

Collective Care:
Rethinking Societal Values
and Envisioning Care as a Public Good

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Abstract (250 words or less):

This paper advocates for a shift in societal values and policies towards prioritizing care as a public good, rather than relying on individual responsibility and acts of altruism to fill gaps in social services. It discusses how care, as a fundamental aspect of human nature, can be recognized and supported as a public good through policy, governance, and community initiatives. It explores the concept of communities that work together cooperatively to provide care as a means of addressing societal issues and promoting well-being. Using case studies from around the world, this paper challenges the U.S. to shift the paradigm toward valuing care as a collective responsibility.

Introduction

Care is the core of humanity. Everyone gives and receives care in some form throughout their lives – at a minimum, all humans start as babies, at the complete mercy of their caregivers to ensure a safe passage into childhood. Care can mean taking care of self (physically, mentally, emotionally), of other humans (families, local communities, global societies), and of the non-human world (animals, environment, ecosystems). Care is more than giving; it is receiving care acts from others. It is participating in care acts *with* others (Tronto, 2013). Care includes looking beyond the individual to the communal, and then again from beyond the communal to the natural world. A broad, complete definition of care has been offered by political theorists Joan Tronto and Berenice Fisher (1990): “A species activity that includes everything we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (p. 40). It is important to clarify what care encompasses – not “just” domestic work or dependent care, not “just” paid caregiving, but everything that humans do on a day-to-day basis in order to simply keep on living.

Care is woven into our everyday actions. Care may appear in the acts of caring for dependents, completing domestic work to support the family, or joining a community garden. Care is stopping your car at a bicycle crossing to ensure the safety of commuters; care is reducing fossil fuel consumption by cycling instead of driving a car. Care is holding hands with a friend during chemotherapy; care is scrubbing a toilet; care is attending a rally to protest a crude oil pipeline. Even in the midst of violent warfare (an assuredly destructive, non-caring act), members of the military concern themselves with the safety of their fellow members, cook and consume food in a communal mess hall, and work to keep their shared barracks habitable. The essentiality of care for human existence puts it at a level of importance with air, water, food, and shelter.

Care is also intimate and expensive. It is time-intensive, can be psychologically draining, and often requires one-on-one interaction. Unlike many actions that can be mitigated by the purchase of convenience goods and services, most care acts cannot be replaced by machines or technology (Tronto, 2013). For example, there is no smart phone app or self-service kiosk that can bathe a newborn baby. Thus the costs of care remain high, both in terms of personnel and time, even as other industries find ways to reduce costs with technology. Just as the people conducting care acts often cannot be replaced by technology, the time it takes to complete the care acts cannot be drastically reduced by technology. The irreplaceability of care means it should be highly valued, prioritized, and available to all, but in the United States care is often devalued, made invisible, and even exploited.

If Western societies – the focus of this study – thought of care in a more holistic, universal way, everyone from policymakers and program managers to community leaders and individuals could immediately expand the scope of what is considered care work and create visibility for how care shows up in daily life. A broader conception of care doesn't diminish the importance of what is currently understood as care, such as caring for the young, elderly, or disabled. Rather it helps to acknowledge the wider range of acts that are also part of care work – acts that are virtually unseen and are fulfilled by a variety of people and beings. Accepting that care is non-negotiable for life and wellbeing would bring elements of care into the public sphere as a public good, deserved by all.

Care is not recognized in the U.S. as an essential need, but as an individual responsibility. This has left us in a precarious position. Individuals are left floundering, trying to piece together essential care for themselves and their families. Women trying to “have it all” strive for gender equality at work and home while paying for outside help in profit-maximizing care centers. Individuals, particularly women of color and immigrants, are pushed to the brink of exhaustion while trying to navigate broken or non-existent social support systems. Meanwhile, the

non-human world – all living and non-living things that exist outside of human’s culture and society – suffers extreme degradation due to capitalist-driven consumption and neoliberal economic policies that center the market rather than wellbeing. The widening gap between the haves and have-nots reifies the structures of inequality that keep care acts individualized, privatized, and invisible. Altruism, through direct donations, foundations, charity, or philanthropy, is seen as a way to fill gaps in social services by those that are privileged and also socially conscious – as well as a way to assuage any guilt over wealth inequality. Care has become an individual responsibility to secure, an exploited and often invisible sector, and a privilege of the wealthy, rather than a public good or human right to which all living beings are entitled.

This paper challenges the current paradigm and advocates for a shift in societal values. It proposes policies that act as a small step towards seeing care as a public good, rather than relying on individual responsibility and acts of altruism to fill gaps in social services. It discusses how care, as a fundamental aspect of human nature, can be recognized and supported as a public good through policy, governance, and community initiatives. It explores the concept of communities that work together cooperatively to provide care as a means of addressing societal challenges and promoting well-being. Through case studies from around the world, this paper argues for a paradigm shift toward valuing care as a collective responsibility.

Section 1: The exploitation of care

Women do the vast majority of care work, both paid and unpaid, and the genderization of care is precisely why it is undervalued and unrecognized (Elson, 1991); women’s work is seen as less valuable than men’s, so feminine types of work are seen as less valuable than masculine. Despite women’s outsize contributions to daily life, most remain constrained by their socioeconomic

conditions to be dependent on men (Kittay, 1999). However, care goes vastly beyond the gender divide; it is a universal experience. Yet the dominant political and economic structures of capitalism and neoliberalism have devalued, exploited, and rendered invisible this universal need. These structures rely on invisible and “free” care – mostly by women – in order to function while they compound inequality and injustice (Bauhardt, 2018; Kittay, 1999). The exploitation of all types of care has rippling effects across societies, including in the United States.

Capitalism

The basic aim of capitalism is economic growth and the accumulation of capital. Capitalism presumes that wealth and quality of life can consistently be increased through turning resources into products or commodities and does not recognize an upper limit of resource use (Park, 2015). Instead, when one resource is exhausted, the system is expected to find a suitable replacement (Park, 2015). This is in line with the most basic theoretical premise of capitalism: it is a system for understanding how to allocate scarce resources. Yet it has been antithetical to the *practice* of capitalism to acknowledge, realize, and account for the limited and finite nature of human and environmental resources. To recognize human and planetary limits would mean to recognize that there is a limit to growth and, without the goal of growth, the capitalist framework begins to waver.

In a capitalist system, resources are only measured and valued when they appear in the formal market with an assigned dollar value. When a stay-at-home parent plans meals, grocery shops, cooks, and serves dinner to the family, their work is not valued, because it was not explicitly paid for in the market: their labor is seen as free.¹ Similarly, natural resources are not assigned value

¹ Note that domestic work and other care services have been pushed into the market and commodified and, in these cases, care *does* have value. However that is valuing a transaction in the market, not valuing the inherent worth of care.

simply for existing; they only have value when they are considered in terms of production use and thus a monetary value. There are life-sustaining ecosystem services that do not readily have representation in the market, like clean air, naturally filtered water, and habitable climates. The Centre for Research on Energy and Clean Air estimated the cost of air pollution in 2018 at US\$2.9 trillion (Myllyvirta, 2020), yet because clean air is not represented in the market, fossil fuel-heavy industries do not have to pay for the air they pollute. Even in cost-benefit analyses by environmental economists, arguments for protecting natural reserves are made in terms of state park fees, ecosystem services, or other human- and market-centric metrics that can be represented with a dollar amount. Without a monetary designation, capitalist endeavors not only freely benefit from care services, but abuse them.

American prosperity is built on exploitation and could not have happened without the non-compensation of enslaved people's time and effort and the dispossession of natural land and resources from Native peoples. This shows up in many ways throughout U.S. history, such as in the use of slave labor to plant and harvest the tedious and backbreaking yet highly profitable tobacco crops (Hill and Kumanyika, 2017). Land itself is an important type of capital, and in the U.S. nearly all land has been stolen from Native Americans. These are just two examples of the base needs of capitalism and how, in the U.S., they have been taken through force and exploitation, but there are many more.

Markets, the center of capitalism, “depend for their very existence on non-marketized social relations, which supply their background conditions of possibility” (Fraser, 2014, pp. 59-60). These “non-marketized social relations” include our relation to ourselves, our community, and our environment and are the base conditions required for a market to exist. Capitalism requires work and production, however paid work could not exist without unpaid care services, completed mostly by women, and production could not exist without the use of natural

resources. So capitalism requires more than work and production; it requires care services and natural resources.

