of media organizations and research

institutions that create and circulate knowledge. Manuel Castells refers to "the

communications-based public sphere" to underscore the centrality in global politics of

"the media communication system and Internet networks, particularly in the social spaces

of the Web 2.0, as exemplified by YouTube, MySpace, Facebook, and the growing

blogosphere."[112] Castells highlights as well the importance of UN conferences in the last

decade that "were essential in fostering a global dialogue, in raising public awareness,

and in providing the platform on which the global civil society could move to the

forefront of the policy debate."[113] Visibility is also produced through information

politics, when transnational activists disseminate information about human rights abuses

to achieve their goals.[114]

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[109] Barnett and Duvall, *Power in Global Governance*, 2.
[110] Ibid., 5.
[111] Ibid.
[112] Manuel Castells, "The New Public Sphere: Global Civil Society, Communication Networks, and Global Governance," *The ANNALS of the American Academy of Political and Social Science* 616, no. 1 (2008): 90.
[113] Ibid.
[114] Keck and Sikkink, *Activists Beyond Borders: Advocacy Networks in International Politics*.

The creation and circulation of common knowledge, understanding, and meaning helps to draw the scope of the global public sphere. The scope of this domain of life is further established by the membership and mandates of intergovernmental and nongovernmental organizations.[115] Both types of organizations claim the widest possible constituencies, alternately avowing service to an international community and, more generally, to a human community. The language of humanity appears in human rights law and in the framing of organizational mandates, including that of the International Criminal Court, which prosecutes crimes against humanity in addition to war crimes and crimes of aggression. The language of an international community is also pervasive. The scope of organizations in the global public sphere is reflected and reinforced as well in the types of issues these organizations take up, which are significant enough that they cannot be managed or resolved by a single state, issues such as transnational crime, international trade, and war.

Some scholars are skeptical about the relevance of the concepts of the global public sphere. Stein Sundstøl Eriksen and Ole Jacob Sending argue the global public sphere is not useful as an analytical concept, because global public institutions do not have the capacity to implement governance decisions that national public institutions do, nor are global public bodies directly accountable to a global constituency.[116] Yet, their implicit point of comparison seems to be to a democratic state, and an idealized one at that. They assess the capacity of institutions in the global public sphere to implement decisions by drawing a comparison to nation-state governance, but in practice states

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[115] Lynch, *State Interests and Public Spheres: The International Politics of Jordan's Identity*.
[116] Stein Sundstøl Eriksen and Ole Jacob Sending, "There Is No Global Public: The Idea of the Public and the Legitimation of Governance," *International Theory* 5, no. 2 (2013).

exhibit wide variation in their governance capacity. This comparison skews their analysis. Take their claim that in national settings "citizens can have influence on the state [through participation] and by the fact that states are accountable towards citizens."[117] In actuality, states have often excluded large portions of their constituencies, refusing full participation. Moreover, they argue in the international domain public "actors are 'particularistic' in a way that the state is not at the domestic level."[118] They mean that at the global level public actors tend in practice to serve narrow interests—a partial consequence of the sheer impossibility of representing everyone in the world—yet actual public spheres within nation-states have also tended to serve narrow interests. Furthermore, in Pitkin's conceptualization, there are other dimensions aside from governance and particularity along which public (and private) spheres can be defined and distinguished. And as I have already discussed, it is possible to understand that global governance exists even in the absence of a global government.

The Global Private Sphere

I argue something like a private sphere persists on a global scale and should be conceptualized as such. This concept is important to highlighting institutions that contribute to subordinating a whole class of caregivers, depoliticizing the care they provide, while naturalizing and normalizing their circumstances. To reiterate: I advance this argument for description, explanation, and critique. It is by no means my goal to advocate for the reinstitution of the private sphere on any level.

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[117] Ibid.: 228.
[118] Ibid.: 233.

Consider the transformation of women's work in the United States. Many

American women who wish to pursue a vocation outside of the home find it is possible to

do so—and women seem to have access to the full range of careers and public service

opportunities. Yet, we have not seen a resolution to inequality in the household, the end

of domesticity, or "free choice" for women in the pursuit of work. Now there are new

norms that govern the private sphere: women and men in the U.S. increasingly turn to

global markets to employ migrant women and sometimes men to clean their houses and

watch their children; and hospitals and elder care facilities recruit migrant workers for

vacancies that are otherwise difficult if not impossible to fill. In an important sense, old

gender roles and relations remain intact, yet the positions once filled by wives, widows,

servants, and slaves are now, even more than previously, occupied by women and men

from other countries. Private spheres persist and remain unseen, unappreciated, separated

from and seemingly antithetical to politics. Thus, the concept of the private sphere

remains relevant to the theorization of political and social life, even in the United States

where we like to think it was long ago abolished or transformed beyond recognition.

The dimensions of governance, visibility, and scope are useful in conceptualizing

the global private sphere. The international expansion of the private sphere has entailed

retreat from public governance, and the expansion of rule under capital. In thinking

about the forces driving this development, I find particularly useful Robin Goodman's

conception of "re-privatization" to describe the reemergence of the norms and practices

of the industrial era private sphere under global capital.[119] She views continuity between

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[119] Robin Truth Goodman, *Feminist Theory in Pursuit of the Public: Women and The "Re-Privatization" Of Labor*, 1st ed., Education, Politics, and Public Life (New York: Palgrave Macmillan, 2010), 1-2.

the old private sphere and the contemporary global private sphere in "the current

corporate and financial practice of avoiding the regulatory state by directly capitalizing

on a type of labor that resembles women's work of the industrial era in its legal status,

tasks, and definitional traits."[120] Neoliberalism contributes to the tenacity of this

globalizing system of traditional sex and gender norms, helping to explain the regularity

with which women continue to be enlisted for remunerated care work. Goodman

continues, "The category of the private that recognizes certain work as female work and

therefore as 'lacking,' 'unproductive,' nonremunerative, or 'nonprofessional' also inflects

inside the increasingly feminized, increasingly privatized sphere of 'third world' labor as

functionally distinct from its control and management apparatuses located in the

industrialized and financialized economies of the 'first world.'"[121] In this way Goodman

connects renascent gender roles to the expansion of globalizing capital and global

governance. Also in this vein, Rhacel Parreñas has argued the globalization of traditional

care ideologies exerts "the force of domesticity" which refers to "the continued relegation

of housework to women or the persistence of the ideology of women's domesticity."[122]

This ideology enlists women, particularly migrant women, in addition to some men, into

performing labor. Processes of privatization ensure that this domain of life is consistently

inaccessible, out of view, and closed to scrutiny. Reinstituting a "natural" role for

women as caregivers also makes it difficult to see to what extent this is a political, and

hence potentially contestable set of processes. In short, despite all of the talk of

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[120] Ibid.
[121] Ibid., 15-16.
[122] Rhacel Salazar Parreñas, *The Force of Domesticity: Filipina Migrants and Globalization*, Nation of Newcomers (New York: New York University Press, 2008), 9.

empowerment and opportunities, this new private sphere offers few opportunities for sharing power or participating in global governance.

With regard to scope, there are no international organizations to make the case that care (as care, not simply labor) is of concern to the world as a whole. Instead, the household as a hub for affective and kinship relations remains a key constituent social and political unit in local contexts. But it is critical to recognize its *global* dimensions. The global household, Maliha Safri and Julie Graham write, "is defined as an institution formed by family networks dispersed across national boundaries. These networks are composed of nuclear and extended families and friends."[123] As individuals emigrate to provide care, their families are stretched across borders. [124] Safri and Graham conjecture 800 million people or 12% of the world's population live in global households. [125] Household members express affiliation even at a distance by sending remittances, which facilitate household consumption and finance investment that improves household production processes. [126] Household production includes care, such as: "child care, health care, elder care, affective labor, education, cooking, cleaning, shopping, laundry, sewing and mending clothes, gardening and food production, household maintenance and repair, and so on."[127] Some of this labor occurs at a distance, through communication over the phone and Internet. What the global household leaves out is paid care, omitting all those

[123] Maliha Safri and Julie Graham, "The Global Household: Toward a Feminist Postcapitalist International Political Economy," *Signs* 36, no. 1 (2010): 100.

[124] Doreen J. Mattingly, "The Home and the World: Domestic Service and International Networks of Caring Labor," *Annals of the Association of American Geographers* 91, no. 2 (2001); Safri and Graham, "The Global Household: Toward a Feminist Postcapitalist International Political Economy."

[125] Safri and Graham, "The Global Household: Toward a Feminist Postcapitalist International Political Economy," 108.

[126] Ibid.

[127] Ibid.

households that employ international domestic workers. However, just because care is paid does not mean that it is any more visible. Just as in the past the private sphere meant invisibility or lack of recognition, so it remains true on a global scale. As Drucilla Barker writes perceptively, "Social exclusion, isolation in the home, and the invisibility of domestic workers in the public sphere are necessary to the profits and functioning of global capital today. The proper performance of affect, respectability, and domesticity is required for migrant domestic workers whose livelihoods depend on the trust and goodwill of their employers."[128] The household is an obscure site of politics.

Thus, the private sphere seems to concern not the whole of the international community or humanity, but instead, on the one hand, people in global households and, on the other hand, consumers and producers. In addition to other forms of exclusion from global governance, the private sphere restricts migrant workers from processes of knowledge production. Caregivers in the global private sphere cannot as easily partner with corporate media organizations or activate other means for public self-presentation. That organizations and individuals involved in international care migration do not have access to this type of representation helps us to better understand the marginal global status of this domain of life. The reintroduction of essentialist gender ideologies contributes to the relative invisibility of these processes.

In sum, people have moved between homes and locales, contributing to such dramatic transformations of what was formerly "private" that those places should now also be described as "global." The global private sphere includes globalized institutions like the household, where paid and unpaid care is central. In contrast to the global public

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[128] Barker, "Querying the Paradox of Caring Labor," 582.

sphere, the global private sphere is defined by the relative subordination, invisibility, and particularization of activity in this domain.

The concepts of global public and private spheres make possible a better analysis of care in world politics, which I unfold in the next several sections. First, these concepts help to provide an account of the divided status of care, specifically how and why humanitarians appear special despite the fact they are paralleled by care in the context of international migration. Second, these concepts help to show why, while we might on first reflection celebrate the publicity of care, it remains partial and problematic. Third, these concepts highlight the problem of gendered hierarchy, where diffuse relations of domination connect humanitarian and migrant caregivers. In short, with these concepts we can better understand the limitations of this revolution in care in international relations.

The Political Division of Care

The global public sphere has transformed care. Humanitarianism, as a movement for live-saving relief and assistance, defined by voluntarism, humanity, impartiality, neutrality, and independence, has been elevated and it has become a natural, normal, and ideal form of care. It exists by virtue of its identification with humanity, the wide reach of global media, and institutions of global governance. This vision of care is propagated by major organizations of global governance like the World Health Organization and the United Nations Office for Coordination of Humanitarian Affairs, in addition to nongovernmental organizations like International Medical Relief, Médecins Sans

Frontières, and World Vision. Humanitarian organizations focused on emergency relief

provide short-term shelter, provisions, and medical assistance, while others focused on

development seek to improve food security, develop educational and health resources,

establish democratic institutions, and raise the social and political status of women.[129]

Spreading ideals and norms goes far beyond simply monitoring contracts and

compliance. Humanitarian governance, Michael Barnett writes, signifies a "project to

shape lives, habits, dispositions, and institutions in order to improve the well-being of

people."[130] Through organizations of global governance humanitarian care is codified

and provided a principled basis, setting values for the international community.

The visibility afforded to humanitarianism by virtue of its location in the global

public sphere is a crucial aspect of this transformation. Nearly all humanitarian

organizations advertise their activities as a matter of informing the public about their

work.[131] Many engage celebrities and political officials to help spread awareness about

humanitarian causes and to solicit donations.[132] The media frequently reports and usually

praises the activities of humanitarian agencies at the same time it mobilizes financial

support for them in what one observer has wryly called "moral fervor mediatronically

applied."[133] Alex de Waal credited Bernard Kouchner, the co-founder of Médecins Sans

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[129] Michael N. Barnett, "Humanitarianism Transformed," *Perspectives on Politics* 3, no. 4 (2005).
[130] Barnett, "Humanitarian Governance," 43.
[131] For a related discussion of why it is morally important for NGOs to make public information about how they commit resources, see: Jennifer C. Rubenstein, "The Distributive Commitments of International Ngos," in *Humanitarianism in Question: Politics, Power, Ethics*, ed. Michael N. Barnett and Thomas George Weiss (Ithaca: Cornell University Press, 2008), 232-34.
[132] Alex de Waal, "The Humanitarian Carnival: a Celebrity Vogue," *World Affairs* 171, no. 2 (2008).
[133] Ibid.: 50. On how humanitarian agencies use images, see: Denis Kennedy, "Selling the Distant Other: Humanitarianism and Imagery—Ethical Dilemmas of Humanitarian Action," *Journal of Humanitarian Assistance February* 28 (2009).

Frontiéres, with the invention of "humanitarian action as a brand of theater."[134] As such, the public is where international humanitarians perform and win recognition for their caring endeavors. The spectacle of disaster also contributes to their high profile, which may explain why humanitarianism in times of emergency emerged as "the official face of international humanitarianism."[135]

Media are not limited to newspaper and television advertisements. Consider how humanitarians appear in American media. In 2003, the National Geographic Channel aired a special television series called "Doctors without Borders: Life in the Field," with episodes including "Into the Crisis Zone," "Borders and Babies," and "Deliverance." It is not uncommon for humanitarian organizations to host YouTube channels, Twitter streams, and Facebook pages, and all at least have websites. The largest of the humanitarian organizations have magazines, journals, and book series. Médecins Sans Frontières releases new books at a pace academics would envy. Humanitarian leaders like Paul Farmer and James Orbinski are interviewed on news programs like "Charlie Rose." Their books are available in local bookstores and community libraries. As a consequence of this publicity, Americans are familiar with their work. Most can list the names of large humanitarian agencies, and admire individuals who volunteer their time and endure difficulties to assist strangers.

Humanitarians are rewarded with public approbation internationally, too. For their virtue as well as their labor and sacrifice, the United Nations designated August 19th World Humanitarian Day and May 8th World Red Cross Red Crescent Day. Exemplary

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[134] de Waal, "The Humanitarian Carnival: a Celebrity Vogue," 54.
[135] Barnett, *The Empire of Humanity: A History of Humanitarianism*, 76.

humanitarians receive honors and prizes, such as the Church World Service Humanitarian

Award and the CARE International Award for Humanitarian Reportage. The prestigious

Conrad N. Hilton Humanitarian Prize is intended, in part, "to call attention to the

worldwide need for humanitarian aid and to encourage others to expand their support."[136]

Humanitarians have been frequent recipients of the Nobel Peace Prize. The founder of

the Red Cross Movement, Henry Dunant, was one of two recipients of the Peace Prize in

1901. The International Committee of the Red Cross and the League of Red Cross

Societies shared the Peace Prize in 1963. Since then, Peace Prize winners have included

UNICEF, United Nations Peacekeeping Forces, and Médecins Sans Frontières.[137]

Although not every humanitarian organization is awarded the Nobel Prize, every

organization and every individual humanitarian participates in a system of recognition

where their work is visible and highly valued.

　　　The claim to a worldwide constituency is another predicate of humanitarianism.

This is evident in how nongovernmental organizations raise funds. Appeals for donations

claim that the organized response to emergencies is of concern to everyone in the world,

because everyone could potentially discover themselves in crisis, and everyone should

care that others receive assistance at such moments. The scope claims of humanitarian

organizations are reflected, too, in reported rates of participation. For example, the Red

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[136] Hilton Foundation, "Conrad N. Hilton Humanitarian Prize Brochure," (Available online at: http://www.hiltonfoundation.org/prize, 2010).
[137] Also, Fridtjof Nansen, the High Commissioner for Refugees, won the prize in 1922. The Nansen International Office for Refugees won the Peace Prize in 1938. The International Committee of the Red Cross won the Novel Peace Prize in 1944. The American Friends Service Committee won in 1947. The missionary Albert Schweitzer won in 1952. George Marshall, head of the American Red Cross for war recovery in Europe, won in 1953. The Office of the United Nations High Commissioner for Refugees (UNHCR) won in 1954 and in 1981. Georges Pire, leader of "l'Europe du Coeur au Service du Monde," a refugee service organization, won in 1958. UNICEF won in 1965. Mother Teresa won in 1979. United Nations Peacekeeping Forces won the Peace Prize in 1988. MSF won the Nobel Peace Prize in 1999.

Cross Red Crescent literature frequently claims that each year it provides assistance to one in twenty-five people worldwide.[138] The Red Cross also reports an extraordinary rate of involvement, asserting one in 500 people worldwide participate in voluntary activity with the Red Cross Red Crescent Movement.[139] It is also worth noting humanitarians are imagined to care for many people at once—a humanitarian team serves an encampment of refugees, a population, a country, in the tens, hundreds, and thousands—in contrast to regular caregivers who seem to meet the needs of smaller constituencies.

Those other caregivers are produced as "ordinary" due to the fact that they inhabit a quite different position in international relations. Instead of participating in governance, caregivers are subject to the vagaries of globalized markets. Without the ability to leverage more control in global governance organizations, there has not been the same formalization of principles to codify and validate the moral significance of care in migration. Relevant international professional associations do have codes of conduct, though they are seldom oriented to care for humanity. The preamble to the code for the International Council of Nurses is instructive: "Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering."[140] These could be the responsibilities of a medical humanitarian agency, or of some branch of the humanitarian sector. The preamble also underscores a version of the principle of humanity: "Nursing care is respectful of and unrestricted by

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[138] For example, see "Tell Your Story on World Red Cross Red Crescent Day," http://www.redcross.org/videos/My-Red-Cross-Red-Crescent-Story. Accessed May 19, 2014.
[139] For example, see "Tell Your Story on World Red Cross Red Crescent Day," http://www.redcross.org/videos/My-Red-Cross-Red-Crescent-Story. Accessed May 19, 2014.
[140] International Council of Nurses, *The ICN Code of Ethics for Nurses* (Geneva: Imprimerie Fornara, 2012), 2.

considerations of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status."[141] The difference is that the code goes on to emphasize the priority of the individual and the family: "Nurses render health services to the individual, the family and the community."[142] A nurse's constituency is defined more narrowly than it would be for practically any humanitarian. Interestingly, the original version of the International Council's code did relate nursing to a wider global constituency. It reads, "Service to mankind is the primary function of nurses and the reason for the existence of the nursing profession. Need for nursing service is universal. Professional nursing service is therefore unrestricted by consideration of nationality, race, creed, colour, politics or social status." [143] It is not clear what drove this revision, but it seems indicative of the privatization of nursing over time.

Care in the context of migration does not receive the positive global publicity awarded to humanitarians. Pierrette Hondagneu-Sotelo observes, "There is a parallel universe of women doing paid domestic work; it remains invisible, out of sight and consciousness of employers until the moment it is tapped."[144] In the United States, media do occasionally feature domestic workers, but not as caregivers making a fundamental contribution to society and common life. The premier of the Lifetime series "Devious Maids" offers a type of visibility, and portrays the assistance domestic workers provide, but it also reduces women who do domestic work to stereotypes. In 2013 *The New York Times* published a video opinion piece or "op-doc" called "The Caretaker" highlighting

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[141] Ibid.
[142] Ibid.
[143] "International Code of Nursing Ethics," *International Nursing Review* 1, no. 1 (1954): 62.
[144] Hondagneu-Sotelo, *Doméstica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence*, 63.

an undocumented Fijian caregiver lovingly caring for an elderly American woman. It is moving, yet it risks purchasing support for migrant care by cashing in on traditional gender tropes: care is something maternal, thus something for families, thus apolitical.

It is important to note a disconnect between international and national regimes of recognition. Overseas Filipino Workers, or OFWs, are considered national heroes by the government of the Philippines. And, although absent, overseas workers exert a presence in everyday life in the Philippines. OFWs are regularly featured in daily newspapers, on television, as characters in popular novels, and as subjects of the latest social science research. Their earnings help make possible the existence of shopping malls, which house international chains—among them, Starbucks, the Gap, Topshop, Accessorize, and Zara—offering a selection of services and retail goods out of reach for most Filipinos. The experiences of overseas workers are not only visible but audible: for two hours every weekday morning, the public radio station DZXL 558 in Manila now broadcasts *Bantay OFW*, which provides guidance to workers experiencing problems overseas and to those looking for employment.[145] Still, again, this heroic portrait of migrant workers, including caregivers, has not been incorporated into international institutions. And while there are professional accolades that go to nurses as well as to doctors who are migrants, these reward professional activity, not the arduous aspects of crossing borders and the potentially morally outstanding dimensions of caring for strangers in remote locales.

This issue reflects how the global public sphere limits participation in knowledge production. Research institutions do much of the intellectual work of representing and idealizing humanitarian care, disseminating books and journal articles and other forms of

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[145] *The Philippines Star*, August 28, 2011, E6.

media that inform global perceptions of what care means, usually cosmopolitan, compassionate, and selfless. Even when representation includes southern humanitarian organizations, it still excludes non-humanitarian caregivers. Whether intended or not, the institutionalization of principles increasingly excludes a whole class of international caregivers. In most international organizations humanitarianism stands as an ideal and essential form of care.

The Problem of Partial Publicity

Envisioning public care has been a major objective for at least some feminist theorists and thinkers of care. In her commentary on international care work, Arlie Hochschild, for instance, suggested we ought "to raise the value of caring work itself, so that whoever does it gets more rewards for it."[146] Care as humanitarianism could not be more prominent, and this very prominent public movement in world politics has clearly made real some aspects of feminist visions, featuring as it does an ethos of care and practices identifiable as care. Michael Walzer estimates, "Humanitarianism is probably the most important 'ism' in the world today, given the collapse and discrediting of neoliberalism, and the general distrust of large-scale political ideologies."[147] However, world politics has seen only a partial revolution in care, underscoring the point that even if some forms of care achieve public recognition, not *all* forms of care and not *all* caregivers necessarily reap the benefits. While it seems like a good thing that some

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[146] Arlie Russell Hochschild, "Love and Gold," in *Global Woman: Nannies, Maids, and Sex Workers in the New Economy*, ed. Barbara Ehrenreich and Arlie Russell Hochschild (New York: Metropolitan Books, 2002), 28.
[147] Michael Walzer, "On Humanitarianism: Is Helping Others Charity, or Duty, or Both," *Foreign Affairs* 90, no. 4 (2011): 69.

caregivers are able to marshal global power, publicity, and a worldwide constituency, other caregivers are marginalized through this transformation. This is what I call the problem of partial publicity.

We can see how partial publicity works in the way humanitarian care is idealized and normalized, obscuring and diminishing other forms of care, even though their contributions to common life are comparable. This makes it all the more difficult for migrant caregivers to get control of levers of power and individually and collectively shape their conditions. Consider the UN Office for Coordination of Humanitarian Affairs operates under the slogan "coordination saves lives." It is highly revealing no institution with the power of that institution claims "migration saves lives." When migration does figure in the purview of international organizations, it is interpreted as labor. And to the extent the social contribution of migrants is recognized it is understood in terms of remittances—a portion of their earnings, which provide support for families for such things as food, housing, daycare, school, and visas, as well as community facilities including hospitals, suggesting an even closer parallel with the work of international humanitarians. Instead of contributing to care for humanity—and to global progress— international migration is seen to serve, on the one hand, particular families, and, on the other hand, the national development of states of origin through remitted earnings. The care performed by international migrants is not characterized as care, nor is it defined in terms of principles, nor is it represented in terms of its general contribution to humankind. Not surprisingly given these representations, the skills and professional training of migrant caregivers are constantly overlooked. This is evidenced by the fact

that rather than gaining status by crossing borders, professionals often experience

deskilling.[148]

Other principles taken to define humanitarianism further show how it operates as

a normal and ideal form of care. Take, for example, the principle of impartiality.

Impartiality is the idea that rather than taking care of your own first, aid should go to

those who need it most. Not nationality, proximity, or kinship, but great need should

dictate who receives assistance. Whatever its value, the principle of impartial care

discounts those who care for people who are not among the neediest. A doctor or nurse

who seeks employment in a foreign country might take into account a variety of

considerations in choosing where to work including favorable immigration policies,

reasonable accreditation standards, and the availability of employment opportunities.

The principle of impartiality also marginalizes those who care for their own families and

friends. Undocumented workers who bring children with them into the United States are

often unable to obtain help from local and federal governments in caring for their

children and loved ones. As noted above, to cope, some rely on kinship networks and

help family members cross borders to provide childcare.[149] Although it is life-preserving

care, and though they face hardships and perils in crossing borders, the care family

members provide is clearly partial, again violating this defining principle of

humanitarianism. Sending earnings home as remittances—for instance, to help build

homes, and community projects, and to pay for schools and school supplies—also

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[148] Cuban, *Deskilling Migrant Women in the Global Care Industry*.
[149] Mattingly, "The Home and the World: Domestic Service and International Networks of Caring Labor."

violates the principle of impartiality. This is a remarkable exclusion considering worldwide remittances exceed official development assistance.[150]

Another example is the principle of voluntarism. The Red Cross and Red Crescent Movement idealizes care as voluntary service, because, according to an official statement, without it, the movement would be in "danger of becoming bureaucratic, losing touch with a vital source of motivation, inspiration and initiative, and of cutting off the roots which maintain its contact with human needs and enable it to meet them."[151] Care that is waged is excluded from the definition of humanitarianism, and, implicitly care that is compassionate is excluded from the definition of migration. It is true that care in migration is almost always premised on a contract that arranges an exchange of work for pay, which is not to say that it is fair, freely entered into, or scrupulously honored. Yet, again, the presumption that care is either motivated by compassion or money obscures the contribution of people who migrate to care for their loved ones. Again, the upshot is that from the vantage point of the global public sphere and the humanitarian world, most migrant caregivers are marginal to this system of principles.

The takeaway for political engagements, both local and global, is that making care public is fraught. It is difficult to both specify a practice of care that can be widely recognized and celebrated, and at the same time to avoid instituting distinctions that might paradoxically contribute to the invisibility and marginality of some forms of care and some caregivers. In hierarchical settings it seems all the more likely that the

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[150] Safri and Graham, "The Global Household: Toward a Feminist Postcapitalist International Political Economy," 113.
[151] http://www.ifrc.org/en/who-we-are/vision-and-mission/the-seven-fundamental-principles/voluntary-service. Accessed November 24, 2012.

diversification of care will map onto pre-existing asymmetries. In such scenarios it is all the more important that privileged caregivers explicitly incorporate principles like equality and solidarity that could at least provide excluded groups a lever by which to gain greater access.

Still, the division of caregivers between public and private spheres suggests the difficulty of building sector-wide alliances and solidarity, which may be a prerequisite for morally good care. The kind of understanding necessary for acting in concert seems improbable given the intense socialization and processes of self-realization that are part of the current order of care. Along these lines, David Kennedy explains, "Coming into awareness of oneself as the representative of something else—heroic agent for authentic suffering elsewhere—mutes one's capacity for solidarity with those cast as victims, violators, bystanders, and stills the habit of understanding oneself to inhabit the world one seeks to affect." [152] The problem is not just that an orientation to salvation may prevent humanitarians from seeking common cause with fellow caregivers. The problem may instead by that this orientation emerges out of a broader system of conditions, global public and private spheres that thwart coalition, collaboration, alliance, and solidarity.

The Problem of Gendered Hierarchy

The concepts of global public and private spheres invite us to interpret gender in two ways, with reference to the gender ideologies that predominate in each sphere, and with reference to the structural relation between these spheres.

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[152] David Kennedy, *The Dark Sides of Virtue: Reassessing International Humanitarianism* (Princeton, N.J.: Princeton University Press, 2004), 112.

The new public status of care in international relations has not significantly troubled the gendered identification of care. Given the close historical association between care, women, and the home, it would not have been unreasonable to hope the dramatic incorporation of care into the public sphere might change this, and perhaps undo some of the distinctions between public and private spheres. Yet, no such revolution has occurred. Gendered ideologies remain prevalent, constituting activities performed in the global public sphere as well as in the private sphere. While care does not *only* concern the production of female, feminine, maternal, or wifely identities, as some feminist and gender theorists have implied, intense gender definitions and expectations define care in both humanitarianism and migration. In many places, nurses, nannies, and domestic workers—including women and men—are subject to the more or less overlapping ideologies related to femininity, maternalism, and domesticity. However, performances of care across the world instantiate a more complex normative system. In addition to systematically shaping the life conditions of migrant women, globalized norms have ramifications for men, especially from the Third World. For instance, migrant men from Asia care for American soldiers on military bases by doing such things as laundry, food preparation, and cleaning. Isabelle Barker concludes that although it is men who perform care work, this arrangement does not upset patriarchal gender ideas. To the contrary, US soldiers are cast "as bearers of a superior masculinity vis-à-vis feminized migrant workers."[153] Similarly, Lena Näre finds it is common for Italian employers to interpret male Sri Lankan domestic workers as "sweet, discreet, and humble—in sum, asexual,

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[153] Isabelle V. Barker, "(Re)Producing American Soldiers in an Age of Empire," *Politics & Gender* 5 (2009): 217. Original emphasis removed.

submissive, and docile."[154] In a timely corrective and reminder, Martin Manalansan has

pointed out not all migrants are or will be mothers or members of nuclear families, and

that there are single and queer migrants, including men.[155] He suggested considering

desire, as well as persecution on the basis of sexuality as motivations for migration. In

addition, Manalansan recommended attending to the institutional production of

understandings about gender and sexuality rather than taking them as pre-given.