Those who perform unpaid work are subordinate to those who perform paid labor, even if the unpaid work is fulfilling the basic human needs that *allow* the other to perform paid work. Unpaid work could include caring for children, keeping a home clean, providing sustenance, subsistence farming, and more – essentially, all “forms of provisioning, caregiving and interaction that produce and maintain social bonds” (Fraser 2014, p. 61). This is a type of “exploitation and appropriation of work of others” that takes place right within the intimate, private sphere of the home (Bauhardt 2018, p. 18). Even the most feminist, progressive women and men perpetuate this exploitation, because capitalism is inextricable from daily life in the U.S. For example, every early morning meeting attended by a father is only possible with the childcare labor of his partner. For that matter, many men in the workplace are only able to be there because of the unpaid, invisible labor of a woman, whether that is the domestic work of his current partner or the childrearing of his mother. Overall, women in the U.S. make 82 cents to the dollar compared to men. For Black women, it is 63 cents and for Latina women, it is 58 cents (GAO, 2022). The work of women – even in paid work, even in male industries – is devalued. In these ways and others, every well-meaning, socially-conscious, progressive white person is still participating in capitalist structural inequality.

The quantity of caring acts, in both time spent and equivalent monetary worth, is enormous. The 2021 American Time Use Survey found that 86% of women and 71% of men spent some time doing household activities, including housework, cooking, landscaping, or general household management on the average day (ATUS, 2022). In households with children under the age of 6, adults averaged 2.2 hours per day of primary childcare; when narrowing the action to physical care, such as bathing or feeding, women averaged 1.2 hours of this care per day, compared to 31 minutes for men. Women undeniably continue to do more care work than men, but this work is

not considered productive in capitalism because it is not paid work and it does not have a marketable end product.

Similarly, the environment does not have inherent worth in the market. It only has value once it is treated as a resource and used for some purpose for production. Nature has a dual use in capitalism as inputs *to* production and as a sink to absorb waste *from* production (Fraser, 2014). These uses of nature – without which capitalist functions could not operate – are not paid for monetarily, are not replenished, and are not regarded as a limited resource (Fraser, 2014). There is no wide-ranging recognition (beyond political platitudes) for the intricate ways individual elements of the environment work together to provide a stable world. In the U.S., there is no real debate between voices for the non-human world and powerful capitalists who want to chop down a native forest or use the desert for nuclear testing. The *use* of natural resources for production and production-related offshoots are valued by capitalism because they can be assigned a monetary designation of worth, but the *existence* of natural resources, the *preservation* of ecosystems, and the *mitigation* of negative consequences are not. As is well documented in scientific literature, this exploitation of the environment has had and continues to have deleterious effects.

The U.S. does not merely have a capitalist economy, it is a capitalist *society* defined by an institutionalized social order (Fraser, 2014, p. 66). The capitalist framework is not solely an economic system for resource allocation; it is “an issue of social conditions and social agency” (Bellamy Foster, 2011, para. 1). The social degradation of care is deepened in the type of exploitive, capitalist system practiced in the U.S.

Neoliberalism

The emergence of neoliberalism in the 1970s brought a strong emphasis on using the market to solve societal problems. The neoliberal way of thought prevents any real attempt to address root problems of sex, race, and class inequalities and natural resource overuse. Instead, it relies on individual actors to find solutions in the market – and in the case of the U.S., is sometimes accompanied by ineffectual, watered-down government policies. Case in point: “the growing need for care has generated a demand for paid care... the greatest growth, however, has been in institutions and services organized by for-profit corporate entities formed to take advantage of payments available through (industry-backed) government medical insurance” (Glenn, 2000, p. 85). This results in a prioritization of efficiency (echoing the market system) over compassion or individualization of care (Glenn, 2000). When problems are addressed in the market, solutions must be time- and cost-efficient. So why bother getting to know the residents of the care home you work at, when you will only be evaluated on how quickly and efficiently you complete your assigned tasks? Why go the extra mile at a daycare center when you still have to go home and perform the “second shift” of caring for your own family? Why bother with the relational and empathetic dimensions of care when they are not valued by your employer?

Relying on the market to solve care inequalities has created new systems of exploitation. This can be seen at the household level, where women have been encouraged to work outside the home as a solution to gender inequality. However, the workplace has not changed to accommodate workers who also have significant domestic responsibilities, leaving women to pull a “second shift” after returning home from work (Hochschild and Machung, 1990). Thus working women turn to the market to solve this conundrum of competing priorities. Care services such as childcare centers, nannies, before and after school care, house cleaners, laundry services, meal and grocery delivery, assisted living facilities, adult day care centers, in-home care services, and the like are essential in order for women to engage in paid work. Care services are a

multi-billion dollar industry; industry revenue for childcare services alone is predicted to be \$54.2 billion by 2024 (U.S. Census Bureau, 2020). The explosion of care services in the market has meant an increase in the need for care workers. These care jobs are not paid well; as discussed earlier, the genderization of care work has devalued this type of work (Elson, 1991). Care work in U.S. society is “relegated to those who lack economic, political, and social power and status” (Glenn, 2000, p. 84). Oftentimes, the women completing this essential work are immigrants, part of a “global care chain” (Bauhardt, 2018; Peng, 2023; Yeates, 2005).

The global care chain is a concept that looks at how people, mostly women, are connected internationally by the provision of paid or unpaid care work (Robinson, 2011). Although paying for domestic help is nothing new for those who can afford it, there is a growing number of immigrant women engaging in low-paid care services. Some scholars argue that the global care chain is at least in part due to working women purchasing “transnationally the reproductive labor that they no longer have time to provide” (Robinson, 2011, p. 64). There are many factors affecting migration, but it is evident that upon arrival, many immigrant women see paid care work as one of only a few avenues open to them to support their families.

It is a vicious cycle. The unpaid care work of women is not seen as valuable. Women are thus pressured to engage in paid work, whether from monetary need, societal expectations, or other reasons. Families then need to secure paid care to complete essential care work. Paid caregivers are often immigrants and women of color, who forgo caring for their own families in order to care for the families of white persons. So the initial lack of value given to care has created concentric circles of devalued care work, invisible caregivers, and cascading care chains. This cycle – joining the workforce, paying for care – has not resulted in a societal valuation of care acts. It has only resulted in the commodification of care services.

Commodification is a natural consequence of neoliberalism. When everything is left to the market, then anything can be turned into a product. Commodification of care services has

removed us further from the essential humanity of caregiving – and has propped up the very power structures that I believe need to be dismantled. Commodification plays right into the existing capitalist, neoliberal system that leaves all problem-solving up to the market. Attempting to solve societal problems in the market has led us to a place of overworked women and exploited care workers. Without a public responsibility for ensuring a right to care, the burden of care responsibility falls on each individual, with the market as the most available avenue for relief.

Section 2: Misguided altruism

In the United States, altruism is big business. Indiana University’s Lilly Family School of Philanthropy (2022) gives unique insights into the depth and breadth of monetary giving. In 2021, Americans gave nearly \$485 billion dollars, 67% of which was given by individuals. So-called megagifts, or donations of \$450 million dollars or more, came out to \$15 billion in 2021, or 5% of all individual giving. Giving to causes that fulfill care responsibilities, such as human services, public-society benefit organizations, health, and environmental and animal organizations increased from 2020 to 2021. It is not an illogical conclusion that privileged individuals can – or perhaps even should – contribute monetarily to worthy causes. Andrew Carnegie wrote in 1889 about the moral obligation of the upper-class to use their wealth to better society: charitable giving should be a method used to address social issues. This is a perspective that continues today. I argue that the continued, demonstrated need for resources illuminates a deeper problem of inequality that cannot be rectified by individual action alone.

Not all altruism is problematic. However, new iterations of selfless giving are “supercharging” capitalism – that is, entrenching capitalism in society by hinting “that capitalism isn’t only the *best* way to live, or the *only* way to live, but also a *just* way to live” – while ignoring the problems

at the heart of the economic system (Werber, 2022, para. 4). Privileged people can ignore the “fraying edges of the neoliberal order,” such as the extreme wealth gap and destruction of the environment, because donating money is doing enough (Werber, 2022). Philanthropy can play into “the hubris our contemporary billionaires exhibit in imposing their own vision and ideas about ‘what works’ on those they decide should benefit from their largesse” (Lynch, 2016, para. 12), rather than taking a community-based approach and lifting up programs and initiatives that the community sees as important. Many of the contradictions of altruism can be illustrated by looking at one movement in particular: effective altruism.

Effective altruism

Effective altruism is perhaps the best illustration of how altruism perpetuates inequality, as it is a movement that has caught on with the super-rich, mainly white, majority-male, elite population. Disciples of the movement believe that individuals should accumulate extreme wealth first, donate later, and that social investment should only be made in the most efficient way possible (*What Is Effective Altruism?*, n.d.). The movement has had successes, one of which was driving the world of philanthropy to be more rigorous in evaluation and more transparent in how funds are used (Samuels, 2022). Effective altruism organizations have also donated millions to antimalarial and deworming treatments (Werber, 2022). It has also encouraged a generation of the super-wealthy to prioritize donating money and to reconsider parts of their luxurious lifestyles.

However, there are problematic assumptions within the movement. It is assumed that “effectiveness” is the most important marker of a worthy cause, that the wealthy know how best to solve societal problems, and that individualism trumps collectivism. It is also continuing to concentrate power into the already powerful group of rich, white men. Effective altruism implies, through its “earn to give” motto, that gaining wealth in any way possible is good, even at

the expense of inequalities or the environment, as long as some of the wealth is eventually given away.

Effectiveness and flawed metrics

Effective altruism, first and foremost, aims to use research to find “the best ways to help others” (*What Is Effective Altruism?*, n.d.). “Best” is defined as the most effective in terms of quantitative outputs given the amount of resources invested. Notably missing is any mention of the wants and needs of the targeted community, strategies or support for collaborative program design, or any notion of long-lasting change that addresses root problems. To an effective altruist, “best” is determined by how many people are helped per dollar spent – the higher the number of people, the “better” the intervention. However, as discussed below, many quantitative metrics are flawed and, specifically for this paper, do not take into account unpaid care work. If altruistic decisions are based only on quantitative data, then the foundational premise of the effective altruism movement – the more people helped by an intervention, the more effective the intervention – is both flawed and exclusionary.

The metrics used for political and economic analysis reinforce an exploitative, male-centric, capitalistic system, based on the behavior of individual, so-called “rational” actors in the market. The system is male-centric because it has been developed by and for men, as men were visible in paid work while women were kept invisible and uncounted in the private home sphere (Waring, 1988). Economic evaluation metrics, such as Gross Domestic Product (GDP), unemployment statistics, inflation rates, and stock indices are centered around the formal marketplace. These metrics use measures, such as the cost of goods and services, and the rates with which people are in the formal workforce, to create a picture of the “health” of an economy. Such measurements vastly underestimate the amount and value of care work being done that directly supports the health and wellbeing of a country. Caregivers who are doing essential work but not

in the formal workplace – by choice or necessity – are simply not represented in statistics. Without that representation, the work of caregivers is underestimated, which in turn leads to devaluing the work itself, keeping women’s wages low and exacerbating gender inequality (Waring, 1988; Folbre, 2001).

There are many estimates for the enormous monetary value of unpaid care labor that illustrate what a massive oversight it is to exclude this type of labor from economic measurement. UN Women estimates that unpaid care work is worth anywhere from 10 to 39 percent of GDP globally (*Redistribute Unpaid Work*, n.d.), and the International Monetary Fund estimates it between 10 and 60 percent of GDP (Georgieva et al., 2019). The New York Times published an article in March 2020 claiming that “if American women earned minimum wage for the unpaid work they do around the house and caring for relatives, they would have made \$1.5 trillion last year” (Wezerek & Ghodsee, 2020). It does not make economic sense for a country to not attempt to include trillions of dollars worth of care work in its measurements. Yet common metrics, such as GDP, continue to be measured in this exclusionary way because unpaid care work is not valued enough to change the status quo.

GDP is a good example to examine in closer detail, as it is used politically and economically as a proxy for many things, most notably as a way to rank countries’ success and prowess. In an article titled “Gross Domestic Product: An Economy’s All,” the International Monetary Fund notes that GDP is one of the most commonly used acronyms in economics and is widely used to gauge the health of a nation’s economy (Callen, 2019). GDP is determined by a country’s market-based activities, meaning that the care work done without monetary exchange is not reflected in a country’s official status, nor are any natural resources not currently being used for human consumption or production. The health of a country’s care services do not matter for its global standing. Powerful, influential countries are those with economic prowess; countries that prioritize people’s overall wellbeing and environmental health drop down the ranking list.

Marilyn Waring brought the failures of GDP and market-based metrics into the wider social consciousness with her 1988 book, *If Women Counted*, where she critiqued the United Nations System of National Accounts (SNA). This system uses GDP, along with other market-based metrics, to measure economic activity as “a basis for economic analysis and policy formulation” (System of National Accounts, *n.d.*). Waring found contradictions in the SNA to the lived experiences of women and to the ways of life in non-Western societies. Nancy Folbre (2021) has more recently supported Waring’s claim, noting that more than 30 years later, domestic activities are still excluded despite their necessity for the “maintenance and development of human capabilities” (p. 103). For example, purchasing medicine for a sick family member counts toward GDP, yet tending and comforting the family member does not. Chopping down a forest of centuries-old trees for lumber is a high-value activity, while protecting a vast woodland providing a home to non-humans is not assigned monetary worth. Sitting in front of a computer creating spreadsheets is productive, while producing breast milk to keep a new human alive holds no place in a country’s productivity.

Effective altruism, similarly, uses quantitative data to measure effectiveness as a basis for monetary giving. However, there is no indication in the movement’s principles that the data used is culturally sensitive or inclusive of a wide variety of lived experiences. While effective altruists claim to be changing the status quo of philanthropy, they are using the same methods and measurements that have been proven to exclude care work, women, and the environment. Though effective altruism is a new movement, it has fallen under the spell of the same fallacies that governments have been operating under for decades.

Wealth and morality

Effective altruism operates under the belief that the wealthy know best how to distribute funding. One of the movement’s principles is that “all lives are equally valuable — us, our

neighbors, and people living in poverty in places we've never been" (Samuel, 2022, para. 4), yet nothing in their principles, beliefs, or work mentions anyone beyond the "us." There are no guidelines for including community members in discussion groups or listening sessions as part of determining what is effective. Standard practice for determining where to donate is guided by debates amongst effective altruists, not with the targeted community (*What is effective altruism?*, n.d.). Giving the wealthy unchecked power to use their money to influence the direction of research and assistance has resulted in large investments in odd, long-termist projects that prioritize the distant, unlikely future over the pressing present.

Long-termism is the idea that "we should prioritize positively influencing the long-term future of humanity – hundreds, thousands, or even millions of years from now" (Samuel, 2022, para. 3). This is not an entirely bad idea – the future should matter, to some extent, to all of us. But long-termism is a powerful ideology put into the hands of those with unimaginable wealth and has resulted in a discourse that favors fantastical, even wacky, predictions of the future over immediate needs. The billions of dollars planning to be spent on Mars colonization is an example of an extreme long-termist view.

Where a person sits on the spectrum of immediate needs to extreme long-termism is less relevant to this paper than the power structures that the effective altruism belief system creates and reinforces. Scholars Carla Cremer and Luke Kemp (2021) disagree with the system of letting those with money make decisions on how to address social ills, writing that connecting something that "fundamentally affects the whole of humanity to a niche belief system championed mainly by an unrepresentative, powerful minority of the world is undemocratic and philosophically tenuous" (p. 7). This is a concentration of power in the hands of the wealthy. The wealthy decide where to invest money and that effectively determines the direction society takes. Whether an insidious by-product of philanthropic giving over time or an explicitly desired

outcome, altruism in general and effective altruism specifically implies that those with wealth know the best way to improve societies, simply by virtue of being wealthy.

Rebuttals to the idea that it is right for the wealthy to engage in philanthropy go back to Carnegie's 1889 letter mentioned earlier. Critics point out that philanthropy is made possible by the extractive, sometimes exploitative, employment practices of business magnates (Lynch, 2016). In addition to the work of employees are the decades of public and private work, through investments, regulatory interventions, and legal frameworks, that have allowed specific individuals to accrue and build wealth – such as Mark Zuckerberg's Facebook success, built upon decades of research and development (Lynch, 2016). Many of the privileged and wealthy benefit from people and work that has come before them, yet their wealth is seen as an individual accomplishment and thus a reason for them to have concentrated power.

Individualism over collectivism

It can be argued that altruism promotes individualism over collectivism, particularly in the U.S. Altruism may contribute to prominent values in the U.S., including attributes of independence, personal accomplishment, and individual agency. Additionally, there has been decades of research on prosocial behavior (which altruism falls under) and the self-sufficiency norm, showing that individuals are more likely to engage in altruistic behavior if they feel a recipient is a victim of circumstance, rather than if they feel it is the individual's own fault.² This demonstrates that it is possible that some individuals base their giving on their perception of another's morality, a link between wealth, morality, and concepts of individual responsibility.

That altruism promotes individualism is not a universally accepted opinion. There is a body of literature exploring the link between altruism and collectivism, finding that altruism can both

² For in-depth discussion, see Heider, 1958, Karasawa, 1991, Karuza et al. 1983, Kunju and Kanekar, 1988, Steelman, 1995 and others.

increase with collectivism *and* co-exist with individualism (Booyesen et al., 2021; Munroe, 2018), demonstrating that there are many factors and influences contributing to the practice of altruism. Along with individualism and collectivism, altruism is multifaceted and changes in interpretation and practice depending on the context. So, for example, the Booyesen et al. (2021) study argues that altruism is correlated with collectivism in the South African context, but this finding may not translate to altruists in the U.S. Additionally, studies of altruism and collectivism in non-U.S. contexts demonstrate that a collective culture can lead to altruism (Munroe, 2018), which is an important distinction from how altruism has developed in the U.S. A study in Wuhan, China, during the Covid-19 pandemic found that those with more collectivist beliefs were more likely to exhibit altruistic behaviors (Zhu, 2021). However, altruism in the U.S. has developed to fill a gap in social services or to attempt to solve societal problems, rather than as an outcome of a collectivist culture that honors the interdependency of all. I believe that the motivations of altruism matter, and if altruism does not align with an ethic of care, it further entrenches individualistic tendencies.