Again, at first, humanitarianism seems to represent the end of gender specific

care. Humanitarian organizations at least do not spread patriarchal tropes that care is

natural for women and unnatural for men. Nonetheless, activity in the humanitarian

sector remains in some respects gendered. [156] With regard to how gender norms regulate

global public life, Craig Calhoun observes women more than men continue to be

constrained by obligations at home, including childcare, which makes it difficult for them

to travel.[157] And anecdotal evidence suggests when women do become humanitarians, it

is less likely they will have a family. "Look around," one aid worker remarked to a

reporter, "and you'll see that this business is full of women thirty-five to forty-five who

are strong, competent, good at what they do, and single."[158] The humanitarian sector as a

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[154] Lena Näre, "Sri Lankan Men Working as Cleaners and Carers: Negotiating Masculinity in Naples," *Men and Masculinities* 13, no. 1 (2010): 70.

[155] Martin F. Manalansan IV, "Queer Intersections: Sexuality and Gender in Migration Studies," *International Migration Review* 40, no. 1 (2006).

[156] As I noted in chapter 1, while there has been extensive research on gender in development projects, there is relatively little specifically on humanitarianism. Still, there have been some important contributions along these lines. For some important exceptions, see: Carpenter, "Women and Children First: Gender, Norms, and Humanitarian Evacuation in the Balkans 1991-95."; Tronto, "Is Peacekeeping Care Work? A Feminist Reflection on the 'Responsibility to Protect'."; Hyndman and De Alwis, "Beyond Gender: Towards a Feminist Analysis of Humanitarianism and Development in Sri Lanka."

[157] Craig Calhoun, "The Class Consciousness of Frequent Travelers: Toward a Critique of Actually Existing Cosmopolitanism," *The South Atlantic Quarterly* 101, no. 4 (2002): 882-83.

[158] Jonathan Harr, "Lives of the Saints: International Hardship Duty in Chad," *The New Yorker*, 2009, http://www.newyorker.com/magazine/2009/01/05/lives-of-the-saints-2.

whole also embodies paternal norms in relation to recipients of assistance. Uma Narayan

has argued that care discourses embody the paternalistic assumptions that historically

surrounded colonial projects.[159] More recently, Michael Barnett has asked whether

humanitarianism represents a kind of "paternalism."[160] Although he does not discuss

paternalism as a gendered relation, he calls attention to how humanitarians sometimes

deign to "know best" and act without full consent of affected parties. Fiona Robinson

detects paternalism in the fact that humanitarian caregivers assume to have superior

knowledge of the situations in which they help others.[161]

In addition to recognizing the ways care has been associated with gendered

identities, we can also read gender in the hierarchical relation between global public and

private spheres. These two spheres exist in a diffuse relationship of dependence, where

the global public sphere depends ideologically and materially on the work performed in

the global private sphere, even while this dependence is obscured. It seems at first

impossible to identify a relation of dependence with the same immediacy as the

traditional household relation. To be sure, some transnational citizens rely directly on the

labor of migrants; these arrangements sometimes make headlines when they turn into

abuse. But we should not lose sight of the fact that whole communities and countries

depend on migrants. All public actors and all public things need constant repair,

maintenance, and improvement. Without men and women to labor in agriculture, and

caregivers to watch children, for example, transnational activists, intellectuals,

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[159] Uma Narayan, "Colonialism and Its Others: Considerations on Rights and Care Discourses," *Hypatia* 10, no. 2 (1995).
[160] Barnett, *The International Humanitarian Order*, 212-15; *The Empire of Humanity: A History of Humanitarianism*.
[161] Robinson, *The Ethics of Care: a Feminist Approach to Human Security*.

politicians, and humanitarians would have to do it all themselves, leaving less time for their creative work and public activity. Another way of putting this is that most of the world's citizens are dependent on women and men who migrate.

There have been some hints in this direction. Some feminist researchers argue poor countries furnish a labor force for other countries in a way that is analogous to the personal service historically rendered by wives. Barbara Ehrenreich and Arlie Hochschild draw this comparison explicitly, writing, "Poor countries take on a role like that of the traditional woman within the family."[162] Wealthy families could care for their children and elderly members, but they delegate this labor. States, hospitals, and households can exercise control over migrant caregivers because these caregivers are feminized, and often situated in the informal sector, where low-wages and insecurity are normal. Other feminists have depicted an international division of reproductive labor. They have said it is meaningful to think of care as a commodity in short supply, which is extracted from the Third World, leaving deficits of care around the world.[163]

We can extend this analogy with reference to global public and private spheres. In their activity in the public sphere it is possible to think of how humanitarianism is attached to a notion similar to breadwinning. Powerful countries—and perhaps the international community as a whole—derive a kind of collective character from humanitarianism. It is true that humanitarians are not breadwinners for the international community in the literal sense that they earn an income to sustain it, but they fill this role

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[162] Barbara Ehrenreich and Arlie Russell Hochschild, "Introduction," in *Global Woman: Nannies, Sex Workers, and Maids in the New Economy*, ed. Barbara Ehrenreich and Arlie Russell Hochschild (New York: Metropolitan Books, 2002), 11-12.
[163] Rhacel Salazar Parreñas, "Migrant Filipina Domestic Workers and the International Division of Reproductive Labor," *Gender & Society* 14, no. 4 (2000); Hochschild, "Love and Gold."

in the looser sense of accumulating and bringing "home" value. We have already seen how the global public sphere systematically conveys worth on the particular practice of care formulated by humanitarianism—care that is universal, voluntary, neutral, and impartial. The fact that states frequently attempt to appropriate humanitarian efforts suggests these activities are valuable. The symbolic gains that humanitarians accrue derive especially from their connection to global progress, contributing to development across countries and the world in the form of less suffering and greater flourishing. More literally, humanitarian organizations collect donations from the international community to fund disaster relief.

Furthermore, in that relief aid does little to remedy deeper structural inequalities in the international system, humanitarianism might also function as a kind of "pass" for the international community, which serves as a kind of excuse or justification for not contributing in a more substantial way to economic restructuring and redistribution, analogous to the way traditional breadwinners took a "pass" on participating in care and other forms of domestic work. To concretize this, consider the World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel, which lays out considerations for member states that seek to draw caregivers from other countries. In its 10th and final article it suggests member states and nongovernmental organizations "should be encouraged to provide technical assistance and financial support to developing countries or countries with economies in transition, aiming at strengthening health systems capacity, including personnel development in

those countries."[164] I return to this code in Chapter 4, but for now I simply want to highlight how the code offers humanitarianism as a kind of compensatory gesture for the adverse effects of nurse recruitment. These are the same types of gender relations that public and private spheres maintained in national settings.

In this way, the concepts of global public and private spheres represent how both humanitarianism and migration are entangled and related in a broader system of power in international relations. The manner in which the global public sphere makes humanitarianism visible—as a special and unique form of global care—makes the presence of domination all the more difficult to see. That humanitarianism is founded on a basis of principles and claims to neutrality, impartiality, and universality only heightens the impression that this field has little to do with reproducing inequality and division.

To read gender in international politics in this way is to depart from most current approaches that adopt a feminist or gender lens. It is to see gender in structural terms, not to focus on gender as individual experience.[165] My interest is in highlighting organizational aspects of the international system that produce and reproduce subordination. The global private sphere and the global public sphere are fundamentally systemic concepts, not so different from "balance of power," "security communities," or "core," "semi-periphery," and "periphery." Developing world system concepts and

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[164] World Health Organization, *WHO Global Code of Practice on the International Recruitment of Health Personnel* (Geneva, 2010), 7.
[165] I am grateful to Nancy Luxon for helping me to sharpen this point as well as my argument about how the visibility of humanitarianism contributes to the indirection of international hierarchy (among other arguments).

theories is relatively rare for feminist theorists who largely focus on particular local, historical, and organizational contexts.[166]

On a final note, I am mindful of the risks of proposing a rigid dichotomy between two types of caregivers, which would do an injustice to vast diversity among caregivers. As one illustration, national humanitarians are placed in much the same position as migrants in that they are often treated by international humanitarians as laborers and excluded from managerial authority in humanitarian projects. Parreñas has called attention to hierarchies among migrants. Those who migrate are often able to do so precisely because they can hire caregivers who stay with their children.[167] While this diversity and stratification among caregivers is important to recognize, it is also crucial to pay attention to how global public and private spheres hide this diversity.

Conclusions

The paired concepts of global public and private spheres can help us to conceptualize how care is organized on the world scale, and with what consequences. An international system of governance with a worldwide constituency and worldwide visibility has contributed to the elevation of one form of care and the marginalization of another. Humanitarianism appears in the world bearing what seem to be clear signs of its uniqueness—its principles of humanity, impartiality, neutrality, and voluntarism are widely praised, and the delivery of relief in crisis situations is celebrated. Yet, I have argued at the same time institutions of global governance center and authorize

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[166] For an important exception, see: Laura Sjoberg, "Gender, Structure, and War: What Waltz Couldn't See," *International Theory* 4, no. 1 (2012).
[167] Parreñas, *Servants of Globalization: Women, Migration and Domestic Work.*

humanitarianism, they marginalize the work of other caregivers, relegating them to the domain of the normal, national, local, familial, and personal. Regular health professionals do not appear to work for suffering humanity, but for suffering countries, communities, households, and individuals—and perhaps not even for them, but for the wage they receive as compensation. Since their labor is remunerated, their motives are presumed to be economic rather than principled. International humanitarian care is prestigious; other varieties of transnational care are less so.

The problem with the divided status of care is on the surface simply that it represents a stalled revolution. It seems at first that the new public status of care in international relations represents a turning point or point of leverage that might make more significant and more diverse forms of care possible in the future. Yet, the organization of care in international relations expresses the intransigence of material conditions at least as much as burgeoning freedom and greater scope for moral choice and actions. Humanitarians are able to participate in the intimate minutiae of foreign societies because of their preponderance of material resources and their exclusive identity as expert caregivers. In interpersonal relations and local settings there is a reasonable expectation that hierarchies in care relations can be overcome, or at least attenuated. But in international relations, hierarchy appears to be extremely resistant to democratization. This means that the problems of partial publicity and gender hierarchy cannot be easily resolved.

In the next chapter, I step back to trace how historical divisions anticipated contemporary segregation among caregivers. Humanitarianism appears to be a special

achievement as much because of its privileged history as its special principles and good

works.

Chapter 3

ORIGINS OF THE WORLD POLITICS OF CARE

The National Museum in Manila recently installed "The Progress of Medicine in the Philippines," a vivid rendering of the history of care in the country. The four giant panels by modernist painter Carlos "Botong" Francisco portray ideas, technologies, and practitioners of medical and spiritual care across the centuries. The first scene foregrounds a woman with long black hair standing with arms stretched upward in front of an emaciated body, a king, and a crowd of onlookers. The woman is a *babaylan*, a medicine woman or priestess, who possessed not only the power to heal but also intellectual and political authority. More than dispensing remedies, she invested life and death with meaning. The second scene centers on two Spanish friars, one studying at a desk and another gathering herbs. To one side several men engage in acts of caretaking. The third scene shows American public health authorities in brown uniforms. As historian Warwick Anderson explained, they had "assumed the power to examine Filipinos at random and to disinfect, fumigate, and medicate at will."[168] In the painting, one American medical officer vaccinates a line of Filipinos, while another gestures to a crouched Filipino man to scoop a pile of dejecta into a nearby pail. The fourth panel depicts a contemporary Filipino surgical team in white scrubs encircled by an x-ray machine, nurses, a lecture hall, an atom, and a mushroom cloud.

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[168] Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006), 99.

These scenes summon hard questions about care and world politics. Among these questions are a few counterfactuals: if not for colonialism, would the *babaylan* have survived through the centuries, contributing to the humanitarian world or perhaps creating a different world of care altogether? What would international humanitarianism look like if this image of care defined its principles and modes of operation?

The conventional wisdom about humanitarianism is that it is unique in world politics because of political visionaries who dared to fashion a movement around principles in a world governed by power. If humanitarianism is Western, according to this narrative, it is because in an accident of history those bold visionaries—from Protestant missionaries to the founders of the Red Cross movement and the Rockefeller Foundation—happened to be born in the West. Against this view, in this chapter I argue to the extent humanitarianism is a unique movement in world politics it is at least in part because from their privileged position in a hierarchical world order humanitarian actors diminished, excluded, and overpowered those who might have otherwise been partners, teachers, counterparts, or rivals in organizing and providing care. In so far as humanitarianism is Western, and the prevailing understanding of care is Western, it is because actors in the West claimed the practice of care for themselves alone. The exclusionary politics of humanitarianism went beyond the violent segregation and repression associated with colonialism. Humanitarian actors promulgated distinctions and exclusions in foreign missions as well as in their own nations. Poor people, people of color, older people, sometimes men, and sometimes women were all at different times excluded from the humanitarian world. The subsequent institutionalization of

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humanitarianism in an array of local, national, and international organizations meant that some of these patterns of privilege and exclusion endured, so that some people who crossed borders as caregivers would be excluded from humanitarian organizations, and assigned a lower status in world politics.

This argument recasts the origins of humanitarianism. From the beginning humanitarianism was both a creative and a conservative intellectual and political movement, one that construed care as a public good at the same time it abdicated egalitarian political principles like coalition, participation, and inclusiveness. Now, while international humanitarians and international migrants both perform care that is often similar at the level of practice, international institutions recognize humanitarians as ideal caregivers and assign migrant caregivers the status of laborers. This chapter will discuss how the division and specialization of care in world politics has unfolded, and how a set of historical forces have gradually untied and differentiated international humanitarian care from other forms of care.

The scope of this chapter is broad, and I do not try to comprehensively cover ground that has already been travelled in excellent histories of these fields and the organizations and individuals who populate them.[169] I draw on these histories, in addition to other secondary sources and primary materials. I begin by identifying roles and social relations related to caregiving in the home in the United States and United Kingdom and continue by tracking the extension of caregiving roles and ideas outside the home to the community and world. Examining this expansion through the lens of the

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[169] Barnett, *The Empire of Humanity: A History of Humanitarianism*; Julia F. Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening* (Oxford: Oxford University Press, 2013); Redfield, *Life in Crisis: The Ethical Journey of Doctors without Borders*.

profession of nursing, I trace how international humanitarian projects defined themselves in relation to and often in distinction from regular national health services.

In this chapter I illustrate and exemplify these dynamics in relation to North Atlantic humanitarianism around the turn of the twentieth century, focusing on the period from roughly 1890 until 1920. I reference American humanitarianism in the Philippines as a particularly important example of exclusionary dynamics.

Care in the Home: Processes of Division

Over the course of the second half of the 19th century, some caregivers—namely, nurses, teachers, and, eventually, humanitarians—left the home while others remained in their own homes and in the homes of others to perform housekeeping labor that society considered menial. Those who could would claim the most socially valued care activities and leave the rest to others.[170] Rather than the complete exclusion of care from the public sphere, this process resulted in stratification and a spectrum of care activities between public and private spheres.

At the beginning of the 19th century in the United States and the United Kingdom most care was performed in the home. This included raising and educating children, preparing food, and ministering to the sick. Women were typically responsible for these activities, but their labor was not divided spatially from the labor of men. Men and women worked together in and around the home at least until the middle of the nineteenth century. Their activities were specified by conventional sex and gender definitions, to be sure, as men farmed, for example, while women cooked, cleaned, and

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[170] Duffy, *Making Care Count: A Century of Gender, Race, and Paid Care Work.*

cared for children. Yet, these duties were performed in close proximity, which meant

that gender definitions could not be elaborated with reference to spatial concepts.[171] The

role of women could not yet be defined in exclusive relation to the home. That came

later. Proximity between the sexes held even in medical care. When married couples set

up medical practice together, as they often did, only some specializations like surgery and

midwifery were defined in gendered terms, where husbands were responsible for the

former and wives the latter.[172]

With industrialization at the end of the 18th century and the beginning of the 19th

century, this changed. Upper- and middle- class white men were able to pursue

employment and citizenship activities outside of the home. In the United States and the

United Kingdom, the public sphere came to be associated with men in their roles as

citizens and breadwinners, heads of household, and protectors. The new ideology of

separate spheres granted the work of privileged men outside the home a double

legitimacy. It was legitimated as socially useful activity that contributed to the building

of the common world. It was also legitimated by virtue of the fact that their earnings

made it possible to buy commodities including foodstuffs and fabrics that eased the

burden of domestic work. Their work visibly and tangibly improved the material

environment of the household. [173] At the same time that public activity came to be

associated with men, the home came to be understood as a place that was inappropriate

for men and the expression of masculinity. Florence Nightingale observed in 1852 that

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[171] Joan Williams, *Unbending Gender: Why Family and Work Conflict and What to Do About It* (Oxford; New York: Oxford University Press, 2000).
[172] Barbara Ehrenreich and Deirdre English, *Witches, Midwives, and Nurses: a History of Women Healers* (New York: Feminist Press, 2012 [1973]), 64-65.
[173] Cott, *The Bonds of Womanhood: "Woman's Sphere" In New England, 1780-1835*.

British society had no mercy for men who spent too much time in the domestic sphere and ridiculed them as "knights of the carpet," "drawing-room heroes," and "ladies-men."[174] Thus, powerful sex and gender norms closed this sphere of activity to upper- and middle-class men.

For the most privileged, home became increasingly removed from politics and paid labor. Wives, servants, and slaves remained in the home and the fields. They cared for husbands and children, in addition to maintaining the living space. For middle-class American and British women, caring for others was supposed to be its own reward, and a natural expression of their instincts and skills. Women were perceived to lack the spiritual disposition, intellectual competence, and physical suitedness for participation in public ventures. John Stuart Mill observed, "All the moralities tell them that it is the duty of women, and all the current sentimentalities that it is their nature, to live for others; to make complete abnegation of themselves, and to have no life but in their affections."[175] Not surprisingly, then, there were few socially acceptable alternatives for women to work outside of the home, and these typically involved doing traditional domestic labors. Women left the home to do textile work in factories and to teach.[176] Women also left their own homes to care for the ill or to work as nannies or domestic workers.

The "cult" or "thralldom" of domesticity contributed to the consolidation of this spatial reordering. Domesticity implied, first, a distinction between the home and its domestic activities, and the world, and its economic and political activities. Yet this

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[174] Florence Nightingale, *Cassandra: An Essay* (Feminist Press, 1979), 32.
[175] John Stuart Mill, *On Liberty; with the Subjection of Women; and Chapters on Socialism*, Cambridge Texts in the History of Political Thought (Cambridge [England]; New York: Cambridge University Press, 1989), 132.
[176] Cott, *The Bonds of Womanhood: "Woman's Sphere" In New England, 1780-1835*.

ideological and perceptual distinction went still deeper. As Nancy Cott explained about

the emergence of the private sphere in nineteenth-century New England, "Women's

sphere was 'separate' not only because it was at home but also because it seemed to elude

rationalization and the cash nexus, and to integrate labor with life."[177] The home

embodied a distinctive set of virtues that stood in contrast to the profit-seeking machinery

of capitalism and the standardization it entailed. The institutionalization of the private

sphere depended on the elaboration of a set of principles that distinguished between men

and women and identified each as uniquely suited to a particular domain and set of

activities.

There were always differences between ideology and reality. Women worked

outside their own homes, and men also worked in the homes of others. An 1880 survey

reported that both women and men were employed in the household. Women were hired

as chambermaids, cooks, housekeepers, laundresses, nurses, seamstresses, and waitresses,

while men were hired as butlers, coachmen, choremen, cooks, and gardeners.[178]

Conditions for these laborers varied dramatically. For example, some domestic workers

were understood to be just part of the "family," with mixed implications. Lucy Salmon

noted in 1901, "An American who can be considered one of the family is the very one

who most appreciates the difference between being one of the family and like one of the

family."[179] Then as now, rather than implying better treatment, to be like one of the

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[177] Ibid., 62.
[178] Lucy Maynard Salmon, "A Statistical Inquiry Concerning Domestic Service," *Publications of the American Statistical Association* 3, no. 18/19 (1892): passim.
[179] *Domestic Service*, 2d ed. (New York: The Macmillan company;, 1901), 152.

family often meant to be coerced into longer working hours for inadequate remuneration.[180]

Practices of care have themselves been differentiated. Dorothy Roberts has traced a distinction between "spiritual care," on the one hand, and "menial care," on the other. Roberts suggested spiritual housework has been "valued highly because it is thought to be essential to the proper functioning of the household and the moral upbringing of children."[181] In contrast, menial housework has not been valued precisely because it is "strenuous and unpleasant" and also because it is believed "to require little moral or intellectual skill."[182] Mignon Duffy found a similar division, and drew attention to the distinction between "nurturant" and "nonnurturant" care.[183] Nurturant care relates to providing care directly in relationships. It is represented by the work of mothers, nurses, doctors, and other caregivers whose work has come to be respected. Nonnurturant care involves "dirty work" like cleaning and gardening and is not valued in public. Nurturant care is socially valued to a greater extent than nonnurturant care. Historically these distinctions mapped onto race and class stratifications. Duffy argued, "The gendered separation of public/work and private/family spheres that had begun during the industrial revolution intensified through the first half of the twentieth century, as did the expectation that middle- and upper-class women should be the perfect housekeepers and

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[180] Parreñas, *Servants of Globalization: Women, Migration and Domestic Work.* Parreñas offers a complicated interpretation of this. She notes some domestic workers prefer not to be seen as one of the family as it provides them with much desired emotional and physical distance and independence.
[181] Dorothy E. Roberts, "Spiritual and Menial Housework," *Yale Journal of Law and Feminism* 9 (1997): 51.
[182] Ibid.
[183] Duffy, *Making Care Count: A Century of Gender, Race, and Paid Care Work.*

mothers."[184] To cope with their added responsibilities and to maintain their status,

middle class women monopolized the nurturant care of children while delegating the

"dirty work" to poor women.[185]

The profession of nursing emerged out of these dynamics. Before the 1850s, the

hospital nurse was not yet a socially recognizable role requiring a specific course of

academic preparation. Care for health had been a matter of individual concern. It was

for each individual to monitor his or her own state of well or ill being. One would track

the relationship between changing conditions in the natural world—the phases of the

moon, for example—and the appearance of symptoms of illness. Family members,

midwives, and lay healers would also provide care over the life course. This changed in

the late nineteenth-century. Nursing became a vocation practiced predominantly in

hospitals rather than in homes and by professionals rather than amateurs. The drive to

professionalize healthcare advanced in spite of the fact that women midwives in the

United States and the United Kingdom had acquired immense knowledge about healing.

Women healers gained competence in caring through experience while doctors more

often learned their trade from books and lectures. Nonetheless, as the practice of

medicine professionalized, the knowledge of midwives was increasingly discounted and

they were persecuted, sometimes as witches, for their ability to cure.[186] Ultimately the

move toward professionalization was made possible by a group of nurses who, in a bid

for respectability, joined ranks with doctors against "amateur" healers. [187] This process of

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[184]Ibid., 26.
[185]Ibid.
[186] Ehrenreich and English, *Witches, Midwives, and Nurses: A History of Women Healers*.
[187] Ibid.

division resembles the differentiation between "nurturant" and "nonnurturant" care that Duffy detailed.[188] The creation of a nursing profession meant the creation of nursing schools with high barriers to entry, shutting out those who were not young, white, middle-class, and responsive to discipline.[189]

Care Across Borders: Processes of Exclusion

Organized efforts to improve public health across borders are several centuries old, dating back at least to the early modern period. Dominican, Franciscan, and Jesuit missionaries followed Spanish and Portuguese imperial actors to North and South America, Africa, and Asia. Anastacia Girón-Tupas recounts that, among other such efforts, in the 1500s and 1600s Franciscan missionaries in the Philippines founded the Hospital de Indios, the Hospital de Aguas Santas, the Hospital de Dulac, and the Hospital de Nueva Caceres.[190] Aside from missionary groups, the oldest global organizations dedicated to succor communities across borders may have been the Sisters of St. Joseph de Lyon, founded in 1650, and the Daughters of the Holy Spirit, established in 1706. Founded in 1810, the American Board of Commissioners for Foreign Missions may have been the first US-based missionary society. These were charitable, religious organizations, as were most if not all of the earliest precursors to 20th century

[188] Duffy, *Making Care Count: A Century of Gender, Race, and Paid Care Work.*
[189] Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*, Cambridge History of Medicine (Cambridge Cambridgeshire; New York: Cambridge University Press, 1987).
[190] Anastacia Girón-Tupas, *History of Nursing in the Philippines* (Manila: University Book Supply, 1952), 9.

international humanitarian organizations.[191] If nursing is understood loosely as attending to the ill and the needy, it is older even than these organized efforts. Humanitarianism and nursing, however, both emerged in Britain in the mid-nineteenth century, and received an impetus from the Crimean War in 1853.

Among those who tried to assist soldiers in the British conflict with Russia, the most famous was Florence Nightingale. She is the foremother of humanitarian nursing, as she not only formalized the practice of nursing, but, in doing so, explicitly sought to fashion a place for at least some women in public, as is evident from her earliest writings.[192] In 1852, more than a decade before John Stuart Mill's complaint against the subjection of women, Nightingale shot off a furious polemic entitled "Cassandra" that condemned Victorian society for confining women to the home and trivializing their lives. "Why have women passion, intellect, moral activity—these three—and a place in society where no one of the three can be exercised?" she asked.[193] Nightingale had little patience for the conventional answer: "The family? It is too narrow a field for the development of an immortal spirit, be that spirit male or female."[194] Nightingale continued, "Women dream of a great sphere of steady, not sketchy benevolence, of moral activity, for which they would fain be trained and fitted, instead of working in the dark,

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[191] This is according to a recent survey of the institutionalization of the global health field: Keiko Inoue and Gili S. Drori, "The Global Institutionalization of Health as a Social Concern," *International Sociology* 21, no. 2 (2006): 206.

[192] I will discuss below how Nightingale's conception of a nurse opened a new set of opportunities for some women, yet excluded other women.

[193] Nightingale, *Cassandra: An Essay*, 25.

[194] Ibid., 37.

neither knowing nor registering whither their steps lead."[195] She herself wanted

"something to live for."[196]

Nightingale found her calling in the battlefields of the Crimea. She was thirty-

two-years old when she wrote "Cassandra." Two years later, she entered into service for

the British. Nightingale shared the view of most of her compatriots that the British had

bungled relief efforts and badly, and she pushed for reform. Other parties to the Crimean

War already received assistance on the battlefield from religious groups. According to

one historical account: "Sisters of Charity were there nursing France's soldiers, and

Sisters of Mercy were nursing those of Russia. 'Why have we no Sisters of Charity?'

somebody asked in the London Times."[197] Nightingale set up a relief corps called a

Sanitary Commission that would later be a model for the organization of war relief during

the American Civil War. Nightingale and her commission are also reputed to have been

an inspiration to Henri Dunant when he sought to organize help for the soldiers of the

Battle of Solferino in the Italian war for independence from Austria. Nightingale and

Dunant disagreed, however, on the need for a permanent relief society and, though they

were close contemporaries, they were never collaborators.

This formative moment in nursing and in humanitarianism already points to the

norms and exclusions that would define these fields in later years. Note that in her call

for women to work outside the home, Nightingale appealed not for "steady opportunity

for waged work" but for "steady opportunity for benevolence." At the same time her

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[195] Ibid., 38.
[196] Nightingale quoted in Myra Stark, "Introduction," in *Cassandra: An Essay*, ed. Myra Stark (Old Westbury, N.Y.: Feminist Press, 1979), 7.
[197] Elizabeth Marion Jamieson and Mary F. Sewall, *Trends in Nursing History: Their Relationship to World Events*, 3d ed. (Philadelphia: W.B. Saunders, 1949), 355.

vision disputed the limited range of activities deemed appropriate for women, it also left

in place the expectation that women would be self-sacrificing and would live for others.