Regardless of social psychology research on how humans engage in altruism, effective altruism is heavily centered on the beliefs, opinions, and knowledge of individual donors. The four key principles of effective altruism are: prioritization (finding the “best” ways to help the most people), impartial altruism (focusing on helping those who are most neglected or have the least power), open truth-seeking (deliberating and reflecting on one’s beliefs and being open and curious), and collaborative spirit (being a good citizen while working toward a better world) (*What is effective altruism?*, n.d.). These key principles and their explanations do not mention collaboration with communities. They do not mention supporting locally-designed or culturally-sensitive programming. All principles for effective altruism have been developed through the lens of the donor, hence the lens of those with extreme wealth. This is an example of prioritizing individualism over community.

Section 3: Collective Care

Care is now a privilege, despite being a universal need. Those who have wealth can pay for care services in the marketplace, fulfilled by those who do not have wealth. Tronto (2023) writes that the pursuit and preservation of wealth over “the more important needs of people, animals, plants, the biosphere, and the geosphere” is the true injustice of our world. *That* is the problem we need policies to address. If humans are to continue thriving in the anthropocene, our societal center cannot remain the neoliberal market; the center must become care itself, in all its forms.

Recentering society around care

Currently, our individual and collective lives are organized around the accumulation of capital and growth of the market. It is time for new values, goals, and understandings of how humanity fits into the larger web of life. The most prominent care scholars, such as Joan Tronto, Nancy Folbre, and others, argue that we must recenter society around care in order to fundamentally end the twin exploitations of care and environment. Scholar Kristin Munro (2019) asserts that “promoting human and environmental well-being requires fundamentally changing the production processes that take place in households and elsewhere” (p. 451), which can only happen by a drastic shift in the current capitalist system. Tronto (2013) extends this line of thinking to democracy itself: “To pursue democracy while at the same time taking seriously how central care is for all human life requires a fundamental rethinking of questions about how we organize our lives, individually and collectively” (p. 27). A care-centered world cannot exist until there is a shift in our primary societal values.

Thus far, policies in the U.S. designed to address the devaluation of care fail to achieve this value shift. Solutions to care-related problems answer the question, “How can we better represent care

in the current system?” rather than “How can we better value care as a society?” For example, public and subsidized child care is offered as a solution to gender inequality, as it can increase women’s hours of paid employment, reduce their need to stay close to home, and make it easier for families to migrate to areas with more economic opportunities (Folbre, 2021). I argue that analyzing and promoting policies for their ability to promote participation in the formal market fails to address the root problems of inequality and misses the bigger picture. We should not support policies because they allow for economic participation; we should support policies because they allow for individuals and communities to center their lives around essential dimensions of care and thus wellbeing. While solutions for economic equality are not wrong, I feel a more long-term solution is to reconceive care as a public good.

Care as a public good

In classical economics, a public good is a good or service that is non-excludable (meaning that it would be difficult to prevent anyone from using the good, such as air) and non-rivalrous (meaning that one person using the good does not take away from someone else using the good, such as national security) (Samuelson, 1954). There are few true public goods, as many goods that may be considered public are in fact handled by the market: roads can be private and financed by tolls, public television and radio are funded by sponsors and advertisers, and public facilities, like restrooms in a mall, are financed by sales or other revenue (Cowen, 2021). Public policy practitioner June Sekera (2014) writes that the classic definition of public goods is too narrow and notes the many terms that have popped up to try and “fill the conceptual void” (para. 16): collective goods, social goods, impure public goods, and others. The original definition of a public good no longer serves today’s society.

The definition of a public good has evolved over time, as Sandro Galea (2016) writes in his argument for public health as a public good. He refers to works that have concluded that public

goods are defined by other measures, such as economist John Kenneth Galbraith (1958) who wrote that public goods are goods that do not lend themselves to the market, must be provided for everyone, and must be paid for collectively. Others posit that public goods are supplied through non-market means and address something that is considered a public need, rather than through the principles of non-excludability and non-rivalry (Galea, 2016; Sekera, 2014; Wuyts, 2002).

While care may not easily fit the classical, narrow definition of a public good, it does fit with these newer interpretations. As discussed throughout this paper, care is an essential part of humanity and must be provided for everyone, aligning with Galbraith's argument. Care is also a public need and although some care is currently provided in the market, this paper has argued that market-based care can be more harmful than helpful. Galea (2016) uses these new definitions to argue for health as a public good, writing that the adoption of universal health coverage and publicly financed health insurance would make health "non-excludable and non-rivalrous, better approximating a public good" (para. 5). I make the same argument for care: the adoption of universal care provision and publicly financed care services would make care closer to a traditional public good.

If the U.S. treated care as a public good, that would necessarily mean that society would be recentered around – or at least shifted toward – care. It would allow people to organize their lives around caring for themselves, others, and the world, rather than organizing their lives around work and production. To redefine care as a public good would mean protecting individuals' ability to care in the multiple ways discussed in the introduction: to care for others, to receive care, and to care collectively with others (Tronto, 2013). It would also mean preventing exploitation of care and engaging in distributive justice for those who have historically been exploited. Glenn (2000) argues for making care central to social citizenship in three primary ways that also align with care as a public good: "establishing a right to care as a

core right of citizens; establishing care giving as a public social responsibility; and according caregivers recognition for carrying out a public social responsibility” (p. 88). The skill of care is in itself a public good; improved abilities to care for self, others, and the planet, increased willingness to provide care, and attentiveness to the needs of others provide benefits to all. Care as a public good means that care is conceived as a public need, must be provided for everyone, and paid for collectively.

A similar argument has been made for the care of children by Nancy Folbre. Folbre (2001) makes a compelling case for children as a public good: “once [children] are brought into this world, we all have something to gain from fully developing their capabilities” (p. 111). She notes that many in the U.S. think of children as if they are pets, and thus only the responsibility of the owners, when in fact “the money, time, and love they devote to their kids will benefit the rest of us” (p. 109). Children grow up to be adults who contribute taxes to social security, produce necessary goods and services, and provide care services for others. She also notes the ways that the government already pays for the care of children, whether through tax deductions for the affluent in the U.S. or family allowance programs in northern and western Europe. This aligns with my above definition of care as a public good; Folbre’s point can be interpreted that (1) cared-for children benefit everyone, thus their care is fulfilling a public need, (2) all children deserve the same quantity and quality of care, and (3) costs for child care should be paid for collectively through the government. The same arguments could be made for many other types of care that fulfill human needs, such as education. Folbre (2001) also discusses the U.S. education system and calls education a public good as well. She asserts that “human capabilities are enormously productive and intrinsically valuable” (p. 157) and thus equal opportunity to a high-quality education is essential.

Care as a public good goes beyond care provided by citizens and for citizens (Tronto, 2013); it extends to the non-human world as well. For example, clean air and water are often cited as

examples of public goods, yet this paper has shown that they are in some ways exploited. If the U.S. considered care a public good and extended that to the natural world, it would change the policy analysis of environmental problems. Corporations, companies, and even individuals would have to be held responsible for harming the environment, as a clean environment would be seen as a public need to be provided for everyone.

As discussed in the very introduction, care is a vast, all-encompassing action and not all forms of care could be considered a public good. In a conversation with Joan Tronto, she noted that care needs to be distinguished into three categories: needs, wants, and desires. For the mother of a newborn, a need may be to have the time and monetary support to care for her baby. A want may be a physical space more conducive to child-rearing than her current one-bedroom apartment. A desire may be a luxury bassinet to rock the child during naps. While all of these are types of care for herself and her child, only the need would fall under the category of a public good. Further, only care *needs* should be the collective responsibility of the government and the public at large.

So, what might “care as a public good” look like in practice?

In a society where care is a public good, all parents may have protected parental leave with guaranteed income, either from employers or from the state. This is an example of parents’ rights to give care and children’s rights to receive care.

Care as a public good may mean the right to clean water, meaning that, for example, crude oil pipelines through Native land could not be approved due to their detrimental effects on the natural world. A healthy environment would be seen as a public need and something that must be provided for everyone. This is an example of communities’ right to care for the environment as well as their right to receive continued care from ecosystem services.

Care as a public good may mean that someone who is disabled and requires in-home care is given monetary support from the government with the free choice to decide how they want to receive that care – through family, hired help, or neighborly support. This is an example of an individual’s right to receive care in an appropriate, culturally-sensitive way.

Care as a public good may mean that communities can work together to create networks of collective caring, such as childcare or co-housing cooperatives, with policies that support their endeavors and allow them to get started. This is an example of a community’s right to care with one another.

When exploring what it means for care to be a public good, it is helpful to think of care as an action, a service, or an ethic. This perspective is represented in ethics and philosophy literature by looking at care as a form of response or relation. A responsive definition of care focuses on a person’s response to the needs of others, and meeting those needs with empathy, openness, and a sense of responsibility (Gilligan, 2011; Held, 2014; Noddings, 2010). Some go further by saying that the relation of one person to another is a core aspect of being human and that to understand care ethics, one must understand “the irreducibly relational nature of human existence” (Tronto, 2013, p. 181). This emphasizes that all care ethics are built on human relations, and when using care ethics as a lens for care as a public good, one must also understand the essentiality of human relations.

Philosopher Virginia Held (2014) writes about the ways that care ethics are a revolutionary call to action: “The ethics of care asks for the transformations of society, politics, law, economic activity, the family, and personal relations away from the assumptions of patriarchy and toward the world of caring and the kind of justice caring calls for” (p. 108). Held’s statement summarizes a branch of care ethics that recognizes the societal structures that support or restrain this type of relation (Tronto, 1993). As care ethics have evolved, they have made connections to distributive justice, with scholars arguing for “an ethic of resistance both to

injustice and to self-silencing” (Gilligan, 2011, p. 175). One operating under an ethic of care must not only recognize the universality of human relations but also the need to publicly call out injustice. This ethical framework, which asserts both the essential relational nature of humanity and the need for justice, fits with and supports the argument for care as a public good.

Care already appears in our society as a public good, albeit in limited, gendered ways. As men and women have been categorized into public and private spheres, so has care. Public care often appears in these gendered ways; firefighters, a role often filled by men, are an excellent example of this. Firefighting is care provided by citizens and for citizens and it is a generally accepted and lauded type of public care service (Tronto, 2013). It is worth questioning, as a society, why public forms of care are masculine and celebrated, while private forms of care are feminine and invisible. A reorganization of life around care could be a step toward breaking down that dichotomy as care becomes more visible, accepted, and practiced by men and women alike.

Care as a public good would also shift some neoliberal beliefs that have contributed to the devaluation of care acts. The U.S. has accepted the market as the de facto arena to acquire care; this has created the perception that private is better than public. Publicly provided care, often through childcare vouchers, SNAP benefits, unemployment payments, and the like, are stigmatized compared to purchasing private care services. Individuals are expected to get a job, provide for themselves, and not rely on public support except in extreme circumstances. This implies that those receiving public care or public benefits must be incapable of caring for themselves (Tronto, 2013). In a society where independence and self-sufficiency are valorized, public care becomes not only devalued but even perceived as immoral. Policies that support public care services for all – not only based on income, ability, or other qualifiers – could break down the public/private divide as more people from various backgrounds contribute to and participate in public care.

Held (2002) says that “we can recognize the intrinsic and not merely instrumental value of an activity,” which will thereby increase its market value (p. 21). Held’s point is that an activity has inherent value and market prices are a reflection of how a society morally values an action. So, when care workers at a nursing home do not make enough money to live on, that is a reflection of how society values care of the elderly. When mothers receiving public benefits have to jump through hoops in order to keep food on the table, that is a reflection of how we value those mothers and families as a society.

Society has the power to change this pattern of valuation. The market is not what determines an act’s value – the act itself has value by contributing to personal, community, and environmental wellbeing. We can choose as a society, through a partnership of legislators and community, to pull care into the center of our value system. This is the type of society we should push for; this is the debate we should be engaging with. Arguing over how to best represent care work in the market is self-defeating; engaging in efforts to recognize the inherent worth of care is a path forward.

Note that I do not argue for altruism to have a central role in care as a public good. It is not the role of the over-privileged to determine what the less-privileged need, nor is it a laudable position to continue to accumulate outside wealth while placating yourself that you will donate it one day. These moralized, disempowering money transfers are perpetuating a system of inequality. In a time of amplified individualism, I argue that we need community. Collective action and shared governance can provide for communities in a caring, responsive, culturally-sensitive way. Altruism is not the answer; collective action is.

Care cooperatives as a tool for collective action

Feminist scholar Donna Haraway (1997) proclaimed that she “long[s] for models of solidarity and human unity and difference rooted in friendship, work, partially shared purposes, intractable collective pain, inescapable mortality, and persistent hope” (p. 265). This statement is an ideological message for the importance of looking beyond the nuclear family to the community for support. Feminist economist Nancy Folbre (2001) proposed three directions for societal change to value both economic pursuit and care, two of which were types of collective action: (1) participatory democracy, defined as the ability for people to “govern themselves, not just within the nation-state, but within all the institutions that affect their daily lives” (p. 210) and (2) shared care, defined as social institutions that “distribute the responsibilities of caring for dependents in effective and equitable ways” (p. 210). Community-based care cooperatives can be used to achieve Haraway’s and Folbre’s visions and are a tool to build care-centered communities.

Cooperatives are an intentional choice for this paper. Community members who are privileged and are accruing wealth, yet not in a position of political power, may recognize the exploitative systems described above and want to help others. In this highly individualized society, organized around individual actions in the market, privileged individuals may see altruism, through donations to charities, foundations, or specific causes, as their best avenue to effect change. Privileged individuals may also want to extract themselves from capitalism and neoliberalism, yet not know how. I propose community care cooperatives as an actionable step individuals from various backgrounds – including middle- and upper-classes – can take in order to move toward a care-centered world.

A cooperative can take many forms, as it is any type of “autonomous association of persons united voluntarily to meet their common economic, social and cultural needs and aspirations

through a jointly owned and democratically controlled enterprise” (*Statistics on Cooperatives and the Wider Social and Solidarity Economy*, 2019; International Cooperative Alliance, n.d.). While this is not always the case, cooperatives are often hyper-local and culturally-sensitive by design and are based on values of democracy, equality, equity, self-help, self-responsibility, and solidarity (International Cooperative Alliance, n.d.). Cooperative members actively participate in setting policies and making decisions. Members are in control of capital and decide collectively how to handle any potential surplus and ensure its equitable distribution. It is collective action with the purpose of contributing to the sustainable development of the community; cooperatives are *by* the members *for* the members.

The use of cooperatives to move toward a social and solidarity economy is an established practice globally. The tradition of formalized cooperatives can be traced back hundreds of years and the practices and principles of collective, cooperative, shared work flow throughout the history of humanity. While many cite the Rochdale Society of Equitable Pioneers, a group of skilled workers and artisans in England who collectivized in 1844, as the first cooperative society, there are records of earlier organized cooperatives. The first recognized cooperative in the U.S. was a fire insurance company founded by Benjamin Franklin in 1752 – an enterprise that is still in existence today (Pitman, 2018). In 1895, the International Co-operative Alliance was founded to support and guide global cooperatives (Bakaikoa and Albizu, 2011). In 1916, the Cooperative League of the United States of America was formed to promote the use of cooperatives (Pitman, 2018). Many cooperatives were related to agriculture and farming as communities went through economic hardship during the 19th and 20th centuries, although there are also examples of coop grocery stores, retailers, and credit unions (Pitman, 2018). Today, cooperatives can be found globally; the International Labor Organization (ILO), part of the United Nations, has an entire branch dedicated to the research and support of cooperatives. Cooperatives are seen as legitimate business models and as tools for mutual benefit – with the

caveat that they are also understood to be minimally profitable and thus still an alternative or unlikely choice for entrepreneurs.

Caring cooperatives are different than the user/producer agricultural cooperatives seen throughout history. Caring cooperatives, both formal and ad-hoc, happen in many ways. Many neighborhoods have informal groups on social media, such as “Buy Nothing” groups, where people can ask for and receive goods they need that others may own but not have use for – a concept that rejects the buy/sell binary of capitalism. There is a resurgence of farmer’s markets and local agriculture even in the face of increasingly convenient, large-scale grocery options and the pressure put on finances by inflation. Strong networks of biking groups advocate for safer transportation routes and the de-prioritization of cars, while also creating community coops that repair and reuse old bicycles. Mutual aid networks are popping up across the global north for healthcare, agriculture, and other needs. Local cooperatives provide more balance for citizens and are being implemented successfully across Europe. Ways of living and thinking communally are happening – and have been happening – across the continent of South America, leading to legal action such as in Ecuador, which was the first country to recognize the Rights of Nature in its constitution. In the U.S. specifically, these efforts toward caring cooperatives are on a small scale, especially vis-a-vis capitalism, but there is always the potential for these ideas to spread and grow in popularity as they have in other regions of the world.