More significantly, this vision is also limited in that it is attached to class privilege and

whiteness. Nightingale herself had been comfortably situated in the upper middle-class;

her resources made her unusual journey possible and shaped her assumptions. Although

Nightingale envisioned nursing as a profession that would be inclusive with respect to

class, in practice the new profession excluded poor people and people of color. In the

United States, nursing schools declined former domestic workers, apparently in an effort

to avoid lowering the status of the field.[198] Like other forms of nurturant care,

increasingly nursing was associated with whiteness while domestic work was left to

people of color. [199] These patterns of exclusion were not confined to the United States,

but seem to be pervasive wherever the profession of nursing was instituted on the

Nightingale model.

The life story of Mary Jane Seacole, born in Kingston to a white father and a

black mother, exemplifies these dynamics. Although she did not have formal training in

medicine, Seacole was known as a "nurse and doctress." She was also an adventurer, and

lived and worked not only in Jamaica but also in Panama and other countries, running a

restaurant and battling Cholera epidemics as she went, ministering to her patients with

mustard plasters and other cures. Seacole wrote, "I am not ashamed to confess—for the

gratification is, after all, a selfish one—that I love to be of service to those who need a

woman's help. And wherever the need arises—on whatever distant shore—I ask no

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[198] Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945*.
[199] Ibid.

greater or higher privilege than to minister to it."[200] She wanted to serve as a nurse in the

Crimean War and traveled to England to lend her talents to the cause. "War, I know, is a

serious game," she reflected, "but sometimes very humble actors are of great use in it."[201]

However, her offers of help were rejected—first by the British War Office, then by the

British Medical Department, and finally by Florence Nightingale's associates in London.

She wondered, "Did these ladies shrink from accepting my aid because my blood flowed

beneath a somewhat duskier skin than theirs?"[202] Seacole was disappointed but

determined. She decided to go to the front anyway, supporting herself by buying

provisions and selling them to soldiers, eventually setting up a store and restaurant. She

brought relief and camaraderie to soldiers, including those in the 97th regiment, which

included Jamaicans who were "put to so sad a use, three thousand miles from home."[203]

At the same time the humanitarian world barred entry to some, it invited others in.

Prior to this time, in the early 1800s, humanitarianism signified an unmanly concern for

others, as when in 1850, *Tait's Magazine* made reference to "the puerile whimperings of

an effeminate humanitarianism."[204] It is not clear whether Henri Dunant's response to

suffering at the battle of Sulferino changed norms about humanitarianism and

masculinity, or whether he benefited from norms already in the process of transformation.

Perhaps the association of care with war helped to make humanitarianism an acceptably

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[200] Mary Seacole, *Wonderful Adventures of Mrs. Seacole in Many Lands* (New York: Penguin, 2005 [1857]), 31.
[201] Ibid., 72.
[202] Ibid., 73-74. Eventually, Seacole did encounter Nightingale at her hospital in Scutari and would see her regularly at Balaclava (82).
[203] Ibid., 81. Also see 147.
[204] *Oxford English Dictionary*.

masculine pursuit. Whatever the deep cause, Dunant managed to put care on the global agenda and to enlist both men and women from Europe and North America.

His first act was the creation of the International Committee for the Relief of the Wounded, renamed the International Committee for the Red Cross in 1863. Each country would have its own Society, with the ICRC for oversight. Gustave Moynier, the organization's first president, articulated a set of moral priorities to guide the new organization. He described four principles: "*foresight*: preparations should be made in advance, to provide assistance should war break out; *solidarity*: whereby the Societies undertake to help each other; *centralization*: employing only one Society in each country; *mutuality*: care is given to all the wounded and the sick, irrespective of their nationality."[205] The inclusive and egalitarian spirit of these principles is notable, emphasizing mutual help between societies and to all nationalities. Nonetheless, humanitarians would find it difficult to translate this vision into practice, as the history of the American Red Cross illustrates.

In the United States, Clara Barton became a champion for the establishment of a new Red Cross society. Germany, England, and other European powers had already instituted national societies, so the United States was late to the game. Battlefield relief was poorly organized, though it did exist. When Americans rebelled against British rule, there was nothing like an organized humanitarian response to battlefield suffering. American soldiers in the Revolutionary War depended on wives and good Samaritans to do what they could for the wounded. There was little progress over the next decades, and efforts to provide medical relief during the Civil War were haphazard and not centrally

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[205] Moynier cited in Walker and Maxwell, *Shaping the Humanitarian World*, 23.

coordinated. Individuals who wanted to help soldiers journeyed to battlefields and

hospitals, among them some whose names we know—like Walt Whitman and Louisa

May Alcott—as well as thousands of others whose names are less familiar—like Arabella

Griffith Barlow and other wives who accompanied their husbands into war service.[206]

After years of lobbying and hard work, in 1882, Barton succeeded in getting the

United States to ratify its membership in the Red Cross movement. It engaged early and

often in providing war relief and disaster relief in the United States and other countries.

Sarah Elizabeth Pickett recounted:

> "In the United States the Association rendered aid to victims of the
> Michigan forest fires in 1881, of the Mississippi and Ohio River floods
> during subsequent years, of the Galveston storm and tidal wave in 1900,
> and in a few other instances. As to its work overseas, the farmers of the
> Middle West in 1892 sent under the Red Cross flag a ship-load of corn to
> Russian famine sufferers, and in 1896 aid was given to victims of
> Armenian massacres in Turkey and Asia minor." [207]

From the beginning the American Red Cross was bent on recruiting professionals

to ensure its public image as a respectable organization. Whatever the merits of this

strategy, historian Julia Irwin observed it "denied untrained, amateur women,

traditionally the lynchpins of American humanitarianism, any role in ARC leadership or

decision making." [208] At the same time it "provided a valuable opportunity for female

professionals to advance their careers or to assume leadership roles that would have been

far less obtainable in the United States."[209] The recruitment norms of the ARC suggest

the practice of distinguishing between nurturant care and nonnurturant care or "dirty

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[206] Sarah Elizabeth Pickett, *The American National Red Cross, Its Origin, Purposes, and Service* (New York: The Century Co., 1923).
[207] Ibid., 14.
[208] Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening*, 8.
[209] Ibid.

work" was repeated once again in this upgrading of care. It is telling that candidates for service were assured being a humanitarian would involve much more than simply "handing black steaming coffee to refugees trooping past a station canteen or distributing raisins and apples at the point of destination or fixing up straw beds and food stations for people."[210]

In addition to amateur women, people of color were also excluded from the nascent American humanitarian movement. At the outset of the First World War, Booker T. Washington remarked dryly: "I really think it would be worth while to consider sending a group of black missionaries to Europe to see if something can be done for the white heathen."[211] His comment alluded to the colonial and racial cast of American humanitarianism at the time, and he was not the only one who noticed. Several years later, Charles Mason and Robert Morton of the Tuskegee Institute wrote letters protesting the exclusion of African Americans from the Red Cross war effort.[212] Emmett Jay Scott, an assistant to the Secretary of War, fielded most of these grievances. Many letters he received specifically objected to the exclusion of African American nurses. He reflected, "This vexing question is being put to me almost daily by colored newspaper editors, colored physicians, surgeons, etc., who are constantly bombarding my sector of the War Department, inquiring what has been done, and urging that something should be done in the direction of utilizing professionally trained and efficient colored nurses." [213] Scott

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[210] Livingston Farrand, quoted in Ibid., 98.

[211] Booker T. Washington, "To Robert Ezra Park," in *The Booker T. Washington Papers Volume 13: 1914-1915*, ed. Louis R. Harlan and Raymond Smock (Urbana: University of Illinois Press, 1984), 116.

[212] Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening*, 101-02.

[213] Emmett J. Scott, *Scott's Official History of the American Negro in the World War. A Complete and Authentic Narration, from Official Sources, of the Participation of American Soldiers of the Negro Race in*

later remembered, "There was a manifest disinclination to utilize colored nurses, and not because they were not competent. Thus racial discrimination triumphed again, and although a few colored nurses were assigned to half a dozen or more camps, practically none of them were sent overseas to nurse and minister to the fighting men of their own race."[214] In solidarity, Esther Pohl Lovejoy, a doctor, activist and humanitarian, reported, "The Medical Women's National Association, which met in June 1917, adopted a naïve resolution calling upon the War Department for a square deal regardless of sex, color, or previous condition of servitude."[215] Although the nascent humanitarian movement was progressive in some respects, racist ideas and ideologies limited the political imagination of white humanitarians who were unwilling or unable to accommodate greater inclusion.

　　　Julia Irwin has suggested that combatting discrimination was of little interest to the American public, and given that the ARC was desperate for public participation and financial backing, the organization bowed to the assumptions and priorities that were then current. She found American Red Cross "War Council leaders refused to upset the status quo, calculating popular support from white Americans to be more important than fighting for racial advancement."[216] If public pressure was the only explanation for exclusion there would be no reason to expect the American Red Cross and other humanitarian organizations to extend exclusionary practices, but racist practices also marked the projects of the American Red Cross in American territories overseas. The

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the World War for Democracy … A Full Acount of the War Work Organizations of Colored Men and Women and Other Civilian Activities, Including the Red Cross, the Y.M.C.A., the Y.W.C.A. And the War Camp Community Service, with Official Summary of Treaty of Peace and League of Nations Covenant (Chicago: Homewood Press, 1919), 451.
[214] Ibid., 448.
[215] Esther Pohl Lovejoy, *Certain Samaritans* (New York: The Macmillan Company, 1927), 7.
[216] Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening*, 102.

American National Red Cross nurses went to the Philippines as well as Cuba and Puerto Rico to engage in relief campaigns. In each country, a coalition of forces pushed for the adoption of new hygiene, medical, and nursing ideas and institutions. At the same time, they pushed out existing ideas and institutions for providing care and dictated the terms under which people could become caregivers.

American Red Cross projects in the Philippines are instructive. The Filipino revolution began two years before Spain ceded control to the United States in 1898. This revolutionary period gave rise to the country's first Red Cross organization. Rosa Sevilla de Alvero was one of a group of women who mobilized to provide aid to casualties on all sides. Alvero recalled, "We went to dress their wounds and did everything we could to help them. There were no enemies nor allies in our work; they were all patients who needed our help and care."[217] Alvero continued, "When the Filipino-American revolution broke out in 1899, I was summoned with other Filipino women, all of whom belonged to the intelligencia, by Doña Hilaria de Aguinaldo to form the Filipino Red Cross."[218] The leadership of the organization petitioned for official recognition from the international Red Cross movement, but the request was denied because the United States had assumed control of the Philippines and recognition as an independent country was a prerequisite for recognition as a Red Cross Society.[219]

Instead of greeting an independent Filipino Red Cross, during the first years of U.S. colonialism, the American Red Cross sent nurses and nurse educators to the

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[217] Alvero quoted in: Girón-Tupas, *History of Nursing in the Philippines*, 19.
[218] Alvero quoted in: Ibid.
[219] Ibid., 25.

Philippines, as well as to Cuba and Puerto Rico.[220] Lavinia Dock oversaw the American

Red Cross chapter in the Philippines. Dock and her Red Cross associates reinforced an

ideology of feminine domesticity, purveying ideas about what constituted appropriate

nursing practice. This included importing the notions that men were not suited to be

nurses, and that healthcare was best provided by trained professionals in hospitals.[221]

The American Red Cross training schools were essential in laying the institutional and

ideological foundation for nursing in the country and are part of the explanation for the

large out-migrations of nurses in the second half of the twentieth century, as I discuss

below.[222]

In addition to overseas work, governmental and nongovernmental programs in the

United Kingdom and the United States drew people from overseas to learn nursing and

medicine. In the United States, Catherine Ceniza Choy reported, "The colonial

government established the *pensionado* program, beginning in 1903, that sponsored an

elite group of several hundred Filipino young men and a few young women to further

their education in the United States and return to the Philippines."[223] Choy noted this

constituted a "*collective* experience that inspired, encouraged, and facilitated

international migration."[224] Other Filipinos would follow in their footsteps, even if not

directly sponsored through the *pensionado* program. While the United States expected

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[220] Choy, *Empire of Care: Nursing and Migration in Filipino American History*.
[221] Ibid., 23-27.
[222] Ibid; Barbara L. Brush, "The Potent Lever of Toil: Nursing Development and Exportation in the Postcolonial Philippines," *American Journal of Public Health* 100, no. 9 (2010).
[223] Catherine Ceniza Choy, "Nurses across Borders: Foregrounding International Migration in Nursing History," *Nursing History Review* 18, no. 1 (2010): 19.
[224] Ibid.

students to return to the Philippines after completing their educational programs, this was not always the case.

In Cuba and Puerto Rico, too, the United States government and American nongovernmental organizations sought to develop and initiate a series of reforms in nursing. The first nursing school in Cuba opened in 1899 and in the next two years, the U.S. Department of Charity oversaw the opening of six additional nursing schools, all with instructors from American institutions. The superintendant of Hospital Santa Isabel in Matanzas reflected the racism of the staff at these hospitals: "As inheritors of customs and prejudices founded on Moorish habits, we find the women of Cuba an affectionate, emotional, and irresponsible people, without much moral, mental, or physical force, incapable of sustained effort, and—most to be deplored—without ideals or standards that excel."[225] She also recorded that these schools were designed to "further the best interests of the nursing profession," to "secure for the students upon graduation a degree or title which will be…a recognized means of securing employment," and to deliver "a benefit to the mass of suffering humanity."[226] The claim to serve suffering "humanity" while diminishing the actual people being served is reflective of a hierarchical relationship.

British projects in India followed a similar pattern. Baptist missionaries instituted "The Ladies' Association for Zenana Work" in 1867, "Zenana" being the term the British chose to name the women's domain of the household. In 1880, the Church of England initiated its own "Church of England Zenana Society." Later, in 1885, a humanitarian

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[225] M. Eugénie Hibbard, "The Establishment of Schools for Nurses in Cuba," *The American Journal of Nursing* 2, no. 12 (1902): 986.
[226] Ibid.: 987-89.

association was created called "The National Association for Supplying Female Medical Aid to the Women of India." The Dufferin Fund and the Victoria Memorial Scholarship Fund were both scholarship-granting foundations oriented toward medical education for women.[227] All of these associations and foundations contributed to the creation of medical centers and nursing schools, enlisting women students, and funding them. Soon, hundreds of women were enrolled in medical and nursing programs.

The racism of turn of the century activist and humanitarian organizations should not come as a surprise. Nevertheless, it continues to be worthwhile to bring these currents to the surface, particularly given that they contributed to dividing caregivers. These divisions did not disappear over time; to the contrary, they were diffused and exacerbated. One way that divisions were spread was through the establishment of educational institutions for medicine and nursing.

Care and Gender

It is worth reflecting on the ideas and ideologies attached to the model of nursing at this time. Professional nursing was regulated by ideas that in many respects reasserted rather than overturned norms of femininity and domesticity, especially for privileged women. The consequences of the institution of the profession of nursing were palpable to women, for to fall short of the ideal of the modern nurse was to be professionally incompetent. At every opportunity, nursing reformers contrasted their ideal with an image of a lesser type of woman and nurse.

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[227] Sarah A. Southall Tooley, *The History of Nursing in the British Empire* (SH Bousfield, 1906), 340-41.

The appearance of this other woman frequently resembled the fictional Sairey Gamp, whom Charles Dickens set on the world in *Martin Chuzzlewit*. She was ill-kempt, poor, uncouth, fat, unattractive, old, a drunk, a mortician as well as a nurse. Nursing treatises of the time reflect how the very mention of her name functioned as a shorthand commentary on the unsuitability of certain groups of women for nursing and midwifery. In her history of nursing in the British Empire, for example, Sarah Tooley disparaged "*dais* or indigenous midwives" calling them the "'Gamps' of India, only considerably worse than the immortal 'Sairey.'"[228] A history of American nursing proclaimed that by the 1890s, "Hundreds of attractive young girls, immaculate and eager to please, were replacing the Sairey Gamps who had so long held sway."[229] This characterization remained influential for decades and in 1937, one commentator asked in exasperation, "would it not be more to the point for the nurse to take her measure in comparison with real persons who motivated the purpose and perpetuated the service of nursing care of the sick?"[230]

While Sairey Gamp was a comic figure, references to her convey a serious gender politics around nursing at the inception of this profession. Gatekeepers tried to ensure only a particular kind of woman would enter the nursing profession, one as close as possible to the embodiment of youth, beauty, good-breeding, good-education, and frequently whiteness. Nurse leaders sought nursing recruits from the upper classes—the higher their social standing, the better—arguing that this would raise the profile of the

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[228] John Farley, *To Cast out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)* (Oxford; New York: Oxford University Press, 2004), 256.
[229] Tooley, *The History of Nursing in the British Empire*, 343.
[230] Jamieson and Sewall, *Trends in Nursing History: Their Relationship to World Events*, 426-27.

nursing profession. They frequently imposed strict educational, age, and marital

requirements to realize their vision. Tooley went on to explain about nursing students in

British India, "Nurse candidates are required to read and write well, and produce

certificates of good character. They must be between the ages of twenty-one and forty,

and only single women, widows, or women who have been permanently deserted by their

husbands, are eligible for employment."[231] American nurses were subject to similar

strictures. According to a mid-century account of the development of the profession, the

new nurse was "one form of 'new woman' who could be loved, who needed not to

defend herself against public opinion, and who, in consequence, had nothing masculine

about her and was led into no strange forms of behavior. Her virtues were those admired

in the old kind of woman, while familiar skills took on a new efficiency under trained

hands. Her public lavished praise on her."[232]

This comment points to something unexpected in the status of nursing during the

transition to the twentieth century. One striking feature of nursing in the United States

and the United Kingdom in its first decades was its publicity. We have already seen the

fame garnered by Florence Nightingale and her followers was on a scale only the likes of

Angelina Jolie and Mother Teresa have known. In the United States, Louisa May

Alcott's account of her experiences nursing in the Civil War, *Hospital Sketches*, was a

bestseller. Especially during the First World War, it was common to see nurses marching

down the streets of major cities like Chicago and New York to garner support for the war

effort. The image of a nurse cloistered in the private sphere does not square with the

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[231] Elizabeth M. Hanson, "Sairey Gamp: A Change in Emphasis," *AJN The American Journal of Nursing* 37, no. 8 (1937): 897.
[232] Tooley, *The History of Nursing in the British Empire*, 345.

massive parades of nurses down the streets of these cities. American and British nursing lived in the public sphere at this time. Yet we ought to question the political effects of the adulation for nurses on parade. These visuals deepened the association of nursing with a particular kind of white, middle-class femininity, subordinating these nurtruant caregivers in relation to citizens and privileging them in relation to non-nurturant caregivers. Domestic workers, for instance, were not invited to parade in public. And nursing would not remain in the public sphere into the second half of the twentieth century.

At any rate, professional associations helped knit together nursing in the United States and United Kingdom in this period. The first and still preeminent international nursing organization was the International Council of Nurses (ICN). It germinated after a meeting of nurses in 1893 in Chicago at the World Congress of Representative Women, which coincided with the World's Fair. The International Council was established six years later and headquartered for most of its first several decades in London. It is significant not only as an international organization for caregivers but also as the first ever international medical professional association. Initially, it represented nursing associations from three countries: the United States, the United Kingdom, and Germany. It sought to standardize and spread nursing by establishing relationships with nurses' associations in as many countries as possible, in much the same way that the League of National Red Cross Societies coordinated (and coordinates) the activities of the National Red Cross Societies.

Accounts from the time suggest women nurses found it easier than women

doctors to serve overseas. Of note is the relief work of American Women's Hospitals.

Created by the Medical Women's National Association to provide relief during WWI,

from 1917 the AWH contributed to the delivery of medical care in the United States, the

Soviet Union, the United Kingdom, France, Turkey, Greece, Japan, China, Korea, the

Philippines, and eighteen other countries.[233] According to Esther Pohl Lovejoy, the

organization was "a humanitarian achievement" with "a unique place in the field of

foreign relief."[234] Lovejoy reported, "This relief agency, which was inaugurated while

the United States was mobilizing for war, is the outgrowth of the desire of American

medical women for their share of the work they were qualified to perform. Our

Government provided for the enlistment of nurses, but not for women physicians."[235]

The AWH eventually entered into alliance with the Red Cross, yet the latter deemed "the

age limit for women acceptable for overseas service was, with special exceptions,

between twenty-five and forty years….The official old age limit for men was fifty-

five."[236] So even this progressive organization encountered entrenched limits. Changing

social norms and expectations was no easy matter, in part because it was so difficult to

marshal forces of publicity and visibility. Again according to Lovejoy, "We have never

been rich enough to maintain a publicity department, at home or abroad, for the purpose

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[233] Kimberly Jensen, *Oregon's Doctor to the World: Esther Pohl Lovejoy and a Life in Activism* (Seattle: University of Washington Press, 2012), 177.
[234] Lovejoy, *Certain Samaritans*, 6.
[235] Ibid.
[236] Ibid., 11.

of keeping the details of our work before the public, and thereby hangs many a tale untold."[237]

Humanitarian Institutions at the Turn of the Century

For a time at the beginning of the 20th century, there were affiliations and interactions between those we now identify as humanitarian nurses and those we identify as migrant nurses. This occurred primarily in the context of nursing education programs established by colonial, philanthropic, and missionary institutions. Red Cross institutions—both the International Committee of the Red Cross and a few of the National Societies—actively participated in nursing education. The Rockefeller Foundation was also important in organizing public health nursing schools and in financing scholarships for education in public health nursing. Again, however, these interactions were not carried out on a plane of equality. The institutionalization of these dynamics in new organizations would contribute to the endurance of hierarchies among caregivers and the societies that send them.

Even in these early years of humanitarianism, the American Red Cross was not alone. The largest American nongovernmental organization was the International Health Board, an outgrowth of the Rockefeller Foundation. The Foundation's first attempt at health service had been the creation of a Sanitary Commission in 1910 to eradicate hookworm in the American South. The Commission deemed its efforts successful, and subsequently expanded its operations to include U.S. territories and other countries. In 1913, the Rockefeller Foundation established the International Health Board to advance

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[237] Ibid., 6.

health initiatives around the world. The primary focus of the International Health Board was the eradication of diseases such as hookworm, tuberculosis, malaria, yellow fever, and typhus. Erroneous scientific conclusions and premature treatment programs rarely led to a significant reduction in the prevalence of these scourges and sometimes had deadly consequences. A vaccine against yellow fever, for example, caused jaundice in Brazil and later in the United States. Heinous racial ideas led to testing vaccinations and treatment procedures on non-white and non-American people. Moreover, when the organization settled on a treatment they believed would be successful, they denied it to those who it deemed too uncivilized or biologically unsuited to respond to the treatment.[238]

A more enduring legacy of the International Health Board was the array of institutions it created. It created, expanded, and reorganized both nursing schools and hospitals. Even though the group's directors did not think well of nurses and begrudged funding these schools, they found nurses essential to the large-scale public health programs they sought to implement. It funded nursing programs in France, Poland, Venezuela, and other countries. Its most famous project may have been the *Escola de Enfermeiras Anna Nery* in Brazil, which it opened in 1926. American women who worked at these schools served as public health nurses or "health visitors."[239] The International Health Board experienced a mid-life crisis around 1928, deciding attempts to try to build public health infrastructure were overzealous and too far beyond the original mission of the Foundation. Many programs to build and improve health

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[238] Farley, *To Cast out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)*.
[239] Ibid, 210-214.

institutions were defunded and abandoned in favor of full attention to researching and vaccinating against diseases. Nonetheless, attention to nursing schools would resume in 1931 with funding for the Toronto School of Nursing. [240]

The International Health Division also granted scholarships for students to study nursing at European and North American schools, such as the Toronto School of Nursing and Teachers College at Columbia University. Early programs sponsored students from other countries, who, it was presumed, would return to their communities as leaders and teachers in nursing and public health. In part because of the Rockefeller Foundation, students from around the world studied nursing at British, Canadian, and American institutions. In the United States, the most prominent school was Teachers College at Columbia University in New York. The *New York Times* reported in 1923, "There are students in the Department of Nursing and Teaching at Teachers College registered from Sweden, Russia, Palestine, Switzerland, Germany, Austria, China, the Philippines, Japan, Asia Minor, Syria, Great Britain, France, and Canada. Other countries of Europe, South America and Asia have sent students."[241]

The American Women's Hospitals steered a slightly different course than other new humanitarian organizations. When possible the organization used its funds to hire women doctors in hospitals in other countries rather than sending doctors from the United States.[242] Its battle for position in an evolving field of relief anticipated struggles over the meaning of humanitarianism, struggles which would reemerge in the second half of the twentieth century. After WWI, for instance, both the AWH and the YMCA resisted the

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[240] Ibid., 230.
[241] *New York Times*, April 22, 1923, X14.
[242] Jensen, *Oregon's Doctor to the World: Esther Pohl Lovejoy and a Life in Activism*, 184.

allies' neutrality concerning Turkish brutality against Armenian refugees in the city of

Smyrna.[243] It is an alternative humanitarianism, one that anticipated the work of Doctors

without Borders and other in the second half of the twentieth century.

Along with the Red Cross, the Rockefeller Foundation and the AWH were a

handful of other organizations, notably the Sisters of Charity, the American Fund for

French Wounded, the American Friends Service Committee, the Serbian Child Welfare

Association, the American Board of Commissioners for Foreign Missions, the YMCA,

Near East Relief, and the Marine Hospital Service.

Institutionalizing Difference

The consequences of the health institutions initiated by humanitarian projects

were substantial, for the worldwide currency of a single standard of modern professional

care later made possible the mass movements of international migrants in this field.

Parvati Raghuram has identified "three moments" of medical migration in connection

with British colonialism. Of these, one moment was the movement of British medical

workers to India for employment; another moment was the movement of Indian medical

workers to Britain for training; a third moment involved providing new medical schools

for women in Britain.[244] In this same vein, Barbara Brush has argued "the introduction of

American nursing methods and ideas set off a chain of events that may have facilitated

the creation of a ready-made workforce for future short-staffed United States

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[243] Lovejoy, *Certain Samaritans*; Jensen, *Oregon's Doctor to the World: Esther Pohl Lovejoy and a Life in Activism*.

[244] Raghuram, "Caring About 'Brain Drain' Migration in a Postocolnial World," 30-31.

hospitals."[245] It is because the United States instituted nursing in the Philippines

Americans today recognize nurses from the Philippines. Similarly, the British recognize

nurses in South Africa and India because it was under British rule that nursing was

reorganized in those countries. Moreover, these movements set a kind of precedent for

the overseas travel of all nurses, humanitarian and others. During these years, it became

commonplace for women nurses to cross borders, establishing routes for the frequent

trans-Atlantic and trans-Pacific movement of nurses in the second half of the twentieth

century.[246]

The wave of new organizations created after the Second World War did not

fundamentally break with old patterns. The World Health Organization was created in

response to a mandate in the United Nations Charter, officially beginning work in 1948.

The World Health Organization assumed the goals and projects of several older

international organizations, including the Rockefeller Foundation International Health

Division, the Office International d'Hygiène Publique, the International Tuberculosis

Campaign, and the International Health Office of the League of Nations. The WHO

would also work closely with the Ford Foundation. Over the next decade, the World

Health Organization absorbed parallel institutions including some elements of the short-

lived but active United Nations Relief and Rehabilitation Administration, which existed

for three years, from 1943 until 1946. With the exception of the UNRRA, most of these

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[245] Barbara Brush, "American/Philippines Nursing Relations," in *Nursing History and the Politics of Welfare*, ed. Anne Marie Rafferty, Jane Robinson, and Ruth Elkan (London; New York: Routledge, 1997), 48.
[246] Brush, "The Potent Lever of Toil: Nursing Development and Exportation in the Postcolonial Philippines," 542.

other organizations had been dedicated to eradicating and managing diseases. In short, the WHO represented a *re*-institutionalization in the area of international health.

From its first years, attending to monitoring and building the capacity of worldwide health workforces were priorities. The constitutional ideas of the WHO include the principled assertion that good health makes for good international relations: "The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and states."[247] This founding document also stresses the duty of each state to organize healthcare for its own population. It reads, "Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures." [248] It is noteworthy governments do not possess *sole* responsibility, and, significantly, most would have substantial assistance fulfilling this responsibility in the decades to follow.

The WHO and its regional affiliates became directly involved in spreading the nursing profession. For instance, the WHO affiliate for Latin America, the Pan-American Health Organization or PAHO, organized the placement of nurses around the continent to monitor nurse-training programs and make recommendations for improvements. The World Health Organization also took up where the Rockefeller Foundation left off in contributing to a program of fellowships for nursing education abroad, usually for advanced courses in nursing for those who already had some training in the field.

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[247] World Health Organization, "Constitution of the World Health Organization, Signed on July 22, 1946, in New York City," *International Organization* 1, no. 1 (1947): 225.
[248] Ibid.

The WHO, as a large global organization, avoided some of the exclusionary movements of earlier humanitarian efforts but also repeated some of them and on a much larger scale. The WHO set the worldwide agenda for health, identified experts and teachers in care and trainees in care, and defined the curriculum for caring. The privileges including publicity, governance, and role definitions that the WHO claimed for the humanitarian world would not be fully shared by organizations and agents in migration then or in later years.

This transformation of care involved ascribing needs, articulating values, organizing projects for change, and creating institutions to undertake those projects. These activities were often premised on a conception of the self as one caring in contrast to another as one not yet capable of caring. This viewpoint was expressed in exclusionary practices that prevented some societies from participating in care on their own terms, both in the organization of institutions and in the delivery of care. These practices and ideas reflected the division of care and to the institutionalization of that division.

Conclusions

This chapter has reflected on the history of care in humanitarianism and migration, and it has continued to trouble the dual stories approach to care in world politics. Scholarship and commentary on humanitarianism likens the emergence of humanitarianism in the West to a chance event—it was happenstance that Dunant discovered battlefield suffering in nineteenth-century northern Italy. Scholarship and

commentary on international migration in medicine and nursing locates the historical

roots of caregiving in colonialism and the unequal world order it created. It is tempting

to try to force these narratives together and to suggest from one point of origin in the

West two lines of care descended, each diverging due to its own internal logic and

responsiveness to particular external factors. Yet, such an approach would be flawed if it

concealed the diffuse political relations between these fields, as well as the direct

encounters between those who inhabited them.

Humanitarianism is not accidentally First World any more than domestic work is

accidentally Third World. It is not that an event akin to a random mutation presented

Western actors with an idea for humanitarianism, and the movement survived because it

happened to emerge on the scene in a part of the world with the resources to finance it,

and the political interests and moral enlightenment to motivate it. Important players in

North Atlantic humanitarianism repeatedly ignored, barred, disqualified, and

delegitimized some men, some women, poor people, people of color, and Third World

people who petitioned to join them in alliance and action, or sought to chart their own

independent course of care. Conditioned, of course, by wider stratification, these

exclusions established and reproduced norms and institutions that persisted over time. To

the extent there is an underclass of caregivers today it is at least in part due to these

exclusions and plays of power.

Caring is so important to all societies, local and global, that exclusion from public

practices of caring should be interpreted as an injustice, and, indeed, it is frequently

experienced as such, as this chapter showed. In the next chapter, I suggest how the

partial incorporation of care in the global public sphere contributed to a species of power politics around care in the second half of the twentieth century. I analyze competitive state efforts to alternately give and get care, with serious consequences for the survival of both populations and states.

Chapter 4

POWER POLITICS IN SLOW MOTION

In the last few days of February 1962, John F. Kennedy delivered a speech to Congress about the nation's health needs. For years, major American newspapers had run articles about dire shortfalls in the country's stock of healthcare personnel. "Shortage of Nurses Found a Peril to Health of Nation" screamed one front-page story from the *New York Times*.[249] Along with other challenges to national wellbeing, Kennedy called attention to these shortages, signaling the importance of "highly trained and skilled professional people" who were then in "very short supply." Near the end of his speech, Kennedy's remarks turned in a slightly different direction. In addition to taking action on behalf of needs for care in the United States, he argued "it is imperative that we help fulfill the health needs and expectations of less developed nations, who look to us as a source of hope and strength in fighting their staggering problems of disease and hunger."[250]

Kennedy's comments are revealing. The First and Second World Wars had made it clear that care, especially care for troops, was vital to state survival. Kennedy seemed to understand care continued to be critical for the nation even when it was not at war, and that securing care for Americans and providing care to other populations were both important policy goals. It is significant that in displaying a giving attitude toward the "staggering" needs of other nations, Kennedy effectively communicated that while U.S.

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[249] *New York Times*, March 3, 1952, 1.
[250] John F. Kennedy, "Special Message to the Congress on National Health Needs," in *The American Presidency Project* (Online by Gerhard Peters and John T. Woolley: http://www.presidency.ucsb.edu/ws?pid=9077, February 27, 1962).

needs might be serious, they did not constitute a fundamental vulnerability or potential source of dependency, much less a problem that other countries could or should help to remedy. His confidence belies the reality that in 1962, U.S. hospitals were already hiring doctors and nurses from other countries, at a pace that would accelerate in years to come as a result of more concerted efforts to recruit them. To the degree that Kennedy's rhetorical moves are representative of a more general field of policy moves—where great power states seek to quietly secure care at home and conspicuously project care abroad—they hint at the place of care in politics among nations, and call for further analysis.

In this chapter I explore this policy knot. Kennedy's remarks are a record of a moment in which interactions between national groups increasingly took the form of caregiving and care-receiving. Yet for the most part these acts of care were not evidence of bonds of trust nor proof of harmonious relations, as one might expect given commonplace idealized images of care that conflate it with goodwill, goodness, and nonviolence, rendering it an antidote or alternative to politics. To the contrary, there are significant politics in operation. The United States was giving and getting care under different conditions—getting care surreptitiously while giving care in a kind of moral display—and reinforcing its power position in both cases. Its interests were served in a material sense, from gaining care providers, and in a symbolic sense, from displaying signs of compassion (and perhaps also its sovereignty, responsibility, security, and so forth). It is improbable the United States could have so successfully sustained the appearance of its own dominance after the Second World War had the world understood the tens of thousands of caregivers who emigrated to the U.S., not as individuals who

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availed themselves of opportunities provided by a munificent superpower, but as a movement of people who provided life-sustaining foreign assistance and contributed to nation-building. Nor could Kennedy have as easily perpetuated the taken-for-granted subordinate image of other countries if the humanitarians they received had been identified simply as service providers.

These are indications of a dynamic with a loose affinity to what realist scholars in the discipline of International Relations call power politics: gains by one state mean losses for others; gains mean greater security and losing means less; and a favorable security situation is difficult to maintain. According to realists, the interstate politics of security is produced by the structure of the international system. In the absence of a world government to ensure the security of states—a condition known as anarchy—states have no alternative but to seek to acquire as much power as possible in order to improve their odds of survival, an imperative that leads to competition and conflict among them.[251] Realists are right about the centrality of the politics of security in the international system, and about its systemic determination, but their premises are too limiting. While in a strict sense I agree there is no world government, I suggest international hierarchy more significantly constitutes and conditions states. And I argue the international system features not only conflict but also care, with both material and symbolic stakes for states. Giving care, getting care, and refusing care are all aspects of a politics of security through which the position and identities of states are produced and reproduced, exhibiting a kind of power politics in slow motion.

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[251] Mearsheimer, *The Tragedy of Great Power Politics*.

I suggest below that the concepts of global public and private spheres highlight conditions on states in getting and giving as well as refusing care in the context of migration and humanitarianism. Nearly all states give care internationally, but for some states the (humanitarian) care they send is magnified in significance by the global public sphere, while for other states the (migrant) care they send is diminished as a contribution to international life. This differential publicity has implications for the states themselves, as those that send humanitarians tend to achieve a positive global profile—they are identified as humanitarian donors—while other states do not receive the same positive recognition. The clearest instance of this is that the United States is identified as a humanitarian donor in the global public sphere—and seems to benefit from this identification, as I discuss below—and in the meantime draws considerable resources to care from other countries, benefitting from the relative invisibility and regularity of care in what I have called the global private sphere. In part because of these conditions some states are able to get care, and get care more easily than others, and to improve their own security. As in the realist's world where in anarchy state efforts to increase security only reproduce and intensify the state imperative to compete, these political moments reproduce the hierarchical order that found them, reinstating stratification among both caregivers and states. These are "slow motion" politics in that the effects are most clearly visible over long periods of time.

What is different about this chapter in comparison with those preceding is that it focuses more directly on state-based humanitarianism, and it engages more fully with the major theoretical perspectives on international relations. This engagement begins with a

confrontation with realism, which may be a surprising turn since realist perspectives have generally been anathema to feminist views on world politics. While I would not wish to commit to an alliance, I want to make the case that the realist apprehension of state power and international system dynamics can be useful to thinking about the world politics of care. We need to do more to recognize care serves political logics in the world system, and to understand the politics through which care reproduces those logics.

I proceed in several steps. In the first section, I review liberal, feminist, realist, and critical understandings of care in relation to national security. After providing a picture of worldwide shortages in healthcare personnel, I then outline three important moments in the politics of care: the politics of getting care, giving care, and refusing care. I continue to look to the profession of nursing to exemplify trends in a wider politics around care, which also involves dentists, midwives, pharmacists, physicians, and other medical specialists. I remain focused on the United States and its relations and interactions with other countries. And I draw on major reports and legal instruments from international organizations, especially the World Health Organization, in order to get at the ideas and ideologies circulating in the global public sphere.

Perspectives on Care and Security Politics

Scholars of International Relations are not well equipped to think through care in relation to the interstate politics of security. Realist scholars fail to theorize care, conceiving of the politics of security in terms of interstate contests for military supremacy. Liberals do attend to care, but do not sufficiently attend to the way power

and politics produce it. Critical and feminist theorists have moved toward a more rigorous analysis of care but still have not gone as far as they might to contemplate the politics of care that emerge in the international system.

While realists have had little to say about care, a turn to realism is instructive to think about how international structure produces politics. In anarchy, where there is no world state to ensure welfare, each state must look out for itself. States jockey for power and position, with the goal being to achieve dominance over the other states in the world system.[252] Because there is no global police power, states will engage in war-fighting and other strategies to increase their power and their chances of survival. [253]

If care crosses the mind of a realist, it is as an afterthought, perhaps as an intuition that populations need care to exist. Indeed, realists of all stripes recognize the population is an important dimension of latent power. On this issue, John Mearsheimer explains, "Population size matters a lot, because great powers require big armies, which can be raised only in countries with large populations."[254] While theoretically important, the category of the population nonetheless remains analytically marginal, at least for Mearsheimer, because in his view the power represented by populations can be better indexed by wealth. That the concept of the population is ancillary only further shows realists are still some distance from being able to understand the capacity to care as a basic power resource (or a secondary power resource, or even a topic for discussion). It

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[252] This vision of endless power-seeking comes from offensive realism. Ibid.

[253] It bears noting that while realists refer to survival as the ultimate state concern, state "death" through military defeat is rare. Fazal finds when state death is understood as "the formal loss of foreign policymaking power to another state" there are only a handful of examples since 1945. Tanisha M Fazal, "State Death in the International System," *International Organization* 58, no. 2 (2004): 312, 39.

[254] Mearsheimer, *The Tragedy of Great Power Politics*, 61. I thank Joan Tronto for pointing out to me that population size might matter less if and when warfare becomes less labor intensive or if mercenaries become more important.

is possible to conceive of how military capability and the capacity to care for a population have a similar functionality for the state. Military power matters, because it translates into state capacity to deter, repel, withstand, and launch attacks and ultimately survive. Realists might recognize that, on their own terms, care matters because it implies the possibility for populations to exist in times of peace, in war, and in the context of other emergencies. In the end care makes possible the war-making efforts of the state, as is most clearly evident when the state calls upon its population to fight. In any case, while realists miss this opportunity, they do present a framework for understanding security politics that is useful.

Liberals tend to construe care as essentially subpolitical or as essentially good. In general, it is difficult to understand power and politics through a liberal lens since liberals tend to locate the determinants of international politics at the individual or state level of analysis. Economic liberals treat care migration as individual entrepreneurism or as trade in health services, sometimes through the lenses of "brain drain" and "brain gain."[255] Cooperation theorists also tend to have an optimistic view of care, situating it in a progressive view of history, as is in evidence in writing on the international doctrine known as Responsibility to Protect, which triggers military intervention when governments are unwilling or unable to stop massive violence within their borders. Anne Marie Slaughter argued for acting in accordance with R2P and organizing international intervention to stop the violence in Syria, reasoning, "Standing up for that principle will

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[255] See, for example: Richard D Smith, Rupa Chanda, and Viroj Tangcharoensathien, "Trade in Health-Related Services," *The Lancet* 373, no. 9663 (2009).

result in a world that will be more stable, prosperous and consistent with universal values—the values Americans know as life, liberty, and the pursuit of happiness."[256]

Feminist theorists do attend to care and power to a greater extent than liberals, but still underrate the international politics of care. Feminist theorists of care like Fiona Robinson have contended traditional perspectives on ethics in international relations err in refusing to attend to relations and practices of care, which Robinson affirms are essential to human life.[257] Recently she honed this argument by showing the concept of care provides a way to redefine and reevaluate human security. Her aim was to underscore "the importance of relations and networks of responsibility and care in determining people's everyday experiences of security and insecurity."[258] Hers was a timely intervention into several interdisciplinary debates. Yet while Robinson sees care reflects "domination, oppression, injustice, inequality, and paternalism" her account of the politics of care is thin.[259] Although she trains her attention on how care reflects power, she does not think through how care engenders and configures other political dynamics between states like deliberation, competition, contestation, conflict, and the construction of enmity and alliance.[260] This is in part because in focusing on human

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[256] *Washington Post*, June 10, 2012, A19.
[257] Robinson, *Globalizing Care: Ethics, Feminist Theory, and International Relations.*
[258] *The Ethics of Care: A Feminist Approach to Human Security*, 10.
[259] Ibid., 5.
[260] The nature of Robinson's project is sometimes difficult to grasp. She assembles a complex ethical position in that she insists "*the continuity of life and a sense of security in people's day-to-day lives are impossible without relations and networks of care and responsibility*" even while she "parts company with the literature on care in which care is posted as normatively 'good'."[260] Ibid., 44, 5. She writes that her approach is not "an explicitly policy-relevant approach to security" even while it is "committed to the possibility of progressive change in the day-to-day lives of all people." *The Ethics of Care: A Feminist Approach to Human Security*, 14. Elsewhere Robinson suggests that she "is primarily concerned with making an ontological claim" *The Ethics of Care: A Feminist Approach to Human Security*, 28. These different presentations of her project seem somewhat at odds.

security, Robinson misses the way that care relates to national security and international politics.

Robinson's contribution does not stand alone. She is joined by other feminists who might not always center care or conceptualize it as such, but nonetheless reveal the close proximity between caring practices and national security institutions, showing, for instance, the way sex work is organized around U.S. military bases across the world.[261] This critique of conventional national security analyses complements Robinson's approach to human security. Again, while I acknowledge this scholarship makes a significant contribution, these feminist writers could do more to see and assess how care operates in and generates international politics.[262]

Thus, we still need better resources for theorizing the politics of care. Critical theorists bring together the concerns for human security and for national security. Like realists, critical theorists of biopolitics understand processes in the international system generate security imperatives, including war. But unlike realists, critical theorists do not take the relationship between the state and its population for granted. Michel Foucault historicized the attachment of states to care, casting it as the peculiar concern of contemporary states. Foucault described the original power of the state, sovereign power, as the power to kill, or to take the life of individuals.[263] Since the latter half of the 1700s this old regime of power has been joined to and transformed by a new regime of power

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[261] Cynthia H. Enloe, *Bananas, Beaches & Bases: Making Feminist Sense of International Politics*, 1st U.S. ed. (Berkeley: University of California Press, 1990).
[262] There has been little reflection on how gender can inform a reconceptualization of the structure of world politics. For an exception, see: Sjoberg, "Gender, Structure, and War: What Waltz Couldn't See."
[263] Michel Foucault et al., *Society Must Be Defended: Lectures at the Collège De France, 1975-76*, 1st ed. (New York: Picador, 2003), 240. Short of killing all sovereign power could do was to "let live." Foucault et al., *Society Must Be Defended : Lectures at the Collège De France, 1975-76*, 241.

"to make live."[264] The subject of this new regime of power, what Foucault terms "biopower," is no longer the individual, but the population. Foucault was the first to explicate the biopolitical order of "mechanisms, techniques, and technologies of power," which governs the population and takes responsibility for life.[265] The fields of intervention are multiple: "biopolitics will derive knowledge from, and define its powers' field of intervention in terms of, the birth rate, the mortality rate, various biological disabilities and the effects of the environment."[266] This power is effectuated through regularization, for instance, through the regularization of "medicine whose main function will now be public hygiene, with institutions to coordinate medical care, centralize information, and normalize hygiene."[267] This is not merely a domestic matter. The organization of biopower makes possible the conduct of war. Because states depend on populations for justifying and prosecuting war, states benefit from the promotion and management of the life of populations. Thus, in theorizing biopolitics, Foucault relates the imperative to organize care with the imperative to conduct war.

Although not a contribution on par with Foucault's, a recent piece from the field of security studies theorizes a somewhat similar linkage of the domestic imperative to care with international politics. In an article in *International Security*, Mark Haas has assessed the national security implications of the high cost of elder care. He predicted that in the near future governments will find they are compelled to capitulate to popular demands to subsidize care for their aging populations, and this will cause a "geriatric

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[264] Foucault et al., *Society Must Be Defended: Lectures at the Collège De France, 1975-76*, 241.
[265] Ibid., 241 and 44.
[266] Ibid., 245.
[267] Ibid., 241 and 44.

peace" to break out.[268] Haas observed the average age of the population in the United

States, the United Kingdom, France, Germany, and Japan is already high and is steadily

increasing. New data suggest the imperative to secure professional caregivers will be all

the more urgent in the future given that family caregivers are less likely to be available to

provide unpaid care. A report released by the American Association of Retired People

estimates that in the United States the ratio of middle-aged people available to care for

older friends and family members will decline in the next several decades, from a ratio of

7 family caregivers for each person in late old age in 2010 to a projected ratio of 3 to 1 in

2030.[269] At any rate, Haas speculated that with the increasing expense of elder care and

ever tightening budgets, states will have less discretion to spend on military resources, a

limitation that will lead to great power peace. This is a creative and provocative

argument, yet it would not convince realists who expect states will always prioritize

military power over domestic welfare services and other secondary policy alternatives.[270]

More generally, Haas assumes all that a state needs in order to provide care is enough

money to subsidize it. But this is not a tenable assumption: even states with sufficient

funds are not necessarily able to remedy deficits of care. One implication is that in the

future there would be additional costs in recruiting caregivers, meaning states will need to

spend even more money on elder care than Haas imagines. It is of note nurses are of

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[268] Mark L. Haas, "A Geriatric Peace? The Future of US Power in a World of Aging Populations," *International Security* 32, no. 1 (2007).
[269] Donald Redfoot, Lynn Feinberg, and Ari Houser, "The Aging of the Baby Boom and the Growing Care Gap: a Look at Future Declines in the Availability of Family Caregivers," AARP Public Policy Institute, http://www.aarp.org/research/ppi.
[270] Mearsheimer clarifies: "Offensive realism certainly recognizes that great powers might pursue these non-security goals, but it has little to say about them, save for one important point: states can pursue them as long as the requisite behavior does not conflict with balance-of-power logic, which is often the case." Mearsheimer, *The Tragedy of Great Power Politics*, 46.

special importance in delivering elder care, not just in hospitals but also in care homes, so they would be especially important to this development.

Again, Foucault and Haas could not be more different in terms of their theorizations and locations in political thought. Nonetheless, it is useful to notice how their accounts run in parallel. Both relate the national imperative to organize care to international politics, whether to war or peace (Foucault on the former; Haas on the latter). Foucault's account of biopower, in particular, has been enormously generative in the study of world politics. I do not seek to further extend his account here, however, primarily because I am interested in studying how states are themselves both subjects and objects of care, and what forms of politics aside from war and peace the domestic imperative to organize care generates. I recognize he would problematize the terms I use here, for instance interpreting deficits of care as a mechanism that produces a field of intervention for power.

Although I do not seek to offer a rival lens, I do want to respond to these perspectives by underscoring several dimensions of the international politics of care that they overlook. Realists say care does not rate as a power resource or as a means of survival, where in fact continuing state efforts to get care indicate it is crucial to their existence, and ongoing and costly efforts to engage in displays of care suggest caregiving is also important. Robinson, Haas, and Foucault all in different ways provide an account of why states might be concerned about deficits of care and motivated to seek care from other societies. But all give analytic priority to the organization of care domestically. Tracking how states give and get care—and under what conditions and with what

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consequences—can contribute to a better understanding of the international politics of security.

Hierarchy and Deficits of Care

In the second half of the twentieth century international organizations explicitly charged states with the responsibility to attend to needs and to provide care for their populations. The constitution of the World Health Organization asserts, "Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures." [271] Yet, by the end of the Second World War, virtually all states found they had deficits of caregivers. In his 1960 report to the U.S. Congress on the World Health Organization, Senator Hubert Humphrey from Minnesota commented, "No country on earth has enough resources for health; every country is trying to expand its resources." [272] A little more than fifty years later, data show there are some 89 countries that have fewer personnel than what the WHO has specified as a critical minimum of 2.28 nurses and midwives for every 1,000 people. [273] The World Health Organization warned, "In every country, rich or poor, the story is the same. There are not enough nurses." [274]

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[271] World Health Organization, "Constitution of the World Health Organization, Signed on July 22, 1946, in New York City."

[272] Hubert H. Humphrey, "The United States and the World Health Organization: Teamwork for Mankind's Well-Being," ed. Senate Committee on Government Operations (Washington D.C.: U.S. Govertment Printing Office, 1959), 35.

[273] World Health Organization. "Health Workforce: Density of Nursing and Midwifery Personnel," (http://gamapserver.who.int/gho/interactive_charts/health_workforce/NursingMidwiferyDensity/atlas.html) . Accessed September 4, 2014.

[274] Kathryn Senior, "Wanted: 2.4 Million Nurses, and That's Just in India," *Bulletin of the World Health Organization* 88 (2010): 327.

While deficits of care have been reported in almost every region of the world, cross-national inequalities in staffing levels reflect deeper asymmetries in the international system. James Buchan and Linda Aiken report, "At a country level, there is a hundred-fold difference in the ratio across the world, between the countries with the lowest reported ratio, in Africa and South East Asia, and the countries with the highest reported ratio, in Europe."[275] According to WHO data, in the most recent reporting year, the United States had a ratio of approximately 9.8 nurses and midwives per 1000 population; Japan had a ratio of 11.5; the United Kingdom 8.8; Brazil 7.6; India 1.7; and China 1.5.[276] Researchers have found that in Southeast Asia, "five countries (Cambodia, Indonesia, Laos, Myanmar, and Vietnam) fall below the critical shortage threshold of 2:28 doctors, nurses, and midwives per 1,000 population, as defined by WHO."[277] They estimate this gap constitutes "a shortfall of around 23,2417 relative to the current workforce."[278] And in sub-Saharan Africa, there is estimated "one physician for every 8,000 people in the region."[279] According to one assessment, "Africa, which has been estimated to harbor 25% of all of the world's diseases, has only 1.3% of the world's

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[275] James Buchan and Linda Aiken, "Solving Nursing Shortages: A Common Priority," *Journal of Clinical Nursing* 17, no. 24 (2008): 3264.
[276] World Health Organization. "Health Workforce: Density of Nursing and Midwifery Personnel," (http://gamapserver.who.int/gho/interactive_charts/health_workforce/NursingMidwiferyDensity/atlas.html) . The most recent reporting year for the United States is 2005.
[277] Kanchanachitra et al., "Human Resources for Health in Southeast Asia: Shortages, Distributional Challenges, and International Trade in Health Services," 771. Comma inserted in numeral.
[278] Ibid. Comma inserted in numeral.
[279] Edward J Mills et al., "Should Active Recruitment of Health Workers from Sub-Saharan Africa Be Viewed as a Crime?," Ibid. 371, no. 9613 (2008): 685. Comma inserted in numeral.

health staff."[280] These widespread deficits suggest most countries do not have the human resources to provide regular healthcare services.

Nurses play a particularly critical role in healthcare delivery. Low nurse staffing levels tend to correlate with adverse health effects, one explanation being "that nurses contribute importantly to surveillance, early detection, and timely interventions that save lives."[281] Studies of nurse staffing have found lower nurse staffing levels correlate with higher patient readmission rates.[282] Research has also found that low nurse staffing levels are associated with higher mortality rates.[283] One study in the United States concluded, "Nurse staffing was an important factor accounting for lower AIDS mortality: an additional nurse per patient day reduced the odds of dying within 30 days of admission by half."[284] According to another study, "Patients in hospitals in the upper quartile (where nurses had the heaviest patient loads) were 26% more likely to die overall and 29% more likely to die following complicated hospital stays than those in the lowest quartile."[285]

One important characteristic of care is that it cannot be easily expanded, making it difficult to quickly resolve deficits of care. The sheer expense of educating healthcare

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[280] Hani Mowafi et al., "Facing the Challenges in Human Resources for Humanitarian Health," *Prehospital and Disaster Medicine* 22, no. 5 (2007): 352.

[281] Linda H Aiken et al., "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction," *JAMA* 288, no. 16 (2002): 1993.

[282] Matthew D McHugh, Julie Berez, and Dylan S Small, "Hospitals with Higher Nurse Staffing Had Lower Odds of Readmissions Penalties Than Hospitals with Lower Staffing," *Health Affairs* 32, no. 10 (2013).

[283] Jack Needleman et al., "Nurse Staffing and Inpatient Hospital Mortality," *New England Journal of Medicine* 364, no. 11 (2011); Linda H. Aiken et al., "Nurse Staffing and Education and Hospital Mortality in Nine European Countries: A Retrospective Observational Study," *The Lancet* 383, no. 9931 (2014).

[284] Linda H Aiken, Sean P Clarke, and Douglas M Sloane, "Hospital Staffing, Organization, and Quality of Care: Cross-National Findings," *Nursing Outlook* 50, no. 5 (2002): 188. Linda H Aiken et al., "Organization and Outcomes of Inpatient Aids Care," *Medical Care* 37, no. 8 (1999).

[285] Anne Marie Rafferty et al., "Outcomes of Variation in Hospital Nurse Staffing in English Hospitals: Cross-Sectional Analysis of Survey Data and Discharge Records," *International Journal of Nursing Studies* 44, no. 2 (2007): 179.

personnel is a hindrance as in times of austerity states are reticent to subsidize

professional education for caregivers. And economists warn countries that investing too

much in their healthcare infrastructure will hinder economic growth. The issue of cost

aside, enlisting recruits to the care professions can be challenging. Most care requires

intensive investments of time and energy by humans. Although there are efforts to

mechanize care and to deliver care remotely, new technologies have not yet eliminated

the need for human caregiving. In most countries at least some forms of caring like

domestic work are associated with "dirty work" or menial labor, yet even the care

professions that have a higher social status have trouble attracting new caregivers into

their ranks. Social changes have transformed the pool of candidates for these jobs. In

many places women who now have many career options open to them choose nursing

less often. Given the difficulty in securing caregivers, it is not surprising that even

comparatively small staffing shortfalls in wealthy countries generate concern. Calling the

nursing shortage a national-security crisis, Marilyn Rothert of Michigan State University

College of Nursing explained, "We're not able to deal with the current healthcare needs in

the country right now. And if we don't have enough now and if a catastrophic event

occurs, that's going to increase our needs, and we are going to have an even greater

crisis."[286] Researchers from the United Kingdom speculated, "the number of lives that

could potentially be saved through investments in nursing throughout NHS hospitals

could be in the thousands every year."[287]

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[286] Quoted in Roxanne Nelson, "US Nursing Shortage a 'National Security Concern'," *The Lancet* 360, no. 9336 (2002): 855.
[287] Rafferty et al., "Outcomes of Variation in Hospital Nurse Staffing in English Hospitals: Cross-Sectional Analysis of Survey Data and Discharge Records," 180.

As these comments intimate, shortages of healthcare personnel raise broad concerns for state and sub-state actors. Whether due to a recognition of the importance of human security, as Robinson suggested, or rather deriving from a national security imperative, as Haas and Foucault proposed, deficits generate security predicaments for states. Without sufficient caregivers, states cannot complete their ethical obligations, satisfy the demands of their population, or organize the power to "make live."

Politics of Getting Care

Because of the difficulties remedying deficits of care through domestic production, states and entities below the level of the state often turn to other states for the means to deliver the forms of care most fundamental to life, primarily medical care. Compared to educating a health workforce, doctors and nurses can be gained much less expensively by drawing them from other countries. By recruiting foreign caregivers countries are able to save on financing their health workforce because they do not have to subsidize the expensive infrastructure needed for educational institutions. Recruitment from other countries also saves time, since it takes years for a cohort of caregivers to matriculate through a program of higher education. Getting care from other countries is a political process that both reflects and reproduces international hierarchies. The concepts of global public and private spheres help to draw out these dynamics.

Wealthy countries in North America, Western Europe, North Africa, and the Middle East draw nurses and other health professionals from countries in Eastern Europe, the Caribbean, and Southeast Asia, which prompts low-income countries in these regions

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to look for healthcare workers elsewhere, especially in African countries. Yet for the most powerful states, the global private sphere functions at once to conceal and, to borrow Foucault's term, "regularize" the care that the most powerful states receive. Thus, these conditions systematically privilege some and disadvantage others. These differential conditions and stakes matter because some states are ultimately able to get more care—and get care more easily, whereas others are constrained, put in a position to more carefully negotiate the terms under which they send and receive care.