The need for care solutions is urgent, and communities can look to caring cooperatives as a small, incremental step toward long-term political goals to transform and recenter value systems. Achieving a care-centered world necessitates a restructuring of democracy and citizenship (Glenn, 2000; Tronto, 2013), which will take significant time to come to fruition. Care cooperatives can be a stopgap measure during the political process, a way for communities to engage in collective problem-solving, and an active practice of building a future rooted in well-being. In fact, such efforts may even be an important key to change on a grander scale;

Tronto (1995) writes that grounding political organization in “the practices of everyday life rather than in abstract principles such as justice or fairness is likely to result in more change” (p. 147). Academic thought supports the strategy of using community care cooperatives to recenter society from around markets to around care. Glenn (2000) notes that an underlying condition for full valuation of care in society is for care to be “legitimated as a collective (public) responsibility rather [than] purely a family or private responsibility” (p. 88). Feminist degrowth scholars Corinna Dengler and Miriam Lang (2022) note that “a communal, largely unpaid, yet socially recognized mode of reproduction can be a fruitful way of envisioning ... caring activities beyond the deep separation structure between a visible and valued ‘productive sphere’ and an invisible and devalued ‘reproductive sphere’ on which capitalist economies rely” (p. 3). A common thread throughout the scholarship is that care must be reframed as a joint, public, communal responsibility in order for it to be truly valued in society. Community care cooperatives are a tool for that reframing.

Shared governance

The power of a cooperative comes from shared, local governance. Shared governance has been best illustrated through research on the commons, which are resources that are accessible by all. The properties of a true commons, specifically that it is open to all, could lead one to believe, as Garrett Hardin did in 1968, that commons are inherently unsustainable and will be overused and depleted. Subsequent research by other economists, notably Nobel prize winner Elinor Ostrom, disproved Hardin’s “Tragedy of the Commons” by emphasizing the principles of group governance and cooperation present in the successful management of common pool resources. Care cooperatives cannot be considered a true common pool resource because of excludability; with a true common pool resource, it is difficult to exclude others from using the resource (Ostrom, et al., 1995). Care cooperatives must have membership rules and a defined, likely

small, group of participants. Still, much of Ostrom's work on the power of shared governance is applicable to all types of cooperatives.

As with any sustainable commons, a care cooperative must go beyond social relation to a process of collaborative organization and governance (Dengler and Lang, 2022). Horizontal, shared governance distributes power evenly across the member base. A key component to cooperatives is that they are owned by those who participate in the cooperative, so participants get decision-making power and monetary benefit when possible. Cooperatives build equity for worker-owners, giving them voice and power through participation (Waters, 2020). Cooperatives can also act as a forum for redistributive justice: "Because worker-owned co-ops function differently from other businesses, they build equity and ownership for care workers, who have been historically marginalized in an extractive economy" (Waters, 2020, para. 8). This power structure differs from effective altruism, where the dynamic is often that of a privileged group giving money to a less privileged group for a specific, clearly identified purpose. Through shared governance, horizontal power, and self-determination, cooperatives concentrate power in the people, rather than in the hands of the wealthy.

This type of collective arrangement applied to care work could also address the devaluation and invisibility of care work. Rather than relying on the market or state to assign value, participants themselves would jointly decide which acts and services are most important and how to compensate workers – and workers who join the cooperative would also have a say in their own pay rate.

Ostrom (2000) made the link from her empirical studies on shared governance of common pool resources to a theory of collective action. Her work was not conclusive, as the study of humanity is ever-evolving, however she found that external policies were less effective than social norms in promoting collective action. She concludes that "increasing the authority of individuals to devise their own rules may well result in processes that allow social norms to evolve and thereby

increase the probability of individuals better solving collective action problems” (Ostrom, 2000, p. 154). This is not to say that policy or state support is detrimental or unuseful, but rather that the benefits of cooperative and collective action derive from the interdependency of participants rather than legal or regulatory enforcement. It also underscores the overarching need for a shift in societal values, rather than relying on policies and regulations to effect change.

The benefits of cooperatives

I focus on cooperatives as a source of social change for their flexibility and malleability in both interpretation and implementation. Cooperatives center their members’ values, rather than capital, in both design and operations (Allan, 2020; Waters, 2020). The structure of a community cooperative is culturally sensitive to its members and users and is responsive to fluctuating needs over time.

A community-based approach also allows for a higher quality of care given, as cited by participants in the below examples. High quality care means it is “individualized, culturally appropriate, and responsive to the preferences of those who are cared for” (Glenn, 2000, p. 88). Care cooperatives that are run and governed by the people giving and receiving care are in a better position to meet these requirements than for-profit care centers with administrative centers removed from daily operations and oftentimes removed from the served community.

Using cooperatives to care for people and the planet decreases the need for material production and consumption by promoting a solidarity and shared economy. A study of cooperatives in Mexico City, discussed below, notes that this is one of the top benefits according to participants. By centering everyday services within the community, greenhouse gas emissions from car travel can decrease and reliance on convenience products can lessen as daily life becomes more manageable. By using a cooperative, where participants have governing power, the structure of the organization can target members’ specific needs in order to reduce use of convenience

products and services. Hickel (2021) notes that degrowth “seeks to scale down ecologically destructive and socially less necessary production ... while expanding socially important sectors like healthcare, education, care and conviviality” (p. 1108). Community care cooperatives are both an expansion of these sectors and a scaling down of unnecessary production.

Care cooperatives in practice

The history and use of cooperatives is vast. In order to provide a concrete imagining of what collective care could look like, I will use examples of community care cooperatives, or social cooperatives.³ These case studies come from Europe, Latin America, and the U.S. and have been chosen to show the different ways cooperatives are conceived of culturally and are supported politically.

Despite the different geographies and forms that the cooperatives take, all of the non-U.S. examples have state support to varying degrees. The U.S. examples, specifically focusing on childcare cooperatives, note difficulties in organizing, sustaining, and growing specifically due to a lack of state support. These examples show that a place beyond the masculine/feminine and public/private dichotomies is possible, with the state as a partner and communities in charge of their own destinies.

Emilia Romagna, Italy

The Emilia Romagna region of Italy is one of the most well-known examples of successful cooperative culture. Its history of communitarian, welfare nonprofits going back to the Middle Ages, roots of political organizing going back to the 1850s, and culture of agriculture and artisanship mean that a boss-employee hierarchy is unknown and unwelcome (Duda, 2016;

³ It is likely that many informal care cooperatives exist around the world and in the U.S. I will only use examples that have published data – whether that is empirical, anecdotal, website posts, or news articles.

Learning from Emilia Romagna's Cooperative Economy, n.d.). Coops have a sizable presence in various industries, making up around 30% of the region's GDP and more than 50% of the market in personal services (Duda, 2016; *Learning from Emilia Romagna's Cooperative Economy*, n.d.). Roughly two-thirds of the 4.5 million residents belong to a coop (Duda, 2016).

These coops are highly dependent on networks and are best described as an ecosystem. "In Italy, the cooperative movement is not a single company, but a whole interwoven fabric of 'horizontal, vertical, [and] complementary networks' that support each other financially" (Duda, 2016). There are various types of coops: users, producers, social, and workers (*Learning from Emilia Romagna's Cooperative Economy*, n.d.). For comparison, most coops in the U.S. include users and producers, such as grocery store coops, community-supported agriculture, or shared housing (Duda, 2016). Care coops would fall under social coops, which provide various types of multipersonal care (childcare, eldercare, disability services). These are more common in Europe than in the U.S., where they are relatively unknown.

Social coops in Emilia Romagna evolved from a dissatisfaction with the high-cost yet low-quality state-provided social services (Duda, 2016). To address this need, social coops were "formed to deliver personal services to the local communities" (*Learning from Emilia Romagna's Cooperative Economy*, n.d.). These coops are intensely personal, driven by interpersonal relationships and members' intrinsic motivation to help others, and have a high level of satisfaction from participants (*Learning from Emilia Romagna's Cooperative Economy*, n.d.). It is noted that social coops are typically small due to the "need of customization" and rely heavily on networks of people (*Learning from Emilia Romagna's Cooperative Economy*, n.d.). Human capital is extremely important to this type of cooperative (*Learning from Emilia Romagna's Cooperative Economy*, n.d.), meaning that the skills and abilities of the workers are more important and valuable than physical assets or technology.

It is hard to deny the success of Emilia Romagna's social cooperatives. For example, they supply up to 85% of the city of Bologna's social services (Duda, 2016). However, these are more than community cooperatives – they are multi-stakeholder community cooperatives. Governance and operations remain in the hands of the people, but state support ensures the continuation of cooperative culture.