The global expansion of care markets has made possible the redistribution of care to wealthy countries. The United States derives a measure of security from the institutionalization of the international nurse market. According to Mireille Kingma of the International Council of Nurses, "Foreign-educated health professionals represent more than a quarter of the medical and nursing workforces of Australia, Canada, the United Kingdom, and the United States."[288] In the United States around 170,000 nurses, over 5% of the nurse workforce, are foreign-trained.[289] However, around 15% of new registered nurses are foreign-trained.[290] Almost half of foreign-trained nurses came from the Philippines, close to 10% from India, and around 10% from Canada. In Canada approximately 8.4% of the nurse workforce, and nearly of 17% of nurses in geriatrics and

[288] Mireille Kingma, *Nurses on the Move: Migration and the Global Health Care Economy*, The Culture and Politics of Health Care Work (Ithaca, N.Y.: IRL Press, 2006), 2. Kingma cites Sofi Taylor, "Unison to the Rescue!," *Networking Works, Newsletter of the UNISON Scotland Overseas Nursing Network* 1, no. 3 (2003).
[289] U.S. Department of Health and Human Services, "The Registered Nurse Population: Initial Findings from the 2008 National Sample Survey of Registered Nurses," (Health Resources and Services Administration, March 2010), 5, 7. The category "foreign-trained" includes American nurses who completed their training in another country.
[290] Barbara L Brush, "Global Nurse Migration Today," *Journal of Nursing Scholarship* 40, no. 1 (2008): 21.

long-term care have been educated in foreign institutions.[291] And in the United Kingdom

around 21,592 nurses or 3% of the nurse workforce hails from other countries.[292] While

the United States and the United Kingdom have drawn nurses from Jamaica, "Jamaica

has been able to make up for some of this loss by recruiting skilled nurses from inside the

region (Cuba and Guyana) as well as outside the Caribbean (India, Ghana, Burma,

Russia, and Nigeria)."[293]

The Middle East also draws many nurses from other countries. Strikingly, in

Kuwait more than 93% of nurses are migrants.[294] While data on cross-national staffing

are not easy to access, it is of note that Saudi Arabia, the United Arab Emirates, Kuwait,

Libya, and Qatar have employed hundreds of nurses from the Philippines each year.[295]

In the first decade of the 21st century, the most common destination for nurse migration

from the Philippines has been the Middle East. Saudi Arabia hired almost 10,000 from

the Philippines in 2009 alone.

Of course, it is important to avoid an overly simple interpretation of these in-

flows and out-flows of care. In the Philippines the international nurse market and the

expansion of postgraduate nursing education has contributed to the overproduction of

nurses. In that country there are some 400,000 unemployed or underemployed licensed

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[291] Canadian Nurses Association, "2008 RN Workforce Profiles by Area of Responsibility," ed. Canadian Nurses Association Department of Public Policy (Ottawa, 2010).

[292] Nursing & Midwifery Council, "Statistical Analysis of the Register 1 April 2007 to 31 March 2008," (2008), 5. The nursing and midwifery council reports 676,547 nurses were registered in 2008.

[293] Marla E. Salmon et al., "Managed Migration: The Caribbean Approach to Addressing Nursing Services Capacity," *Health Services Research* 42, no. 3 (2007): 1358.

[294] KF Al Jarallah et al., "The Nursing Workforce in Kuwait to the Year 2020," *International Nursing Review* 56, no. 1 (2009): 70. This figure is from 2007.

[295] Philippine Overseas Employment Administration, "Overseas Employment Statistics," ed. Department of Labor and Employment (Republic of the Philippines, 2009). See, especially, Table 14.

nurses.[296] Nonetheless, the departure of experienced nurses, nursing professors, and

nursing leaders remains a concern. And although remittances may improve the overall

economic situation for countries that receive them, they do not facilitate the delivery of

care in the short term. The most important point is simply that nurse migration does not

represent an even "trade" between countries that attract care and countries that send care.

In the global public sphere, international organizations like the World Health

Organization contribute to giving meaning to these flows of care. States that send care

are represented very differently from states that get care. Deficits of healthcare workers

(and states with critical deficits) are made visible as a hindrance to global progress.

Witness the 2010 WHO Global Code of Practice on the International Recruitment of

Health Personnel, which declares "the severe shortage of health personnel, including

highly educated and trained health personnel, in many Member States, constitutes a major

threat to the performance of health systems and undermines the ability of these countries

to achieve the Millennium Development Goals and other internationally agreed

development goals."[297] This speaks to the point that deficits are produced politically, and

tend to reinforce pre-existing hierarchies.

The WHO Code of Practice reflects how the recruitment of nurses is receiving

some attention in the global public sphere. Yet, it emerges in the public sphere as a

problem to be managed by individual states—and its problematic aspects are not

conceptualized in terms more commonly used to characterize global public problems,

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[296] Kanchanachitra et al., "Human Resources for Health in Southeast Asia: Shortages, Distributional Challenges, and International Trade in Health Services," 773.
[297] World Health Organization, *WHO Global Code of Practice on the International Recruitment of Health Personnel* (Geneva, 2010), 1.

which might concern the international community as a community. Nurse recruitment is

not conceptualized as an international crime, for instance. Yet, as others have pointed

out, while drawing doctors and nurses "may lack the heinous intent of other crimes

covered under international law, the resulting dilapidation of health infrastructure

contributes to a measureable and foreseeable public-health crisis."[298] Note that a crime

would imply some type of international reckoning. This is precisely what powerful

actors in the global public sphere want to avoid. Hence, in comments accompanying the

draft guidelines for monitoring the WHO code, the United States recommended that the

phrase "governments are responsible for monitoring the extent to which the overall

objectives and principles of the Code are being met" be changed to "governments are

encouraged to monitor the extent to which the overall objectives and principles of the

Code are being met."[299]

    Also consider that nurse recruitment is not conceptualized as a war. Thus, while

it would never be considered legitimate for the United Kingdom and the United States to

attack Jamaica and hurt its people, it is considered normal that they draw nurses from

Jamaica and other countries, with some evidence of similar consequences. These states

cannot launch a legal or legitimate attack that would kill, but they can draw resources that

would result in far more than 1,000 deaths, the current criterion used to classify a conflict

as a war. Democracies "fight" with other democracies in this way, presenting another

challenge to accounts of a "democratic peace," which refers to the historical absence of

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[298] Edward J Mills et al., "Should Active Recruitment of Health Workers from Sub-Saharan Africa Be Viewed as a Crime?," Ibid. 371, no. 9613 (2008): 687.
[299] World Health Organization, "Comments from the United States on the WHO Draft Guidelines for Monitoring the Implementation of the WHO Code,"
http://www.who.int/hrh/migration/code/USA.pdf?ua=1.

open war between democracies. The upshot is that neither the United States nor the United Kingdom is identified as a criminal state or an aggressor—at least with reference to care—with one consequence being that their status, if not reinforced, is not damaged through these actions. To the contrary, when the United States and the United Kingdom receive caregivers identified as immigrants, the conventional view is that they are the benefactors.

Part of what it means for nurse migration to occur in the global private sphere is that we cannot see how dependent powerful countries are on care from other countries. Yet, given the large numbers of care providers they have attracted, if the care they have received were to suddenly disappear, it would seriously impact the healthcare systems in these countries. It would also reveal what has been true all along—that the needs of the United States, the United Kingdom, and other powerful countries are staggering, but their needs are met, at least in part through international migration in care, in other words, foreign aid. Yet, not only do these countries for the most part not come to crisis, but they do not figure into the global public sphere as care receivers. Recall that, in contrast, when states get care through humanitarianism, there are public fundraising efforts held on behalf of states experiencing emergencies. When states attract international migrants for care, the international community is not drawn in.

Thus, we need to think more carefully about dependence. As an illustration, consider that in Fiona Robinson's account of human security, it is primarily low-income countries that figure as dependent and vulnerable. She notes, "income-rich states, and individual families within those states, may be dependent upon migrant women to fill

gaps in care provision."[300] When she calls on us, however, to "keep in view the agency of those who are dependent" it is clear she does not have in mind the agency of Canadians.[301] While I agree humanitarians also in some cases create dependencies, in most cases, humanitarian groups do not fully redress deficits of care, even for small communities within a nation-state. Countries that receive humanitarian care, however, seem to be more vulnerable and more dependent on the international community. The place of humanitarianism in the international public sphere helps to explain this. Humanitarian care has a high profile, where media rehearse a standard narrative where humanitarians provide assistance only to "needy" people.

The historical experience of Haiti helps to illustrate how the visibility of some forms of care lead outside observers to judgments about dependence. Humanitarian agencies have long entered the country to provide assistance after violent storms, most recently in 2004 and 2008, and some organizations never left. Hundreds of medical workers with Catholic Relief Services, Partners in Health, and Doctors without Borders, among other organizations, were in Haiti at the time of the 2010 earthquake.[302] They were joined by additional volunteers, among them, nurses from the United States. What the media coverage after the earthquake did not report is that around the year 2000, roughly 13,000 Haitian nurses—or 94% of the nurse workforce—had taken up foreign employment.[303] Counterfactual reasoning is always troublesome, but the scale of the

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[300] Robinson, *The Ethics of Care: A Feminist Approach to Human Security*, 99.
[301] Ibid., 97.
[302] *New York Times*, January 13, 2010.
[303] Organisation for Economic Co-operation and Development, "International Migration Outlook: Annual Report," 213. This figure reflects those who have obtained foreign employment in OECD countries only, so it may actually underestimate the total number of nurses and doctors who have emigrated. As I noted earlier with respect to Caribbean countries, this figure accounts only for those employed in OECD

recent humanitarian effort in Haiti was surely conditioned by the emigration en masse of

Haitian health workers in the 1990s and 2000s.

Fiona Robinson suggests "while the government and people of Haiti may be

temporarily and inevitably dependent on donor countries, especially after the recent

earthquake, this fact should not blind us to the agency of Haitians not only in responding

to 'crisis' but also in their everyday struggles with poverty."[304] Robinson is a careful

thinker, yet it is not clear even in this case dependence was "inevitable." She overlooks

an important part of the world politics of care because she considers humanitarianism and

migration separately. This oversight makes possible the inferences that Haiti is not itself

a "donor" country; that Haiti can only receive assistance; and that Haiti's need for

assistance is in some sense natural and not political. Contrary to the conventional

wisdom, humanitarianism may not have been the inevitable sequel to a series of

meteorological and seismic events in Haiti.

Politics of Giving Care

The politics of getting care, like the politics of giving care, become visible when

we put to use the concepts of global public and private spheres. Again, we can better see

how giving care is produced politically. While nearly all states "send" or "emanate" care

in some form, different conditions correspond to different material and symbolic effects.

States known for sending humanitarian caregivers can reap the benefits of an enhanced

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countries, so it may underestimate the total number of nurses and doctors who have emigrated.   The figure
cited is the average expatriation rate to OECD countries between 1995 and 2004, which is calculated by
dividing the number of nurses abroad by the total number at home and abroad
[304] Robinson, *The Ethics of Care: A Feminist Approach to Human Security*, 98.

international profile. They seem closer to the ideal of a sovereign state: independent, resourceful, and secure. In contrast, states that send care as migration may increase their Gross National Product, but continue to be cast in the global public sphere as "developing."

While most states send care, not all are identified as humanitarian donors. Those who are identified in this way tend to be either governmental aid agencies or nongovernmental purveyors of humanitarian aid. In terms of financing, "The USA remains the single largest donor, contributing some 33 percent of global government funding in 2005, followed by the European Union with 15 percent, Japan with 7 percent and France and the UK each with 6 percent."[305] My focus in this chapter is primarily on state-based humanitarian aid, but nongovernmental organizations tend to follow a similar pattern. On the latter, the most important sector-wide survey of humanitarian action, ALNAP, reported, "Roughly 45% of INGOs in the humanitarian system are based in the US, 18% are from Western Europe (excluding the UK and France), 11% are from the UK, 6% are from Asia, 5% are from France and 3% are from Africa."[306]

The problem of partial publicity surfaces here and is particularly evident in how African countries are collectively represented. The ALNAP brief stated, "The largest portion of humanitarian spending goes to longstanding, conflict-related needs in Africa."[307] The report suggested further, "Africa is currently less advanced in terms of regional humanitarian mechanisms, and requires additional capacity within the key regional mechanisms, such as the South African Development Community (SADC) and

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[305] Walker and Maxwell, *Shaping the Humanitarian World*, 87.
[306] ALNAP, The State of the Humanitarian System. 29.
[307] Ibid., 36.

the Economic Community of West African States (ECOWAS)."[308] The particular merits

of this assessment aside, it is important to notice the order of ideas it represents and

reproduces. When it circulates as common knowledge, it identifies and produces African

states as having needs and as being "nondonors," at best as giving rise to local

nongovernmental organizations. To further emphasize the politics at play here and to

denaturalize this conventional wisdom, consider that "[a]pproximately 65,000 African-

born physicians and 70,000 African-born professional nurses were working overseas in a

developed country in the year 2000."[309] Some of these African-born doctors and nurses

provide direct assistance to populations in countries recognized as humanitarian

"donors"; indeed, "almost one in ten doctors working in the UK are from Africa."[310]

        For states able to claim the role of care "donors," humanitarians serve several

functions. Humanitarianism might reinforce their power, or at least earn some gains in

international approval. Indeed, Pew Research found that after the 2004 tsunami that

struck Banda Aceh, Indonesia, "Roughly eight-in-ten (79%) said that post-tsunami aid

from the U.S. had improved their impression of America, and positive views of the U.S.

more than doubled, rising from 15% in 2003 to 38% in the 2005 poll."[311] Pew polling

found a similar pattern in the aftermath of the 2011 earthquake and tsunami northeast of

Toyko, Japan. Pew reported, "the United States military launched 'Operation

Tomodachi,' a major humanitarian aid mission to help the Japanese government respond

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[308] Ibid., 27.
[309] Clemens and Pettersson, "New Data on African Health Professionals Abroad."
[310] Edward J Mills et al., "Should Active Recruitment of Health Workers from Sub-Saharan Africa Be Viewed as a Crime?," *The Lancet* 371, no. 9613 (2008): 685.
[311] Richard Wike to Global Attitudes Project, Aug 23, 2012, http://www.pewglobal.org/2012/03/06/does-humanitarian-aid-improve-americas-image/.

to the crisis."[312] At any rate, "The effort made a strong impression on the Japanese people—ratings for the U.S. reached sky-high levels following the American mission."[313]

In this way powerful states take advantage of the visibility of the public sphere when they deploy humanitarians. Humanitarianism might even be taken as a signal of a state's power. The nature of the international system forces states to be resource misers, protective of their interest in survival. This usually means prioritizing funding for offensive and defensive military capabilities. When a state is seen to spend resources on other kinds of projects that are not of first order of importance to its survival—like international humanitarian care—it may be seen as an indication that its economic resources are more than adequate. Such a signal can be expected to be most powerful when states have a clear and immediate interest in spending on more conventional security resources. Similarly, when a state chooses not to undertake projects to deliver care across borders it could be interpreted as a signal that it has too few resources and must reserve them for projects that more directly serve its primary needs. In this way care might enhance a state's reputation for power, increasing its prestige and ultimately its international authority.

Indeed, prestige is not a trivial end for states. Robert Gilpin defines prestige as the widespread perception of a state's power capabilities.[314] Gilpin writes, "Prestige is the reputation for power, and military power in particular."[315] He clarifies, "Whereas power refers to the economic, military, and related capabilities of a state, prestige refers

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[312] Ibid.
[313] Ibid.
[314] Robert Gilpin, *War and Change in World Politics* (Cambridge; New York: Cambridge University Press, 1981), 30.
[315] Ibid., 31.

primarily to the perceptions of other states with respect to a state's capacities and its

ability and willingness to exercise its power."[316] Like power capabilities, however,

prestige is important in that it enables a state to exercise control over other states. Gilpin

explains, "In international relations, prestige is the functional equivalent of the role of

authority in domestic politics." [317] Seeking prestige or the perception of power is in the

interests of states in addition to finding the means to preserve their physical security by

increasing their power capabilities. For some states giving care presents this possibility.

Whether or not caregiving is a core interest, however, is less important than the contrast

with states that send care in the private sphere and face conditions that offer no such

opportunity for the affirmation of power.

　　　　Look at the humanitarianism of the United States and China. When the United

States sends care it tends to serve its interests and reinforce its power position. The

coincidence between the expansion of the overseas operations of the American Red Cross

and the emergence of the United States as a world power is suggestive of this dynamic.[318]

In more recent times, David Rieff has argued the state instrumentalization of aid work

has been particularly apparent in conjunction with NATO's military action in Kosovo and

the US war against Afghanistan.[319] Colin Powell's oft quoted remark that humanitarian

organizations would be a "force multiplier" gets at the role that U.S. military officials

hoped humanitarian organizations would play in its war with and occupation of Iraq. It is

equally revealing that China's rise has been accompanied by the expansion of its

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[316] Ibid.
[317] Ibid., 30.
[318] Irwin, *Making the World Safe: The American Red Cross and a Nation's Humanitarian Awakening.*
[319] Rieff, *A Bed for the Night: Humanitarianism in Crisis.*

humanitarian activities. It seems intent on building its international profile as a caring

country, and one that respects and treats with dignity those whom it assists. China

presents its humanitarian program as a superior alternative to Western humanitarianism.

It claims to provide care to others who it treats as equals as exemplified by its assistance

to African countries. Li Anshan writes, "The principles guiding China-African relations

include equality and mutual respect, bilateralism and co-development, no-political-

strings-attached and non-interference with domestic affairs, and stress on the capability of

self-reliance."[320] The concern with establishing its distinctiveness in relation to Western

aid itself speaks to the importance of public perception in the global public sphere. But,

again, the most important point is that China's humanitarianism, its caregiving, reinforces

its power position.

Humanitarianism is important enough to these states—and important enough to

the international community—that they sometimes seek to outdo each other to deliver

care. After typhoon Haiyan struck the Philippines in November of 2013, the United

States, Japan, and the United Kingdom vied with China to win the competition for relief

in that geopolitically important region. Reporting in the *New York Times*, Andrew

Jacobs, judged, "The outpouring of foreign assistance for the hundreds of thousands left

homeless and hungry by Typhoon Haiyan is shaping up to be a monumental show of

international largess—and a not-so-subtle dose of one-upsmanship directed at the

region's fastest-rising power, China."[321] For the United States and other great powers,

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[320] Li Anshan, "China-African Medical Cooperation: Another Form of Humanitarian Aid," in *In The Eyes of Others: How People in Crisis Perceive Humanitarian Aid*, ed. Caroline Abu-Sada (MSF-USA, 2012), 127.
[321] *New York Times*, November 14, 2013, A9.

spectacular emergencies provide a particularly opportune occasion for giving care, since these events are highly visible and care activities appear especially valuable.

In contrast to states that send humanitarians, states that send migrant caregivers can find their own capacity to organize care diminished. This may be especially true for smaller countries in Africa and the Caribbean that have experienced the most significant numbers of departures relative to the total size of their health workforces.[322] In Africa, 78% of nurses from Burundi have emigrated; 66% of nurses from Gambia; 81% of nurses from Liberia; and 63% of nurses from Mauritius.[323] In the Caribbean, around the year 2000 roughly 81.6% of nurses from Saint Vincent and the Grenadines were working abroad; 78% from Barbados; and 72.9% and 74.4% Trinidad and Tobago, respectively.[324] In Jamaica, hospital administrators fill openings for nurses but have had trouble finding nurses with the training and experience of those who have emigrated.[325] Even Cuba, which has a state-based program of medical internationalism, has struggled with the departure of caregivers. Cuba has long sent health workers abroad, at least in part as a strategic attempt at medical diplomacy. Cuban doctors and nurses find these multi-year opportunities attractive because they offer greater status and pay than they would receive

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[322] The attrition of nurses from Central and South America has been less severe. Mexico, for instance, has experienced relatively minor outflows of nurses. However, there are indications that the emigration of nurses is likely to be more substantial in the future. One sign of this is that many students in Mexican nursing schools indicate they intend to leave Mexico for work abroad after graduation. According to one survey, more than two thirds of Mexican nursing students expected to emigrate for work or further study. Yetzi Rosales-Martínez et al., "Expectativas De Migración Internacional En Estudiantes De Enfermería En México, Distrito Federal," *Salud Pública de México* 52, no. 3 (2010): 247.

[323] Clemens and Pettersson, "New Data on African Health Professionals Abroad."

[324] Organisation for Economic Co-operation and Development, "International Migration Outlook: Annual Report," 213. Again, to reiterate my earlier note, this figure reflects those who have obtained foreign employment in OECD countries only, so it may underestimate the number of health workers who have emigrated.

[325] Salmon et al., "Managed Migration: The Caribbean Approach to Addressing Nursing Services Capacity," 1358.

in Cuba.[326] One study found, "When tens of thousands of health workers accepted temporary overseas posts, their absence was acutely felt at home."[327] Cuba's international humanitarian ambitions have undercut the provision of routine healthcare services to Cubans. The public image of providing care internationally came at the cost of providing care domestically.

Politics of Refusing Care

While states have an interest in care, states, societies, and sub-state communities do not always eagerly admit foreign caregivers, whether in the context of humanitarianism or migration. While states actively undertake efforts to recruit caregivers, caregivers are often met with expressions of inhospitality. Balking, policing, ingratitude, intolerance, racism, sexism, and violence surface in response to care in humanitarianism as well as to care in migration. To some degree hostile reactions to care are unsurprising. Care can threaten personal and collective aspirations to independence; caregivers can impose parochial ideas and interests; caregivers can upset cultural norms; and caring can lead to unintended, uncaring outcomes. Some scholars believe the involvement of humanitarians in politics has caused violence against aid workers, but the presence of violence in response to migration suggests another dynamic may be operating in both contexts. It is essential to recognize that continuity, and to see that the refusal of care does not occur only at the interpersonal level.

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[326] Sarah A. Blue, "Cuban Medical Internationalism: Domestic and International Impacts," *Journal of Latin American Geography* 9, no. 1 (2010).
[327] Ibid., 44.

Summarizing conditions when humanitarians are denied access, Melissa Labonte and Anne Edgerton suggested intransigent states are unfamiliar with or insufficiently committed to international norms concerning civilian protection, and thus out of step with the international community.[328] Yet, many states refuse care, and not all states are international pariahs. When the United States refuses care, or limits it, it is not considered out of line with international norms. The *New York Times* reported that in the aftermath of hurricane Sandy the Iranian Red Crescent offered to deliver aid to the United States to assist "the flood-stricken people of America."[329] Whatever the intentions of the Iranian Red Crescent, the mere possibility of an offer of assistance was reportedly received as an affront that the American government declared it would refuse.[330] Similarly, after Hurricane Katrina in 2005, the *Philippine Daily Inquirer* reported the Philippines had offered assistance to the United States, and was not received with much enthusiasm. The article quoted George W. Bush: "I'm not expecting much from foreign nations because we haven't asked for it. We love help, but we are going to take care of our own business as well."[331]

Two points are of note. First, the United States had in fact received "much from foreign nations" through international migration from the Philippines (as well as many other countries). It is especially striking—and telling—that the United States would

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[328] Melissa T Labonte and Anne C Edgerton, "Towards a Typology of Humanitarian Access Denial," *Third World Quarterly* 34, no. 1 (2013).

[329] *New York Times*, October 31, 2012, accessed November 1, 2012. Available online at http://www.nytimes.com/2012/11/01/world/middleeast/iran-offers-to-send-emergency-aid-team-to-hurricane-stricken-new-york.html?_r=0

[330] *New York Times*, October 31, 2012, accessed November 1, 2012. Available online at http://www.nytimes.com/2012/11/01/world/middleeast/iran-offers-to-send-emergency-aid-team-to-hurricane-stricken-new-york.html?_r=0

[331] *Philippine Daily Inquirer*, September 4, 2005, A1.

refuse free international assistance. At a time of severe budget shortfalls, objectively, the

United States should prefer free over paid care. The fact that it does not suggests there is

something going on beyond strict calculations of self-interest. Second, while the United

States has many domestic resources for humanitarian assistance, the denial of assistance

seems to have little to do with objective need. Just recall the dire circumstances in the

aftermath of hurricane Katrina:

> "Over 1,800 people lost their lives to the hurricane, the largest US
> hurricane death toll since 1928. Infrastructure damage is estimated to be
> around $81 billion. Two weeks after the hurricane struck, over a million
> people had fled the area, the largest displacement since the US Civil War.
> Faced with such a massive disaster which disrupted not only the city but
> also virtually every system that the disaster responders relied upon, there
> is little wonder that a newly developed and untested system failed."[332]

Interestingly, some of the states that receive the most aid express ambivalence

about it. According to Peter Walker and Daniel Maxwell, "In 2004, six countries

received an estimated half of all humanitarian assistance: Iraq (16 percent), Sudan (11

percent), Palestine (8 percent), Ethiopia (6 percent), Afghanistan (6 percent), and the

DRC (4 percent)."[333] Perceptions of aid vary, both among these governments and among

the people. In a study it undertook on how it was perceived, Médecins Sans Frontières

found in Iraq "medical aid was viewed almost as a humiliation."[334] Years of brutal

occupation, of course, explain why Iraq would be especially reticent about aid from

Western countries. But this is not the only example. Sudan reportedly viewed

humanitarian assistance in Darfur as an "embarrassment of major proportions to a

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[332] Walker and Maxwell, *Shaping the Humanitarian World*, 86.
[333] Ibid., 87.
[334] Caroline Abu-Sada, "Studying How MSF Is Perceived," in *In the Eyes of Others: How People in Crisis Perceive Humanitarian Aid*, ed. Caroline Abu-Sada (MSF-USA, 2012), 51.

country in the throes of painfully public paroxysms of nation self-definition."[335] Similarly, "Ethiopia has consistently perceived its 40-plus-year interaction with the international humanitarian community as being highly paternalistic."[336]

It warrants reflecting on Ethiopia's experience. There, "the government repeatedly expresses the view that humanitarian organizations operating in Ethiopia are service providers whose activities should strengthen the government and its national image."[337] The tendency for humanitarian activity to extend beyond service provision— or seem to—has led Ethiopia to impose extreme bureaucratic regulations that limit humanitarian work or render it impossible. This is revealing since according to the government, "Ethiopia has just 1600 doctors serving a population of 83 million but needs a minimum of 8000."[338] One assistant health minister acknowledged, "We face a critical problem. We plan to train more doctors and increase their pay. It will be a massive training [of doctors] because we have a gap of over 80%."[339] It seems clear that Ethiopia needs care, yet it is in a position that it cannot accept humanitarian care, at least in the way it is institutionalized in the global public sphere.

Instead of being outliers on this issue, these countries reject humanitarian aid in a manner that runs parallel to the behavior of the United States; all seem to be concerned about their image. This is understandable if we recall how the global public sphere has transformed care, making it a central feature of the public horizon and part of a common

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[335] Larry Minear cited in Labonte and Edgerton, "Towards a Typology of Humanitarian Access Denial," 48.
[336] Ibid.: 44.
[337] Ibid.
[338] Henry Wasswa, "Ethiopia Plans to Train Extra 9000 Doctors to Fill Gap Left by Migration," *BMJ: British Medical Journal* 336, no. 7646 (2008): 689.
[339] Ibid. Mohammed Hussein quoted in Henry Wasswa.

universal project. The global public sphere stages a contest between the international

community, on the one hand, and individual states, on the other. While humanitarian

actors are charged with promulgating "[h]umanitarian principles—humanity, neutrality,

independence, and impartiality," state governments are expected to show "[r]espect for

humanitarian principles and IHL [International Humanitarian Law]."[340] There is

pressure here and a power play: "Relief should not avoid the state, but seek at least in

part to induce the state to meet its responsibilities."[341] Receiving care has come to be

understood to be for countries with gross needs that governments cannot or will not

adequately address in a responsible manner. Actors rarely frame their rejection of

humanitarian care in terms of refusing the implication of irresponsibility, but this impetus

for refusal seems possible given that states generally accept other kinds of care—through

the global private sphere—and exclusively refuse humanitarian care. Such actions seem

to resist an implied demotion in the international hierarchy of prestige. Yet, the security

implications are mixed since it means states may not be able to receive the care or service

they need.

Conclusions

Care is commonly conflated with goodwill and nonviolence, in opposition to war

and the struggle for security. On the surface it appears as if practices of care and war

could not be more different—care conserves life, while war destroys life—but care and

war both arise out of structural conditions in the international system unlikely to change

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[340] Paul Harvey, "Towards Good Humanitarian Government: The Role of the Affected State in Disaster Response," (London: Overseas Development Institute, 2009), 24.
[341] Ibid., 41.

soon. Given the pervasiveness of deficits of care states seek to get care to improve their material welfare. But this is not all. A wide lens on care reveals that states also seek to give care to enhance their own status and to delegitimize other states; and when they receive care states undertake to reverse or mitigate identification with vulnerability and dependence. To extend my critique of dual stories—it is not just individual caregivers who are misunderstood by viewing migrants and humanitarians in isolation, so too are states that send and receive them. States sending migrants are cast as "developmental" and states sending humanitarians are cast as "donor governments." States receiving migrants are "normal" while states receiving humanitarians are "needful." These identifications do not reflect some objectively given material reality; instead they point to the political construction of states in relation to care and to each other.

I began the chapter with John F. Kennedy at midcentury, and I conclude with one of his contemporaries. In contrast to his realist colleagues who perceived only tragedy and pathos in international politics, Reinhold Niebuhr also saw irony. Rarely have the ironic shadings of international politics been more evident than in the American experience after the Second World War when it discovered new moral confidence coupled with extraordinary power capabilities. "The irony of our situation," Niebuhr wrote in 1952, "lies in the fact that we could not be virtuous (in the sense of practicing the virtues which are implicit in meeting our vast world responsibilities) if we were really as innocent as we pretend to be."[342]

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[342] Reinhold Niebuhr, *The Irony of American History*, University of Chicago Press ed. (Chicago: University of Chicago Press, [1952] 2008), 23.

In the twentieth century contests to give and get care sometimes assumed tragic proportions, as when the departure of thousands of caregivers incapacitated healthcare delivery in the societies that lost them. Yet, the incongruousness in claiming to give indispensable care *to* others, while concealing yet depending on care received *from* others is more than tragic. It is ironic that the United States sends care to other countries in public displays that heighten the impression of its power, at the same time its own power is possible precisely because of the care that it quietly draws from other countries.

Niebuhr balked at efforts to build new international organizations to solve persistent problems in international relations. He disliked the "abstract constitutional schemes of which our idealists are so fond," for he thought such projects tended to be "indifferent toward the urgencies and anxieties which nations, less favored than we, experience; and to betray sentimentalities about the perplexing problems of human togetherness in which only the powerful and the secure can indulge."[343] Niebuhr believed the basis for real community was not likely to be a "conscious moral idealism" but instead a kind of "religious humility," which would be comprised in part by a "sense of the mystery and greatness of the other life, which we violate if we seek to comprehend it too simply from our standpoint."[344] Niebuhr reflected, "Genuine community is established only when the knowledge that we need one another is supplemented by the recognition that 'the other,' that other form of life, or that other unique community is the

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[343] Ibid., 139.
[344] Ibid.

limit beyond which our ambitions must not run and the boundary beyond which our life must not expand."[345]

The next chapter further explores the difficulty of applying the ethics of care given the international politics of care. I examine these issues through the lens of the politics and ethics of hospitality.

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[345] Ibid.

Chapter 5

THE POLITICS AND ETHICS OF THE VISIT

The curtain opens to a town in ruin, businesses bankrupt, buildings dilapidated,

conditions so miserable its residents are not "living on the dole" because they are not

"living" at all but "vegetating" and "rotting to death."[346] A wealthy visitor arrives,

promising assistance, and is greeted with all the enthusiasm the town can muster. The

visitor is Claire Zachanassian, a former resident. She declares she will help the town of

Guellen, but she wants something in return: "I'm giving you a million, and I'm buying

myself justice."[347] And this is what she has in mind: "A million for Guellen if someone

kills Alfred Ill."[348] The townspeople decide there is some rightness to the request—after

all, Alfred once left Claire, his lover, with a child and no means of existence but

prostitution. Alfred must suffer for his misdeeds (not Claire, who had bought and

destroyed every business in town). The people murder Alfred, Claire pays them, and

Guellen prospers.

In "The Visit" Friedrich Dürrenmatt offers much more than a story of revenge.

His play is also and more significantly a problematization of the nature of the relationship

between visitor and visited, a relationship that has long been taken to be of special moral

significance. Scholars have understood the visit to present opportunities to exhibit virtue

and justice, because visitor and visited are often strangers to each other, and they give

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[346] Friedrich Dürrenmatt, *The Visit; a Tragi-Comedy*, trans. Patrick Bowles (New York: Grove Press, [1954] 1990), 12.
[347] Ibid., 36.
[348] Ibid., 38.

care that is neither obligated by a kin relationship, nor rewarded by immediate, tangible

gains. There are at least two respects in which Dürrenmatt calls this view into question.

First, he portrays the relationship between visitor and visited as asymmetric; it is

characterized by a wide differential in power. Claire has vastly more material resources

than the Guelleners, and they have extremely dire needs. Her humanitarianism and their

hospitality are undertaken in a context of necessity, not in a context of freedom, and so

are far from saintly acts of virtue performed solely for the right or the good. Second, the

title and storyline bid us to understand the visit as a whole—including not only an

exercise of power, but a history, a sequence of actions, and the consequences of those

actions—and to appreciate that all of this taken together should be the subject for ethical

reflection, not the individual parties to the visit as if each could be understood exclusive

of the other outside of history. While Claire extends assistance in order to settle old

accounts, the people of Guellen welcome Claire to cope with the pressure of extreme

poverty. The visit cannot be fathomed apart from these terms.

Guellen's predicament speaks to ongoing scholarly debates about the ethics of

hospitality. Political and international theorists have discussed the meaning of

hospitality, the right to receive hospitality, the duty to provide hospitality, and the moral

valences of hospitality, as in whether it is so fundamental a human experience it *is*

ethics.[349] Political theorists commonly use the concept of hospitality to interpret the

responsibility of states to receive refugees and undocumented migrants. Jacques Derrida,

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[349] Jacques Derrida suggests, "*ethics is hospitality*." Jacques Derrida, *On Cosmopolitanism and Forgiveness*, Thinking in Action (London; New York: Routledge, 2001), 17. Original italics. For a recent discussion of how Derrida's perspective can inform international hospitality, see, among others: Roxanne Doty, "Fronteras Compasivas and the Ethics of Unconditional Hospitality," *Millennium-Journal of International Studies* 35, no. 1 (2006).

for example, insists justice fundamentally requires that everyone, including states, extend

hospitality to all, without conditions.[350] Other theorists tap a line of argument dating to

Immanuel Kant to argue states should be able to exclude imperial and otherwise

"inhospitable" visitors who seek much more than refuge or residence.[351] Still other

theorists argue fundamental limits to knowledge make it impossible to know in advance

who should be received and who should not, with the implication being that grounds do

not exist for a morally definitive "you're not welcome."[352]

    While this scholarship offers much that is of value, it has not fully engaged the

issues Dürrenmatt's drama raises. Even among international theorists, the tendency is to

fix the politics of hospitality within the state that receives visitors, at the moment of their

arrival. We should worry about what is sacrificed when we too narrowly understand

politics in relation to the decision on entry—namely, "should the visitor be received, yes

or no?"—and lose sight of wider histories and geopolitical conditions. While it is easy to

be captivated by Claire, she cannot be characterized apart from her history with the

inhabitants of Guellen. The lesson is the proclivity to argue for or against hospitality by

summoning a monstrous, godlike, saintlike, or otherwise stylized visitor may be a

problem to the extent it distracts attention from the historically structured interactions

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[350] Jacques Derrida, "Hospitality," *Angelaki: Journal of Theoretical Humanities* 5, no. 3 (2000); Jacques Derrida and Anne Dufourmantelle, *Of Hospitality*, Cultural Memory in the Present (Stanford, Calif.: Stanford University Press, 2000); Derrida, *On Cosmopolitanism and Forgiveness*. I discuss this work in more detail below.
[351] Wendy Sarvasy and Patrizia Longo, "Kant's World Citizenship and Filipina Migrant Domestic Workers," *International Feminist Journal of Politics* 6, no. 3 (2004); Garrett W. Brown, "The Laws of Hospitality, Asylum Seekers and Cosmopolitan Right: A Kantian Response to Jacques Derrida," *European Journal of Political Theory* 9, no. 3 (2010).
[352] Gideon Baker, *Politicising Ethics in International Relations: Cosmopolitanism as Hospitality* (London; New York: Routledge, 2011).

between visitor and visited that make them who they are. Parties to the visit are only comprehensible in relation to history and to each other.

With these matters in mind, I explore possibilities for theorizing the ethics of the visit in historical and political context. Calling on the broader arguments of this dissertation, I seek to advance a threefold argument in this chapter. First, I argue that unconditional hospitality is not a good or just principle across all contexts. This is because societies face immense differences in the risks, benefits, and consequences of hospitality. An ethics of hospitality should be sensitive to variation in political circumstances and consequences. In fact, together the Kantian and Derridean arguments I alluded to above are useful and complementary in that they illuminate the ethical salience of different political conditions that shape the visit. To simplify greatly, the Kantian perspective signals the importance of historically produced conditions in creating the context for the decision on the visit. When the visitor is more powerful than the visited, as in imperial encounters, an ethics should favor the one who is visited. The Derridean perspective in effect suggests an ethics should enjoin powerful countries to reduce barriers to less powerful visitors.

Second, I argue this orientation to conditions makes it possible to think through how the gendered world order I have described in earlier chapters bears on the reception of caregivers. Conditions of publicity and privatization give rise to distinctive politics of hospitality. The problem of partial publicity is again relevant. Publicity empowers international humanitarians relative to states, as well as substate groups such as warring parties. International humanitarians can take advantage of the media coverage that

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follows them, for example, and because of the (near-) global unanimity on the worthiness of their actions, they can recruit states, international organizations, and nongovernmental organizations to act in alliance with them and exert pressure on recalcitrant parties. In contrast, in the global private sphere, transnational caregivers are at a disadvantage in relation to powerful states. Their work is feminized, understood in economic terms, and seen as serving local and familial interests, not global concerns. Their work is of marginal concern to the international community, a "problem" for each state to "solve" on its own with a range of policy measures.

Third, these political conditions carry implications for ethics and tactics. The global public and private spheres not only condition hospitality and, in different ways, reinforce the relationships of power between visitors and those they visit. In addition, because these conditions so significantly shape practices of hospitality, they may actually limit or even pre-empt the politics surrounding hospitality at the state or substate levels. An ethics of hospitality therefore cannot afford to ignore them. These international conditions—alongside the policy conditions that each state imposes on visitors—need to be weighed in the ethics of hospitality. It would make good strategic sense for political engagements to aim at re-opening the politics of hospitality and challenging these international conditions and institutionalized practices of hospitality. To better imagine the range of potential ethical and political moves, it is useful to move more deliberately onto the terrain of care ethics. Care ethics might suggest hospitable practices to include building relationships and cultivating gratitude. Pursuing these arguments thus provides

me with an opportunity to recast the ethical implications of the historical and conceptual arguments already in play.

For several reasons, then, debates surrounding hospitality furnish particularly fitting material to begin to conclude this dissertation. This has been a project about two groups, humanitarian and migrant caregivers, who cross borders and are subject to varying conditions though they perform similar activities. The politics of hospitality is clearly at issue.

In addition, while my comparisons of the circumstances these groups confront has included ethical reflection, particularly regarding the relative privilege of humanitarians, these comparisons are limited as moral reckoning. It warrants also asking what practices of the visit would be without any conditions, an exercise that cannot be undertaken only by examining the world as it is today. Such an exercise would involve taking into account not only what is realistic but also what is "hyperbolic," as Derrida puts it.[353] The hyperbolic in this case is an exaggerated picture of justice that serves as a means to scrutinize actual conditions.

Finally, as concepts, hospitality and care appear to have given rise to quite different and distinctive ethical perspectives. Because a feminist interpretation of care has guided most of the primary conceptual and analytical maneuvers in this dissertation, it makes sense now nearing the conclusion to reconsider the advantages as well as disadvantages of this lens, a task that is facilitated by comparative and contrastive reflection. One of the strengths of a care perspective is its focus on how relationships generate responsibilities, while one strength of a hospitality perspective is its view on

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[353] Derrida, *On Cosmopolitanism and Forgiveness*, 51.

how encounters and interactions produce ethical obligations, even in the absence of a direct, continuing relationship. While the ethics of hospitality has not been systematized to the same extent as the ethics of care, and so cannot provide detailed prescriptions on how hospitality should be granted or who should bear its burdens, there is nonetheless an opportunity for mutual learning.[354]

The ethics of care aside, the practice of caregiving would still present an excellent case for investigating the ethics of hospitality. Caregivers are particularly important visitors—after all, everyone needs care, and it is difficult to imagine too much good care, whether in an individual life or in the life of a community or nation (it is not difficult, of course, to imagine too much bad care, such as care characterized by incompetence, unresponsiveness, paternalism, or maternalism). It would be easy to assume caregivers would be welcome everywhere. They are not, however, and they should not be. The reasons include the problems just mentioned, as well as the wider relations of power that care reflects. The end goal is to specify how these factors bear on hospitality, and to draw out their implications for ethics.

I proceed as follows. In the first section below, I recall how Kant advances an argument for restricting hospitality in his famous treatise *Perpetual Peace*. Kant was unusually attuned to the problem of imperial visitors and to the need for restrictions on hospitality. In the subsequent section, I consider how Derrida responds to Kant, reading

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[354] I thank Joan Tronto for pointing out to me that an ethics of hospitality runs into trouble when it prescribes hospitality yet does nothing to address the problem of hospitable people compelling the most marginalized people to shoulder the work of actually providing hospitality. In such cases, she noted, hospitality might indeed be provided, but it might also give rise to domination and resentment. Furthermore, to ignore the way compulsory power might be exercised in purveying hospitality is to smuggle in an oddly atomistic account of hospitality.

with and against him, drawing not only on Kant's political writings but also on the

distinction in his moral philosophy between a hypothetical and a categorical imperative.

I address the difficulties thrown forward by the imperious visitor for Derrida's Universal

Law of Hospitality, which centrally informs his perspective on hospitality. Next, I think

through how the gendered world order I have been describing—which is organized by

public and private spheres—conditions the visits of caregivers in humanitarianism and

migration. To assess how this "conditioning" matters, I turn to a care perspective.

The Case for Restricting Hospitality

The political thought of Immanuel Kant on hospitality provides a sensible starting

point, both because he has been a key reference for contemporary theorists, and also

because he was one of the most prominent modern philosophers to struggle with the

problem of the "inhospitable" international visitor. It is not that ancient thinkers and

modern natural law theorists had entirely overlooked hospitality, but at least among his

contemporaries, Kant treated the problem of unwelcome visitors more systematically and

with greater sympathy for the predicament of the visited.[355]

It was in his famous treatise *Perpetual Peace* that he elaborated his argument for

the illegitimacy of the imperial behavior of commercial enterprises and "commercial

states." His basic contention was that such behavior would thwart progress toward an

enduring international peace. Cosmopolitan visitors of this kind, he contended, should be

subject to heavy restrictions. He wrote, "cosmopolitan right shall be limited to conditions

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[355] For a very helpful genealogy of ancient, modern, and contemporary political thought on hospitality, see: Baker, *Politicising Ethics in International Relations: Cosmopolitanism as Hospitality*.

of universal hospitality."[356] Kant believed hospitality was due to international visitors

who sought no more than to present themselves in foreign locations and would not make

excessive demands on their hosts. He called this the "right to resort," which comes from

the German word *Besuchsrecht* and is sometimes translated as the "right to visitation."

Kant defined the right to resort as the right of the visitor to be received peaceably. He

explained, "*hospitality* means the right of a stranger not to be treated with hostility when

he arrives on someone else's territory."[357] Note what a minimal demand this is. Kant

even suggested the visitor seeking resort could be denied if he would not perish as a

result. "He can indeed be turned away," Kant wrote, "if this can be done without causing

his death."[358]

Kant contrasted the international visitor who can claim the "right to resort" with

another type of international visitor who can claim the "right of a guest." This

terminology comes from the German word *Gastrecht* and is sometimes translated as the

"right of residence." The language of "guest" and "resident" applies when a stranger

seeks more than presentation in a foreign location, and therefore puts greater demands on

the host. Because of these greater demands and extra burdens, Kant insisted the reception

of guests should be negotiated, not presumed. He argued that since "the right of a guest

to be entertained" demands more of the host, it "would require a special friendly

agreement whereby he might become a member of the native household for a certain

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[356] Immanuel Kant, "Perpetual Peace: A Philosophical Sketch," in *Kant: Political Writings*, ed. H.S. Reiss (Cambridge: Cambridge University Press, 2003), 105. This is the subtitle of the third definitive article. Capitalization altered.
[357] Ibid.
[358] Ibid., 105-06.

time."[359] Kant could not imagine how peace could be pursued if international visitors could simply assume the status of guests. European visitors could and did presume residence overseas, no matter the inconveniences they caused, the violence they perpetrated, or the resistance they encountered.

Notice how the right of the guest seems to be a kind of concession, wherein Kant introduced some "give" so the whole architecture of his argument better withstands challenges. Kant likely anticipated his contemporaries would not go in for the argument international travel could *only* be visitation—that would have been far from customary practice in his time—but maybe he thought they would accept a slightly more flexible formulation.

Regardless, the consequence of this framing of cosmopolitan rights is to rule out all acts of empire. Europeans were constantly "inhospitable" in the sense that they always exceeded the entitlements of the visitor. Along these lines, Kant wrote of European countries, "the injustice which they display in visiting foreign countries and peoples (which in their case is the same as conquering them) seems appallingly great."[360] As visitors, Europeans traveled and conquered, obviously exceeding the right to presentation.[361] And Kant did not seem confident Europeans could negotiate their stay and live in other countries as guests. If they could not even be trusted as visitors, how could they be trusted to remain true to the more demanding commitments required of guests? It seems that for Kant, even if Europeans had negotiated some kind of "special agreement," it could hardly have been "friendly" in spirit. Again, dominating another

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[359] Ibid., 106.
[360] Ibid.
[361] Ibid.

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country plainly exceeds the claims of a guest since conquest has nothing in common with living at peace. Accordingly, Kant argued Japan and China did right to severely restrict the entry of Europeans. In short, Kant seems to have issued what amounted to a total, if understated prohibition on European travel. It is not surprising he bobs and weaves in the process, for he was used to dodging the censure of the powers that be.[362]

Kant's interest in curbing the imperial ambitions of Europeans is particularly clear in light of his manifest anger in *Perpetual Peace*. Consider, for example, Kant's sardonic remark that "the commercial states do not even benefit by their violence, for all their trading companies are on the point of collapse."[363] Also of note are his comments on the hypocrisy of European countries and peoples who speak of universal principles at the same time their imperial behavior betrays those principles. Kant writes, "And all this is the work of powers who make endless ado about their piety, and who wish to be considered as chosen believers while they live on the fruits of iniquity."[364]

Kant's writing on hospitality continues to be relevant, providing a starting point for feminist and deconstructive work. At the same time contemporary theorists of hospitality have turned to Kant, however, they have largely turned away from his anti-imperial message. One exception is the feminist intervention of Wendy Sarvasy and Patrizia Longo. At the forefront of their commentary is Kant's stance against the expansion of European commercial and political power. Reading *Perpetual Peace*, they

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[362] This is expressed most clearly in the essay "What is Enlightenment?" where Kant slyly suggests that "only a ruler who is himself enlightened and has no fear of phantoms, yet who likewise has at hand a well-disciplined and numerous army to guarantee public security, may say what no republic would dare to say: *Argue as much as you like and about whatever you like, but obey!*" "What Is Enlightenment?," in *Kant: Political Writings*, ed. Hans Siegbert Reiss (Cambridge; New York: Cambridge University Press, 1991), 59.

[363] Kant, "Perpetual Peace: a Philosophical Sketch," 107.

[364] Ibid.

observe, "Kant's intent was clearly to protect non-western peoples from the aggression of European settlers."[365] And they convincingly argue his anti-imperial stance remains pertinent, though they contend the international visitors most relevant in the contemporary world are not European settlers but settlers from other parts of the world who seek to live in Europe. Their focus is specifically on migrant care workers like nannies who now often travel from poorer contexts to wealthier contexts and do not always receive a hospitable welcome. Sarvasy and Longo continue, "The host no longer needs protection."[366] They seem to believe the "inhospitable visitor" no longer exists in the world, a position I want to argue is premature.

The upshot of Kant's formulation is to embed hospitality in the history of geopolitics. To summarize: everyone is entitled to travel the world and present themselves wherever they wish. But those who want more than to present themselves will have to negotiate the conditions of their entry. And those who have failed in the past to abide these procedures or who have broken promises may have a more difficult time negotiating permission. While another theorist might have believed each European traveler to have an idiosyncratic history, manner of acting, and potential to be a responsible visitor, Kant suggested Europeans had a history of bad behavior, and formulated his account of the politics and morality of hospitality accordingly.

Kant in this way adds a historical dimension to his account of the politics of hospitality, casting history as a *de facto* condition on the possibility for a hospitable visit,

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[365] Sarvasy and Longo, "Kant's World Citizenship and Filipina Migrant Domestic Workers," 403.
[366] Ibid. For important critical reflections on this piece also see Joan C. Tronto, "A Feminist Democratic Ethics of Care and Global Care Workers: Citizenship and Responsibility," in *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*, ed. Rianne Mahon and Fiona Robinson (Vancouver: UBC Press, 2011).

which is in addition to two formal conditions—first, the general moral requirement that practices of visitation should move the international community toward peace, and, second, the more specific requirement for explicit negotiations between visitor and visited on the guest status of the former. In other words, the actions of a group of visitors in the past speaks to their readiness to be visitors and guests in the future, and, indeed, past actions may effectively negate the potential for friendly negotiation for guest status. The primary weakness of this argument is that it does not include a mechanism for coping with situations where it is not the visitor but the host who disregards basic moral or ethical responsibilities, as Sarvasy and Longo point out. In such circumstances, Joan Tronto contends, we do not want to grant further authority to the host and further disempower guests by forcing visitors to carry the Kantian "burden of demonstrating that they deserve membership."[367] Something more needs to be done to ensure hospitality to less powerful visitors, and without saddling them with an additional load of obligations. Derrida was prepared to think through this issue, as I discuss in the next section.

The Case for Extending Hospitality

Concerns about the predicament of refugees and other migrants underlie the work of Jacques Derrida on hospitality. Derrida leaves to the side Kant's concern with imperial and inhospitable European visitors in order to attend to visitors that travel *to* Europe. His goal is not only to prepare a more open and hospitable reception for refugees and other asylum seekers and migrants but, even more ambitiously, to unsettle

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[367] Tronto, "A Feminist Democratic Ethics of Care and Global Care Workers: Citizenship and Responsibility," 172.

the very premises of ethical thought. I address the first aim in this section and the second

aim below. I begin by reviewing some of Derrida's comments on hospitality, and I then

turn to difficulties in coming to terms with the politics of the visit.

Derrida's engagement with hospitality cannot be understood without reference to

what he calls, "the Great Law of Hospitality." This he explains is "an unconditional Law,

both singular and universal, which ordered that the borders be open to each and every

one, to every other, to all who might come, without question or without their even having

to identify who they are or whence they came."[368] This is a direct response to Kant,

whose comments on hospitality in *Perpetual Peace* he reads carefully. Recall that for

Kant, hospitality fundamentally meant a right to presentation in foreign countries, with

the caveat that resettlement would require negotiation. In contrast, Derrida advocates

removing all conditions from the granting of hospitality: visitors should not be limited

only to presentation, and guests should not be required to negotiate "friendly

agreements." Again, it is important to recognize the visitors Derrida had in mind are

arriving in Europe from other parts of the world.

While this demand to grant hospitality might at first seem so abstract as to have

little relevance to politics, Derrida maintained that exactly what is valuable about an

unconditional standard of this kind is that it is "hyperbolic" and is characterized by its

"inflexible exigence" in relation to politics.[369] These qualities mean that such a standard

"alone can inspire here, now, in the urgency, without waiting, response and

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[368] Derrida, *On Cosmopolitanism and Forgiveness*, 18.
[369] Ibid., 51.

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responsibilities."[370] This law, like all laws, is compulsory. The Great Law "demands, it

even creates the desire for, a welcome without reserve and without calculation, an

exposure without limit to whoever arrives."[371] This vision—or something like a "vision,"

for he hesitates to use this word—proposes a set of standards that could never fully

emerge from politics, or at least not all at once or so coherently.

Derrida anticipated a paradox in translating this standard into policy and practical

activity. For in practice an unconditional granting of hospitality to all who arrive might

ruin the host, thereby making the hospitable reception of any future visitors impossible.

The ideal of hospitality is in fact diminished every time there is an "attempt to render the

welcome effective, determined, concrete, to put it into practice."[372] Nonetheless, this

Great Law serves at least as an inspiration and perhaps as an ideal, which hosts—whether

their domain is the home, city, culture, or country—should try to come closer to

approximating. He writes, "This is the double law of hospitality: to calculate the risks,

yes, but without closing the door on the incalculable, that is, on the future of the

foreigner."[373]

It bears noting the demand to open borders is unconditional for Derrida in much

the same way an imperative is categorical for Kant.[374] Derrida himself alluded to this,

explicitly associating the categorical with the unconditional.[375] This allusion makes it

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[370] Ibid.
[371] Jacques Derrida, "The Principle of Hospitality," *parallax* 11, no. 1 (2005): 6.
[372] Ibid.
[373] Ibid.
[374] For a discussion of the affinities between Derrida and Kant, see: Marguerite La Caze, "At the Intersection: Kant, Derrida, and the Relation between Ethics and Politics," *Political Theory* 35, no. 6 (2007).
[375] Derrida and Dufourmantelle, *Of Hospitality*, 75.

worth briefly revisiting what Kant meant in calling an imperative "categorical." [376] Kant

explained an "unconditioned command does not leave it open to the will to do the

opposite at its discretion and therefore alone carries with it that necessity which we

demand from a law."[377] The categorical or unconditional is peremptory, admitting no

preconditions, caveats, or exceptions. The categorical for Kant and the unconditional for

Derrida both imply rejecting the predication of a moral obligation on any kind of "if," as

in, "if you will not be a burden on the state, then you may live here," one of the historical

prerequisites to American immigration. For Kant such a qualified obligation would be a

hypothetical imperative; for Derrida it would be conditional. Going beyond Kant,

however, Derrida suggests the unconditional cannot be "imperative" because that would

mean its performance could be dutiful when the Law calls for it to be "gracious." [378]

At any rate, there is no question Derrida offers a powerful interpretation of

hospitality. Yet, in the remainder of this section, I want to gesture to some of the

difficulties in coming to terms with the inhospitable visitor from this perspective.

Crucially, in Derrida's engagement with Kant on hospitality, he never references Kant's

fundamentally anti-imperial stance in *Perpetual Peace*. Garrett Brown writes

observantly, "Derrida seems to focus his attention on the idea that hospitality is

something liberal countries owe to visitors who are powerless, downtrodden and in need

of assistance."[379] Echoing Sarvasy and Longo though not citing their work, Brown

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[376] Kant writes, "Act only on that maxim through which you can at the same time will that it should become a universal law." Immanuel Kant, *Groundwork of the Metaphysic of Morals*, trans. H.J. Paton (New York: HarperCollins Publishers, 2009), 88. Original italics removed.
[377] Ibid., 87.
[378] Derrida and Dufourmantelle, *Of Hospitality*, 83.
[379] Brown, "The Laws of Hospitality, Asylum Seekers and Cosmopolitan Right: A Kantian Response to Jacques Derrida," 313.

reaffirms, "This 'conditioned' limitation on hospitality by Kant was not an effort to promote a xenophobic nationalism, but was an attempt to limit imperial colonialism abroad."[380]

Thus, Derrida's omission of imperious visitors is significant since, as we have seen, it was in response to this specific political problem that Kant put conditions on international hospitality in the first place. Moreover, the omission is conspicuous, since Derrida reads *Perpetual Peace* with characteristic meticulousness, often quoting whole paragraphs and meditating on the meaning of sentences and words, leaving out or neglecting to comment only on the relevant passages on European visitors. Given that he could not have avoided reading those passages, it is plausible he addressed the issue of imperial visitors in a lecture that has not been published or translated. Or perhaps he used *Perpetual Peace* to develop his own perspective on hospitality precisely because its countervailing politics would make it impossible for future readers to believe Kant had provided him with a secure textual anchor, the consequences of which might even include an unmooring of the authority of the Great Law. Whatever the explanation, as we begin to weigh the significance of the inhospitable visitor for world politics in the present-day, we might with Kant "suspect that all imperatives which seem to be categorical may none the less be covertly hypothetical."[381]

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[380] Ibid.: 314.

[381] Kant, *Groundwork of the Metaphysic of Morals*, 87. I am suggesting that not even the Great Law is tenable as an ideal or moral "pole." This is different from simply suggesting the conditional granting of hospitality will always contradict unconditional hospitality, which Derrida was well aware of and referred to as "an insoluble antimony, a non-dialectizable antinomy." Derrida and Dufourmantelle, *Of Hospitality*, 77.

At least one interpreter has reread Derrida to address the inhospitable visitor.