Crucial to the widespread success of cooperatives in Italy are the actions of the state to support the creation and governance of cooperatives, demonstrated through decades of legislative action. Italy has been cited as having the most advanced and complete legislation about cooperatives in all of Europe (Emmolo, 2021). After World War II, Article 45 was added to the Constitution, which formally recognized the strategic role of cooperatives and guaranteed state support (*Learning from Emilia Romagna's Cooperative Economy*, n.d.). This article spurred additional laws in favor of cooperatives, including defined rules for co-ops, allowed eligibility of co-ops for subsidies, and supervision under a local “umbrella organization” rather than a large national body (*Learning from Emilia Romagna's Cooperative Economy*, n.d.). The Marcora Law, passed in 1985, allows redundant or laid off workers to use unemployment insurance to pool together and turn their workplace into a cooperative (Duda, 2016), giving those whose jobs have been made redundant an alternate path to providing for themselves and their families. Law 381, passed in 1991, specifically addressed social cooperatives and addressed their unique nature in that social cooperatives have multi-stakeholder boards and service the entire local community, rather than just members (*Learning from Emilia Romagna's Cooperative Economy*, n.d.). The passage of this law allowed social coops to formalize and self-govern (Duda, 2016). Law 59, passed in 2016, had important implications for the governance and plurality of cooperatives: 3% of profits had to be paid to the umbrella organization to ensure that resources were available to continue the cooperative movement and assist in the creation of new cooperatives (*Learning from Emilia Romagna's Cooperative Economy*, n.d.; Duda, 2016).

Italy's coops are dependent on government support, however over time this sector has gained a stronger standing and can be viewed as being in partnership with the state (Gonzales, 2010).

Another takeaway from this case is the perspective of building an ecosystem rather than a business. The ecosystem pattern can be described as various coops and other development initiatives loosely connected and providing mutual support (Duda, 2016). Key to Emilia Romagna's success has been its decentralized structure and resilient network system.

Basque Region of Spain

Spain offers many examples of individuals working within the community to address a need with collective action. An economic crisis in the 1980s combined with a state push to develop social services resulted in residents banding together to coordinate and create collective organizations (Cousin, 2017; Bakaikoa and Albizu, 2011). Many of these efforts involve caring for the aging population, as Spain is one of the most rapidly aging countries in the world (Llana, 2018). This includes cohousing and home care services.

The Basque region in particular is a hotbed for cooperatives, as it has a "cooperative spirit" and a tradition of *auzo-lan*, or neighborhood work (Bakaikoa and Albizu, 2011). This cooperative ethos led the Basque government to establish an Office of Social Economy that offers grants to promote and develop various types of inter-cooperative businesses (Bakaikoa and Albizu, 2011). The Mondragon corporation is perhaps one of the most well-known cooperatives with admirable results for the local community, however it follows a corporation-adjacent model and is too large of scale and scope to be included as a case study.

Older citizens across the country are banding together to create housing cooperatives where residents care for each other, yet retain a sense of independence and autonomy (Llana, 2018). One example is the co-housing project Egunsentia in Bilbao, organized by 76-year-old Conchi Llanos (Llana, 2018). These older residents see cohousing as a way to reorganize their lives in a

way that centers the type of care they want to receive as they age. These cohousing projects are community-driven, as opposed to a traditional nursing home that sells its services in the market to whomever can pay the price.

Bilbao has examples of cooperatives beyond cohousing. Servicios Sociales Integrados Sociedad Cooperativa (SSIS) began when 35 home care workers in Bilbao, Spain, joined forces to provide home care services (Cousin, 2017). SSI is still a leader in the region and boasts being exclusively run by women (Cousin, 2017). It is active in 15 municipalities and employs 470 people, 99% of which are women (Cousin, 2017). It specializes in home care while integrating prevention and rehabilitation (Cousin, 2017).

Overall as a country, Spain is supportive of cooperatives. Spain incorporated recognition of cooperatives and a duty for the state to promote cooperatives in the 1978 Constitution approval. Also with this Constitutional approval came the right for each autonomous community to have jurisdiction over regulation, rather than the State, so that cooperative laws can be appropriate to each specific community (Fajardo Garcia, 2021). Additionally, Spain has specific tax and accounting rules for cooperatives (Fajardo Garcia, 2021). State support has allowed communities, such as in the Basque region, to organize their lives in ways that prioritize care of themselves and others.

Cooperatives in Latin America as a response to neoliberalism

Latin America has a rich tradition of collective, cooperative action going back to pre-Columbian times, rooted in the reciprocity practices of Indigenous peoples (Calvo and Morales, 2013; Giovannini and Vieta, 2017). One example is a *Minga*, from the indigenous Quechua language, which “describes the collective effort of community residents to help one another during times of need or crisis” (Calvo and Morales, 2013, p. 7). Essential to a *Minga* is deliberation and consultation with the people of the community, and a successful *Minga* requires full consensus

(Calvo and Morales, 2013). Other examples include the *Ayni*, an indigenous form of mutual help still practiced today, and *Mita*, a type of work carried out for the public good such as roads, temples, or irrigation (Calvo and Morales, 2013). The concept of *buen vivir* also has roots in Indigenous culture and refers to a “communitarian view of wellbeing based on reciprocity and complementarity, highlighting the role that natural and cultural resources can play ... It involves not only human beings, but also the natural environment” (Calvo and Morales, 2013, p. 8). Involvement of the natural environment is also encompassed in the concept of *Pachamama*, which is similar to the western concept of Mother Earth, but all-encompassing of the entire universe (Calvo and Morales, 2013). These collective principles are represented in many aspects of Indigenous culture in Latin America, and importantly, they are value systems around which communities organize life.

The creation of new worker cooperatives in Latin America has surged in recent years, driven by economic crises and failures of neoliberalism (Giovannini and Vieta, 2017). This resurgence of collective action has been termed the “popular” economy, a movement going back to the 1980s that focuses on informal individual, family-based, micro, and small economic practices, as well as cooperatives (Calvo and Morales, 2013). For example, activists in the Cochabamba region, Bolivia, pushed for a new care law to “ensure the public provision of care services for different populations” (Oxfam briefing paper, p. 44).

Ecuador

Ecuador saw a resurgence of collective action in the 1980s as a response to government inaction on promoting social wellbeing (Calvo and Morales, 2013). Many of Ecuador’s cooperatives are focused on fair trade production of artisanal products, rather than social cooperatives. However, what is most notable about Ecuador is the legal and governmental framework of cooperatives within a larger effort to create a social and solidarity economy.

In Ecuador, cooperatives show up in various legal documents, including the Organic Law on Popular and Solidarity Economy, passed in 2011 and updated in 2018 (Calvo and Morales, 2013; Mosquera Alemida, 2021). Importantly, the Ecuadorian Constitution not only recognizes the status and importance of cooperatives, it also ensures that cooperatives receive preferential treatment compared to other organizations (Mosquera Alemida, 2021). The state has established initiatives and organizations to support a solidarity economy, including financially (Calvo and Morales, 2013). Some have reported that in practice, however, the support specifically for cooperatives has been minimal and there needs to be greater integration of the state and the solidarity economy (Calvo and Morales, 2013; Mosquera Alemida, 2021). Rather than a negative, I see this as collective action in progress and confirmation that there must be partnership between communities and state; neither sector can do it alone.

Ecuador has been forward thinking in including new concepts of rights into its constitution. As mentioned earlier, Ecuador was the first country to incorporate the Rights of Nature into its constitution. Similarly, the concept of *buen vivir*, described above, was incorporated in the 2008 Constitution and has been called “one of the most developed and innovative policies in the world, affirming the concept of solidarity, deep rooted in the Andean culture, as opposed to the neoliberal logic of market competition” (Calvo and Morales, 2013, p. 11). It is notable that not only is the state itself recognizing these rights and inscribing them into the Constitution, but scholars and community leaders are calling this out as a direct response to the failures of neoliberalism.

Mexico City, Mexico

In Mexico, around 8 million people belong to social and solidarity economy organizations, the workers in those organizations represent 18% of the working population, and this sector accounts for 5% of Mexican GDP (Giovannini and Vieta, 2017). Cooperatives in Mexico have had

a strong positive impact. In a study of 134 cooperatives in Mexico City (Díaz de León, et al., 2021), participants reported that better living standards and improved social cohesion were the top benefits of cooperatives. Secondly, they reported the importance of collaborative governance amongst members of the cooperative. Cooperatives were also seen as providing stable employment, protection of the environment, collaborative culture, and a connection to cultures and tradition (Díaz de León, et al., 2021). A notable development in Mexico is the creation of community organizations based on the Indigenous concept of *buen vivir*, meaning, in this context, “well-being based on reciprocity and solidarity between human beings and the natural environment” (Giovannini and Vieta, 2017). The Mexican Constitution has an article that provides support for this sector and established the National Institute of Social Economy, though neither endeavor is very active (Giovannini and Vieta, 2017).