Gideon Baker finds the inhospitable international visitor to be a major problem in

modernity, and, in fact, a virtual constant in history. He gives as one extraordinary

example the arrival in 1519 of the Spanish conquistador Hernando Cortés to

Tenochtitlán, the capital of the Aztec empire, where he was welcomed by Montezuma.

Mistaking Cortés and his men for a divine envoy, Montezuma offered him everything,

and ultimately submitted to imprisonment and forfeited his empire. As Baker reflects on

the event, "no host has come closer to offering unconditional hospitality and never have

the results of hospitality been more terrible."[382] Baker also believes humanitarian

military interventions are pertinent examples of the relevance of the ethics of hospitality

to our time, though this requires a major reorientation of terms, as I discuss in a moment.

Baker contends the inhospitable visitor is not a fatal problem for Derrida. Instead,

Baker suggests the possibility the visitor could be either a god or a devil, as he puts it,

only highlights the highly political nature of the decision on the welcome. He argues this

decision is "undecidable" in that, "With regard to each and every foreigner that comes I

must take a position between the poles of hospitality [unconditional and conditional],

knowing that this is not, and could never be, a generalizable decision."[383] For Baker, the

instability of the decision means there is likely to be a politics of a high order around the

choice to receive or rebuff the one who arrives. Because there is no way to adjudicate the

decision apart from the circumstances presented in particular cases, he argues we should

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[382] Baker, *Politicising Ethics in International Relations: Cosmopolitanism as Hospitality*, 28. Also see:
Gideon Baker, "The Spectre of Montezuma: Hospitality and Haunting," *Millennium-Journal of
International Studies* 39, no. 1 (2010).
[383] Gideon Baker, "The 'Double Law' of Hospitality: Rethinking Cosmopolitan Ethics in Humanitarian
Intervention," *International Relations* 24, no. 1 (2010): 89.

expect the decision to create heated political contestation. This argument is persuasive, but here Baker makes an unacknowledged though consequential break with Derrida. For how could practices of the visit responsive to the Great Law of Hospitality be "undecidable" in this sense when that law is defined precisely by its "exigence," not by its ambivalence? This presentation of undecidability seems to represent an alternative ethical position. Nonetheless, Baker's discussion is helpful in construing the high stakes and volatile politics around hospitality.

Baker has even more to say on this. Continuing along these lines, he suggests that to the extent undecidability is in play, the politics of hospitality may be still wider in scope due to the presence of multiple decisions. In addition to the decision on the reception or rejection of the visitor, Baker continues, there is also the "decision between the universality of law and rights and the singularity of the Other."[384] The difficulty here lies in the fact that in its generality law can never completely describe singularity. Universal laws will always contain a deficit of information about other selves, and hospitality will necessarily involve deciding how to bridge that gap between universality and singularity. And there is still another kind of undecidability in play. It has to do with whether to offer hospitality only here or also far from here. As one application, Baker suggests that an ethics of hospitality pertains to humanitarian military intervention. He argues a state in a position to receive visitors may also be in a position to extend assistance abroad. Baker sees continuity in the predicament of those who arrive and those who are at a distance, for those at a distance might have arrived, too, if it were not for the difficulties caused by the very circumstances that prompted some to come. If the

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[384] Ibid.: 96.

one who arrives is due hospitality and assistance, why not that one who does not arrive? Following this reasoning leads him to think of hospitality at home and intervention abroad as basically continuous practices.

I contend this position is untenable. Like Derrida, Baker ultimately situates the practice of hospitality in powerful states. Actors in powerful states have to make a decision, though now it is a decision between only providing hospitality here, to those who arrive, or also attempting to extend assistance to those who do not arrive. Strikingly, Baker does not entertain the possibility that people who would receive humanitarian interveners should be able to decide to welcome, restrict, or reject them. It is not clear why he does not theorize this as a possibility, except perhaps that adding still another "undecidable" decision would make an already complicated picture more complex. The fact that he does not do so is all the more surprising given that his impressive history of the inhospitable visitor clearly indicates the potential for precariously situated communities to be imposed upon, even destroyed, highlighting the importance of their capacity to issue an authoritative "no" (or "yes, if…") on the reception of the visitor. While Baker makes a significant contribution in bringing to the fore the many sources of political contestation around hospitality, he misses the most important one: the struggle of people around the world to reject imperious visitors or to at least set the terms of visitation. This means ultimately Baker does not offer a satisfying corrective or addendum to Derrida.

Put simply, unconditional hospitality does not seem to be a good or just standard across all contexts. It reads one way in France and another way in Haiti, for example.

Think about the humanitarian presence that began amassing in Haiti even before the

earthquake in 2010. Is the vision, ideal, or standard "that the borders be open to each and

every one, to every other, to all who might come, without question or without their even

having to identify who they are or whence they came"?[385] Haitians initially received

humanitarians with minimal calculation or reserve. But this may not have been for the

best. We now know some years out that the future of the foreigner that was not

calculated in 2010 was a Cholera outbreak. Epidemiologists identified South Asia as the

origin of the strain of Cholera in Haiti, and eventually traced the spread of the bacteria to

a camp of United Nations peacekeepers who had carried the disease from an outbreak of

Cholera in Nepal.[386] As of March 2012, more than half a million Haitians had contracted

Cholera, leading to more than 7,000 deaths.[387] Humanitarian organizations are now more

well-intentioned, competent, and accountable than ever, but they are still unable to

forecast or cope with the wild uncertainties inherent in actually providing protection and

relief. And unless the world becomes more predictable, it is unlikely they ever will.

Should the ethical default be that humanitarians get an unconditional welcome?

A reasonable argument might be made that Derrida would grant Haiti should put

restrictions on visitation, because, again, Derrida was aware in practice hospitality would

always be conditional. Still, the greater the restriction, the farther Haiti would seem to be

from unconditional hospitality, with the possible implication that it would be farther from

manifesting an ethical existence relative to states privileged enough to be able to open

their borders more fully. Although Derrida surely would not have wanted to create a

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[385] Derrida, *On Cosmopolitanism and Forgiveness*, 18.
[386] *New York Times*, March 31, 2012, A1.
[387] *New York Times*, March 31, 2012, A1.

status hierarchy with those closest to the unconditional at the top and the rest below, it is not clear how to prevent this unintended effect. In equating the terrain of ethics with hospitality, and the practice of hospitality with complete openness, Derrida makes it difficult to read as ethical the rejection or limitation of humanitarians, even of some of them, or of any other visitor, whether in the present or historically.

The problem with deriving the meaning and ethics of hospitality from the Great Law, or any universal ideal or maxim, is that political history and political contexts are rendered secondary, which is advantageous in some respects but also hazardous. The movement between the universal and the singular seems to leave little possibility to consider the political and social formations in between these poles. To think in terms of universals is to construe contextual specificity as irrelevant to hospitality. To think in terms of singularities is to regard acts of hospitality as always contingent, the prospective visitor as always unknowable, and every decision on the welcome as if it were unlike any before it. If everywhere, everyone encountered visitors just as likely to be threatening as not—and encountered them as frequently—at least the risks in striving to give hospitality unconditionally would be universally shared. But this is obviously far from reality. Thus, such an ethics threatens to specifically disable less powerful societies in that it leaves few resources for justifying limitations on more powerful visitors, visitors who have a history of bad behavior, or visitors who in the course of the visit reveal themselves to be imperious or incapable of good behavior.

These problems highlight the limits of a deconstructive ethic: it is relatively unresponsive to some forms of politics and to some forms of power. Part of what it

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means to imagine an ethic as unconditional is to put it at a remove from politics. As a consequence there is a hiatus between the ethical and the political that cannot entirely be overcome. While this is useful for formulating a powerful call to action, hospitality clearly has a lot to do with politics. It involves decisions, friends and enemies, violence, scarce goods, money, beneficiaries and casualties, desire, interest, instrumentality, power differentials, and powerful norms. Derrida tells us as much. Again, what Derrida does not allow to explicitly inform his ethics is how these political elements coalesce in patterns over time, within states and among them; it is not that a distinctive politics emerges with each new petition for hospitality. It may not be the case that hospitality *is* politics, but it is certainly political in many respects.

Derrida's contribution is considerable, for it is surely crucial to continue to champion openness in European nations and in other powerful, intransigent societies. Yet Kant's wisdom about politics and about how an ethic of hospitality can counter the god-on-our-side imperiousness of powerful visitors is too significant to discard. In the next section, I make the case a perspective on care helps to differently contextualize the relationship between visitor and visited. Conditions on hospitality are problematic, as Derrida argued, but the pertinent conditions are not only the result of policies and social relations internal to states. There are also global conditions that shape patterns in hospitality across contexts, empowering or disempowering visitors in relation to those they visit. I return to my primary focus on caregivers vis-à-vis those who receive care, and I am particularly interested in the conditions associated with a world order defined by public and private spheres. Because the global public sphere and the global private

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sphere reinforce and predetermine the nature of the relationship between visited and visitor, they may also restrict, marginalize, or otherwise diminish the politics around hospitality. The publicity humanitarians are able to garner, and the seemingly universal support for their action, for example, may put pressure on those they visit to reduce or eliminate the conditions on their entrance.

Reconsidering the Politics of Hospitality

Caregivers crossing borders present a particularly important "test" for these perspectives on hospitality. In the abstract caregivers would seem to be the most desirable of all strangers who might arrive. What society wouldn't want more care? The previous chapter showed states actively seek caregivers. Yet, neither the travel of caregivers nor the reception of caregivers can be taken for granted, for in many countries caregivers are restricted entry or denied entry altogether. Perhaps in part because of the very nature of care—its indispensible contribution to life and the intimacy it frequently involves—the status of strangers as caregivers only intensifies the problems, the stakes, and the politics of extending hospitality. What are the relevant international conditions on hospitality to caregivers, how exactly do they matter politically, and where do they leave us ethically?

Global public and private spheres impose regularity in who cares and who gets care. They naturalize and normalize international caregiving. We see this especially with regard to the two paradigmatic caregiving relations I have been discussing throughout the dissertation. There is the relationship where a powerful actor cares for a

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less powerful actor—humanitarian organizations from relatively powerful countries usually convey aid to less powerful societies. And there is the relationship where powerful countries and substate actors are able to command care from those who are less powerful. As in national contexts these relationships of care are buttressed by the public and private spheres as globally extensive domains. This dissertation has already shown how these two "spheres" of international politics are analogous to and in some respects extend the public sphere and the private sphere that have historically organized life in many countries.

In addition to naturalizing relations of care, these spheres also naturalize practices of hospitality. Recall that the high profile of humanitarians depends on the publicity granted to them in the global public sphere. This is its "mediatronic" characteristic.[388] In recent decades, humanitarian organizations have relied on extraordinary publicity campaigns to raise funds for their activities. The media is essential to the fiscal viability of their efforts. The campaigns are the primary mechanism by which their activities in the public sphere are represented as vital. Humanitarians are portrayed as exemplifying an ideal of cosmopolitan citizenship, as representatives of humanity, as altruistic, philanthropic, capable, competent, and good willed, to name a few of the virtues attributed to them.

In indirect ways, the media makes hospitality for humanitarians possible. Publicity strengthens the convention that humanitarians should be welcome, wherever they go. This is exemplified by one of the images that circulated after the earthquake in

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[388] Alex de Waal writes of "moral fervor mediatronically amplified." de Waal, "The Humanitarian Carnival: A Celebrity Vogue," 50.

Haiti to recruit donors and raise funds for humanitarian organizations. The image is of a

Haitian man amidst rubble, reaching out his hand, the clear message being he needs

immediate assistance.[389] Such imagery makes it seem as if there were no choice to be

made on humanitarian visitors; or rather, the choice has already been made and it is

"help, now!" Along these lines Himadeep Muppidi and Bud Duvall write, "The pain of

the Other, their pain, sets off a frantic race in time. They are dying! Let's do something.

Place your finger on the carotid." [390]

Assumptions around relief again reveal how the relationship of power and care

has come to seem natural. Publicity around humanitarianism conceals the fact that there

ever might have been a real question about hospitality. This is the limit of humanitarian

publicity. The fact that international humanitarians themselves receive hospitality tends

to remain unseen.[391] Humanitarians are not routinely represented as guests or even as

visitors. It is telling there are few if any shared "ethical" and "moral" rationales or

standards for turning away, limiting, or expelling humanitarians. Instead, humanitarians

presume that, as responsible, competent parties, they should be allowed entrance

everywhere and that negotiations are a way to access those they want to care for, not

forums for deliberating on whether international assistance is needed or on what care

might mean, including what principles might undergird operations, what each party

brings to the table, and what will be best practices. The logic of saving trumps such

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[389] For a discussion of this particular image and of how in general images operate in humanitarianism, see: Juha Käpylä and Denis Kennedy, "Towards Socio-Political Emotions: Reading and Feeling Compassionate Narratives in NGO Campaigns," in *SGIR 7th Pan-European Conference on IR* (Stockholm, Sweden, 2010).
[390] Muppidi with Duvall, "Humanitarianism and Its Violences," 120.
[391] However, as I discuss shortly, MSF recently published a new volume addressing these issues. See: Claire Magone et al., *Humanitarian Negotiations Revealed: The MSF Experience* (London: Hurst & Co., 2011). It should also be noted that a number of events were organized surrounding the release of this volume to extend (and "publicize") the conversation.

considerations. And to many this logic seems apropos, fitting and natural in the way firefighters presume they are justified in acting without invitation or prior notice, much less extended discussion over the terms of their stay and the precise nature of the activities they will perform. The field of humanitarian diplomacy exists to train humanitarian negotiators to do better at getting access to populations. To again turn to Muppidi and Duvall: "the appearance of the Other, their sighting, is always an emergency….And their visibility, their emergence on the horizon of our community, is always already the moment of action and not dialogue or critique."[392] Rescue requires decisive action, or so the reasoning goes, and the necessary expedience cannot be achieved with too many restrictions or conditions.

When the hospitality granted to humanitarians *is* visible it is when hospitality to humanitarians is refused, sometimes violently. News outlets *do* publicize accounts of the expulsion of humanitarian organizations from states perpetrating massive violence on their citizens. The effect of this pattern of media coverage is to make it seem as if the only possible reason for expelling humanitarians would be to prevent them from witnessing gross atrocities. It comes to seem, in other words, the only reason there could be for refusing humanitarian assistance is political expedience, or, to put it more bluntly, to get away with murder.[393] Such events attest to the fact the desire for care cannot be taken for granted. There are likely many less spectacular moments when societies wish to limit assistance. Humanitarians are in fact visitors—or visitors presuming to be "guests," to use Kant's more precise categorization.

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[392] Muppidi with Duvall, "Humanitarianism and Its Violences," 119-20.
[393] One exception is the U.S. refusal in recent times to restrict humanitarian assistance.

Media also play a more direct role in shaping practices of hospitality. The media provide leverage to humanitarian diplomats in their efforts to overcome the resistances of recalcitrant parties who would block humanitarians' access to those in need. This suggests one more way in which in the relationship of power between humanitarians and those they care for, humanitarians generally have the upper hand.

A recent edited volume from Médecins Sans Frontières calls attention to the fraught, seemingly endless, and sometimes fruitless negotiations its representatives undertake to gain access to populations in distress.[394] The volume is an admirable contribution, exemplifying the depth in which MSF critically examines its own practices.[395] Still, the compilation of essays also discloses limits in how far the organization will go in this regard. While contributors discuss negotiations extending over many years with government leaders, armed opposition groups, and other actors, only a handful of chapters even mention the possibility of a real dialogue with those who would be beneficiaries of their care. Muppidi and Duvall remind us of the "multiply muted bodies that will never be heard within the global economy of care."[396] They ask of humanitarians, "What about engaging them as political beings, understanding their politics, their contexts and their conflicts? What if they could be co-authors of their care? What role for democratic engagement and not administration or governance alone

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[394] Magone et al., *Humanitarian Negotiations Revealed: The MSF Experience*.

[395] It is interesting to compare this with the position taken by the International Committee of the Red Cross, which states at the beginning of each of its annual reports that some but not all negotiations will be advertised. The statement reads: "Mention is made of some of the negotiations entered into with a view to bringing protection and assistance to the victims of international and civil wars and internal disturbances and tension. Other negotiations are not mentioned, since the ICRC feels that any publicity would not be in the interest of the victims." This only further reinforces the fact that even these conversations about negotiations have exclusions and limits. International Committee of the Red Cross, "Annual Report 2002," (Geneva: ICRC, 2003), front cover.

[396] Muppidi with Duvall, "Humanitarianism and Its Violences," 120.

within the humanitarian economy?"[397] Given the absence of any deep engagement with

these questions, the MSF case reports on negotiations from around the world seem a bit

thin and instrumental, harkening to Kant's sense that negotiations might confer

legitimacy on guests but that such legitimacy is obviated in the presence of imperiousness

and the absence of good faith engagement.[398]

The power position inhabited by humanitarians—and the limitations of these

negotiations—is indicated as well by their capacity and willingness to withdraw

assistance at a time of their choosing. In a telling statement, Marie-Pierre Allié, the

President of the French section of MSF, clarifies that "the issue for MSF is not so much

achieving total freedom of action, but being able to choose its alliances according to its

own objectives, with no allegiances and no concerns about loyalty."[399] This statement of

the humanitarian principle of independence is relayed as an expression of courage, but, to

anticipate my comments below, it is clearly problematic from a care perspective.

Respecting the relationship between the ones who care and the ones who receive care is

paramount in ensuring the ethical goodness of care. It is difficult to understand how it

can be possible to read practices of care as morally good in the absence of concern for

maintaining that relationship and responsiveness to recipients of care.

Reflecting the private sphere context, and a contrasting context of power and care,

migrants have a very different international profile. Derrida presents Hannah Arendt's

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[397] Ibid.

[398] It is worth noting that in other contexts, MSF has explored questions of how it is perceived by beneficiaries. Particularly important is its perception project. Abu-Sada, "Studying How MSF Is Perceived."

[399] Marie-Pierre Allié, "Introduction: Acting at Any Price?," in *Humanitarian Negotiations Revealed: The MSF Experience*, ed. Claire Magone, et al. (London: Hurst & Co., 2011), 3.

comments on the variability of "anonymity and fame," citing her suggestion that "'[o]nly fame will eventually answer the repeated complaint of refugees of all social strata that 'nobody here knows who I am.'"[400] Migrant workers are represented in the national media of the countries from which they hail. In the Philippines and other countries that send many workers abroad, migrant workers are celebrated for their service to the country.[401] There are also important international, national, and local advocacy and research organizations, and these organizations draw worldwide attention to the vulnerabilities and hazards migrants face. But these portrayals do not usually celebrate, appreciate, and convey gratitude to migrant workers for the care they perform. At most, their care in the private sphere is interpreted as following from necessity, not as virtuous humanitarian service. Terms like cosmopolitan, impartiality, independence, and care are literally absent from the discourse on migration; they are not among the terms defined in the official glossary produced by the International Organization for Migration.[402] In contrast, they would be principal keywords in any explanation of humanitarianism.

It is easy to see the different power position that caregivers occupy relative to care receivers in this relationship. In contrast to the reception of humanitarians, it is legitimate for states to treat migrants as visitors and guests. While putting conditions on humanitarians appears to be a sign of impending or already ongoing atrocities, and thus of pariah status, it is utterly normal for states to place conditions on migrants. The international community understands such restrictions as a mundane sign of a sovereign state in control of its borders. We read and hear about states trying to exclude and expel

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[400] Derrida, *On Cosmopolitanism and Forgiveness*, 15.
[401] Note they are not celebrated for their service to humanity, as is the case for humanitarian organizations.
[402] International Organization for Migration, "Glossary on Migration," (Geneva: IOM, 2004).

refugees and undocumented migrants. Examples of this type of state behavior appear in the news daily. For instance, in 2012 the Israeli government was reported to be pursuing measures to prevent and repatriate refugees arriving from South Sudan.[403] In such cases, refugees are not permitted to be visitors, much less guests.

The circumstances in which migrant caregivers depart also reveal their standing in their relationship of power with those they visit. In some cases, migrant caregivers may choose to leave their work situation for idiosyncratic reasons. Yet, they may also be forced to leave when the host government or employer chooses not to renew visas or employment contracts. Unlike humanitarians, they cannot call on the international media to support their negotiations with states for a remedy and for access to the individuals and populations they would assist. The feminization, privatization, and commodification of their work all contribute to reducing their prospects for entering into negotiations about their visit.

There are broad processes of legitimacy and authority formation in play here. Bonnie Honig argues persuasively that foreigners can solve certain problems for the identities of democratic states. Along these lines, she writes, "Sometimes, the figure of the foreigner serves as a device that allows regimes to import from outside (and then, often, to export back to outside) some specific and much-needed but also potentially dangerous virtue, talent, perspective, practice, gift, or quality that they cannot provide for themselves (or that they cannot admit they have)."[404] Honig's primary concerns are the narratives and self-understandings of democratic regimes, but the applications of her

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[403] *New York Times*, June 5, 2012, A5.
[404] Bonnie Honig, *Democracy and the Foreigner* (Princeton, N.J.: Princeton University Press, 2001), 3.

argument are broader. She helps us to see how identifying and receiving foreigners can contribute to the stability and legitimacy of certain political formations.

In international relations, global public and private spheres are legitimized by practices of hospitality and vice versa. Hospitality interprets individuals who move between countries as diplomats, workers, missionaries, refugees, humanitarians, and tourists, and helps to orient each state in relation to other states and not only in relation to states but in relation to certain norms and understandings, like masculinity and femininity, citizenship, and care, all issues central to this dissertation. Another way to put this is that the system of dualities I have been describing is constantly reproduced here. Practices surrounding the visit like requesting identification, creating visa categories, determining visa status, and granting visas can invoke the distinction between emergencies and normal times; between caregivers for society and caregivers affiliated with families; between voluntary care and remunerated care.

In closing, I simply want to mark this as a potentially useful strategic lever, which I will return to again in the conclusion to this chapter. A politics might include the aim of interfering with these acts of reception and, ultimately, with the norms they embody and the world order that they help to reproduce and stabilize. Hospitality might be a site for publicizing—and celebrating—the care work of migrants. And making the granting of hospitality to humanitarians visible would help to show that they are in fact visitors—and if they want to be guests, they will need to ask for permission.

Such actions might help to mitigate forces of publicity and privatization and the way they serve to restrict the politics of hospitality. In the case of migrant caregivers,

this restriction took the form of migrants being less able to participate in the decision-making process around the visit. In the case of humanitarian caregivers, the global public sphere helps to give them an edge in their negotiations for access. In both cases, the effect is the same—to reduce the scope for a vigorous politics around the decision on entry. In other words, the kinds of politics theorized by Baker, and that embody the difficulty of the decision on hospitality, may be less likely to materialize under the normalizing conditions of global public and private spheres. The consequence for humanitarians is that they travel relatively easily, while the consequence for migrant caregivers is that they have relatively little power to influence their status.

Rethinking Ethics?

If hospitality *is* ethics, as Derrida suggests, it is either a complement to care ethics or a rival to it. Care also entails an expansive description of human life and an ethos for human togetherness. My purpose in this section is not to stage a grand contest and deliver care ethics a decisive victory, however, but instead to underscore how a care perspective can clarify additional ethical concerns. In particular, a feminist care ethic can assist us in thinking about the relationship between visitor and visited, particularly when visitors are caregivers, and how public and private spheres contextualize this relationship.[405] For an ethics of hospitality centers on the question, how will you treat the one who arrives? In contrast, an ethics of care asks, how do you treat someone to whom you are already in some way related, or will be in the future?

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[405] For another effort to think through how care can provide guidance for practices of hospitality, see: Tronto, "A Feminist Democratic Ethics of Care and Global Care Workers: Citizenship and Responsibility." While Tronto focuses on migrant caregivers, I consider a wider field of caregivers.

There are affinities between hospitality and care as ethical perspectives. Hospitality is a universal moment of relating to others and to ourselves. In that we are always leaving and entering, arriving and bringing into arrival, accepting others and aspects of ourselves, hospitality is basic to the human condition. Derrida writes, "Insofar as it has to do with the *ethos*, that is, the residence, one's home, the familiar place of dwelling, inasmuch as it is a manner of being there, the manner in which we relate to ourselves and to others, to others as our own or as foreigners, *ethics is hospitality*."[406] One is always potentially if not actually a participant in hospitality. Accepting that our lives are not fundamentally about isolation or autonomy means deciding whether to treat those who are not here as foreigners, who could never be counted among us, or acknowledging relations that bind all of us, in ordinary times as well as in emergencies.

Like hospitality, care implies rejecting the notion of an autonomous sovereign subject who is fully in control of reason and action, who is assumed in Cartesian and Kantian moral philosophy. Care ethics is premised on the idea that human beings are seldom so self-possessed or self-reliant. While specific kinds of care and needs for care vary widely, at least some forms of care are essential to human life, at least during some periods of the life span. This means that one is also always potentially if not actually a participant in care.

Yet, there are deep differences between these perspectives. Care is premised on the assumption of an economy of actual personal relations among people (and states) who are sometimes caregivers, sometimes care-receivers, and usually both. The ethics of

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[406] Derrida, *On Cosmopolitanism and Forgiveness*, 16-17. Original italics.

hospitality is not. Derrida clarifies the Law is "beyond debt and economy."[407] Instead of

an economy of relations, hospitality appears to always involve the expectation of

someone new. Derrida is so insistent in linking hospitality to the new, the stranger, and

the foreigner it is not clear whether the Great Law, which *is* ethics, governs how we are

with those whom we already know. Derrida himself seems to raise a question about this

when in a final meditation in *Of Hospitality* he refers to a tradition of stories about fathers

sacrificing their daughters for the purpose of saving their guests.[408] He doesn't make

anything of this, but raises it as a final difficulty. Hence, at the same time on one face the

ethics of hospitality seems to entail a rigorous standard for practice, on its other face it

appears to be silent on and irrelevant to how we treat those whom we know. For theorists

of hospitality it is the visit that triggers ethics, not relations that predate or extend beyond

the visit.

In contrast to this view on the ethics of hospitality, relationships are at the core of

feminist care ethics. It may well be the case there is a practice of hospitality that works

in the moment of the first interaction, as I have said, yet what happens over time? Care

ethics does much better in supplying possible answers to this question. Treating the

visitor well, at first and in time, might mean providing competent, responsible, responsive

assistance. Theorists of hospitality ought to think further about how relationships are

reinforced over time by a variety of institutionalized conditions, not just immigration

policy.

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[407] Derrida and Dufourmantelle, *Of Hospitality*, 83.
[408] Ibid., 151-55.

A feminist ethics of care is political in a manner that a deconstructive ethics of hospitality is not. Recall from Chapter 1 that the basic insight of understandings of care as a political concept, as distinct from care as a maternal or psychological concept, is that it is at least as much about power as it is about compassion. It is precisely as a political concept that care acquires its analytical and critical sharpness. As Joan Tronto writes, "Care becomes a tool for critical political analysis when we use this concept to reveal relationships of power."[409] Expressions of care index relations of power that might otherwise be unreadable as such. Elsewhere Tronto continues along these lines, suggesting "any account of care forces us to ask constantly: who is caring for whom, what is the dimension of power in the care relations, and is that power distorting the nature of care?"[410] In many caring relations, as between parents and their children, or between friends, power is normalized and institutionalized and does not draw attention or raise objections. In some such cases power is not apparent. A political ethics of care might be a realist theory in this sense of taking into account the pervasiveness of power and its effects.

Still, care theorists can learn from theorists of hospitality. While care theorists concentrate on how societies *give* care, how powerful societies *receive* care is as good a test of their virtue.[411] And care theorists would do well to think harder about the freighted moment of the "new" and how difficult it is to do well by others in the absence

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[409] Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 172.

[410] "Is Peacekeeping Care Work? A Feminist Reflection on the 'Responsibility to Protect'," 194.

[411] For an exception, see: "A Feminist Democratic Ethics of Care and Global Care Workers: Citizenship and Responsibility." To reiterate, Tronto has suggested, societies that tend to hire caregivers from other countries should prioritize their relationship by granting full citizenship rights to caregivers and their families.

of a shared history and mutual knowledge. A first interaction, the start of a process of

being together, implies no prior mutual acquaintance and thus that the one in the role of

caregiver has incomplete information about the one who is receiving care. In care ethics,

there may be something in the ethical moment of attention to cope with the "new." Yet,

it is not clear that there is enough to deal with difference, or with the "unexpected" and

the "uncalculable," and the unpredictability and uncertainty these terms imply. Derrida's

account of hospitality suggests how to act in such cases of unknowingness.

While hospitality and care may differ in some ways, these dissimilarities are not

so great as the differences they share with the more universalist perspectives that

continue to dominate the approach to moral understanding in political science. The

available options for an international ethics seem to reduce to a choice between raising

the status of the state or diminishing the status of the state. Communitarians interpret the

state as the primary site of community and hence moral bearing, while cosmopolitans

diminish the state and treat individuals as fundamentally autonomous moral agents.