Cooperatives are mentioned in the Political Constitution of the United Mexican States, which is a document recognizing the obligation of the state to “govern the full and sustainable national development through, among other things, the promotion of economic growth and employment that allows the exercise of the freedom and dignity of Mexicans” (Salas Del Portal, 2021). Mexico has a specific General Law of Cooperative Corporations which mandates collaboration between the state and cooperatives and federal funding for cooperatives to cover investment risks (Salas Del Portal, 2021). The noted challenge is in the enforcement of these mandates as there is no penalty for non-compliance (Salas Del Portal, 2021).

Childcare cooperatives in the U.S.

The U.S. has a long history of worker-owned cooperatives, yet the model has rarely been applied to childcare (Waters, 2020). The University of Wisconsin’s Center for Cooperatives reports 563 childcare cooperatives across the United States, many of them located in urban areas such as New York City, Boston, Detroit, Seattle, San Francisco, and Los Angeles (University of

Wisconsin Center for Cooperatives, ca. 2006). The Center also reports that one of main draws to childcare cooperatives for parents in the U.S. is the involvement of the parent in the classroom and the sense of community created. The Children's Center of the Stanford Community in California has the option for parents to "coop in the classroom" as well as required quarterly work hours for families (*CCSC – Parent Participation*, n.d.). While many cooperatives are either worker-owned or parent-owned, they can successfully be multistakeholder operations with both parents and workers as owners and members. A multi-stakeholder cooperative has more benefits than other types, as it can operate as a nonprofit and receive tax benefits (Lechleitner, 2022).

Childspace is a successful, worker-owned cooperative in Philadelphia that was founded in 1988 by three mothers with infants (Compton, 2021). Key to Childspace's success was their ability to get free space for their fledgling business at a church (Compton, 2021); this is an example of the significant challenges faced by new cooperatives in the United States. Without institutional support for essential business items, like real estate, others wanting to start a care cooperative would be stymied from the start. Childspace has navigated this through the years by having a dual designation as a worker cooperative corporation and a non-profit, which has allowed the organization to tap into different funding streams to stay afloat and to grow (Compton, 2021). Without financial state support, care cooperatives in the U.S. must, to some extent, jump through hoops to get funding. If care were a public good, the government would have an obligation to provide resources and support to care cooperatives, rather than cooperatives having to piece together grants and funding from year to year and even month to month. Although the founders have noted that employees feel their voice will be heard, even if they do not decide to join as members, there are still turnover issues. With the funding structure, Childspace ties employee salaries to state allocations, which has led to turnover in employees who leave in search of higher-paying positions (Vorsanger, 2021).

Policies and support for cooperatives in the U.S. vary dramatically between states and there is little cohesion (Beckett, 2021). Some states are friendlier than others to the establishment of cooperatives, though in general cooperatives are more difficult to establish than other types of businesses. Additionally, there is little-to-no technical assistance, meaning that those wanting to start a cooperative struggle to navigate the system (Beckett, 2021).

State support for community cooperatives

This paper may seem to be setting up a concluding section of proposed individual or community actions in order to achieve care cooperatives. Yet I would like to close with steps that the state should take, rather than the individual. Guides on community organizing and collective action abound, but without state support it is unlikely to see the implementation of care cooperatives on any measurable scale in the U.S. I have argued for local, community-based collective action as a number of small changes that may allow bigger societal changes to occur; without a base level of recognition and support for collective action and community cooperatives, individuals will not be able to use them as tools to enact small changes in their own communities.

The above case studies show the varying levels of state support for cooperatives. Those countries with established rights for cooperatives and state support have the most developed social cooperative sector, demonstrating the importance of a public-private partnership. Italy and Spain in particular have both legal recognition of the importance of cooperatives as well as financial and/or technical support. State support – not control – is essential for social coops to take root in the U.S. (Waters, 2020). State support could take the form of establishing new grants, tax credits, and subsidies for social cooperatives or altering policies so that cooperatives are eligible for already-established federal and state funding. There may also be types of training and technical assistance that could be provided directly to coops but funded by the state. The International Cooperative Alliance suggests improvements to the legal landscape of the U.S. in

regard to cooperatives. One is to increase support for cooperatives by providing more technical assistance, and another is to increase monetary support via loan programs specific to cooperatives (Beckett, 2021).

Sekera (2014) details key characteristics of public goods, two of which are pertinent to this paper. The first is that public goods are created by law, which is addressed in my policy proposals below, and the second is that public goods are produced by the government and no other entities, which I interpret differently. Sekera continues to note that “the distinguishing characteristics of public goods are that they *are created through collective choice (voting)* and are *paid for collectively (taxes)* (section 6, para. 7). I argue that care as a public good could be created through collective choice and paid for collectively via taxes, yet still be produced by non-governmental entities – specifically, cooperatives. In fact, I would argue that limiting public good creation and implementation to the government also limits the ability for care provision to be culturally-sensitive and responsive to a community’s needs.

I propose three initiatives the U.S. could take to promote community cooperatives, specifically based on what has worked in other countries. These three policy proposals directly relate to the main problems facing cooperatives in the U.S.: (1) the difficulty of starting a cooperative in comparison to other types of businesses; (2) the complex and hard-to-navigate system of establishing and running a cooperative; and (3) the need for innovative funding sources to ensure cooperatives are able to get established and stabilized. Addressing these challenges through federal and/or state level policy demonstrates a commitment of the state to supporting communities with what they determine they need, a first step toward protecting the right for individuals and communities to care for themselves and others, and starts the U.S. as a society on a path of more collective action. Although these policies are about cooperatives in general, such policies are needed in order to create an environment more conducive to the establishment of social or care cooperatives.

1. Legal recognition of the importance of cooperatives

As with Italy, Spain, and Ecuador, cooperatives need to be recognized as an important part of the community and economic landscape in the U.S. This may take the form of statutes at the state or federal level that acknowledge the importance of cooperatives. A strong step in promoting and protecting cooperatives would be to include language to ensure that cooperatives get preferential treatment, as has been done in Ecuador.

2. Increased technical assistance

One of the biggest challenges facing cooperatives in the U.S. are the difficulties of navigating a confusing system in order to get started. Assistance for communities wanting to start a cooperative could help them navigate the system and add to the overall success of cooperatives. Even university-level research and extension programs on cooperatives have relatively sparse information on how to navigate the system as a care cooperative (*Childcare*, n.d.), compared to user or producer cooperatives that are much more common in the U.S.

This type of assistance program may fit best within the Small Business Administration, which currently has a Community Navigator Pilot program. This program is “designed to reduce barriers that underrepresented and underserved entrepreneurs often face in accessing the programs they need to recover, grow, or start their businesses” (*Community Navigators*, n.d.). Assistance to community groups looking to establish cooperatives fits under this broad definition.

3. Financing for cooperatives through Community Development Financial Institutions

Funding is a large roadblock for cooperatives in the U.S., both funding for new cooperatives to open and for existing cooperatives to expand. Cooperatives need access to new capital and traditional and nontraditional investments (Waters, 2020). The U.S. could work to implement

similar programs as Italy, at either the state or federal level, where existing cooperatives contribute a small amount to an umbrella organization or fund that can support fledgling or struggling cooperatives.

The Community Development Financial Institutions Fund (CDFI Fund) could be an appropriate branch of government to take on this policy. The CDFI Fund “inject[s] new sources of capital into neighborhoods that lack access to financing” (*Programs and Training*, n.d.). With a specific funding stream for community cooperatives, the CDFI Fund would provide financing to cooperatives through their local CDFI, keeping funding in the community rather than at a regional or national bank. Although CDFI Fund programs are market-based and in partnership with private institutions, it is more feasible to create a funding stream for cooperatives through an existing institution as a stepping stone to a government office specifically for supporting community cooperatives.

Conclusion

Creating a just, equitable world where humans and non-human beings live harmoniously is possible, but it requires the shifting of values on a societal level: from individualism to collectivism, from markets to wellbeing, from capital to relations. This is not a task that any one person or group of people can do; it requires the active involvement of communities, interest groups, the private and non-profit sectors, and all levels of government. The policies proposed above are potential steps in the right direction, but a successful path forward will require collaboration across identities.

What if everyone placed a high value on communal, collective ways of caring? I can envision a world where mothers are cared for, as gently and wholly as their newborns are, by an extended community of family, friends, kin, and neighbors. A world where people are not constrained by

their economic situation but able to transcend it, hand-in-hand with like-minded others. A world where communities are able to determine for themselves what matters most and how to reach those goals, with support from a state that prioritizes wellbeing over wealth. The road to this vision is long and uncertain, undeniably filled with obstacles and difficult choices. The destination will always be just over the next hill, then just after this turn, or just at the horizon – always changing, constantly evolving. Reaching this vision will be hard work, but then, so is caring. The hardest tasks are often the most essential.

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I hope a caring world comes to fruition for my children, my precious ones: Genevieve and Margot.

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