Ultimately, as ethics, care and hospitality offer different yet complementary analyses and

prescriptions. Both of these perspectives improve our interpretation of the politics and

ethics of the visit.

Conclusions

The difficult choice the Guelleners confronted is one many societies face, whether

the visitors are migrants, humanitarians, or not caregivers at all. And there are no easy

answers. Because care is so essential to human life, because being cared for involves

risks, because caring involves risks, and because caring almost always involves wide differentials in power, the decision will always be difficult.

In thinking the ethics of hospitality, Kant and Derrida remain important. Kant reminded us that powerful actors, no matter their intentions, should not have a free pass to settle wherever in the world they wish. This holds even when those powerful actors are coming to care. Recent scholarship on the disconnect between good intentions and good outcomes has given new currency to the quip that the last thing anyone wants to hear is, "We're the United Nations and we're here to help." Even in the case of a large, respected international organization there should be a decision on entry. Thus, whether hospitality is warranted cannot be taken for granted.

Historical and global formations of power belong in the foreground of reflection on these questions, for these formations significantly condition the visit across contexts. The global public sphere and the global private sphere are particularly consequential, as they are significant in helping to predetermine practices of hospitality and may potentially pre-empt politics around hospitality within state and sub-state settings. Thus, for instance, even while the MSF volume on its negotiations demonstrates admirable self-reflexivity and openness, the book and the publicity tour that accompanied it also serve to generate consent for international humanitarianism and thus to promote international unanimity for humanitarian governance. In other words, describing humanitarian negotiations does not in itself involve interrogating or dismantling the pressures that make humanitarian hospitality possible. It might mean just the opposite—reinforcing those conditions and pressures.

These conditions, as much as specific policy restrictions states place on visitors should be the basis of political engagements. Critical interventions into the politics of hospitality must not be limited to grappling only with the visitor in relation to politics within particular nations, societies, or localities. This is not a wide enough view, since politics and morality cannot be contained within the boundaries of the nation state.

There are other ways care ethics can provide guidance to the practice of hospitality. To close, I want to suggest gratitude as a possibility. Gratitude to caregivers would be appropriate in some, though not all circumstances. When care receivers are powerful relative to caregivers, gratitude is a morally serious practice because it can address hierarchies in care relationships. Remember Tronto suggests hierarchies might be addressed by democratizing care.[412] Yet, the problem I have underscored throughout the dissertation is that international relationships seem particularly resistant to democracy. Gratitude might be an alternative, if only a provisional one. It represents a moment for powerful states and societies to recognize the assistance they have received, and the competence and sacrifices of those who provided it. As such, it is one less moment in which the powerful reassert their position, and even a moment in which they readjust their standing, potentially reconfiguring this social relationship. It has an affinity with hospitality, yet we must be hospitable to those who visit us but not necessarily grateful to them for their arrival.

As a societal practice, gratitude is difficult. Receiving care well necessitates adopting unfamiliar attitudes. It means individuals and societies will not be able to fall back on a more familiar script of *noblesse oblige*, or show off the fruits of their privilege.

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[412] *Caring Democracy: Markets, Equality, and Justice.*

They will instead have to come to grips with dependence. As such, it is a turn away from imperial power relations and practices. In the United States, there is some recognition for caregivers: Mother's Day, Father's Day, National Teacher's Appreciation Day, a day to appreciate physicians, and a whole month to recognize nurses. Tellingly, domestic worker activism has sought to raise their profile by organizing appreciation for their work. Pierrette Hondagneu-Sotelo reports, "In March 2000, California state assembly member Gilbert Cedillo authored and received overwhelming assembly approval to recognize March 30 as Domestic Worker Appreciation Day."[413] Nonetheless, Americans could do much better in extending appreciation. Of course, there are many instances in which a "thank you" would be impossible, inappropriate, or meaningless. Still, even if speech is unavailable or has been incapacitated care receivers might still be able to express non-verbal or non-literal gratitude, and neighbors, friends, and kin certainly could.

In any case, westerners anxious that "our" foreign assistance makes "them" dependent should confront the fact that we ourselves are dependent on international aid; that we may not ever be able to get ourselves out from our dependencies and debts; and furthermore, that we continue to have unmet needs despite all the assistance. Societies that have wanted to help the United States in emergencies have already seen these needs exist. Why not admit the truth of their characterizations, accept the help, and thank them for it, too?

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[413] Hondagneu-Sotelo, *Doméstica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence*, 241-42.

CONCLUSION

This dissertation has explored the meaning and significance of care in world politics. A wide lens on caregivers reveals the incomplete spread of progressive ideas; the resistance of material inequalities to those ideas; the expression of international hierarchy; the ascendance of interstate security politics around care; and the tenuousness of expectations that humanitarianism will inaugurate a new democratic international community. A wide lens has showed the institutionalization of care has also meant the institutionalization of a gendered logic in the international system: there is an international formation of institutions, ideas, and identities around care that is familiar, closely resembling the private sphere that has long defined subnational social and political life; another international formation more closely resembles the public sphere, the important distinction with the national realm being that care is a central and visible constitutive element. These institutionalized conditions shape not only politics but also ethics among nations.

It is time to revise our preconceptions about care. Scholars of international politics risk solipsism when they take the care provided by humanitarian organizations to be politically and morally special. While going to great lengths to distinguish humanitarianism from its missionary precursors and commercial peers, they have little to say about how humanitarianism differs from the form of care that is its nearest relative— a relative that not only bears a family resemblance but looks much like an identical twin

at the level of practice.[414] Feminist theorists often repeat the truism that care is and has

always been marginal to politics. While one field of care in international relations

continues to be marginal, another field is socially recognized and valued positively when

associated with humanitarians.[415] And Americans are too reductive in their imagination

of the nature of relations between themselves and other peoples. In supposing themselves

to be benefactors and not beneficiaries of international assistance they contribute to

imperious conduct in international relations. Seeing both faces of care in world politics,

we will all be able to better resist the conclusion that humanitarianism represents the only

possibility for caring, compassion, assistance, and meeting needs across borders.

In this conclusion I address several issues related to theorizing care in

International Relations. I return to the division between global public and private spheres

and re-read it as a "moral boundary" that has limited ethical thought; I then summarize

this dissertation's primary contributions; I suggest the applicability of this analysis to

politics and policy; finally, I propose several possible paths for future work on care in

world politics.

Tracing New Moral Boundaries

Joan Tronto argues three intellectual boundaries have limited the depth and range

of moral understanding. First, philosophers draw a boundary between morality and

politics, treating these subjects as distinct and separable domains of inquiry. Second,

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[414] For a thoughtful discussion of the differences between commercial and humanitarian entities, see Stephen Hopgood, "Saying 'No' to Wal-Mart? Money and Morality in Professional Humanitarianism," in *Humanitarianism in Question: Politics, Power, Ethics*, ed. Michael N. Barnett and Thomas G. Weiss (Ithaca: Cornell University Press, 2008).

[415] Again, for evidence of this oversight see: Hochschild, "Love and Gold."

philosophers enforce a boundary between objective, purportedly universal moral claims and actual, specific moral predicaments, abstracting moral questions from the relevant actors and their scenes of action. Third, philosophers maintain the boundary between the public sphere and the private sphere by treating the public sphere as if it comprised the entire landscape of moral questions and insight, neglecting the private sphere.[416] Working on one side of all of these boundaries has been detrimental to moral understanding. To clear new thinking space, Tronto proposes embedding morality in political context, rethinking moral questions in context, and reevaluating the moral weight of practices traditionally associated with women and the private sphere.

Still other boundaries shape the study of international relations. For much of its history, the most salient moral boundary in the discipline was the one that divided interpretive, speculative, normative, and critical political thought from formal theory and empirical social science. Interpretive, speculative, normative and critical political theories were marginalized. In a field organized around making sense of the causes and effects of war, as Tronto points out, morality was ruled out of bounds.[417] Hostility to unconventional methodologies combined with incredulity about the existence of moral action in international relations exacerbated the problem.

The exclusion of moral thought corresponds to still another boundary: International Relations was founded on the perceived distinctiveness of the national and international realms, and the understanding that morality pertains to only one of these domains. Scholars across the subfields mostly agreed political theory should focus on the

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[416] Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care.*
[417] Ibid., 8. Tronto calls this a "politics first" approach, in contrast to an approach that errs in the opposite direction and puts "morality first."

domestic realm, and that moral theory and moral practice were impossible in international politics. Writing in the inaugural issue of *Foreign Affairs*, political theorist John Dewey suggested, "The truth seems to be rather that man's morals are paralyzed when it comes to international conduct; that they are swept away and rendered impotent by larger forces that go their own way irrespective of the morals that are employed in everyday matters."[418] Others argued visions of the good and the just could not reasonably pertain to the international realm in the absence of a genuine international community to embody them.[419]

The discipline is now somewhat less closed to speculation about world politics and to normative theory, at least on the old grounds. Subfield boundaries still exist, and modes of inquiry are still narrowly defined and heavily policed, yet there are signs of intellectual openness. Realists from E.H. Carr to Kenneth Waltz to John Mearsheimer have long stressed the importance of history, which is not just a substantive area but a mode of inquiry that has sometimes tilted the discipline closer to humanists than scientists. Liberal social scientists have begun to refer more frequently to an international community, in addition to the possibility and desirability of institutions for democracy and justice at the international level.[420] Critical theorists have done most to introduce interpretive methods traditionally associated with political theorists, and they have

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[418] John Dewey, "Ethics and International Relations," *Foreign Affairs* 1, no. 1 (1922): 85. Dewey goes on to suggest that international law could be a condition of possibility for the cultivation of international morality.

[419] Martin Wight, "Why Is There No International Theory," *International Relations* 2, no. 1 (1960).

[420] For a survey of related trends, see: Michael N. Barnett and Kathryn Sikkink, "From International Relations to Global Society," in *The Oxford Handbook of International Relations*, ed. Christian Reus-Smit and Duncan Snidal, Oxford Handbooks of Political Science (Oxford; New York: Oxford University Press, 2008).

addressed questions about the substance and meaning of ethics in world politics, including the political dimensions and ramifications of moral projects.[421]

An especially telling sign of the times is the new journal *International Theory* dedicated to such pursuits. The editors of that journal explained in its first issue the time was ripe to reexamine theory's place in International Relations. They argued that recent historical developments "challenge the core empirical claim of [International Theory] skeptics, namely that international politics is and will always be a realm of necessity."[422] Along with the new journal, it is noteworthy the International Studies Association now houses a Theory section. Political theory ought to evolve, too—to include speculation about what exists in world politics, and to scrutinize and critique global relations of power. This is one moral boundary now more easily crossed. It is worth remembering, however, that exceptional 20th century political theorists and philosophers took up issues of right and wrong in world politics, including Reinhold Neibuhr, W.E.B. Dubois, Frantz Fanon, Hannah Arendt, and her teacher Karl Jaspers. Contrary to the conventional wisdom that sees speculation about world politics to be a rare event in 20th century political theory, international theorizing rated among their primary contributions.

Thus, I join many others in arguing ethics can and ought to address the international domain. The shortcomings of a lens centered on any particular state are clear in light of the movements of people across borders to perform activities loaded with moral significance. Instead of focusing only on the international domain, I have tried to bring to the fore relations between several levels and sites of analysis. Fiona Williams

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[421] For a survey of related trends, see: Richard Shapcott, "Critical Theory," Ibid. (Oxford ; New York).
[422] Duncan Snidal and Alexander Wendt, "Why There Is International Theory Now," *International Theory* 1, no. 1 (2009): 2.

argued for the importance of this move, suggesting we need to know more about the linkages between care at the "micro level," which includes "everyday experiences," the "meso level," which includes "the national/supranational institutional context," and "the macro level," which encompasses "the processes of globalization that have fostered a global political economy of care."[423] My dissertation helps to represent some of these linkages by showing how the organization of care extends between different levels and sites of analysis—particularly between the home, the state, and the world—making possible a perspective on ethical questions that does not necessarily require privileging one realm or another. Like Williams I think it is crucial to recognize this multiplicity of connections, but I also think it is risky to underrate the state or to treat the states system as if it were a thing of the past.

This dissertation has also addressed a moral boundary that scholars in International Relations have done much less to conceptualize. One of the primary arguments it has advanced is that politics among states is conditioned by global public and private spheres. If the boundaries of the private sphere once coincided with the territorial borders of national states, where the latter would fully contain the actors, activities, and conditions we understand to be characteristic of the former, it is difficult to make that case today. The upshot of the scholarly inattention to the separation of the global public sphere from the global private sphere is that it remains an unseen yet formidable moral boundary. Our theories about what is moral and what is ethical have

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[423] Fiona Williams, "Towards a Transnational Analysis of the Political Economy of Care," in *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*, ed. Rianne Mahon and Fiona Williams (Vancouver: UBC Press, 2011), 22.

been and will continue to be implicitly contoured by the division so long as it remains invisible.

This order shapes care and understandings of it. To see this more fully we have had to pay attention to another group of caregivers, international humanitarians, who are more likely to be identified as cosmopolitan citizens, and who are understood to be active in creating, reinforcing, and taking advantage of worldwide public institutions. Different gendered ideologies surround humanitarians—ideologies like paternalism, masculinity, and perhaps breadwinning—though it is breadwinning only in that they accrue and deliver value to their home society. Embedded in global public and private spheres, two forms of care exist in a diffuse relationship of dependence, where the activities in the global public sphere depend ideologically and materially on the work performed in the private sphere, even while this dependence is obscured.

This boundary corresponded to the ubiquitous opposition in Western political thought between the private sphere—conceived as the domain of women, domesticity, family, and care—and, in stark contrast, the public sphere—conceived as the domain of men, publicity, community, and citizenship. The political and intellectual enclosure of women in the private sphere impaired ethical thought. As Joan Tronto explains, "even if women could demonstrate that they possess a unique set of moral qualities and perspectives, these perspectives could easily be contained by arguing that they have no place in a realm of life that extends beyond the private sphere of friends and family."[424] Among other exclusions, to disregard the private sphere is to rule out the moral worthiness of care. The alternative is not simply to valorize that domain and its moral

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[424] Tronto, *Moral Boundaries: A Political Argument for an Ethic of Care*, 10.

qualities and perspectives, but to weigh how the latter change how we see life everywhere, including in the public sphere.

Similarly, scholars in International Relations have studied (and sometimes celebrated) the moral content of international humanitarianism, while they have largely neglected the possibilities for thinking in the same terms about other caregivers who cross borders, or, for that matter, all caregivers, regardless of their status. In International Relations, what is most widely recognized as care, whether for approbation or criticism, is the image of the voluntary care performed by international humanitarians in the public sphere, while the possibility the care performed by those who are paid for it in the private sphere might be a moral achievement is inconceivable; in fact, this work is not often (if ever) considered by the disciplinary mainstream.

It is not hard to identify moments of omission or reckon the loss. Here is an example. When Michael Walzer inquires into the justice of caring for distant others, he thinks of caring as a duty as well as a gift, and of international humanitarianism as exemplary.[425] Whether remunerated care embodies justice, too, is a possibility Walzer just does not entertain. Nor does Walzer think about how caregiving expresses taking responsibility for someone other than the immediate recipient of care. These are real circumstances. When a parent goes abroad to earn wages to support a family, then he or she is caring for patients or clients as well as for his or her own children. Why isn't this labor, which is caring in a double sense, morally substantial? Would anyone argue that,

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[425] Michael Walzer, "Achieving Global and Local Justice," *Dissent* 58, no. 3 (2011); Walzer, "On Humanitarianism: Is Helping Others Charity, or Duty, or Both."

because they are paid, the activities of doctors, nurses, nannies, and teachers cannot be counted as genuine expressions of care?

At a time when humanitarianism is becoming an integrated field of thought and practice, it is all the more important to pay attention to this moral boundary in International Relations. If the title of a recent book by Peter Walker and Daniel Maxwell is indicative, humanitarianism is increasingly its own "world."[426] We should all attend to who is excluded from this world, and with what implications for how care is conceived. What questions and conversations are barred from the discipline when we exclude some transnational caregivers and practices of care?

In the context of international life this boundary appears different than in the past. The old question was what would it mean if the kinds of activities taken to characterize the private sphere had a place in the public sphere. In international politics, care is recognized, but only a particular kind of care. What do kinds of care that are not normative have to offer political thought about the moral content and import of care? Again, are there qualities and types of perspectives that are obscured when attention is given only to one domain of activity, namely, activity in the public sphere?

Attending to the global private sphere means seeing that it is possible to care simultaneously for multiple, differently situated others. Remember those who cross borders for wages are often caring for themselves and several others at once. The situation of many international nurses exemplifies this point. They care for others immediately in the course of their professional duties, and they care for others at a distance, often their children and other family members, by providing financial support.

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[426] Walker and Maxwell, *Shaping the Humanitarian World*. This language is in the title.

Such arrangements trouble the notion that care means one caring for one other. More than a corrective to descriptions of caregiving in world politics, introducing a third (and fourth and fifth) term might help to further destabilize the dualism between the self and other, which is the ontological basis of much thinking about caring.

In addition, there are questions *all* caregivers and care scholars might address about caring in the context of difference.[427] These questions include, how is caring best practiced in a world characterized by a hierarchical order of power? How do caring attitudes and practices need to adapt to difference? What type of dialogues and negotiations are possible between caregivers and those who receive their care?

Finally, we can think better about the consequences of the monetization of care when we pay attention to the full range of international care. At the same time some argue that for immigrants love is "gold," in other words, that it is fundamentally a commodity, others argue that for humanitarians real care must be animated by voluntarism.[428] These views underestimate what care is and what paid care might be. To return to Walzer again, I am not sure "the gift" understood as voluntary care should be the ultimate standard for goodness or justness in care, because even well compensated care can retain some moment, element, or essence that would in some sense be given, and hence as morally worthy as a gift. It seems important to trouble the paid: not paid dualism in estimating the moral and ethical value of care.

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[427] On the question of difference in humanitarianism, see Michael N. Barnett, "Humanitarianism as a Scholarly Vocation," in *Humanitarianism in Question: Politics, Power, Ethics*, ed. Michael N. Barnett and Thomas George Weiss (Ithaca: Cornell University Press, 2008). Alison Jaggar, ""Saving Amina": Global Justice for Women and Intercultural Dialogue," *Real World Justice* (2005).
[428] On the first argument, see Hochschild, "Love and Gold."   On the second argument, see Barnett and Weiss, *Humanitarianism Contested: Where Angels Fear to Tread*, 12.

The point in introducing the global private sphere and pairing it with the global public sphere is not to reinstate a pernicious dualism on a world scale. I hope these points show I wish to contribute to undoing the dualism between public and private by addressing how these two terms are related, and also by conflating them and challenging their distinctiveness. Others might do more to situate these terms on a wider continuum.

Reviewing the Contributions

This dissertation has been concerned with revealing the divergent manifestations of care in world politics. The politics of care cannot be seen, much less explained or evaluated with conventional theories of International Relations. Yet, care relates to phenomena widely recognized as important in the discipline, like how hierarchy organizes and conditions world politics; how and in what condition states survive; how states identify themselves and each other; how nonstate actors contribute to state identity dynamics; and how gender organizes world politics. To explore these issues, I have referenced the profession of nursing, which appears in both international humanitarianism and international migration.

I have argued care cannot be well understood attending *only* to immigration *or* humanitarianism. World politics entangles them both. I explained in Chapter 1 my interest in the institutions and processes that exert a shaping force on caregivers and that generate interstate politics around care.

Chapter 2 advanced the argument that public and private spheres remain useful categories. I used the concepts of global public and global private spheres to map the

conditions and relations under which care is organized on a world scale. And I drew

attention to the problems of partial publicity and gendered hierarchy in the organization

of care on the international level.

In Chapter 3, I argued if international humanitarians seem special it is because

over time humanitarians have expelled other caregivers from their moral universe. I

illustrated these dynamics of differentiation and exclusion with reference to the history of

nursing. The core ideas about voluntary service to humanity that unite and identify some

transnational caregivers—namely, humanitarians—also divide and differentiate them

from other caregivers—namely, immigrants. This differentiation and privileging of one

sphere over the other is symptomatic of the gendered ordering of public and private

spheres.

Chapters 4 and 5 turned to politics. I argued taking stock of the politics of care

requires attention to all international caregivers. This turn matters to appreciate the

reality that care is not only or primarily involved in world politics on behalf of struggles

for peace, as Sara Ruddick has suggested.[429] Care is entangled in politics in the system.

Securing care and caregivers is valuable to states, for it helps to maintain their

populations and ultimately their sovereignty. Giving care is also valuable to states, for it

symbolizes their sovereignty. Getting care and giving care, then, are bound to the search

for power in ways the discipline has overlooked.

Chapter 5 discussed the politics and ethics of hospitality that surround migrant

and humanitarian caregivers. I argued insistence on hospitality to all caregivers at all

times is not a viable moral position. I showed Kant and Derrida make the case that

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[429] Ruddick, *Maternal Thinking: Toward a Politics of Peace; with a New Preface*.

international conditions that lead to the admission or rejection of international visitors

carry ethical weight. They also carry political weight, undermining the possibility for

deliberation on the reception of caregivers. I pointed out the global public sphere and the

global private sphere are systems of international conditions that bear on caregivers, and

ultimately imply that humanitarians and migrant caregivers confront different

possibilities for relating to those they care for. Rather than arguing for imposing

conditions on the visit or removing conditions on the visit, I suggested it is important to

consider the different ways that these conditions operate.

These interpretations of care suggest revisions to popular common sense about

care in the United States, which underplays the politics of care. Americans, particularly

young people, tend to understand humanitarian care as "a noncontentious form of

contemporary activism."[430] In this view, entrenched preconceptions about morality,

national interest, and politics get in the way of an appreciation for power in care and

obstruct earnest efforts to know and understand the world. Americans need to understand

the very existence of societies around the world has come to depend on care. No society

can flourish, or even persist without adequate healthcare and childcare. But care is

constantly scarce, and when states are unable to marshal domestic resources to care they

recruit caregivers from other countries. Moreover, societies project care abroad and

bolster their status in the international system. States seek to get and give care as a matter

of survival, and so for states care is always more than a morally important or socially

appropriate policy endeavor.

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[430] Finnegan, "Beneath Kony 2012: Americans Aligning with Arms and Aiding Others," 146.

Connecting to Politics and Policy

My analysis suggests prescriptions for politics and policy, some that I alluded to already. Short of revolutionizing the world order that divides public from private spheres, governments, humanitarians, and individuals should address the segregation between caregivers.

National governments carry responsibility for action. Chapter 5 proposed hospitality as a site for dismantling institutional mechanisms, norms, and habitual practices that uphold global public and private spheres. In addition, comparison between the hospitality states expect for the humanitarians they send, and the inhospitality states show to caregivers they might receive could provide leverage in reforming practices of reception.

Humanitarians should continually strive to understand and assimilate not only the technical requirements of competent care but also further demands of good and just care, which exceed procedural competence. In particular, reflection and deliberation about how to value the principle of equality among caregivers is warranted. So is grappling with how to implement an egalitarian outlook without ignoring power differentials or flattening diversity. A good first step would be to elevate the principle of equality in codes of conduct and other such field materials. And vigilance is due among individual international and local humanitarians who are responsible for nurturing egalitarianism in their practice in relation to each other.

Humanitarians should exercise care in how they relate to local and global publics. Nongovernmental organizations that hire communications specialists with the express

purpose of setting global norms—known as "Thought Leaders" (TLs) and "Deep Thought Leaders" (DTL) at Mercy Corps—should look beyond the narrow self interests of the organization that employs them. Media featuring humanitarians heighten the appearance of difference between humanitarians and everyone else. This is particularly true of media appeals for funds. In the United States, such portrayals invite Americans to see themselves as potential benefactors and saviors, as good as actual benefactors and saviors by mere existence of the possibility.

National publics who identify with humanitarians (and refuse to identify with other caregivers) need to take responsibility, too. People need to do the political work of refashioning popular common sense about care. They need to value care and caregivers of all stripes according to the goodness of care rather than to the class and ethnicity of caregivers. Americans are too assured in relation to others, to begin with, in presuming to know the nature of the differences between themselves and others, and then in supposing those differences are not so great as to obstruct knowledge of how to care on behalf of and for others. It should be more well known, on the one hand, that efforts to care are precarious, and, on the other hand, that the United States is a society dependent on international assistance.

Ordinary people could offer respect for caregivers through media like Twitter and Facebook. People could move to publicize their own dependence. They should not overlook how they themselves are beneficiaries of foreign assistance. We could all also be more thoughtful in connecting local practices to global institutions of care. If individuals judge that it would be best to continue to fund humanitarian operations, they

could do so on a more regular basis, so humanitarians could stop conjuring mesmeric stories of rescue.

Plotting New Research

The analysis of care in world politics is relatively new, so the possibilities for description, explanation, idealization, and critique have by no means been exhausted. Here are a cluster of theoretical, ethical, and historical questions in need of further reflection and research.

One question that needs study is the relationship between great powers and international caregivers. When have great power states received humanitarian assistance and under what conditions? Before the creation of federal institutions for disaster management in the mid-twentieth century, American cities carried primary responsibility for coping with disasters. In response to the San Francisco earthquake of 1906, for example, Japan reportedly sent financial assistance to the city. There have been more recent emergency situations, including the aftermath of Hurricanes Katrina and Sandy when Americans might have benefited from more extensive international humanitarian assistance. Other countries and international humanitarian organizations have not abstained from offering help, and some help has been accepted. Yet, the United States tends to refuse humanitarian personnel, particularly from countries that oppose U.S. security interests, like Cuba and Iran. When exactly did the United States begin refusing international care and on what terms? And what do we learn about the relationship between power and care from these offers and from subsequent consent or refusal?

These issues become more puzzling when we consider that the United States does receive

assistance in other forms. Great powers like the United States seem willing and eager to

receive assistance from migrants, why not from humanitarians? Why does the United

States actively seek one kind of care, and consistently refuse the other kind of care? My

dissertation has provided a theoretical account, yet more work is needed to fill in

historical details.

In international relations—how should the morality and ethics of care address

sovereignty? Should sovereignty defined as national independence be prioritized as an

ideal and ultimate end for care? Michael Walzer echoes the conventional thinking when

he suggests "sovereignty is in fact humanitarianism's morally necessary end: a decent

state, capable of providing security, welfare, economic management, and education for

all its citizens."[431] The doctrine known as Responsibility to Protect contains a similar

formulation in which protecting populations treated irresponsibly by their states is

conceived as a stopgap measure, ending violence with the ultimate aim of restoring the

full sovereignty of the state. As noted in the introduction, some care theorists argue that

the point of care is to promote independence.[432] Parenting, for example, usually aims at

raising self-determining adults. Yet, other theorists propose instead of independence as

the endpoint of care, the emphasis should be on the fact that we all need care—and thus

that vulnerability and dependence should instead be revalued.[433] Along these lines,

presumably because it is so commonplace, Fiona Robinson calls vulnerability in world

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[431] Walzer, "On Humanitarianism: Is Helping Others Charity, or Duty, or Both," 80.
[432] Engster, *The Heart of Justice: Care Ethics and Political Theory*.
[433] Jenny Morris, "Impairment and Disability: Constructing an Ethics of Care That Promotes Human Rights," *Hypatia* 16, no. 4 (2001).

politics "natural."[434] I worry this formulation risks inadvertently minimizing the role of power and human agency in producing the security of some and the vulnerability of others, a point she raises elsewhere. But she is right to decenter sovereign independence as an ideal, and to join others in probing its place as an organizational principle of world politics. We cannot wish away the sovereign state, of course, and perhaps we would not want to do without it, but political theorists could turn to the "hyperbolic" to think where sovereign independence fits in ethical practices and moral visions.

It is necessary as well to better take the measure of the ethical stakes in receiving care. Feminist theory has sketched the moral contours in providing good care. Considerably less thinking has been directed to the part of care recipients in the care that they receive. This might be due to a concern that undue burdens would be placed on relatively powerless care recipients, or, on the contrary, that undue power would be granted to relatively powerful caregivers. But powerful states and substate actors treat doctors and nurses from other countries inhospitably, even while those doctors and nurses offer life-saving (and state-preserving) assistance. Finding some way to respond intellectually and politically to their inhospitality and to suggest a way of receiving or, indeed, graciously refusing care seems necessary. In the end, this is an ethical question that might be of interest to international and political theorists alike.

Finally, more needs to be thought and written with respect to strategy. My point in trying to discern a political and scholarly separation between public and private is not to hold up either the global public sphere or the global private sphere as somehow natural or morally superior. The point is to analyze it, criticize it, and change it. Post-WWII

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[434] Robinson, *The Ethics of Care: A Feminist Approach to Human Security*.

institutions upholding global public and private spheres have acquired an inertia that will make change difficult to achieve.

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